Judgement, narrative and discourse: critiquing reflective practice

David Saltiel
School of Healthcare
University of Leeds

Abstract

This paper begins by examining some research the author undertook with a team of child protection social workers and manager/supervisors in a Social Services Dept. The research was designed to explore the mix of theory, research and practice wisdom the workers brought to a series of self-selected critical incidents to create a picture of professional expertise and judgement. The intention was to build on some previous research on professional expertise and reflective practice within the field of social work and nursing suggesting that expertise in the caring professions is primarily about the ability to work creatively and flexibly in situations characterised by unpredictability and change and that this expertise arises primarily from experience and from reflection that enables experience-based learning to be transferred to new settings.

The picture of practice that emerged from the research was of situations primarily characterised by unpredictability and uncertainty, requiring rapid and intuitive judgements to be made along the lines suggested by Schon’s (1983) concept of reflection-in-action.

Themes identified included the importance for workers of being able to exercise a measure of autonomous judgement, the restricted opportunities for exercising judgement in managerially controlled environments and the lack of opportunity to revisit those judgements through reflective supervision, making errors highly likely. Given the conclusions of numerous child protection enquiries where judgement has been poor across social work, health and law enforcement agencies this seemed an important issue for training and development.

However it is important not to assume that practitioner reflection is “the truth” but to see these accounts as narratives which construct a particular version of events. They need to be considered alongside other perspectives such as service user views and ethnographic studies.

A Foucauldian perspective is considered which sees reflection as a discourse within which professionals and students are made subject to surveillance and self-management by making their private thoughts public through confession to more powerful others. This raises many issues about how we define and assess reflection and concerns about the possibility of oppressive practice.

These critiques uncover some limitations and problematics about reflection which should unsettle the increasingly taken-for-granted acceptance of reflection as automatically a good thing.

Introduction
Reflection and reflective practice are ideas that have been so enthusiastically adopted by educators and practitioners in health and social care that they now seem to constitute a new orthodoxy.

While the stresses and strains of practice in managerial environments have inhibited the growth of reflective practice in the workplace the reflective practitioner is seen as an ideal and much work has gone into developing reflective peer groups and, in health care, clinical supervision which are seen as vehicles for promoting reflective practice. Students on qualifying and post qualifying courses spend a great deal of time compiling learning journals, case studies, critical incident analyses and reflective learning statements: all seen as educational tools for producing reflective practitioners.

Reflective practice is often seen as a counterpoint to the technical rationality of evidence-based practice, the other approach that dominates current thinking, and has been generally much more warmly received by practitioners and educators (Taylor, 2003).

It is perhaps easy to see what the appeal is: where evidence based practice seeks order and certainty – what ought to happen (Taylor, 2003) – reflective practice engages with the messiness, the ambiguity, the uncertainty of practice, focusing not on abstract theory but on the real experiences of practitioners and how they try to make sense of those experiences. It emphasise the skill and artistry of professionals in a world where procedural and managerial approaches predominate.

In this paper I discuss some research I undertook examining professional expertise and judgement. I define what Gould refers to as “the reflective learning paradigm” (Gould, 1996a;1) and how this has contributed to a reformulation of the nature of expertise and judgement, focusing on the ability of professionals to make swift decisions, based on experience, in circumstances characterised by rapid change and uncertainty rather than using technical, theoretical knowledge. This led me to certain tentative conclusions about the nature of judgement which I attempted to use as a practitioner and as a teacher and trainer.

I will then discuss how, as a result of my teaching experiences, I began to question some of the accepted ideas about reflective practice. I then go on to look at some critical perspectives that I believe highlight the limitations of the reflective paradigm. In doing this I will draw on strands of thinking about reflective practice from social work and nursing: while there are many similarities there are also differences due, I would suggest to the different histories and professional cultures they inhabit and both professions could learn from each other: a message of some relevance as we are increasingly delivering services in multi-disciplinary and multi-agency contexts.

