

Chapter 1

Imagining Reflective Practice

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Experience is a creative encounter



Hi, I'm beady eye. I'm called beady eye because I like to keep my eye on what's going on the quality of healthcare.

I was sitting in the train the other day
When a woman hobbles on
Finds a seat to put her leg up
She says to her mate
'They just don't care anymore
She didn't look properly at my foot
She wasn't interested
Told me it was probably a corn
Wasn't listening to me
Told her the pain was in me 'eel
In the end she said
'Your 10 minutes are up
Got to see someone else.'
Her mate rolls her eyes
'Bloody awful ain't it
Chiropody on the NHS.'

Such experience reminds me of the fragile quality of health care. I wonder how the chiroprapist would recall the event? Bet she isn't a reflective practitioner!!

You'll meet me again in some later chapters. Until then enjoy the book.

O'Donohue (1997: 26) writes, 'Everything that happens to you has the potential to deepen you.' This potential is actuated through reflection as a self-inquiry into experience to find meaning, gain insight and prompt action that will deepen you.

Reflection enables you to understand yourself and, on that basis, to take leadership of your professional life. By leadership I mean the action towards realising your values or vision about your practice.

Recall a situation when you were last at work and ask yourself – 'Did I respond in tune with my values?' which, of course, raises the question 'What are my values?' I assume as a healthcare practitioner you hold a set of values or a vision that is important in guiding your individual and collective practice. Now, ask yourself – 'Did I respond in the most effective way?' Be open and curious about that. Did you choose to respond in that way or was it your normal practice? How do you know if you were effective? Perhaps there are more effective ways? Think about what factors influence your response. What interferes with realising effective practice? As a consequence of this self-inquiry, you become more sensitive to your values and the notion of your effective practice. As such, you step along a reflective road.

Reflective Practice

Reflective practice has become a normal requirement within professional curriculum and, as such, demands serious consideration. However, the words *reflection* and *reflective practice* are often used glibly in everyday discourse, as if reflection is simply a normal way of thinking about something that has happened and which requires little skill or guidance. Smyth (1992: 285) writes:

Reflection can mean all things to all people... it is used as a kind of umbrella or canopy term to signify something that is good or desirable... everybody has his or her own (usually undisclosed) interpretation of what reflection means, and this interpretation is used as the basis for trumpeting the virtues of reflection in a way that makes it sound as virtuous as motherhood.

Smyth's words are both salutary and provocative. They remind us to be careful about defining reflection in an authoritative way and yet, on the other hand, practitioners do need something to grasp, a conceptual grasp on reality.

Turning to the *Compact Oxford English Dictionary* 3rd edition (2005: 86), it defines 'reflect' as:

throw back heat, light, sound without absorbing it
[of a mirror or shiny surface] show an image of
represent in a realistic or appropriate way
bring about a good or bad impression of someone or something [on]
think deeply or carefully about

Interpreting this array of definitions, reflection can be viewed as a mirror to see images or impressions of self in the context of a particular situation in a realistic way. It is an awareness of the understanding about the way the person thinks and feels about whatever he is

experiencing. It is also judgemental, distinguishing between good and bad. If healthcare is concerned with understanding and responding to the experiences of people who require care then it is first necessary for the practitioner to understand herself.

My description of reflection is always evolving –

Being mindful of self, either within or after experience, as if a mirror in which the practitioner can view and focus self within the context of a particular experience, in order to confront, understand, and become empowered to act towards resolving contradiction between one's vision of desirable practice and one's actual practice to gain insight within a reflexive spiral towards realising one's vision of practice as a lived reality and developing professional identity and artistry.

Contradiction

The learning potential of reflective practice is the contradiction between one's vision of practice and one's actual practice as recalled. Contradiction is usually experienced as a 'disturbance' that things are unsatisfactory in some way. However, because contradiction is so normal, it may not be noticed, or simply shrugged off. As such, much of experience is unexamined.

To explore contradiction it is necessary for the practitioner to have a vision of her practice. A vision gives purpose and direction to clinical practice. It is constructed from a set of values that are ideally constructed and shared with colleagues. In this way everyone pulls in the same direction. The practitioner must inquire into her vision. For example, if the vision states words such as 'caring', 'holistic' or 'excellent', then what do these words mean as something lived? Vision is thus a moveable feast.

Yet, It is one thing having a vision of practice it is another thing to realise it as something lived (Rawnsley 1990).

The practitioner must first seek to understand the nature of the contradiction. Only when practitioners truly understand themselves and the conditions of their practice can they begin to realistically change and respond differently. To understand, the reflective practitioner creeps 'underneath his habitual explanations of his actions, outside his regularized statements of his objectives' (Pinar 1981: 177).

The practitioner must then act towards resolving the contradiction. If people were rational they would change their practice on the basis of evidence that supports the best way of doing something. However, we do not live in a rational world. There are powerful barriers that limit the practitioner's ability to respond differently even when they know there is a better way to respond. Fay (1987) identifies these barriers as tradition, authority or force, and embodiment. These barriers govern the fabric of our social world. Their influence lies thick within any experience. They are evident in patterns of talk that reflect deeply embodied and embedded relationships that serve the status quo (Kopp 2000). Reflections are stories of resistance and possibility; chipping away at resistance and opening up possibility; confronting and shifting these barriers to become who we desire to be as health care practitioners.

