Me, My, More, Must: a values-based model of reflection

Abstract

This paper will describe the theoretical and conceptual framework that underpins a new model of reflection designed for health and social care students in practice-based learning settings and qualified professionals engaged in work-based learning.

The Me, My, More, Must approach ([redacted], 2016) has been designed to help learners consider *who they are* and what impact their values might have *before* a description of the particular experience, situation or incident.

The paper outlines the influence of movements that have emerged to support the adoption of values-based approaches to clinical practice and the development of values-based reflection. A values-based approach to the delivery of healthcare has emerged in response to several high profile 'moral catastrophes' (Roberts & Ion, 2014a, 2014b), such as the public inquiry led by Sir Robert Francis QC which described poor standards of care at Stafford Hospital; and the abuse inflicted on residents at the Winterbourne View unit.

Re-conceptualizations of the purpose of reflection (Bradbury et al, 2010) and initiatives such as the 6c's (compassion, caring, communication, competence, courage and commitment; DOH, 2012) are influencing a post-Francis era where values are not only determining selection and recruitment of students and staff, but the nature of practice through the emergence of values-based reflection.

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Introduction

This paper presents the conceptual and theoretical basis for a new values-based model of reflection that has been designed for a range of health and social care practitioners. Whilst the model was developed with emerging healthcare professionals in mind, such as nursing, social work, paramedic science, radiography, health and social care undergraduate students; it is argued that the model may introduce experienced professionals to the concept of values-based reflection. Therefore, the model is strongly orientated to two distinct pedagogies; practice-based learning (commonly utilised for pre-registration healthcare students) and work-based learning, where employees engage in learning which is situated within work and the workplace.

Each stage of the Me, My, More, Must model will be explained and a conceptual and theoretical rationale will be provided drawing on a range of philosophical and pedagogical literature.

Background

The publication of the Francis Report (2013) which explored failures in care and unexpected high deaths of patients at Stafford Hospital and the Winterbourne View Hospital Review (2012) that investigated the abuse of vulnerable adults with learning disabilities perpetrated by staff, have led to a plethora of responses to ensure that lessons are learnt and that such incidents are never repeated (DOH, 2013; Berwick Review, 2013). The National Health Service (NHS) and Health Education England have adopted a common values-based recruitment framework which seeks to ensure that prospective employees and applicants for pre-registration healthcare programmes are selected through interview processes that are designed to assess each applicant's attributes against a range of desirable values (NHS Employers, 2014; HEE, 2014). The '6's' (DOH, 2012) were originally introduced as a set of six common values to underpin the delivery of care within nursing and midwifery and include compassion, caring, communication, competence, courage and commitment. This initiative has now been rolled-out within the entire NHS. It forms part of the NHS Constitution (DOH, 2015) and is reflected in the values-based recruitment framework elements which include behaviours such as working together for patients; respect and dignity; ensuring everyone counts; commitment to quality of care; compassion

and improving lives (NHS Employers, 2014; HEE, 2014). A movement to place values at the centre of clinical practice has been steadily emerging within medicine and the allied healthcare professions, including nursing within the United Kingdom.

Values-based practice

The relationship between values and practice in healthcare has spurned a new movement that differentiates values-based practice from traditional biomedical ethical frameworks that have sought to guide clinical decision-making. This approach seeks to promote practice which is evidence-based and where decision-making is not only clinically and ethically sound but patient orientated. The values-based practice movement was originally established within psychiatry (Fulford, 2004) and has influenced general practice (Petrova et al, 2006) and collaborative communities of medical practice (http://valuesbasedpractice.org/) to promote clinical decision-making which is based on values as well as facts, where values are seen as fundamental to humankind. Within values-based practice scientific progress is seen to bring into play values in all areas of healthcare and therefore information-giving is regarded as critical to patient decision-making. Conflict can be resolved through the balancing of legitimately held differing perspectives which requires practitioners to pay careful attention to their use of language to ensure that the diversity that exists within society is truly recognised. Knowledge of patients and service user's values can be gained through empirical and philosophical methods which require ethical reasoning to be employed to explore differences between values. Consequently, the values-based practitioner needs to utilise excellent communication skills which have a substantive role in decision-making that is said to belong with patients and practitioners at the clinical coal-face (Fulford, 2004).

