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Reflection in Action with Care Workers in Emotion Work

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Abstract

At first glance "reflection in action" seems like a fairly unambiguous concept. Many will associate the term with Schön (1983) since a central a point in his work was to emphasize the ability to reflect as a prerequisite for organizational learning (Senge, 1990). The purpose of this article is to establish self-reflection in emotion work (Hochschild, 1983) as a building block towards reflection in action and sustainable organizational learning (Herbst, 1974; Kira, 2006). It also aims to show how knowledge of self-reflection through a joint-learning process (Svensson, 2002) in the context of service work (Amble, Enehaug, Forseth, Gjerberg, Grimsmo, Hauge et al., 2003) has been transformed into the sector of elderly care. Far removed from knowledge work in which thinking and fixing thoughts is part of a contemplative tradition (Shotter, 2006), women as care workers in interdisciplinary reflection groups appear to profit from a written log that can be seen as an aid to self-reflection, confidence and robustness, as well as contributing to reflection in action in work with people.

The empirical basis for this article is several interactive research projects primarily conducted by Norwegian researchers from WRI, both in private and public service work, during the period from 2000-2011(Amble, 2010; Gjerberg & Amble, 2011a).

Reflection in Action with Care Workers in Emotion Work

Introduction

As researchers, the first thing we observed about the service workers in the front line of the airline companies was the *rhythm* of their work. In a steady stream of one-two-minute-long customer encounters - each one a little work process in itself – interactions that required extra time and attention occurred regularly. "One out of a hundred," was the way that the employees phrased it. Ninety-nine clients are straightforward, while the hundredth requires something extra: perhaps a lone-traveling child, a passenger with an invalid ticket or too much carry-on luggage. The service providers could "smell" these deviant situations; they had developed a type of radar for discrepancies, situations without a clear-cut recipe of expedition. In many situations, they avoided conflict just by being a little ahead with a proactive focus (Gross, 1998), making eye contact, fetching a glass of water, a touch of a hand, a nod and a smile, all of them mediating gestures. However, they explained in follow-up discussions that there was a "tipping point" in which one of the 100 still open-ended situations could go right or wrong. In that moment "on the edge," they had to concentrate and use all their experience to self-manage the situation to success. They told us how they later debriefed themselves and thought through the positive and negative aspects in order to learn and improve, while at the same time looking forward to new situations and choosing challenging flights and work shifts in order to practice their skills. Their focus was on their behavior, and the objective was the joy of feeling competent in handling these few demanding situations. For us, it was the disclosure of a complex system of trying, failing, mastering and learning; for them, it was the cohesion of individual tacit knowledge that mirrored each other's common experiences (Amble & Gjerberg, 2003).

This experience brings us to the concept of Bandurian *mastery* (Bandura, 1997), or "a kick" as the employees called it that is felt in the stomach, fueling motivation and well-being at work. Together, we learned about a complete "individual learning system," with loops that alternated between reflection and action and how a combination of reflection, both *on* and *in* action, could be a way to conquer stress in demanding situations, "a tool" for better mastery. Later, we called this way of developing one's own practice the "conductor's strategy" (Amble et al., 2003). As researchers, we recognized Argyris and Schön's (1996) model of "detecting and correcting," as well as Marshall's (2001) term "self-reflective inquiry," not in research work, but as a strategy for developing autonomy and control (Karasek, 1979) by widening the repertoire of behavior in demanding service encounters with people (Amble, 2010). Based on joint-learning experiences such as this, the purpose of the article is to highlight how we with "help" from a written situation log developed a routine for self-reflection, as an input in a learning system based on reflection *on* and *in* action as a method for organizational learning (Senge, 1990). We attempted to "conjure up" the mastery experiences in airline companies in a context of public service, thereby constructing a more sustainable system as a model for learning in this type of work (Gjerberg & Amble, 2011b). Our client, The Norwegian Directorate of Health (Hdir), knew about the knowledge of mastery and mastering strategies from The aviation industry project, the so-called "airline project." Hdir gave us an open invitation to look into whether collegial learning and competence development among groups of nurses and care workers could professionalize the work in municipal elderly care - and thus improve the working environment while reducing turnover. Hdir was particularly concerned with the unskilled workers, who count for a total of one-third of the workforce, and encouraged us to develop a low-threshold learning system that all workers could benefit from. At this point, we had achieved an insight into the mechanism of

mastery in relation to service work in the airline companies, though of course there was no existing equivalent knowledge in elderly care. Therefore, an important objective, and a part of the project itself, was to develop such. Hdir (2006) anchored the funding of the projects from 2005-2011 with The Competence Lift, which is as a part of The Care Plan 2015[i]. Through a letter from the county governors, the participating municipalities were invited and volunteered directly for the projects by contacting the two researchers (Gjerberg & Amble, 2009).