Barriers to rational change (Fay 1987)

- Tradition: a pre-reflective state reflected in the assumptions and habitual practices that people hold about the way things should be.
- Force: the way normal relationships are constructed and maintained through the use of power/ force.
- Embodiment: the way people have been socialised to think, feel and respond to the world in a normative and pre-reflective way.

Fay (1987: 75) writes from a critical social science perspective,

The goal of a critical social science is not only to facilitate methodical self-reflection necessary to produce rational clarity, but to dissolve those barriers which prevent people from living in accordance with their genuine will. Put in another way, its aim is to help people not only to be transparent to themselves but also to cease being mere objects in the world, passive victims dominated by forces external to them.

In other words, reflection is concerned with empowerment. The language of a critical social science may be intimidating with its rhetoric of oppression and misery, yet it can be argued that nursing's largely female workforce has been oppressed by patriarchal attitudes that renders it docile and politically passive, and thus limits its ability to fulfil its therapeutic potential. If so, then realising desirable practice would require an overthrow of oppressive political and cultural systems. The link between oppression and patriarchy is obvious, considering nursing as women's work, and the suppression of women's voices 'knowing their place' within the patriarchal order of things. Images of 'behind the screens' where women conceal their work, themselves, and their significance (Lawler 1991) and images of emotional labour being no more than women's natural work, therefore unskilled and unvalued within the heroic stance of medicine (James 1989), are powerful signs of this oppression.

Maxine Greene (1988: 58) writes,

Concealment does not simply mean hiding; it means dissembling, presenting something as other than it is. To 'unconceal' is to create clearings, spaces in the midst of things where decisions can be made. It is to break through the masked and the falsified, to reach toward what is also half-hidden or concealed. When a woman, when any human being, tries to tell the truth and act on it, there is no predicting what will happen. The 'not yet' is always to a degree concealed. When one chooses to act on one's freedom, there are no guarantees.

Reflection opens up a clearing where desirable practice and the barriers that constrain its realisation can be *unconcealed* and understood, where action can be planned to overcome the barriers whatever their source, and where the practitioner is empowered to take necessary action to resolve contradiction. No easy task, for these barriers are embodied, they structure practice and patterns of relating. Fear is a powerful deterrent to being different. It suppresses practitioners from speaking their truth. The commitment to the truth is evident in Greene's words. Yet how comfortable are people in their illusions of truth? Is it better to conform than rock the boat? Is it better to sacrifice the ideal for a quiet life and the patronage of more powerful others? Better to keep your head down than have it shot off above the parapet for daring to reveal the truth?

As such, reflection is always in context. Context is the background against which experience is positioned. 'Context refers to the grand societal narratives, those clusters of beliefs and cultural norms that give shape and meaning to the human cultures within which we live' (Dawson (2015: 25). All too often, when people reflect, the background is ignored or alluded to in a superficial way. Hence, reflection can help the *loosening of authority*. Dawson continues

Within this context, personal narratives of becoming, whatever the focus of that becoming, can be viewed as 'a loosening of the authority' of the grand narratives of science and education where the dominant construction of the learning self is the receptor of knowledge.

Of course we can passively accept the grand narratives as our truth. Yet even to passively accept suggests we have become aware of the narratives, and such awareness begins to change them. We would always be restless knowing about them and knowing we were unable to shift them. It is hitting a reality wall that frustrates and gives headaches. Perhaps ignorance is bliss. Better to swim in the shallow waves than drown in the rip currents of critical reflection? Taking reflection seriously leads to these considerations from a critical reflection stance. From a technical rational perspective, reflection is no more than problem-posing and problem-solving.

Empowerment

To reiterate, reflection is concerned with empowerment. This may require guidance as explored through subsequent chapters. Empowerment is enhanced when practitioners are committed to and take responsibility for their practice, have strong values, and understand why things are as they are. However, empowerment is not easy for practitioners socialised into norms that render them docile.

Kieffer (1984: 27) noted that the process of empowerment involved

reconstructing and re-orientating deeply engrained personal systems of social relations. Moreover they confront these tasks in an environment which historically has enforced their political oppression and which continues its active and implicit attempts at subversion and constructive change.

The truth of the situation is stark – if practitioners truly wish to truly live their visions of practice then they have no choice but to become political in working towards establishing the conditions of practice *where that is possible*. The practitioner must come to realise a new reality for herself, rather than have this reality explained to her. For example, many experiences that practitioners reflect on are concerned with conflict that has a fundamental power inequality at their root that manifests itself through different attitudes, beliefs and behaviours. This is not difficult to see or understand providing it is sought, and not just taken for granted as part of the ‘natural’ background of the experience.

Empowerment reflects integrity. It is not easy to be silent when faced with injustice or uncaring. Yet so many practitioner voices are silent or suppressed for fear of sanction.