I believe that reflective practice is a crucial contribution to professional learning and development but too often its ideas are used uncritically, especially now that it has become so widely accepted, and we need to use these ideas more carefully with a better appreciation of their limitations and potential for abuse.

Literature Review
What Gould refers to as “the reflective learning paradigm” (Gould 1996a; 1) has redefined our understanding of the skills and knowledge of practitioners so that the focus is primarily on practical experience and the way that experience is ordered so that judgements are made and problems solved.

The work of the pragmatist John Dewey is often taken as a starting point. Dewey (1910/1933, 1976 cited in Ixer, 1999) differentiates between routine action and reflective action, arguing that knowledge is created when we are faced with difficulties that must be carefully defined so that possible solutions can be hypothesized and then tested. Through “imaginative thinking…..(the practitioner) moves from the known to the unknown, creating a sort of cognitive disruption” (Ixer, 1999; 515) in which new knowledge and solutions are found. Knowledge, then, is primarily derived from experience and problem solving rather than the application of deductive theory. But this does not mean we enter the realms of untheorised “common sense”: Dewey argued that through reflecting on problems and possible solutions we synthesize and integrate theoretical concepts into our practice. Dewey sets out some of the key underpinnings of reflective practice: that expertise is a mix of different kinds of knowledge – formal and informal, that we learn by thinking on our feet and then reflecting on this, that abstract theories do not provide ready-made answers but need to undergo a transformation to make them useful for practice.

Building on the pragmatists’ work, Donald Schon’s (1983, 1987) concepts of reflection-in-action (thinking creatively while acting) and reflection-on-action (thinking about what we did afterwards) have been widely influential, particularly in professional education and training where a wide range of teaching methods have been developed designed to encourage students to reflect on their practice and integrate theory with action.

Schon has been criticised for his imprecision and his failure to argue his points rigorously (Greenwood 1993; Eraut, 1994; Ixer, 1999). Eraut argues that reflection-in-action is best seen as a theory of metacognition, concerned with the ability to make rapid judgements in problematic situations and here we come to the nub of the reflective paradigm: if professional practice is inherently unpredictable, uncertain and messy, how do practitioners make judgements and decisions about it? What kinds of knowledge do skilled workers use and can it be researched and taught?

In both health and social care there has been a movement away from defining expertise purely in terms of factual, technical knowledge to a wider definition that includes both practice expertise and service user perspectives (Horwath et al, 2004). Some of this defies technical definition: “people do not simply think, they intuit, they have the feeling of what happens” (Taylor & White, 2001; 52). Benner’s (1984) study of nursing suggests that expertise comes not from the ownership of technical knowledge but from the ability to understand situations swiftly and holistically in all their layers of meaning. This “situation-based interpretive approach” (p46) comes from long experience once the nurse has learned to move beyond a reliance on formal rules and use her rich store of experiential learning to be constantly flexible and creative. Benner argues that this is not a process entirely open to rational analysis: much expert knowledge is tacit and highly contextualised and grows without the nurse being fully aware of it.
There are other examples of the nature of medical judgement that complement Benner. Taylor (2003) cites evidence that doctors need to render biological and medical knowledge into anecdotal narratives, based on experience of similar cases to enable them to make judgements in individual cases. Alderson (1998) argues that pain is a personal, subjective experience providing medical staff with no directly observable evidence and so providing pain relief is a matter of fine judgement based on experience and the patient’s subjective view rather than any technical theory.

Fook et al (1997) concluded in their study of social workers that practitioners were defined (by peers) as expert not by the ability to articulate theory but based on their capacity to be adaptive to complex and uncertain situations, being alive to the vast numbers of variables and competing interests in such situations and swiftly arrive at creative interventions. Skills of “process” (thinking on your feet to manage situations: Eraut, 1994; 81) were more important than outcome skills.

