Empowerment through reflection

A guide for practitioners and healthcare teams

Note

Healthcare practice and knowledge are constantly changing and developing as new research and treatments, changes in procedures, drugs and equipment become available.

The editors and publishers have, as far as is possible, taken care to confirm that the information complies with the latest standards of practice and legislation.

Empowerment through reflection

A guide for practitioners and healthcare teams

2nd Edition

edited by

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Introduction

Empowerment and opportunities to experience power and control in one's life contribute to health and wellness. Research has demonstrated that health and well-being are intimately tied to and are consequences of power and powerlessness. Powerlessness or lack of control in one's life is a well-known risk factor for disease. Conversely, empowerment and opportunities to experience power and control in one's life contribute to health and wellness (Varkey et al, 2010). Empowerment is a process by which individuals, communities, and organisations gain control over issues that concern them most.

In its widest and most radical sense, empowerment concerns combating oppression and injustice and is a process by which people work together to increase the control they have over events that influence their lives and health. Most definitions accept that empowerment is a complex process and it can occur at an individual, organisational or community level. This implies that empowerment is not only about people changing but also about organisational and system change (Woodall et al, 2010).

One other aspect of empowerment that is central to the 2nd Edition of this book is its link with patient/client care. Arguably, a supportive and patient-centred relationship is, at the very least, an enabling one; at best it is an empowering one. In this context empowerment is related to concepts such as self-efficacy and self-esteem. Here empowerment reflects a type of support that enables and motivates people to take the necessary steps to manage and improve their health in a self-directed manner. Empowerment can therefore be described as being characterised by responsibility and readiness for change.

Some questions that might help patients/clients gauge the nature and extent of 'being empowered' therefore might be:

- How far do you feel in control of your health?
- How far do you know what to do to take care of your health problem?
- How far do you believe that your health problem will improve?
- How far do you advocate more for yourself?
- How far do you have techniques you can use when your symptoms get worse?

In this 2nd Edition there is an underlying position that empowerment is fundamentally based upon the idea that it can be conceived both as a process and an outcome and requires appreciation. Firstly, appreciating what is special and unique about ourselves and those we work with and care for. This casts empowerment in the role of trying to amplify the positive. Secondly, an appreciation of the unexpected and how to respond to this in a positive manner. This casts empowerment in the role of empathising with others and sensitively managing situations as they unfurl. Thirdly, an appreciation that some situations are painful and difficult. This is about empowerment as a strengthening force. What we suggest in this book is that empowerment (in one guise or another) depends upon our capacity and capability to 'show appreciation'.

In this 2nd Edition we embrace the many conceptions of empowerment and explore it richness and diversity.

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Empowerment through reflection: Is this a case of the emperor's new clothes?

Tony Ghaye

That wonderful children's fairy tale by Hans Christian Andersen called *The emperor's new clothes*, carries with it an unintended, yet important message for those who continue to promote the benefits of reflective practices in healthcare. One proclaimed benefit is that individuals and groups may well become empowered through reflection of one kind or another. In this chapter, I present some of the claims being made about reflective practices. This leads on to a discussion of the way empowerment is associated with the equally slippery notions of power and reality.

Many years ago, there was an emperor who was excessively fond of new clothes. Most of all he loved to show them off. One day, two swindlers came to town masquerading as weavers who could make the most beautiful clothes imaginable. Not only this, but these clothes had the magical quality of becoming invisible to all those who were not fit for the office they held, or who were impossibly dull. The emperor thought that these would be splendid clothes and so ordered some to be made for himself. He thought that by wearing them he would be able to discover those people in his kingdom who were unfit for their posts. He also thought he would be able to tell the wise men from the fools.

The two swindlers pocketed much money in undertaking the work, pretending to weave and yet having nothing of substance on their shuttles. Soon, word spread and everyone came to know the claims being made about the wonderful powers the clothes possessed. Ministers and courtiers came and went. They could see nothing, but they took care not to say so. They did not wish to appear foolish or unfit for their posts. They watched and listened to the swindlers. When they were told to step nearer so that they might more fully appreciate the patterns and colouring in the emperor's new clothes, they did so dutifully and unquestioningly. When the emperor went to see for himself, even he was taken in.

'What,' thought the emperor, 'I see nothing at all! This is terrible! Am I a fool? Am I not fit to be an emperor?'

'Oh, it is beautiful!' he said. 'It has my highest approval.'

