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# RECLAIMING COMPETENCE FOR PROFESSIONAL PHRONESIS

## INTRODUCTION

According to Dunne (1999), *phronesis* is Aristotle's special virtue. It is the virtue that straddles cognition and emotion and provides guidance for the expression of other virtues. In this chapter, I offer a brief outline of the nature of *phronesis* before rehearsing the claim that *phronesis* has a special place in professional life. This claim for a *professional phronesis* is set within a discussion that acknowledges the influence of Schön's (1983) critique of technical rationality on the way professionals think about their practice in general and on the way in which professional knowledge is conceived in particular. Schön's exposition of the nature of professional knowledge has contributed to the idea that there are discrete knowledges or ways of knowing (see also Belenky, Clinchy, Goldberger, & Tarule, 1986; Carper, 1978), an idea that many professionals find attractive. Undoubtedly, the growth of the idea of reflective practice can be traced back to Schön, and many professionals see this as an appropriate way of uncovering an alternative epistemology—an alternative, that is, to technical rationality. Schön's recognition that practitioners know more than they can say is complemented by Race's (2006) insights into the idea that we know more than we realise.

Both Schön and Race have some interesting things to say about competence. For Schön, the competent practitioner is at the core of his account of professional practice; whereas, for Race, competence represents the scope of what we can know and can do. Here I continue this tradition of the use of the term *competence* so as to contribute to its reclamation from the clutches of those educational behaviourists who have commandeered the term to describe skills-based learning (as understood, for example, in the phrase 'competency-based curriculum'). Schön and Race are not so very far apart in the way they understand that competence requires some form of emergent self-awareness or self-revelation; in professional life, this notion of a developing competence is necessary if practice is to be anything other than the mere routine application of technically derived protocols or algorithmic responses to the complex issues facing practitioners in their everyday work environments. Competence in this sense requires not only an awareness of what one currently knows (or can do) but also a recognition of the temporality of that knowledge, that is, a recognition that what one currently knows (or can do) may be inadequate at some undetermined future time.

*E.A. Kinsella, A. Pitman (eds.), Phronesis as Professional Knowledge: Practical Wisdom in the Professions, 115–130.*

Schön's call for an alternative epistemology (an alternative, that is, to technical rationality) that can accurately reflect the way competent practitioners operate in messy practice environments comes under fire from Luntley (2009), who claims that such calls are hasty because those parts of practice often understood as 'know-how' can, after all, be reconciled with existing propositional (or know that) accounts of knowledge. During the course of this chapter, I outline Luntley's argument (insofar as I understand it) before attempting to bring these sometimes disparate threads together within a conclusion that reiterates the desirability of a *phronesis* for professional life.

## PHRONESIS

Aristotle (trans. 1953) describes *phronesis* as the virtue that enables us to judge what it is we should do in any given situation. While the normative content of this description suggests a virtue of the character, Aristotle is at pains to point out that right reason is a crucial ingredient of *phronesis*; thus, *phronesis* occupies an unusual place in Aristotle's taxonomy because it straddles the categories of character and intellect to which he assigns all other virtues. Dunne (1999) notes Aristotle's inconsistency in categorising *phronesis* as a virtue both of character and of intellect in different parts of his writings, but the centrality of *phronesis* in Aristotle's account cannot be denied: *phronesis* is his special virtue and he intimates that it is closely related to wisdom. Indeed, 'practical wisdom' is one of the two most commonly used translations of the term *phronesis*; the other is 'practical rationality.' While the attraction of 'practical rationality' is understandable because it emphasises the use of reason (and also because it offers a more obvious counterpart term to what Schön has called 'technical rationality'), my own preference is for 'practical wisdom' because it seems to extend the idea of *phronesis* beyond reason alone. In either case, *phronesis* is Aristotle's practical virtue and it is the virtue required for Aristotle's *phronimos* (the 'good' or 'wise' person). I have argued elsewhere that *phronesis* has a place in professional life distinguishable from its place in everyday life and, as a consequence, the concept of something called *professional phronesis* is warranted (Sellman, 2008, 2009). Here I offer a brief summary of the main features of *professional phronesis* as expounded in those earlier accounts.

