Deepening Medical Cooperation: the Application of Taylor's Reflective Model in Nursing Practice

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Abstract: This paper uses Taylor's emancipatory reflection model to examine an ethical issue involving nurses' rights, that is, the hegemonic behavior of doctors deprived nurses of their right to participate in multidisciplinary team activities. The aim is to demonstrate and promote the key skills of emancipatory reflection, while also developing critical awareness and analysis of potential problems arising from the hegemonic behaviour of doctors over nurses. Through the application of this reflective process, attempts are made to break the internal bondage and reevaluate the value within the medical relationship.
Keywords**:** emancipatory reflection; nursing relationship; socialization theory; hegemony theory; reflexivity theory

1. Introduction

Critical reflection is derived from critical social theory[1,2] defined as a process of continuous learning and development driven by experiences and events that promotes change and shift perspectives[3,4]. Reflection helps to clarify whether or not we are victims in practice[5], providing participants with an opportunity to "step back" and see things from a different perspective[6]. The process of reflection consists of four steps: construction, deconstruction, confrontation and reconstruction.

2. Taylor's reflective model: the process of emancipatory reflection

2.1 Construction

In the initial stages of construction, the author will provide a concise and clear description of the event. As an operating room nurse with 9 years of experience in the surgical field, she has gained extensive expertise. In her previous work experience, she successfully took on the responsibility of coordinating complex surgeries. Over the course of her career, she encountered challenging surgical procedures that required thorough discussions with the entire surgical team on the details and potential risks before proceeding. However, during her time as a touring nurse, she felt neglected when the surgeon and anesthesiologist failed to discuss with her within the agreed time frame. Throughout the process, her communication with these two doctors about patient-related information was severely limited, inadvertently resulting in her lack of willingness to communicate effectively. From her perspective, the reason for this exclusion from key discussions is that her profession was deemed unimportant, while depriving her of the right to participate in multidisciplinary team activities. This situation made her very unhappy and had a negative impact on her professional performance and personal life that day.

2.2 Deconstruction

As an impartial observer, the author will critically analyze these events by examining the values and beliefs involved. She wonders if her anger about the same issues would have been as intense if it had not been in a specific hospital setting. Is she passionate about contributing to a multidisciplinary team? Would her reaction have been as strong if this collaboration had involved nurses from different departments instead of doctors? Does this conflict with her basic principles? Her inner dialogue consistently reflects her dilemma: whether to actively participate in disciplinary team activities or passively reserve her own opinions. Her frustration arises from her profession being underestimated and not appreciated. The values instilled in her by her parents and teachers emphasized the importance of mutual respect and reciprocity as she grew up. In life, one is expected to respect their elders; similarly, in the workplace, one must respect leaders and superiors, value their colleagues, and prioritize the health of patients—only in this way can they earn recognition as civilized and polite individuals [7]. As a result, these values significantly influenced her behavior[8], and convinced her that doctors and nurses should respect each other[9]. Therefore, she must actively advocate for participation in disciplinary groups, ensuring that the rights of nurses are duly respected.

2.3 Confrontation

In the third stage, the author employs socialization theory, reflexivity theory, and hegemony theory to underpin the entire reflective process. This analysis examines the constraints of the event from environmental, social, historical, and personal perspectives. Additionally, it critically evaluates the hegemonic behavior of doctors. Reflexivity, referring to the turning of attention to oneself and the circular relations between subject and object[10], involves recognizing and accepting our own influences, from both individual and social-cultural contexts. This process profoundly affects research endeavors and knowledge production, necessitating deep reflection on researchers' roles and how these shape our understanding and interpretation of phenomena[11]. Hegemony signifies the considerable social, cultural, ideological, or economic influence a dominant group wields over others[12]. Socialization, an ambiguous concept in healthcare literature[13], can be viewed as a social adaptation process where medical opinions and interests take precedence, potentially perpetuating doctors' hegemonic conduct.Social constraints, including the habitual characteristics of an environment and self-definition through interactions within it, are closely tied to historical constraints[5]. The reality of a power and status gap between doctors and nurses is deeply ingrained in society. Nursing tasks are often seen as straightforward, with lower educational demands, reinforcing the hierarchical view between the two professions. This perception casts nurses in a vulnerable position, and the author, keenly aware of the nursing profession's declining social status, recognizes the impact of historical limitations on the types of knowledge utilized and roles played in clinical decision-making. Clinical decisions dominate, with nursing and medical knowledge complementing each other[14]. Traditionally, nurses were seen as subordinate to doctors, reflecting the gender differences of the time[15]. This relationship exhibited a hierarchical and patriarchal nature[16]. The educational systems for both professions have been critiqued for instilling a sense of omnipotence in medical students and obedience in nursing students[13,16,17]. In the historical narrative of this strained relationship, a perception emerged where doctors and nurses view each other as obstacles to their goals[13,18]. It has been suggested that equal cooperation between the two is unattainable, influenced by historical factors[13,18,19]. Personal constraints arise from various life influences, shaping unique characteristics[5]. As an introvert, the author tends to internalize anger, preferring not to engage in open dialogue to address and resolve issues. The author's heightened sensitivity amplifies situations that might not affect others as strongly, stemming from dissatisfaction with the medical field's power dynamics and hierarchy. This sensitivity can make even minor inappropriate remarks emotionally stirring for the author. Considering these four aspects, the author's assessment of doctors' domineering behavior contains subjective elements. The doctor's exclusion of the author from disciplinary activities might be due to perceived limited relevance of the author's expertise, or it could be the doctor's intention to communicate differently at another time. It's also possible the doctor aimed to save the author's time out of consideration. The lack of other conflicts with the surgeon suggests no motive to deliberately exclude the author. The author regrets not directly expressing thoughts but instead dealt with the matter impulsively, leading to emotional exhaustion. Without immediate feedback, the doctor might continue to sideline the author, causing repeated frustration.