The Field of Service Work

As with most work, service work has taken on a new intensity, and as a part of this development, there is a persistent need and pressure to read, learn and change (Sørensen & Grimsmo, 2002; Skår, 2010). While organizational learning, reflective learning and innovation in the workplace are receiving more attention, the organization of reflection has also become increasingly prominent (Sørensen & Grimsmo, 2001; Eikeland, Ausland, Enehaug, Klemsdal & Widding, 2006). There is, of course, a connection between these two observations. Learning within organizations has a long tradition stemming from master-apprentice learning, guidance from seniors to juniors, mentor-adapted learning and coaching to collective learning in the working community (Berg, 2002; Wenger, 2006). The last twist in this development is the anticipation that through cognition and mental processing, people individually transform theoretical knowledge directly from the paper or screen into behavioral change (Deichman-Sørensen, 2007). This came about due to a lack of time and space, e.g. to observe an experienced or engage in a discussion with colleagues.

Even though the Norwegian health care sector has a long tradition of supervision as organizational learning (Skår, 2010), a private sector project (Amble et al., 2003) was the knowledge basis for our projects within the public sector. A typical facet of private service is an increased emphasis on face-to-face interaction and on strengthening the branding of the enterprise (Forseth, 2001). Nonetheless, the elderly care sector, both institutional and home-based, is a service that is under a different type of pressure, which is characterized by scarce resources and unlimited needs (Tested, 2010). Yet, both are emotion work, which implies the use and regulation of feelings (Hochschild, 1983), and both are triangular work in which the provider can be in a bind or face cross pressure between a patient, customer, user and employer (Gutek, Groth & Cherry, 2002).

The health care sector has been subject to global reform trends in the guise of New Public Management that promises a potential for increased effectiveness (Vabø, 2007). While addressing the changes associated with these new management methods, the carers must also continue to deal with the everyday challenges arising out of a high percentage of low-skilled, part-time workers, as well as a high turnover and sick leave (Hdir, 2011). The overriding goal of the municipality project was therefore to increase a competence in mastery. The strategy for achieving this goal was to develop and test a routine or model for collective reflection and knowledge enhancement, and central to meeting this goal was the use of an interactive research process.

Action Research as Interactive Research – How Two is More than Twice

A quick glimpse into the Handbook of Action Research (Reason & Bradbury, 2008) reveals how action research (AR) has many variations. AR emphasizes the three components of mutual action, research and participation (Greenwood & Levin, 2007) - as a research design or strategy that can encompass all scientific methods. Interactive research (IR) is a form of AR -

with added emphasis on scientific knowledge production. IR accentuates the importance of *joint learning* (Svennson, 2002), which involves outsiders researching *with* insiders, but in complementary roles (Svennson & Aagard Nielsen, 2006). In our projects, both the researchers and workers were searching for new knowledge about the possibility and role of learning in the development of mastery in care work and how such a learning system could best be formed and facilitated in practice. As we saw it, this combination was only possible by getting close to the participants in a process based on common control and trust, i.e. a "common ground" (Roth & Bradbury, 2008) in which we "agree to disagree" by giving and pursuing different perspectives in a joint process of trying out and discussing. In the Tavistock Institute principle, Menzies Lyth (1990) outlines "that it takes a group to study a group," and even if our perspectives and field experiences are different, two or more people give an added richness to the interpretation of data, and can help sort things out and check and recheck between the researchers (ibid), as well as between the care workers themselves and all of us. From this follows, as is the case here that we prefer to be two or more working in the field together. We all learn the same way, although we learn different things. From such an IR process, "reflection in action" emerged as a vital ingredient in substance and in practice.

In the field of municipality service work, one runs and walks much of the day. Often a deeper understanding of and the links between events are simply not reached due to a lack of physical stillness, time, space and help; if needed, to draw the connections and transform a stream of events into a conscious, analyzable experience. As was observed with the frontline workers of the "airline project," we discovered that the secret to their success lay in their "homemade method" for developing "reflection in action" by "reflection on action" and a proactive awareness of the trigger points of deviant, bipolar situations. As a result, they had acquired a competence in choosing action methods and the selection mechanisms for situations they would invest in. A large part of the IR project in elderly care was the creation of a reflection tool and a system for joint learning that in this context was a collective investigation into situations similar to the small processes observed in the "airline project".

Figure 1 - Overview of empirical data involved

Phases:	Research question:	Design:	Method/Result:
1. PRE-PHASE Knowledge from the "airline project," which was initiated and funded by the NHO[ii] from 2000-2003, was the basis for the project in elderly care.	How can new knowledge about mastery and the working environment improve the conditions of well-being and presence in face-to-face work with the people from airline companies?	R&D project in three phases: field work, survey and action; Goal: to integrate new knowledge into an existing system of learning; Participants: Four Norwegian Airline companies and researchers from WRI/NTNU.[iii]	*Interview of key personnel in HR/HSE/Unions (n=51). * Participatory observation, interviews with those at check-in, gate and in the cabin (n=18), seven focus groups (n= 46). *Survey (n=808, response ~ 40-45%). **New knowledge about:** - Rhythm in service work - Non-standard/deviant work tasks - The tipping point as departure for "reflection in action" - Individual mastering strategies *- (Amble et al., 2003; Amble & Gjerberg, 2003)*