Whilst medicine has sought to develop values-based practice to resolve the tensions between the delivery of evidence-based healthcare and clinical decision-making, the relationship between practice and care has been the focus for the application of values-based practice to nursing. Cody (2006) contrasts practice and care through a consideration of ownership and control. Practitioners own and control their practice whilst care belongs to the patient and is controlled by society. Although practice is discipline-specific, care has become more interdisciplinary and patient driven. On this basis Cody (2006, pg. 11) argues that what drives practice is the values of the

nurse, which are defined as the cherished beliefs that prompt and inspire their choices repeatedly, as actions are performed over time and are a constituent of who the nurse is and reflected in all that the nurse does.

The value base of medicine, nursing, health and social care are remarkably similar and include individuality, identity, rights, choice, privacy, independence, dignity, respect and partnership working (Sussex et al, 2008); in addition to trust, confidentiality, truth-telling, equality, anti-discriminatory practice, protection from harm, accountability, autonomy (Cuthbert & Quallington, 2008); and the uniqueness of human beings within the privileged nature of the nurse-patient relationship (Hinchliff et al, 2008). Although the work of healthcare professionals is regulated and practice is guided by codes of conduct (NMC, 2015; HCPC, 2016) there is the potential for personally held values to come into conflict at the nexus of the patient-practitioner and practitioner-practitioner relationship. Naturally, personal values are shaped by an individual's religious and moral upbringing, ethnic origin, education, social background, environment and life experience. Personal values may have a positive and less than positive impact on the ability of a practitioner to practice in a safe, effective, efficient, moral and ethically defensible manner. Values-based or value-led reflection requires practitioners to think about and justify their practice in the light of theory, but also to analyse care in comparison to how a practitioner would like to give care; particularly in instances where care has become routine and the practitioner is no longer conscious of how and why care is being delivered (Cuthbert & Quallington, 2008). The Me, My, More, Must model seeks to bridge the central tenets of values-based practice to reflection to help develop authentic reflective health and social care practitioners.

Theoretical and conceptual background

Hannah Arendt (1906-1975) was a German-born political theorist who regarded thinking as a purposeful activity of ethical significance that possessed the potential for good as well as evil (Nixon, 2015). Arendt regarded thinking as grounded in the commonality of human consciousness and published an account of the trial of Adolf Eichmann whose unquestioning adherence to the norms of the Nazi regime was responsible for the systematic slaughter of millions of people in the holocaust. Arendt (1963) suggested that the case of Eichmann demonstrated how evil could occur as a

result of a ‘curious, quite authentic inability to think’ (Arendt, pg. 417, 1971) that occurred within ordinary people who fail to critically evaluate the consequences of their actions. As a result atrocities were not always committed as a result of hatred, malevolence or even stupidity, but by a lack of thought, imagination and memory. Arendt echoed the work of Karl Jaspers (1883-1969) who in his examination of German guilt following the second world war, suggested that political alienation had led to a shared sense that state power was someone else’s business. According to Jaspers ordinary Germans had worked and acted with a form of blind obedience sustained by ‘easy consciences rooted in the blind ardour of self-sacrifice’ (Jaspers, pg. 29, 1948). The extent to which German nurses and the international nursing community were either complicit or silent in the face of Nazi atrocities poses a strong question about the responsibility of a profession during wartime. Whether nurses should have sought to challenge society rather than maintaining professional and national cohesion raises uncomfortable questions; particularly when individuals may not have always been held accountable for their acts and omissions (Lagerwey, 2009).

Notions of thoughtlessness have been described with regard to the ‘moral catastrophes’ that occurred at both the Stafford and Winterbourne View Hospitals where evil events might be better understood as a consequence of a failure of individual practitioners to employ their intellect and reason in a specific way, or engage in reflective rationality as thoughtlessness became habituated (Roberts & Ion, 2014a). Arendt argued that thinking was not a prerogative of the few as everyone possesses the faculty to think and that the disposition for authentic thinking should act as a corrective against the instrumental, rule-governed rationality which leads to disengagement, as Jaspers chillingly described. Such disengagement has been argued to characterise modern health care organisations (Roberts & Ion, 2014b) and is reflected in the bureaucratic compliance that exists within the academy (Evans, 2004) where many healthcare professionals are employed in the delivery of pre-registration and postgraduate programmes.