Schon (1983) saw the risk that reflection-in-action could become stale and routinised and argued that reflection-on-action prevents this by revisiting previous judgements in a more analytical way designed to make tacit knowledge explicit. Judgement-making is not just intuitive and context-based but also requires a more reasoned approach after the event. Quick judgements are necessary to resolve practice situations but may be “good enough” rather than optimal, based on untested assumptions and prone to error. More deliberative judgement after the event allows decisions that were made quickly, in the heat of the moment, to be revisited and a wider range of options and theories considered (Munro, 2002). In the rush to embrace reflection, the more formal and theoretical aspect of judgement-making can be ignored as can the fallibility of practice knowledge (Usher & Bryant, 1989; Eraut, 1994; Gould, 1996b).

Sheppard (1995) discusses how practice knowledge can be made more rigorous by treating it as inductive theory and following a process of developing hypotheses and searching for disconfirming evidence. This is a useful approach which I found invaluable when supervising social workers but the range of hypotheses available to workers (and supervisors) may be limited by preferred professional formulations (White, 1997) and in the multiplicity of competing hypotheses it may not be possible to objectively determine which is best and in a complex and uncertain world judgements may then be made on moral grounds (Taylor & White, 2001).

The questions I wanted to explore in my research were: does theory inform practice and, if so, how? What makes for expert practice: what does it look like? What knowledge is used in it? (and can you teach it?). How do people learn to become experts and how do they then maintain that expertise, ie how do they acquire, maintain and develop this knowledge?

Research: methods, findings and discussion

Methods

I undertook a small piece of research in which I interviewed the social workers and managers of a social work team working with children and families employed by the
Social Services Dept of a large city in Northern England. In asking for permission to undertake this research I asked if I could speak to the members of an “average” team – that is, one without especially difficult problems of caseloads and job vacancies. The team was, I felt, more experienced and stable than many: five of the eight qualified workers had more than 5 years postqualifying experience. All but one of the workers were women. One of the two job-share managers was male.

I designed my research after analysing the aforementioned research by Fook *et al* and Benner. Like them I chose to use semi-structured interviews. They had both used a mix of critical incidents brought by practitioners and vignettes. I used only critical incidents because I wanted to look only at cases the workers themselves chose. I defined for them what I meant by a critical incident, using the same definition employed by Fook *et al* (1997; 403). My interviews were designed to explore these cases: why they chose them, what theories or other knowledge influenced their actions, how they felt about what they did. I also asked what they felt they had learned from the incident and if they had passed any of this learning on to colleagues. I then asked about their learning and development, how supported they felt, their experiences of supervision and peer support. I asked the managers a different set of questions based on how they saw their roles as supervisors and promoters of learning within the team.

**Findings**

The incidents that the team brought to the interviews were everyday situations, familiar to anyone with experience of working in a busy social work team. Two were child protection situations, three involved mediating between family members where a breakdown in relationships was imminent, two involved urgently finding accommodation for vulnerable young people and one involved the worker seeing a highly agitated service user while on office duty. Their very familiarity suggested this was the typical stuff of day-to-day social work. These were situations with a high degree of unpredictability due to a mix of circumstances: lack of resources, the consequences of previous poor interventions, plans that depended on interactions with often distressed and anxious service users whose actions could not be fully anticipated. Some involved events which were simply unforeseeable.

Despite their familiarity, these particular incidents had been picked out from many other situations that might have been chosen. Workers gave a number of reasons (including wanting to talk about a stressful situation they had not had adequate supervision on) but what seemed to be a common factor was that they all involved the workers exercising professional judgement. Either they were responding to volatile situations that needed to be constantly assessed and reassessed (Schon’s reflection-in-action) or they were making judgements at variance with those of their managers who usually wanted a more procedural, resource-led response while they felt that these were situations requiring a more person-centred intervention.

Most of these situations, although crucially important to those involved, would have been regarded by the managers as of relatively low priority. As a consequence they would have been managed less direcively and workers allowed to respond creatively and flexibly rather than being required to follow more procedural interventions. The child protection incidents were higher priority and seemed to demonstrate that
experienced and expert workers can persuade managers to change their minds about interventions at times.

The degree of flexibility and professional judgement showed in terms of both “process” and “outcome” skills. Workers seemed to have been able to spend time engaging with service users, calming them, listening to them and constructing mutually acceptable solutions.

