

Teaching professional health care practice: considering the elements of emotions and artistry

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Abstract

This commentary addresses the need to maintain a role for emotions and artistry in human services and health care practice and discusses some approaches to including these issues in teaching at the tertiary level.

Aust Health Rev 2008; 32(1): 127–133

THE LAST DECADE has seen policy initiatives favour evidence-based practice and measurable health outcomes, while organisations strive to contain costs and attain efficiencies.¹ Tertiary institutions are equally concerned with budget and efficiency issues and are giving increasing attention to the use of computer technology for teaching health professionals, with concomitant reductions in the level of face-to-face contact with students. It is my opinion that a dangerous cocktail of factors is emerging in the health and human service sectors which has the potential to diminish the “on the ground” performance of health professionals and limit their capacity to go beyond the application of techniques, knowledge and principles, and “preferred” models of practice.

The contemporary health care and human services context is increasingly complex and interventions often demand swift, lateral thinking ability, an appreciation of systemic and other influences on wellbeing, and the capacity to combine multiple strands of knowledge in innovative and effective ways.² As Schön, Moon, Fook, and White et al. have stressed, professional practitioners need

What is known about the topic?

In an effort to address budget and efficiency issues, tertiary institutions are increasing the use of technology for teaching health professionals, with concomitant reductions in the level of face-to-face contact. There has been little study of the impact of this shift in the ability of health professionals to work within the complex health care industry.

What does this paper add?

This commentary reminds us of the need for tertiary institutions to address the learning and skills required for health practitioners to become effective practitioners in their art.

What are the implications for practitioners?

Tertiary institutions have an obligation to teach critical thinking, inclusive thinking and provide education that enable graduates to function competently in the “real world” of professional practice.

to develop flexibility, the ability to adapt to new and complex situations, and to apply reflection and critically reflective processes to their work.³⁻⁶ These are the aspects of practice that I believe constitute the artistry of a profession and, like all artists, health professionals need to use all aspects of themselves, including their emotional intelligences, in order to successfully practice their art.

Described in this short commentary are some of the tools that can be used to promote awareness of the emotional elements and artistry needed in social work and other health professions — and which encourage students to be curious and innovative in their work with clients. I will return to the application of some specific tools later in this paper. However, examples of the tools to which I am referring include the card sets — “Views from the verandah”, “Stones . . . have feelings too”, “Cars ‘r’ us”, “Growing well: ways of noticing our emotional and mental wellbeing”⁷⁻¹⁰ etc — published by St Luke’s Innovative

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Resources for human service workers, teachers and parents. In addition, practice-based narratives that raise dilemmas embedded in professional practice, and journalling are useful tools for teaching. While often identified as part of specialist therapeutic interventions, these tools are used more broadly in a number of contexts, including schools and in tertiary teaching. The context in which I have taught using these resources is a regional university campus where the student cohort is made up of about equal numbers of school-leaver and mature age undergraduates, predominantly women. This is not dissimilar to social work student cohorts in the United Kingdom and Germany where I have also taught, nor to nursing and public health student groups with whom I have had some involvement over recent years.

There are few uncomplicated answers in health care

One of the factors which concerns me in teaching younger students, in particular, is their tendency to seek, single, uncomplicated answers that can be applied to all cases and situations of an apparently similar nature. The presenting issue, or problem, is believed to have a straightforward solution in a world in which there is more often a constellation of contributing factors that have interacted in unique ways, resulting in an individual's particular difficulties. Intervention may involve responding at a number of levels simultaneously. For instance, the client may require the prescription of medication, the management of pain or medication side-effects, the provision of supported accommodation or income support payments, the monitoring of behaviour (eg, resulting from mental health issues) and counselling. When it comes to counselling, this, like other interventions being applied, needs to take account of the holistic wellbeing and best interests of the person concerned.²

Evidence of a previous outcome, or knowledge gained in other circumstances, is not always directly applicable. Indeed, the very assumption

that all professional practice is underpinned by critical and consciously rational thinking is questionable. I suspect there are inevitably other factors at play, as found in studies of the application of ethical standards in professional practice. Personal values and ethics, and intuition, also strongly influence day-to-day decisions,¹¹ while organisational demands, shortages of resources and the impact of personal experiences all contribute to how we perceive and respond to our clients.