The *professional phronimos* (the professionally wise practitioner) continually strives to be the best practitioner she or he can be given the constraints under which practice occurs. For practitioners, this endeavour includes but is not restricted to understanding the limits of their own personal professional competencies together with a willingness to identify and work toward rectifying relevant competency deficits. These are demanding requirements that imply a deep understanding of the turbulent and dynamic nature of practice, a recognition of the value of some form of critical self-reflection, and a resolve not to allow complacency to jeopardise future practice. Also implied is the need for a burgeoning awareness of the sometimes fraught relationship between agency and structure: this is to say, an awareness of the ways in which one's personal practice can be, and often is, constrained by features of

the working environment over which one has little influence or control. These constraints on personal professional practice tend to be overlooked not only by institutional and institutionalised features of the practice landscape by, for example, the way professional codes of practice tend to apportion blame to individuals (Pattison, 2001) but also by practitioners themselves as they accept the tenets of personal accountability. A danger then emerges that this culture of blame may be perpetuated by calls for practitioners to develop those virtues considered desirable (if not essential) for professional practice but this would only be the case if such calls were made (or indeed understood) in the absence of any concession to the role of institutions in encouraging or discouraging the development of those virtues in individual practitioners. Few would argue against the desirability of encouraging the development and expression of such virtues as honesty and trustworthiness among professionals; yet, to ensure well-intentioned actions do not cause harm, such virtues require some overarching guidance. I contend that such guidance is provided when *phronesis* is understood as practical wisdom and when the designation of 'professional,' as in *professional phronesis,* is added so as to acknowledge both the restrictions and requirements of professional practice.

One of the features of professional practice is the requirement for competence, usually understood as the ability to perform a specific set of skills related to the tasks that are partly constitutive of that particular professional practice. Thus, an occupational therapist is required to demonstrate competence in those skills considered to be the skills of occupational therapy; a nurse is expected to have the skills thought to be essential for effective nursing practice, and so on. However, as already intimated, I use *competence* in the broader sense, as used by Schön to describe those practitioners who have transcended the technical application of protocols; so a competent practitioner in this sense has not only recognised the limitations of the purely technical approach to solving or resolving messy practice situations but has also begun to operate in ways that cannot be adequately described in technical rational terms. In this sense, *competence* acts as a precursor for *professional phronesis*.

## THE LIMITS OF TECHNICAL RATIONALITY

It would be foolish, even disingenuous, to fail to acknowledge the improvements occasioned by the rise of science. Science, after all, has provided humanity with myriad opportunities to escape the worst myopic excesses of superstition and of received dogma, both of which have the habit of silencing dissent and generating oppressive environments largely antithetical to human flourishing. And while the fruits of the science project are not evenly distributed across the globe, they have nonetheless led to technical solutions to many obstacles to human well-being. Of course, some of these solutions have created additional obstacles for which further technical solutions are required; and so pervasive is the belief in the technical fix that there is an expectation that science will (ultimately) provide solutions for each new and existing problem. It is unclear if this technical fix mentality is engendered by or is the result of human investment in the idea of the power of science. Either way, the

seemingly insatiable human appetite for certainty that science in its most positivist incarnation holds out as a realistic possibility continues apparently unabated: the danger in this view is, of course, that science becomes the new dogma that merely engenders a different, perhaps even more powerful, form of myopia.

Few scientists remain welded to a strictly positivist view, yet science is frequently portrayed in the literature (sometimes by those who should know better) as a solely positivist pursuit. In so doing, science is often set up as a straw man to be demolished with consummate postmodern ease. One possible reason for this arable attack on the foundations of science is the suspicion that the cold hard thinking said to accompany science has come to dominate the assumptions of those who dictate the policies under which social practices, such as teaching, nursing, occupational therapy, and so on, are organised. And this, as many front-line practitioners recognise, is very often at the expense of the human aspects of such work: Drummond and Standish (2007) refer to this as a 'technicist' and 'empiricist' dominance. The perceived impersonal nature of the imperatives that have come to dictate how individual practitioners engage with their client group(s) may lead educators as well as health and social care practitioners to examine more carefully the epistemological assumptions of their practice. While not always expressed in such terms, the growing body of writing critical of the dominance of what Schön (1983) refers to as 'technical rationality' reflects this search for a richer epistemological account.