The Me, My, More, Must model of reflection ([redacted], 2016) has been designed to help learners consider *who they are* and what impact their values might have *before* a description of the particular experience, situation or incident (see table 1). The approach seeks to enable health and social practitioners make sense of their

experiences by ensuring that their values are at the forefront of their practice-based and work-based learning. An example of a piece of reflection written by an imaginary student (Sarbjit) and featuring a notional scenario is provided in table 2.

Whilst the model is presented using a somewhat light-hearted alliteration, the theoretical and philosophical basis of each stage of the model is underpinned by a conceptual framework that regards learning within practice and the workplace as a profoundly lived experience; requiring learners to identify, analyse and make sense of the impact of their values in order to become the professional that they aspire to be.

Me

The first stage of the model requires the reflector to ask some basic but profound questions. These questions seek to set the preconditions for an internal dialogue within the reflector and lead to a realisation of a moral dimension through an engagement in self-reflection (Covey, 2012). This consideration of the self is based on an assertion that the self, like personally held values that arise from education and background, is learned and that the person is an individual capable of doing, thinking and sensing in a wide variety of ways. The self emerges out of relationships with others as our being exists within a social context that provides a driving force for learning that shapes human essence (Jarvis, 2009).

Learning within the workplace is closely associated with the unique identity of the worker and their past experiences that shape the worker that they have become. Billett's (2010) concept of ontogeny describes individual development that is based on the accrued biography of lived experience that needs to be understood in order for learning to be anchored to previous experiences. An individual's engagement with what is to be learnt through work is shaped by their values and beliefs which shapes personal histories and forms ways of understanding which influence their engagement with the social world. The intersection between interaction and knowledge acquisition within the learning process is the point at which the formation of identity takes place. Illeris (2011) argues that the experience of 'being the same' or recognising oneself as an individual that occupies a certain position within a social community is the process where a learner's identity is developed.

The ‘Me’ stage of the model takes into account the need for values-based reflection to be facilitated in a way that is sensitive to the current and next generation of learners who will become the health and social care professionals of the future. The ‘Y’ or ‘me’ and Millennial generations (Howe & Strauss, 2000) are said to have traits of narcissism that could be characterised by their immersion with personal technology such as the iPhone and iPad which appear to culturally reinforce their generational identity. For instance, the Generation Y tend to ask “why should I?” as they challenge the status quo in relation to social norms. They tend to be mobile and less interested in being committed to particular institutions, or an individual employer or organisation. They are highly connected, community and team orientated, and appreciative of collaborative ways of working. They have a strong commitment to equality, environmental, social and single issues, but appear to be disengaged with mainstream politics.

My

The second stage of the model seeks to assist the reflector in differentiating between who they are from what they do whilst making sense of the relationship between personhood, role and activity. Arendt (1958) describes the human condition using the phrase *viva activa* where activity, doing and creativity formulate the human condition through labour, work and action. Labour is said to be the embodiment of the process of work, whereas work and action arises between the activities that occur between people which enables individuals to have a measure of authenticity through their creativity at work. According to Arendt (1958) work is the ‘labour of life’ that positions human beings within the world and that work is worldliness as every occupation has had to prove its worth to society which in turn authenticates human activity. The concept of capability is alluded to by Arendt who echoes the work of Heidegger who argued that capability is reliant on enactment which is not only present but possessed by a worker before he needs to use it; or held back until the conditions are appropriate for a workers capability to be disclosed and duly ‘enacted’ (Heidegger, 1995). Therefore, work is phenomenological (Gibbs, 2011); a lived experience that is embodied and that is shaped by and shapes a person’s identity. This second stage of the model seeks to recognise the presence, impact and significance of emotions on learning in the workplace. Beatty (2011) observes that our emotions register with our embodied minds and although they remain private and

hidden, even from the consciousness of the beholder, they can become revealed in body language, word choice and tone of voice that require emotions to be used as a source of curiosity about how to interpret new situations, the self and others.