In addition, like a number of others I believe that it is the nature of the relationship between counsellor and client, together with the principles that underpin and sustain the therapeutic alliance, which influences the outcomes of counselling and supportive interventions. Thus cognitive behavioural therapy, narrative therapy, reality therapy or any other approach delivered by a professional who conveys to the client they are busy, inflexible or giving partial attention to what they consider the client's "peripheral worries" is unlikely to achieve great success; while the person who conveys genuine care, respect and "joins with" the client in the search for solutions may be more successful, in spite of not applying a recognised therapeutic model. This suggests we need to develop skills and techniques in forming relationships and the capacity to use the medium of the relationship to encourage clients to explore their unique situations in the search for change.

The need for skills in critical reflection

This requires being able to practise what Napier¹² describes as "a *critically reflective* [author's italics] way [that] focuses conscious attention on the 'whole self' of the practitioner, the thinking, feeling, believing, acting practitioner." (p. 7). It also involves using emotional intelligence which Freshman and Rubino,¹³ citing The Consortium for Research on Emotional Intelligence in Organizations, describe as abilities in "five core areas: self-awareness, self-regulation, self-motivation, social awareness and social skills" (p. 3). Knowing oneself, including insightful knowledge of one's

emotions, is clearly considered essential in dealing with the challenging and complex situations presented in most human service practice contexts; and underpins the formation of purposeful and meaningful relationships with clients.

The question is: how do we assist students to bring together the knowledge, self-consciousness and reflective capacities that will contribute to artistry in professional performance? Setting aside debates about what knowledge might be required for establishing therapeutic relationships, I would like to propose that our use of tools in teaching provides one key to encouraging students — through active exploration and demonstration — to become more aware of their emotional responses and of the artistry they can later develop and apply to professional practice.

The nature of artistry and its performance is understood by most people in a commonsense manner, even if they don't identify as having these qualities themselves. We are familiar with the idea of playing a role, of painting a picture or of shaping a sculpture. Most of us are aware that each performance or piece of artistic work has unique features, and that what we see of the artist's work often results from careful reflection, personal passions, extensive practice at manipulating tools and materials, and emotional engagement. It is the last of these — the emotional engagement — that is sometimes a little scary for people; and something of an anathema to those professionals who would prefer to believe their work the result of objective, detached and intellectually rigorous and controlled thinking and responses that have been translated into reified ways of knowing.¹⁴ However, as Wenger explains, creativity stems from the ability to bring together disciplinary reifications and participative intuitions in ways that are meaningful and unique.

Too often in the human services workplace, recognition of the emotional aspects of professional life tends to be expressed through reference to work stress, concerns about exposure to trauma and attention to debriefing processes.^{15,16} And back in our tertiary institutions, little attempt is made to engage with issues of emotion in professional performance in the process of

student education. Yet students will need to tap their emotional energies and use these in the process of developing unique professional performances with clients.

Parenthetically, it is interesting to note that many of our most admired experts across a range of professional disciplines have, after years of experience, moved beyond the need to cling to claims of objectivity and detachment. When they speak it is evident they have incorporated a gaze that is both self-reflective and artistic; that they draw together multiple strands of knowing, including emotional "knowing". As Merizow¹⁷ states, "By far the most significant learning experiences in adulthood involve critical self-reflection — reassessing the way we have posed problems and reassessing our own orientation to perceiving, knowing, believing, feeling and acting" (p. 13). Mature professionals are less sure of the "right" answer to others' problems.

Tertiary institutions have an obligation to teach critical thinking, inclusive thinking and provide education that enables graduates to function competently in the "real world" of professional practice. And there are opportunities during undergraduate training to encourage critical self-reflection, particularly in subjects that address direct practice in social work, nursing and public health. For instance, opportunities lie in the teaching of clinical practice or fieldwork, counselling, communication and ethical practice units. These are the subject areas that explore the nature of the responses needed for complex client issues and highlight the dilemmas associated with the existence of multiple answers to presenting problems, each with its consequences. In addition, these are the subjects most likely to elicit from students the emotional responses associated with values and beliefs of which professional practitioners need to be conscious when engaging with clients who, in Australia, come from diverse cultural backgrounds. Furthermore, it is not uncommon for colleagues from the same discipline to differ strongly about practice approaches based on value positions,² and this happens frequently with those from different disciplines or practice sectors. Such interactions can be

confronting and emotionally draining. Hence, competency in self-reflection and emotion management, together with the ability to continue working with, and perhaps in spite of, these challenges, is important.