By adopting the term *technical rationality*, Schön gives voice to the epistemological assumptions of positivism that science can provide a solution to each and every problem that besets humanity, and that it is only a matter of time before science will discover the knowledge needed to develop the technical solution(s) necessary for any given problem. On this account, a technician is needed to deliver the solution—as understood in the way that the photocopier technician connects her laptop to the errant office multifunctional device to allow computer-assisted diagnosis of the problem prior to effecting a repair. But by describing (in his influential book, *The Reflective Practitioner*) the way practitioners actually think about and respond to the everyday problems of practice, Schön (1983) challenges the idea that effective professional practice is merely the application of technical solutions; as he explains, the competent practitioner is no mere technician. However, this approach to problem-solving may not be that simple even for our photocopier technician, insofar as she may not be the slave to the kind of algorithmic decision-making that we imagine, particularly in situations where she recognises the limitations of the protocols by deviating from or going beyond what any given protocol dictates. In just the same way, we know that at times in our everyday lives, what seem to be purely technical problems cannot be resolved by merely following technical instructions.

For Schön, descriptions of professional practice as merely the application of technical rationality fail to recognise the uncertainty and unpredictability inherent in professional practice. Such descriptions also fail to account for the way in which competent and experienced practitioners sift through potential solutions to pressing problems by drawing not only from technical or scientific knowledge, or both, but

also from what they have learned by witnessing prior similar and not-so-similar situations. For these, among other, reasons, Schön claims not only that technical rationality cannot account for the rationality that practitioners actually use in their everyday practice but also that such an approach is ill-suited for preparing aspiring practitioners.

The shortcomings of the technical solution approach are readily found in the literature, and many professionals find this critique compelling as they encounter first-hand the limitations of technical rational approaches to resolving the complex problems of practice. The arguments against the overuse of technical rational approaches are well rehearsed and have been reinforced by a growing unease among practitioners regarding the increasing predominance of managerialist forms of efficiency: that is, the perception that policy imperatives (and thus professional practices) continue to be increasingly driven by an economic version of efficiency from which the value of human relationships is becoming more and more abstracted. The resultant pernicious form of managerialism has become so pervasive that its corruptive influence appears not only inexorable but also inevitable. The power of this managerialist rationality is awe-inspiring as it is marshalled both to dismiss its critics as reactionary and to set the terms of debate in ways that marginalise dissent.

Several challenges to this predominant managerialist orthodoxy have emerged. The front-runners in the search for an alternative version about how education and health care should proceed seem to be of two kinds: i) the phenomenological and ii) the epistemological. The first, the phenomenological turn, focuses on subjective and interpretive first-person accounts of the experience of education and health care (see, for example, Cameron, 2006; Carel, 2008; Montgomery, 2006). On these sorts of accounts, science comes under fire for pandering to the seemingly fundamental human desire for certainty. The claim is that the transfer of positivist scientific thinking from the physical to the social world encourages unrealistic expectations of human behaviour in terms of learning and responding to illness, which, in turn, generates misleading forms of performance measurement. League tables[i] that are based on educational scores or waiting times for treatments do not capture the human narrative involved in being, respectively, a school pupil or a hospital patient. Phenomenological accounts attempt to add the human story to these otherwise impersonal systems.

The second, the epistemological turn, challenges the fundamental epistemological assumptions of science as an appropriate way of knowledge development for social practices, either by developing alternative accounts of how we know what we know (see, for example, Belenky et al., 1986; Carper, 1978) or by returning to the Aristotelian distinction between *techne* and *phronesis* (see, for example, Dunne, 1993). The former has morphed into a focus on reflection as way to articulate and develop practical knowledge; the latter, into an extended discussion of how *phronesis* can add to what is claimed as an otherwise impoverished knowledge base for practice that arises from positivist science.

