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Designing spaces for reflection in care practice: Development and piloting of a participatory reflective pathway at the Hospice of Istituto Palazzolo, Fondazione Don Carlo Gnocchi, Milan

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Abstract:
In hospice care, professionals face complex communication and relationship challenges, with few opportunities for shared reflection in their day-to-day work.
This exploratory qualitative study describes the development and initial implementation of a participatory reflective pathway at the Hospice of Istituto Palazzolo, Fondazione Don Carlo Gnocchi ETS, Milan, within a broader mixed-methods protocol on care environments. Four facilitated reflective modules were progressively designed using preliminary staff contributions and reflections emerging during the sessions, combining visual metaphors, individual written artefacts, and collective discussion. Between April and May 2026, the sessions recorded 35 attendances (not unique participants) and produced 32 artefacts, examined through thematic and longitudinal analysis and compared with preliminary contributions and environmental observation. Four interconnected themes concerned professional limits, communication, emotional awareness, and relational care.
These themes reflect participants' experiences and concerns rather than demonstrating changes in professional competence or the effectiveness of the intervention. The study documents the preliminary practical feasibility considerations of the methodological protocol, outlining tentative design principles and limitations.

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1. Introduction

Contemporary healthcare increasingly requires approaches to care that account also for patients' lived experiences, interpersonal relationships, and the organisational contexts in which care takes place (Kleinman, 1988). Healthcare environments are part of these conditions: they comprise material, sensory, relational, and organisational dimensions (Ulrich et al., 2008), and they are continuously shaped by the professionals who inhabit them through their practices.

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This is particularly relevant in hospice care, where professionals routinely encounter end-of-life situations involving suffering, uncertainty, complex communication, and the limits of curative treatment (Haraldsdottir et al., 2025).

This raises an educational question: how can professionals be supported in collectively reflecting on challenging communicative, emotional, and relational experiences encountered in everyday hospice practice?

Reflective practice offers a perspective for addressing this question. Schön (1983) describes professional knowledge as partly embedded in action and developed through engagement with complex and uncertain situations; Mortari (2003) situates reflective thinking within the examination of lived professional experience, and transformative learning theory (Mezirow, 1991; Fabbri et al.,

In the continuing education of healthcare professionals, reflection can help revisit uncertainty and articulate tacit understandings, although it should not be equated with demonstrated changes in competence (Mann et al., 2009).

Zannini (2008) situates narrative approaches and the medical humanities within the education of care professionals. Reflective formats such as Schwartz Rounds (Goodrich, 2012), Balint groups (Kjeldmand & Holmström, 2008), and reflective practice groups already exist; Section 4 compares the present pathway with them.

Participatory approaches recognise professionals as contributors to identifying learning needs. Damiano's (2013) theory of didactic mediation offers a retrospective framework for understanding how visual representations can support reflective learning: the visual metaphors used here (flower, river, traffic light, bridge) can be read as iconic mediators with metaphorical functions, used as prompts for reflection, not as instruments for measuring psychological states or competence (Molinaro, 2026).

Here, the participatory reflective pathway is understood as an intentionally organised pedagogical arrangement of times, spaces, tools, and relations that supports expression, listening, and shared reflection on professional experience. This interpretation was developed retrospectively and did not determine the initial design.

The present study focuses on the development and initial piloting of a participatory reflective pathway at the Hospice of Istituto Palazzolo, Fondazione Don Carlo Gnocchi ETS, Milan, as an integral part of a broader mixed-methods protocol for rethinking care environments, understood as material and organisational settings and as communicative and relational contexts. The educational component was initially envisaged without a predetermined format or content. The article addresses two questions: (1) How was a participatory reflective pathway developed and progressively adapted, and what practical feasibility considerations emerged during its implementation in routine hospice practice? (2) What concerns emerged from participants' artefacts and documented group reflections across the four modules?

2. Materials and Methods

The pathway was developed progressively, with the format and focus of each module informed by reflections emerging from the preceding session.