2. TRANS-FORMATION 3. PILOT PHASE 4. TESTING AND DIFFUSION The project "Reflection, action and mastery in elderly care"; Initiated and funded by The Health Directorate (Hdir) from 2005 - 2009.	Can knowledge about mastery in service work be used in municipal elderly care? If mastery can be learned and trained, how can such competence develop between colleagues in care work? If so, how can such a learning system best be disseminated?	An interactive research project in three phases: transformation of new knowledge through a pilot scheme; testing and dissemination. Participants were interdisciplinary groups of nurses in municipal elderly care and researchers from WRI.	*Focus groups in two nursing homes and one home-based service (n = 18). Survey, response rate 100%. *Experiments with reflection: ~ two hours fortnightly, 8-12 times over six months, three workplaces, (n = 70 reflection meetings). *Researchers participated in the first two intermediate and final meetings; observation, discussion and reflection in ~ 12 of 70 reflection meetings. * Analysis of 50 situation logs, voluntarily given or sent by post. **New knowledge/result:** - Rhythm and deviating situations in nursing and care work - Relevance of strategies of mastery - Situation relevant for reflection - The reflection room, structure and organization - 1st ed.: *Heart-head-hands*, N = 10,000, also published in full text on the internet - *(Amble & Gjerberg, 2007; Gjerberg & Amble, 2009)*
5. SPREADING Project entitled "Training of facilitators in the use of the reflection tool for mastery." Initiated by WRI, funded by Hdir for the period from 2009 to 2011.	While the 1st ed. was sold out based on the facilitator's experience, how could a 2nd ed. be improved? And how could the "train-the-trainer" model eventually increase the spread of the learning system?	An interactive research project initiated as a consequence of the lessons learned in Phases 2-4.	*Execution of facilitator training in six counties (n = 38). *Oral midterm and final grade evaluation. *Individual written evaluation (n=38, n= 100). *Revision of *Heart-head-hands*. **Results:** - Heart-head-hands, 2nd edition (N=9,000) - In full text: http://www.afi.no/stream_file.asp?iEntityId=3981 - Seminar for super-facilitators (n=18 from six counties) - Production and distribution of a memory stick, with all documentation and materials for use in the training of facilitators. - *(Amble & Gjerberg, 2009 a, b; Amble, 2010; Gjerberg & Amble, 2011a, b)*

The Transformation of Knowledge from Air to Care

To seek out and eventually transform the findings from the "airline project" into progressive steps towards a development process in nursing and care, we chose to use focus groups (see Fig.1 *Overview*, Point 2). Prior to the group meetings, a text describing elements from the "airline project" was distributed (Amble & Gjerberg, 2009b:53). In the groups, we discussed whether they recognized the strategies and deviant situations, as well as the similarities and differences between the two contexts. Our focus was two-sided: the characteristics of deviant situations in care work and the eventual structural organization of collegial discussions and reflection. The focus group participants recognized the experience and knowledge from the "airline project," And in terms of the ratio of irregular to regular interactions, the employees translated 1:100 into 1:10; i.e. one out of 10 situations required extra effort. With two potential outcomes, if they failed to manage these few situations "they took their day" and clouded all

other situations, and if they succeeded and mastered the demanding few, the outcome was renewed energy and sustained motivation. We were struck by the revelation that so few situations could have such a huge impact; however, it was through these discussions that the irregular situations went from representing a breach and discontinuity to becoming part of a rhythm that made them easier to withstand, yet still important to master.

While we did not know what a deviating, non-standard situation looked like in elderly care, we knew how to find out: by asking which situations during a regular working day or week stressed them the most. Our general experience was that stress is a good indicator of these bipolar situations, and this was confirmed. The responses included: 1) demanding patient relations that often involved a diagnosis of dementia, e.g. when circumstances escalated into conflict during bathing; 2) demanding relatives/kinfolk situations with those who could well be insiders themselves; 3) professionally intensive care such as terminal nursing and care of stoma; additionally, some moving stories about 4) managing low staffed shifts and/or shifts with unfamiliar staff. While the risk of failure was typical for these situations, it could go one of two ways, e.g. responsibility for a dying patient with an outcome that "sits in the body" and could last for years as the memory of "a traumatic death," or as an experience of professional pride and well-being when you managed it well.

Subsequently, we decided to try out a structure for reflection related to these four identified situation types. The structure varied between the participating institutions, and it was recommended that the groups should be interdisciplinary and preferably led by two "burning souls" with legitimacy, though not necessarily skilled nurses, and that they should meet about two hours each fortnight. From a fundamental standpoint, we researchers thought this was rather small scale, while the insiders believed that this was a realistic starting point. This set-up was maintained, and based on later experience; we recommended the groups to be intersectional and meet on a set day in order to facilitate the best possible results. Funds for salaries were allocated to compensate those involved in group reflection on overtime.

At this stage of the process, the groups received close feedback from the researchers, who were acting as discussion partners. In this case, "close" is referring to our regular participation as "ordinary" members in the reflection sessions at the various institutions where we discussed with the members and did a debriefing session with the facilitators. When it came to the log, we discussed in this phase how the row of questions could best support the floating of thoughts and how the formulation of the questions could best be done, opening up rather than shutting down associations. Neither procedures, situations nor how to lead or facilitate the groups were formally described; instead, they were just recorded as notes on some copied A4 sheets, and the focus was on trying and failing to find the best possible structure in the local situation. The reflection groups were evaluated orally mid-term and after approximately half a year. Due to displacement in start up some had been running one or two rounds of 10-12 meetings during half a year, while one institution had managed to start a third round. Based on lessons learned from these groups, 9,000 copies of the first edition of a workbook manual entitled, *Heart-head-hands* (2007), was produced. In 2008, the book was "sold out" and a further 1,000 copies were printed, while the model was evaluated through a survey. Based on this, an additional 9,000 copies of a new revised edition were printed in 2009 still free and available in full text (see Fig.1 Overview, Point 5).

