

Discovering Agency – A Student’s perspective

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This paper is drawn from a practitioner-led research undertaken for a professional doctorate. The discovery of personal ‘agency’ is a journey at the intersection of sociology, economics, political sciences and education in order to understand the links between many different strands of influence. This personal journey is shared in detail showing how there are necessary links between the components of the early programme of study in Professional Doctorates, such as The Learning review and any APEL claims, and the comprehensive understanding of the personal perspective, history and ‘agency’ that they bring to such advanced study. This is a necessary springboard for any practitioner/researcher. The heuristic methods encouraged through Professional Doctorate programmes stimulate the exploration of students’ epistemological and ontological perspectives in relation to their professional practice and personal circumstances.

This paper is drawn from a presentation made in April 2013 at Birkbeck College ULLL Conference and is an exploration of my journey thus far as a doctoral student; a journey seen in the context of my actions, engagement, operation and personal growth leading to the finding of my ‘voice’ and, ultimately the development of my ‘agency’. The paper looks at the concept of agency in current literature, before mapping and telling the personal journey of discovering the cause and effect of my own agency, whilst highlighting key features and learning along the way.

The concept of agency is a complex one, particularly when early in the doctoral research process as a practitioner /researcher. There are single definitions such as activity, work and actions. There is reference to the definition of the drive and motivation behind these actions. One can go even further and look at the sciences; here, agency is conceptualised by bringing two agents together and getting a reaction. The situation that students might find themselves in as they start to engage in the doctoral study programme can be likened to this concept; it similarly sets off a chain of reactions that can affect a person in ways that may not have been expected.

Locating a working definition of agency is an even more complex task. Agency is often synonymous with voice, particularly as the way in which people are able to talk about their views and experience of their own past, present and future can be seen as fundamental to their actual agency (Biesta & Tedder, 2006). The exploration of a person's internal view of the world and their interaction within the context in which they are functioning are important internal and external features of agency. This idea of the definition of agency including the individual's ability to exert a certain amount of control over the conditions that may offer opportunities resonates with me personally. I work within the NHS, in an Integrated Care Organisation (ICO) and deputy manage a large and diverse service. All of these factors directly influence my agency, and my ability to control the situations in which I work on a daily basis.

Cooke-Sather (2006) equates having a voice to having a legitimate opinion, being engaged and having an active role in the situation in which a person finds themselves. I have had to engage fully with the heuristic tools and resources offered in the doctoral study programme to explore my agency to the depth that I have. The context of 'voice', 'agency' or 'action' is discussed in many different papers, across many different disciplines. Holdsworth (2000) is often cited for his discussion of how the voice and agency is fundamentally linked, but that context is as important as authenticity and power. A key working paper by Professor Biesta and Michael Tedder (2006) constructed as part of *The Learning Lives Project* (see reference details) was accessed to explore the concept of agency beyond educational domains. The question of agency is discussed across different disciplines in many different ways, necessitating a navigation through the domains of sociology, economics and political sciences. *The Learning Lives Project* focuses on the inter-relationship between learning, identity and agency in people's lives, and illustrates the breadth of the question of agency.

Emirbayer & Mische (1998) in their paper on agency and its meaning, refer to a Chordal Triad of Agency which takes the discussion of agency across a dimension of time and experience. A summary table from Biesta & Tedder (2006) is included in this paper because of the way in which it maps the elements of the Chordal Triad in a way that has enabled me to situate my own discovery of agency across a long timeline and an evolving profession. It

outlines the complexity of thought and deed across a broad domain, all of which contributes to agency.

THE CHORDAL TRIAD OF AGENCY – EMIRBAYER & MISCHE (1998)						
	PAST			PRESENT		FUTURE
ITERATIVE	Selective	Recognition Of	Categoricallocation	Manouver (present)		Expectation (Future)
PRACTICAL EVALUATIVE	Characterisation (Past)			Problematization	Decision	Execution
PROJECTIVE	Anticipatory identification (Past)			Experimental enactment (present)		Narrative Construction Symbolic Hypotheticalresolution

The discovery of my agency has been both the mapping of my personal journey across time and the ways that I have come to understand my unique position within the research I am proposing.

