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1

Critical reflection and the emergence of professional knowledge

Melanie Jasper and Gary Rolfe

Introduction

No one involved in professional practice and education in health and social care could have failed to notice the inexorable rise of evidence-based practice over the past decade. As the health and social care disciplines strive to become accepted as bona fide professions with all that entails, there is a perceived demand for practice to be based on firm evidence and for evidence to be based on good science. Evidence-based practice is therefore often taken to mean research-based practice, and research is taken to mean experimental or quasi-experimental empirical studies. In this chapter, we will outline the challenges posed by the knowledge demands of the emerging healthcare professions and examine how these have shaped our thoughts about the need for a critical approach to reflection. We will argue that critical reflection can make an important contribution to the evidence-base for practice, but more importantly, that it can reflexively influence practice in its own right.

More specifically, our aims for this chapter are:

1. to help you to think about the professional constraints and pressures that determine the way you practice;
2. to encourage you to think about the ways in which you reflect on your practice as part of your everyday life;
3. to explore the ways that you might avoid reflecting on difficult or uncomfortable issue; and
4. to begin to think more critically about yourself and your practice.

**Reflective moment**

Think carefully about our aims for Chapter 1. Now think about your own practice and how these aims might contribute towards developing it. For example, what initial steps might you take in order to become a more critical reflector?

Based on our aims above, identify and write down some of your own aims, both in terms of what you hope to know and what you hope to be able to do after reading Chapter 1. We will return to these at the end of the chapter.

**Developing professionalization in healthcare**

The past decade has seen changes to ways in which the multitude of health and social care occupations are regulated in the UK, with increasing emphasis on public protection and risk reduction. The three regulatory bodies concerned with all healthcare professionals except medicine, the Health Professions Council (HPC), the Nursing and Midwifery Council (NMC) and the General Social Care Council (GSCC) (the latter with separate bodies for Wales, Scotland and Northern Ireland) were established from their predecessors in 2001, provide far more emphasis on professional accountability and behaviours through codes of conduct, standards and ethics for registrants than previously. All councils are charged with setting standards for entry to a professional register, for approving programmes for education and training, for maintaining a register of practitioners and for taking action against registrants who are not meeting their standards of practice. The Health Professions Council alone now has over 200,000 registrants on its active register, regulating 14 professions in 2009, but with at least four more professions likely to come under its remit in the next five years. In addition, there are moves to incorporate healthcare practices previously considered to be ‘alternative’ such as acupuncture, medical herbalists and traditional Chinese medicine practitioners. The NMC has around 680,000 registrants.
The scope of activity of the Councils ensures that expanded areas of professional practice are initially regulated in the same ways as entry to the professions. For instance, programmes leading to independent and supplementary prescribing by nurses, midwives, pharmacists, and some other allied health professions such as physiotherapists and radiographers must be approved by the NMC and/or HPC, dependent on the profession involved. A recent exploration of higher levels of practice by the NMC takes the stance that what is regarded by many as advanced practice bears no additional risk to the public than the basic notion of competence to practice, and at that time declined to set standards for advanced practice per se. However, a change of leadership at the NMC has resulted in a declared intention to re-open this debate, especially in light of increasing changes to the ways in which doctors work, and the resultant impact on the work of specialist and consultant nurses. The protection of the public is of paramount importance in the work of all the regulatory bodies, and at a time when there is growing criticism of standards of practice within the NHS, it is the responsibility of the professions to ensure that whatever role the practitioner is performing, it is being performed in compliance with the standards and codes of practice expected. Similarly, the HPC has not indicated any intention to consider registration beyond competence to practice on registration. All Councils do set standards for continuing professional development and require evidence of this for periodic re-registration, but this attests only to the standards required by all practitioners and does not differentiate further levels of practice in any way.

Yet, surely, the public must have expectations of practitioners who have been qualified for a long time, or indeed hold titles such as ‘Consultant’, ‘Advanced Nurse Practitioner’, or ‘Specialist’, even if the professional bodies do not. At the very least, every practitioner is expected to ensure that they practice to the latest (and best) evidence available, to keep themselves abreast and skilled in the latest treatments and techniques available and to practice within the Codes of Conduct published by their respective professional bodies. How would a member of the public be able to judge that a practitioner does indeed measure up to their expectations?