From both previous experiences and through the stories told by the focus groups participants, we knew that organizing time to meet and discuss, and the possibility to sit down and think during a usual work day on a normal shift would be critical. Due to these conditions, we took the self-reflection element very seriously. Based on the strategy of the conductors in the "airline project," the researchers' hypothesis was that an awareness of one's own behavior in the identified situations was necessary to ensure the best quality and continuity in the groups' reflection work.

Reflection in Action

The word *reflection* means: *back through,* in a cognitive context this means mind bending "back to itself". In other words re-thinking how one thinks in order to examine the construction or reconstruction of a mental map or schema, e.g. to validate meaning (Marshall, 2001). Through this, reflection can become the mechanism that brings tacit experiences and actions into awareness, thereby shaping new, more complex nuanced understandings or beliefs of reality. The subject of Schön's (1983) investigations was leaders who do not learn from their mistakes. Their experience demonstrated that managers can be more or less unconsciously "shortcut" by non-relevant thoughts and prejudices in their decision making processes. Here, the practice of systematic self-reflection becomes a prerequisite for better decision making (ibid.).

Another dimension of the concept of "reflection in action," and the one we are concerned with, is the practice of reflection itself and how reflection can be played out, both in and between *workers* at a workplace, and ultimately organized as integrated in work practice (Amble & Gjerberg, 2009). Schön (1983) was the first to highlight the distinction between "reflection *on* action" and "reflection *in* action." "Reflection *on* action" occurs after the act, usually in groups, while "reflection *in* action" contrastingly takes place while the situation is unfolding, and only involves one individual. However, the idea is that the practice of "reflection *on* action" fosters "reflection *in* action," which is a prerequisite for transforming cognitive, planned action to changed behavior (Bandura, 1997). Reflection on one's own task performance in collegial togetherness can yield results if the atmosphere can become open and non-excluding (Berg, 2002). In the context of care work, this could foster a collective well-being at the workplace by allowing individuals to think once more, as we saw with frontline workers in air transport, and to reflect together with colleagues. Consequently, self-reflection becomes the platform for the precursor to collective reflection.

In addition to dividing reflective behavior into the four types, *in* and *on* action and *individually* or *in groups*, we can also categorize the practice of reflection in accordance with the objective in relation to whether it is used to look back, assimilate experiences, bring them to the surface and understand fragments of impressions, or whether it is used to develop, improve, create or be innovative and progressive. Kristiansen & Bloch-Poulsen (2005) use the terms *midwifery* and *dialogue* for these types of conversations. In the midwife conversation, a helper, a midwife assists to new insight and/or identifying new options. Even though we have used all of these variations of reflection in the interactive research projects, it is the backward-looking, undigested "inward self-reflection" first learned about from the "airline project" participants that is relevant here. Our intention was to bring forth an awareness of events and to ultimately find the tipping point in a demanding situation. In this context we chose to use an individual written log as "a helper" (Askeland, Otnes, Skjelbred & Aamotsbakken, 2003), partly due to work intensity and shift rotations and partly as extra help to find the conductor's practice. In earlier times, when it was more usual to be two around a bed (Testad, 2010), your colleague could have been your helper, but today we realize a log was a possible substitute.

The Situation Log

Writing is thinking in a strenuous manner, whereas the transition from oral to written cultures represents a revolution in the organization of knowledge and thinking itself (Johansen, 2009). To this end, the log is meant to be a process text, a way of "think-writing," a strategy to help the user to think slower by using a pen and to raise awareness of proceedings in selected

actions through the gathering and analysis of thoughts (Askeland et al., 2003). While the pen keeps the mind from wandering, the questions in the log are meant to give direction to a chronology of events. The purpose was to increase consciousness, make experiences more substantial and find or engender an awareness of the tipping point or edge in a situation. This is the point in which "reflection on action" meets "reflection in action" when the next bipolar situation arises; a proactive and antecedent approach makes this the meeting point for the planned, changed behavior.

From the beginning, the log was an A4 sheet of paper with questions related to the concrete demanding work episodes as a subject for afterthought and self-reflection. Visually, the sheet had boxes with different questions inside, which was purposely done to be more like a "brain map" than a survey in order to avoid a "school feeling." The last question box, no. 6, was meant to be filled in after the collective reflection as the end of a reflection loop (Fig 2.): Mental guidelines for desired behavior (Bandura, 1997).

Figure 2 - Typical example of a situation log, 1st ed. (revised and changed in 2nd Ed. of HHH)

SITUATION LOG (Points 1-5: fill in before reflection meeting)
Name of participant:

Sit. no.:
Extension of earlier sit. no.:

Type of situation: patient/relatives/organization/nursing academic
Time: *Morning*
Place: *The patient's room*

1. The cause of the work task, the way it was planned: *Offer facilitation when taking a shower, i.e. bring barrel, towels and take away dirty clothes.*

2. The mood in the beginning and the development of the mood: *Neutral.*
When did the mood change in a negative direction? *When he received an offer to get help with showering.*

3. Schedule over activities in the situation:
Lay in bed: Talking with the patient. Told him the breakfast was ready, offered to help him take a shower after breakfast.