There are a number of advantages to developing at least “beginner” competencies in critical self-reflection and awareness of the need for artistry before graduation. Firstly, students gain a more realistic picture of the interplay of knowledge, practice approaches and the emotions that result from conflicting value perspectives. Secondly, the classroom may be a “safer” place in which to experience and explore emotional responses that will become part of the practice context. Students are able to discuss their responses in a supportive environment in which it is acceptable to change one’s mind or be unsure of how to act. And, in the classroom context, students can be assisted to incorporate understanding of emotions into analytical thinking leading to the construction of alternative perspectives on intervention; and the beginning of artistry.

Wenger’s¹⁴ social theory of learning provides a framework in which “knowing” involves participation and active engagement in the world, and “meaning” is the experience of that engagement as meaningful. Included in the processes of learning and knowing is “identity” — learning and understanding who we are. The experiences we have of the world contribute to our identity, but to be effective experiential learning needs to include not only experience, but reflection, conceptualisation and experimentation.¹⁸ As stated by Irwin¹⁹ “learning involves converting *experience* [author’s italics] into values, attitudes, behaviour, and skills” (p. 37). Dealing with students’ values and attitudes in the tertiary learning context inevitably leads to discussion of emotions; but rather than avoiding working with emotional responses, there is an opportunity for students to explore both their own and their peers’ responses and to extrapolate to those which clients may experience and present during intervention.

Tapping the emotional responses of people is a delicate matter and needs to be done with care,

but it is not difficult to commence the process of self-understanding and identification of emotional responses using tools and resources that can later be used in professional work with clients. Specialist therapists have, after all, been using such tools for a considerable period, for instance sand play and doll play in play therapy with children. Music, movement and art therapies are also relatively well known, though usually considered as specialist areas of work. And in these approaches the therapist demonstrates the artistry needed for interpretation of meaning and encourages the client to express their emotion — emotions that have the potential to connect with the therapist’s emotional intelligences and contribute to the therapeutic outcome. Citing Shulman (1999), O’Hara²⁰ states “effective practice depends on synthesising ‘real feelings with professional function’”. (p. 50)

Resources for teaching

The range of tools currently available are rich resources for teaching and include reflective journaling,^{21,22} practice-based narratives²³⁻²⁶ and various sets of resources that use words and illustrations, for instance the resources published by St Luke’s Innovative Resources mentioned earlier in this paper. The rationale for using practice-based narratives, or stories, and card sets are briefly discussed below. However, firstly, it is worth mentioning that in the classroom context it is important to give students permission to withhold personal information that is too sensitive to share with peers, and to stress the importance of mutual respect and confidentiality of the classroom discussion. This echoes the boundaries in which a professional operates with clients.

Stories are important because they provide a means through which realities can be explored and described²⁷ and Clough suggests that “Stories can provide a means by which those truths, which cannot otherwise be told, are uncovered”²⁸ (p. 8). Formal, theoretical literature has limitations when it comes to telling multiple versions of truth and maintaining the connections to a “live” context. In addition, Moon comments that “Tidied-up learn-

ing can reduce reflective ability and reduce the potential effectiveness of learning”⁴ (p. 212). This suggests that learning can begin with the messiness and disturbance of lived experience and that, as professionals, we are able to build our knowledge and practice through reflective processes that connect with this “ground”.

Brody et al. go further, suggesting that story and dialogue are at the heart of ethical and caring relationships; the implication being that we won't achieve such relationships without hearing and connecting to stories.²⁹ Noddings concurs, highlighting that “interpersonal reasoning” is promoted by the use of narrative because it encourages attitudes of caring together with attention, flexibility, the effort to cultivate a relationship, and the search for an appropriate response.³⁰ The idea that stories can provoke attention to moral and ethical decision making was also a focus of the work of Tappan and Brown.³¹

Students swiftly connect to the characters of the story, are usually able to readily identify the emotional reactions of both the characters and themselves, and can be encouraged to analyse the complex circumstances, relationships and events that take place in the narrative. Discussion and debate about stories precipitates considerable reflection.