Apart from one newly qualified worker who cited the attachment theory she had learned in her training, the workers felt they had not used any theories. Several stressed that they were using personal qualities, just “being themselves”. Most had found the incidents stressful but had not been able to discuss how they felt in supervision. There was a culture of regular supervision in this team but it was largely procedural, concerned with getting cases allocated and completed as quickly as possible. Two experienced workers did feel they had been able to renegotiate the nature of their supervision to allow the discussion of more expressive material.

Although pleased with what they had achieved, the workers did not feel they had learned any new skills or knowledge that could be passed on and their supervision did not enable them to reflect on their practice. Not only did this mean that a great deal of expert learning was lost (something Benner also found in her nursing study) but there was an absence of reflection-on-action or deliberative judgement, leaving the more intuitive judgements lacking any review.

Discussion

The workers seemed clearly to value the opportunity to use their judgement and this had been a very important criterion in their choice of critical incident. However, as I have suggested, there is a risk of workers’ reflection-in-action becoming stale without more considered reflection and if intuitive judgements are not revisited the errors and untested assumptions to which they are prone may go uncorrected.

Both Benner’s and Fook et al’s studies are heavily influenced by the work of Dreyfus & Dreyfus (1986) who argue for the importance of experiential learning and map out a schema in which the practitioner moves from a novice stage characterised by a reliance on universalistic rules to a level of competence where more context-specific procedures are followed to a condition of expertise where rules and procedures become irrelevant, even counterproductive, because the worker’s deep tacit knowledge allows them to comprehend and respond to situations with the intuitive artistry suggested by Schon (1983). The emphasis on tacit knowledge and intuition as critical to expertise in unpredictable situations was borne out by the cited studies. Eraut pithily describes the strength of this model as “(depicting) not so much the simple skill of riding a bicycle but the more complex process of riding….through heavy traffic” (1994; 128). But he also criticises it for its rejection of the more deliberative, rational, technical element of judgement-making, and in particular its failure to discuss how professionals control and evaluate their own behaviour. Usher & Bryant (1989) suggest some serious limitations to this kind of informal knowledge: it is likely to be primarily concerned with immediate problem-solving, coping and surviving and lacking in multi-causal analysis and suggestions for longer term improvements in practice. Indeed, they question the degree to which reflection-in-
action really takes place as the practitioner is likely to play safe and opt for routinised solutions: the problem that Schon argued made reflection-on-action necessary.

Ideally a more formal vehicle for reflection would allow the sort of hypothesis-testing advocated by Sheppard (1995). The workers in my study did not get this opportunity and this left their knowledge in a private, untheorised condition where they could not identify and communicate any learning they had made or any learning they felt they needed to do. This will also impact on their ability to evaluate their experience in terms of transferable skills that can be applied in other settings (Macaulay & Cree, 1999).

One of my conclusions was that the whole phenomenon of judgement-making was never discussed or thought about as a process, yet making poor judgements in stressful and high-risk situations such as child abuse cases has often been highlighted, most recently in the case of Victoria Climbie (Reder & Duncan, 2004). Two major studies of child abuse tragedies (Reder et al, 1993 and 1999) have identified some common areas of misunderstanding all of which would need careful reflection-on-action to uncover. The highly mechanical and proceduralised nature of much social work supervision, as my study confirmed, rarely allows for this and social work, unlike nursing, has not developed a model of clinical supervision which is specifically designed to facilitate in-depth reflection on practice (Bond & Holland, 1998; Butterworth et al, 1998). Poor supervision and its consequences have long been noted in the social work literature (eg Dept of Health, 1995) and while the procedural kind of supervision noted in my study has strengths it does not help practitioners make sense of very complex information (Taylor & White, 2001).