They lack agency to formulate and attain their goals. They depict their lives as out of their control, shaped by events beyond their control. Others’ actions determine life outcomes, and the accomplishment or failure to achieve life goals depends on factors they are unable to change. To view self as a victim is to experience a loss of personhood and to project the blame for this loss onto others rather than take responsibility for self. Victims are oriented towards avoiding negative possibilities than to actualising positive possibilities.

Bruner (1994: 41) notes that persons construct a victimic self by

reference to memories of how they responded to the agency of somebody else who had the power to impose his or her will upon them, directly or indirectly by controlling the circumstances in which they are compelled to live.

In theory, reflection would enhance the core ingredients of personal agency; self-determination; self-legislation; meaningfulness; purposefulness; confidence; active-striving; playfulness; and responsibility (Cochran and Laub, 1994 cited in Polkingthorne 1996).

Through reflection, the practitioner creates a plot out of a succession of actions, as if to direct to her in the midst of action. Locating ourselves within an intelligible story is essential to our sense that life is meaningful. The practitioner tries to make certain things happen, to bring about desirable endings, to search for possibilities that lead in hopeful directions. Kermode (1966: 813) writes,

Because we act with the sense of an ending, we try to direct our actions and the actions of others that will bring the ending about.

The idea that reflection can help the individual practitioner turn this scenario around is fraught with difficulty. Reflection can so easily be like swimming in the shallow end of a deep swimming pool, literally splashing about with surface issues rather than tackling the deeper political and systems issues necessary to support best practice. However, that is not to say that tackling surface issues is not important, as indeed is developing reflective skills and understanding deeper issues even if they are not amenable to change on an individual level. The need for collective reflection and action becomes vital for organisational change.

Reflexivity

Reflexivity is the practitioner ‘looking back’ to see self becoming in the sense of realising desirable practice set against an analysis of forces that have constrained her, evidenced through a chain of experiences whereby one link of the chain leaves a thread that is picked up and developed by the next link (Dewey 1933). It is a review of one’s journey of learning through reflection whereby the threads are weaved into a coherent pattern expressed as narrative (see Chapter 6).

Span of Reflective Practices

Reflection and reflective practice can be interpreted in different ways. As Smith (2011: 212) writes,



Despite widespread and long standing commitment to the notion of critical reflection across the health and social care professions, it can be difficult to assimilate into teaching because the language is complex, and the same terminology is used in different ways in different contexts so carries different nuances.

Reflective practices span a number of approaches (Table 1.1):

- From *doing* reflection towards *being* reflective.
- From a technical rational to a professional artistry perspective.
- An increasing criticality.

Doing reflection reflects an epistemological approach, as if reflection is a tool or device. *Being* reflective reflects an ontological approach concerned more with ‘who I am’ rather than ‘what I do’. Bulman, Lathlean and Gobbi (2012), in their investigation of student and teacher perspectives on reflective practice, revealed that a focus on being rather than doing was significant. The ontological approach subsumes the epistemological, as if the way we think about and do things must involve we who are to think about things in the first place. Doing reflection reflects a technical rational approach whereas being reflective reflects a professional artistry approach. Criticality reflects the depth of inquiry into the background that frames experience.

Table 1.1 Typology of reflective practices

Reflection-on-experience	The practitioner reflects on a particular situation after its event in order to learn from it to inform future practice.	Doing reflection	Technical rational	Increasing criticality 
Reflection-in-action	The practitioner stands back and reframes the practice situation in order to proceed towards desired outcome.			
The internal supervisor	The practitioner dialogues with self whilst in conversation with another as a process of making sense and response [Casement 1985].			
Being mindful	Seeing things for what they really are without distortion.		Being reflective Professional artistry	

Reflection-on-experience

When people refer to reflection, they usually refer to reflection-on-experience. Indeed, most theories of reflection are based on this idea of looking back on ‘an experience’; something done after the event. Experience can be thinking, feeling or doing something. As a verb, ‘experience’ is ‘something I encounter and which leaves an impression on me’ (COED 3rd edition 2005: 349). If experience doesn’t make an impression presumably it is not significant in any way, or just routine practice.

Reflection-in-action

Schön (1983, 1987) distinguished reflection-*on-action* with reflection-*in-action* as a way of thinking about a situation whilst engaged within it, in order to reframe it as necessary to overcome some impediment. The practitioner naturally adjusts to minor interruptions within the smooth flow of experience because the body has embodied knowing. However, the practitioner is sometimes faced with situations that require her to stop and reframe the situation in order to proceed. This requires a shift in thinking and contemplating new ways of responding. As such it is problem-solving yet recognising that old ways of thinking are inadequate. Reflection is the practitioner’s unique encounter and conversation with a situation through which, as Schön (1983: 163) puts it ‘he shapes it and makes himself part of it’.

Schön (1987) drew on exemplars from music and architecture, situations of engagement with inanimate forms. His example of counselling is taken from the classroom not from clinical practice. The classroom is a much easier place to freeze and reframe situations in contrast with clinical practice grounded within the unfolding human encounter. It is easy to misunderstand reflection-in-action as merely thinking about something whilst doing it.

