

## Reflexivity in clinical training among students at the Higher Institute of Nursing and Health Professions in Oujda: A case of nursing students in anesthesia and intensive care

Nouhaila BALADI\*<sup>1</sup>, Hanane KADDOURI<sup>1</sup>, Houria ASNAI<sup>1</sup>

<sup>1</sup>Higher Institute of Nursing Professions and Health Techniques (ISPITS) of Oujda, Morocco

\*Corresponding author, Email address: [Baladinouhaila533@gmail.com](mailto:Baladinouhaila533@gmail.com)

### Abstract:

This qualitative exploratory study seeks to identify the place of reflexivity among students in the nursing option anesthesia and intensive care at the end of their training at the Oujda higher institute of nursing professions and health techniques. To this end, a questionnaire was administered to 26 students to shed light on their perceptions of reflexivity perceptions of reflexivity, and 14 narratives elaborated by the participants around a clinical task were analyzed using a REFLECT grid to assess their level of reflexivity. A second assessment was carried out after the use of a reflexivity development tool reflexivity development tool to measure their progress. The results showed that the majority of students perceived reflexivity as thinking about action that is as important as technical skills (88%). Motivation and the desire to learn are seen as key factors in this process (69.2%). However, analysis of the reflexive narratives revealed that the level of (78.57%) of the students is the "Preliminary reflection on action" level, with only 7.14% having the "reflection on action" level, 14.3% having an "absence of reflection" level, while none of the students reached the "reflexivity" level. The introduction of the reflexivity development tool led to a noticeable improvement in the quality of the narratives evaluated, with the " Preliminary reflection on action" level dropping from 78.6% to 21.4%. Moreover, the "reflection on action" level rose from 7.14% to 50%. While the "reflexivity" level appeared at 21.4%. The main obstacles identified included a lack of use of reflexive development tools (88% of students never use a portfolio or reflexive logbook) and limited support from professionals (only 19.2% of students always feel involved in the reflective process). To encourage the integration of the reflective approach into the training of nursing students, suggestions have been put forward in this work.

**Keywords:** Reflexivity, REFLECT grid, reflective development tools, student nurses, anesthesia and intensive care nurse.

**Received:** 01/12/2024  
**Revised:** 19/09/2025  
**Accepted:** 23/09/2025  
**Published:** 02/10/2025

## **I. Introduction**

The healthcare sector is characterized by complex dynamics, combining the efforts of professionals with the many challenges faced by healthcare systems. Among these stakeholders, nurses, who represent more than 50% of the healthcare workforce, play a central role in promoting health, educating patients, and providing holistic, high-quality care (WHO, 2020).

In the 21st century, nurses are working in a constantly changing environment, marked by issues such as pandemic management, inequalities in access to care, and the integration of new technologies. To cope with these challenges, technical, cognitive, interpersonal, and behavioral skills have become essential. The COVID-19 pandemic has confirmed the need for nurses to mobilize their capacity for rigor, adaptation, critical thinking, and autonomy (Zaim & Alaoui, 2023). This underscores the importance of solid training focused on skills development to ensure safe and appropriate care in response to these challenges.

In Morocco, nursing training has undergone significant reforms with the creation of the Higher Institutes of Nursing and Health Techniques (ISPITS). These institutes are tasked with training professionals capable of meeting the needs of the population by providing quality care (Harsi & Aouzal, 2021). According to the ISPITS guide (2015), training is based on a combination of academic and clinical work, enabling students to acquire a critical eye and develop practices based on scientific rigor and creativity. This vision goes beyond the simple execution of tasks and emphasizes the importance of non-technical skills such as critical thinking and reflexivity.

Reflexivity is indeed a central dimension of professional nursing development. It enables practitioners to analyze their practice, become aware of the impact of their actions, and improve the quality of care (Aubry, 2020; Dubé & Ducharme, 2015). In initial training, students are supported by their trainers to gradually become reflective practitioners. According to Chanel (2013) and Pierrot (2021), this process consists of consciously and voluntarily reflecting on one's own actions in order to optimize one's behavior in a professional context. The integration of reflexivity into nursing education thus promotes the development of clinical judgment, critical thinking, and the professionalization of students (Holmberg-Laurency, 2019). It also helps them to better understand their future role and gain confidence. However, several studies show that many students still perceive their role as simply carrying out prescribed care, without any real awareness of the autonomy and complexity of their profession (Aubry, 2020). This observation also holds true at ISPITS in Oujda, where some students find it difficult to apply their theoretical knowledge in clinical situations and to

adopt a reflective stance. This gap between theory and practice has been highlighted by Barich et al. (2019), who point out that nursing training programs in Morocco are still designed according to the objectives-based approach and not according to the competency-based approach, which is nevertheless provided for in the LMD system.

