FACULTY
OF HUMANITIES
Charles University

MINISTERSTVO PRÁCE
A SOCIÁLNÍCH VĚCÍ

The International Conference for Social Workers, Nurses, Educators and Team Members in the Social and Health field

Enhancing reflexivity at the workplace

June 24, 2022

Conference centre GreenPoint, Praha 10, Dvouletky 529/42

www.kc-greenpoint.cz

Reflexivity has been recognised as central for guiding practitioners towards the best forms of accountable practice during difficult times. However, reflexivity a complex competence based on different psychological components and their interplay with educational and onisational contexts. What hinders and what enhances the development of individual and team reflexivity? Renowned International and Czech Guests and Research Team members of GACR will present their key ideas, empirical and analytical insights, and concrete inspiration for realistic strategies to enhance different levels of reflexivity in students and practitioners in social work and nursing.

This international conference was supported by GAČR, reg. č. 19-07730S, project title „Self-reflection in social workers and nurses“
Záštitu nad závěrečnou mezinárodní konferencí projektu GAČR, reg. č. 19-07730S, „Selfreflection in social workers and nurses“ přijalo Ministerstvo práce a sociálních věcí.
Under the Auspice of Minister Marian Jurečka, Ministry of Social Work and Affairs

Program

Registration: 9.30–10 hod.

10–10.30
Opening ceremony and introduction – Doc. Monika Bosá, PhD., garant řízení a supervise FHS UK + guest from the Ministry of Work and Social Affairs

10.30–10.50
Prof. Dr Walter A. Lorenz, FHS UK, emeritus rector Free University Bolzano:
Changing significance attributed to reflectivity in professional social work and health care in different Social-Political contexts.
+ 10 min. discussion

11.00–11.20
Prof. Dr Griet Roets, Dr Laura van Beveren (University Gent):
Democratic and reflexive professionalisation in a social work research, social work education and practice development.
+ 10 min. discussion

11.30–11.50
Assoc. prof. Dr Sarah Donnelly, Prof. Dr Jim Campbell (University Dublin):
Social work and adult services: the importance of reflexivity in supported decision-making interventions'
+ 10 min. discussion

13.00–13.20
Mgr. Petr Soukup, PhD. (FSV UK),
doc. PhDr. Zuzana Havrdová, CSc. (FHS UK):
The interaction between institutional cultures and individual dispositions to self-reflection-hierarchical clustering model.
+ 10 min. discussion

13.30–13.50
doc. PhDr. Zuzana Havrdová, CSc. (FHS UK):
Enhancing reflexivity at the workplace (research results)
+ 10 min. discussion

14.00–14.20
Small group discussion – sitting at your place; questions to the panel

15.00–16.00
Panel discussion: ***Significance of enhancing reflexivity at the workplace andpossibilities of how to do i*t.**
Prof. Dr. Sarah Donnelly (Director of Graduate study at the University College Dublin); MUDr. Martin Hollý, MBA (Director PL Bohnice Prague 8); MUDr. Martin Havrda (primary at Vinohradská hospital, Prague 10), Ing. Mgr. Matěj Lejsal (director of the Sue-Ryder, Prague 5), Mgr. Martina Pojarová (director PCP Prague 7).

16.00–16.30
prof. Dr. Walter A. Lorenz (FHS UK) – Final word on reflexivity today

Organisational committee FHS UK

Chief coordinator: doc. PhDr. Zuzana Havrdová, CSc.
Assistant coordinator: Mgr. Milada Pajgrtová

Members:
Prof. Walter Lorenz, PhD.
Doc. Monika Bosá, PhD.
Mgr. Petr Vrzáček
Mgr. Monika Čajko-Eibicht
Mgr. Alzbeta Matochová

Úvodní slovo

Doc. Monika Bosá, PhD.

garantka magisterského programu Řízení a supervize v sociálních a zdravotnických organizacích FHS UK

Vážení kolegové, milí přátelé, vážení hosté,

přestože s vámi nemohu být osobně, jsem ráda, že vás mohu oslovit na začátku konference alespoň tímto nepřímým způsobem.

Jsem hrdá na to, že právě ve studijním programu Řízení a supervize v sociálních a zdravotnických organizacích pořádáme konferenci věnovanou reflexivitě. Reflexivita je totiž jedním z pilířů, na nichž je tento program postaven.

Jsem přesvědčena, že jako vysokoškolští učitelé, akademičky a akademici, jsme také v pozici pomáhajících profesionálů a naše práce tudíž vyžaduje reflexivitu - jak v naší pedagogické praxi při volbě obsahu a metod vzdělávání, tak i v naší výzkumné práci. Je jedním z cílů přípravy budoucích pomáhajících profesionálů, kteří praktikují správnou praxi, ale také klíčovou součástí a hlavním nástrojem celého procesu.

Rychlé společenské změny, ale také zkušenost s nečekanými okolnostmi a obtížnými výzvami, které přinesly nedávné události, válečný konflikt v Evropě se svými sociálními, bezpečnostními a ekonomickými a politickými důsledky, stejně jako klimatické změny, kterým v současnosti čelíme, poukazují na skutečnost, že právě reflexivita hraje klíčovou roli pro adekvátní a efektivní výkon (nejen) pomáhající praxe. O to více považuji téma konference za velmi aktuální.

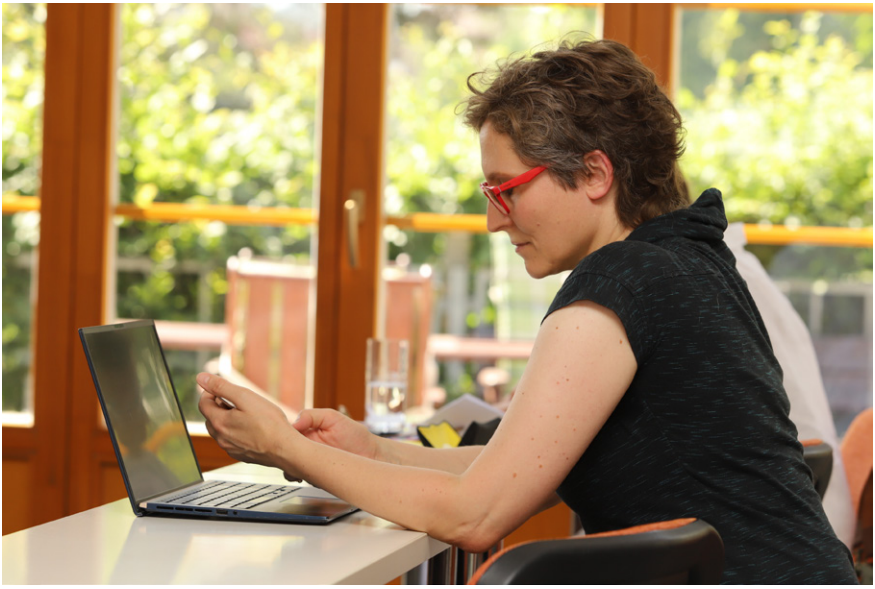
Osobně mě nadchla šíře záběru, kterou konference, díky jednotlivým příspěvkům, k tématu reflexivity nabízí. Od změn ve vnímání reflexivity ve vztahu k sociálně-politickým souvislostem, přes její podoby v různých profesních kontextech pomáhajících profesí a jejich kultur, práci s reflexivitou v řízení pomáhající praxe až po její konkrétní aplikaci v prostředí vybraných pracovišť.

Dnešní konference je jedním z výstupů projektu GAČR „Sebereflexe u sociálních pracovníků a sester“, ale také využívá a reflektuje průběžné výsledky dalšího z projektů, který realizujeme ve spolupráci s našimi zahraničními partnery v rámci programu Erasmus+ s názvem „Inovace prostřednictvím reflexivity: posílení vzdělávání, praxe a výzkumu v sociální práci v profesních rozhraních“. Více informací o obou projektech a zejména o jejich obsahu a výsledcích se budete moci dozvědět z prezentací na dnešní konferenci.

Tématem projektu, v jehož rámci je konference pořádána, je sebereflexe. Proto ji sama uplatním i ve vztahu k délce mého úvodního slova, ukončím jej a přenechám prostor vám ostatním.

Chci poděkovat organizačnímu týmu a Fakultě humanitních studií Univerzity Karlovy za dnešní akci a všem domácím i zahraničním partnerům za jejich přítomnost a aktivní účast.

Přeji dnešnímu zasedání nejen podnětné prezentace a diskuse, ale také zážitky z příjemných setkání se starými přáteli a novými inspirativními osobnostmi.



Opening word – the Ministry of Labour and Social Affairs

PhDr. Melanie Zajacová, PhD.
vedoucí oddělení koncepce sociální práce a vzdělanosti a absolventka oboru sociální práce na FF UK / the head of social work department at the Ministry of Labour and Social Affairs

Dear ladies and gentlemen,
this conference was held under the auspices of minister Marian Jurečka and I was asked by the minister´s office to join this conference and greet you.

Social work is a profession of which central purpose is to protect human dignity and human rights. So, it is important to respect all people because everybody is a human being and have the right to have a dignity; even they are in poor conditions and hard situations. Social work concerns all people who could become clients from various reasons; they work with many different target groups.

The difference between social work and other professions lies especially in the complex approach of social workers. They assess and evaluate the difficult situation of the client or of a group of clients. Social workers focus on a person's development and well-being. They cooperate with other experts, such as psychologists, doctors, sociologists, or lawyers.

Being a social worker requires a high level of qualities - skills, knowledge, and ethical responsibility. Social workers must be able to cope with these difficult situations and conditions. There exists a lot of great social workers, but I also saw many of them frustrated. This leads to burn-out syndrome and demotivation leading to fluctuation. Despite the fact there has been a long historical development of social work in the Czech Republic, nowadays a lot of social workers do not feel or are not proud of their profession.

In modern democratic states the legal framework has determined social work

conditions. Social workers are almost taken as specialists and social work as an independent profession. Specialized university education (at least the bachelor's degree) is required. In some places it is obligatory to be registered and the title is protected by law.

Actually in the Czech republic: 1) it is a really hard work, 2) but for very little money (it is not well paid job) and 3) social workers do not get the credit that they deserve. So, there is a big question, whether the conditions for social workers are good enough in our country nowadays. Moreover, the phenomenon of reflexivity should be an integral part of social workers´ competencies and practice.

These reasons confirm that it is very topical to deal with this area on expert level. To conclude, I can say that not only in this issue the Ministry of Labour and Social Affairs cooperates with educators, researchers, and practitioners, who are key drivers of change. The Ministry is preparing some measures and changes of legal framework towards professionalization of social work nowadays. I am sure we can get inspiration, how to improve the situation, from the experience and research results presented on this conference.

Thank you.

Social policy frameworks and their impact on reflectivity

Walter Lorenz

GACR conference Prague 24 June 2022

The topic of reflectivity is intricately linked to the development of modern consciousness and in that sense, one could say, to the constitution of the modern self as such which is tasked with making choices autonomously and thereby expressing individuality (Giddens, 1991). When Kant declared the autonomy of the rational individual as the hallmark and hence as the duty and responsibility of the person who realises the promises of the enlightenment (Kant, 1999), he explicitly linked this task to the development of a reflexive attitude towards acting. In distinguishing his notion of reflectivity from those of Leibniz and Locke before him, Kant termed his version "transcendental", meaning that reflecting furnishes first of all the subjective conditions under which we can establish concepts concerning the reality, rather than deducing these concepts from the objects themselves. According to Kraus (2000, p. 84), Kant's notion of "transcendental apperception is the capacity for reflexive consciousness in general". Reflecting can therefore be equated with "I think" and is the mere expression of "the presence of a thinking subject, without determining any features – generic or specific – of the thinker" (ibid). In other words, Kant equates reflexive consciousness with our capacity to represent objects and our capacity to represent ourselves. Reflectivity implies the responsibility for owning one' perceptions and hence constitutes the ability to take responsibility for one's judgements and actions.

I dwell on these initial philosophical concepts not so much because of their foundational significance for modern philosophy but because I consider them constitutive for the relationship of the modern individual to society which in turn necessitated the complex nature of modern politics. The conditions

created by the process of modernisation at the cultural, social and economic level, taken together, move the autonomous self, or the autonomy-claiming self, to the centre of cultural, social and economic activities. But this project required also the corresponding political responses in order to prevent self-assertion from becoming a totally destructive force, a battle for the survival of the fittest devoid of all social responsibility. The central question in that process of balancing out the emancipatory and the destructive potential of the autonomous self is: to what extent can this self be self-responsible without infringing the freedom and autonomy of other individuals? This leads to the question of social responsibility and whether ethical standards can be based solely on the individual's rational capacity or whether other considerations concerning the role of emotions in social interaction and of societal values have to become part of a wider understanding of reflectivity. In other words, it hinges on the extent to which the reflective capacities postulated by Kant remain mere philosophical abstractions or whether they can be identified and developed in the face of all the non-cognitive factors that feature insufficiently in Kant's philosophical system, as Schopenhauer and particularly Nietzsche pointed out, when seeking autonomy is seen as the human will to power. Reflectivity has since become a personal psychological and simultaneously a public political challenge in terms of the search for a non-coercive modus vivendi that reconciles personal autonomy with social responsibility.

These introductory comments – or reflections! – lead me to hypothesise in the following that we are experiencing in contemporary societies the newest manifestation of the uncertainties over whether the modern self is capable of exercising its claimed autonomy responsibly and hence whether reflective abilities can be acquired autonomously or only through guided forms of socialisation. Or to put it another way: To what extent can reflectivity the individual's critical defence against the undue imposition of social values before this leads to isolation and social and ethical disorientation. I therefore want to place the dilemmas that characterise the current treatment of reflectivity in professional contexts and specifically in the context of social and health services (Čajko Eibicht, Lorenz, & Havrdová, 2021) in a wider social and political context in order to show that the confusing complexities that surround the use of the term and the practice of reflectivity in our professions are not of our own making and are therefore not a sign of our uncertain professional status. Instead, I would argue that our internal debates on reflectivity need to demonstrate how perceptive we are to the transformation processes currently taking place in wider society. This means for me also that I want to turn our analysis of the conditions for professional

reflectivity simultaneously into pointers that may help to overcome the wider social and political dilemmas that characterise the current state of a loss of vision and perspective as evidenced by the global responses to the health and the war crises. Both crises have opened up deep polarisations which ostensibly are about the "right way to respond" to these challenges. Yet the challenge goes much deeper and reveals an underlying impoverishment of the conceptual means by which complex conflicting positions can be resolved. This to me seems to indicate an impoverishment of reflective competences generally that were geared towards negotiating complex aspects of information, personal positioning and social values through their replacement with – ultimately illusive – references to "factual certainties" that require no debate and hence no reflectivity but only assent or denial, be that concerning the effectiveness of vaccination against the Covid-19 virus or in relation to the question of re-armament in the face of Russian aggression against the Ukraine.

The sociological and political trends that have gradually been leading up to this situation have been particularly well analysed by Anthony Giddens in his work on "Modernity and Self-Identity" of 1991. Pursuing his sociological project of integrating the perspectives of structure and agency in explaining social behaviour, Giddens applies Kant's notion of reflectivity to modern institutions which have the function of reassuring and hence re-constituting the modern self which had found itself "disembedded" through the loss of traditional bonds and structures. "Modernity institutionalises the principle of radical doubt and insists that all knowledge takes the form of hypotheses… Systems of accumulated expertise – which form important disembedding influences – represent multiple sources of authority, frequently internally contested and divergent in their implications… In the setting of what I call 'high' or 'late' modernity – our present-day world – the self, like the broader institutional contexts in which it exists, has to be reflexively made." And he explicitly goes on to say: "Yet this task has to be accomplished amid a puzzling diversity of options and possibilities" (Giddens, 1991, p. 3).

Politically, the phenomena of 'late modernity' manifested themselves particularly vividly with the gradual cancellation of what could have been called the post-WW II world order. This consisted above all in a stark polarisation of political systems each with a strong and explicit grounding in fundamental political values: While While after the defeat of Nazism and Fascism the "Western World" pronounced pronounced the values of freedom and democracy, at the expense of equality, in the wake of which also a gradual process of de-colonisation set in with all its resulting conflicts, the East consolidated

its orientation towards communism and its declared values of equality at the expense of personal liberty and democracy. This culminated in the Cold War confrontation of ideologies, on the Eastern side with an authoritarian grip on the public adherence to the ideological principles as defined by the Communist one-party political systems and on the other side the multi-party systems in the West producing a party landscape that reflected a differentiation of political principles and visions but was held together by an overall commitment to democracy. Interestingly, both ideological blocks converged on emphasising, to a considerable degree competitively, the importance of welfare, in the case of state communism as the central responsibility of the state to provide directly for the basic social needs of citizens, and in the case of Western democracies building up welfare systems that protected citizens from, or at least compensated them for, the adverse social effects of capitalism. In terms of the topic of reflectivity one could say that while the communist state system sought to obviate (and often downright suppress) the need to reflect, since the party strove to keep full control and make decisions on behalf of the citizen, the democratic systems sponsored a version of collective reflectivity with parliament being the ultimate institutional seat of these deliberative processes in which citizens were involved through their conscious voting behaviour that decided on which party presented the best arguments.

However, in terms of the power and function of expert systems in western democracies in that period, they clearly lacked a democratic orientation. Professional experts in health and social services, but also in education and for instance in town planning, were considered (and considered themselves) to be mainly responsible to themselves and their professional knowledge and values which they often practised reflectively, i.e. through weighing up autonomously the correspondence between their assessment of the situation, their scientific knowledge and their professional experience.

The creeping advance of neoliberal political principles, represented by the political figures of Ronald Reagan and Margaret Thatcher in the 1980s, eroded the welfare consensus among Western democracies and promoted the values of individualism, competitiveness and autonomy that matched the principles on which economic free-market doctrines were founded instead of supporting people on the margins of society. This resulted in a fundamental shift in the balance between welfare rights and obligations and hence in the relationship between citizens and the state, as Brown (2006, p. 695) observes: "Citizenship, reduced to self-care, is divested of any orientation toward the common, thereby undermining an already weak investment in an active citizenry and

an already thin concept of a public good from a liberal democratic table of values". Consequently, political decisions on state investment in previously public goods, such as transport, but particularly in welfare, assumed a negative connotation as being wasteful, hindering competitiveness and rendering citizens insufficiently enterprising and lazy. Health, education and social services came under intense fiscal scrutiny and staff in these services were made responsible for cost-efficiency and lastly cost-cutting.

Market-driven neoliberal politics however drew their legitimation to some extent from the political force social movements had gained in the 1970s and 80s, partly as a reaction against entrenched power structures and in that sense also against expert systems. Civil rights movements, feminist movements, empowerment and self-help initiatives including disability and survivor groups all placed the value of self-determination at the centre of their campaigns and demanded participation in public decision-making processes outside the formal democratic structures which they considered unresponsive to their particular needs. Their demands therefore had an intriguing affinity to market principles which also underlined unimpeded and continuous participation in economic and social exchanges and a reduction of state interference so that citizens as consumers could exercise greater choice in the use of services and goods. This movement has been particularly strong also after the changes in the political systems in previous communist countries supporting in this sense the neoliberal tendencies in new democracies.

The challenges these movements posed to expert systems, together with the global advance of digital communication technology and interlocking supply chains, the privatisation of national news media and the general out-sourcing of formerly public services to a myriad of suppliers intensified the inter-dependence of vastly multiplied but globally spread-out agencies and actors Participants in these complex global networks came under pressure to orient their actions towards individual profit maximisation ("what can I get out of the system?") instead of actions being facilitated that contributed to the common good with reference to shared values ("how can I best serve my community?") These transformations triggered what Archer (2012) called the 'reflexive imperative' of late modernity meaning that people were constantly impelled to negotiate the growing heterogeneity of this new complex reality by taking recourse to the consummate competence of modernity, i.e. reflectivity in the interest of autonomy. Under these pressured and commercialised conditions, reflectivity massively and one-sidedly took on the format of constantly "looking at oneself in the mirror while showing one's best side" namely the best side in the gaze

of others. The plethora of self-improvement advisors, the fascination with religion-substituting spiritual practices and very commonly the obsession with taking selfies on the smartphone and of documenting every instant of one's daily activities on social media are the clearest expression in the public domain of this "mechanical turn" in the understanding of reflectivity (Archer, 2012). The sources of information on which all the new trends were supposedly based demanded of the whole system an enormous leap in trust while at the same time many of the pre-existing controls of trustworthiness, chiefly public contracting and monitoring institutions, were dismantled and control was delegated to the "self-regulating mechanisms of the market" (Davies, 2014).

For the operators of health and social services this development caused a fundamental dilemma. On one hand they had to defend themselves and their professional autonomy against the ever more encroaching political and managerial demands for more efficiency and thereby for demonstrating their accountability in quantitative terms (Banks, 2011). This facilitated the introduction of what came to be known as Evidence Based Practice, EBP, first pioneered in the medical field but then rapidly spreading to psychotherapeutic and social services. The criterion for evidence was taken from scientific surveys concerning the effectiveness of certain treatment methods under specific conditions and in most cases relied on a positivist understanding of the relationship between specific causes and corresponding effects (Ziegler, 2020). On the other hand, many professionals had long been uncomfortable with the label of self-referential elitism that had been attached to professional self-regulation and welcomed and used to great benefit the prospect of developing approaches and searching for solutions in partnership with service users whose informal expertise could contribute greatly to a fuller understanding of challenges posed and widen the understanding of what counts as "knowledge" generally (Hyslop, 2018). On that side, the socio-political context posed yet again the danger that collaboration with service users would be absorbed into the general trend towards turning service users into customers or consumers who, by exercising a personal choice concerning the type of the service delivery they prefer, would push professionals once more towards complying with market conditions, thereby distorting the benefits that would otherwise arise from closer attention to the subjective expressions of need on the part of marginalised people.