More

The third stage of the model requires the reflector to focus down on the disjuncture that may have arisen when seeking to learn from an experience that has been surprising or puzzling. Jarvis (2009) describes the disharmony that arises when a learner comes across a situation where they are unsure how to act or when a situation is supranormal, giving rise to astonishment or wonder; where consciousness and awareness has been raised from a vivid experience. However, even where a period of experiential learning has not been novel, the learner is required to attend to that experience utilising their intentionality as conscious human beings connected to the world. Intentionality is the activity that arises from a response which points to, or becomes orientated with, an object in an inseparable manner (Van Manen, 1991). Intentionality requires a form of knowledge where we present to ourselves, the things in the world and recognise that the self and our world are inseparable components of meaning. Moustakas (1994) describes the noema of intentionality as not the actual object, but the appearance of an object which varies in terms of experience. Therefore, this stage of the reflective model requires the reflector to attend to the learning experience in a manner that requires them to consider what 'more' needs to be learnt. This intentionality towards both the object and the phenomena surrounding the learning experience is necessary in order for the reflector (particularly if they are an emergent professional) to partake in a process of becoming; becoming a nurse, radiographer or social worker, for example. Dall'Alba (2009) describes professional becoming as a process of 'turning around' and transforming the self that involves embodying the routines and traditions of the profession. This process is ambiguous as the learner grapples with notions of continuity and change in ways of being a professional and involves a consideration of openness set against the possibility of resistances from other individuals involved in such a process. As a result the reflector is required to engage in 'conversations that matter' (with their workplace mentor, supervisor and other colleagues) using dialogue, where the goal is to explore multiple viewpoints that create new possibilities. This requires the reflector to use their curiosity to deepen their

understanding by asking questions which bring to the surface the assumptions they hold and suspend their own judgements and respect the views of others in order to create new understanding and a way forward (Thomson, pg.102-104, 2006).

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Must

The last stage of the model is unashamedly reminiscent of other models of reflection in the sense that it requires the learner to engage in action planning to address their development needs. However, the final question (see table 1) is a powerful signifier of the need to ensure that values form the basis of the professional that the reflector aspires to become. The model has a measure of circularity in the sense that the approach starts and ends with reflectors identifying their values in a general and then in a specific manner, respectively. The trajectory of the model has been designed to draw the reflector towards a values-informed authentic professional identity, where the values of the reflector are re-examined in different contexts as new understandings unfold. Webster-Wright (2010) describes the elements of authentic professional learning (APL) as involving a change from prior understanding through transformational learning that involves a variation in knowing what to do, thinking about what to do and questioning what is done. APL requires a form of active engagement in professional practice where some aspects are uncertain and where the interconnectivity of experiences draws together the past, present and future through a process which is sufficiently open for tensions to be resolved. Webster-wright (2010) concludes that the way a professional continues to learn is an expression of their way of being a professional through a dynamic interplay with their professional context so that values permeate authentic professionalism.

Values-based reflection in practice learning

Learning from practice requires a high degree of personal agency including motivation, curiosity and the ability to participate and negotiate a range of learning opportunities whilst encountering different communities of practice. Throughout this dynamic process a learner needs to not only uncover, but realise the impact that their values have on their practice, decision-making and regard for clients, service users, patients and colleagues. It could be argued that the emergence of a values orientated form of reflection has arrived at a time when traditional notions of reflection have been heavily criticised. The cultural, social, political and disciplinary

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setting in which reflection takes place is argued by Boud & Walker (1998) to be significant in ensuring that the interests of the student are protected when studying on a professional programme. Similarly, requiring students to reflect on their professional practice may lead to conflict as students realise that their own values are counter to the normative values imposed by their employer or the wider organizational culture (Siebert & Costley, 2012). Conversely, Hunt (2010) argues for a transpersonal approach to reflection that is not only holistic but that embraces spirituality to integrate the individual's subjective inner/outer experiences beyond the context of the workplace to ensure that reflection explores our own personal processes of meaning making. The transpersonal approach requires the reflector to state "this is where I am and what I do now; this is how I got here; and these are some of the reasons why I think/feel/act as I do" (Hunt, page 156, 2010).