Personal Perspective

I am a full time NHS employee, with a physiotherapy background who has worked for many years in the chronic pain management fields. I am a Clinical Lead for the Musculoskeletal Chronic Pain Management (MSK CP) Service and a Deputy Lead for a large and busy outpatient physiotherapy service. Professional practice has been a large focus of my investigation into my personal agency because of the nature of my working life.

Professional practice is a large subject area to explore and I have applied my own personal lens to my reading and interpretation. I found a language to explain how I practice and situate my professional choices. I have a strong belief that my own practice is:

- Constructed in interactions that affect my choice of practice and ability to carry them out.
- Dependent on historical and cultural factors; mine, patients, services and the organisation.
- Affected strongly by the social interactions and solidarities within my professional domain.
- Situated in a material-economic context which exerts important influences..

Understanding professional practice in the context of the history of my profession has been a key part of my journey as I map its history with the epistemological and ontological stance that the profession has taken over the years, using this to understand why I am situated at the borders of its current practice paradigms.

The physiotherapy profession has a chequered history. In the 18th century nurses were using touch and massage as part of their wish to explore its value in rehabilitation. However, in late Victorian England the 'Massage Scandals' in which prostitutes used the title of Masseur to avoid prostitution facilitated the development of the Society of Trained Masseuses. The Society received a royal charter in 1920 and at the outbreak of WWI it was the recognised legitimate body for providing physical rehabilitation services. The Society of Trained Masseuses established a close bond to the medical community of that time, only advertising their profession within the Medical Journals. They established entry and qualification exams and drew up a Code of Practice. This legitimisation of 'touch' in a therapeutic rather than 'sensual' way was a key moment in the Physiotherapy profession's history. It further accentuated the close working with the Medical profession, which viewed the body in a Cartesian way; as a machine which needed to be fixed if the biology of it went wrong. In this context and at this point in history, the body was viewed as bio-anatomical, an object and as something impersonal. The Society of trained Masseuses transformed into the Chartered Society of Physiotherapy in 1944, which remains the recognised professional body today.

Nicholls & Gibson(2010) in their recent paper explore embodiment theories and concept and the position of the body in the physiotherapy profession. They argue against the biomedical view of the body being the dominant discourse within physiotherapy. The idea of the 'body' sitting central to physiotherapy professional practice, yet not being recognised as such, is a dilemma that is discussed within the paper. As the NHS moves further towards (DH 2012) Long-Term Disease Models in response to the changing demographics of the population and the increase in prevalence of long term disease, the profession needs to change and evolve to adopt broader holistic discourses. Long term diseases will exist alongside musculoskeletal pain and dysfunction, affecting the presentations and possible outcomes of treatment, and being reliant on access to wider care options and support mechanism than traditional are in place within physiotherapy Outpatient Services. The physiotherapist will need to be skilled in recognising the effects of long-term diseases such as diabetes, cardiovascular compromise and the effects of diminished mental acuity with aging on the management, treatment and support of patients. Possible changes to practice paradigms are discussed further below.

Professional perspective

The World Health Organisation (WHO) reiterated that health is not just the absence of disease but is related to mental, social as well as physical wellbeing in 2008 (WHO 2008). Responses and discussion of this within the physiotherapy profession have been slow and few in number. A recent literature search showed some discussion of paradigms of practice backed by Noren et al in 1999, with some indication of more refined discussion concerning physiotherapy practice occurring after that date in the *Physiotherapy Theory and Practice* journal. However, there has been no great debate, rather just opposing views offered. For example, Gronholm-Lundstrom (2008) made a case for a socio-humanistic perspective in practice which was countered by calls for physiotherapy to become more scientific, with a case for the philosophy of science to be applied to clinical practice within physiotherapy (Kerry et al 2008). Dean (2009) focuses on the curriculum needing to change physiotherapy paradigms and argues for behaviour change competencies to be part of the physiotherapy curriculum in light of the promotion of health and wellbeing being linked to non-invasive physiotherapy interventions. More recently Trede (2012) asks physiotherapists to rethink their professional role and translate their technical knowledge and goals in a suitable way to

reflect the 'lifeworlds' of the patients they are treating. Weibecke et al (2012) found in their evidence review that physical therapists can effectively counsel patients with respect to lifestyle behaviour change; at least in the short term. There is a slow building body of evidence and debate concerning possible paradigm shifts within physiotherapy practice showing a breadth of skills and views that could be applied and recognised within holistic frameworks.