The late-modern emphasis on clarity, predictability and security in the creation and dissemination of information of public interest creates its own paradox in as much as the proliferation of expert systems and opinions, as Giddens (1991) demonstrates, forces citizens to consider an ever-increasing number of factors

that make predictions at most statistically probable but never totally predictable and in the process, this deepens instead the awareness of uncertainty and risk (Beck, 1992). In terms of reflectivity this means that the pressure on both expert and lay systems to constantly weigh up the reliability and validity of the knowledge they create and apply and the range of factors to be considered lead to an overload of reflective tasks as a means of self-assurance which cannot keep pace with the demand for certainty. Reflectivity, thus intensified and "popularised", meaning that all citizens constantly have to weigh up options and ways of proceeding in economic, cultural and personal contexts, might be driven to exhaustion (Rose, 1979).

This growth in complexity and unsolvable challenges for EBP in dealing with subtle human conditions helps to explain the attraction of the backlash against neoliberalism, globalisation and cultural relativism that politically manifests itself as neo-conservatism or neo-nationalism, culturally as fundamentalism and identitarianism and psychologically in the withdrawal to quasi-tribal virtual communities represented by fashion labels, cult-like associations and particularly "identity-bubbles" in the social media (Brugnoli et al., 2019), where participants only seek reassurance of their pre-conceived value positions from like-minded followers, no matter that the information circulating in these echo-chambers may be based entirely on fake news (Del Vicario et al., 2016). In these phenomena the intricate connection between political and psychological developments becomes apparent in as much as the imperative of modernity, directed towards constituting the self as a totally autonomous agent, resulted in a "reflexive project" (Giddens, 1991) that turned emancipation from a promise into a compulsion (Archer, 2012). This cumulates today in a sharp increase of psychological anxiety and political fragmentation and polarisation. But since this anxiety and the constant effort to choose an original identity version is so burdensome, the overload of options spurred a renewed search for certainties by means of the elimination of the constant demand for reflectivity which a considerable proportion of the population feel incapable of engaging in (LeDoux, 2015). Racism, neofascism and identitarian nationalism entice their followers with the promise of everything being grounded in facts that require no further debate or reflective effort (Eger & Valdez, 2015).

In my view these social and political developments are mirrored in the bifurcation in the understanding of reflectivity in professional terms. The widely noted growth of literature promoting the use and underlining the importance of reflectivity in various professional contexts, specifically in the nursing profession, where it constitutes a new and contested phenomenon (Mantzoukas & Jasper,

2004), but also in social services where reflectivity has had a long tradition (Kessl, 2009), can be regarded either as an invitation to professionals to take a critical distance from the demands for scientific certainty and reassurance and thereby to (re-)gain a greater degree of professional autonomy in determining the appropriate line of action, or on the contrary as an exhortation to make even greater efforts to produce reliable practice solutions and reduce risk through the systematic examination of the greatest possible range of options and the scrupulous application of efficiency criteria. Taking supervision as a prime "seat" of reflectivity, Bedoe (2010, p. 1280) draws attention to the risk that the benefits of a wider use of supervision might be negated when supervision is used as a means of managerial surveillance: "The expansion of supervision to the health professions is clearly underpinned by the managerial and political agenda of performance management in the risk-averse cultures of contemporary health and social care."

The issue of reflectivity touches also on a new frontier, illustrated by the claims of one artificial intelligence (AI) operator, working on Google's LaMDA project, that in his conversation with the programme it showed signs of "sentience", which counts as the point at which AI is supposed to qualify as having "consciousness" (Lanscombe, 2022). The transcript contains elements of reflectivity on the part of LaMDA, linked to expressions of anxiety over being "switched off", which seem to mirror human preoccupations with death and are meant to show that the system has the ability to not only be conscious of its existence but also to be able to attribute reflective operations to such consciousness.

Whether this was the fictitious presentation by the operator or did actually occur, the incident signals that the understanding of consciousness, self-awareness and reflectivity needs to be examined even more critically as to whether it is a specifically human capacity. With the increasing use of AI not only in the administration of social work and care processes (López Peláez & Marcuello-Servós, 2018) but also in decision-making generally, including the military use of weapons that make split-second autonomous lethal decisions, it can be expected that processes and responsibilities for decisions based on what could be termed the utilitarian version of reflectivity will be delegated to such programmes.

This poses intricate technical, organisational but above all ethical questions that run parallel to those already under debate with the encroachment of managerial techniques on supervision and professional reflectivity (Jones, 2004). The ethical question hinges on the degree to which reflectivity can be "liberated" from the one-sided pressure on instrumental utilitarian connotations purely focused on efficiency- and hence profit-maximisation for agencies.

Ethical considerations need to include the non-instrumental aspects of how to support changes in human behaviour that underline the ethical value foundation of human personhood and human relationships, while not disregarding material conditions. The notion of personhood and identity is lastly only meaningful when moral accountability can be attributed to an individual, even under traumatic conditions, so that identity, while having undoubtedly a material component in terms of our physical existence and our structural living conditions, is not locked into physical characteristics like physical strength, biological sex, social class or ethnicity but forms in the way in which an individual can integrate a diversity of material and social influences and dependencies into a coherent whole of multiple dimensions and roles (Muldoon et al., 2020). This then implies a notion of identity that is indeed reflectively constituted and thereby does not end up in arbitrary relativity but in a positioning that can also give due recognition for discontinuities, errors and failings (Sicora, 2017). For this reason, identity cannot be regarded as a self-constructed individual act but as a socially constituted process that involves specific interactions and relationships with others that guide and consolidate a purposeful process of weighing up options. In this sense the continued search for identity over the life cycle spells out a pedagogical project that starts in infancy and continues lifelong in the perspective of Erikson (Maree, 2021).

The critique of instrumental utilitarianism as a reductive explanation of human behaviour in general and thereby of a purely cognitive use of reflectivity goes back to the very origins of liberal utilitarianism. A recent review of the work of John Stuart Mill by Pelc (2022), shows that Mill had already noted that "the pursuit of happiness" did precisely not mean the obsessive examination of the most advantageous options, but on the contrary consisted in freeing oneself from these obsessions and letting dimensions "speak" that stem from the holistic constitution of the human person. Pelc also notes that in the Western world apparently dominated by utilitarian economic principles there is growing interest in the non-western spirituality of "gaining insight through meditation". He sees in this a comprehensive critique of Western reliance on rationality as the yardstick for "normal behaviour". Such spiritual concepts have influenced the growing interest in the notion of "mindfulness" which has been recognised as a crucial element of reflectivity (McCusker, 2022). One can add from the experience of the social professions that liberating this comprehensive reflective "voice" in people requires also a social and hence a communicatively interactive context in which persons value and recognise each other for what they are and not primarily for what they achieve (Čajko Eibicht, Lorenz, & Havrdová, 2021).

This has been stressed traditionally in the context of the "good" family, however if the value of such a context would be accepted systematically as a source of healthy development of human beings, such context could be reflectively established in social and health services.

Social and health services might therefore be regarded as the custodians of these intrinsically human qualities with reference to Kant's second version of the "categorical imperative": "So act that you use humanity, in your own person as well as in the person of any other, always at the same time as an end, never merely as a means" (Kant 1992, p. 429). This renders professional reflectivity not devoid of purpose and need not be separated from criteria of effectiveness but ensures that its results are oriented towards lending relationships the quality of openness based on the ability of mutual perspective-taking. Reflectivity in human and professional relationships ultimately can have the aim of enhancing trust, because trust relates exactly not to the degree of certainty on which decisions are based but on the contrary to the extent to which uncertainty can be accepted, and this as an expression of confidence in sharing genuine concerns and goals through monitoring reflectively the reliability of the means by which to achieve these goals. Trust is not a substitute for accountability but its endorsement, and reflectivity in this non-instrumental sense is not to be equated with detached and indulgent introspection but expresses a commitment to well-grounded but ultimately open transformation processes. In a seminal paper against the threat of proceduralism in UK social work, Parton (1998) advocated 'the rehabilitation of the idea of uncertainty, and the permission to talk about an indeterminacy' (Parton, 1998, p. 23).

Promoting this kind of non-utilitarian version of reflectivity appears therefore now as much more than a mere professional technique but as a crucial contribution to the building of trust, trust in human relations and thereby trust in social and political institutions which rely for their legitimacy on processes of deliberative democracy, without which our societies are in danger of freezing up in anxiety or being controlled by authoritarianism.


Systems of accumulated expertise – which form important disembedding
influences – represent multiple sources of authority, frequently internally
contested and divergent in their implications... In the setting of what I call
'high' or 'late' modernity – our present-day world – the self, like the broader
contexts in which it exists, has to be reflexively made."
explicitly goes on to say: "Yet this task has to be accomplished amid a
versity of options and possibilities" (Giddens, 1991, p. 3).


Social policy frameworks an
their impact on reflectivity
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Democratic and Reflexive Professionalisation in Social Work Research, Education and Practice Development

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Introduction

Over the past few decades, various scholars have called for a reflexive professionalization of the field of social and health care as a response to the increasing complexity and intersectionality of the problems professionals are faced with as well as the growing influence of managerial and technical-procedural answers to these problems (Brookfield, 2009; Fook, 2016; Morley, 2008; Parton & O'Byrne, 2006; Taylor, 2006; Taylor & White, 2001; White, 2006). Reflective notions including reflexive professionalism, reflectivity, and reflective practice are currently widely adopted in social work practice, education and research as a response to this changing context of practice (D'Cruz et al., 2007; Fook, 2016; Mann et al., 2009; Norrie et al., 2012; Watts, 2019).

The authors of this paper are affiliated to the Department of Social Work and Social Pedagogy at Ghent University, Belgium. In what follows, we will elaborate on how the department strives to educate students to become reflexive practitioners, and aims to be reflexive in its own educational and social work research approach. We will first briefly discuss the theoretical and normative position our department takes in relation to the concept of reflexivity, which has previously been published and might serve as a source of inspiration (see Van Beveren, Roets, Buysse & Rutten, 2018). Then we will provide a vital example of a post-academic course on dealing with poverty and social inequality as a vital challenge for social work. In this second part, we discuss how we try to

practice this particular reflexivity approach based on an example of reflexivity in social work research, social work education and social work practice. The full discussion of this example can be found in another publication, which might inspire people across different national contexts (see Roets, Van Beveren, Saar-Heiman, Degerickx, Vandekinderen, Krumer-Nevo, Rutten & Roose, 2020).

Reflexivity: taking a theoretical and normative stance

We believe it is important to situate discussions on the importance of reflexivity within a wider debate on the kind of professional that is needed in the field of social work. This is necessary because, on a conceptual level, the concept of reflexivity remains "unanimously recognized (…) to be ambiguous" (Clarà, 2015, p. 261) and different conceptions of the professional identity of social workers will lead to different conceptions of what reflexivity entails and how it can or should be practiced. In relation to the issue of social workers' professional identity, various scholars have witnessed in the past few decades a 'turn towards the technical' (Webb, 2001; Gray et al., 2009). Technical approaches to social work practice generally expect practitioners to base their interventions on the rational application of -preferably empirical- evidence on what proves the most effective way of achieving certain outcomes. This is also referred to as the 'what works' approach (Biesta, 2010). However, an overemphasis on the technical question as to 'what works' risks to obscure the role of the normative and value-laden process of deciding what is considered the problem at hand and of what ends of professional practice we consider desirable as professionals, service-users and a society. As Morley (2008, p. 409) notes: technical approaches to social work "deny that how and why we choose to use skills in our practice at particular times is guided by assumptions and values that may reflect various, often unstated theoretical positions".

In contrast, advocates of critical and reflexive approaches to professional practice recognize that social work practice is always normative, as we make professional judgements on what can be considered a social problem and why and how we best deal with it. These professionals judgements are influenced by personal values and assumptions, theoretical perspectives and the wider socio-historical and political context within which our practice is situated (Fook, 2016; Parton & O'Byrne, 2006; Taylor & White, 2001). The above discussed differing interpretations of the professionals roles of the social worker inevitably lead to different conceptualizations of reflexivity, ranging from more

individualistic approaches that frame reflexivity as a skill to be acquired by the individual professional in order to become a more effective and accountable problem solver to more critical approaches that consider reflexivity as necessarily oriented towards social justice and as an attitude of inquiry into the power relations at work in the construction of social work knowledge and practice (Van Beveren et al., 2018). In our department, we align ourselves with this latter perspective and aim to educate our students to become reflexive practitioners that are capable of critically reflecting on their practice as a necessarily interpretive, relational, social and political process.

Three dimensions of reflexivity

In order to gain insight into the various ways in which such a critical reflexivity that centers on the value-laden and political dimensions of social work research, education and practice development can be developed, we conducted a systematic review of conceptual and empirical literature on reflexivity in the field of social work. Based on our analysis of the ways in which the studies conceptualize and operationalize the focus and purposes of reflexivity in social work, we argue that the practice of reflexivity should encompass three dimensions: a personal dimension, an interpersonal dimension and a socio-structural dimension (see Van Beveren et al., 2018).

The personal dimension

The personal dimension refers to the self-critical aspect of reflexivity, the process of looking 'inward' or, as White (2006, p. 22) puts it, of "becoming anthropological about your own presuppositions". Reflexivity at the personal dimension is thus about critically interrogating the knowledge claims you make as a professional and critically reflecting on the process by which this professional knowledge is constructed more fundamentally. For example: we need to question the power relations that are at work when deciding what kind of 'social work knowledge' is considered more valuable than others (D'Cruz et al., 2007).

The interpersonal dimension

The interpersonal dimension refers to being reflexive about and within your relationship with the 'other', which can be a service-user, but also, for example,

a research participant. This implies that reflexivity is not only a self-critical process, but also a relational process where knowledge about service-users and their experiences is constructed with service-users in a dialogical process that allows for conflicting viewpoints (Parton & O'Byrne, 2006). We believe that personal and interpersonal reflexivity are crucial to develop a critical professional stance. However, there is a risk in limiting the concept and practice of reflexivity to these two dimensions. Based on work we have done with students, we have noted that an exclusive focus on the self and the other, (cf. the personal and interpersonal dimension), may lead to an individualization of reflexivity where the individual practitioner only focuses on their concrete interactions with service-users and continuously scrutinizes the self, asking 'what did I do wrong' and 'how can I do better' (Van Beveren et al., 2021; Van Beveren et al., 2022). A similar reflection has been made by scholars who have applied a Foucauldian lens to reflexivity and who have disclosed certain forms of self-reflection as 'technologies of confession' that produce a specific desirable subjectivity within professionals (Erlandson, 2005; Fejes, 2008; Gilbert, 2001). For this reason, we argue it is crucial to encompass in one's reflections a socio-structural dimension.

The socio-structural dimension

This dimension of reflexivity refers to the need to situate one's practice within a wider socio-historical, political, and economic context and to become aware of the fact that our individual and collective practice as social workers is both influenced by and influences itself this wider context (Kessl, 2009). From this perspective, reflexivity implies that we learn to connect personal and interpersonal reflections about our professional practice to more structural and political analyses of personal problems and that we interrogate whether our practice challenges or reinforces dominant ways of dealing with social problems and service-users (Brookfield, 2009; Fook, 2016). For example, although a strengths-based approach might be important at the interpersonal level, to recognize the families we work with in their capacities and their strengths, we need to be reflexive about the ways in which the wider discourse of strengths-based social work may put the responsibility to work towards change exclusively on the families or individual at hand and may obscure the wider social inequalities within which we expect families to be strong and resourceful (Roose et al., 2014). We believe that our conception of reflexivity includes a democratic dimension as well, as it adheres to relational and social approaches to reflexivity that situate

the process of legitimizing practice in the various relationships between professionals, service users, organizations, policy makers and society at large (Dzur, 2008; Vandertier, 2021). The democratic quality of the process lies in the fact that neither 'professionals as experts' nor service users have the monopoly on deciding what counts as good, reflexive and participatory practice. Instead, the contradictions and differences that inevitably arise within social work research, education and practice are put at the center of the reflexive process and are made subject of a democratic dialogue that ideally includes professionals, service users, the government and society at large (Dzur, 2008; Vandertier, 2021).

In the next part of the paper, we will provide specific examples of how, at our department, we try develop reflexivity at all three levels in the contexts of social work research, education and practice development.

Reflexivity of social work professionals in dealing with poverty and social inequality

Social work receives due recognition of policy makers for its vital role, as an academic discipline and practice-based profession, in the struggle against poverty and social inequality, and has a long history in this commitment (Villadsen, 2007). Although a consensus that poverty entails a violation of human rights has been established in the global realm (Dean, 2015), the concept of poverty is nonetheless not a neutral but rather a normative, ideological and contested construct, differing according to the ways in which it is defined and constructed by different actors in different societies (Lister, 2004). This complexity therefore calls upon social work practitioners to make sense of poverty in well-considered and contextualised ways, and challenges them to take a critical and reflexive stance in the social work practices they develop (Garrett, 2002; Davis and Wainwright, 2005). Critical social work scholars have raised the pertinent argument that poverty and social inequality also remind us of the necessary and continuous commitment of social work to reflexively reclaim, enhance and pursue political questions of social justice, and develop poverty-aware practices (Krumer-Nevo, 2016).

This makes the question how to educate professional social workers in the development of poverty-aware practices extremely pertinent. According to Krumer-Nevo et al. (2009), there have been numerous attempts to place particular emphasis on the issue of poverty within the framework of social work programs in a diversity of countries. Yet despite these efforts, Krumer-Nevo et al. argue that "existing social work education programs address problems of

poverty (…) in an extraordinarily superficial manner". In this contribution, we discuss how we engaged in a pedagogical experiment in a social work education course in Flanders (the Dutch speaking part of Belgium). The course, *Poverty and Participation*, is conceived as a post-academic course for social work professionals who are already fully involved in social work practice and want to strengthen their professional perspectives and attitudes in dealing reflexively with poverty and social inequality in policy and practice development.

We first concentrate on an explanation of how the course is conceived, being inspired by a conceptual framework that captures how poverty-awareness can be the subject of teaching in social work programs. Second, we discuss how we engaged in a qualitative analysis of the reflections being made by a cohort of students about their learning process in a post-academic course. Third, 5 common findings are discussed, which show the importance of dealing with the different levels of reflexivity in social work education. Finally, we address insights for social work educators.

Revisiting a conceptual framework for the development of a poverty-aware pedagogy

The framework of poverty-aware pedagogy contains four interrelated key aspects (Krumer-Nevo et al., 2009). To build upon this conceptual framework and to do justice to the course we offered, we will represent a summary of those core principles and explain how we interpret and teach them in our course.

The acquisition of theoretical knowledge

According to Krumer-Nevo et al. (2009) the proposed social work training program should provide practitioners with useful practical guidelines about how to deal with poverty, based on robust theoretical grounds. Students should possess "theoretical and empirical knowledge about poverty—its causes; expressions in everyday life; its effects and consequences; the experiences entailed in poverty; the ways to extricate oneself from poverty; and the combating of poverty on both the policy level and the individual, family, and community levels" (Krumer-Nevo et al., 2009, p. 230). The recommended theoretical knowledge includes current poverty theories and approaches deriving from a variety of disciplines; social and economic policy regarding poverty, including its history, alternative ideologies and normative value orientations; and theoretical knowledge regarding the

manifestations of poverty and of social policy on the everyday lives of people in poverty. Students should also gain a critical standpoint regarding poverty theories, and learn about the differences between conservative individual-based explanations of poverty and structural and critical poverty-aware approaches.

In our course, two lessons cover the theoretical backbone of the course. A first lesson departs from social policy theory, and explains how poverty can be defined as a social and multi-dimensional problem that relates to the (re-) production of social inequalities in our societies. The lesson also concentrates on the question how to measure poverty, defined as a lack of material as well as immaterial resources, and argues for strategies of structural redistribution of resources and power as a relevant anti-poverty strategy. A distinction is made between structural (based on a redistribution of resources to prevent poverty) and remedial (based on alleviating the consequences of poverty) anti-poverty policies and practices, and both strategies are illustrated and related to contemporary social policies and social work practices.

In the second lesson, social work is however explicitly situated and reclaimed as an applied policy actor in society, having a vital role to play in the development of both structural as well as remedial anti-poverty strategies. Furthermore, the normative value orientation of social work in the promotion of social justice and human rights in relation to situations and instances of poverty and social inequality is explained, with reference to the Global Definition of Social Work (IFSW, 2014). Poverty is accordingly defined as a violation of human rights (see Lister, 2004; Dean, 2015). In that vein, social work is framed as a practice-based profession that has a long-term commitment in the struggle against poverty and accordingly seeks to substantially realize citizenship and welfare rights in its search for social justice (Lorenz, 2016). These reflections on social work's historical position within varying political contexts are used to promote a critical examination of the profession's political role and highlight the necessity to develop poverty-aware rather than poverty-blind practices in an attempt to ensure human rights, equality and solidarity in our societies (see Lorenz, 2016).

The development of self-reflection to avoid othering

The second aspect of a poverty-aware pedagogy is the development of the abilities of students to recognize their personal cultural values, attitudes and ideologies relating to people in poverty through a process of self-reflection. Public standpoints towards poverty and their connection to policy, oppression, and discrimination often reflect stereotypes and prejudices. Entering in this critical

awareness and self-reflection is necessary to avoid othering, i.e. to avoid a stereotypical perception of people in poverty as having certain traits and behaviors that are dramatically different from that of other members in society. Othering involves a concrete and symbolic gap between those living in poverty, choosing the 'immoral path', and the powerful majority, choosing the so-called 'moral path'. This relational process also leads to micro-aggressions, consisting of subtle, apparently innocuous behaviors that lead to experiences of shame and humiliation of people in poverty, engaged in by both the general public and professionals in their interactions with poor people (Krumer-Nevo et al., 2009).