Rather than focusing on the difference between Aristotle's *techne* and *phronesis*, Montgomery (2006) emphasises the distinction between *episteme* and *phronesis* in order to contrast epistemology with 'phronesiology,' claiming the

former's association with positivist science marks it as unsuitable to describe the rationality that guides doctors in their everyday work of diagnosis and prescription. For Montgomery, it is obvious that although medicine relies on science, the practice of medicine is not, and cannot, be a science; rather, the practice of medicine requires doctors to interpret the narratives of patient and illness alike. And while doctors accept the value of clinical judgement, they resist (or are perhaps blind to) the role of practical rationality in enabling that judgement. Montgomery may be hasty in claiming that clinical judgement is the same as *phronesis* but is surely correct in noting that clinical judgement has more in common with practical wisdom than has been typically acknowledged.

Among other health care professional groups, nursing has followed medicine in pursuing the claim that its practice is a science; and as with medicine, debates can be found in the literature regarding whether nursing is a science or an art, or some combination of both. Nursing has (at least in some quarters) attempted to ape some of medicine's more cherished accomplishments, perhaps in the hope that such a route might lead to acceptance in the academy and respectability as a discipline in its own right; examples include the nursing diagnosis movement and the adoption of evidence-based practice (although additional political imperatives drive the latter). Critics point to the tendency of individual practitioners and professional regulators to adopt such movements in a predominately technicist manner.

Thus, the thrust of arguments against a solely (or even a predominant) technicist view is that while science may be an essential feature of the evidence base of social practices, this feature of itself does not make any one of those practices a science. Despite the development of protocols, decision-making trees, and various algorithms to guide practice-based decisions, science (and the technical rationality that underpins these developments) is unlikely to equal let alone replace the human judgement necessary to make the best decision in any individual instance. Indeed, the variation of decision-making (or rather, the variation of the outcomes of decisions) has led to calls for standardisation across the health sector to improve outcomes for all (rather than merely for those lucky enough to have access to the best decision-making). Nevertheless, some evidence suggests that "decisions based on research evidence are usually better that decisions based on clinical judgement" (Paley, 2006, p. 82), although Paley's argument is predicated on the assumptions inherent in clear-cut diagnostic category types. In this sense, Paley may be merely emphasising what we have already suspected insofar as human beings are prone to bias and that bias can disrupt our judgement and decision-making, which, in turn, can distort or compromise professional competence.

## RECLAIMING COMPETENCE

When Schön noted "that *competent* practitioners usually know more than they can say" (1983, p. viii, emphasis added), he was surely thinking of an expert rather than a novice, and of a thoughtful and well-informed professional rather than someone taught to perform a set of restricted and prescribed skills. A certain irony, then, accompanies the appropriation of the term *competence* by those who understand it in

technical rational terms and regard it as representing nothing more than simple or step-by-step tasks performed under limited and highly regulated conditions. This impoverished view of competence is in need of rehabilitation, and Race (2006), in developing a model of competence, may be helping to restore its reputation despite claiming that competence is simply a fancy word for 'can do.' In his model, Race divides individual competence into four representational quadrants:

> Quadrant 1[ii] - Knowing our competencies (i.e., knowing what it is we can do or what it is we know)
> Quadrant 2 - Knowing our uncompetencies[iii] (i.e., knowing what it is we cannot do or what it is we do not know)
> Quadrant 3 - Not knowing our competencies (i.e., not knowing what it is we can do or what it is we know)
> Quadrant 4 - Not knowing our uncompetencies (i.e., not knowing what it is we cannot do or what it is we do not know)

Quadrant 1 (knowing our competencies) is relatively straightforward and relies merely on an honest assessment of whatever evidence we have to confirm what it is we think we can do or what it is we think we know—without such an honest assessment, we may exaggerate our claims of personal competence and knowledge. Similarly, quadrant 2 (knowing our uncompetencies) requires an honest admission of the limitations, both of our competencies and of our knowledge. For Race, an understanding of the importance of these two fundamental features of his model allows us to assess our existing competence and knowledge base, to set our own educational goals, and to develop effective evaluation strategies to enhance our personal and professional learning. Both quadrant 1 and quadrant 2 are relatively straightforward because they rely on conscious awareness of what it is we can and cannot do and what it is we do or do not know.