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Therefore, the Me, My, More, Must model seeks to move beyond initiatives such as the 6c's (DOH, 2012) within a post-Francis era to embrace a values-based approach to practice and learning to help learners consider *who they are* and what impact their values might have *before* a description of the particular experience, situation or incident.

Limitations of the model

Clearly, health and social practitioners need to make sense of their experiences by ensuring that their values are at the forefront of their practice so that the dangers of 'non-thinking' are obviated. The model seeks to reflect contemporary learning and development perspectives which seek to promote the recognition of knowledge workers as continuous learners and participators in knowledge work within larger systems of knowledge creation (Defillippi et al, 2006), whilst differing from perspectives of adult learning such as critical theory where the emphasis lies on forms of reasoning that challenge dominant ideology, power and hegemony (Brookfield, 2005).

The model is flexible enough to facilitate some ethical reasoning as it seeks to promote moral awareness, enhance motivation and character (Kohlberg, 1969) by identifying and considering the impact of personally-held values. However, the model is not intended to be consequentialist in terms of requiring a reflector to explore ethical principles such as non-maleficence, beneficence, justice and autonomy

(Beauchamp & Childress, 1994), in order to identify the possible outcome of their actions. Conversely, the aim of the model is for the reflector to explore how their value system determines the professional judgement they have made arising from an incident, scenario or learning situation. Clearly, what the actual outcome of a decision was, as opposed to what was intended and the extent to which the outcome is a reflection of the moral character of the decision-maker is something that requires a carefully constructed model.

The model has some elements which embrace the concept of a deeper reflexive approach, in terms of making explicit the synergy that enables implicitly held values to be brought to the surface when a reflector's values are applied to a situation in order for a reflector to then explore the professional that they wish to become. This dynamic resonates with the nature of systemic practice which requires practitioners to explore, within the context of relational ethics, 'which of our many selves we use and how' (Simon, page 17, 2014). What is also relevant for those engaging in practice learning is recognising how their professional values have been shaped by each and every workplace that the practitioner has been exposed to and the extent to which previous work-based learning shapes and re-shapes the values that are brought to each encounter. Fenton-O'Creevy et al (2015) describe the difficult process of negotiating the extent to which aspects of an identity formed elsewhere is expressible within a new context, as a significant factor in the emotional process of identity formation within working environments. This observation could be applied to the need for experienced healthcare professionals to explore their values from the perspective of identifying the kind of healthcare professional they have become and to use values-based reflection to uncover practices that may have become habituated unthinkingly.

Conclusion

This paper has sought to present the theoretical and conceptual framework that underpins a new values-based model of reflection that is appropriate for a range of health and social care settings.

At present, there is a paucity of research into values-based reflection. Some important questions that need to be explored is whether values-based reflection is appropriate for all students; what role might values-based reflection play in

interprofessional learning; and how might values-based reflection support authentic professional learning.

Although an assumption has been made that learners are capable of articulating their values based on the ease with which values-based recruitment strategies appear to have been adopted, the model has been designed not only to enable reflectors to name, but re-contextualise their values around a learning experience.

A criticism of values-based reflection is that it may over-privilege the reflector over the values held by the client, patient or service user. Whilst the model may provide a framework to promote values-based practice through reflection, its primary purpose is to rediscover the possibilities of thinking:

> *'…the ability to tell right from wrong, beautiful from ugly…this indeed may prevent catastrophes, at least for myself, in the rare moments when the chips are down'*
>
> (Hannah Arendt, page 417, 1971).