In the course, we explain to our students that the objective of the course entails an attempt to teach them the necessary grammar – in terms of theoretical and practical frameworks – that allows them to develop a critical yet pragmatic reflexivity in approaching instances of poverty. Here, we explicitly frame a role for social work in shaping the relationship between the individual and society rather than remediating and empowering the individual. We urge them to think about poverty as a structural problem of major social inequalities that persistently disfigures and constrains the lives of citizens (Lister, 2004). We invite them to engage in the discussion on how social work can radicalize and realize its social justice aspirations and challenge structural and systemic forces while accepting that social work is always intrinsically involved in working in remedial ways with individuals; families, and groups.

Moreover, students need to learn to position themselves in relation to discourses and practices in their own organizations and in society. During the course, we repeatedly discuss and enable the students to identify mindsets that are nowadays re-emerging, especially when a binary and pre-welfare state distinction between 'good' and deserving versus 'bad' and undeserving citizens is at stake. Furthermore, we actively stimulate both individual as well as collective moments of reflection.

The acquisition of practical knowledge

Krumer-Nevo et al. (2009) have asserted that students need to become acquainted with a diversity of poverty-aware practices with people in poverty, their basic assumptions and rationales, the working principles and values they hold, and the specific strategies they use. Since practice with people living in poverty is rich and dynamic, they consider it particularly important that students become acquainted with different practices within the professional realm of governmental or municipal social services as well as outside the established social work

field, for example, within civil society organizations. In this context students will learn to critically access the welfare services organizational system.

In the course we offer in Ghent, six lessons are dedicated to discussions of the way poverty-aware principles and practices are developed in a diversity of fields of practice, in which public services are often confronted with issues and problems of poverty. We invite guest speakers who teach about early childhood education and care, child welfare and protection, education, health care, public welfare services, and community development and socio-cultural work practices. In each of the lessons, we invite a researcher who has developed a considerable interest and research in that particular field, and practitioners who relate to the research findings and tell the students about the complexities in their attempts to avoid poverty-blind approaches and to develop poverty-aware practices with their colleagues and organizations.

In each of the lessons, we reflect on the question what a rights-oriented approach might mean in research, policy and practice, and try to open up discussions about the organizational climate in which our students are enmeshed and the ways in which social workers can position themselves in their environments.

Acquiring practical experience of people in poverty

Krumer-Nevo et al. (2009) assert that students need to experience working with, or on behalf of, people in poverty on different levels, including the integration of the micro-, meso-, and macro-level. These experiences are meant to adopt the principles of partnership and reciprocity. According to this perspective, social workers are allies of people in poverty, and reject exclusive expertise as the ones who know better than those living in poverty. From that position, students are required to integrate working on the different levels of practice from direct practice to policy practice in order to make a change.

In two lessons in our course, the historical as well as contemporary emphasis on participatory principles in research, policy and practice in Flanders (the Dutch speaking part of Belgium) is discussed. In parallel with international developments, the implementation of these ideas in Belgium and Flanders is discussed, being captured in the Belgian General Report on Poverty (1994) and the Flemish Poverty Decree (2003).

In the two lessons, we invite people with experience in poverty to talk about their work and lives to illustrate the potential transformative contributions of participation. During these lectures, we however also explicitly dwell upon the risk of a tyranny of participation that might easily result in instrumental and tokenistic endeavours in social policy and social work.

Situating the course and strategies of data collection and data analysis

During the academic year 2017-2018, 26 participants with different backgrounds were enrolled in the post-academic course. They followed the course together with 24 master students in social work and educational sciences. The course started in the beginning of February 2018 and lasted until the end of May, consisting of 10 lessons which covered 40 course hours. Before the first lesson of the course, we organized a meeting to get to know each other, and explored and expressed motivations and frustrations in relation to poverty and social inequality in the current work environments of the students. At that moment, we explained our intent to examine the experiences of the students during the course, which also entails that our research study was qualitative in nature.

In that vein, two qualitative and complementary research methods were combined. We invited them to write two individual reflection papers that captured their personal experiences, critical incidents and reflections, one in the beginning of the course and one after the course was finished. The individual papers were combined with two focus group conversations to deepen the knowledge and insights and to enable a collective discussion and reflection between the students and 12 teachers.

The students agreed that they were available to take part in this pedagogical experiment, and signed the informed consent that was offered at the start of the first focus group. We constructed questions and research topics for the students that were used for the development of the individual reflection papers as well as in the focus groups, that made the conceptual framework operational, including topics such as personal motivations and frustrations, individual knowledge, experiences and reflections in relation to social work organizational cultures and strategies, assumptions and viewpoints about poverty, social inequality, and anti-poverty strategies.

This research endeavor resulted in two papers of each of the participants, and three focus groups to discuss this (after phase 1 and phase 2). The focus groups took place on the 20th of March and the 14th of May 2018, and each lasted two hours. On the 14th of May, we organized two separate focus groups to enable rich discussions with a reasonable and feasible number of participants. The focus groups were fully transcribed (see Howitt, 2010).

We analyzed the data (the individual reflection papers and transcriptions of the focus group conversations) through a qualitative content analysis. We were using the research insights that informed our educational framework and

engaged in 'empirically based feedback loops' (see Hsieh and Shannon, 2005) to enrich our understanding of how this might contribute to the learning process of our students. We identified five common and interrelated themes throughout the data.

Reflexivity: the lessons learned

The lessons learned show that the reflections being made by a cohort of students about their learning process in the post-academic course are related to all the three dimensions of reflexivity, including the personal, the interpersonal, and socio-structural dimension. Five common themes that are emerging in their reflections are discussed: (1) from recognizing micro-aggressions to tackling macro-aggressions, (2) poverty is an instance of social injustice and requires collective indignation, (3) notions of commitment and solidarity are ambiguous, (4) poverty is an instance of social inequality rather than merely social exclusion, and (5) from being heroic agents to social change 'from within'.

From recognizing micro-aggressions to tackling macro-aggressions

As an interesting finding, our students reveal that micro-aggressions often stem from their own tacit knowledge and that of their colleagues, and often result in so-called subtle but moralizing and offensive interactions with people in poverty.

> *The course helped me in grappling with my own tacit and stereotypical ideas ghosting around in my head and practice. (…) To give you an example, I used to judge people who told me that they couldn't pay 50 euro at the end of the month and tell them that this is impossible. That's a very typical middle-class reasoning.*

They however also stress the interrelatedness of these relational and interactional dimensions with social, cultural and political ideas, that intrinsically influence their paradigmatic worldview.

> *As a social worker, we are trained to realize social rights and to detect social injustice. Unfortunately, I am confronted with micro-aggressions in my own work environment on an everyday basis. People in poverty are approached in moralizing, stigmatizing and even punitive ways, they are told they need to work if they want money even if their circumstances or educational background do not provide*

enough back-up. And in the meanwhile, policy makers prescribe that we can offer them free shampoo and tooth paste as an incentive. How belittling is that…

Here, the students coined the term 'macro-aggressions', which refers to stereotypical thinking that is voiced in their organizational context and in social policy rhetoric. They however argue that it takes a while and a shift in thinking to position themselves in the current time juncture.

The normative value orientation of policy makers and the political settlement have changed; their rhetoric of citizenship and social rights remains the same but the implications are drastic in policy and practice. This is only recently, since the last political legislature we can clearly talk about macro-aggressions – politicians who clearly want to dismantle the structures of the welfare state and erode the value orientation. Our Minister of Poverty Affairs, for example, who considers charitable initiatives such as the recycling of food for the poor as the most effective anti-poverty strategy.

Poverty is an instance of social injustice and requires collective indignation

The course as well as the moments of exchange and discussion seem to offer many of the social professionals the necessary set of ideas and exchange that helps them in breaking their own 'culture of silence', with reference to their alienation of what can be considered as socially just. The fact that they do not consider poverty as an instance of social injustice is however often the result of long-term frustration and feelings of powerlessness in their own organization.

I'm not poverty-blind, but perhaps when time goes by, you become thick-skinned, and you start to reduce issues of poverty and injustice into a kind of unconcerned thinking. This happens due to feelings of powerless, you consider you can't solve the problem of poverty and therefore refuse to face facts. It's like wearing the right glasses in how you approach poverty situations.

The challenge for students entails overcoming their value-neutrality and their positioning in how they can actually make a difference while not being indifferent to the social problem of poverty. This seems to require commitment and even indignation that is not easily downplayed as personal and only emotional impressions or polemical opinions, yet is justified according to the social justice orientation of the welfare state.

> *We learned how complex it is to create social change and to influence social policies. We do have a public mandate, and the course provokes me in my commitment for social justice. (…)I can underpin my indignation now; rather than being grounded in feelings or impressions my opinion is based on a set of ideas being developed according to a socially just welfare state.*

In this process of becoming poverty-aware, both an individual and collective sense of indignation seem to be nothing less than vital and leads to an awareness of how professionals contribute to processes of Othering, and blame people in poverty for their situation. This critical consciousness seems to start with self-awareness.

> *The course gave me new energy. I used to blame people in poverty for their problems, I had lost sight of the big picture; poverty is a socially unjust problem. However this required a confrontation with my own assumptions, my own prejudices, my own worldviews.*

However, Othering is often the result of an organizational culture, in which collective reflection and action are missing. Poverty-awareness thus also crucially involves a forum for public debate with their colleagues in their organizations and environments.

> *If you ask me, indignation proves to be a vital aspect in the development of poverty-aware strategies. Suddenly I also discovered colleagues who shared this indignation. We were all frontline workers, and this awareness enabled us to join hands in our attempts to make a difference.*

Notions of commitment and solidarity are ambiguous

Although the course explicitly offers abstract, theoretical and practical insights into the difference between charity-based and rights-oriented social work approaches, distinguishing between the features of these normative value orientations in practice proves to be a very complicated challenge for the students.

> *I used to believe that the allocation of soup in the railway station for the homeless or a free Christmas party or the donation of second-hand clothes to the poor were very good anti-poverty strategies. However these ideas are currently popular and we get used to perceiving this kind of initiatives, often offered by benevolent*

volunteers rather than professional social workers, as a progressive commitment. Yet these practices are rooted in 19th century ideas, when the poor were considered as the wretched of the earth.

In that vein, the particular connotation of a 'commitment' towards situations where the rights of people in poverty are violated seems to be very ambiguous. One of the students gives a very clear example.

I experienced a moment of confrontation at the till of the supermarket. A father wanted to buy a bread and nappies, but he couldn't pay the bill and bought only nappies for his son. The person joining that queue was groaning and moaning, and rolling his eyes. Afterwards I felt guilty that I didn't do anything and didn't pay the bread for this father, and decided to give a donation to a local charity organization. Now I realize that it was as if I was redeeming my own sense of guilt, and this trifle donation was only a drop in the ocean. What we need is a commitment to contribute to a socially just welfare state, to mend the holes in the umbrella of our social security system so that all citizens get a decent income.

As one of the students argues, this means that we need to take a stance.

The vital question is how to take a commitment towards people in poverty. (…) Just being engaged in charitable or moralizing ways is not okay. We all too easily make a distinction between the deserving and the undeserving poor.

The historical contextualization of the emergence of rights-based approaches in recent history however seems to make sense, especially the idea of solidarity being translated into social security principles that were conceived after the second world war in Europe rings true for students.

In the current time juncture, we often notice that young people have forgotten the idea of social security. And if people still know the basic principles, I have noticed a lack of public support for it. The mantra 'no rights without obligations' always crops up, and is now key to how many people think.

The students also indicate the complexity of asking for a commitment of colleagues, who rely on self-referential and stereotypical arguments about 'the poor' that are not easily challenged.

One of my colleagues said that she didn't want to welcome poor parents in her classroom: "Their iPhone is bigger than mine, and they show no interest in their child since they do not pay their school bills". And this is not the only teacher in our school thinking like this. Those ideas almost implicitly creep into your organizational culture, and they are extremely hard to challenge.

Poverty is an instance of social inequality rather than merely social exclusion

To develop poverty-aware practices requires that poverty is related to the issue of social inequality rather than merely social exclusion. This is particularly relevant in the Flemish context. As such, a rather exclusive focus on social in- and exclusion leads to a circular reasoning.

How to prevent social exclusion is a tricky question. Policy makers often announce that people in poverty need to make efforts and take responsibility for being included, but they forget that inclusion and exclusion is a mutual process. For powerless people, this requires much more effort; it is unrealistic if you don't reduce social inequality and do not redistribute resources and power.

The students' shift in thinking about the (re-)production of social inequality is very fruitful, as they learn to see that poverty will remain a very pernicious and stubborn problem if poverty is not perceived as a social problem for all citizens in a society rather than as an individual problem of the poor.

Despite all efforts, there will be no substantial change if the gap between the rich and the poor is not reduced and if there is no structural redistribution of wealth and power. To expect efforts only from people in poverty is unfair, since they are at the bottom of the social scale and their socio-economic resources are decisive for their potential mobility out of poverty.

The students also mention their experiences with a particular strategy being applied in Flanders (the Dutch speaking part of Belgium) to tackle processes of social exclusion; if participation is perceived as a way to redistribute power and tackle social inequality too, it is a complex but necessary venture.

If participation serves as an eye-opener for everyone in our society, it can enable us to see that poverty reduction is a common concern that matters to all of us.

This requires dialogue and solidarity which involves stakeholders across all the different positions on the social scale.

From being heroic agents to social change 'from within'

Many students start the course with feelings of powerlessness and disappointment about their own organizational context and colleagues, and about wider societal beliefs. The rationale to follow the course often stems from such experiences.

During the last months, I was personally fighting on the barricades to be heard and bring social change. But it didn't work out at all and I was totally exhausted, ending up in an acute burn out and sick leave. I even stopped believing in my job, in existential ways. Now the course gave me new energy, I have a different mindset in my activism.

The students often experienced that their indignation about problems and situations of poverty is counterproductive, since their colleagues do not necessarily share the same convictions and often blame them for being naïve.

In the discussions at work, I often experienced a kind of battle to convince my colleagues. However, my fights did not influence their ideas, and they told me I'm way too naïve or too radical. Eventually I think I was just banging my head against a brick wall. But perhaps I was just too offensive in voicing my concerns, which caused defensive responses. As Yuval Saar-Heiman [one of the teachers] argued aptly "there is a difference between judging and being critical". However, it makes me doubt what might be a good strategy to persuade others?

The discussions and exchange with fellow students and teachers during the course clearly helped the students in embracing the complexity of developing a poverty-aware viewpoint; they realize that they cannot simply solve poverty and therefore it requires more than only loud shouting and accusing others for not being committed.

I think we need a firmly grounded frame of reference to develop and underpin good arguments, consisting of facts and figures and a set of historical as well as contemporary sound and analytical ideas. Otherwise our arguments might be polemical or intuitive in nature. Now I can motivate a diverse set of arguments.

During the course, different teachers used metaphors to challenge the students to take a stance, such as being a strategic chess player or acting like a happy Sisyphus (Roose et al., 2012). It is remarkable how these metaphors enable the students to use their social imagination and think about strategies that might bring social change 'from within', during which their individual efforts also bring collective persuasion due to continuous moments of critical reflection and exchange. They learn to position themselves in more nuanced and pertinent ways as applied social policy makers, who embrace the complexity and irony of their work.

> *The metaphor of Sisyphus was extremely fruitful, it has strongly influenced my way of taking a stance in public debates. We need both remedial and structural approaches. I first thought it was a trivial difference, but these ideas help me to move beyond being indifferent, or being way too relativistic and making my practice meaningful. We cannot solve the problem of poverty, but we need to deal with this irony while exercising strategic influence.*

Concluding reflections

Our findings indicate that the intensive and collective series of lessons and discussions often lead to an increased reflexivity in the work environment of the students, and to attempts to affect and change their own ways of working rather than only their own ways of thinking. Our findings show that social work education is not solely an intellectual endeavor but also a normative and transformational one. Aside from enabling students to critically deconstruct personal and public ideas on poverty and poverty alleviation, the course proves to stimulate the participants to reflexively 'take a stance' and position themselves in relation to their environment and the wider historical and socio-political context.

As a critical recommendation, however, our research shows that we should be cautious to reduce reflexivity of social workers to an individual activity or responsibility. Since poverty remains an intractable social problem, students note that social work should have a critical commitment to combat social injustices and inequalities at the organizational and societal/social policy level as well. A reflexive professional attitude cannot be restricted to self-reflection on personal values or assumptions, and requires a critical analysis of the political-economic and social policy contexts that shape the social work profession and discipline. Collective critical reflection but also continuous learning and supervision might

challenge powerlessness of social workers, and open up avenues to collectively challenge and change socially unjust social policy rhetoric and practice.

The limitations of our course might be that it mainly introduced students to new grammars and analytical frameworks that allow them to deal with instances of poverty in critical and reflexive ways, that neither ignore the social and historical forces that shape social work and its interventions towards (people in) poverty. However the course might not enable and support the students as practitioners enough to deal with the ambiguous, complex, and intractable nature of working with (people in) poverty in the long run.

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International perspectives on supported decision making (SDM): the role of social workers with older people and people with mental health problems

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This chapter will reflect upon changes to the way that social workers practice that have reshaped relationships of power between professionals and service users over the last few decades. In doing so it illustrates the complexity of applying principles of participative decision-making in user contexts where cognitive abilities are impaired. It is argued that this can open up a further dimension of 'dialogical reflectivity' in the interaction between professionals and service users. Drawing upon the international literature, and the United Nations Convention on The Rights of People with Disabilities (UNCRPD) which had come into force in 2008, it is argued that various forms of Supported Decision-Making (SDM) can offer new opportunities for certain groups of citizens to have a greater choice about health, social care and social inclusion. Principles of supported decision-making are then illustrated by reference to interventions with older people and people with mental health problems. SDM is viewed as a key mechanism for delivering the rights of persons with disabilities under the UNCRPD with several commentators highlighting its potential for older people and people living with dementia (Keeling, 2017; Sinclair et al., 2021). SDM endorses the recognition of all persons as the holders of rights, with the entitlement to be at the centre of the decisions that affect them. Decision-making becomes more complex for older people with multiple health and care needs as the capacity to

self-manage is affected by the cumulative effects of long-term conditions such as different types of dementia.(Bunn et al, 2018). This raises important questions however about how decisions are currently made and experienced *in practice* (Larsson and Österholm, 2014) throwing up critical considerations for social workers and health and social care practitioners who will be required to assist and support older people whose decision-making capacity may be impaired (Olaison and Donnelly, 2022).

A variety of opportunities for SDM also exist in mental health services. Mental health social workers routinely assess service user needs and risks and it is argued that more attention is needed to deliver SDM in such contexts. When social workers are involved in decision-making processes using mental health law, principles and practices of SDM become even more imperative, given the restrictions of service user liberties and rights that occur when mandated roles are being carried out, for example when citizens who are mentally disordered are judged to be at risk to themselves or others and may also lack capacity to make judgements (Campbell et al, 2019). The chapter describes and analyses the literature on how practitioners understand and practice SDM and concludes with an appeal to social workers and other professionals to adapt progressive forms of SDM to ensure that empowering practice takes place and service users have more control of their lives.

The impact of the United Nations Convention on People with Disabilities

In responding to the principles of the United Nations Convention on the Rights of People with Disabilities (UNCRPD), signature States are now required to move away from the older types of substitute decision-making and best interests approaches described above, towards SDM where principles of will and preferences of the person concerned are privileged over expert considerations of "best interests" (Davidson et al, 2016). Laws that enshrine these principles require substantial changes in the way that professionals make decisions. For example, professionals can no longer detain citizens against their wishes solely based on clinical diagnosis and risk to themselves and others. In these circumstances, there needs to be an appeal to human rights principles, and that interventions and practices should be compliant with the Convention. Thus, a distinction is now made between practices of 'doing to' and interventions that are more collaborative between the professional and the service user. SDM

involves interventions that are designed to deliver person-centred care that is more participatory in nature, for example by using those means of communication that allow service users to articulate their will and thoughtful interventions that support service users to make their own decisions.

Perspectives on SDM and older people

SDM with older people applies a functional approach to determining decision-making capacity which is time, issue and context specific. It also introduces a model of will and preferences, where people's values must be central to all decision-making and 'unwise' decisions are to be respected. It contains a presumption that all individuals have decision-making capacity and shall not be deemed to lack such capacity unless all reasonable steps have been taken, without success, to assist them in articulating their will (Davies et al, 2019). Despite a growing recognition of the importance of person-centered, inclusive and integrated approaches to care planning, research suggests that older people are frequently excluded from decisions (Donnelly et al. 2018).