According to the Coordinator of the nurse in anesthesia and intensive care option at ISPITS in Oujda, this lack of a competency-based approach creates a lack of clarity regarding cross-disciplinary skills such as reflexivity and their expected levels. In addition, there are no detailed, criteria-based tools to assess and support this reflective process in clinical training. This gap between the requirements of the LMD system and current training programs leads to an imbalance in student preparation.

Thus, despite notable reforms in nursing education in Morocco, a vague vision of the reflective process persists, particularly with regard to its levels of development and assessment methods.

In light of this issue, the present qualitative descriptive study, one of the first conducted at ISPITS Oujda, seeks to examine the role of reflexivity in clinical training among nursing students. Its objectives are to:

- Explore how IAR (Anesthesia and Intensive Care Nurse) students at ISPITSO perceive the reflexive approach.
- Assess their level of reflexivity through the analysis of written learning records.
- Propose a practical tool to support the development of reflexivity in clinical settings.

## **II. Materials and Methods**

**Study Description:** In order to achieve our research objective, a descriptive qualitative study is planned to explore perceptions of the reflective process and to analyze written records after the action in order to identify the place of reflexivity among ISPITSO nursing students in a clinical setting: the case of students in the IAR program.

**Target population:** The target population comprises nursing students specializing in anesthesia and intensive care at the Oujda Higher Institutes of Nursing and Health Techniques (ISPITSO).

- Inclusion criteria: Students in the IAR program at the end of their initial training at ISPITSO (Semester 6 of the bachelor's degree program).
- Exclusion criteria: IAR S6 students who refuse to participate in the study.

## Sampling

**Objective**

All S6 IAR students are included, taking into account the exclusion criteria.

---

**N= 28** ISPITSO IAR S6 students.

**Objective 2**

Non-probabilistic convenience sampling

---

**n= 14** ISPITSO IAR S6 students.

## Justification for the choice of population

- The choice of the IAR option is justified first by the choice of the narrative analysis grid, which recommends working on narratives with a well-defined care situation that is fairly common among all participants in order to minimize any subjectivity in the evaluation, which is consistent with the practice of intubation among IAR students. The availability of reliable theoretical resources on intubation practice, which can facilitate understanding of the narrative, further reinforces this choice.
- The choice of nursing students in semester S6 is justified by the ability of these students at the end of their training to take a more focused look at the situations they encounter, since they have experienced enough real-life situations in a clinical setting.

## Data collection methods

### a) Exploring perceptions of the reflective process

An electronic questionnaire was sent to IAR S6 students to explore their perception of the reflective approach among students. This questionnaire was administered via Google Forms.

### b) Estimation of levels of reflexivity

An evaluation grid was sent to students in the IAR S6 option to estimate their level of reflexivity based on their post-action written accounts. The observation grid was developed based on the REFLECT grid, a qualitative tool that assesses levels of reflexivity on action through five criteria:

- ✓ Depth of the narrative
- ✓ Author's involvement

- ✓ Description of issues
- ✓ Attention to emotions
- ✓ Analysis and search for meaning

The criteria are organized into levels according to a gradient of reflexivity ranging from "*absence of reflexivity*" to "*reflexivity*."

## Data processing methods

### ➤ Processing of data collected from the questionnaire:

Data collected via Google Forms is presented in tabular and graphical form. This was done using EXCEL Office 16.

### ➤ Processing of data collected from the grid used to analyze IAR students' narratives S6:

After collecting written accounts of intubation practice, the analysis was carried out using a contextualized version of the REFLECT grid, adapted to intubation practice without altering its original spirit.

A companion guide, based on the *Practical Manual of Anesthesia* (4th edition), was developed to guide the assessment of reflexivity and to remind readers of the standards for tracheal intubation in scheduled general anesthesia.