Following on from my study, and my own experience as a manager and supervisor, I devised a training course for a local Social Services Dept designed to enable senior practitioners to understand the process of judgement-making and suggested a framework for addressing the errors identified by Reder et al. Those who attended all remarked that at no point during or since qualifying training had these issues been addressed with them yet they were very experienced practitioners who were expected to offer guidance to less experienced colleagues. Holland (2004) usefully addresses these points in her study of social work assessment but fails to suggest how the necessary reflection and analysis might take place. Social work could learn from the above-mentioned literature on clinical supervision I would suggest.

Teaching experienced social workers on a postqualifying course to develop critical incident analyses I have been struck by the narrative quality of their case material and this led me to think that I had paid insufficient attention to what the interviewees had told me as narratives: in other words, the communicative practices by which they were generating knowledge about themselves, about social work as a practical activity and about service users (Taylor & White, 2000; Taylor 2006). I was well aware that interviews for research do not give unproblematic access to respondents’ perspectives: people treat interviews as interactions within which they must present themselves as “competent and sane” (Murphy et al, 1998; 120). In addition, making the private, invisible processes of social work visible is often seen with some suspicion by practitioners who associate research with surveillance and making social work more accountable and auditable (Healy, 2000; 146).
It would seem to make sense that the stories I encountered both in research and teaching should be subjected to some of the analytical tools of qualitative research to understand the nature of professional thinking, to see them in terms of how professionals construct their identities (Taylor & White, 2000). It is argued that professional narratives in health and social care often include “atrocity stories” (Dingwall, cited in Taylor, 2006) designed to demonstrate the narrator’s competence and moral worth by highlighting the lack of those qualities in others. White & Featherstone (2005) have provided fascinating evidence of how these atrocity stories work in multi agency settings across disciplines (for example, the stories medical personnel tell about social workers) but they are also told within professions. Almost all my research interviews involved atrocity stories about management, giving the workers the opportunity to assert their sensitivity, “client”-centredness and adherence to social work values in the face of management’s proceduralism and resource-led instrumentalism. Lymbery (2000) argues that the very essence of social work lies in the worker – service-user relationship and while managers can determine what will happen, it is the worker who determines the how. The respondents were able to assert their status as bearers of social work’s core values by telling stories that emphasised this and demonstrated their process skills rather than outcomes. They were also able to assert their moral autonomy by showing that they could work for large bureaucratic organisations, which are widely seen as unfeeling and incompetent, without agreeing with their every action or condoning the behaviour of less morally and professionally competent colleagues.

The stories students in the critical incident workshops I taught were very similar and I searched in vain for ways of bringing different perspectives to bear on them to develop their critical thinking. It is not that these reflective accounts are not true (as an experienced social worker I can certainly attest to their subjective “truth”) but that they form only a part of what is happening in care settings on a day to day basis and they tell us as much about how professionals construct their identities as what is “really” happening: as Taylor puts it they allow the narrators to “pass as social workers” (2006; 203).

I have suggested that while reflective practice has been widely accepted within both social work and nursing there are some differences of perspective and one of these is the mistrust generated within the nursing profession about reflective practice which has surfaced in the debate about clinical supervision. Butterworth et al (1998) and Bond & Holland (1998) both note the suspicion amongst some nursing staff that clinical supervision could be used as a form of surveillance and control. As suggested above, social workers also have suspicions about surveillance but these tend to be focused on research and audit and the profession has not developed a critique about reflective practice being used in this way. Yet I am not alone as a teacher on a social work programme in having a regular stream of students coming to me to express misgivings about the reflective learning journals they must keep on placement. These journals form part of their portfolios and will be read by tutors and practice teachers. This creates a problem for students as to how critical of their placements they can afford to be. They seem to be caught in a dilemma: they are required to be “reflective” and make public their private thoughts (Cotton, 2001) yet they fear that criticism of their placements will not go down well with their practice teachers who decide if they have passed or failed their placements. They are required to show not only that they are competent practitioners but competent reflectors and this means being assessed for...
what they think as well as what they do. Their reflections could be seen as “confessional practices”.