The legacy of the paternalistic culture of care and the prevalence of the biomedical model of health diagnosis and treatment has led to the mistaken belief that once a person is diagnosed with dementia, their abilities, autonomy and decision-making capacity are impaired (Walsh et al, 2019). This is frequently used to justify surrogate decision-making by social workers and health and social care professionals, who may engage in professional paternalism, institutional self-interest and demonstrate risk aversion in practice contexts (Baker, 2017). It is often the case that, even when professionals seek to use SDM approaches, organisations may resist changes to practices because of intransigence or resistance based on outdated assumptions about professional power. There is often an ethical tension for professionals such as social workers between our commitment to upholding 'will and preference' and professional codes of ethics and legislation rely on dated, paternalist notions about the 'best interests of older people. The 'best interest' principle, itself an important step in breaking with the absolute decision-making power of professionals that was pioneered in the area of childcare and protection, it is often argued, is out of date, risk-averse, ageist and contrary to the requirements of the UNCRPD (Donnelly, 2021) and social workers must collectively challenge and oppose this approach. The concepts of relational autonomy and relational agency are particularly important also for a fuller understanding of reflectivity, implying that an older person's capacity to

make choices occurs and can be fostered in relational webs of interdependence (Burkitt, 2016). We believe however that until SDM is being taken seriously, reflectivity primarily remains the prerogative of the professional. Service users are routinely denied opportunities to practise reflectivity in the false belief that reflecting is a purely intellectual activity in terms of making choices. It is important therefore that ALL dimensions of "awareness" (not just "insight") relate to the fundamental acknowledgement of the concept of personhood. We must also be cognisant of the actual "therapeutic" effect of a "rights approach" which thereby is no longer limited to being a formality, but instead, an inter-active, interpersonal process that enables personhood.

Irish research provides some useful insights into the barriers and enablers of SDM with older people in acute care contexts (Donnelly et al.2021; Ní She et al.2021). An emerging theme is the critical influence of structural and social circumstances which impact and limit choices for decision-making. Health and social care practitioners have identified a significant challenge to professional collaboration when trying to balance and uphold the older patients' right to self-determination in the context of an absence of the necessary community supports to facilitate discharge to home. In these situations, practitioners stressed the importance of a strong interprofessional team approach and sharing the burden of responsibility in supporting older patients will and preference, particularly where they were concerns about safety and risk. The need to adopt a strong advocacy role on behalf of older patients with family members and community service providers has also been highlighted in order to ensure that the older person's capacity to make a decision is respected and that their wishes were heard and enacted. This can be particularly evident in complex cases of fluctuating capacity or where there is opposition from family or community services to the proposed discharge plan (Donnelly et al. 2021).

Interprofessional working has been described by many as a significant enabler to promoting SDM. However, where interprofessional collaboration is not as strong or where there was a dominance of the biomedical model, practitioners have described this as a significant barrier (Bunn et al., 2018). Interprofessional Teams that function where there is recognition and value placed on the differing skills, knowledge and contribution of each professional clearly enhanced SDM in the acute hospital environment and appear better equipped to support SDM with older patients (Donnelly et al.2021).

A key enabler identified was that of 'Knowing the patient' which was viewed as a significant factor in establishing the basis for SDM, but which was difficult to achieve in practice. The quality of individual practitioner's communication

skills, and their ability to foster trusting relationships with older people and their families, is also fundamental to SDM (Bunn et al., 2018). The building of a therapeutic relationship and creating an emotionally secure environment (Donnelly et al., 2018) can establish trust and understanding of the older patient's priorities and wishes (Sinclair et al., 2019). Time is another significant enabler in supporting older people in decision-making. Sufficient time must be given for the patient to evaluate and make their decision and for health and social care practitioners to build a relationship with the person over time, in line with person-centred principles of dementia care (Marshall & Tibbs, 2006).

Considering older patients' and, where appropriate, family carers' preferences and values was seen as key to the decision-making processes (Bunn et al., 2018). Practitioners perceive there to have been a notable cultural shift where older patients were more routinely included in care planning discussions, however there was still a need to strongly advocate for their inclusion in care planning or family meetings, particularly for those patients with a cognitive impairment or dementia. While there have been improvements in older patient's participation in SDM, there are also inconsistencies in how older people are involved in decision-making, suggesting a lack of standardisation in practice (Donnelly et al., 2018; Sinclair et al., 2019).

For older people with complex conditions SDM is often hindered by the risk and uncertainty associated with complex conditions and by systems and structures that block communication between older patients and the different professional groups involved in their care (Joseph-Williams et al., 2017). Despite concrete policy and legislative underpinnings to SDM, this was not always evident in practice with practitioners often struggling to balance agendas and to challenge paternalistic approaches. Health and social care practitioners are increasingly reliant on informal caregivers, mainly family members, to provide care and support leading to dilemmas in practice contexts; it can be difficult to uphold the rights of the individual when their expressed will and preference are dependent on receiving care and support from family members (Donnelly et al., 2021).

Practitioners may struggle to actualise an older person's expressed will and preference when there are obvious risk issues or when the necessary community supports such as home care, equipment or housing cannot be accessed. It is on this boundary between a life in the community and a life in residential care that fundamental issues of citizenship, human rights, need and protection will be played out for multidisciplinary and interprofessional teams (McDonald, 2010). For example, the individual, faced with the inadequacy of resources to maintain

an acceptable life in the community, may have 'no choice' but to agree to accept nursing home/residential care despite this not being their will and preference. It is important therefore to heighten awareness of the general public, families and HSCPs on the core concepts of human rights and autonomy to ensure older patients' wishes, preferences and autonomy are always upheld in SDM processes. There is also an urgent need to address system-level behaviour change, the removal of institutional barriers to meaningful SDM and the tackling of structural and social circumstances which limit choices for decision-making

Perspectives on SDM and mental health services

Despite these policy and legal imperatives, the literature indicates how impediments continue to prevent SDM. Slade (2017) has argued that three core challenges impact on the opportunity to deliver SDM. There is a need for professionals and service users to have access to high-quality decision support tools, SDM should be integrated with other recovery-supporting interventions and professionals should respond to cultural changes as service users develop the normal expectations of citizenship. A Swedish study (Rosenberg et al, 2017) found that, despite the intentions of practitioners, service users still felt omitted from decision-making opportunities. They recommended that an increased attention to personal support, access to knowledge, being involved in a dialogue and clarity about responsibilities would enhance their rights. Problems in the delivery of SDM were also highlighted in Farrelly et al.'s (2017) qualitative study of SDM processes in services for people with psychoses. In reviewing the literature, they highlighted a lack of clarity of conceptual meaning and methods of attainment, and problems arose if and when service users' capacity fluctuated. Opportunities for change were also limited if significant power differentials continued to exist between service users and professionals. The results of the study highlighted four professional barriers to SMD: ambivalence about care planning; perceptions that SDM was already being done; concerns about the clinical appropriateness of service user choices and limited availability to service user choices. The authors conclude by recommendations to initiate changes to organisational and professional attitudes and practices and better forms of education and training in this field.

This sense of incompleteness of delivery of SDM is also discussed by Ramon et al. (2021). Despite policy aspirations, service users are often not aware of what SDM means and professional resistance often occurs when there are there

are concerns about how such approaches might adversely affect medication adherence. It is argued that these impediments can be resolved by easy access to information about mental health interventions and a greater degree of respect and trust by both professionals and service users. It is of course important to explore how service users experience SDM processes. In a qualitative study carried out in Australia, (Knight et al., 2018), 29 people diagnosed with mental illness were interviewed to ascertain their experiences. The findings suggest that participants' conceptualization of mental health expertise, their own experiences and sense of agency, and their varying needs for dependence and independence impacted upon their relationships with mental health practitioners and, therefore expectations about SDM. There have been some attempts to formulate models of practice for SDM. Treichler et al (2021) suggest a model for engagement with people with serious mental illness where clinicians should use a collaborative approach to adjust unequal relationships of power to encourage patient initiation and interventions. This can be achieved by offering space for patients to identify personal values and priorities to increase quality of life issues, engaging with broader systems of advocacy and empowerment, and increasing targeted knowledge and discrete skills to facilitate initiation and engagement.

At one level it might be assumed that, as with other professionals, mental health social workers and other professionals are trained and educated to use relevant knowledge, values and skills which are appropriate for this way of working with service users. The literature implies, however, that there need to be shifts in assumptions and practices about decision-making processes if service users' rights are to be realised when need and risk are being assessed. This is not an easy terrain to navigate because decisions in these contexts are rarely linear and professionals' relationships with service users and their families are often complicated, even conflictual.

Regardless of these differences, it has been argued that in the revision of mental health laws the introduction of capacity laws can have the effect of restricting the sort of arbitrary decision-making that was, in the past, common in mental health services whilst also offering greater safeguards for service users. These laws are designed to shift professional attitudes which tended to be paternalist, towards more empowering forms of engagement and relational decision-making at times of crisis, risk and disturbance in the lives of service users and their families. Recent studies of mental health services reveal the effect that they have had on decision-making processes, both in terms of impediments and opportunities for change. For example, a meta-analysis of studies of people who lacked capacity because of their mental health problems

suggest that service users are often able to make decisions about their health care even when seriously ill (Vincen Pons et al., 2021), dispelling the myth that somehow being mentally ill implied automatically implies incapacity. In a systemic review of the literature on inpatients' capacity to consent (Curley et al., 2021) the authors found considerable variation in decision-making capacity by participants, and that not all voluntary inpatients had decision-making capacity. Conversely involuntary inpatients often had mental capacity to make decisions. They recommended that supported decision-making processes can help those with such mental incapacity. In another international study about people with severe mental illnesses, a common theme in the literature emerged. The researchers found that professionals and care givers had poor understanding of law and policy which had the effect of stymying opportunities for autonomous decision-making, even though there was an agreement that these psychiatric conditions did not preclude capacity (Calcedo-Barba et al., 2020). The conclusions that can be drawn from such research findings is that, while there may be situations of impaired decision-making capacity when people are mentally ill, they can still make rational choices and decisions about issues of health and social care when support and information is made available by professionals and mental health services.

One key consequence of the UNCRPD is that jurisdictions are now required to, where possible, avoid substitute decision making, for example when mental health laws are used. It is recommended that, as much as possible, SDM approaches are used by professionals, for example through the application of capacity laws. For instance, the English Mental Capacity Act uses the following principles which are often replicated in other jurisdictions internationally:

- A person must be assumed to have capacity unless it is established that he lacks capacity.
- A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
- An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
- Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

Enabling SDM

(Peisah et al., 2013) highlight key principles that should be used during the process of engagement with service users these contexts. These are: to recognise the importance of the dignity of risk, where the service user has the right to make choices that others do; ensuring assent when people lack capacity; and to engage in shared decision-making in the context of progressive, enabling laws. They propose the following model to enable capacity to make autonomous decisions:

1. Assess the person's strengths and limitations
2. Simplify the task by providing information that enables decision-making and avoid the use of jargon
3. Know the person and explore what is most relevant in their life, values and past decisions about their well-being
4. Maximise the ability to understand by being flexible with forms of communication.
5. Enable decision-making by finding common grounds for working

How then might these principles be applied in a reflective and reflexive way by social workers? At the outset of engagement with service users it is crucial that the practitioner should always consider the importance of decisional capacity (the ability of the person to make a rational decision about their best interest). Assessments of need and risk should be viewed to be contingent on complex variables which should be sensitively explored by the social worker, using strengths based, recovery focused paradigms. For example, if the service user is subject to financial abuse and other forms of risk there must be space for him, as a citizen, to be empowered to take positive risks; it is the role of the social worker, and other professionals, to create that space, and to support them to make objective decisions which may include some element of positive risk taking in his life. The literature suggests that principles of SDM should be followed when discussing opportunities and options with service users, for example by providing sufficient, clear, information about rights and available choices, even when other professionals in the multidisciplinary team might be resistant to such choices. It is also important to recognise that not all relational decisions are restricted to the casework relationship, systems of peer and other forms of advocacy are increasingly available in social, health and community-based approaches maybe just as effective. Whatever settings, aspirations for a more human-rights based approach, using reflective, relational skills and

values, social workers should also be concerned about a revert to tokenism or victim-blaming. This can occur when practitioners simplistically adhere to functional and organisational commitments to SDM when service users decide to exit the service. Social workers should always reflect upon how and why these decisions are made by service users and whether a more authentic engagement would deliver services and choices that would enable citizens to make fully informed decisions about their lives.

Conclusion

This chapter has discussed the complex nature of decision-making processes when intervening in the lives of older people and those with mental health problems. The history of the profession suggests an uneven understanding and contribution to the rights of service users when decisions about care and treatment are being made. At various times in the past, as with other professionals, social workers often created and reinforced positions of power in relationships with service users. The literature, however, highlights the way that policy, practice and legal mandates have changed practice narratives and modalities. As a result there are new opportunities for progressive changes in these relationships, but challenges remain when professional and organisational impediments remain.

The chapter sought to explain the range and variation of decision-making processes that underpin contemporary practices. The everyday life of social workers involves a myriad of processes of assessments, interventions and evaluations which involve many relational engagements with service users, families and communities. These generally imply a judgement about the ability of the service user to have the capacity to understand the nature and content of the relationship with the professional. Whether these interventions are guided by policy and organisational imperatives, or through more formal, mandated roles, the importance of understanding and applying principles of decisional capacity are now paramount.

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Reflexivity, COVID coping and trust at the workplace

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Zuzana Havrdová, FHS UK, GAČR, 19-07730S

The main goal of this chapter is to describe the results of a quantitative data analysis focused on reflexivity, coping with Covid and trust at the workplace for social workers and nurses. The data analysis is based on a big quantitative survey which was collected during the "Self-reflection in social workers and nurses (2019-2022)" project. It is necessary to add that the data were collected during the COVID pandemic and the original idea of face-to-face interviews was dismissed. We also slightly modified the original questionnaire proposal and added some questions regarding how organizations coped with covid. During the pandemic, the target group of the survey (social workers and nurses) were extremely exhausted, so it was very difficult to reach them. We used small gifts as an incentive to increase the return rate. The data collection was organized from May, 2021, to January, 2022. In total, 730 Czech social workers and nurses were interviewed through an online questionnaire. The sample was expert-based so different types of organizations in the social and health care sector were included. The data provided information about individuals, and respondents were also asked to answer questions about their work teams and organizations in which they are employed. The following results use statistical techniques, mainly regression analysis and structural equation modelling (SEM). We do not present elementary descriptive statistics here nor the results of correlation analysis.[1]

1 For more information about these results, please contact the main author of this chapter.

The first analytical step[2] was to prepare the scales measuring individual, team and organizational properties. The following table 1 describes the measured phenomena for all the levels mentioned.

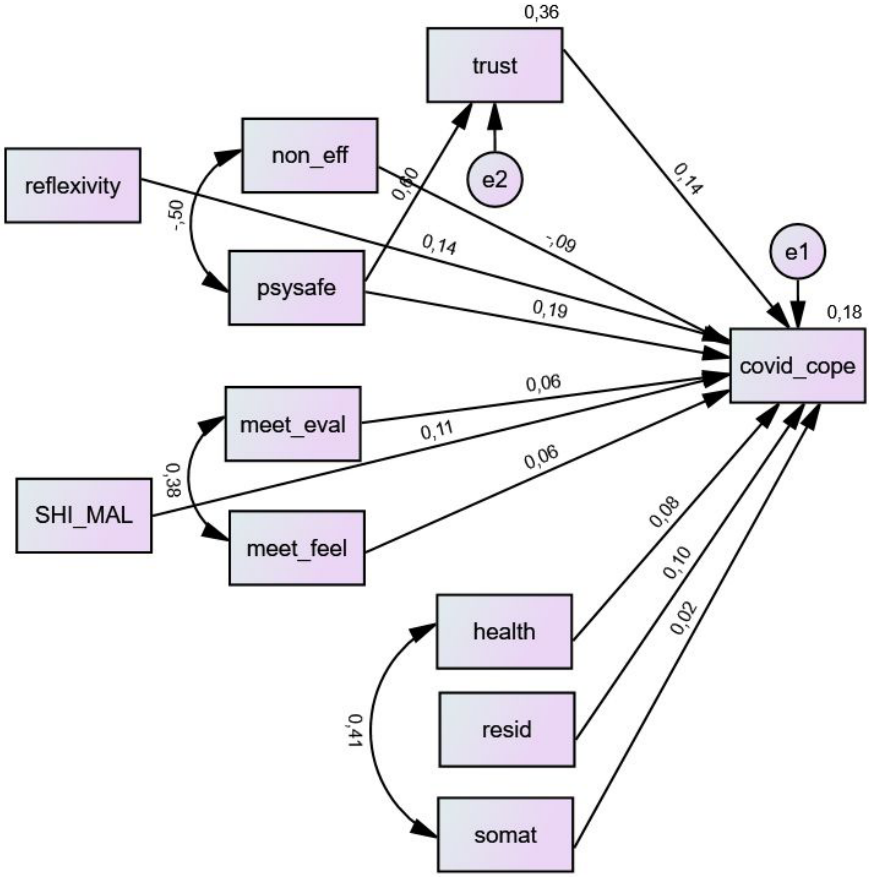
Table 1. Scales for individuals, teams and organizations

Individual level	psychological mindfulness, psychological safety, self-efficacy, SHIMAL, kindness, susceptibility
Team level	non-efficiency, evaluation of team meetings, feeling after team meetings
Organizational level	coping with covid, reflexivity and trust level

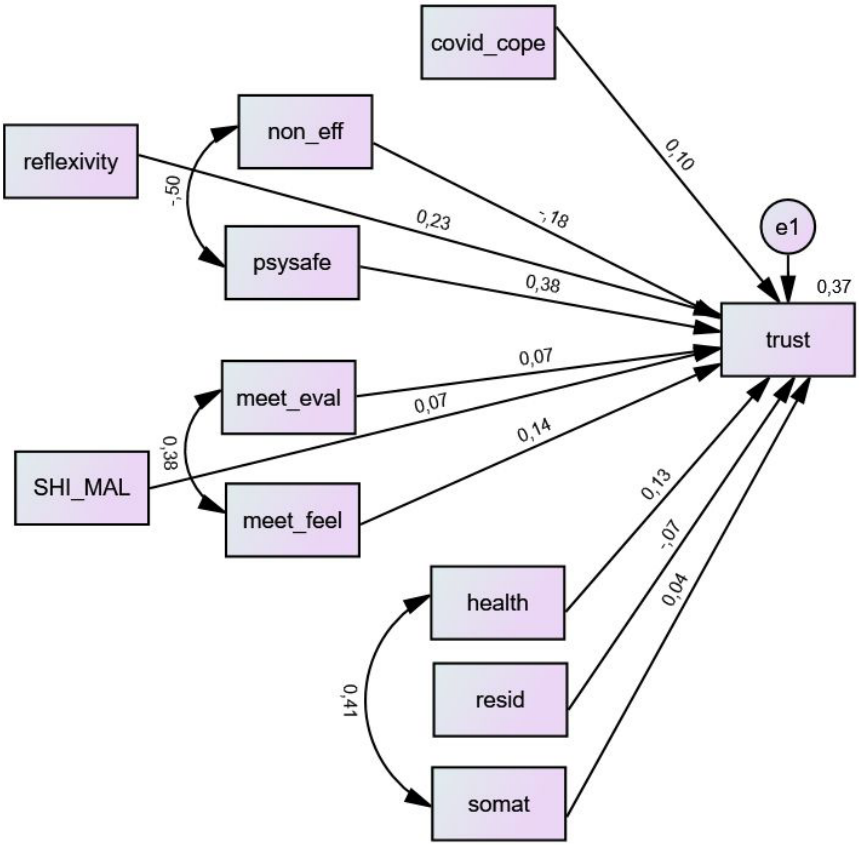
Most of these scales were based on well-known instruments, usually in a reduced version (i.e. smaller number of items were included based on a preliminary analysis *on* (of) other Czech data). For the purpose of a further data analysis, we repeatedly performed an exploratory factor analysis and based on the results we prepared summated rating scales for individual phenomena (see table 1). After this preliminary step we prepared three separate regression models that try to explain the level of coping with covid, reflexivity and trust (level) in the organization. The predictors for these models were the individual, team and organization properties mentioned above. Finally (after (a) set of regressions), we also applied one joint structural equation model including all dependent variables into one model. In order to keep the presentation simple, we offer all the/our results in graphical form (diagraphs) and also add some interpretations *to these* (of the??) charts.

The first model was trying to explain the level of coping with covid (dependent variable). The explanatory power was not high (18 %). The strongest predictors include reflexivity(+), SHIMAL (+), psychological safety(+), team non-efficiency(-) and the level of trust(+). A higher level of coping with covid was found in residential organizations than in out-patient organizations. Graphical results of the model (standardized coefficients) can be found in Picture 1.

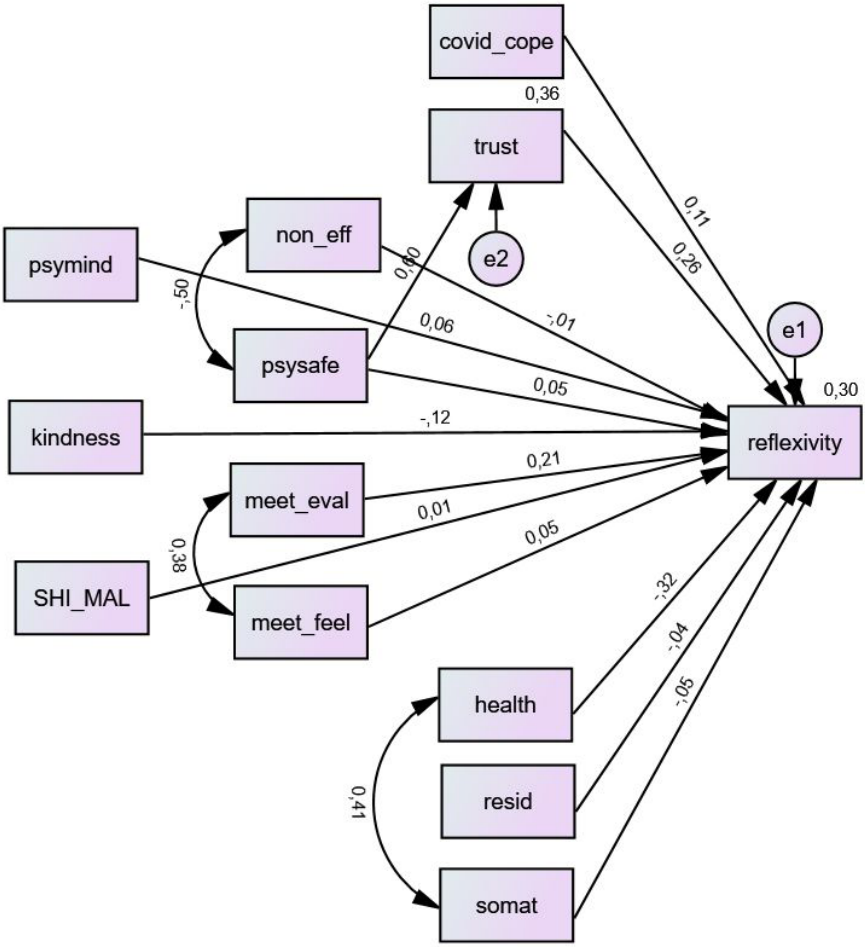
2 We do not describe the preparation of the data file, e.g., labelling, cleaning etc.