And he nodded his satisfaction as he gazed at the empty loom. Nothing

would induce him to say that he could not see anything. He was even persuaded to wear the new clothes for the occasion of a great procession which was about to take place.

On the day of the procession, the chamberlains pretended to lift and carry the emperor's cloak as he walked along under a gorgeous canopy. Everyone in the streets shouted, 'How beautiful the emperor's new clothes are! They fit to perfection, and what a splendid cloak!'

Nobody would admit that they could see nothing. No one wanted either to be deemed unfit for their post, or to appear to be a fool.

'But he's got nothing on,' shouted a little boy.

'Oh, listen to the innocent!' said his father.

But then one person whispered to the other what the child had said, 'He's got nothing on! The child says he has nothing on!'

'But he has got nothing on!' all the people cried at last.

The emperor writhed and looked uncomfortable for he knew it was true. But he decided that the procession must go on. So he held his head up prouder than ever. His chamberlains continued to carry aloft the invisible cloak. The two swindlers were made 'gentlemen weavers' and selfishly put all the silk and gold thread into their own pockets.

This story gives us much to reflect upon. It describes different realities and, because of this, gives us some interesting insights into notions of empowerment. It also serves to remind us that it is dangerous to be swept along by any tide of events (including, perhaps, reflective practices) despite loud fanfares and much flag waving; that it can be very dangerous to receive others' 'wisdom' unquestioningly; that we should be able to make up our own minds about the value of things; that we should not be afraid to speak out, to 'go against the flow', to ask for evidence rather than blindly accepting 'reality' as described by others.

There are links with reflection here. Reflective practice continues to gain ground. More and more resources are being devoted to its promotion. Libraries are being filled with texts about it. People's careers are being fashioned by it and conferences proclaim its centrality to improvement and lifelong learning in healthcare work and policy. There is much flag waving and some blind faith. In this chapter I aim to set out some of the claims being made for reflective practices. More particularly, I want to explore some of the claims being made that individuals and groups can become empowered through reflection. 'Empowerment' and 'reflection' are problematic in that they mean different things to different people. They are encountered in different ways. I intend here to focus on views of empowerment, because a whole book in this series (Ghaye and Lillyman 2000)

is devoted to the nature of reflection. In this chapter, I want to raise an important issue for your consideration. It is this: despite all the efforts being made to foster empowerment through reflective practices, it remains very much like the emperor's new clothes. We speak about and celebrate it loudly in public and yet we may ask ourselves privately, 'Where is the evidence, from practice, to support such a celebration?' We might have private misgivings. We might ask: 'Why can't I see it when others say they can? Has it really led to some kind of transformation in healthcare? Whose reality is this? Whose reality counts?'

How far are reflective practices 'appealing'? A question of reality

In 1994, James and Clarke set out in a questioning way, what they regarded as the 'appeal' of reflective practice for nursing. For example, they claimed that:

> *Reflection is an integral part of experiential learning and the development of practical knowledge.*
>
> *Much of the attraction of reflective practices is that reflection is firmly grounded in a growing understanding of forms of practical knowledge and of experiential learning. Reflection is central to many theories of experiential learning (Kolb 1984), which is arguably the dominant form of learning in nursing. It is significant in the processes of learning in adults (Knowles 1970, Mezirow 1981) and it is the subject of an influential body of literature (Schön 1983, Benner 1984, Powell 1989). As such, at a fundamental level, models of reflective practice have an appeal because they ground that practice in established theory which can offer practitioners and practitioner educators frameworks in which to operate.*
>
> *Reflection will lead to better practice.*
>
> *Implicit in the status currently being given to reflective practices in nursing, is an accepted view that reflection will lead to better practice and to greater competence. There is, in fact, little or no hard evidence for this assumption although, in time, research evidence may show this assumption to be correct.*
>
> *Reflective practice is necessary for effective nursing.*
>
> *There is an implicit assumption in the justification for adopting a reflective practice model of nursing that reflection is necessary for effective nursing.*

Again, there is no a priori justification for this and the case remains unproven, particularly with regard to reflection in the moral-ethical domain.

Reflective practice will bring universal benefits.

Even if we assume that reflection will produce benefits, it is most likely that not all of them will be equally acceptable to everyone. Improvements through reflection in efficiency at the technical level could be very attractive to those who are accountable in a managerial sense for a nurse's practice. However, the outcomes of reflection at other levels may not be so appealing for that group. Reflection at the moral-ethical level could result in many nurses coming to understand more clearly, through the development of self-knowledge in the emancipatory domain (Habermas 1974), the everyday constraints and limitations placed upon their practice. These nurses could well begin to challenge those whom they see as responsible (that is, their managers) for exerting those constraints and limitations. A parallel issue may arise in the relationship between the student nurse and her or his educator.