4a. Special characteristics in the situation that you remember afterwards, something which was triggered: *Possibly due to a hearing disability, he did not hear what I was saying. The patient claimed I wanted to shower him, something he did not want. My offer was just to facilitate him taking a shower.*
4b. Method used to obliterate/clear the episode/ situation: *Left the room and took little or no contact with the patient.*

5. Who participated? *The patient and care worker*
My role: *The care worker*

6. Suggestions for improvements (*fill in after reflection meeting*):
1. A More self-determined care routine.
2. Always have things ready so it's possible to take a shower anytime.
3. Due to hearing disabilities, important to talk and be sure that he understands, so he himself decides when to shower.

Our Model of Training Reflection in Action

Reflection in action means reflection in the action of performing face-to-face service and care work, which can be a vulnerable and stressful position. Our model concentrates on work tasks with a non-standard, demanding character, with the aim of reflecting forward new guidelines for action as a basis for a better mastering of them. Our concept of "mastery," based on Bandura's (1997) theory of "self-efficacy," is important in the analyses of high-stress work such as care work (Karasek & Theorell, 1990). Self-efficacy is created through the practical experience of mastering work tasks and gives the employee the ability to spot action alternatives in situations where others may perceive only hindrances. The accumulated learning experiences stimulate the long-term development of mastery or confidence as self-efficacy, thus reducing the perception of events as stressors; this can transform high strain work into active work by producing an increased repertoire of behavior as a feeling of autonomy and control (ibid.). Workplaces have a special responsibility for what Bandura (2000) calls the cultivation of "self-efficacy"; taken together, they prepare individuals to solve challenging tasks in new and better ways.

The core point of our model is how reflection and learning contribute to decreasing the experience of cognitive (Weick, 2001) as well as emotional (Hochschild, 1983) dissonance when something is not in balance. This often manifests itself as stress and strain, as an unclosed gestalt in which reflection and discussion circle around and become part of all the reflection group participants' sense making processes (Kamp, 2011). The stakeholder, who is in the center of the reflection, receives ideas to shape cognitive guidelines for changed action. By bringing thoughts to the head with the writing hand, and from the head via collective reflection to the caring hand, the intention was to create a better basis for mastering behavior.

From the first phase, we received approximately 50 situation logs on a voluntary basis. Some of the situations in the logs were well known from participating in a group where just that case was presented and reflected on, although many were unknown. Since the point was not what was on the paper, but the effect that the writing had on self-reflection, the logs were only reporting and showing patterns for the type of situations. Nonetheless, we can see from the suggested improvements how they included both single loop and double loop improvements (Argyris & Schön, 1996). In the attached log in Fig. 2, improvement no. 3 is a typical single loop solution giving better quality to communication, while action no. 1 and 2 affects the task flow in the institution and can be examples of double loop learning: Is it necessary to have a fixed day and time for bathing, and what about letting the patient decide? This indicates how self-reflection and group-reflection develop the possibility of both short-term help and long-term change by challenging the values behind the routines: a *re-design of work*, as Karsek and Theorell (1990) phrase this.

The example log included here is one of the most frequent types of situations discussed or reflected on. The offer of showering or bathing the elderly never seems to be well received. Is it a generational thing that people are not used to showering so often, does it have something to do with intimacy or is it more that aging people simply do not feel it is necessary? The cause is not the point. Our joint experience is that nursing and care related to showering and bathing the elderly are crucial when it comes to the quality in care and to the mood of the day for both involved. Surprisingly, the smallest things can lead to disaster in a bathing situation, whereas a good bathing experience can bring well-being and pride to both the patient and staff, hence making the difference between a good or bad day. On the collective level in the reflection group, our experience is that there is always one person who knows something, has seen something or

experienced something which sheds new light on the situation, i.e. nuances which raise tolerance. We think of this as capitalizing on the knowledge of individual workers (Senge, 1990), often giving both a horizontal and vertical contextualization to one's work situation (Vabø, 2007). Because of this, the truth of the situation literally changes as a new reality emerges, which results in ideas for changed behavior. Besides helping to keep the collective reflection on track for success, our joint experience is that log keeping provide cognitive preparation, concentration on the course of events and behavior in the situation all help create an awareness of the experience, a sort of "tacit experience." Conducting an evaluation by using the logs confirms how many people "lose" experiences, as even mastering experiences are stored but not registered. It also demonstrated how one can find or feel the point at which the situation turned during log writing. What had started as something neutral and normal actually had a point at which it overturned and started to go wrong, though one did not act on it because the impulse did not surface due to the intensity of the work situation. Reflection through log keeping became a source for bringing such "tacit action" to consciousness.

The example provided shows how reflection in relation to bathing prompt a discussion about redesigning the task flow so that bathing takes place when the patient desires it, or is in a mood for it not when the maximum number of staff is on duty. In the last round of exchanges of experience in the autumn of 2010 in which we again discussed log keeping, it became apparent that the log itself could produce ideas for solutions, i.e. while one writes and reflects, the solution for dealing with a similar situation automatically comes without needing to bring the log to the reflection group.