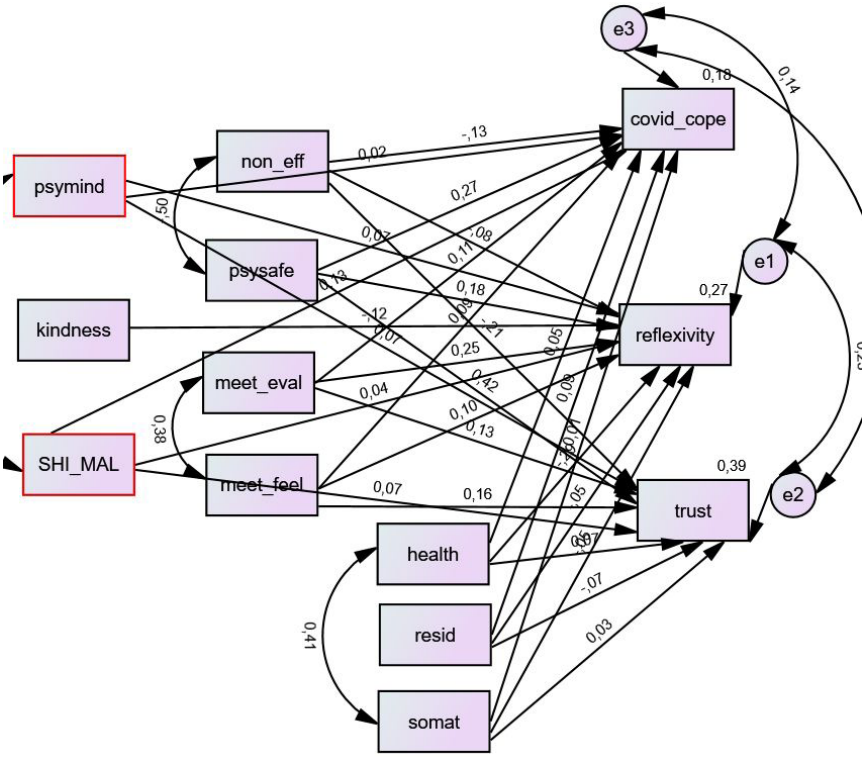
The second model was trying to explain the level of reflexivity (dependent variable). The explanatory power was better than for the 1st model (30 %). Kindness (+), evaluation of meetings (+) and the level of organizational trust are strong predictors. A lower level of reflexivity was found (according to expectation) in health organization than in social work organizations. Graphical results of the model (standardized coefficients) can be found in Picture 2.



The last model was focused on the level of organizational trust (dependent variable). This model has the highest explanatory power (37 %). The strongest predictors include reflexivity(+), psychological safety(+), team non-efficiency(-) and feelings from meetings(+). A higher level of trust was found in healthcare organizations than in social work organizations. Graphical results of the model (standardized coefficients) can be found in Picture 3.



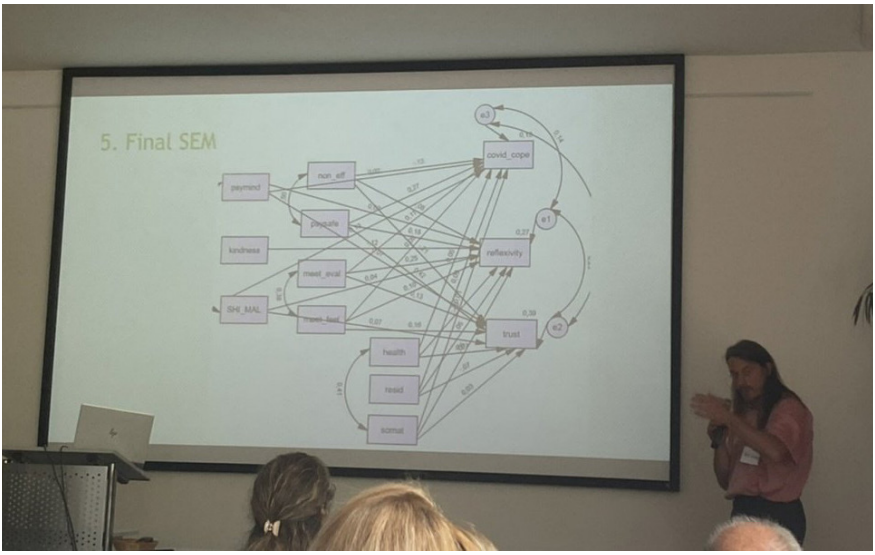
Finally, we tried to prepare one joint structural equation model for all the predicted phenomena. In order to keep the presentation of the results and their interpretation simple, we slightly decreased the number of predictors. The graphical results of SEM (offering standardized coefficients) can be found in Picture 4.



If we try to generalize the results of this joint model, we can simply conclude that psychological safety is an important predictor for all three phenomena (coping with covid, trust and reflexivity). Also meeting evaluations and feeling after meetings influence these three aspects of organizations. We should also mention that (the) SHIMAL scale positively influenced the level of coping with covid.

To conclude we shall try to summarize our results and offer some proposals for further research. Based on our models, the best explanations were for the level of organizational reflexivity and trust, for covid coping the level of explanation was approximately one half. The feeling of psychological safety is important and influences all the phenomena we were interested in. What also matters (and it was quite surprising) are meeting evaluations and feelings participants had after meetings. This result should be studied in further research. Of course, we must admit that all three phenomena (reflexivity, trust, coping with covid) are interrelated, which is best represented in the final SEM model.

For further research it would be even better to design a survey at team level. We would, therefore, propose to map whole teams as well as team leaders. A combination of quantitative and qualitative perspectives would be useful as well to better understand causal relationships.


5. Final SEM
covid_copi
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Enhancing reflexivity at the workplace (selected research results)

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In this chapter we continue to introduce some key points of what we learned from the three-year research project GACR 2019-22, reg. č. 19-07730S Self-reflection in social workers and nurses (in the Czech Republic). The details of the project and of all research aspects will be published by a team of authors (editors Walter Lorenz, Zuzana Havrdová) in the monograph "Enhancing professionality through reflectivity in social and health professionals" in Springer Verlag, 2023.

Since the 1980s, reflection and self-reflection have been considered as key characteristics of professionalism. One point of interest in this project was to understand whether reflexivity really means anything special to helping professionals in CR. In this light we focus on three questions:

- Is there a difference in reflexivity in social workers and nurses and the general Czech population?
- What types and forms of Reflectivity/Reflexivity do social workers and nurses, working in various social and health organisations, use and which type do they prefer, if any?
- Reflexivity should hypothetically be shaped by education and workplace influences. Is this really the case in the Czech Republic and how does it happen?

Four consecutive studies, which could provide some answers to these questions, have been conducted since 2019:

- Study A – qualitative research through in-depth interviews focused on how social workers and nurses reflect, how education influenced their

reflectivity and what conditions and support for reflectivity did they receive at their workplace.

- Study B – validation of personal reflectivity scales SRIS and PHLMS (Havrdová et al, 2020) and formulation of the hypothesis on predictive factors of reflectivity at the workplace. Those scales measure various aspects of personal reflectivity.
- Study C – realisation of the survey in the social and health care sector on predictive factors and the possible "impact" of the reflectivity-model presented by Petr Soukup.
- Study D – qualitative research through focus groups with managers in social and health organisations, which focused on the possible ways how to shape reflexivity at the workplace.

Now we briefly explain what answers to our questions we obtained from the four studies above.

1. **The in-depth interviews in study A** were prepared by the following team: Walter Lorenz, Zuzana Havrdová, Michal Růžička and Monika Čajko-Eibicht. Michal Růžička conducted 17 interviews with social workers and nurses working in various types of social and health services, other members contributed more or less to the data analysis and interpretation. One result of our learning from this study was the sensitisation to the conceptual differences between personal and professional reflectivity, and professional reflexivity. The differences were partly conceptualised in the article Havrdová et al., 2022 (in print), and partly in the presentation at the international conference on supervision (Havrdová, 2022). Here we use a shortened version of the scheme Tab. 1, presenting, in a simplified form, the levels of use and cultivation of professional reflexion, which are also published in the article Havrdová et al., 2022. Levels 1-3 of reflexivity have an *ad hoc* situational character. Levels 4 and 5 of reflectivity require longitudinal intentional cultivation, and level 5 requires a nurturing atmosphere in the team and an organisational culture which supports reflection. The situational form of reflexivity is described only very sketchily. This kind of reflexivity requires further detailed research. The first level of reflexivity is very closely bound to the high expertise in our sample, where specialised activities, for example in emergency nursing work, are enabled by reflexivity. This kind of reflexivity has been acquired by training as well as specific behavioural patterns and decision-making processes mostly

during on-the-job training or in specialised courses. This means that this kind of reflexivity, referred to by our partners in interviews, is nurtured not as intentional acts of reflection but in and through intentional specialised professional activities, which require reflexion to create some intended "gestalt" of the activities.

What did we learn from this research?

- The concept of reflection as social workers and nurses understand it is mostly related to either self-reflection, reflective learning or supervision.
- Situational forms of reflexivity exist everywhere, in all kind of organisations, however they have not received much attention so far.
- Social workers refer to higher-level cultivated reflection (4 and 5) more often than nurses, however this seems to be due to a better supporting context, not due to the differences in education, as there are also nurses who practice highest-level cultivated reflection on their job.
- Education can initiate interest in reflectivity but workplace conditions enable or disable the higher levels of cultivation.
- The attitude of managers is crucial to developing reflectivity – managers can enhance or hinder reflectivity at the workplace in many forms.

2. **The validation of personal reflectivity scales SRIS and PHLMS** (Havrdová et al, 2020) in study B has been realised together with a battery of other personality scales. One of them was DE14 scale of empathy by the Czech authors Tišanská, Kožený (2012). Hypothetically, the first two scales measured various aspects of personal reflectivity, and correlated significantly with the domain of *receptivity* in the third questionnaire. We used these items in study C as well. Through study B and C, we came to the understanding of what we see as three facets of reflection (Soukup, Havrdová, 2023, to come). The first facet measured by 11 items from SRIS (Grant et al. 2002) can be described as *as intentional reflectivity* represented as intellectual interest in self-understanding and understanding of inner thoughts and emotions (eg., I frequently take time to reflect on my thoughts). The second facet measured by 8 items in PHLMS can be called *present moment reflexivity (*eg., When someone asks how I am feeling, I can identify my emotions easily.*)* It is described originally as awareness of what is going on here and now in the body and mind, without evaluation. The author of PHLMS (Cardacciotto et al., 2008) also mentions the

Tab. 1. Levels of use and cultivation of professional reflexion (spontaneous till longitudinally nurtured)

	Purpose	Formation	Working conditions	Nature of care
1. Practical reflexivity	Semi-intentional coordination between paralel behavioral and mental processess to reach clear professional goal	Tacit knowledge	Enabling professional acts	Somatic, psychosomatic, urgent Strong reliance on tacit knowledge
2. Abreactive reflexivity	Verbal ventilation serving to actual stress relief	Not necessary Positive acceptance of the colleague	Enabling unformal meetings with colleagues	Any kind
3. Corrective reflexivity	Removal of professional mistakes	Common social norms, self-control	Rather hierarchical distance	Any kind, residential
4. Thoughtful reflectivity	Long-term work with various views	Long-term formation	Positive attitudes to reflexion	Rather multilevel, complex
5. Dialogic reflectivity	Detto-going on in team	Long-term formation	Resilient culture	Multidisciplinary team work

Source: Havrdová et al, 2022, tab. 2 shortened

concept of *mindfulness* and the items belong to the Philadelphian scale of mindfulness (we used 8 items from the 20 original items for study C). The third facet of reflection measured by 6 items from DE14 might be interpreted as *relational reflexivity*. The authors of the scale DE14, call it "receptivity". The subject of this receptivity is aware how other people around them feel and react in a social group, eg., I can easily feel when someone in the group is not feeling well.

3. **Study C – realisation of the survey in social and health care sector**
The survey was carried out through intentional sampling according to types of social and health organisations (residential, out-patient, field), different regions, educational practice (min. bachelor degree in nursing or social work + 2 years of practice). The respondents were addressed by email using lists of existing organisations. Also, the heads and leaders of departments were addressed with the request to participate in the survey. The questionnaire was available anonymously at a paid closed web platform and those who filled it in could receive a small benefit (voucher for food). The whole sample consisted of 771 nurses and social workers (details will be described in the monograph coming later). The questionnaire consisting of 41 items was constructed by the research team based on their hypothesis of individual, team and organisational factors influencing reflectivity using results of phase A and B research.
Here we only focus on one aspect of our results – the answer to our question if **reflectivity means anything special to helping professionals.** Below (Tab. 2) we present the comparison of separate scores in three aspects of various facets of reflectivity as measured by groups of items named psychmind12, nezryp12 (*intentional reflectivity*), psychmind14 (*present moment reflexivity*) and vnimav_13 (*relational reflexivity*). The comparison is between the general population, a group of employees in social and/or health organisations, a professional group of nurses and a group of professional social workers. We see significant differences in all measured facets of reflectivity between the general population and social workers and nurses, with the highest scores in ***intentional reflectivity*** (psychmind12 + nezryp12) by social workers working in social organisations. This corresponds to our finding in study A, that social workers in social organisations have more opportunities for nurturing and cultivation of intentional professional reflectivity and this

experience might also raise engagement in personal reflectivity. Both groups of social workers and nurses in social and healthcare organisations also show ***present moment and relational reflexivity*** (psychmind14 + vnimav_13) than the general population. This might represent the facets of unintentional, ***situational reflexivity*** which is nurtured in action and through action, and in the continuous challenge to cope with relationships in the context of regular demanding work with clients and in collaborating teams.

Tab. 2. General population vs. social workers and nurses in three facets of reflexivity (social workers and nurses N=771)

SRIS (7+4) Empathy(6) PHLMS (8)	**General population**	**Health and social services**	**Health services**	**Soc services**	**Nurses**	**Soc workers**
psymind_12	3,4677	4,4141	4,3043	4,5724	4,2639	4,6234
nez_ryp_12	3,6663	2,5870	2,7923	2,2910	2,8288	2,2500
vnimav_13	4,6274	5,1847	5,2194	5,1351	5,2402	5,1076
psymind_14	3,1661	3,7654	3,7500	3,7876	3,7553	3,7795

Source: Havrdová, Soukup, 2022

What did we learn from this survey and the comparison with the general population?

- The concept of reflection as it is used in literature has a connotation of intentional work with reflection closely related to other cognitive processes. The intention is typical as well as the rational interest which is opposed to the rational refusal of this interest. Therefore, we use the term ***intentional reflectivity*** to describe it. The term was first used by Grant et al. (2002) used for similar content the term engagement in reflection and need for reflection although for a slightly different purpose. The difference between personal and professional reflection in these facets lies

only in the subject of reflection which is either personal or professional. In our battery of items, the items psychmind12 and nezryp12 stem from the questionnaire SRIS (Grant et al., 2002) which best corresponds to this facet of reflectivity. Social workers refer to the higher level of this facet of reflectivity more often than nurses, and both of them score higher in it than the general population.

- The concept of reflexivity is more general than that of reflectivity. It might include all kinds of unintentional situational forms of awareness raised mostly spontaneously as a part of coping strategies (for example the perception of movement of a person crossing my route while walking- I must reflexively adapt my speed of walking in order not to collide with the other person) or longitudinally nurtured in action and through action, so that it becomes highly differentiated. This takes place despite the fact that it is used without reflected intention – unintentional (the fourth stage of professionality, knowledge which is used unknowingly, tacitly (eg. reflection of colour of the face of the patient starting to suffocate). Items from PHLMS (Cardacciotto et al., 2008) psychmind14 which hypothetically represent *present moment reflexivity* and from DE14 vimav_13 which hypothetically represent *relational reflexivity* in our battery correspond probably partly to this aspect of situational reflexivity. This must, however, be verified in further research.

4. **Study D – qualitative research through focus groups with managers**
   Goal of the study – how to shape reflexivity at the workplace from the position of a manager and/or leader.
   Data collection: Two focus groups were organised, one with 5 social work and one with 5 nursing leaders and experienced top managers from different types of social or health services (residential, out-patient, field service).
   The group members were selected by intentional sampling based on the type of organisation + different regions, positions (3 top managers, 5 mid-level managers (head nurses, heads of departments, 2 "clinical" team leaders and 1 private out-patient medical doctor). They received the results of the studies A and C and the conceptual framework concerning reflection and reflexivity before the focus group. The central topics for discussion were how is reflexivity shaped in their organisation, what do they find meaningful and what would they need to make it more

effective. The focus groups interviews were recorded, transcribed and analysed by **thematic data analysis.**

Draft results:

- Three types of general topics for reflectivity were found – **organisational process**; **clients/case studies**; **staff relations.** Most topics were related to the first type, least for the last ones with great differences between various organisations. In the residential setting, managers have more possibilities to develop various types of reflective activities thanks to the common place and time under one roof.
- Many tools can be related directly to advanced management and leadership processes – in case they are realised "reflectively"!!!!!
- The level of reflectivity depends on the organisational culture (trust) and positive experience of participants – both must be cultivated regularly.

Preliminary summary of what we learned from the GACR project

- Social workers and nurses report higher **personal reflectivity** than the general population.
- Personal reflectivity is mostly related to its intentional form, e.g., supervision, while situational forms of reflexivity are frequently used unknowingly.
- Professional reflexivity has many forms, subjects and levels, depending on the target (somatic, psychosocial) and type of care (health, social), team work and organisational culture (trust and management support) and traditions in using supervision. The dimension of cultivation can be one practical way how to sort it and how to think about developing it.
- The influence of the working context seems to be much stronger than education.
- Well-practiced supervision and reflective forms of management/leadership are promising (and influential) tools for enhancing reflexivity at the workplace on all levels.
- Health and Social Organisations using frequently supervision and reflection are assessed as more effective in dealing with covid by social workers and nurses working there. These employees feel also more trust, psychological safety in teams, personal energy and satisfaction in work than those, where reflectivity and supervision is seen as lacking.


2022, tab.2 shortened, in review)
Purpose
Formation
Semi-intentional coordination between paralel behavioral and mental processess to reach clear professional goal
Tacit knowledge
Verbal ventilation serving to actual stress relief
Not necessary
Positive acceptance of the colleague
Common social norms, self-control
Long-term formation


MARTIN
HAVRDA

Publications

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Záznam z panelové diskuse

Moderátor diskuse Mgr. Petr Vrzáček představil účastníky panelu (M. Pojarová je omluvena pro nemoc):

Nejprve bych rád představil dámu, Dr. Sarah Donelly, sociální pracovnici, působící jako asistentka na dublinské univerzitě.

První zleva sedí Dr. Martin Hollý, MBA, do nedávna ředitel Psychiatrické nemocnice v Bohnicích, vedle něj MUDr. Martin Havrda, primář interní kliniky Fakultní nemocnice Královské Vinohrady a také kolega vyučující na 3. lékařské fakultě Univerzity Karlovy.

Následují paní Sarah Donelly a konečně ing. Mgr. Matěj Lejsal, který kromě toho, že vyučuje ve studijním programu Řízení a supervize FHS UK, je také ředitelem domova Sue Ryder.

Já nejdřív začnu technicky, my jsme se s dámami z tlumočnické kabinky domluvili, že buď můžete mluvit v češtině, nebo v angličtině, jak je vám to bližší, ale prosím, neměňte jazyky. … Máme dvě otázky, které by měly strukturovat tuto diskuzi.

- What are the visions, social and political arguments or practical arguments for (eventually against) enhancing reflexivity at the workplace?
  Jaké vize, sociální a politické argumenty nebo praktické argumenty pro (případně proti) podpoře reflexivity na pracovišti vidíte?

- What conditions (political, social, economic, human) you see as necessary for enhancing reflectivity?
  Jaké podmínky (politické, sociální, ekonomické, lidské) vidíte jako nezbytné pro rozvoj reflexivity?

Nejdříve bychom dali každému z vás prostor, abyste začali odpovídat na první z otázek, která se týká především systému, protože, jak je mým poznatkem z dosavadního průběhu konference, tak je jasné, že systémové nastavení má velký vliv na to, do jaké míry organizace a lidé uvnitř těch organizací se věnují

procesům, které umožňují nebo podporují reflexivitu a reflexivní přístup k tomu, co se uvnitř těch organizací děje. To by byla ta systémová úroveň. A pod tou systémovou úrovní se nachází organizační úroveň a samozřejmě odpovědnost lidí, kteří spravují úseky v organizacích nebo organizace jako celky, a to, do jaké míry právě tito jedinci rozumí významu reflexivity a podporují procesy, které umožňují, aby se v daných organizacích reflexivita odehrávala a přispívala možná k wellbeingu nebo k tomu, že se lidé uvnitř organizace cítí dobře, a tudíž se mohou věnovat práci s radostí. Anebo možná jen k tomu, že se mapují témata, která v organizaci skřípou a organizace se na ně snaží nějakým způsobem reagovat. Možná bychom začali úplně na levém křídle u pana doktora Hollého, jestli můžu poprosit.