All nurses can be reflective practitioners.

Although nurses require particular skills and qualities to become reflective, the message appears to be that all can acquire them. Those who are advocating a reflective practice model of nursing could usefully consider the implications for the profession if the notion that everyone can become a reflective practitioner proves not to be the case.

Reflective practice models enhance professional status.

Reflection and reflective practices may be attractive because they are seen increasingly as a central characteristic of professional action. The emphasis in attempts to define an occupation as a profession has changed in recent years. It has broadened from concerns with the place and role of professions in society to encompass the nature of professional action. As professional practice becomes synonymous with reflective practices (see, for example, Schön 1983), the use of reflective practitioner models of action could have some value in enhancing the professional status of nursing.

Reflective practices value each nurse's professional knowledge.

Implicit in the concept of reflective practices is the valuing of each practitioner's own personal knowledge. As such, reflective practice models of nursing appear to

> *value individual nursing practitioners and the contribution each of them has to offer. Reflective practices are apparently grounded in such 'high-level' values as democracy and equality and may, as a result, pose an attraction for many. A consequence of reflective practices is that nursing knowledge is not possessed by an elite group which has sole access to it; rather, all nurses hold their own theory of nursing. This could well have implications for the way nursing theory is conceptualised and generated.*
>
> (James and Clarke 1994: 82–90)

What are some of the current claims being made for reflective practices? Whose reality? Whose fantasy?

During the last decade reflective practices have continued to gain ground in the hearts, minds and practices of healthcare workers locally, and, in implementing new Government policy, throughout the National Health Service in the UK. There appear to be five broad claims being made for reflective practices. In general, these claims suggest that reflective practices are a good thing, that they make you feel good and that reflective practitioners make a positive difference in the clinical workplace. Some of these claims are more explicitly supported with evidence than others. I want, briefly, to set out the nature of these claims as I have come to understand them in the context of evidence-based practice and professionalism. It is prudent to 'test' the validity of each claim – we should not accept any claim uncritically. By so testing, we might move to a clearer conception of what reflective practices are and are not. I stress the plural term 'reflective practices' (see Ghaye and Lillyman, 2011) as there are many ways to reflect with practice in mind.

Claim 1: Reflective practices improve the quality of the care we give

- We can now more positively claim a link between reflection as personal and collective renewal and regeneration on the one hand, and improvements in the quality of action in practice on the other. For example, we can now find more examples of claims such as 'Reflective practice has transformed the work of ...' (Rushton 1999).
- These improvements can be known, valued and attributed to the processes of reflection-on-action.
- Becoming more reflective is increasingly being linked with the idea that the healthcare professional becomes a better practitioner. This is due to reflective practices forming a more explicit and secure part of our day-to-day work (Ghaye and Lillyman 2000).

Claim 2: Reflective practices enhance individual and collective professional development

- The process of deepening our understanding and extending our professionalism is a consequence of reflecting on our clinical experiences.
- Reflective practices can help the healthcare worker to see more clearly and deeply. In this way, learning through reflection helps to develop confidence and competence. It can give us a greater sense of control over our own work. Some would go further and claim that reflective practices empower us. But what does this mean? Is this an over-claim? Does empowerment mean the confidence and ability to contest current healthcare trends, policies and practices? Does it mean the commitment, energy and capability to work collaboratively with significant others in conceiving, implementing and evaluating the impact of transformative healthcare action at the local, regional and national level? Does empowerment mean being able to describe, explain and justify clinical practice when called upon to do so? Is empowerment through reflection a case of the emperor's new clothes? More about this later.
- Reflective practices can close the gap between what we say and what we do, and between our intentions and our achievements. In so doing, we gain a deeper understanding of the synchronicity and contradictions between our professional values and the workplace practices through which these values are expressed. It is, of course, a very difficult thing to be absolutely consistent. No one healthcare worker or NHS trust ever is. It is difficult not to be a 'living contradiction' (Whitehead 1993).