## III. Results and Discussion

### 1- Students' perception of the reflective process

#### i. Definition of reflexivity according to participants

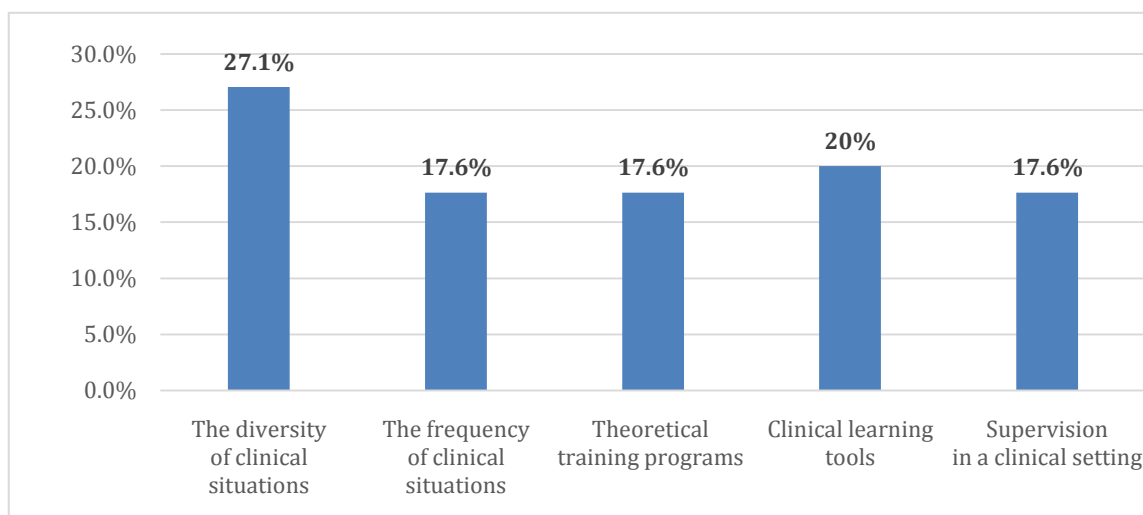
In order to better understand how students perceive reflexivity, participants were asked to describe what the concept means to them. Their responses were grouped into several categories, which are presented in the table below. As shown in the table, the concept most frequently adopted by the students is "*thinking about one's actions*", cited in eight responses (36.4%). Other ideas included "*being aware*" (18.2%), "*being vigilant*" (13.6%), and "*self-assessment*" (9.1%). Less frequently mentioned were concepts such as responding effectively and quickly, independence, organizing before acting, and managing critical situations, each cited by one participant.

**Table I:** Concepts of reflexivity mentioned by IAR S6 students

Thinking about one's actions	36.4%	8
Being aware	18.2%	4
Be vigilant	13.6%	3
Self-assessment	9.1%	2
Respond effectively and quickly	9.1%	2
Be independent	4.5%	1
Organize before acting	4.5%	1
Manage critical situations	4.5%	1
<b>TOTAL</b>	<b>100%</b>	<b>22</b>

**ii. Key factors contributing to the development of reflexivity according to participants**

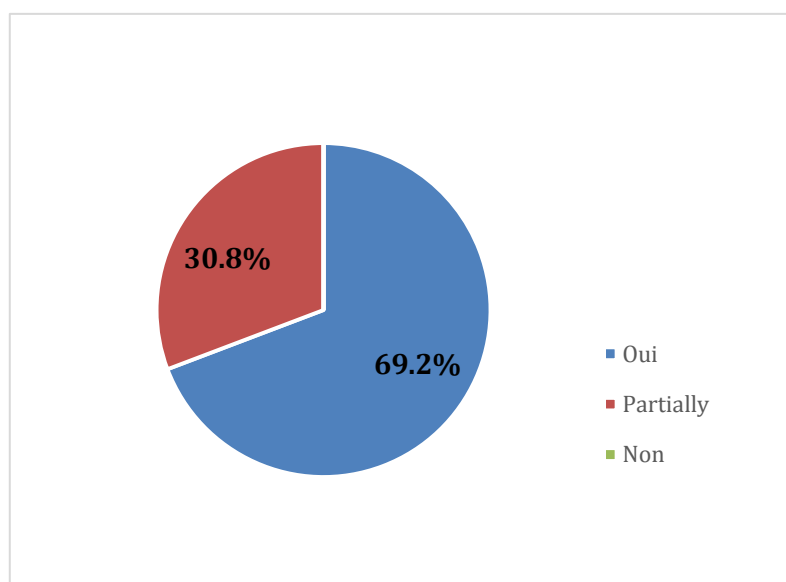
To explore the main factors that contribute to the development of reflexivity, participants were asked to identify the elements that most influenced their learning experience. Their responses highlighted several aspects, which are summarized in the figure below. According to the results, the *diversity of clinical situations* was the most frequently cited factor (27.1%), followed by *clinical learning tools* (20%). In addition, *theoretical training programs*, *clinical supervision*, and the *frequency of clinical situations* were each mentioned by 17.6% of respondents.