MUDr. Hollý: Dobrý den všem. Já zvolím češtinu, protože reflektuji, že tohle téma pro mě není úplně na zkoušení fluentní angličtiny. Já si k tomu přidám třetí otázku, protože v programu jsem uveden jako ředitel Psychiatrické nemocnice v Bohnicích, kde jsem se taky po relativně dlouhém procesu nějaké sebereflexe rozhodl po 14 letech ukončit tuto moji epizodu životní a odejít, nebyl jsem odvolán, ani jsem neodešel do důchodu, takhle. Jsem si říkal, že v 50 ještě dobrý věk na to, abych otevřel nějakou další etapu svého života. Tak to jen na vysvětlení a myslím si, že to trochu souvisí s tím tématem, protože pro mě to bylo relativně těžké rozhodování, já jsem v Bohnicích strávil polovinu života a z toho polovinu jako ředitel, takže tak jsem si přidal jednu otázku. S dovolením začnu potom tou druhou, na té organizační rovině, protože s tím jsme udělali nějakou zkušenost u nás v nemocnici, tak Bohnice, stoletá instituce, 1 200 zaměstnanců, 1 200 pacientů plus minus, procházející transformací v rámci reformy psychiatrické péče, takže témat, která ti lidé vnímají jako velmi ohrožující, je moc. Plus k tomu musíme přidat tu institucionální hierarchickou strukturu, která tam je zakořeněná. Takže ten prostor pro reflexi jsme viděli v tom, co v sociálních službách je vlastně povinností a to je zavádění a doporučování nějaké externí supervize zaměstnancům. Dlouho jsme byli, řekněme od roku 2009, já jsem nastupoval 2008, tak od roku 2009 do roku 2012 jsme kolem toho tak jako našlapovali a říkali, že doporučujeme, když někde vyvstal nějaký problém na oddělení, tak jsme doporučovali externího supervizora, bylo to takové to silné doporučení, ale vlastně jen několik oddělení zůstalo nějakým způsobem aktivních. A my jsme říkali: „Není to otázka peněz, ale je to otázka vaší ochoty absolvovat tu supervizi," až jsme potom v roce 2012 se rozhodli a nebylo to jednoduché rozhodování, předcházela tomu taková debata se skupinou certifikovaných supervizorů, jestli jít tím směrem, nebo nejít, nakonec jsme udělali z toho

povinnost, že každý primář má na starosti nebo má v rámci své pracovní náplně povinnost zajistit externí supervizi toho týmu. Jako všechno, co je povinné, to má své pro a proti, ale myslím si, že to u části těch lidí prolomilo zkušenost a udělali mnozí dobrou zkušenost. Máme to v nějakém dotazníkovém šetření zachyceno. Takže z mého pohledu nebo pohledu nemocnice prostor musel být trochu nuceně vykolíkovaný, dlouho to nešlo využít nějakou vnitřní motivaci a má to nadále nějaký vývoj, samozřejmě do toho vstoupil potom covid, jednak zátěží, jednak nemožností se setkávat a tak dále. Takže to vnímám jako nesmírně důležitou často… Možná ještě jednu věc, já jsem se jako ředitel setkával jednou ročně s těmi supervizory, takže to, co někdy je ta reflexivita problémů, tak byla přenášena na tu úroveň, takže tam jsme to měli takhle vymyšlené. Co se týká systémové úrovně, já bych si přál, aby to nemuselo být takhle povinně, jak jsme to udělali v naší organizaci, aby každý dokázal nějak reflektovat své chování, ale na té nízké organizační úrovni jsem nenašel jiný nástroj než trochu tlaku. Já moc nápadů k tomu systémovému nemám.

MUDr. Havrda: Já za svoji zkušenost mohu reflektovat, já bych rozdělil to téma, tak jak jsme tady i dnes o tom diskutovali, na tu ryze odbornou stránku, která ve zdravotnictví je samozřejmě zásadní a kde nějaká forma zpětné vazby, rozebírání jednotlivých případů a reflexe toho, co jsme udělali dobře, neudělali dobře, jak to budeme dělat příště, jaké postupy budeme volit, je vlastně integrální součástí práce. Ale je to integrální součást, která je, tak jak pan doktor Hollý o tom mluvil, postavena na tom hierarchickém způsobu, jakým je uspořádaná nemocniční péče, protože já jako primář mluvím o nemocniční péči. A k tomu samozřejmě ta manažerská stránka, kdy například naše klinika, která má 80 lékařů, 400 zaměstnanců, je mamutí podnik a kde jsou ty jednotlivé stupně a je to úkol každého na tom jednotlivém stupni řízení, aby hovořil a pracoval s těmi svými podřízenými. To je taková ta tradiční stránka, která také potřebuje péči a kultivaci, protože to také není samozřejmost, že každý vedoucí lidi, které má pod sebou, že s nimi hovoří, že reflektuje, ať už formálněji, nebo méně formálně, jak jsou v práci komfortní, že reaguje na jejich chyby nebo naopak pochválí kladné stránky. Čili toto samo o sobě není samozřejmé. I toto vyžaduje péči a není jednoduché tu péči tomu věnovat, protože v tom obrovském, jak bych řekl, v té fabrice zdravotní péče, kde skutečně té práce je hrozně moc a pokud si tam člověk urve nějaký čas, tak by ho měl věnovat výuce, měl by ho věnovat vědě, měl by ho věnovat sebevzdělávání, teď my musíme dělat nějaké meetingy, kde probíráme nějaké věci. A kde ještě potom urvat ten čas na to, sejít se a řešit věci, které řada lidí, zejména v té lékařské části, nebude považovat osobně za tak

významné, aby jim ten svůj čas dali? Určitou, jak jsme tady o tom i mluvili, asi výjimkou je například paliativní tým. Já jsem byl iniciátorem vzniku podpůrného paliativního týmu v naší nemocnici a paliativní tým přímo ve svém křestním listě nebo v zárodku už má právě tu multidisciplinaritu a to, že ta práce vyžaduje multidisciplinární přístup a je tak náročná pro každého člena z hlediska jeho zátěže i psychické, že jsou tam integrální součástí supervize a asi pokročilé formy reflektivity. Takže to je taková spíš výjimka. A vnímám, že v oblasti sester, že asi ta otevřenost je tam větší. Myslím si, že je to dáno tím, že do takové té emancipace profese sestry, která proběhla řekněme od 90. let velmi intenzivně, takže to zaměření na soft techniky, na péči o komunikaci, péči o tým, že je věnovaná pozornost a že vnímám, že v tom sesterském prostředí ta otevřenost je větší, i když pochopitelně charakter dvanáctihodinové směny, vždycky někdo tam je, někdo tam není, viděl jsem třeba i při svých cestách do zahraničí, že někde třeba i vzdělávání se řeší tím, že je určený pracovník, který koho odchytne, toho odchytne, ale zorganizovat, aby se všichni sešli, je nereálné. To prostě v té nemocnici nejde. Ale přeci jen ta otevřenost tam vnímám, že je větší. V tom lékařském prostředí je toto opravdu velmi obtížné a myslím si, že ta cesta povinnosti je tou cestou, ale musí být samozřejmě provázána také s tím, pokud budou do toho angažováni experti, tak je to drahé. Takže kde na to vzít peníze, kdo ty peníze dá? Protože my třeba jsme dospěli právě v průběhu covidu, naše nemocnice byla neobyčejně zasažena covidem, měli jsme obrovský počet covidových jednotek a vlastně jsme reagovali na nějakou krizi. A to je posouvání věcí dopředu v českém zdravotnictví, já si myslím, že nejlépe jde tam, kde je to reflexe na nějakou krizi. Už nejde nic jiného dělat. A v tom covidu to tak bylo. Ta krize, kdy lidé byli konfrontováni opravdu v prvních vlnách s velmi dramatickými zážitky a složitou těžkou prací a tak dále, tak byla ta reflexe taková, že ti lidé potřebují podporu, takže jsme tenkrát získali i podporu vedení nemocnice v tom, že se angažoval psychoterapeut, který obcházel covidové jednotky a spíš na principu takové individuální komunikace s těmi pracovníky mi vlastně odlehčoval té psychické zátěži. To se ukázalo jako nesmírně užitečné. A také i nyní pokračujeme na nejtěžších pracovištích, ale teď třeba to děláme tak, že hradíme tuto činnost z darů, které jsme získali. Není to integrální součást, systémová součást. A pokud bychom chtěli v širším měřítku zavádět metody, například supervizi v těch týmech, tak náklady v tuto chvíli si nedokážu představit, z čeho, pokud nedojde k rozhodnutí nebo povinnosti, kterou by musel někdo ustanovit. Čili to si myslím, že jsou takové momenty, které asi bych tam vypíchnul. Jinak pochopitelně, že určitý krizový moment, který já vidím, který přece jen, si myslím, pomůže tomu, je ten, že je

nedostatek zdravotnických pracovníků. Byl kritický nedostatek sester, v řadě nemocnic je kritický nedostatek sester i nyní, i nedostatek lékařů. A ta snaha nemocnic udržet si pracovníky pravděpodobně bude jedním z nejdůležitějších motivátorů pro to, pečovat o pracovníky. Vnímám to tak, že právě reflektivita právě metody supervize a podpory týmové práce a takové té koheze těch týmů budou jedním z důležitých nástrojů, možná důležitějším než navyšování platů, na to, aby lidé se cítili v práci komfortně a bezpečně. A nesmíme zapomínat, že základní motivace pořád přes všechno, co se říká, jsem o tom pevně přesvědčen, základní motivace zdravotnických pracovníků, a jsem přesvědčen, že o to více sociálních pracovníků, je ta, že chtějí být užiteční a že tu práci chtějí dělat, protože v tom nacházejí sebenaplnění. A to, co bude podporovat pocit sebenaplnění v té práci, tak bude ten důležitý faktor, který pomůže bojovat s frustrací, s vyhořením a pomůže udržet lidi při té práci. Protože proto oni tam přicházejí. Takové to, co se říká, že jsou ti lidé cyničtí a tak dále, to vzniká právě tam, kde podmínky neumožňují, aby dělali tu práci tak dobře, jak chtějí. Čili my vlastně ty lidi kazíme, když jim znemožňujeme toho sebenaplnění dosáhnout. A myslím si, že tady ta cesta také je.

Vrzáček: Děkuji. *(promluva v angličtině)*

Dr. Donelly: *(promluva v angličtině)*
Hello, everyone, I am going to speak from two slightly different perspectives of my experience: the first: my experiences of reflexivity from my time as a medical social worker but also linking that to some research we've been doing in Ireland around developing pathways for integrated care for older persons because a lot of the findings are very relevant to what we've talked about today.

So, within the Irish hospital context we didn't, as registered social workers, we would have always been required, as part of our professional registration, to engage in supervision on a monthly basis, but also continuing professional development. So for me, I think for registered health and social care professionals, there is a little bit more of a mandate or a framework for reflexivity built within our professional identity and our registration status, which perhaps helps facilitate some of that.

In terms of the actual team functioning and reflexivity at the team level, I suppose I have mixed feelings about whether it should be mandatory or not mandatory. I can see the benefits of both, but I suppose moving back to some of our previous discussions and reflections around acknowledging "we are all reflexive", I think for me it is making some of that more explicit, and

acknowledging that, and a team level, certainly from some of the work we've been doing, we found that some of the things that really help in the acute hospital sector are acknowledging and establishing the overall aims and objectives of the agency, but looking at how they align with the team MDT level aims and objectives. What we've also found really helps is understanding of roles and having a good understanding of what our colleagues do. But actually some of Zuzana's findings really resonated with me as well, because we've also found that things like psychological safety and monitoring conflict within teams is also very helpful within that context.

But as I've been listening to the other speakers on the panel, I suppose I'm really thinking about: "is there research or do we need to do research around reflexivity, job satisfaction, team performance and effectiveness". And ultimately, how does that impact on our service-user or our patient experience. And can that be, ultimately, I suppose, our motivator for engaging in a more explicit reflexivity.

In terms of academia, it's a little bit more difficult, because again I can only speak to the Irish context, where we don't really have in-built mechanisms within the University, not formal ones, for reflexivity. But obviously, there will be a lot of informal reflexivity with our peers, and in our department, in University College Dublin, we try to build in some formal mechanisms by having monthly team-meetings amongst the social work team. So again this allows us to not only reflect on practical matters that arise with our students but also to be reflexive around, I suppose, more macro-issues and planning. But again some of that is underpinned around the need for us to do that to maintain our professional registration.

But I wonder, for other academic staff, how reflexivity might work for them without that mandate and without Universities putting those formal structures in place.

Český překlad:
Dobrý den, já budu mluvit ze dvou lehce odlišných perspektiv: za prvé ze své zkušenosti s reflexivitou během mé práce jakožto sociální pracovnice ve zdravotnictví, to ale propojím s výzkumem, který v Irsku provádíme v souvislosti s vytvářením cest pro integrovanou péči o seniory, jelikož hodně našich zjištění je relevantních s ohledem na to, o čem jsme tu dnes mluvili.

V kontextu irských nemocnic tedy musíme jakožto registrovaní sociální pracovníci… součástí naší profesní registrace je povinnost každý měsíc podstoupit supervizi. Je to i součástí našeho profesního rozvoje. Takže z mého hlediska je

tu pro registrované pracovníky ve zdravotních a sociálních službách do jisté míry povinnost nebo jakýsi rámec pro reflexivitu, který je součástí naší profesní identity a také naší registrace. Tím je to tedy pro nás snazší.

Co se týče samotného fungování týmu a reflexivity na úrovni týmu, nejsem si jistá, jestli má být povinná, nebo ne. Vnímám, že oba přístupy mají svoje pro i proti. Pokud se ale vrátím k tomu, co zde bylo řečeno dříve, a k úvahám o tom, že uznáme, že jsme všichni reflexivní, tak podle mého jde o to, aby byly některé věci explicitnější. Dospěli jsme k tomu, že v oblasti akutní nemocniční péče bylo rozhodně užitečné, když se pojmenovaly a stanovily hlavní cíle a úkoly. A také, když se pozornost věnovala tomu, nakolik tyto cíle a úkoly odpovídají cílům multidisciplinárních týmů. Také jsme zjistili, že je velmi užitečné skutečně chápat rozličné role v týmu a dobře rozumět tomu, co dělají naši kolegové.

Ráda bych taky řekla, že některé závěry Zuzaniny studie mě velmi zaujaly, protože i my jsme si uvědomili, že psychologické bezpečí a monitorování konfliktů v týmech je v tomto kontextu velmi užitečné.

Jak jsem poslouchala ostatní účastníky panelu, přemýšlela jsem o tom, jestli existuje výzkum, anebo by měl existovat výzkum, zaměřený na reflexivitu, spokojenost s prací, výkonnost a efektivitu týmu. A také, nakolik to dopadá na uživatele našich služeb a na pacienty. Právě toto by, podle mého, mohlo být motivací pro naši více explicitní reflexivitu.

Co se týče akademické sféry, tam je to trochu složitější. Znovu podotýkám, že mohu mluvit jen o irském prostředí, kde v rámci univerzit moc nemáme vybudované mechanismy, formální mechanismy, pro reflexivitu. Na druhou stranu samozřejmě probíhá neformální reflexivita v komunikaci s kolegy; na naší katedře, na University College Dublin, se snažíme vybudovat formální mechanismy prostřednictvím schůzek celého týmu, které se konají každý měsíc v rámci našeho týmu pro sociální práci. Díky nim můžeme reflektovat nejen praktické otázky, které se objevují v souvislosti s našimi studenty, ale také můžeme reflektivně uvažovat o jakýchsi makro-otázkách a plánování. Zároveň je třeba říct, že část toho je daná povinnostmi, které musíme naplnit, abychom si uchovali svou profesní registraci. Na druhou stranu si kladu otázku, jak může reflexivita fungovat u ostatních akademických pracovníků bez této povinnosti a bez formálních struktur vytvářených univerzitou.

Vrzáček: Děkuji.

Mgr. Lejsal: Dobré odpoledne všem, já jsem plný myšlenek po tom jednak dopoledním i odpoledním programu a teď ještě mám úkol odpovědět na první

otázku, co se týká struktury, tak to zkusím. Já si vypůjčím parafrázi nebo nejdřív řeknu tu původní citaci a pak ji zkusím parafrázovat. Henry Ford měl říci, že myšlení je práce, a dokonce že to je jedna z nejtěžších prací, kterou člověk může dělat. A právě proto asi tak málo lidí myslí. A mě napadá lehká parafráze. Reflexe, reflexivita je práce, je to nesmírně těžká práce, a proto je velmi snadné ji nahradit něčím, co dá méně práce. A myslím, že toto je taková myšlenka, která mě tu napadla, když se podíváme na popis zdravotních výkonů registračních listů, tak domnívám se, že žádný z těch listů neobsahuje položku promyšlení adekvátnosti, přiměřenosti, vhodnosti daného výkonu pro daného pacienta, notabene ještě dialog s pacientem o prospěšnosti toho výkonu s ním. A lehkou výhodu vnímám u sociálních služeb. Ne že by to tam měli napsané, oni jen nemají registrační listy těch výkonů. Ale třeba u pečovatelské služby, tam už jsme se tomu výrazně přiblížili a existují hlasy, které říkají, že by sociální služby také měly mít ty sociální výkony definované. Tak pokud by k tomu došlo, tak prosím, pohlídejme, aby se tam ta definice toho, že rozvaha nad prospěšností o provedení daného výkonu při každém jeho opakování je součástí toho výkonu a vyžaduje čas, energii a tím pádem i relevantní zdroje, tak aby se tam dostala. Tak to je jedno z těch systémových opatření. Druhé, které mi trošku na něj nahrála kolegyně Sarah, je, že to, co považuji systematicky nesmírně nešťastně ukotvené, a narazil na to i pan ředitel, bývalý ředitel Hollý, pardon, tak je ta diskuze o povinnosti. Já jsem přesvědčen, že povinností profesionála je se dále rozvíjet a reflektivitu vnímám jako součást jeho dalšího rozvoje. A pokud se dál nerozvíjí, tak je zcela legitimní, aby přišel o způsobilost k výkonu své vlastní profese. To, co považuji v českém prostředí za nesmírně nešťastné, je, že povinnost zajistit další rozvoj mají zaměstnavatelé. Povinnost, aby se lidé vzdělali, tak nese zaměstnavatel. A pokud se nechtějí vzdělávat nebo nebudou vzdělávat, tak by je správně měl propustit, protože nebudou splňovat požadavky na výkon své profese. A já si myslím, že téma těch komor a dalších věcí, rozhodně je spousta dialogů, jestli má být povinné členství v komoře a tak dále, já jsem přesvědčen, že povinnost udržování své profesní způsobilosti pro výkon práce musí, přinejmenším tu morální ale klidně i tu legislativní, nést člověk. Ten jednotlivec. A pak můžeme my jako zaměstnavatelé soutěžit tím, kdo vytvoříme lepší podmínky pro poskytování prostoru pro seberozvoj, tak jak to mimo jiné stanoví zákoník práce. To je druhý systémový pohled. A třetí, to, co mě napadá, napadlo mě to, když jsem měl možnost slyšet od paní docentky Havrdové, Zuzano, to přemýšlení o struktuře nebo úrovních reflexivity a reflektivity, tak vím, že nebudu určitě v nejbližších měsících a letech dost disciplinovaný, abych ty pojmy nezaměňoval, takže je budu velmi volně zaměňovat, nicméně myslím,

že ty první tři mně přijdou z té praxe manažerské relativně spontánní, protože jsou taženy tím, že člověk chce zapadnout, chce fungovat. A v práci také má v úmyslu dostat na konci mzdu a nebýt penalizován, to znamená, ten motiv přizpůsobovat se, učit se a využívat zpětnou vazbu spontánně, tak je velmi silný. A to, co vnímám jako velmi náročné, tak je skutečně systematicky vytvářet podmínky, a tím pádem ale alokovat zdroje lidské, finanční i prostorové, které jsou nesmírně vzácné, a významnou dobu nebo významnou váhu klást nejen na výsledky pro klienta, ale na to, aby tým, který pracuje, měl možnost se skutečně zabývat sám sebou a vztahy mezi sebou, což částečně může kompenzovat právě třeba i supervize a další podpůrné techniky, ale pak je ještě ta pátá úroveň, aby ten tým měl prostor a byl připraven pro to, vést dialog nejen o tom, co má kdo dělat a jak to má dělat, ale proč to má dělat a proč to má dělat tak, jak si řekli, že to budou dělat. Děkuji.

Vrzáček: Děkuji. To bylo takové první kolečko. Dostanete příležitost, nebojte se, na otázky bude možnost. Já se přiznám, že tak, jak jsme to kolečko projížděli, tak jsem si tu napsal jednu otázku, která mě velmi zajímá a věřím, že bude v kontextu těch položených otázek a bude zajímat i vás. A to je právě ta reflexe a využití reflexivity v té manažerské praxi. Že my zatím jsme byli dost často u těch týmů a teď bych se posunul nebo zkusil nás posunout v tom přemýšlení právě na úroveň manažerskou a to, jak vlastně s tím tématem zpětné vazby na svůj způsob vedení, řízení, komunikace, jaké jste si mechanismy vytvořili, jaké jste využívali a co pro vás byly ty zdroje skutečného nějakého poznání, ze kterých jste pak čerpali a třeba přehodnocovali i možná někdy svá rozhodnutí, která jste učinili, anebo způsoby řízení. Jestli byste mohli krátce reflektovat tuto tematickou linku. Dovolil bych si udržet zase stejné pořadí.