Claim 3: Reflective practices change the 'power' relationship between academics and practitioners by broadening who generates and controls knowledge for safe and competent healthcare

- Knowledge is not simply acquired from outside, taken on board, transferred and applied to the clinical environment; it is also acquired through critical reflections on practice. We can caricature this process as taking sole power and control away from one group, which we might generally call the academics or 'academy' representing the positivistic-bourgeois research tradition, in order to acknowledge that healthcare practitioners themselves have the power and right to control the processes of knowledge production and consumption.
- In addition to the principal modes through which the nursing profession has historically acquired knowledge – namely through tradition, authority,

borrowing, trial and error, role modelling and mentorship (Ghaye et al 1996), we can now legitimately add another. That is, the personal, practical knowledge acquired through reflective practices. The knowledge generated through reflective practices is knowledge generated to improve the lebenswelt (that is, the world of everyday life).

Claim 4: Reflective practices improve the clinical environment

- Reflective practices may not only improve individual and group work but can also transform the practice area in the medium and long term.
- Reflective practitioners should not ignore the 'structures' which condition their practice. Only by being 'critical' of them can the improvement process take a hold. The structures are embedded in the practical and micro-world of each of us. They are right there in front of us, every day, as we strive to give quality care to make the lives of the sick, aged, mentally ill, disabled and other groups more worthwhile, dignified and fulfilling.

Claim 5: Reflective practices help to build a better world

- Reflective practices not only connect with the 'local', immediate and that which is directly, right now, within our sphere of influence. They can also connect with hopes, intentions and struggles for more just, democratic, compassionate, caring and dignified healthcare systems.

In order for these claims to acquire more acceptance and credibility, there are five areas in which we might place more effort and questioning attention. The first is concerned with recent emphasis on evidence-based practice (McSherry and Haddock 1999). Here we need to be very clear about what we mean by 'evidence', and which evidence is most appropriate to illuminate and resolve particular kinds of problems.

Secondly, and as a consequence of this, we need to clarify the different and fundamental interests and value positions of reflective practices. Who holds them? Where do they come from and why? Are the interests to do with personal renewal and development and/or with producing knowledge which can be applied to practice? Are the interests associated with solving healthcare problems, with understanding the life worlds of healthcare workers and clients and/or to do with organisational change? Are the interests essentially individualistic and private and/or to do with collective workplace learning where:

> *... workplace knowledge production means participation in the praxis of intervention and construction of new ways of working and new working goals, and in the formulation of more complex and sophisticated ways of valuing work, work culture and its place in people's lifeworlds.*
>
> (McTaggart 1994: 320–1)

What other interests might reflective practices serve? There are many. Individual and collective empowerment, for example?

Thirdly, I believe we need to have a much greater discussion about the ontological, epistemological and methodological aspects of the processes of reflective practices within healthcare, and to link these discourses to issues of trustworthiness, authenticity and usefulness.

Fourthly, more attention needs to be given to the nature and potency of the theories-of-action which can arise from reflections on practice. This is not simply a case of trying to make 'theory' more practical, or practice more 'theoretical', with the hope that this will improve healthcare. Our practices and the values they embody need to be made explicit.

Finally, the way reflective practices inter-relate with the notion of collaborative practitioner research needs to be discussed more widely, and shared.

So, how do these claims link to understandings of empowerment? A question of multiple realities

The word 'empowerment' crops up a great deal in healthcare. There is no universally agreed definition of it. As soon as we get into the literature on empowerment we find that it is linked to a number of ideas and expressions. I have space to mention only a few here. These and others are elaborated further throughout this book. Two excellent supporting texts on empowerment are Jack (1995) and Kendall (1998). What follows here are some thumbnail sketches of conceptions of empowerment. Hopefully, they will act to sensitise the reader to the richness of the term and help to frame what comes later. The sketches that follow are not mutually exclusive, but rather overlap and inter-relate.

It means what you want it to mean

I wonder if empowerment is any more than a fancy name for doing a good job as a leader, manager or supervisor, or is an empowerer just an all-round good egg who is always willing to help anyone who needs a bit of support? A concept to make

something ordinary sound 'academic' and 'theoretical', or just plain common sense? And does it matter what it means anyway as long as the people who use it know what they mean and how they interpret it in the context of their work (Bell and Harrison 1998: 66)?