Card sets, of which there are now a number available, usually combine words, phrases and illustrations in an evocative manner, though some use illustration or photographs without text. For example, “Cars ‘r’ us”⁹ is a colourful, full-gloss card set that is instantly appealing, belying its complexity and sophistication which is underpinned by Glasser's reality therapy and choice theory. This tool needs little, if any, adaptation for use in the classroom as it is designed to encourage identification of the influences in our lives and our responses to those influences. As stated in the accompanying “Manual”, it has been “designed to provide a framework for nearly anyone to do effective therapy with others, or as a self-evaluation kit . . . It can be applied to counselling, managing and teaching . . . [and] provides a practical approach to understanding ourselves and our feelings . . .” (p. iii)

When using “Cars ‘r’ us”, I work with students in small groups at tables; each table having a set of the cards. After explaining the essential aspects of the cards and how they operate as metaphors, I ask them to think of a social situation in which they felt uncomfortable or, in retrospect, wished had turned out differently. Using the metaphor of the car, students are encouraged to consider the elements that make up their sense of themselves — the engine, the brakes, the rear vision mirror, etc — each of which reflect an aspect of our lives. For instance, the wheels of the car represent our thinking and acting in the world (the front wheels) and our feelings and physical body (the back wheels). The rear vision mirror acts as a metaphor for what we see in our past that continues to influence our behaviour. This tool allows students to assess the influences on them in the situation they chose to consider. They are able to test their ideas and reactions concerning their “difficult” situation, before moving on to think about how they might use this tool with clients. Discussion at each table and obtaining feedback on what key insights the students achieved allows for debriefing of the exercise.

The “Growing well: ways of noticing our emotional and mental wellbeing” tool¹⁰ provides an example of how research into measuring change in mental health can be used with students to develop self-awareness. Using the 50 cards and scaling pads, students are able to investigate and assess their own wellbeing in the areas of being connected, being healthy, being active, being satisfied and being organised. Each area elicits questions about social relationships, self care and coping with daily living. The tool provides students with an opportunity to look at the multiple elements in their lives that contribute to quality of life and to identify areas for change. This familiarises them with the tool and the nature of the conversations they might then have with clients. Experiencing the application of the tool on themselves also alerts them to the range of reactions and responses that might be elicited in using this resource.

Finally, I have found “Stones . . . have feelings too”⁸ has been particularly useful for discussion

about non-verbal communication, the subtlety of facial expression, and the language and labelling of feelings. By way of example, I might ask students to choose three cards from the pack; one that represents how they are feeling right now, one to represent how they feel most of the time, and one that represents how they felt when last faced with a difficulty. Working in small groups at tables, the students discuss the cards they chose with their peers. I then seek feedback that allows us to think about the different interpretations of the faces on the stones, the ways we think we look and the various words we connect to facial expressions. As the stones are very quirky, this exercise usually provokes laughter as well as thoughtful responses. Again, we also think about ways in which we might use the tool when working with others. The point is that students have had the opportunity to try out the tool; they have added the elements of rehearsal and repertoire to their thinking about practice, and learnt something about themselves and others at the same time.

Conclusions

Resources, like those described above, give students in health and human service professions the opportunity to bring alive theoretical knowledge through applying it to themselves and seeing new ways of entering dialogues with one another and, in the future, with clients. Students begin to address issues of identity, the articulation of feelings, the development of oral competencies, humour, insight and surprise as they unravel the threads that will lead to competent performance as a professional. They are also able to observe the ways in which knowledge can be linked to performance through demonstration and hands-on experience of using resources in the classroom setting. Further, they can be encouraged to think about the range of ways they might be able to apply the tools in their future work. More importantly, they can be encouraged to recognise the importance and value of heeding emotions — their own and those of others — in professional

performance and critically reflect on their development as “artistic” professionals.

Competing interests

The author receives royalties for her book published by St Luke's Innovative Resources.

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(Received 4/02/07, revised 8/07/07, accepted 16/08/07)

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