The pathway design was informed by non-participant environmental observation, a pre-intervention questionnaire administered to the multiprofessional team, and an anonymous participatory tool, the *Scatola delle parole* ("Box of Words").

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Observation documented spatial, organisational, and relational conditions of everyday care; a questionnaire item also informed the selection of educational concerns. The questionnaire results belong to the broader protocol and are not reported here. The *Scatola delle parole* was a physical collection box placed in the hospice, inviting 25 team members to anonymously share a word, short phrase, or reflection about their professional experiences. This voluntary, open-ended activity was embedded in routine practice and allowed staff to contribute outside formal meetings. Twelve written contributions were collected, transcribed, and examined thematically to inform the initial focus of the reflective pathway.

The four modules were progressively designed in response to concerns expressed through the *Scatola delle parole*, the questionnaire, and successive sessions. Conceptual prompts drew on work on framing (Kahneman, 2020), emotion regulation and emotional intelligence (Gross, 1998; Goleman, 2011), and emotional validation (Linehan, 1997), without constituting a single predefined pedagogical model. Staff contributions informed the prioritization of themes. The modules were held on 2, 23, and 30 April and 14 May 2026, lasted approximately 40-60 minutes, and were scheduled on Thursdays alongside the weekly shift handover.

Attendance varied with staff availability (Table 1). The observation grids identify physicians, nurses, healthcare assistants, a psychologist, a physiotherapist, a social worker, and a volunteer; the medical lead, physiotherapist, social worker, and psychologist recurred, while others varied. A total of 35 attendances were recorded across the four modules, with participants attending more than one session counted separately for each attendance.

The modules shared a flexible structure: (1) revisiting concerns from the previous meeting; (2) introducing the focus; (3) a brief theoretical prompt (Modules II-IV); (4) an individual written activity organised around a visual metaphor; (5) collective discussion; (6) a concluding synthesis, where applicable. Module I (flower) asked participants to identify words perceived as burdensome or supportive in caring relationships; Module II (river with stones), after introducing the framing effect, addressed challenging communication; Module III (traffic light) addressed emotional triggers and the space for choice between stimulus and response; Module IV (bridge), after introducing emotional validation (acknowledging another person's emotional experience without necessarily offering a solution), supported retrospective reflection on significant relationships (Table 1; Figure 1).

Table 1. Overview of the four participatory reflective modules

Module	Reflective focus	Theoretical input	Visual mediator	Participants / artefacts
I 2 Apr	Words that weigh, words that support	None	Flower	9 / 9
II 23 Apr	When I do not know what to say	Communication framing	River and stones	9 / 9
III 30 Apr	When something is triggered within me	Emotional triggers and response	Traffic light	8 / 8
IV 14 May	Remaining in the relationship	Emotional validation	Bridge	9 / 6

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Figure 1. Selected original reflective artefacts from the four participatory modules: flower (Module I), river and stones (Module II), traffic light (Module III), and bridge (Module IV). The images reproduce participants' written contributions and illustrate the visual metaphors used to support individual reflection.



The qualitative corpus comprised participants' written contributions on visual templates, observation grids, field notes, and documented accounts of episodes emerging during group discussions. The researcher designed and facilitated the sessions and was also responsible for observation: to remain attentive to participants' contributions and group interactions, she took brief working notes during each meeting and organised them into structured grids immediately afterwards, recording attendance and roles, participation and silence, emotional climate, interprofessional interactions, significant episodes, environmental conditions, and her own reflexive observations.

Audio recording was not part of the documentation plan, so these records are observational accounts, not verbatim transcripts. In the Results section, excerpts from participants' written artefacts are reported in the original Italian, accompanied by English translations provided by the researcher; accounts drawn from observation grids or field notes are identified separately.