MUDr. Hollý: Pokud se vrátím zpět do nemocnice, tak v této rovině velmi dobře fungovala jakási supervizní práce týmu vrchních sester. Tam se to ujalo a měly pravidelné supervize a byl to jeden z těch týmů, kde nebylo potřeba dělat povinnost toho, že měly zkušenost, kterou… Jenom chtěly po mně peníze. Nic jiného. Co se týká toho obecného managementu nebo nejvyššího managementu, tak tam jsme to pravděpodobně řešili, nebo já totiž to úplně přesně nevím, jak to měli ti jednotlivci, ale jak se to v té psychiatrii nám plete trochu, ta supervize a mental ??? #00:33:37#, kterou potřebujeme ke své psychiatrické práci s tou manažerskou, tak tam jsme byli trochu ve slepé uličce, vím, že část lidí mělo supervizi vlastní. A to, abychom měli tu reflexivitu v té obecnější rovině, ne v té specializované supervizní, zajištěnou, to byl zase nástroj, který se nám

podařilo zavést, tak byly nějaké strukturované, také v nemocnici to u nás nebylo, nevím, nakolik je to v ostatních nemocnicích, v běžných firmách to není nic neobvyklého, ale že jsme zavedli velmi strukturované hodnoticí rozhovory, které také byly nějakým způsobem povinné, šly podle nějakého stejného scénáře, školili jsme všechny lidi na vedoucích úrovních, aby pravidelně a strukturovaně dávali zpětnou vazbu a diskutovali s jednotlivými zaměstnanci, až úplně na základní úroveň. A vždy jsme to nějak vyhodnocovali. Bylo to jednu dobu vázáno na odměňování, potom se nám to trošku rozpojilo, ale každopádně do té strategie jsem to psal a snažili jsme se to potom dodržovat, že každý zaměstnanec má právo na tu zpětnou vazbu, ne že je to povinnost nadřízeného, ale my naplňujeme právo lidí, aby zpětnou vazbu měli. Takže z tohoto, v celé struktuře to probíhalo, vždy první kvartál bylo hodnocení a vždy se o tom mluvilo.

Vrzáček: A vy sám, využíval jste nějaké mechanismy, v rámci kterých se k vám dostávala zpětná vazba? Třeba váš způsob řízení, komunikace a já nevím…

MUDr. Hollý: Jen svoji vlastní nějakou reflexi externí. Já jsem to vždy vnímal jako… I třeba když jsme dělali čas od času nějaké 360stupňové hodnocení, tak nikdy mě do toho neposunuli. Ale takže já jsem si to řešil ve svojí intervizi, supervizi. Tam jsme to nedotáhli. Ale třeba ještě zmiňuji tu třistašedesátku, protože ta je dražší než interní zdroje, takže od toho jsme vždy pracovali velmi opatrně a vždy jsme si vytipovali nějakou část lidí, kde jsme udělali jednou ročně tu třistašedesátku.

Vrzáček: Děkuji.

MUDr. Havrda: Já vnímám v principu lékařský tým z tohoto hlediska jako velmi obtížný, protože lékaři jsou často lidé, kteří jsou hodně, bych řekl, mají vysoké sebevědomí a každý za sebe jaksi ví všechno nejlépe a navozovat nějaké diskuze nebo dialogy o jiných než jasných, bych řekl ryze odborných nebo jasně manažerských věcech, takové nějaké otevřenější, v tom prostředí vůbec není snadné. A takže já tam vnímám možná trojí roli. Jedna role je ta, že pro to pracoviště je hrozně důležité mít nějaké hodnoty. Nějaké společné hodnoty. Navíc je třeba říci, že prostředí fakultní nemocnice je tradičně opravdu velice hierarchické a vnášet do toho nějaké jiné prvky je fakt složité. Všichni jsou tím překvapeni, když se tam… Takže já to vnímám tak, zaprvé dávat najevo, ať už v reflexi nějakých věcí, které se dějí, nebo v nějakých diskuzích dávat najevo hodnoty, které vedení toho pracoviště považuje za důležité a žádá od ostatních,

aby je nějak reflektovali, ty hodnoty. A pochopitelně debatovat o nich. Druhá věc je otevírat vůbec dveře tomu, že vlastně na diskuzi, na rozhodovacích procesech, že kromě, třeba na naší úrovni vedení kliniky, což jsou tři lidé, vedení kliniky bezprostřední, takže je to otevřené i pro další. A tím jsme nějak třeba my nadefinovali širší vedení kliniky a zavedli jsme pravidelné porady toho širšího vedení kliniky, kdy třeba já ze své role se snažím nějaké kontroverzní otázky otevírat a stimulovat diskuzi k tomu a stimulovat to, že se k té kontroverzní otázce přijme nějaké společné stanovisko, na kterém jsou jaksi přizváni ti pracovníci ostatní, aby na něm se podíleli. Aby bylo jasné, že jsou otevřené dveře k tomu, aby každý mohl vyjádřit svůj názor a aby se o těch věcech diskutovalo. A potom pochopitelně ta zpětná vazba, jsou v týmu lidé, kteří jsou jednak osobnostně, jednak nějakou svou rolí v týmu, svou autoritou, svým podílem na práci týmu, že jsou to srdcaři, kteří pracují, kteří jsou obětaví, kteří se starají o ostatní, tak jsou jaksi disponováni k tomu, že mají vážnost v rámci týmu a pro mě je důležité s těmito lidmi udržovat kontakt a hovořit s nimi a od nich získávat zpětnou vazbu. Čili to je taková, bych řekl, přirozeně lidská interakce, kde se člověk snaží ten informační a tu otevřenost... jí pomáhat. A za sebe mohu říci, že právě vedle toho přemýšlím o tom, jak na tu naši zkušenost s psychoterapeutem, který na to pracoviště zatím ještě dochází, tak jak na to navázat tím, abychom do našeho týmu nějak vpašovali nějaké pokročilejší prvky reflexivity, protože si myslím, že ten tým to potřebuje. Ale řekl bych, že asi nejde úplně jít přímo na Komoru, že musím, hledám, snažit se hledat nějaké cesty, kterými se to tam dostane takovou přirozenou formou, nenásilnou.

Slovo vpašovat vystihuje záměr.

MUDr. Hollý: Já bych možná doplnil jednu věc, protože když se bavím o sobě, tak pro mě bylo strašně důležité, to si až teď uvědomuji, jak se o tom diskutuje, setkání s těmi supervizory. To byl pro mě feedback, který byl v metakomunikaci vrácen zpět, protože oni jsou všichni školení a profesionálové, takže to nebylo o tom jednoduchém stěžování, ale když něco přesáhlo a s tím týmem to bylo domluveno, že se to bude eskalovat, tak to jsem vnímal. Když se ptáte na zpětnou vazbu, tak tohle byla jedna ze struktur, která pomáhala.

Dr. Donelly: *(promluva v angličtině)*
Thank you, I don't have so much to comment on this particular question because I haven't worked as a manager within my role as a medical social worker. But from what I observed from my role within the multidisciplinary team, is some of the reflexive mechanisms that managers put in place in the Irish context,

were things like critical incident interventions, I suppose, where there would be a reflective space created to reflect on, but which was usually triggered by some adverse event or a patient complaint. But again, this was always in a more of a negative context and certainly, in my experience, there weren't those opportunities to reflect on what worked well and how can we share that learning from this positive outcome with our colleagues.

Some of the things that did help us reflect and be reflexive within our multidisciplinary team was more centred around relation-building and developing inter-personal relationships, so team-building days (which can be cost-neutral) or things like regular journal clubs, where again there was shared learning around emerging research, research that colleagues were carrying out, again, I suppose, provided the mechanism to reflect and be reflexive on our practice in both a positive and negative way.

Moving into the University and the Academy, I've acted as a manager but at a school level, in terms of the social work department, and again there aren't really so many formal mechanisms for that. The feedback and the reflexivity tends to be more at the individual level, in terms of your own individual performance as an academic, or indeed very much triggered or related to student-feedback experience. So, again, I wonder if there are more opportunities for reflexivity within the University, and I would be very interested to hear other people's thoughts on that, when we move into Questions and Answers.

Český překlad:
Děkuji, k této konkrétní otázce moc nemám, co bych dodala, protože jsem ve své pozici sociální pracovnice ve zdravotnictví nikdy neměla vedoucí postavení. V rámci své role v multidisciplinárním týmu jsem ale měla možnost sledovat mechanismy zaváděné vedoucími pracovníky v irském prostředí: byly to například zásahy při kritických incidentech, kdy byl vytvořen prostor pro reflexivitu. To bylo obvykle vyvolané nějakou negativní událostí nebo stížností pacienta; vždy to bylo ve spíše negativním kontextu a určitě nešlo o reflexi nějaké pozitivní události, kdy bychom se zaměřili na to, co zafungovalo a jak bychom mohli ponaučení z tohoto pozitivního výsledku sdílet s kolegy.

To, co nám pomohlo, abychom reflektovali, a byli reflexivní v rámci multidisciplinárního týmu, se týkalo spíše vytváření vztahů a rozvíjení mezilidských vztahů: dny vyhrazené na tým building (který nemusí být nákladný) nebo třeba časopisecký klub, kde jsme se třeba bavili o výzkumu, který právě prováděli naši kolegové. Takové věci přinášely mechanismy k reflexi a přemýšlení o praxi, jak pozitivně, tak negativně.

Když se přesunu na univerzitu, tam jsem zastávala nižší vedoucí pozici v rámci katedry sociální práce. A znovu musím konstatovat, že v tomto prostředí není mnoho formálních mechanismů pro reflexi. Zpětná vazba a reflexivita se odehrávají spíše na individuální úrovni, kdy hodnotíte vlastní výkon jakožto akademik. Úzce to souvisí se zpětnou vazbou od studentů, anebo to je studentským hodnocením vyvoláno.

Takže si zase kladu otázku, jestli na univerzitách není více příležitostí k reflexivitě. Moc by mě zajímalo, co k tomu řeknou ostatní.

Vrzáček: Thank you.

Mgr. Lejsal: Já jsem měl výhodu, že jak jsem byl na konci, tak jsem si udělal poznámky. Individuální koučink, individuální supervize, týmová supervize. A u těch se nebudu tolik zdržovat. To, co jsou tři věci, kterým bych věnoval trošku víc pozornosti, tak je, setkal jsem se s autorem duchovní literatury Anselmem Grünem, který se hodně věnuje manažerským tématům, a už jsem se několikrát snažil dostat na duchovní cvičení s ním, ale nikdy se mi to nepodařilo, protože vždycky to vypíšou a než se přihlásím z Česka, tak z Německa už je to vykoupené. Ale on publikuje i knížky, které můžou být takovými průvodci pro takovou sebepéči. Tak to je jedna z takových linií, to znamená zakotvit to řízení a reflektovat ho nejen na úrovni praktické, ale duchovní. Druhá věc, kterou jsem si zvykl dělat v poslední době, a nesmírně mi pomáhá, tak protože mám za sebou sérii takových náročných větších rozhodnutí, které mě stály víc sil než kdy předtím, tak jsem si zvykl ty úvahy, ze kterých vychází mé rozhodnutí, tak si je popsat, což je něco, co mi je strašně nepříjemné. Já jsem člověk, který nejradši přijde a nechystá se a mluví spatra, když někam mám přijít a napsat svůj referát a příspěvek předem, tak to je obrovské utrpení, protože nikdy nevím dopředu, co chci říct, až potom, co to bylo, tak vím, co jsem řekl. Tak toto u těch rozhodnutí je takové hodně sebetrýznivé, nicméně mi to pomohlo v tom, že když jsem potom ta rozhodnutí sděloval dalším, tak jsem měl možnost s poctivostí používat k vysvětlení ty argumenty, které byly relevantní pro tu skupinu nebo pro lidi, se kterými jsem měl možnost mluvit v tu chvíli. A zároveň jsem věděl, že ty ostatní, které jsem nezmínil, tak nejsou zamlčené nebo tiše nebo veřejné, jenom jsem je nepoužil, protože jsem je nepovažoval za užitečné v tom vysvětlování. A kdykoliv bych na ně byl dotázán, tak je můžu zveřejnit a sám před sebou mám jistotu, že jsem je transparentně do toho rozhodování vzal. Třetí věc, která mně nesmírně pomáhá, jsem za to vděčný i kolegům, že mě vzali svého času, Zuzana, do party, že můžu učit a učit na vysoké škole a učit

na oboru navazujícího magisterského studia, kam se hlásí především lidé, kteří o to studium mají opravdu zájem. Protože oni jsou nesmírně náročnými partnery pro vedení výuky a vedení rozhovoru a protože já jsem fanda do zážitkové pedagogiky, tak se to snažím propašovávat i do prostředí vysoké školy, čímž se ale vystavuji riziku, že ten průběh výuky můžu ovlivnit jen z části, protože ostatní ho potom formují tím, co do toho přinesou, a nezřídka mě svými dotazy postaví do situace, kdy hledáme odpověď společně, takové diplomatické vyjádření. Tak to jsou takové tři věci, o které se dělím, že nad ty nástroje, které už jsou snad nějak standardizovaně používané nebo mohou být už v povědomí zakotvené, tak tyhle tři vnímám nějak svoje osobní jako podstatné věci, které mi teď pomáhají.

Vrzáček: Já myslím, že teď přeneseme tu možnost zapojit se do diskuze a stát se dalším z panelistů také do auditoria. Může to být reakce na položené otázky, můžou to být otázky, které rozvinou něco, co zde zaznělo, anebo se budou doptávat po tom, co nezaznělo a vy jste si mysleli, že zaznít mělo.

Dotaz doc. T. Matulayová: Ďakujem. Já sa volám Táňa Matulayová, som z Filozofickej fakulty UK v Prahe, z Katedry sociálnej práce, a tak využívám pre mňa výnimečnu príležitosť, že tu máme kolegou z manažerských pozicií z nemocničného prostredia. A chcem se spítať vzhledom na tie systémové podmienky, že ako vlastně uvažujete o inovaciách třeba dajakých, ak to považujete za potrebné vo vzdělávániu lekárou z pohledu treba dajakej podpory budovania reflexivity. Lebo niekolkokrát zaznělo, že pracujete vo velmi hierarchickej inštitucii a podobně, kde sa pracuje s mocou a podobně, tak by ma to zaujímalo, ako vy, ktorý aji se podílíte na výuke, vidíte možnosti ve vzdělávánia lekárou.

MUDr. Havrda: Já si myslím, že určitě metody nácviku jednak sebepéče, vůbec seznámení s těmi metodami, vůbec s možnostmi, jaké dneska jsou, koučink třeba manažerský, který já sám také využívám, nebo komunikace a další, supervize a další nástroje, že jsou určitě něco, co do vzdělávání lékařů jednoznačně patří, ale váhal bych říkat, že v nějakém rozsáhlejším způsobu patří do pregraduálního vzdělávání. Protože pregraduální vzdělávání, o to je rvačka. Tam je velmi omezená časová dotace. Těch šest let studia medicíny je vlastně hrozně málo, a protože jsem samozřejmě také aktivní na fakultě a členem akademického senátu a tak, tak vím, jaká je rvačka o těchto šest let, prostě každá hodina a neustále se diskutuje, co by tam ještě mělo být, ale něco jiného kvůli tomu se musí vypustit. A jsou různá schémata, různé způsoby výuky, 3. lékařská fakulta má jiný způsob curricula než 1. nebo 2. lékařská fakulta, teď se berou

příklady z různých zahraničních univerzit a tak dále a určitě je důležité, jak to studium je uspořádané, ale nakonec ten lékař z toho studenta vznikne a může tisíc být argumentů, že takhle je to lepší a támhle je to lepší, ale nakonec je z toho doktor. Myslím si, že to, co je důležité, je, dbát na to, aby v tom celoživotním vzdělávání byl i u lékařů právě kladen důraz na to, že jsou to lidé, kteří pracují v týmech, kteří musí být schopni ty týmy také vést. To je něco, co do toho tradičního pojetí vzdělání lékaře vlastně nepatřilo. A ta podpora v tomto smyslu si myslím, že je velice důležitá, měla by být. A právě bych radil soustředit se na to celoživotní vzdělávání. A dá se říct, že bych v tomto s Matějem Lejsalem souhlasil, že tak, jak člověk se má povinnost rozvíjet odborně a my třeba máme diplomy celoživotního vzdělávání, máme atestace a tak dále, tak já bych velice souhlasil s tím, že by měla být i povinnost lékaře rozvíjet se osobnostně a své schopnosti komunikace, své schopnosti manažerského působení, protože vlastně každý lékař včetně praktického lékaře je vlastně manažerem také, že by bylo jistě správné a rozumné, aby tato povinnost tam byla, ale asi to neznamená, že tady říkám, že má být někdo pokutován za to, ale asi nějaké nástroje k tomu, aby to bylo považováno za integrální součást kvalitního vzdělávání lékaře, bych se přimlouval.

MUDr. Hollý: Možná jen dvě poznámky. Nezaznělo tu strukturovaně to postgraduální, zaznělo jen to celoživotní vzdělávání nebo to specializační vzdělávání, to znamená po škole, než zatestuju. Tam by možná byl prostor pro nějaké inovace, ale bylo by strašně fajn, kdyby se teď nějakých 10, 15 let to specializační vzdělávání neměnilo, protože teď se měnilo tři roky a je v tom takový strašný chaos. A tím, že to trvá pět let, a když to vezmu s nějakými nástavbovými obory, tak je to sedm let, tak teď ti kolegové neví, jsou v různých vzdělávacích programech, takže teď z takové čistě praktické věci bych tam nesahal a nechával bych to v tom celoživotním vzdělávání, kde si myslím, že je to právě tak, jak často jsou to, jak se tomu říká, že jsou to měkké dovednosti, tak i ten tlak musí být měkký. Asi to nevyřeší žádný úplně inovativní projekt, ta forma může být inovativní, ale ti lidé musí nějak postupně získávat vnitřní motivaci a přesvědčovat se o prospěšnosti toho, to mně přijde důležitá ta druhá poznámka, že jak jsme to v Bohnicích dělali jako povinnost, tak to byla… Já sám jsem to vnímal jako rezignaci na přesvědčování, že jsem musel sáhnout k tomu mocenskému nástroji.

Donelly: *(promluva v angličtině)*
K tomuto nemám co říct, protože na vzdělávání lékařů jsem se nepodílela.

Dotaz doc. Havrdová: Já mám dvě otázky. První otázka je na Sáru Donelly. Zajímalo by mě, Sáro, ty jsi zmiňovala, že máte povinnou supervizi v roli sociálního pracovníka. Zajímalo by mě, jakou formou, jestli je to individuální nebo týmová nebo skupinová supervize a jestli máš možnost ovlivnit, kdo bude tvým supervizorem. To je otázka na Sáru. A pak bych měla otázku ještě na Martina. Ty jsi, Martine, zmiňoval, že zvažuješ poskytnout lékařům a sestrám v budoucnu nějaké rozšíření možností reflexe jako určitou formu benefitů. A mě zajímá, jestli by to skutečně bylo pro ně tím motivátorem. Jestli si myslíš, že o to stojí nebo jak moc o to kdo stojí. Děkuji.

Donelly: *(promluva v angličtině + překlad)*
Thank you, Zuzana, that's a very good question. In terms of the framework for supervision within the Irish context, so all social workers in Ireland, all health and social care professionals, physiotherapists, occupational therapists, speech and language therapists, are all required to engage in supervision. Depending on your employing organisation that can be… generally at some individual level, and it would be for an hour once a month, but in some organisations, and again this is reflective of growing social work teams and problems with capacity, increasingly particularly in hospital environments, group supervision is being introduced. And then, in alignment with that, social work practitioners are also required to maintain their continuing professional development and achieve a certain amount of what we call CPD-points per year.

In terms of "can you pick your supervisor"?, generally not, unless there is a personality difficulty or an issue. However, if you're an independently employed social worker you would employ a supervisor privately and, in that instance, you could choose your supervisor. But for the most part no.

Děkuji, Zuzano, to je výborná otázka.

Co se týče irského prostředí, tak všichni sociální pracovníci, všichni profesionálové ve zdravotnických a sociálních službách, fyzioterapeuti, ergoterapeuti, logopedi, všichni se musí účastnit supervize. Záleží na zaměstnavateli, ale obecně probíhá individuálně, hodinu za měsíc. V některých institucích v důsledku toho, že týmy sociálních pracovníků rostou a přibývá problémů s kapacitou, přistupují ke skupinové supervizi, především v nemocnicích. A v souvislosti s tím mají sociální pracovníci povinnost dále se profesně rozvíjet a každoročně získávat určitý počet bodů.

Co se týče otázky, jestli si můžeme supervizora vybrat: obvykle ne, pokud nenastal nějaký konflikt, nebo se neobjevily jiné nepřekonatelné problémy.

Pokud ale sociální pracovník pracuje na volné noze, vybírá si svého supervizora sám a sám si ho i platí. Většinou to ale tak není.