**Figure 1:** Factors influencing the development of reflexivity among IAR S6 students

### iii. The influence of motivation and desire to learn on the reflective process

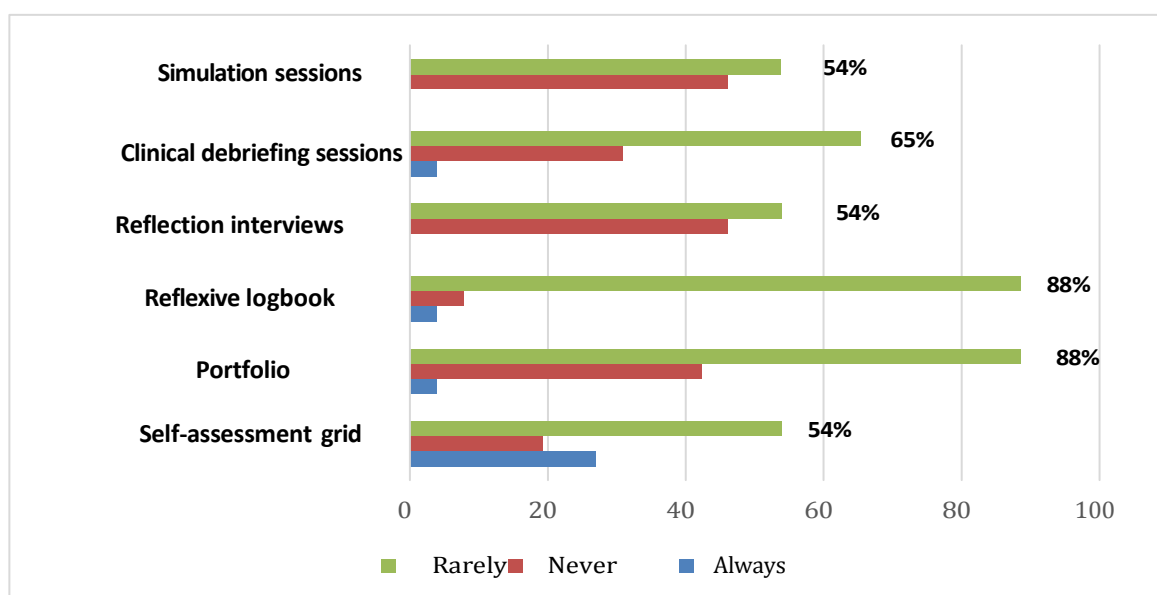
This section explores the perceived influence of motivation and the willingness to learn on the reflective process. As illustrated in Figure 2, a considerable majority of participants (69.2%) reported that motivation and desire to learn exert a positive impact on their reflective practice in clinical settings. Conversely, 30.8% indicated that this influence is only partial, suggesting that although motivation constitutes an essential driver of reflexivity, it may not operate in isolation and could be moderated by additional contextual or experiential factors.



**Figure 2:** The influence of motivation and desire to learn on reflective practice in clinical settings

### iv. Tools for developing reflexivity in nursing education

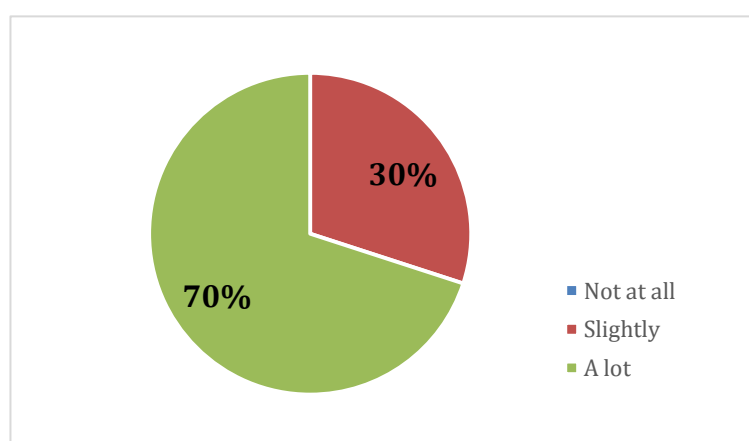
To investigate the use of pedagogical tools aimed at fostering reflexivity in nursing education, participants were asked to indicate how often they employed such resources. As shown in Figure 3, the tools most frequently reported as “never used” were the portfolio (88%), the reflexive logbook (88%), and clinical debriefing sessions (65%). In addition, simulation sessions, reflection interviews, and the self-assessment grid were each mentioned by 54% of respondents. Conversely, when considering the tools that participants “always” used to support reflexive practice, the self-assessment grid was the most frequently cited (27%), while the portfolio, reflexive logbook, and debriefing sessions were each reported by 4%. These findings highlight that, although various tools are available, their systematic and consistent integration into nursing education remains limited.



**Figure 3:** Use of reflexivity development tools in nursing training

#### v. Influence of supervision and coaching on reflexivity:

To assess the impact of supervision, guidance, and feedback from healthcare professionals on the development of reflexivity, participants were asked to evaluate the extent of this influence in clinical practice. As illustrated in Figure 4, the majority of respondents (70%) indicated that such support exerts a positive influence on their reflective process. In contrast, 30% of participants considered this influence to be only slight, suggesting that while supervision and feedback are recognized as beneficial, their effectiveness may vary depending on the context and the manner in which they are implemented.