Artefacts were read together with their activity prompts, considering the words and short narratives inscribed, their relationship to the visual structure (petals, stones, traffic-light stages, bridge), recurring and contrasting expressions, and the interpretations documented in the grids; the visual templates were considered in interpreting participants' written reflections. Analysis was undertaken by the researcher alone in three stages. First, each module was examined thematically, informed by Braun and Clarke (2006) and by later work on reflexive thematic analysis (Braun & Clarke, 2019, 2021), and documented in an individual report that also informed the next session; no independent coding or inter-rater procedure was used.

Second, a longitudinal comparison across the four modules used a synoptic table and a cross-module thematic matrix to identify recurring meanings, differences, and developments; consistent with the distinction between group-level and individual trajectory analyses (Grossoehme & Lipstein, 2016), patterns were interpreted at the level of the collective corpus, not as individual change, because group composition varied. Third, the resulting framework was compared with the preliminary *Scatola delle parole* and environmental observation (cross-source comparison; Carter et al., 2014), examining direct and partial correspondences and dimensions not represented in the modules, in light of each source's purpose and conditions of production.

The research was conducted as part of the first author's doctoral research activities at Fondazione Don Carlo Gnocchi ETS, within the institutional framework of the doctoral programme at the University of Foggia.

The broader research project, which initially envisaged an unspecified training component, was documented and discussed by the university supervisor and the tutor at the host institution. The research objectives and procedures were presented to the hospice multiprofessional team. Written informed consent was collected alongside the pre-intervention questionnaire, with further oral information provided during the reflective modules. Participation was voluntary, and contributions were anonymised for analysis and reporting.

3. Results

3.1. Findings from the reflective modules

Module I elicited words concerning empathy, trust, listening, and kindness, alongside fear, uncertainty, and helplessness. Module II examined communicative dilemmas involving prognosis, patient autonomy, and family expectations. In Module III, artefacts identified irritation, pausing, breathing, temporarily withdrawing, and seeking colleagues' support. Module IV invited retrospective reflection on unresolved relational encounters; initial hesitation preceded further sharing about prognostic communication, distress, and wished-for responses. All four modules were delivered within the weekly handover schedule despite variable attendance, documenting initial implementation under routine working conditions.

3.2. Longitudinal thematic findings

Longitudinal comparison identified four interconnected macro-themes.

- **Inhabiting the limit of care** encompassed uncertainty, vulnerability, and helplessness when suffering could not be resolved through professional

intervention. A Module I artefact included "accettazione dei limiti" ("acceptance of limitations"), together with "chiarezza" ("clarity") and "aspettativa" ("expectation") (G2). Later accounts linked these concerns to difficult conversations and unresolved encounters. Rather than documenting that limitations had been overcome, the material made them available for collective reflection.

- **Building the relationship through communication** concerned listening, silence, and differing expectations about care. In Module II, a professional recounted difficulty explaining the hospice approach to a family member who questioned the absence of continuous monitoring (Field notes, Module II). The observation grid also recorded moments of group silence when difficult experiences were shared, followed by discussion across professional roles. These observations do not establish what silence meant to each participant, but show communication examined as a relational, not solely informational, practice. At the level of the collective material, the emphasis shifted from knowing what to say towards listening and remaining present.
- **Awareness and professional development** concerned recognising emotional triggers and reconsidering habitual responses. The Module III traffic-light artefacts distinguished irritation or frustration from possible pauses, breathing, temporary withdrawal, and colleagues' support (Reflective artefacts, Module III). In discussion, discomfort about a relative urging a patient to eat was reconsidered alongside the relative's possible difficulty acknowledging illness progression (Field notes, Module III). These were strategies articulated during reflection, not measured improvements in competence.
- **The relationship as a practice of care** linked empathy, trust, proximity, and presence when appropriate words were unavailable. In Module IV, one participant retrospectively wished to have offered a bereaved relative a more explicit gesture of comfort: "Abbracciarla forte forte" ("To hold her in a very tight embrace") (M4_01). Another wished to have answered a patient's question about hospice by "Sedermi vicino a lei" ("To sit beside her") (M4_04). These statements concern actions participants wished they had taken, not observed practices.