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Table 1: Me, My, More, Must model of values-based reflection ([redacted], pg.30, 2016)

Stage:	Writing prompts:
Me	Who am I? What values are important to me as a person? What values are important to me as a healthcare worker? What do I need in order to feel confident at work? What decreases my confidence at work? What enables me to be able to practise effectively in a clinical or therapeutic area? What prevents me from practising effectively in a clinical or therapeutic area?
My	What are my thoughts and feelings regarding this learning experience, situation or incident? What concerns do I have regarding myself? What concerns do I have about other people involved in this experience? Who can help me make sense of this experience or situation? What impact have my values had on the people involved in this experience? What impact has my level of confidence had on how I have practised during this experience? In general, what have I learnt from this experience, situation or incident?
More	What questions have been generated from this experience, situation or incident? What ideas have been generated from this experience, situation or incident? What has surprised or puzzled me about this experience, situation or incident? What do I need to find out more, as a result of this experience, situation or incident?
Must	What must I do now to identify my learning needs? What must I do to identify my learning goals? Who must I speak to, to assist me in creating a learning or development plan? What must I include in the plan? What values must I explore in order to become the healthcare worker I wish to become?

Table 2: Example of piece of reflective writing using the model (adapted from [redacted], 2016, page 34-35)

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Me

- Who am I?
- What values are important to me as a person?
- What values are important to me as a healthcare worker?

My name is Sarbjit and I am a final year adult nursing student. I grew-up in an industrial new town and have two older brothers who completed apprenticeships. My father served in the Navy as an engineer and studied for a degree before leaving the armed forces to become a maths teacher. My aunt, a physiotherapist, encouraged me to pursue my dream of going to university and to have a career in the NHS. She has been a strong role model to me.

My

- What are my thoughts and feelings regarding this learning experience, situation or incident?
- What concerns do I have regarding myself?
- What concerns do I have about other people involved in this experience?

I was given the opportunity to undertake a short 2-week placement at an inner city shelter for the homeless run by a not-for-profit organisation. On my first morning I helped serve breakfast and was introduced to Carmel, a 38-year old woman who had been using the shelter for the past 10 days. I sat and had a coffee with Carmel and learnt that she grew-up in a rural farming community in Suffolk and that she loved horses and spent 15 years in the British Army. Carmel told me that she found adjustment to civilian life difficult and had struggled to find satisfying employment. She became quite tearful with me when she explained that she developed panic attacks, which led to sleeplessness and a lack of confidence. As a result she lost her job as a supervisor in a warehouse a month before the tenancy on her flat came to an end.

Continued…

More

- What questions have been generated from this experience, situation or incident?
- What ideas have been generated from this experience, situation or incident?
- What has surprised or puzzled me about this experience, situation or incident?

I have decided to write this piece of reflection using the Me, My, More, Must approach as this experience has made me think about my own values and the impact they may have on my practice as a nursing student. Although I was aware that ex-service personnel sometimes become homeless, I was surprised that someone like Carmel, who had been so open and articulate, had 'ended-up' in a shelter for the homeless. I am puzzled that Carmel had found adjusting to life outside the forces difficult. I thought about my Dad and how hard he had worked to get his degree before retiring from the Navy and how different living in a town had been compared to Carmel's seemingly idyllic childhood in East Anglia.

Must

- What must I do now to identify my learning needs?
- What must I do to identify my learning goals?
- What values must I explore in order to become the healthcare worker I wish to become?

I have realised that I had assumed that all ex-service personnel were like my Dad, in the sense of being strong, motivated and independent. We were all impressed by Dad's determination to study whilst he was in the Navy and I guess this also influenced my decision to go to university. I think I have made some assumptions about Carmel's social background as she may not have had the same life chances and choices that I have had with regard to doing the healthcare access course which helped me gain a place at university.

Continued…

I have decided that I need to try and get to know Carmel better, should she feel comfortable talking to me again. I have been surprised by my preconceived ideas regarding homeless people and service personnel. I am also shocked that a constellation of circumstances can easily lead to someone using a shelter. I have decided to research the needs of former service personnel and I have also realised that I don't really understand emotional disorders such as panic attacks and anxiety-related conditions. I also intend to discuss Carmel's care with her key worker who I met briefly on my first day. I have never worked with key workers before. As I hope to work in an Emergency Department when I qualify, it is important that I understand the needs of the homeless and the relationship between mental health and employment. I also need to make sense of social care services and key workers who although 'unqualified' play an important role in caring for vulnerable people such as Carmel.