Reflective moment

Think about the last time you or one of your family used the services of a registered healthcare practitioner. How did you know that they
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were competent to practice? What evidence did you have that allowed you to draw that conclusion? What would give you confidence in their professionalism, over and above such things as certificates on the wall, titles, uniforms or name badges?

The increasing professionalization and regulation of healthcare professions is aimed to increase public confidence in them following such cases of professional misconduct as Harold Shipman, Beverley Allitt, the Bristol Paediatric Heart Surgery and retained body parts incidents. The end result is expected to be greater patient safety, but there is no evidence available to demonstrate that this is indeed the case – it is an assumption arising from tighter legislative control. It is, in fact, hard to see how better patient care arises from imposing more regulation on practitioners; indeed, it is the central tenet of this book that better patient care will only result from enabling all practitioners to be critically reflective within their practice environment.

**Becoming critical**

It is primarily this challenge to find ways of promoting better patient care that prompted us to write a book about what we call critical reflection. In the preface to the first edition to this book we described critical reflection as 'using the reflective process to look systematically and rigorously at our own practice' (Rolfe et al., 2001). We might have added that critical reflection also uses the reflective process reflexively to look systematically and rigorously at itself. In distinguishing between critical reflection and other ways of reflecting, we recognize that reflection is a natural human activity. We all reflect and we do it often: many of us reflect silently to ourselves while walking home from work; we reflect at home with our families when we tell them about our day; we reflect in the car and in the bath; we even reflect in our dreams. Some of us write down our reflections in diaries or in on-line ‘blogs’. Socrates is reported to have said that the unexamined life is not worth living. We would argue that the unexamined life is simply not feasible, and that unexamined practice can be both dangerous and unprofessional.

However, this book is not concerned merely with the day-to-day reflection that seems to be an intrinsic part of human experience. Indeed, such unstructured and unfocussed musings are not likely to
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produce anything recognized or valued by practitioners as evidence on which to base practice. Rather, our purpose in writing this book is to explore what we refer to as critical reflection. In choosing to use the word ‘critical’, we were mindful that it has certain negative connotations. The Oxford English Dictionary defines critical as ‘expressing adverse or disapproving comments or judgments’, and we certainly do not wish to give the impression that critical reflection should be either adverse or disapproving, despite the commonly held view that we should only reflect on aspects of our practice where things have gone wrong or which resulted in negative outcomes. This, for us, is absolutely not the case. Clearly, while it is possible to learn from our mistakes, there is also much to be gained from exploring positive aspects of our practice, and just as important, from examining the commonplace, everyday things that we usually do without giving them any thought at all.

The second dictionary definition of the term ‘critical’ is ‘expressing or involving an analysis of the merits and faults of a literary or artistic work’, and this is much closer to our intended meaning. Critical reflection goes beyond the simple recollection and description of events that usually characterize our everyday reflections, and involves some kind of analysis of the meanings and implications of what we are reflecting on. Now of course we are not suggesting that we never analyze situations and events when we reflect on our journey home from work or when we discuss our day with our family and friends. It is only human nature to try to find meaning in what we and others do and say. However, if we look again at the description that we cited above, we can see that, for us, critical reflection is both systematic and rigorous.