3.3. Cross-source qualitative comparison

Comparison with the preliminary *Scatola delle parole* identified direct thematic correspondences concerning communication, listening, recognition, and caring relationships; emotional demands and professional limits showed more partial connections, and a preliminary contribution on silence and breathing anticipated topics addressed in the pathway. Environmental observation documented interruptions, overlapping activities, communication in shared spaces, negotiated privacy, and limited opportunities for collective reflection, contextualising participants' accounts. Because preliminary findings informed module design, the sources were not fully independent: the comparison supports a context-specific interpretative synthesis (Table 2).

Table 2. Summary of thematic correspondences between the reflective modules and preliminary qualitative sources.

Macro-theme	Reflective modules	Other qualitative sources
Inhabiting the limit of care	Helplessness, uncertainty, unresolved encounters	Partial or contextual connections
Building the relationship through communication	Silence, listening, prognosis, family expectations	Direct thematic correspondences
Awareness and professional development	Emotional triggers, pausing, reconsidering responses	Partial or contextual connections
The relationship as a practice of care	Empathy, presence, recognition, relational responsibility	Direct thematic correspondences

4. Discussion

This study documented the development and initial piloting of a participatory reflective pathway within a multiprofessional hospice team. Combining visual metaphors, individual artefacts, and facilitated discussion provided structured opportunities to articulate and collectively examine difficult professional experiences. Consistent with Schön's (1983) account of reflective practice and with the caution that reflection should not be equated with changes in competence (Mann et al., 2009), the findings concern how experiences were articulated.

The four macro-themes connected professional limits, communication, emotional awareness, and relational care. However, the activities were deliberately organized around related reflective prompts. The correspondence between module prompts and themes warrants reflexive scrutiny and could be explored through alternative analytical perspectives and participants' feedback. The observational materials highlight the difficulty of finding appropriate words in situations of vulnerability: participants revisited moments in which words seemed insufficient, while silence was also discussed as a possible form of presence. Participants also expressed uncertainty about how to respond to suffering and emotionally charged encounters.

Reflecting on emotionally charged encounters may bring unresolved experiences to the surface. Field notes highlighted the challenge of addressing these experiences within limited session time, underscoring the importance of clear boundaries, voluntary participation, and access to professional support.

The study's methodological contribution lies in linking contextual exploration, iterative educational design, and qualitative interpretation within a broader protocol for rethinking care environments. Compared with Schwartz Rounds, a regular multidisciplinary forum on the emotional aspects of care, and with Balint groups, based on peer discussion of difficult patient encounters, this pathway differs in four respects: it was shaped by local contributions collected before the first session; the focus of each module followed from the previous one; each session began with individual written work on a visual metaphor before group exchange; and it was embedded in the weekly handover. These features describe its implementation, not its superiority, since no outcomes were compared.

Read across the design cycles, the experience suggests four tentative design principles for similar settings: starting from locally expressed needs; scheduling sessions alongside existing handover routines; letting each session's focus follow

from the previous one; and using individual visual artefacts before group exchange. These preliminary principles reflect operational feasibility in this setting but require further investigation. For continuing professional education, the pathway illustrates a possible approach to creating structured opportunities for reflection within existing work routines.

Limitations include the single-site setting, small and variably composed groups, and the researcher's combined roles as designer, facilitator, observer, and sole analyst. The 35 attendances cannot be treated as 35 unique participants. Observation grids were organised from brief notes immediately after each session, and no verbatim transcripts or independent coding were available, which limits the verification of observational accounts. The study did not assess learning outcomes, clinical behaviour, or longer-term effects. Because the hospice and team are identifiable, detailed case circumstances have been minimised.

5. Conclusions

The findings offer a context-specific account of the development and initial piloting of a reflective educational process within routine hospice practice, providing preliminary insights into its practical feasibility. The study contributes a documented methodological process and tentative design principles. Future research should systematically assess the pathway's feasibility, sustainability, and educational outcomes among healthcare professionals, including its potential adaptation to other care settings.