The Internal Supervisor

Casement (1985) coined the expression the ‘internal supervisor’ as a continuous dialogue the practitioner has with herself in response to the unfolding situation, ‘What is going on here?’ ‘How am I responding?’ etc. The practitioner is also mindful of intent – ‘What am I trying to achieve?’ It is a more dynamic form of reflection-in-action.

Being Mindful

Being mindful is an extension of the internal supervisor. Being mindful, the practitioner is aware of her pattern of intention, thinking, feeling and actions moment by moment without distortion. Goldstein (2002: 89) writes, 'Mindfulness is the quality of mind that notices what is present without judgment, without interference. It is like a mirror that clearly reflects what comes before it.'

Goldstein writes from a Buddhist perspective whereby being mindful is being aware moment by moment of things and the world around us, of our body, our feelings and thoughts, of self in relationship with others, and of ultimate reality. Ultimate reality can be viewed on two levels: the mundane level being concerned with holding and intending to realise a vision of practice; the transcendental level concerned with spiritual growth. Realising the mundane is inevitably a movement towards the transcendental. Being mindful, I know myself in what I am doing and why I am doing it, and aware of any contradiction with my intention.

Wheatley and Keller-Rogers (1996: 26) write,

The more present and aware we are as individuals and as organisations, the more choices we create. As awareness increases, we can engage with more possibilities. We are no longer held prisoner by habits, unexamined thoughts, or information we refuse to look at.

Being mindful I am vigilant against unskilful actions and negative mental events that constantly try to distract the mind, for example anger, arrogance, resentment, envy, greed and the suchlike (Sangharakshita 1998). In Buddhism, this quality of mind is called *Apramada* – the guard at the gate of the senses ever watchful for those negative mental events that cloud the mind.

Becoming mindful is the ultimate goal of reflective practice and essence of professional artistry. It is that quality of being clearly aware of self within the moment and what self needs to do.

A Brief View of Reflective Theories

When I first explored reflective theories I discovered the work of Mezirow (1981), Schön (1983, 1987), Boyd and Fales (1983), Boud, Keogh and Walker (1985), and Gibbs (1988). Although these references are dated, they remain key contributions, although the work of other theorists is significant, especially in the field of education. It is not my intention to review this work in any depth. The reader is directed to the primary sources to explore these theories more deeply.

Boyd and Fales (1983)

These authors write,

We define reflection as the process of creating and clarifying the meaning of experience (present or past) in terms of self (self in relation to self and self in relation to the world). The outcome of the process is changed conceptual perspective. The experience that is explored and examined to create meaning focuses around or embodies a concern of central importance to the self. (p. 101)

From their research with counsellors they extrapolate reflection through six components (p. 106):

- a sense of inner discomfort;
- identification or clarification of the concern;
- openness to new information from internal and external sources, with ability to observe and take in from a variety of perspectives, and a setting aside of an immediate need for closure;
- resolution, expressed as ‘integration’, ‘coming together’, ‘acceptance of reality’, and ‘creative synthesis’;
- establishing a continuity of self with past, present and future;
- deciding whether to act on the outcome of the reflective process.

In relation to stage 6, Boyd and Fales note ‘the new insight or changed perspective is analyzed in terms of its operational feasibility (p. 112) involving the practitioner’s sense of rightness, values and potential acceptance by others’.

I generally agree that reflection is triggered by ‘inner discomfort’ for practitioners first engaging with reflection. However, as the practitioner becomes more mindful, then all experience, not just ‘inner discomfort’ becomes available for reflection. I equate the idea of changed conceptual perspective with insight (see Chapters 4 and 5).

Boyd, Keogh and Walker (1985)

These authors posit reflection as moving through three key stages:

- returning to experience;
- attending to feelings: utilizing positive feelings, removing obstructing feelings;
- re-evaluating experience: re-examining experience in light of the learner’s intent, associating new knowledge with that which is already possessed, integrating this new knowledge into the learner’s conceptual framework, and appropriation of this knowledge into the learner’s repertoire of behaviour

Appropriation is akin to gaining insight; the practitioner has changed through the reflective process, so that when faced with a similar situation she will respond differently. This differs from Boyd and Fales’s approach, in that the practitioner makes a choice whether to respond differently in light of learning. Boyd and Fales (1983: 112) write, ‘The need to test one’s self-changes [insights] against the mirror of others is an essential component of all growth.’ These words emphasise that all individual learning must be set within its context.

Gibbs (1988)

Gibbs offers a reflective circle moving through six stages:

- description (of the situation);
- feelings (What were you thinking and feeling?);
- evaluation (What was good and bad about the experience?);
- analysis (What sense can you make of the situation?);
- conclusion (What else could you have done?);
- action plan (If it arose again what would you do?).