While reflection might not always be associated with rigour, there is a very good reason why we advocate a systematic approach in this book. As we have already observed, in the years since we wrote the first edition of this book, Evidence-Based Practice (EBP) has emerged as the dominant paradigm for the healthcare professions. EBP originated in medicine, and was devised as a way of replacing the opinions and beliefs of ‘experts’ with hard evidence from research (Evidence-Based Medicine Working Group, 1992). There has been a great deal of dispute and discussion in the intervening years about the role and status of so-called ‘expert opinion’ in making evidence-based decisions by practitioners about their own practice. While some writers, notably David Sackett, have argued that expert opinion can, in some cases, override the research evidence (Sackett et al., 1996), few writers regard the opinions of practitioners as a source of evidence in its own right, and
those that do usually place it at the very bottom of the ‘hierarchy of evidence’ on which practice decisions are to be made. The view taken in this book is that many of the opinions of practitioners are grounded firmly in years of practical experience, and that these opinions can be a powerful source of evidence for informing their practice decisions. However, experience alone is rarely enough, and is not usually recognized by the EBP community as robust ‘evidence’ on which to base practice. One of the most important aims of this book is therefore to present critical reflection as a collection of methodologies and methods similar to existing and established research methodologies and methods for generating data, constructing knowledge and applying it to practice. In the case of critical reflection, our primary source of data is our own experiences, and data are generated and collated through the rigorous application of one or more systematic reflective frameworks, which constitute our data collection methods. As we shall see in subsequent chapters, these frameworks provide ways not only of collecting data through reflection on our experiences, but also incorporate methods of analyzing that data in order to generate knowledge and theory about practice. In short, we are suggesting that critical reflection is a way for practitioners to add to their evidence-base by conducting research into their own practice, and we are also offering ways in which they might begin to do this.

There are other reasons why we emphasize systems and rigour. Analysis is generally considered to be a high-level intellectual skill, and self-analysis of the kind demanded by critical reflection is doubly difficult. As many writers have pointed out, while we might have good intentions when examining our own thoughts, feelings and actions, it is normal and natural to subconsciously or unconsciously protect ourselves from some of the more personally uncomfortable conclusions that we might arrive at. Adhering rigorously to a systematic framework for reflection can prevent us (albeit subconsciously) from being selective in the aspects of a situation that we choose to examine. This is true not only for the negative elements of our practice. Some of us are quite ruthless with ourselves when it comes to identifying our own faults, but have difficulty in acknowledging our finer points. The use of a framework for reflection at least gives us a fighting chance of producing a well-rounded reflective analysis of a situation and of our role in shaping its outcome.

Other definitions of what counts as critical reflection share this concern with self-analysis and self-awareness. For example, the Frankfurt School of critical theory, led by Jürgen Habermas, sought to
establish a new ‘critical science’ to stand alongside the empirical and hermeneutic sciences (Habermas, 1987). For Habermas, these three approaches to science are each driven by a ‘cognitive interest’ or basic human need to know, understand and act on the world. The empirical analytic sciences are the response to our ‘technical’ interest in the prediction and control of nature, the hermeneutic sciences are the response to our ‘practical’ interest in understanding one another, and the critical sciences are the response to our ‘emancipatory’ interest in freedom, including freedom both from outside social and political forces as well as from our own inner unconscious compulsions. For Habermas, to be critical is to be aware of, and alert to, the external and internal constraints and forces that prevent us from seeing the world as it really is. In the terminology of the critical theorists, this entails recognizing and challenging ‘false consciousness’, which can be overcome through perspective transformation, defined as:

The emancipatory 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 (Mezirow, 1981, p. 6).

Habermas suggested that perspective transformation occurs through critical reflection, that is, the attempt to reveal the extent to which self-deception and ideology distort our perceptions.

Reflective moment

Think about a difficult or painful issue from your own practice which is now resolved. Try to recall your reflections about it at the time. In retrospect, now that you can be less emotional and more objective about the incident, can you think of any aspects of the issue that you avoided reflecting on at the time? Why do you think you might have avoided thinking about these aspects?

We discuss these ideas in more detail in Chapter 3, where we present them as one of several models of reflection. However, our concern in this book is not solely with reflection but with reflective practice, we are therefore also interested in models and frameworks that take us beyond self-awareness and the generation of theoretical evidence, and
which provide opportunities for knowledge and theory to be applied back in a reflexive loop to the practice situation from which they originated. It is the frameworks within this reflexive model to which we pay particular attention, and this is the point at which, for us, theory and practice blend into the single act of reflexive practice. Once we reach this point, critical reflection is more than just another research methodology and becomes a paradigm for practice in its own right: a way of doing research-based practice in which the research and the practice occur simultaneously and represent the two sides of the same coin. Thus, critical reflection is for us not merely a means to the end of producing evidence. Our description of critical reflection in the first edition of our book talked about the reflective process, and we would wish to emphasize the benefits to be gained simply from doing reflection. Indeed, reflection is sometimes conducted verbally, and in these cases there is no tangible outcome, no written ‘evidence’ that the practitioner can refer back to. Even when reflections are written down, the writing is often a means to an end, a way of thinking more clearly where the value lies in the process of writing rather than what is actually written. Unlike most traditional forms of research, the process of doing critical reflection is often just as important as the outcomes it produces.