References

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589–597. https://doi.org/10.1080/2159676X.2019.1628806

Braun, V., & Clarke, V. (2021). One size fits all? What counts as quality practice in (reflexive) thematic analysis? *Qualitative Research in Psychology*, 18(3), 328-352. https://doi.org/10.1080/14780887.2020.1769238

Carter, N., Bryant-Lukosius, D., DiCenso, A., Blythe, J., & Neville, A. J. (2014). The use of triangulation in qualitative research. *Oncology Nursing Forum*, 41(5), 545–547. https://doi.org/10.1188/14.ONF.545-547

Damiano, E. (2013). *La mediazione didattica: Per una teoria dell'insegnamento*. FrancoAngeli.

Fabbri, L., Striano, M., & Melacarne, C. (2008*). L'insegnante riflessivo: Coltivazione e trasformazione delle pratiche professionali.* FrancoAngeli.

Goleman, D. (2011). *Intelligenza emotiva. Che cos'è e perché può renderci felici*. BUR.

Goodrich, J. (2012). Supporting hospital staff to provide compassionate care: Do Schwartz Center Rounds work in English hospitals? *Journal of the Royal Society of Medicine*, 105(3), 117-122. https://doi.org/10.1258/jrsm.2011.110183

Gross, J. J. (1998). The emerging field of emotion regulation: An integrative review. *Review of General Psychology*, 2(3), 271-299. https://doi.org/10.1037/1089-2680.2.3.271

Grossoehme, D., & Lipstein, E. (2016). Analyzing longitudinal qualitative data: The application of trajectory and recurrent cross-sectional approaches. *BMC Research Notes*, 9, 136. https://doi.org/10.1186/s13104-016-1954-1

Haraldsdottir, E., Cooper, M., & Richardson, H. (2025). Developing person-centred care in hospices through the voice and leadership of nursing: Lessons from the United Kingdom. *Frontiers in Health Services*, 5. https://doi.org/10.3389/frhs.2025.1619705

Kahneman, D. (2020). *Pensieri lenti e veloci*. Mondadori.

Kjeldmand, D., & Holmström, I. (2008). Balint groups as a means to increase job satisfaction and prevent burnout among general practitioners. *Annals of Family Medicine*, 6(2), 138-145. https://doi.org/10.1370/afm.813

Kleinman, A. (1988). *The illness narratives: Suffering, healing, and the human condition*. Basic Books.

Linehan, M. M. (1997). Validation and psychotherapy. In A. C. Bohart & L. S. Greenberg (Eds.), Empathy reconsidered: New directions in psychotherapy (pp. 353-392). American Psychological Association.

Mann, K., Gordon, J., & MacLeod, A. (2009). Reflection and reflective practice in health professions education: A systematic review. *Advances in Health Sciences Education*, 14(4), 595-621. https://doi.org/10.1007/s10459-007-9090-2

Mezirow, J. (1991). *Transformative dimensions of adult learning*. Jossey-Bass.

Molinaro, M. L. (2026). Picture this: The use of visual methods in health professions and medical education research. *Family Medicine*, 58(2), 112-117. https://doi.org/10.22454/FamMed.2026.405112

Mortari, L. (2003). *Apprendere dall'esperienza: Il pensare riflessivo nella formazione*. Carocci.

Schön, D. A. (1983). *The reflective practitioner: How professionals think in action*. Basic Books.

Ulrich, R. S., Zimring, C., Zhu, X., DuBose, J., Seo, H.-B., Choi, Y.-S., Quan, X., & Joseph, A. (2008). A review of the research literature on evidence-based healthcare design. *HERD: Health Environments Research & Design Journal*, 1(3), 61-125. https://doi.org/10.1177/193758670800100306

Zannini, L. (2008). *Medical humanities e medicina narrativa: Nuove prospettive nella formazione dei professionisti della cura*. Raffaello Cortina Editore.