Success, however, is not always about changed behavior and the experience of mastery; sometimes, enlightenment and the new reality increase tolerance and social support to help withstand the situation without too much stress and strain. Bathing or showering could be such a situation that will remain a challenge. Even if it is difficult and with unlimited possibilities for change, the main contribution is making it recognized as part of an interdisciplinary, professional discussion at work.

In the oral evaluation of "the effects of using the log," there is a general impression that the care workers found it challenging to keep a log. Typically, they said they did not like to write in it and were afraid of writing something wrong, but that once they did it, the "dividends" made it worthwhile. Some groups wrote logs together before doing them alone. Still, the conclusion is clear: they think it is important to use them. Even if it takes only 10 minutes, it is good preparation for common reflection and gives the workers the confidence to talk out loud in the group. Consequently, the collective reflection seems to take place in a more gathered and concentrated manner, which is important for helping the continuation of the groups. This was an unexpected, additional outcome of the log that was contrary to our expectations of increased effects on individual confidence.

Conclusions

With response rates of 80% (facilitators) and 55% (participants), the findings from the written anonymous evaluation survey support this hypothesis and indicate that our model of a learning system as a reflection tool contributes to all of the component characteristics for health-promoting workplaces (Karasek & Theorell, 1990) (see Fig.1 Overview, Point 5). A total of 96% said that to a large degree, reflection has changed their behavior in the demanding situations and that it has given them a better understanding of work episodes, while at the same time increasing social support from their colleagues. The answers from both the facilitators and the group participants indicate that participating in a reflection group has improved their ability to handle

difficult work situations and dilemmas - often of an ethical nature - and that it has had a positive effect on their working environment. At best, these results indicate how reflective practice can affect the individual worker's mastering experiences, contribute to a positive working environment and initiate redesign processes, e.g. the time of bathing routines as self-determined by the resident, rather than a fixed time imposed by the institution.

From "On" to "In" - As we did in the reflection model *Heart-head-hands* (Amble & Gjerberg, 2007; 2009b), developing self-reflection by using a situation log is a method of reflection on action (Schön, 1983). This is only the first step towards our ultimate goal of behavioral change through an increased mastery of emotionally stressful, demanding situations. We know that this routine for self-reflection helps people acquire self-confidence to participate in the next step of collective reflection; even so, this is still reflection on action. Nevertheless, the third and crucial step starts with a new awareness, the moment in a situation in which you "switch on" your mentally prepared new action. At this point, the situation is still open and is "boiling" in the head, and an awareness of that moment triggers the change. At this stage, the participants tell us that they sometimes have to take time-out and leave the situation in order to recollect the new mentally prepared behavior: the transition from "boiling" in the head to concentrating on planned action can make the difference between getting carried away or being in control (Karasek & Theorell, 1990).

From Hand to Heart - The quality of work life, sustainable work and health-promoting workplaces is characterized by certain components (Trist, 1981; Kira, 2006; Hvid, 2009). Individual workers' tasks must be understood and given meaning (Thorsrud & Emery, 1970), the work environment must have specific social qualities and the solitary worker must experience participation and progress in work improvement (Sørensen & Grimsmo, 2001; Hvid et al., 2008). Robust self-reflection is the basis for all collective reflection (Marshall, 2001). Healthcare work is action-oriented women's work that is intensive and characterized by physical activity, constant movement and the use of emotions; it is a work situation with little space or time for quietness and reflection. Therefore, the space for robust self-reflection in this type of work culture is of special importance and remains an organizational challenge (Amble & Gjerberg, 2009a). The objective of the article has been to present new knowledge about "reflection in action" in care work. We show how reflection in demanding situations, often in face to face situations with a client, can reduce stress and make it possible to carry out cognitively prepared behavior (Bandura, 1997). We have chosen to separate reflection from the use of voice, but not from dialogue. The use of a situation log can be seen as a helper for an inner dialogue, in which the log is a substitute for the midwife in a conversation (Kristiansen & Bloch-Poulsen, 2005). The participants describe the log as challenging, but a challenge that results in a feeling of professional confidence. Our experience is that "reflection in action" in people work is a basic building block in a field of work laden with learning possibilities. By training reflection both *on* and *in* action - the first collective, the latter individual - we have developed a system for such learning in a joint learning process (Gjerberg &Amble, 2009; 2011b). This is accomplished by partly taking learning back to the early days of the socio-technical tradition, in which learning took place alongside the execution of work tasks (Trist & Bamforth, 1951), and partly by organizing joint arenas for collegial learning (Herbst, 1993) which are in line with the latest developments of this tradition (Eikeland et al., 2006). As a researcher, I experience this combination of learning *in* and *of* work as being specific and necessary in working with people due to the nature of matrix work task organizations (Herbst, 1993), with a minimum opportunity to leave work and discuss or receive supervision (Skår 2010). In the actual context of elderly care

characterized by a majority who work part-time and has a high rate of sickness, absence, and use of substitutes, there is an almost impossible challenge tied to improve the organization of daily operations (NOU 2008:17; Ingstad, 2011). If the nursing and care sector for the elderly in Norwegian society wants to develop sustainable work organizations (Docherty, Kira & Shani, 2009), it will sooner or later require a reorganization of operations, in which *responsible autonomy* (Trist, 1981) becomes an imperative meaning a committed collaboration and shared responsibility for work. Fundamental to such autonomy is the employees' discussions alongside work, including the professional development of skills in reflection both *in* and *on* action. In such a context, all workers can profit from our model; in today's work organizations, our efforts are probably just sub-optimal.