2.4 Reconstruction

In the fourth stage, the author will reconstruct the hypothesis with new awareness and clarify how to implement change in future practice. In the context of hospitals and society at large, the socialization of the gap between nurses and doctors reflects China's entrenched hierarchy of leaders and subordinates. Amplified, this seemingly commonplace phenomenon serves as a catharsis, releasing the author's internalized unequal status. This unfair status will persist regardless of the author's participation in disciplinary panel activities or receipt of notice from physicians about participation; the author's participation alone does not guarantee the desired equality of status. Although the author has deep-seated acknowledgment of inequality in health care, there has been hesitation to confront this reality directly. Through this reflective process, the author aims to confront these realities while addressing deep-seated issues. Recognizing and prioritizing advances in nursing knowledge and skills is fundamental to dismantling the dominance of doctors over nurses. There is no denying that doctors possess superior professional skills and knowledge; thus, to bridge the gap and increase nurses' societal influence, continuous pursuit of progress is essential. Only through positive actions and attitudes can one liberate the mind and enhance healthy development in a multidisciplinary medical environment.

In the current healthcare field, traditional professional boundaries are no longer strictly defined[14]. The International Library of Documents emphasizes the collaborative relationship between doctors and nurses[14,20]. Practice environments' ongoing complexity, flat organizational structures, and diverse roles require both providers to understand interdisciplinary work comprehensively[14]. Teamwork is based on interdependent practices[14,21]. Healthcare system partnerships significantly and positively impact patient outcomes[14,22]. The doctor-nurse relationship, marked by mutual respect and interdependence, is deeply rooted in history and perpetuated through culture[23]. As a disciplinary panel member, the doctor's exclusionary behavior towards the author included an element of hegemony. When this minor issue is magnified to

negatively impact the author's work and life, the author's subjective response is inevitable. To break free from internalized hegemony, changing the subjective factors that limit us is necessary. Authors have the power to change themselves and be empowered. Strong medical relationships are built on the collective efforts of all healthcare professionals. Expanding one's vision to a larger scale reveals the futility of dwelling on trivial matters and perpetuating an exaggerated sense of medical inequity. This approach alleviates work and personal dissatisfaction, allowing for critical self-reflection, subjective transformation, and inner liberation, which can be highly beneficial.

3. Results

Summarizing the whole reflection process, based on socialization theory, the authors realize that the hegemonic behavior displayed by doctors toward nurses is closely related to the socialization process surrounding their different medical statuses. Through the application of reflexive theory, this practice delves into relevant issues including personal values, work environment dynamics, and historical and social contexts. It also explores how physician dominance is influenced by the nature of nursing work, work relationships, and knowledge reserves. By engaging in debate with hegemonic theory as the backdrop, the individual gains a new understanding of the hegemonic behavior of doctors, altering their attachment to certain values and enhancing their subjective understanding. They now sincerely thank the doctors for their valuable contributions to the medical process and no longer harbor any desire for conflict. In collaborative medical teams, a harmonious working attitude among nurses serves as a catalyst for promoting positive doctor-patient relationships. Doctors and nurses must coexist harmoniously, avoiding petty issues from disrupting their professional relationship or compromising patient care. Patients require a healthy environment, and both parties need a positive atmosphere that fosters collaboration and mutual growth. Reflective theory provides evidence that a person's subjective awareness influences their behavior. Individuals can avoid monotonous routines through introspection and practice. By adopting a calm attitude and effective strategies for dealing with unpleasant tasks, one can remain optimistic about their professional responsibilities. Although one cannot single-handedly change the public perception of the nursing profession or overturn the dominance of doctors over nurses, they can develop self-confidence through continuous learning and improvement. Even in a profession where accolades may be sparse, one must shine like a beacon within themselves. Reevaluating oneself, a lifelong commitment to mutual respect is identified as a core value. However, this value is not used as a shield against a sense of hegemony stemming from an inner inferiority complex. The inner light and strength that an individual possesses are qualities that no one else can give or take away. When one's inner self radiates confidence like sunshine, the approach to handling problems will naturally evolve in a positive direction.

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