Foucault (1981) has argued that the confession is “one of the main rituals we rely on for the production of truth” (p58). Originally gaining its cultural purchase in Europe because of its connection to religious penance it has, since the decline of religious practice, spread to a whole series of relationships: to one’s parents, educators, doctors and to oneself. Confessions, and confessional rituals, have now been scientised, medicalised and turned into “therapeutic operations” (p67).

Cotton (2001) defines confessions as statements made to a more powerful other, consisting of revelations about one’s shortcomings and deviations from the norm, linked to a willingness to engage in self-improvement. Moreover, she argues that reflection should be seen as discourse – indeed, given its popularity, as dominant discourse with reflective practice and reflective practitioners constituted by that discourse. Gilbert (2001) links the confession with Foucault’s notion of governmentality (Parton, 1998). Codes of ethics are important ways in which people regulate themselves and through reflection they become “ethically self-managing individuals” (Gilbert, 2001; 202), incited to tell the truth about themselves and admit their shortcomings. This is an essential component of the modern surveillance and regulation of health and social care professionals whose organisations are now so diverse and complex that regulation must depend significantly on self-regulation. Foucault (1981) argues that confessions are ultimately linked to sexuality and the pursuit of pleasure and Gilbert suggests that reflection is used to resolve the tension between selfish pleasure and public duty – a commitment to the latter being an essential qualification for membership of the professional community.

Language, as Taylor (2006) argues, is performative and practitioners and students are required to “perform” reflection in certain contexts, before certain audiences. Conceiving of reflective practice as a discourse means identifying it as historically and culturally specific and understanding that like all discourses it may silence or marginalise dissent and limit possibilities.

Conclusions

The notion of the reflective practitioner is an enticing one. To assert the importance of experiential knowledge and creative practice, to start from – to embrace in fact – the messiness and unpredictability of practice and then to unpick what is going on by generating inductive hypotheses which are dispassionately analysed to reveal the nature of expertise and judgement…..these are ideals to strive towards. And there is much about the reflective paradigm to hold on to. Indeed it seems an essential counterbalance to the school of evidence based practice which sees certainty and technical rationality as its highest ideals.

Reflective practice takes account of the mix of rationalities that underpin judgement, so that we do not take scientific evidence for granted but weigh it in the balance along with other competing versions of events (Taylor & White, 2001). It raises practitioners above the status of mere technicians, emphasises the richness and creativity of their practice and leads to persuasive new formulations of professionalism based on diversity and flexibility (Fook, 2000). By unsettling
dominant, modernist conceptions of knowledge and expertise it enables many new perspectives to develop. An example of this is the development of clinical supervision in nursing which by seeking to “de-medicalise” nursing (Butterworth et al, 1998) and emphasise its expressive role has contributed to studies of the gendered nature of healthcare which have rethought traditional working practices and hierarchies (Davies, 1998; Parton, 2003). Another is the new definitions of judgement and decision-making which I have discussed above.

But while the reflective paradigm has led to important developments in teaching and learning it has also created some problems. Reflection is notoriously difficult to define and loose definitions and uncertainty about how to assess it can lead to oppressive practice (Ixer, 1999). Educators should be much more aware of the issues in requiring less powerful people to perform confessional-reflective tasks and not be so quick to assume that reflective learning is always a good thing.

Practitioners’ reflective accounts are often extolled as giving access to the raw material of practice but this is a naïve approach (Taylor, 2003) that fails to take account of the imagistic and metaphorical nature of language which constitutes rather than reflects reality (Gould, 1996b). Reflective accounts are as artfully constructed and performative as any other uses of language. They give access to how professionals construct their identities (and those of service-users) and their practices but they are not by themselves enough. Service user perspectives are essential and so is the kind of ethnographic research which seeks to analyse day to day practice realities and professionals’ verbal and written accounts (Taylor & White, 2000; White & Featherstone, 2005)

If reflective practice has become the new orthodoxy, the dominant discourse within professional education, it is essential that we keep a critical perspective so we are as alive to its problems and limitations as to its strengths.

References

Taylor, C. (2006). Narrating significant experience: Reflective accounts and the