Shaw & DeForge (2012) explore existing practice paradigms within physiotherapy, especially the notion of 'expert' and what this means to professional practice. This concept has dominated the physiotherapy research and continuous professional development fields. As an expert/advanced practitioner there is a resonance in their paper and the ontological debate within it mirrors the debates I have had internally and externally throughout my career. They put forward the idea of an expert clinical practice as having a multidimensional knowledge base which is delivered in a collaborative context with advanced communication skills. The ability to consider a wide range of contributory factors in any complex MSK presentation whilst engaging in a therapeutic discourse with patients underpins professional 'expert' practice. An example of this within the Chronic Pain fields is how a patient with long-term or poorly controlled diabetes will need a physiotherapist to have the knowledge of the effects of diabetes on the nervous systems and any resultant pain presentations, and how they link to any physical presentation. Understanding the way in which diabetes is medically managed, and what self-management support and principles are available to support improved management of such a long term condition is also essential and necessitates a working knowledge of community diabetic services and charity resources. Knowledge is not enough, as the therapeutic relationship is of paramount importance when co-creating a management plan that will form the foundation of any care given and this relies on good communication skills (Health Foundation 2011).

I feel that it is my ability to move swiftly from one paradigm or ontological stance to another that has enabled me to function as a skilled practitioner in all aspects of my role, and the idea of physiotherapists being 'Bricoleurs' (Shaw & De Forge, 2012) sits comfortably with my belief that my own practice knowledge is situated within social, cultural and historical contexts. The personal perspective statements at the beginning of this paper highlight this.

Bricolage allows access to multiple epistemologies, the discovery of new ways of knowing and ultimately new ways of clinically reasoning. The embracing of multiplicity rather than privileging the dominant ways of knowing are fundamental to being a Bricoleur, and sitting in the midst of uncertainty and change has been a large feature of my career. The holding of complexity and uncertainty has become a natural skill. I have an ontological stance that is complex, allowing for historical, social, psychological and cultural influences on reality to be considered simultaneously; as per Kincheloe's descriptions (2005). Physiotherapists whom are Bricoleurs do not claim authoritative expertise, and I have naturally avoided the 'Guru' arenas of learning throughout my career. I rather value a view of expertise that embraces multiple levels of practice knowledge and emphasises the contextual and dynamic nature of practice epistemologies. The emergent 'inter professional' practice paradigm that exists within the MSK CP Team is testament to the value of such a view. The MSK CP Team has a wide skill mix of physiotherapists, Psychology Well Being Practitioners and Clinical Health Psychologists whom work alongside Pharmacy Prescribers and a range of senior clinicians. The development of team working' has been fundamental to this emergent approach to inter-disciplinary practice and service development. Frequent team meetings, the establishment of a common language amongst all grades and professions by inclusion in service developments and the same training to support self-management (Co-Creating Health practitioner training) facilitates such working. Shared assessment opportunities and free exchange of knowledge and ideologies, with all team members working together on the same site on the same day, have all produced a truly 'inter-professional' approach that allows for multiple professional epistemologies in a dynamic and iterative way. No one professional group dominates the provision of care for patients, and we all share and offer experience and expertise. Acknowledging different experiences bring a valued point of view and valued input into the patients care and support. This is a working example of what a 'Bricoleur' can achieve.