Feedback from students using this model suggests that stages 3 and 4 are similar and hence confusing to distinguish. The same with stages 5 and 6. Gibbs lacks an intellectual edge evident in Boud and Keogh and Walker's approach, notably the process of 're-evaluating experience'. However stage 6 has a practical element that can lead into a new cycle of reflection.

Mezirow (1981)

Mezirow offers a radically different perspective. He viewed reflection as a process leading to emancipatory action. He posited a depth of reflection through seven levels of reflectivity spanning from consciousness, the way we might think about something, to critical consciousness where we pay attention and scrutinise our thinking processes. Thinking is inherently problematic. Hence our thinking is a focus for reflection. Hence I need to think differently to perceive the situation differently, and in doing so, to unearth those assumptions that govern thinking. If reflection is viewed merely as a problem-solving, and we used the same thinking to solve the problem that caused the problem, then we wouldn't get very far. Our solutions would quickly break down. He conceptualised the outcome of reflection as *perspective transformation*,

the process of becoming critically aware of how and why the structure of psycho-cultural assumptions has come to constrain the way we see ourselves and our relationships, reconstituting this structure to permit a more inclusive and discriminating integration of experience and acting upon these new understandings. (1981: 6)

Mezirow's focus on understanding assumptions takes reflection into what is generally regarded as a 'critical' domain. The focus on emancipatory action is to rewrite one's own and collective assumptions to govern a more satisfactory state of affairs, however that might be framed.

Balancing the Winds

The above theories all stem from a rational Western cognitive tradition reflected in their words, ideas and language. Put another way, they all come from one direction or 'wind'. My engagement with and exploration of Buddhism and Native American lore gave me wider perspectives and different winds that give a balance between knowing and wisdom (Johns 2005). It is not enough to 'know' reflection. It is deeper than that – it is about developing wisdom, something beyond rational thinking that is not easily defined. Certainly, the idea of mindfulness stems from Buddhism as I view reflection as a contemplative and meditative form tending towards seeing reality clearly. From a native American wind I suggest reading *Earth Dance Drum* to view reflection as a way to connect with all things, gain respect, inner strength and to realise one's vision as reflected in the idea of *bimadisiwin*.

Jones and Jones (1996: 47) write,

Bimadisiwin is a conscious decision to become. It is time to think about what you want to be. The dance cannot be danced until you envision the dance, rehearse its movements and understand your part. It is demanding, for every step needs an effort in becoming one with the vision. It takes discipline, hard work and time. It is freeing, for it frees the spirit. It releases you to become as you believe you must.

Such words stir the imagination. Bimadisiwin is reflection. It is a ritual dance of becoming.

Listen to the drum!
Believe in the vision of you
Practice the vision
Become the vision.

Prerequisites of Reflection

Fay (1987) identifies certain qualities of mind that are prerequisites to reflection: curiosity, commitment and intelligence. These qualities of mind are significant to counter the more negative qualities of mind associated with defensiveness, habit, resistance and ignorance.

Commitment

Commitment is energy that sparks life. Yet, for many practitioners, commitment to their practice has become numb, or blunted through working in non-challenging, non-supportive, and generally stressful environments, where work satisfaction is making it through work with minimal hassle. These practitioners do not enjoy reflection. They turn their heads away from the reflective mirror because the reflected images are not positive. They do not want to face themselves and accept responsibility for their practice. Things wither and die if not cared for. When those things are people, then the significance of commitment is only too apparent. Commitment harmonises or balances the conflict of contradiction – it is the energy that helps us to face up to unacceptable situations. The small child is ambivalent about learning to walk; he stumbles and falls, he hurts himself. It is a painful process. Yet the satisfaction of developing his potential far outweighs the bumps and bruises (Rogers 1969).

van Manen (1990: 58) writes,

Retrieving or recalling the essence of caring is not a simple matter of simple etymological analysis or explication of the usage of the word. Rather, it is the construction of a way of life to live the language of our lives more deeply, to become more truly who we are when we refer to ourselves [as nurses, doctors, therapists].

Curiosity

Curiosity is self-inquiry, questioning who I am and what I do. It is the opening up of possibility. Gadamer (1975: 266) writes,

The opening up and keeping open of possibilities is only possible because we find ourselves deeply interested in that which makes the question possible in the first place. To truly question something is to interrogate something from the threat of our existence, from the centre of our being.

Curiosity is fundamental to the creative life and yet many practitioners are locked into habitual patterns of practice. Often, when things get overly familiar, we take them for granted and get into a habitual groove.

O'Donohue (1997: 122–3) writes,

People have difficulty awakening to their inner world, especially when their lives become familiar to them. They find it hard to discover something new, interesting or adventurous in their numbed lives.

Curiosity is turning over pebbles, wondering what lies on the other side, while open to the possibilities of viewing the same thing from different perspectives.

Intelligence

Being intelligent, the practitioner is open to self in response to new ideas, keen to explore their value for practice rather than be defensive in viewing new ideas as a threat. Intelligence moves beyond abstract knowledge into a deeper awareness of self that Krishnamurti terms intuition.