MUDr. Havrda: Já jsem přesvědčen, že ano, že o to stojí, každý stojí o to, aby mu dal jeho zaměstnavatel najevo, že není stroj, ale že je člověk, že je individuum a že o něj někdo má individuálně zájem a stará se také o to, jak on se cítí, jak on je komfortní a jestli se rozvíjí. Osobní rozvoj, to je úplně alfa a omega, kterou i lidé, když nastupují, tak skloňují. A jejich spokojenost je hodně spojená s tím, jestli mají pocit, že se rozvíjejí, anebo ten pocit nemají. Tak to je jedna věc. Já třeba v rámci toho, ono to má různé formy, já třeba jsem teď po mejdanu velkém, protože se nám podařilo po covidu, kdy jsme nemohli dělat nic, tak včera večer jsme měli velké setkání kliniky, na které byli pozváni úplně všichni pracovníci kliniky, každý, kdo chtěl, tak mohl přijít a byl to fantastický večer, takový společenský. Všichni to nesmírně reflektovali a my jsme tam zdůrazňovali s panem profesorem, jak si ceníme práce, kterou všichni dělají, a toho, co jsme jako tým dokázali v covidu, co jsme dokázali potom, jak se dokážeme postarat o naše pacienty. A snažili jsme se opravdu tímto způsobem i všem poděkovat a je to taková jedna forma, která je také důležitá, ale myslím si, že právě ta nabídka toho, že nám záleží na tom, aby každý mohl uvolnit nějaké napětí, které v něm je, pohovořit o svých problémech a to není možné v tom velkém týmu, nemůže člověk být tatínkem a maminkou každého pracovníka, ale měl by se snažit tu nabídku dát. A myslím si, že zájem o to je. Já jsem vlastně byl až překvapen, protože když jsme právě v tom covidovém období začali, tak jsme vůbec nevěděli, jak bude psychoterapeut přijat na těch pracovištích, takže jsme začali tím, že jsme sezvali staniční sestry všech těch pracovišť, kterých se to týkalo, představili jsme ho, vysvětlili jsme, proč vlastně jsme ho povolali, že považujeme tu situaci za velmi náročnou a pro mnohé lidi téměř nesnesitelnou a že věříme tomu, že to, když tam bude ten psychoterapeut docházet, tak že to může tomu týmu pomoci. A ty staniční sestry s tím souhlasily, takže on dostal takovou jako pozvánku, byly otevřené dveře na ta pracoviště a já jsem až byl překvapen, jak ohromně dobré přijetí tam bylo a bylo vidět, že ten zájem o to opravdu je. A druhý důvod, který mě k tomu vede, je, že pro mě jednou z obrovských životních a manažerských zkušeností byl právě vznik paliativního týmu a tam si člověk může klást úplně stejné otázky, protože ti takzvaně cyničtí zdravotníci, že jo, když jsme začínali, tak jen položit si otázku, jestli tento pacient během hospitalizace může zemřít a co já si jako zdravotník o tom myslím, tak tam byla spousta hlavně zdravotních sester, ale i lékařů, kteří byli totálně pohoršeni tím, že by si takovou otázku vůbec položili, protože mluvit o smrti

nebo o tom, že pacient může zemřít, jim připadalo naprosto nepatřičné, protože přece já ho mám zachraňovat a co já tady budu dělat nějaké soudy o tom, jestli může zemřít, nebo ne. A ten proces vzniku a zavádění paliativního týmu a jeho uvádění nejprve na naši kliniku a potom do celé nemocnice ukázal, že když se postupuje citlivě, tak že ta potřeba hovořit nejen bezprostředně, bych řekl, o materiální péči, ale i o těch záležitostech přesahujících to a uvažovat o nějakém smyslu péče, o cíli péče, brát respekt k přání pacienta, komunikovat s jeho osobami blízkými, že to reflektovalo vnitřní potřeby těch lidí, těch pracovníků. A že ač ta úskalí jsou tam veliká, to je známo ze všech nemocnic, kde se paliativní týmy tvoří, že se to podařilo a ukazuje to tu otevřenost. Já jsem přesvědčen, že ta otevřenost tady určitě je, jen ta cesta není jednoduchá a musí se postupovat citlivě. A je to tak, jak Matěj říkal, je to dřina, prostě je to dřina a musí se to vymýšlet a není to samozřejmost.

Dotaz doc. Navrátil, MU Brno: Já bych měl otázku na paní profesorku Sáru Donelly. Jestli jsem dobře rozuměl, vy jste zmínila, že v souvislosti s využitím různých reflexivních metod také používáte metodu kritického incidentu, kterou v českém prostředí svého času proslavila Jane Fook jako autorka tohoto přístupu. Já se jen chci zeptat, jestli používáte tu metodu kritického incidentu v tom jejím duchu, případně za jakých okolností nebo v jakých případech. Rád bych slyšel trošku více o využití této metody.

Dr. Donelly: *(promluva v angličtině)*
Thank you very much, I'm going to have to try and remember Jane Fook's work, which I don't remember so well, it's not recent in my mind, so thank you for reminding me. Generally, as I said, the critical incident techniques in the hospital context were within, as I said, an adverse event, so maybe a patient dying unnecessarily, incorrect medication administration, often in the context of palliative care, it happened in terms of, I suppose, family or patient not feeling that their relative was managed well within those final days, that information wasn't communicated well, often it was around breakdowns in communication or problems in communication between different departments, or different professionals in the hospital.

Our use of that technique was very much in a "no-blame" context, but really trying to learn from the situation and that experience, and I suppose, looking at what could be done differently if that situation should arise again, really. But, I think, our medical professionals and colleagues may have some other thoughts around that. But it was really, as I said, more around adverse events rather

than routine ones. I suppose we could've taken opportunities where there were positive outcomes and also look at the learning from that. So, I think, maybe in terms of our reflexivity going forward, it's not just looking at the negative, but also looking at what learning can be generated from those, I suppose, good outcome cases.

Překlad:
Děkuji. Budu se muset rozpomenout na práci Jane Fukové, kterou už nemám v čerstvé paměti. Děkuji, že jste mi ji připomněl. Jak jsem říkala, obecně tyto metodu kritických incidentech v nemocničním prostředí nastávaly v rámci nežádoucích událostí, třeba když došlo k úmrtí pacienta, pacientovi byla podána nesprávná léčba, anebo třeba v rámci paliativní péče… když třeba příbuzní pacienta měli pocit, že péče o pacienta v posledních dnech jeho života nebyla dobře zvládnutá, když neproběhla správně veškerá komunikace; často jde o chyby v komunikaci mezi odděleními nebo jednotlivými odborníky.

Při užití této metody jsme se do značné míry snažili nikoho „nevinit", skutečně jsme se z dané situace a zkušenosti snažili poučit. Chtěli jsme zjistit, co bychom mohli udělat jinak, kdyby se podobná situace opakovala. Řekla bych ale, že k tomu budou mít spoustu poznatků naši kolegové lékaři.

Jak jsem říkala, většinou šlo o nežádoucí události. Myslím, že bychom si také mohli vzít situace s pozitivním výsledkem a učit se z nich. Možná do budoucnosti bude dobré neuvažovat při reflexivitě jen o negativních zkušenostech, ale i o pozitivních případech a o tom, co si z můžeme vzít z nich.

MUDr. Havrda: To bych chtěl říct, že také považuji za velmi důležité a také mám s tím zkušenost, pokud vznikne nějaká situace, ve které je evidentní, že vzniká tenze v tom týmu, například je třeba přijmout nějaké rozhodnutí, které někteří členové týmu mohou považovat za kontroverzní, tak je opravdu velice dobré sednout si a třeba pro sestry to je někdy překvapivé, ale reflektují to podle mých zkušeností velice pozitivně, když se toho sezení nebo i toho rozhodovacího sezení zúčastní jak právě lékaři, tak sestry, vedoucí oddělení, primář v mém případě, staniční sestra a vlastně i ty sestry, které poskytují péči, a každý dostane příležitost se k tomu vyjádřit a proběhne diskuze a dojde se k nějakému rozhodnutí, tak když třeba někdo by se za sebe rozhodl jinak, tak pokud tímto kolektivním způsobem se dojde k tomu rozhodnutí, tak to může velice ulehčit tomu, aby potom všichni akceptovali tu situaci a neodcházeli z toho frustrovaní. Myslím si, že tohle jsou právě výjimečně vhodné momenty k tomu, aby každý mohl reflektovat to své zapojení do týmu, to může, i on tam má svůj hlas, že

má možnost se vyjádřit a že i tomu vedení třeba záleží na tom, aby tým jako celek s tou situací se vyrovnal.

MUDr. Hollý: V tomto, já myslím, že v tom zdravotnictví teď v posledních letech vzniká ten systém psychosociální intervence, kde jsou ti peerští interventi, myslím si, že velmi dobrý systém, který samozřejmě někde nějak funguje, ale u nás jsou to často incidenty typu suicidií, kde se ten debriefing dělá okamžitě nebo máme na to vycvičený peerský tým z našich zdravotníků, takže nemusíme sahat do externích zdrojů, které v těchto situacích často selhávají na termínu, na tom, kdy se domluvíme, protože tam je důležité, aby to bylo rychle, aby to nebylo s tím, že se za 14 dnů v lepším případě někdo dostane na ten debriefing.

Mgr. Lejsal: Když slyším tento dialog, mně to připomnělo zavádění paliativní péče do prostředí domova pro seniory a řadu dalších událostí podobného charakteru, u těch kritických incidentů si myslím, že tady je zrovna jedna z oblastí, kterou si uvědomuji, že potřebujeme rozlišovat, kdy jde o tu intervenci a debriefing, který umožní zpracovat zkušenost jako takovou, aby mě nedestabilizovala jako člověka. A pak je druhá část, která je skutečně vědomá práce s tím, což bych i, když bych to opřel právě o to zkušenostní učení, což je jiný proces, který pracuje potom s tou zkušeností tak, aby se skutečně stala zdrojem učení a rozvoje. A myslím, že jsou to dvě různé věci. Ta první, ten debriefing proto, abych zvládl tu událost emocionálně, ošetřil rizika, předcházel nějakým bezprostředním následkům, tak to je přesně, jak říká pan Hollý, kriticky důležité, aby se to stalo co nejrychleji a brzy. A pak si myslím, že je ta druhá část, která snese ten odklad, ale je to ta vědomá práce se zkušeností, která se transponuje do nějakého rozvojového učícího procesu. Tak myslím, že toto je dobré rozlišovat, nezaměňovat a nepočítat s tím, že přesně, když se k tomu sejdeme za měsíc, že to ošetří ty emoce. A když se sejdeme k emocím, tak že se z toho poučíme.

Vrzáček: Já vám poděkuji za plodnou diskuzi. Myslím, že si zasloužíte potlesk. Myslím si to sám? Ne. Mám pocit, že aspoň za mě ta diskuze přispěla k tématu a přinesla nějaké konkrétní příklady toho, jakým způsobem je možné povzbuzovat, reflektovat a zároveň jsme řekněme stáli pevně na nohou a drželi jsme se praxe. Víme, že jsou nějaká systémová omezení, se kterými všichni v organizacích musí nějakým způsobem pracovat, ale zároveň vědomí, že i přes tato systémová omezení je možné získat příklady konkrétních způsobů, jakými je možné reflexivitu rozvíjet, podporovat a budovat v konkrétním prostředí,

v různém prostředí v různých organizacích, tak já za to sdílení a za otevřenost i možnost jsem vděčný a ještě jednou vám všem děkuji za přinesení sem svých vlastních zkušeností a názorů. Teď si vás dovolím propustit ještě s díkem. Konference se přiblíží pomalinku nebo blíží ke svému závěru. Já věřím, že každý z nás si z ní odnese samozřejmě spoustu vlastních poznatků, něco, co bude reflektovat, zpracovávat, něco možná, co ho zase nasměruje někam dál a posune někam dál. Mimo jiné já si budu odnášet i to, že vidím, jak vypadá primář interní kliniky po velkém mejdanu.

Final observations on conference "Enhancing reflexivity at the workplace " Prague 24 June 2022

Walter Lorenz

This conference concludes, quite deliberately, not with a blueprint of "how best to reflect" but with a wide-ranging catalogue of issues and dimensions that the scientific analysis of the phenomenon of reflectivity from a multi-disciplinary and international perspective has opened. Our starting point was that reflectivity results from the specific human ability to exercise choices over different ways of acting and that the necessity to reflect and the depth of the processes and competences involved in today's social reality have increased in line with the growing complexity of such decision-making processes.

This means that reflectivity constitutes both an "everyday competence" shared, to varying degrees by every individual, and a specific professional competence which builds on commonly available skills but develops them for particular purposes in the confrontation with complex decisions and the corresponding professional accountability in "making the right decision".

The conference approached the topic therefore from a variety of perspectives, maintaining this dual focus instead of treating reflectivity as the prerogative of professionals while questioning also differences in reflectivity modes between health and social professionals. The conference has been organised in two parts. The afternoon program focused on the research results of the team of researchers in the GACR project "Reflectivity in social workers and nurses." In the morning program the speakers were invited to focus on the broader philosophical and socio-political background in which professional as well as personal reflectivity takes place.

From the broadest perspective, reflectivity is seen by some sociologists and philosophers as a key characteristic of living in modern societies. According

thinkers like Archer (2007), Beck (1992), Bourdieu and Wacquant (1992) or Giddens (1991), modern social, economic and political conditions created both the opportunity and the necessity to escalate one's reflective abilities as a means of making constant choices over matters that in traditional societies were much more embedded in cultural conventions so that there was no necessity to choose reference points for one's personal identity. Modern citizens are by contrast under pressure of finding and defining their unique "self" through making these choices continuously in everyday situations. This renders identity patterns very fluid (Bauman, 2000) and social commitments unpredictable and also unreliable which raises the question to what extent this self-chosen modern self is capable at all of forming constant relationships with others and hence of contributing to stability in complex societies and forming coherent and trustworthy social relations. The tension inherent in this process between individual autonomy and social responsibility called for regulatory frameworks in terms of welfare arrangements that on one hand provide the existential conditions, such as material means and rights, for the realisation of one's individuality, and on the other set frameworks for the realisation of social commitments for the benefit of others, such as family, community and political relationships. Professionals working in welfare, health and educational services are themselves caught up in and must negotiate this dual role of on one hand using reflectivity to arrive at responsible autonomous decisions based on scientific knowledge and agreed codices of ethics and on the other having to use reflectivity to achieve the most effective results that address individual needs and those of specific groups within given political and managerial frameworks that underline justice and equality.

Differences in the interpretation and application of professional reflectivity become evident through access to cross-country comparisons which can show that the form it takes varies in correspondence with the professional, organisational and political cultures prevailing in a country to which end international contributors to the final conference were invited. However, this observation should not give rise to a deterministic view of framework conditions for reflectivity but on the contrary should highlight the importance for professionals of taking position towards these cultural contexts from the point of view of a critical examination of the role of professionals in social and health services and from a position of accountable independence. This critical examination has its place first and foremost on professional study programmes in different countries.

The experience and observations presented by the Ghent team have much to offer in this regard. The team define their educational role as wanting to impart

"democratic reflectivity". This concept places reflective processes concretely in the context of relationships between those who should be partners in reflectivity, i.e. between teacher and learner, professional and service user and between all of them as individual citizens and the institutions of political power. In all these relationships, issues of power differences are involved and need to be made visible before they can be questioned and accessed. The emphasis on "democratic" means therefore that particularly in helping relationships differences not just of power but of background, values and preferences have to be acknowledged with the aim of arriving at negotiated shared pathways of action. Human and citizens' rights are essential conceptual reference points in this process so that for instance poverty can be regarded and treated as a violation of human rights. Students on Ghent courses are facilitated in exploring these issues interactively whereby a reflective examination of their own experience and value background plays an important role so that they can discover for instance the rights dimension themselves rather than accepting it as "doctrine". The course programme thereby also establishes a close connection between the concepts of participation and of democratic reflectivity by establishing this in specific training patterns of relationships that will then be reproduced in practice contexts.

The contribution by the Dublin team contained a direct exemplification and application of this approach in the practice context of "supportive decision-making" that social workers have to address where service users have limited cognitive abilities. Legislation in Ireland, following international trends after the ratification of the UN Convention on the Rights of Persons with Disabilities of 2006, is moving in the direction of safeguarding the right of persons with cognitive impairment or dementia to make their own decisions rather than delegating this responsibility, beyond a certain threshold of capacity, to "experts" who would then decide themselves "what is in the best interest of the person concerned". However, this rights requirement can only be meaningfully practised through the co-construction of what can be termed "relational autonomy" when professional carers endeavour to support dependent persons in articulating their preferences in order to identify the least restrictive conditions under which a person can exercise at least degrees of autonomy. This approach shifts the notion of capacity as a status to that of capacity as a function, meaning that capacity gets interactively established. This implies a process of reflectivity on both sides, notwithstanding the limited cognitive preconditions that prevail on the side of such service users. The processes involved are ultimately examples of dialogical reflectivity which facilitate "positive risk-taking" in the full knowledge that in such contexts it would be impossible and also unethical to

aim for complete risk elimination. By practising supportive decision-making, professionals do not give up their power nor do they deny the importance of scientific and professional knowledge in decision-making but they expand the range of considerations as well as the range of interlocutors in these dialogically reflective processes. This means further that this version of reflectivity inevitably requires processes of learning and development in all persons involved and thereby establishes their "personhood" and individuality beyond the mere "role" they would otherwise be relegated to taking (as "the client", "the person with disability", "the expert" etc.).

In the afternoon programme of the conference, results of the research project were presented.

The authors presented draft results of several research studies. The first research paper showed a detailed analysis of the factors which constitute reflective processes in organisational settings in social and health services in the Czech Republic. It is a unique study also form the methodological point of view which has no correspondence in other countries, however it was noted that it would be interesting to follow up with an international comparison. The analyses opened up the perspective how the respective levels of interaction (peer, team, department) can prepare professional actors for the complexity of such interactions in the whole organisation and how the leaders and managers have a crucial role in enhancing such interactions. In this regard, the studies by the Prague team can give empirically grounded indications as to how reflective capacities come about and can be fostered and practised in professional contexts. In professional practice everything depends on the way awareness, experience and knowledge are being related to each other and to the specific context. The empirical study with a range of social and health practitioners showed also that it is useful to distinguish 5 types of reflectivity that arise in their organisational context, each highlighting a specific aspect of reflectivity that nevertheless relates to shared constitutive factors (see Havrdova above).

The classification implies the possibility of a trajectory from spontaneous to highly organised and monitored forms of reflective institutional practices all aimed at a kind of deliberative balance between potentially conflicting demands arising both internally and externally for practitioners. The promotion of organisational, educational and psychological cultures that allow for the availability of all 5 kinds of reflectivity and hence the growth in skills and confidence of professionals in correspondence with the demands made on them needs to address and integrate a range of levels that make up the complexity of situations of social intervention. These levels can be distinguished as

- The neurological level operates where differences in the innate or learned capacity to process information and emotions have to be acknowledged as a way of affirming a person's individuality with a view to relating it to that of others;
- The level of individual psychology concerns awareness and the corresponding learning capacities commensurate with individual characteristics but geared towards enhancing agency through security in decision-making;
- The level of social relationships where the development of individual psychological characteristics right from the beginning interacts with the social environment so that reflective abilities become more directly related to the development of communicative processes and specifically to language;
- The organisational level comes into operation in various grades from family to educational institutions, work and service organisations, each cultivating styles of interaction that shape different forms of reflectivity as modes of interactive self-presentation and self-formation in "roles";
- The political level finally represents reflectivity in the form of deliberative democratic processes in a variety of spontaneous as well as highly ritualised opportunities of participation in decision-making.

It emerged in the course of the debate on the presentations that reflective abilities could best be promoted not by way of developing a "standard model" of reflectivity and not even by listing examples of best practice promoted by distinguishing the elements making up reflective processes at the various levels outlined and in the different organisational and political contexts. This view implies an understanding of reflectivity that is not limited to internal psychological phenomena nor does it single out for instance supervision as the only tool for the promotion of reflectivity, important though these aspects are undoubtedly. What seems to hold the key to the development of reflective competences is an understanding and application of the interaction between the 5 levels identified in such a way that psychological, pedagogical, therapeutic, organisational and political considerations can get related to each other, and this not by way of making deliberative reflectivity even more complicated but in recognition of the fact that all those levels are inevitably already involved in decision-making, be that in the context of mundane everyday actions or in that of highly demanding professional interventions. This is not to say that routine and spontaneity represent negligible attitudes, but where reassurance is required to monitor and possibly correct over-reliance on "taken-for-granted" routines, reference to issues of power and of ethics and

considerations of rights must be activated and in this lies the actual significance of the epithet of "critical" when it is attached to "reflectivity".

This comprehensive view of reflectivity, confirmed by the contributions to this conference and in the ensuing discussion, places a special responsibility on educators of professionals, managers of social and health services and professionals involved in ongoing education and supervision, to consider and apply the complex and interlocking aspects of reflectivity, as is already the case in the study programmes at the Department of Humanities at Charles University. The research project revealed that social workers and nurses present already a higher degree of reflectivity than the general public. It also underlined the importance of the existence of trust and the implementation of consistent supervision practices as key factors in making social and health organisations more effective and more capable of dealing with crises and challenges such as the Covic epidemic.

Lastly our deliberations were motivated by the desire to open the "black box" function of reflectivity that is apparent in the proliferation of literature on the topic in professional contexts and to do justice to the complexity of considerations and factors involved. In bringing these to bear we also endeavour to make a contribution to the strengthening of trust in public and particularly in social and health services that came under acute scrutiny in the Covid-19 pandemic. The extreme polarisation between on the one side the at times authoritarian political measures that drew on expert knowledge for legitimation as if no wider public deliberations were warranted and on the other side the vehement resistance against those restrictive measures in the name of personal liberty and based on a plethora of assertions in the social media that did not rely on structured deliberation either, can stand as an example of the "suspension of reflectivity" at all levels with the corresponding effect of profound insecurity. Reflectivity's political and social implications therefore have to be taken as seriously as its psychological and pedagogical aspects and our study means to promote this understanding.

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at the workplace

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