Exploration of agency

Heuristic methods encouraged through the DProf programme have helped me to explore the practice and professional issues discussed above whilst considering my personal contexts and perspectives in relation to epistemology and ontology, and ultimately doctoral

study. The Learning Review helped me to unpick own personal practice and individual stance within this much larger debate. The key areas of the review that surprised me during the reflective process were:

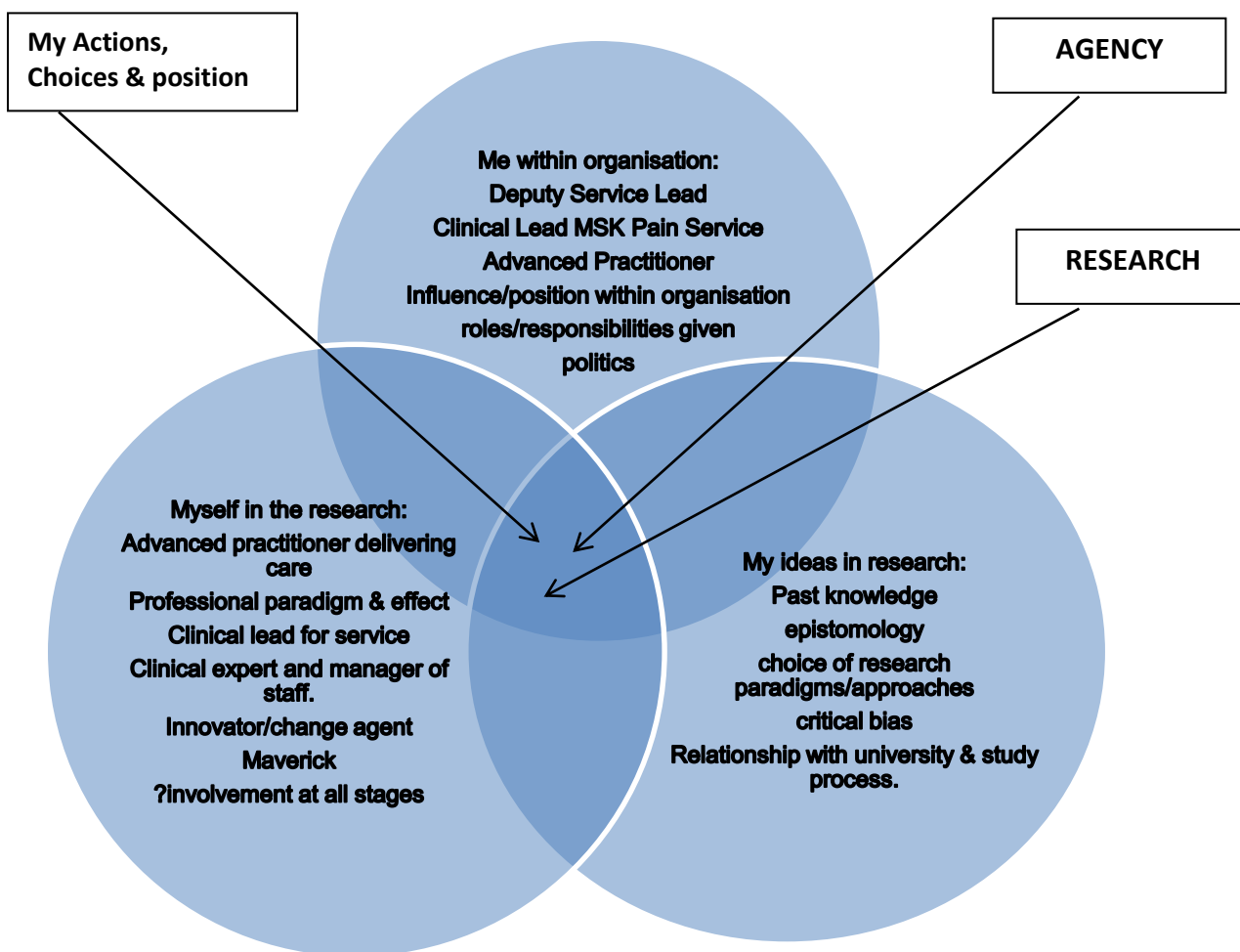
- Independence of thought and action that happened very early in my career with my move away from dominant discourses within the physiotherapy profession even at that inexperienced level.
- I had not realised how I had been at front of innovation within profession. I undertook a Post-graduate degree when there were few around. Physiotherapy was diploma level entry when I trained in the 1980's. I undertook a modular MSc at a time when most were taught and curricula bounded. My role as an Extended Scope Practitioner (diagnostician and expert clinician screening for disease and pathological process that may mean that the patient being seen may need to access specialist secondary care Orthopaedic or Rheumatology Consultant intervention) was in the first wave of these post within the country. The fact that I became a clinical specialist in Pain Management at the same time ensured I was working in a way that moved me along a continuum of care that was positivist in approach (the Extended Scope Practitioner role) to the broader more holistic approach needed for chronic pain management.
- My broad ontological stance developed further by moving fully into a clinical domain, demanding a broader holistic discourse to understand the effects and affects of chronic pain.
- The strength and power of voice when embedded in patient experience and frontline hands on experience was something I had not fully appreciated until the learning review and APEL Claims at levels 7 & 8.