Krishnamurti (1996: 89) writes,

There is an intelligent revolt [against environment] which is not reaction but comes with self-knowledge through the awareness of one's own thought and feeling. It is only when we face experience that we keep intelligence highly awakened; and intelligence highly awakened is intuition, which is the only true guide in life.

Put another way, reflection nurtures intelligence and intelligence nurtures intuition, the very essence of professional artistry.

The Significance of Reflective Practices for Professional Practice

Reflective practice is the gateway to appreciating and developing the nature of professional identity and artistry. For a practice discipline nothing can be more significant. These issues are not theoretical, they can only be gleaned within practice. Take the example of caring. Frank (2002: 13) writes,

Caring is one of those activities that people know only when they are involved in it. From within, and only from within, caring makes sense. To try and explain care leads to the circularity expressed in statements such as 'caring for this person requires doing this, and I do this because I care for this person'. Philosophy teaches that, for some activities, there is only practice.

It follows that if we accept Frank's position, we can only know caring from within caring – the professional artistry perspective. Caring is therefore not a thing that can be known as an abstract idea. The practitioner knows herself as caring only within the moment.

Through reflection the practitioner comes to understand the nature of reality, the background against which she practices, and to empower her to take action, by herself or with others, to transform the background as necessary to realise desirable practice. It is the quest of any professional who takes herself seriously.

Consider

- What does it mean to be a nurse or any other health professional?
- What vision of your practice do you hold? Is it valid?
- What knowledge/ knowing is significant to being an expert nurse, or any other health professional?
- Identify one thing you would change in your practice environment to help realise desirable practice? Is that possible?

Clearly for anyone aspiring to be a nurse or to enable others to become nurses, these are vital questions to consider. So, as we mindfully practice and as we reflect on our practice we ask these questions. It becomes the focus for our inquiry and learning.

The nature and significance of knowledge and knowing is contestable. Schön (1987: 1) writes,

In the varied topography of professional practice, there is the high, hard ground overlooking the swamp. On the high ground, manageable problems lend themselves to solution through the application of research-based theory and technique. In the swampy lowland, messy, confusing problems defy technical solution. The irony of this situation is that the problems of the high ground tend to be relatively unimportant to individuals or society at large, however great their technical interest may be, while in the swamp lie the problems of greatest human concern. The practitioner must choose. Shall he remain on the high ground where he can solve relatively unimportant problems according to prevailing standards or rigor, or shall he descend into the swamp of important problems and non-rigorous inquiry?

Schön posits two types of knowledge – technical rationality (research-based theory) and professional artistry (knowing in action). He suggests that professional artistry is the more significant type of knowing because it is the knowing with which the practitioner responds to the situations of everyday practice. However, both types of knowledge are important for the practitioner to draw on. Indeed, through reflection, technical rationality is critiqued for its value to inform and subsequently assimilated into professional artistry.

Every experience is different. We may have had similar experiences but not this particular one. We draw parallels but they are not the same. Subtle differences between this experience and previous experiences demand subtle shifts of response that cannot be known outside the unfolding moment. We have to be mindful, to read the particular signs or we may get it wrong. These signs are often subtle, requiring perception, imagination and intuition. There are no prescriptive solutions. Knowing in action is intuitive drawing on tacit knowing. The practitioner might not be able to say exactly why she responded as she did, yet she can attempt to articulate it as a story. In doing so, she makes her tacit or intuitive knowing more explicit. It is this intuitive knowing that reflection feeds and accelerates with its focus on the whole picture and encouraging the practitioner to become integral to the experience rather than outside it (Dreyfus and Dreyfus 1986; Dreyfus 2004)¹. The Dreyfus model of skill acquisition offers a reflective framework for practitioners to mark their growth of expertise (see Table 1.2).

King and Appleton (1997) and Cioffi (1997) endorse the significance of intuition within decision making and action following their reviews of the literature and rhetoric on intuition. They note that reflection accesses, values and develops intuitive processes.

Table 1.2 The expert in the Dreyfus and Dreyfus model of skill acquisition

Pattern recognition	A perceptual ability to recognize relationships without pre-specifying the components of the situation
Similarity recognition	An amazing human ability to recognise ‘fuzzy’ resemblance despite marked differences
Common sense	A deep grasp of the language culture so that flexible understanding in diverse situations is possible
Skilled ‘know how’	The practitioner can respond without resorting to rule-governed behaviours
Deliberate rationality	The expert practitioner has a web of different perspectives that cases them to view a situation in terms of past situations

¹ See also Benner 1984; applying the Dreyfus model to nurse education.

Aristotle drew a distinction between practical wisdom and theoretical wisdom. Practical wisdom does not result in knowledge which is determinate and universal; indeed, it does not result in propositional knowledge at all but in discriminations and actions.

Technical rationality (or evidence-based practice) has been claimed as necessary for nursing's disciplinary knowledge base because it can be observed and verified (Kikuchi 1992). Historically, professions such as nursing have accepted the superiority of technical rationality over tacit or intuitive knowing (Schön 1983, 1987). Yet, a technical rational mentality is likely to lead to stereotyping; fitting the patient to the theory rather than using the theory to inform the situation. As Visinstainer (1986: 37) writes,

Even when nurses govern their own practice, they succumb to the belief that the 'soft stuff' such as feelings and beliefs and support, are not quite as substantive as the hard data from laboratory reports and sophisticated monitoring.