References:

Amble, N., Enehaug H., Forseth, U., Gjerberg, E., Grimsmo, A., Hauge, T. I. et al., (2003). *Arbeidsmiljø og mestring hos frontlinjearbeidere i flytransporttjenesten.* Hovedrapport: WRI.

Amble, N. & Gjerberg, E. (2003). Emosjonelt arbeid og mestringspraksis. *Sosiologisk tidsskrift, 11*(3).

Amble, N. & Gjerberg, E. (2007, 2009b). *Hjerte- hode- hender: Et refleksjonsverktøy for mestring i pleie- og omsorgstjenesten.* Directorate for Health and Social Affairs: Oslo.

Amble, N. & Gjerberg, E. (2009a). Refleksjon som praksis i arbeid med mennesker – om utvikling av nye organisasjonsformer ved bruk av interaktiv forskning. *Tidsskrift for Arbejdsliv*, *11*(2).

Amble, N. (2010). Når smilet er arbeid – om rytme og bærekraft i arbeid med mennesker. *Tidsskrift for Arbejdsliv. Tema: Følelser i arbejde, 12*(3).

Argyris, C. & Schön, D. (1996). *Organizational learning II: Theory, method and practice*. Reading, Massachusetts: Addison-Wesley.

Askeland, N., Otnes, H., Skjelbred, D. & Aamotsbakken, B. (2003). *Tekst i tale og skrift.* Universitetsforlaget, (2nd ed.).

Bandura, A. (1997). *Self-efficacy. The Exercise of Control.* New York: W. H. Freeman and Company.

Bandura, A. (2000). Cultivate Self-Efficacy for Personal and Organizational Effectiveness. In *Handbook of principles of organization behavior,* E. A. Locke (Ed.), Oxford, UK: Blackwell.

Berg, AM. (2002). Kvalitetsbyråkrati: Mellom autonomi og kontroll. WRIs Skriftserie nr. 11.

Deichman-Sørensen, T. (2007). *Mot en ny infrastruktur for læring og kontroll. Kvalitetsvurdering i fag- og yrkesopplæringen*: Rapport fra evaluering av Nasjonalt kvalitetsvurderingssystem i grunnopplæringen. Oslo: Arbeidsforskningsinstituttet; 3.

Docherty, P., Kira, M. & Shani, A. B. (Rami) (2009). *Creating sustainable work systems: developing social sustainability.* London: Routledge.

Eikeland, O., Ausland, LH., Enehaug, H., Klemsdal, L. & Widding, S. (2006). *Har systematisk læring på arbeidsplassen noe med livsfase- og seniorpolitikk å gjøre?* Oslo: Arbeidsforskningsinstituttet; Rapport 6.

Forseth, U. (2001). *Boundless Work – Emotional Labour and Emotional Exhaustion in Interactive Service Work.* Trondheim*:* dr. polit. dissertation SINTEF Industrial Management, Institute of Social Research in Industry, IFIM, NTNU.

Gjerberg, E. & Amble, N. (2009). Pleie- og omsorgssektoren som lærende organisasjon. *Sykepleien Forskning, 4*(1), 36-42.

Gjerberg, E. & Amble, N. (2011a). *Refleksjon, handling og mestring. Et forsknings- og utviklingsprosjekt 2005-2011.* WRI-notat 2.

Gjerberg, E. & Amble, N. (2011b). 'Train the trainer' – refleksjonsgrupper i pleie- og omsorgssektoren. *Sykepleien Forskning, 2*(6), 132-139.

Greenwood, D. J. & Levin, M. (2007). *Introduction to Action Research.*(2nd ed.) Sage Pub. Inc.

Gross, J. J. (1998). Antecedent- and Response-Focused Emotion Regulation: Divergent Consequences for Experience, Expression and Physiology. *Journal of Personality and Social Psychology,* 74(1), 224-237.

Gutek, A., Groth, M. & Cherry, B. (2002). Achieving service success through relationships and enhanced

encounters. *The Academey of Managment Excecutive, 16*(4), 132-145.

Helsedirektoratet (2006). Competence Lift 2015. As a part of Report No. 25 (2005-2006) to the Storting Chapter 1, 2 and 3: *Long term care – Future challenges. The care plan 2015.*

Helsedirektoratet (2010). *Nøkkeltall for helsesektoren 2009*.

Herbst, D. (P.G.) (1993). A Learning organization in Practice. In E. Trist & H. Murray (Eds.). *The Social Engagement of Social Science. A Tavistock Anthology.* Assistant Editor: B. Trist. Volume II: The Socio-Technical Perspective. Philadelphia: University of Pennsylvania Press.

Hochschild, A. R. (1983). *The Managed Heart – Commercialization of Human Feeling*, Berkeley: University of California Press, Ltd.