As well as the learning review there were other methods that I chose to engage with. The drawing of a timeline of a very long career, with the mapping of my career against NHS and government policy, organisational and service change, professional developments both personal and national, life events and life choices was a labour intensive process. However, it was invaluable because all the different strands of the time line (all colour coded and annotated) map a journey that has waxed and waned, sped forwards and halted, undulated according to politics, policy and the opportunities thwarted or offered therein. It can be

seen as less of a timeline, and more of a thread wafting with the prevailing wind. How much agency I asserted is evident in some of the choices I made along the way; particularly around educational opportunities. This resonates with the earlier discussion around agency being situated heavily in the education domains. Personal circumstances and my actions and choices at those times are clearly seen on the timeline, evidencing my strength of conviction and determination to progress through the career ladder.

Engaging with the reading process in a very interactive and reflective way has ensured that I have numerous colourfully decorated and annotated notebooks that cross reference other articles and thought streams that I have read from those articles. The subject handbooks have not escaped this way of interacting with the materials, and I have perfected the 'snowballing' techniques described by Pawson (2010). This recognised 'realistic review' method can be used when the knowledge base is not clearly defined, is undergoing development for a newly specified area, and has many facets. My agency, situatedness epistemology and ontology were all exposed to this process, and subsequently my reading has become diverse and multi-faceted.

My reading offered different ways to explore my agency and voice, and I undertook a process of Self-Triangulation (Drake & Heath 2010) as a way of exploring the complexity of my position as practitioner/researcher. The results of the self- triangulation are shown in diagrammatic form below with annotations indicating the boundaries of my agency in the research process.



The complexity of organisational factors needs focus because of the effect that it has on my practice domain in the 'material-economic' context discussed previously. The integrated care organisation that I am employed by is seeking Foundation trust status, which has been put back for a second time now. The fiscal constraints and service reconfigurations locally are extreme, and there is almost a constant case of change and flux, with differing demands and focus being placed on the service almost weekly.

My work roles and responsibilities hold as much complexity as the Health service does and the navigation through a working day, let alone a week, is a challenge. The leadership, deputy service role and extended Scope practitioner roles all produce a tension between clinical service provision, staff management and service improvement and delivery that cannot be forgotten when looking at the agency I exert at work. A key tension remains apparent still, and that is that the primary care based MSK Chronic Pain service and its strong Multi-professional Team ethos is delivered without a Pain Consultant at its centre. This runs counter to the prevailing culture and competing service proposals within the local

health arena, where service delivery revolves around Pain Consultant Access as first point of contact and patient management dictated from that point. The ICO is still an organisation trying to find its way, and there are clashes still between the community arms of service provision which have developed and been delivered for the most part without direct medical Consultant input, and the Acute hospital providers whom are used to being consultant led. The struggle for ultimate power and control dominates the undercurrent of all meetings that focus on full pathway integration, and still is hindering true collaboration. Old rivalries between acute and chronic pain services show themselves and the relative newcomers to the table, the MSK CP service clinicians, are seen as outsiders who are not really welcomed because they challenge the status quo. I need to remain aware that teams are made up of individuals and their interpersonal relations, sitting in a specific institution and infrastructure. Within the health service there are many built in assumptions about a wider set of social rules and institutions that revolve around power play, professional rivalries, overarching culture and personalities.