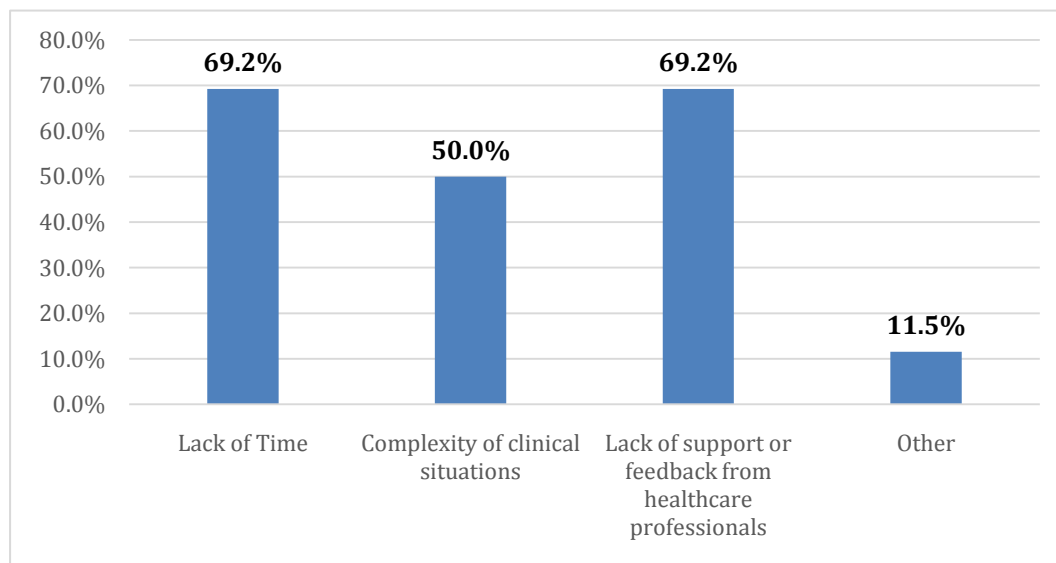


**Figure 4:** The influence of supervision, guidance, and feedback from healthcare professionals on reflexivity in a clinical setting



## vi. Major obstacles to reflexivity in clinical settings

To identify the main barriers hindering the development of reflexivity in clinical practice, participants were asked to indicate the challenges they encounter most frequently. As presented in Figure 5, the lack of time and the lack of support or feedback from healthcare professionals emerged as the most significant obstacles, each cited by 69.2% of respondents. The complexity of clinical situations was also highlighted as a challenge by 50% of participants. Finally, a smaller proportion (11.5%) mentioned additional obstacles not specified in the predefined list. These findings underline that both structural constraints and contextual difficulties can considerably limit the implementation of reflective practice in clinical settings.

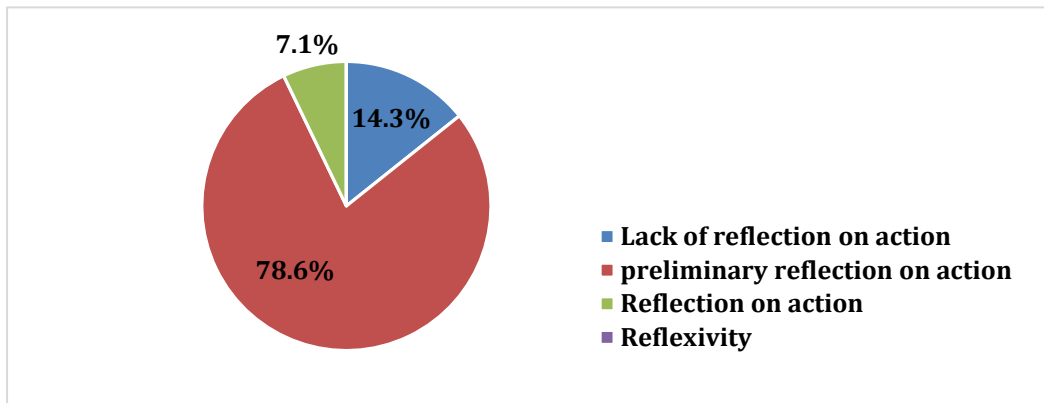


**Figure 5:** Main challenges hindering reflexivity in clinical settings

## 2- The level of reflexivity among ISPITSO S6 IAR students before using the reflexivity development tool

### i. The distribution of levels of reflexivity among IAR S6 students in a clinical setting

To assess the initial level of reflexivity in clinical practice, participants' narratives were analyzed using the REFLECT grid. As illustrated in Figure 6, the vast majority of students (78.6%) demonstrated only a preliminary reflection on action, while 14.3% showed no reflection at all. A smaller proportion (7.1%) reached the stage of reflection on action, and none of the participants exhibited reflexivity at the highest level. These findings suggest that, prior to the use of a reflexivity development tool, students' reflective capacity remained largely superficial, with limited evidence of deeper critical engagement or transformative reflexive practice.