Hvid, H., Lund H. & Pejtersen, J. (2008). Control, flexibility and rhythms. *Scandinavian Journal of Work, Environment and Health*, Supplements 6, 83-90.

Hvid, H. (2009). To be in control, vejen til godt arbejdsmiljø, læring og innovation*? Tidsskrift for Arbejdsliv*, *11*(1).

Ingstad, K. (2011). *Hele og delte sykepleiere. En kvalitativ studie av sykepleierenes arbeidsvilkår og arbeidstid i sykehjem.* Avhandling for graden philosophiae doctor. Trondheim: Norges tekniske-naturvitenskapelige universitet.

Johansen, A. (2009). *Skriv ! Håndverk i sakprosa.* Spartacus forlag as.

Kamp, A. (2011). Mening i arbejdet – for lidt, for meget, til forhandling? *Tidsskrift for Arbejdsliv. Tema: Mening i arbejdet, 13*(2).

Karasek, R. A. (1979). Job demands, job decisions latitude, and mental strain: Implications for job redesign. *Administrative science quarterly,* 24, 285-307.

Karasek, R. & Theorell, T. (1990). *Healthy work: Stress, productivity and the reconstruction of working life*. New York: Basic Books Inc. Publisher.

Kira, M. (2006). Bæredygtig arbejdsorganisationsutdvikling. *Tidsskrift for Arbejdsliv* 8(2).

Kristiansen, M. & Bloch-Poulsen, J. (2005). *Midwifery and Dialogue in Organizations.* Rainer Hampp Verlag.

Marshall, J. (2001). Self-reflective Inquiry Practices. In P. Reason & H. Bradbury (Eds.) *Handbook of Action Research (*433 – 439). SAGE Publications.

Menzies Lyth, I. (1990). A Psychoanalytical Perspective on Social institutions. In *The Social engagement of Social science. A Tavistock Anthology.* E. Trist and H. Murray (Ed.), Vol 1: The Socio-Psychological Perspective. The University of Pennsylvania Press, Philadelphia.

Reason, P. & Bradbury, H. (2008). *The SAGE Handbook of Action Research*, P.Reason & H. Bradbury (Eds.). SAGE Publications.

Roth, G. & Bradbury, H. (2008). Learning History: An Action Research Practice in Support of Actionable Learning. In P. Reason & H. Bradbury (Eds.) *The SAGE Handbook of Action Research*,). SAGE Publications.

Shotter, J. (2006). Dialogue, Depth, and Life inside Responsive Orders: From External Observation to Participatory Understanding. In G. Göranzon, M. Hammarén & R. Ennals (Eds.), Dialogue, Skill & Tacit Knowledge. John Wiley & Sons, Ltd.

Schön, D. (1983). The Reflective Practioner: How professionals think in action. New York: Basic Books.

Senge, P. M. (1990). The fifth discipline: the art and practice of the learning organization. Doubleday/Currency.

Skår R. (2010). Læringsporsesser i sykepleiernes profesjonsutøvelse. En studie av sykepleiernes læringserfaring. Dissertation for the degree of philosophia doctor (phD) UiB, 1-100.

Svensson, L. (2002). Bakgrund och utgangspunkter. In, Interaktiv forskning – för utveckling av teori och praktikk, L. Svensson, G. Brulin, P-E. Ellström & Ö. Widergren (Eds.): Arbetslivsintitutets skriftserie Arbetsliv i omvandling 7.

Svensson, L. & Aagard Nielsen, K. (2006). A framework for the book. In K. Aagaard Nielsen & L. Svensson (13-45), Action research and interactive research, (Eds.): Maastricht: Shaker Publishing.

Sørensen, B. A. & Grimsmo, A. (2001). *Varme og kalde konflikter i det nye arbeidslivet*, Tiden: Norsk Forlag

AS.

Sørensen, B. A. (2002). Det grådige arbeidslivet. In Roness A. & S. B. Matthiesen, (Eds.): *Utbrent. Krevende jobber – gode liv?* Fagbokforlaget.

Testad, I. (2010). *Agitation and use of restraint in nursing home resident with dementia*. Dissertation for the degree philosophiae doctor (PhD) at the University of Bergen.

Thorsrud E, & Emery, F. (1970). *Mot en ny bedriftsorganisasjon*. Oslo: Tanum.

Trist, E. (1981). *The evolution of socio-technical systems*. Occasional paper No. 2 June.Ontario Quality of Working Life Center.

Vabø, M. (2007). *Organisering for velferd. Hjemmetjenesten i en styringsideologisk brytningstid*. Doktorgradsavhandling forsvart ved det samfunnsvitenskapelige fakultet. Oslo: Unipub.

Weick, K. E. (2001). *Making sense of the organization*. Blackwell Publishing.

Wenger, E. (2006). Communities of practice, a brief introduction 2006 [05.04.2010]: Available from: hhtp://www.ewenger.com/theory/communities_of_practice_intro.htm.

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[i]The Norwegian Government's report on the main future challenges in long term care and the main users of the municipal health and care services.

[ii] NHO; Næringslivets Hovedorganisasjon [The Confederation of Norwegian Enterprise]

[iii] NTNU; Norges teknisk-naturvitenskapelige universitet [Norwegian University of Science and Technology]