Focusing on the power play between the clinical team I lead and participate in, and the staff that I manage, has been imperative as I approach the research phase of my doctoral programme. This very power could cause a bias in the research delivery that could negate the findings. I accept the direction and drive for the service improvements, innovation and ultimate research area will be my own, but I will need to ensure that I position the research questions carefully to introduce a degree of neutrality and reduced power relationships. My role as a middle manager dictates that I implement service improvements and policy changes as a middle manager. It is Whittington (2006) who highlights the degree of agency that can be exerted in this context. The selection of the agenda and proposal, and the choice of how to filter the information surrounding it both upwards and downwards falls under the remit of middle managers. It also needs to be recognised that policy and service development can be seen as a vast interaction of ideas and interests that can be greatly affected by the people engaged in the discourse (Pawson & Tilley 2011). The clinical arena I specialise in, chronic pain is also multi-faceted in nature with interdependence on environmental, political, personal and societal factors. This has led to an exploration of 'transdisciplinarity' in relation to my practice. The reality of context-specific problem-solving, leading a multiple professional team that has fostered inter-disciplinary working

that has patients at the centre and the way this has impacted on my praxis lends itself towards further exploration of the need for a true trans-disciplinary approach. Whittington (2006) discusses how observed activity and the actions of practitioners interlink with the organisation and amongst experience practitioners, such as those in the MSK CP service, there will be a certain amount of 'artful and improvisatory performance' or 'praxis' influencing the observable reality in any clinical setting (Whittington, p.620).

The outcomes

The effects of increased reflexivity on my own agency have been unexpected, although I alluded to them in my introduction as being agents brought together and a 'reaction' occurring. The choice to share innovation and discovery to a larger and more diverse group is part of me exercising my agency; the delivery of this paper at Birkbeck Colleges' UALL Conference was one of these choices. At the conference I was the sole AHP (Allied Health Professional) presenting a paper to an audience that was largely of 'educational' backgrounds, nursing and some industry. The choice to affiliate my Professional Doctorate to Work Based Learning Institute at Middlesex University was so that I would mix and network outside of the traditional AHP and medical networks that I have accessed over a number of years. This network shares experience, skills and knowledge across many disciplines, which is necessary in our complex world and the complex issues it possesses for the future. Science is becoming inter-disciplinary; it is time the health professions did the same.

Increased reflexivity and knowledge bases have resulted from my experience as a doctoral student and the boundaries of service development have been pushed to a different level. Strategy thinking and problem solving has evolved with greater understanding options and choices. The frameworks have been extended and those adjacent spaces not normally considered in strategy, such as complementary services, service and certain influences such as interpersonal solidarities are now considered. It has become easier to bring services from outside of the physiotherapy domain into the Chronic Pain pathways because of the way the service is positioned and marketed. The Professional Doctorate route has allowed a freedom in the way in which I view the research that I am undertaking, and understanding the complexities of practitioner/research has given me a stance in relation to research that I am

much more comfortable with. Physiotherapy researchers as Bricoleurs as described by Shaw and DeForges (2012) resonates with me in that it accepts the complexity of physiotherapy practice, and sits with the multiple considerations I have when working in my current roles. The permission to engage in further advanced study keenly focuses professional development. The process of higher degree study and engagement in intellectual debates, critical review and knowledge acquisition can unsettle the status quo, causes a tension between the past, current and future both personally and professionally. Professional Doctorate students often change jobs, direction and/or gain promotion along their doctoral journey. Indeed part of my own reasons for pursuing the study is that it may form part of a necessary exit strategy that may be needed in the future as the NHS remain very volatile and positions such as mine are often the focus of service reconfiguration and savings.

This paper has attempted to detail my exploration of finding my agency thus far in my programme of doctoral study. The detail of the complexity of looking at this issue has been outlined, alongside the many facets of professional and personal practice that influence my choices and ability to practice on a daily basis. My personal history has been mapped against the long career I have had, highlighting how personal agency is very much contextualised and situated in time and place. The detailed look at my professional stance in relation to the wider professional issues shows clearly how I still work on the boundaries of my profession pushing forwards into new paradigms and ways of viewing practice and practice based knowledge. My research arena is on the boundary of innovation and continued exploration of alternative ways of managing musculoskeletal pain. The golden thread alluded to when discovering agency is becoming an iterative loop.

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