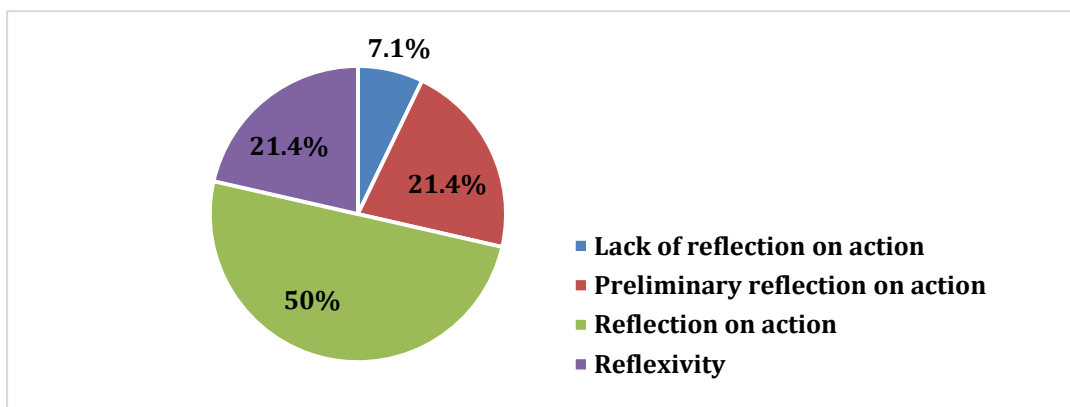


**Figure 6:** Distribution of levels of reflexivity according to analysis of participants' narratives

### 3- The level of reflexivity of ISPITSO IAR students after using the reflexivity development tool “The 5-Step Success tool (Bisson & Gagnon, 2017)”

#### i. The new distribution of levels of reflexivity among participants after using a reflexivity development tool:

To evaluate the impact of the reflexivity development tool, participants’ narratives were reanalyzed using the REFLECT grid. As shown in Figure 7, the distribution of reflexivity levels changed markedly compared to the initial assessment. Half of the students (50%) demonstrated reflection on action, while 21.4% reached the higher level of reflexivity. Preliminary reflection on action was observed in 21.4% of cases, and only 7.1% of students remained at the stage of no reflection. These results indicate a substantial progression from superficial reflection toward deeper and more critical forms of reflexivity, suggesting that the tool effectively supported students in advancing their reflective practice within clinical settings.



**Figure 7:** The new distribution of levels of reflexivity among participants

#### IV. Discussion

This study adopts a qualitative approach aimed at analyzing the place of reflexivity among nursing students in anesthesia and intensive care (IAR). A questionnaire was administered to 26 students at the end of their training (S6) to explore their perception of reflexivity, supplemented by the analysis of 14 narratives to assess their level of reflexivity. This population was chosen because of their exposure to multiple clinical situations, allowing for a more in-depth analysis, even though they are still classified as beginners according to Benner (2003).

The majority of participants were aged 20 to 22 (92.3%) and female (84.6%). These characteristics are consistent with those of a national study conducted in 21 ISPITS (Zaim & Alaoui, 2023), which highlights the importance of reflective practice (RP) in the development of autonomy and academic success, with a dominant age group between 21 and 23 years old (43.5%) and a predominance of females (63%).

Conceptually, reflexivity is defined as a critical and iterative process of introspection on one's actions and thoughts (Nguyen & Raymond-Carrier, 2016). The results of the study reveal that the majority of students associate reflexivity with "thinking about one's actions," a conception close to this definition. However, for John Dewey (1933), reflective thinking involves an awareness of causes and consequences, and differs from spontaneous thinking (Chaubet et al., 2013). This distinction is essential to understanding that reflexivity goes beyond reactive reflection and must be part of a voluntary and conscious process.

The literature emphasizes that reflective engagement is closely linked to motivation and the desire to learn. According to Pandey (2016) and Correa Molina et al. (2010), when individuals perceive a professional interest in reflection and see a clear link between it and their professional advancement, it becomes a powerful driver of engagement. This is confirmed by 69.2% of participants who believe that their motivation and desire to learn positively influence their reflective approach. Indeed, reflective engagement also relies on the ability to question one's own actions and beliefs (Devos & Paquay, 2013).

The study reveals very low use of reflective tools: 88% of students never use portfolios or reflective logbooks, and 65% do not participate in clinical debriefings. Similar results were found by BAKLOUL (2019), where more than half of students (56%) did not use care plans or practice analysis meetings.

These limitations can be explained by gaps in teacher training and teaching approaches that do not focus on reflexivity (BAKLOUL, 2019). Furthermore, 26.9% of students believe that the internship logbook does not promote reflexivity at all, and 57.7% believe that it contributes only slightly, revealing a mismatch between its objectives and the real needs of students.

The main obstacles identified by students relate to lack of time and insufficient support or feedback from healthcare professionals (69.2%). These results are consistent with those of Khoiriyati & Kurnia Sari (2021),

who also highlight the limiting role of a lack of openness and self-reflection among mentors. The study thus highlights the importance of active support from clinical supervisors in promoting the development of reflexivity in nursing education.