People are not objects. It is unimaginable for any nurse to face clinical practice with a technical rational mindset simply because each clinical moment is a unique human-human encounter.

In a culture of 'evidence-based practice' practitioners are exhorted to 'evidence their practice'.

Consider

- What research-based theory do you use in practice?
- Do you consider its authority to inform the situation or do you take its authority on face value?

Since the Briggs Report (DHSS 1972) emphasised that nursing should be a research-based profession, nursing has endeavoured to respond to this challenge. However, the general understanding of what 'research-based' means has followed an empirical pathway, reflecting a dominant agenda to explain and predict practice. This agenda has been pursued by nurse academics seeking academic recognition that nursing is a valid science within university settings. Whilst abstract knowledge has an important role in informing practice it certainly cannot predict and control, at least not without reducing the patient and nurses to the status of objects to be manipulated like pawns in a chess game. The consequence of this position in nursing has been the repression of other forms of knowing that has perpetuated the oppression of nurses through neglect of or refusal to acknowledge their clinical nursing knowledge (Street 1992). Has it improved in the past 20 years? I see no evidence to support that. We who plough the professional artistry field reap poor reward in academic acclaim. Professional artistry is subjective and contextual, yet is often denigrated as a lesser form of knowing, even dismissed as 'mere anecdote' by those who inhabit the hard, high ground of technical rationality. People get locked into a paradigmatic view of knowledge and become intolerant of other claims because such claims fail the technical rationality injunction as to what counts as truth.

Evaluating Reflection

Reflective practice has been criticised for its lack of definition, modes of implementation and for its unproven benefit (Mackintosh 1998: 556). Mackintosh singled out the Burford reflective model for criticism. She writes,

The benefits of reflection are largely unaddressed by the literature [*that is, beyond unsubstantiated claims*], and instead the underlying assumption appears to be that reflection

will improve nursing care or the nursing profession in some intangible way. This is demonstrated by Bailey (1995), who, although describing the introduction of reflection into a critical area and claiming that an improvement in problem-solving skills occurred, gives no evidence that the quality of care was improved in any way. These failings can also be found in much of the literature describing the Burford reflection in nursing model (Johns 1996a, b, c), which attempts to integrate reflective practice into a clinically grounded nursing model through use of a series of 'cues'. Much of the published evidence regarding the model's impact on clinical practice appears to be based on personal anecdote, and again, evidence in support of its impact on patient care is of a mainly qualitative and descriptive nature. [italics, my inclusion]

Mackintosh's words pointedly address the tension of knowing the impact of reflective practice on practitioner performance. The accounts within the Burford NDU model: caring in practice (Johns 1994) were not cited in the above references. Yet in this book there are four collaborating accounts from Burford practitioners and accounts from four other nursing units besides Burford, accounts that testify to the impact of the Burford model on clinical practice. In other words Mackintosh reviews the literature with her own partial eye, seeing or interpreting what she wants to read to support her prejudice against subjective accounts and methodologies. Without doubt, there is a strong prejudice within healthcare research and education against what Mackintosh pejoratively describes as anecdote.

Attempt to evaluate the impact of reflective practice on patient outcomes from a technical rational perspective is fraught with difficulty given the variables of healthcare. It is trying to measure the wrong thing using the wrong approach.

As one practitioner wrote²

Reflection is transforming my practice in so many meaningful and profound ways . . . I have never felt so free to care and to be true to what I consider to be ideal practice . . . Reflection had enabled me to contextually refocus on the individual. My interactive skills are being sharpened and I am rediscovering the therapeutic value of establishing a close relationship with clients. Until now I have never been able to find an approach to nursing which recognises the true potential of this unique relationship . . . My first few reflections were triggered by a feeling that I had failed to achieve my goals in some way . . . guided reflection had enabled me to make use of the creative energy of conflict. I have been challenged to stoke up a far more challenging style of practice. I have become empowered to provoke and maintain the contradictions I feel between my goals of desirable practice and actual practice. Just as there are no limits to my expanding consciousness . . .

If you were to look at this practitioner's reflexive narrative, you would clearly see an evaluation of reflective practice on her development and subsequent impact on patient care. But would you believe it? The narrative's claim for truth is *authenticity* (Wilber 1998). Authenticity is revealed in the reader's identification with the experience. It rings true! Such narratives offer genuine evaluation of the impact of reflective practice on practitioner development and patient outcome.³

Doctoral level reflexive narrative research reveals practitioner journeys of becoming a reflective practitioner across diverse practice and teaching environments (Jarrett 2010, 2015; Fordham 2012; Foster 2013; Akinbode 2015, Graham 2015). Reflexive narratives have been published (Johns 2010; Johns and Freshwater 2005) that demonstrate the impact of guided reflection on practitioner development and the consequential impact on clinical practice.