Wallcraft (1994) also reminds us that empowerment, like reflection, has many meanings:

> *For some people empowerment may mean having a place on the management committee or the local joint care planning team. Some people may feel empowered by beginning to write poetry or by setting up a self-help group to reduce their dependence on drugs. For some it means getting a good job, going back to college or making new relationships. For others empowerment means ceasing to try to meet the expectations of society and simply living life in their own way at last ... Empowerment is risky, but it is our right as human beings.*
>
> (Wallcraft 1994: 9)

Empowerment, then, can be seen to cover a wide range of activities,

> *... from the power of users to choose what care is provided and how, through involvement and participation in service planning and delivery, to user control of public services.*
>
> (Jack 1995: 14)

Empowerment as a good thing:

> *Throughout much of the literature on empowerment there is an assumption that it is a 'good thing'. Some argue that it is better to be empowered than disempowered. Some say that being empowered is about being more effective, productive, fulfilled and healthier. The claims listed above all relate – to a greater or lesser extent – to this broad conception of empowerment which has been described as a 'myopia of therapeutic good intention'.*
>
> (Jack 1995)

Empowerment of the individual

When associated with the individual, empowerment is often called 'self-empowerment'. This term is linked to ideas of self-care, self-responsibility, self-determination, and personal control and struggle (Kendall, 1998). It is

to do with individuals taking control of their circumstances, achieving their personal desires and goals and trying to enhance the quality of their lives (Adams 1990).

Collective empowerment

Going beyond individualism, empowerment is often expressed in terms of relationships between individuals, with issues of group or community empowerment. This is often linked with the idea of an empowering partnership (Tones 1993, Le May 1998) which may occur, for example, in certain nurse–patient relationships. In relation to community empowerment, Tones (1998: 189) raises the question: 'Is an empowered community merely the sum of those empowered individuals who are members of that community?'. He goes on to suggest that a 'sense of community' is a central feature of a healthy, empowered community. He refers to the work of McMillan and Chavis (1986) to help him define the characteristics of a sense of community.

These are:

- Membership – a feeling of belonging.
- Shared emotional connection – a commitment to be together.
- Influence – a sense of mattering.
- Integration and fulfilment of needs – through being a member of the community.

These qualities are worth bearing in mind as we strive to build empowered healthcare teams.

Empowerment as a commodity

Then we have the idea of empowerment as a commodity, bestowed on those without it by those who have it to give. It is a commodity that is given or withheld. If you have it, you are empowered; if not, then you are disempowered. This is a crude and simplistic view, linked to the consumer movement in healthcare in the 1980s and 1990s. If empowerment is seen as something bestowed on healthcare workers and their clients/patients by those people who have it to give, rather than as something personally acquired through struggle and negotiation, then it might be better to regard it as just another form of social control or oppression (Ghaye and Ghaye 1998, Piper and Brown 1998).

Empowerment as a process

In contrast to this, some hold the view of empowerment as a process where, for instance, individuals or groups transform themselves in some beneficial manner. This usually involves some commitment to a 'cause' or a vision. The process is described in many ways and can involve certain strategies or steps. For example, within this conception we find the idea that empowerment is rather like a 'pass-it-on' process. This concept finds expression thus: 'Nurses themselves must first be empowered in order to be able to empower others' (Latter 1998: 24).

Another concept is of the 'give-it-away' process. Again, this finds expression in such phrases as, 'We have to relinquish power, our role as expert, and pass control over to others.' This, of course, is potentially threatening for both parties. We can also find evidence of empowerment described as an 'enablement' process. This view asserts that the process is not so much about giving power away, as about creating opportunities which enable and encourage power to be taken.

Then there is empowerment as 'a process of becoming' (Keiffer 1984). Keiffer describes the empowerment process as having four stages. Firstly, there is an exploratory stage where authority and power structures are de-mystified. It is a kind of reconnaissance stage. Secondly, there is an 'era of advancement', where strategies for action are developed. Thirdly comes an 'era of incorporation' in which the barriers to increased self-determination are confronted. Finally, we have an 'era of commitment', where new knowledge and skills help to create new realities. In an interesting book by Johnson and Redmond (1998), empowerment is described as an 'art' and the pinnacle of employee involvement. The process whereby an organisation moves away from a hierarchical 'command and control' culture towards one of empowerment, is associated with employee 'profit and pain' and a shift in the power matrix. Empowering workers often involves a change in management style and in the culture of the organisation.

Empowerment as a way of thinking

This has been espoused by McDougall (1997). It serves to remind us that empowerment should not be reduced to a series of techniques or methods. It is more fundamental. We can align this to Dewey's (1933) view of reflection which he described as a whole 'way of being'. How we think affects what we do.