Reflexivity was assessed using the REFLECT grid, which allows students to be placed on a scale between no reflection and complete reflexivity. The results show that 78.6% are at the "Preliminary reflection on action" level, reflecting spontaneous and unsupervised reflexivity, while only 7.1% reach the "reflection on action" level, and none reach complete reflexivity. These results may be related to the fact that 54% of students did not address the concepts of reflective practice, clinical reasoning, and critical thinking during their training. Furthermore, 69.2% emphasize the decisive role of motivation and desire to learn in reflective development, but this commitment remains limited by major obstacles such as lack of time and lack of support from clinical supervisors (69.2%).

After introducing and contextualizing the 5-Step Success tool (Bisson & Gagnon, 2017), a notable transformation was observed in the reflective narratives of IAR S6 students. This tool, designed to guide critical and analytical thinking, raised the level of reflexivity beyond the initial superficial descriptions. The results below detail this evolution according to different criteria of analysis.

- Depth of narrative: Students gradually moved beyond a simple description of their clinical actions to adopt a more analytical approach. After using the tool, several narratives incorporated critical analysis and exploration of learning, reflecting a more structured and in-depth reflection.
- Author involvement: The tool stimulated students' engagement in their clinical judgment process, encouraging them to identify their strengths and weaknesses as well as strategies for improvement. This active participation also helped them feel more involved and better prepared to manage complications and make informed decisions in real clinical situations.
- Description of issues: Initially, reflexivity often remained superficial, limited by a lack of time and clinical support. With the tool, students were able to describe the problems encountered more precisely, identify key issues, and propose more sophisticated strategies for addressing them, leading to higher levels of reflection on action and reflexivity (Schon & DeSanctis, 1986).
- Attention to emotions: Although some progress was observed in considering emotions, students' narratives often revealed an absence of deeper emotional reflection, confirming the importance of the masking phenomenon (Cahour, 2012). An adaptation of the tool, integrating activities focused on emotions, could further strengthen this dimension (Donnaint et al., 2015).
- Analysis and search for meaning: The tool stimulated students' ability to analyze the problems they encountered and to search for meaning in their clinical practices. The structured questions encouraged more critical analysis of actions and a deeper exploration of learning (Schon & DeSanctis, 1986).

## V. Conclusion

By examining the place of reflexivity in nursing student training, our study reveals several significant conclusions. First, reflexivity is perceived as a crucial skill, comparable in importance to the acquisition of technical skills, according to the majority of students.

However, there remains a gap between the perception of its importance and its effective implementation: the majority of students remain at the initial level of reflection according to the REFLECT grid.

Several obstacles hinder its development, including lack of time, lack of feedback from healthcare professionals, the complexity of clinical situations, and low use of dedicated tools (portfolio, debriefing, reflective journal).

The introduction of the 5-Step Success tool has had a positive impact, encouraging students to move beyond superficial reflection and reach more advanced levels. This highlights the effectiveness of structured and tailored tools, although their validation on larger samples is necessary.

As reflexivity is a multidimensional process, its assessment cannot be limited to written records alone. Complementary approaches, such as internship interviews, exchanges with tutors, or tools adapted to verbal expression, deserve to be explored.

In conclusion, strengthening the integration and assessment of reflexivity is crucial for training reflective professionals who are capable of responding to the challenges of clinical practice and improving the quality of care.

**Funding:** This research received no external funding.

**Conflicts of Interest:** The authors declare that there are no conflicts of interest.

**Compliance with Ethical Standards:** This article does not contain any studies involving human or animal subjects.

## References

---

- Aubry, K. R. (2020).** Intervention de pratique réflexive auprès de préceptrices pour accompagner le développement du raisonnement clinique infirmier des débutantes aux soins intensifs. <https://papyrus.bib.umontreal.ca/xmlui/handle/1866/23905>
- BAKLOUL, N. (2019).** La pratique réflexive chez les étudiants infirmiers polyvalents S6 de l'institut supérieur des professions infirmières et techniques de santé d'Oujda : Évaluation de la réflexivité et outils de développement.
- Barich, F., Chamkal, N., & Rezzouk, B. (2019).** La formation en soins infirmiers et techniques de santé dans le système licence-master-doctorat au Maroc : Analyse des descriptifs de formation, étude analytique descriptive. *Revue Francophone Internationale de Recherche Infirmière*, 5(4), 100183. <https://doi.org/10.1016/j.refiri.2019.100183>
- Benner, P. (2003).** De novice à expert : Excellence en soins infirmiers. Elsevier Masson.
- Bisson, J., & Gagnon, C. (2017).** Réflexion dans l'action du stagiaire : Développement d'un outil pour les élèves en Santé, assistance et soins infirmiers (SASI) au Québec 1. *Travail et Apprentissages*, 19(1), 107- 124.
- Cahour, B. (2012).** Les émotions vécues, constitutives de l'activité. Cas des interactions de travail et des usages situés. Document de synthèse pour l'Habilitation à Diriger les Recherches.
- Chanel, A. B. (2013).** La pratique réflexive : Un outil de développement des compétences infirmières. Elsevier Health Sciences.
- Chaubet, P., Correa Molina, E., & Gervais, C. (2013).** Considérations méthodologiques pour aborder la compétence à « réfléchir » ou à « faire réfléchir » sur sa pratique en enseignement. *Phronesis*, 2(1), 28- 40. <https://doi.org/10.7202/1015637ar>
- Correa Molina, E., Collin, S., Chaubet, P., & Gervais, C. (2010).** Concept de réflexion : Un regard critique. *Éducation et francophonie*, 38(2), 135- 154. <https://doi.org/10.7202/1002160ar>
- Devos, & Paquay. (2013).** Le choc de la pratique chez les enseignants débutants : Quelle place pour la réflexivité. *Former des enseignants réflexifs: obstacles et résistances*, 229-247.
- Donnaint, É., Marchand, C., & Gagnayre, R. (2015).** Formalisation d'une technique pédagogique favorisant le développement de la pratique réflexive et des compétences émotionnelles chez des étudiants en soins infirmiers. *Recherche en soins infirmiers*, 123(4), 66- 76. <https://doi.org/10.3917/rsi.123.0066>