**Conclusion**

Many of the early definitions of reflection focused on its educational origins, and viewed it primarily as the attempt to learn from practice through ‘retrospective contemplation’ (see, for example, Palmer, Burns and Bulman, 1994). Other writers, most notably Johns, have taken Habermas’ critical theory as their starting point and present reflection primarily as a means to self-knowledge and self-development. In fact, we are rapidly reaching the point at which reflection has become all things to all people, a catch-all term which encompasses everything from simple descriptions of their practice by beginning students, right through to Chris Johns’ claim for the essence of reflection as simply ‘a conscious decision to become’ (Johns, 2006).

Our notion of critical reflection takes a somewhat different and rather more pragmatic approach. We began with the dictionary definition of the term ‘critical’ as being concerned with analysis, and we therefore presented critical reflection a means by which practitioners in the health and social care disciplines can analyze their experiences in order to generate evidence from their own practice, which can then
be used to inform that practice. We also suggested that critical reflection can be regarded not only as a form of research, as a way for practitioners to conduct a critical inquiry into their own practice, but also as a reflexive integration of research and practice into a single act. In the following chapter we discuss and explore reflection as a practice paradigm to stand alongside evidence-based practice.

We might add that we regard critical reflection as an imperative; as an approach to practice that we feel can and should be adopted by all professional practitioners in health care. There is, perhaps, a potential conflict here: on the one hand we are presenting critical reflection as a high level intellectual activity involving the analysis, synthesis and evaluation of theory and knowledge, while on the other hand we are suggesting that critical reflection should become a part of the normal, everyday activity of all health care practitioners. However, we see no contradiction. In answer to our critics who claim that reflection is an advanced skill that can only be undertaken by practitioners with postgraduate degrees (see, for example, Wellard and Bethune, 1996; Teekman, 2000; Glaze, 2002), we would argue that there is no such thing as advanced practitioners, only advancing practitioners, and that critical reflection is simply one of many tools or methods which can help us all to advance further. Critical reflection is a difficult and challenging undertaking, but that is no reason for not attempting it.

The Oxford English Dictionary offers yet another definition of critical as ‘having a decisive importance in the success or failure of something; crucial’. Critical reflection is therefore of crucial importance to our development as advancing practitioners. However, ‘crucial’ has a second meaning derived from its roots in the Latin word crux, meaning shaped like a cross. Critical reflection helps us with our crucial decisions, those decisions that we face every day when we stand at a crossroads and must decide between a number of different paths. Regardless of their magnitude and importance, choices present themselves to us constantly, and critical reflection offers a method for helping us to think and act in a mindful, considered and systematic way in order to make the crucial decisions that practice demands. In order to keep pace with the demands of practice, we must all become critical.

Reflective moment

Now turn back to the aims which you identified at the start of the chapter. To what extent have they been met? Write a paragraph
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outlining the knowledge you have acquired through reading this chapter and doing the exercises. Write a second paragraph identifying any aims which you feel were only partially met or not met at all. Divide your page into three columns. Head the first column ‘What I need to learn’, and make a list of any outstanding issues which you would like to learn more about. For example, you might wish to find out more about the Frankfurt School of critical science. Head the second column ‘How I will learn it’, and write down the ways in which your learning needs could be addressed; for example, through further reading, through attending study days, or through talking to other people. Head the third column ‘How I will know that I have learnt it’, and try to identify how you will know when you have met your needs.

You have just written your first learning plan for this book. We will be asking you to write one at the end of each chapter.
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