² MSc dissertation, Leadership in healthcare.

³ For example, see the narratives of becoming a leader in Mindful Leadership (Johns 2015).

Narratives inform and influence organisational practice. Fordham (2012) writes of the influence of taking her experiences of working with homeless people into the executive meetings and disturbing the gathered professionals with the reality of homelessness, in contrast with a view of homelessness through statistics. Maddex (2002: 21) writes,

I found that the more I journaled, the more I started to use narratives in my teaching, in meetings – telling stories of experiences with patients to make my points more real.

Some Studies

In one study spanning 12 years, leaders were required to construct a reflexive narrative of becoming a leader as the dissertation methodology of an MSc course on Leadership in healthcare. Ninety narratives were constructed, enabling a meta-analysis to understand the tensions of becoming a leader within transactional organisations (Johns 2015). The programme was constructed as a collaborative inquiry where learning and research became the same endeavour.

A number of studies use art and poetry to help practitioners find meaning in their experiences of being with patients (Vaught-Alexander 1994; Begley 1996; Eifried, Riley-Giomariso and Voight 2000; Brodersen 2001; Parker 2002). These studies reflect the way humanities open a reflective space where practitioners can express their experiences.

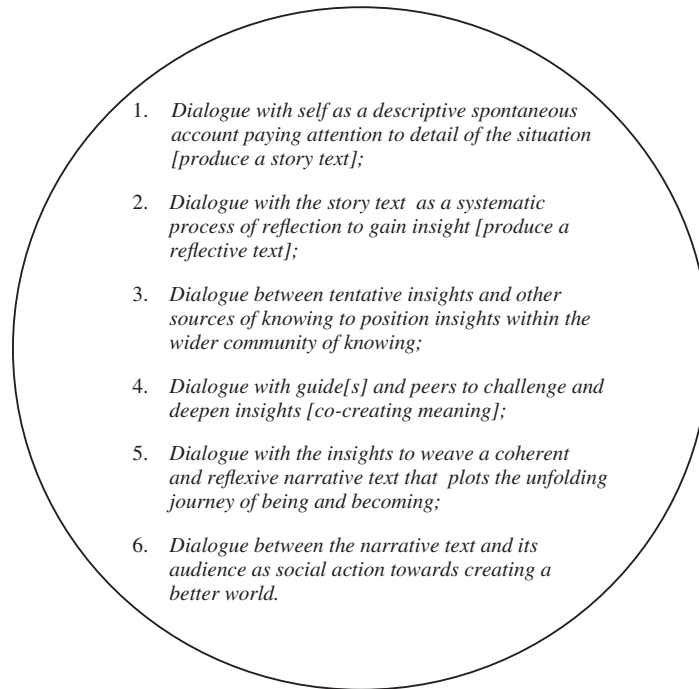
The six Dialogical Movements

The reflexive process of self-inquiry and transformation through reflection can be viewed as comprising six dialogical movements within the hermeneutic circle of interpretation (Figure 1.1). It commences with the practitioner pausing from her unreflective pattern of experience to pay attention to a particular experience. Paying attention, the practitioner then writes a story about the particular lived experience with the intention of gaining insight through reflection, dialogue and narrative as explored through subsequent chapters.

The Hermeneutic Circle

Hermeneutics is the interpretation of text (Gadamer 1962) stemming from a particular philosophic tradition. From this perspective, the practitioner's reflection written as a story is the text. Having written the story, the practitioner must stand back from their text in order to see it more objectively, with the intent to gain insight through interpretation towards development of professional identity and artistry (however that is most appropriately appreciated).

The insights gained from one experience are always in dialogue with insights gained from previous experiences – leading to a deepening of insights and personal knowing. Hence, subsequent experiences are set against a background of the collective of previous experiences. Thus there is a continuous dialogue between the whole unfolding narrative and new experiences, each informing each other in an ever deepening circle of interpretation in which meaning is always fluid. This movement forms the practical foundation of reflexive narrative. It is like throwing a stone into a pool. It makes a splash and sends



The hermeneutic circle

Figure 1.1 The six dialogical movements of reflexive narrative construction.

out ripples over the whole surface of the pool. The pool represents the whole of one's understanding and informs the splash whilst at the same time the splash provides new information to deepen the whole pool's understanding in an every increasing deepening of the pool's understanding. Whilst this learning process may seem complex at first glance, I shall review it as one movement at a time commencing with the ideas of bringing the mind home and writing self.

Summary

Reflection has generally been accommodated into educational and practice organisations from a technical rational perspective with little evidence of its efficacy in terms of better practice or more competent practitioners. As such, it is an awkward fit. As I shall explore, reflective practices need compatible environments in which to flourish. It is a chicken and egg situation. Can reflective practices cultivated against the grain turn the grain to create compatible environments? Or can compatible environments be created beforehand? I suspect it is a mixture of the two, whereby reflective practices by their nature quickly realise the paucity of the environment to support it and hence begin to turn the grain.

In Chapter 2 I explore the first dialogical movement of writing self.

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