- Dubé, V., & Ducharme, F. (2015).** Nursing reflective practice : An empirical literature. *Journal of Nursing Education and Practice*, 5(7), 91- 99.
- Guide des Instituts Supérieurs des Professions Infirmières et Techniques de Santé. (2015).**
- Harsi, E. M. E., & Aouzal, M. (2021).** Les facteurs influençant l'évaluation des apprentissages en milieu clinique des étudiants d'un institut supérieur des professions infirmières et techniques de santé au Maroc : Étude descriptive exploratoire. *Revue Francophone Internationale de Recherche Infirmière*, 7(4), 100248.
- Holmberg-Laurency, C. (2019).** La réflexivité, un élément-clé de la professionnalisation infirmière. *Spécificités*, 14(3), 125- 141. Cairn.info.  
<https://doi.org/10.3917/spec.014.0125>
- Khoiriyati, & Kurnia Sari. (2021).** (PDF) Reflective Practice on Nursing Students : A Qualitative Study.  
[https://www.researchgate.net/publication/365999545\\_Reflective\\_Practice\\_on\\_Nursing\\_Students\\_A\\_Qualitative\\_Study](https://www.researchgate.net/publication/365999545_Reflective_Practice_on_Nursing_Students_A_Qualitative_Study)
- Nguyen, Q. D., & Raymond-Carrier, S. (2016).** Un professionnel de santé qui se pose des questions : La réflexivité. Comment (mieux) former et évaluer les étudiants en médecine et en sciences de la santé, 45- 62.
- Pandey. (2016).** Unit-15 Teacher as a Reflective Practitioner. eGyanKosh.  
<https://www.egyankosh.ac.in/bitstream/123456789/46594/1/Unit-15.pdf>
- PIERROT, C. (2021).** La réflexivité de l'infirmier en institution hospitalière : Quelle réalité?  
[https://cfrps.unistra.fr/fileadmin/uploads/websites/cfrps/memoires\\_des\\_etudiants/2021/Memoire\\_M2\\_PSS\\_Celine\\_Pierrot.pdf](https://cfrps.unistra.fr/fileadmin/uploads/websites/cfrps/memoires_des_etudiants/2021/Memoire_M2_PSS_Celine_Pierrot.pdf)
- Schon, D. A., & DeSanctis, V. (1986).** The Reflective Practitioner : How Professionals Think in Action. *The Journal of Continuing Higher Education*, 34(3), 29- 30.  
<https://doi.org/10.1080/07377366.1986.10401080>
- WHO. (2020).** L'OMS et ses partenaires appellent à investir de toute urgence dans le personnel infirmier.  
[https://www.bing.com/search?pglt=675&q=L'OMS+et+ses+partenaires+appellent+à+investir+de+toute+urgence+dans+le+personnel+infirmier&cvid=e04904886cbd44e6ae08b684f4cb29c1&gs\\_lcrp=EgZjaHJvbWUyBggAEEUYOdIBCDEwNTBqMGoxqAIAAsAIA&FORM=ANNTA1&PC=U531](https://www.bing.com/search?pglt=675&q=L'OMS+et+ses+partenaires+appellent+à+investir+de+toute+urgence+dans+le+personnel+infirmier&cvid=e04904886cbd44e6ae08b684f4cb29c1&gs_lcrp=EgZjaHJvbWUyBggAEEUYOdIBCDEwNTBqMGoxqAIAAsAIA&FORM=ANNTA1&PC=U531)
- Zaim, O., & Alaoui, M. I. H. (2023).** Enseignement des soft skills aux étudiants infirmiers de l'institut supérieur des professions infirmières et techniques de santé Fès- Maroc. *Revue*

Internationale du Chercheur, 4(3), Article 3.

<https://www.revuechercheur.com/index.php/home/article/view/715>