In contrast, quadrant 3 and quadrant 4 are complicated by their relationship to the unconscious aspects of what it is we can and cannot do and what it is we know and do not know; and in this lack of self-awareness, Race's model relates to issues of reflection and *phronesis*.

In terms of professional competence, quadrant 3 (not knowing our competencies) resembles Schön's observation that professionals know more than they can tell and, by implication, reflection is one method by which we might gain access either to the things we do not know that we can do or to those things we do not know that we know. This uncovering of the difficult-to-articulate aspects of professional competence is put forward as (at least one part of) the *raison d'être* of reflective practice, and the arguments in support of its inclusion in professional curricula do not need to be rehearsed here. It is sufficient to note once more that reflection is one arm of the epistemological turn to which practitioners are drawn in their attempts to articulate satisfactorily those aspects of practice knowledge purportedly marginalised by the predominant technicist account. However, concluding that Schön and Race are describing the same thing may be misleading because while the purpose of Schön's reflection is to assist the practitioner to articulate the otherwise opaque knowledge of practice (we know more than we can tell), Race's

quadrant 3, or what he refers to as the 'magic' box, encourages individuals to identify previously unknown competencies (we can do more than we think we can do, and we know more than we realise we know). And while reflective practice offers a method by which we can better articulate those things that we already know that we can do or know (we just can't express this very well), Race provides us with the insight that there are things we do not realise that we can do or that we know; or that we do not recognise these things as being out of the ordinary and thus play down their significance. However, this same insight may be what Schön had in mind as part of knowing-in-action as revealed through intelligent action; if so, perhaps Race and Schön are not so very far apart in this respect.

Race appropriately refers to quadrant 4 (not knowing our uncompetencies) as the 'danger' box, for those who do not know what it is they cannot do or who do not know what it is they do not know are forever at the mercy of their ignorance. In professional life, such practitioners place the recipients of their practice at risk precisely because of their incomplete understanding of the limits of their competence. Hence Socrates' observation that wisdom requires insight into one's own ignorance is of immediate relevance in the 21st century, for this incomplete understanding of the requirements of professional practice is significant in differentiating the novice from Schön's competent practitioner and may point to a need for the development of practical wisdom (*phronesis*). And it is this kind of practical wisdom in judgement and decision-making that I have in mind when describing the *professional phronimos*.

Thus, in Race's scheme, the importance of that which resides in our unknowing quadrants (quadrants 3 and 4) cannot be over-emphasised, for in these quadrants Schön would recognise many of the features of his reflective and competent practitioner. One point of note here: once an individual identifies something in the not knowing quadrants, that item is immediately transferred to one of the knowing quadrants. Thus, insofar as we can never know the contents of our own 'magic' and 'danger' boxes, these quadrants remain, at least *from our own perspective*, empty. Of course, they are not empty from the perspective of others (for not one of us knows all or can do all), and, thus, the very first requirement of *professional phronesis* may be a willingness to acknowledge the possibility that things, unknown to us, can get in the way of competent practice.

Thus, we might begin to demonstrate *professional phronesis* by first acknowledging that we do not know what it is we cannot do and what it is that we do not know. Armed with this insight, we can then set out on a voyage of discovery to uncover the professionally relevant contents of our own not knowing boxes in general and of our danger box in particular. This task requires not only an active desire to seek out strategies to reveal those things previously hidden to us but also a willingness to act on the findings. Reflective practice and seeking out constructive critical feedback from colleagues, clients, and others are but two suitable strategies. The recognition of the existence of a personal danger box seems to be a minimum level of self-awareness for any professional serious about being a good enough (if not a competent) practitioner. And with identification comes awareness: the previously unknown things become known things and, thus, are no longer quadrant 3 or quadrant 4 items.

Thus, the deceptively simple statements i) *that we do not know what we cannot do* and ii) *that we do not know what we do not know* have profound and often unacknowledged implications for professional practice. Those practitioners who take seriously their work for human betterment will recognise that competence is not merely a matter of skills acquisition, or of merely developing and maintaining the skills necessary for safe and effective practice. Rather, the individuals who strive to be competent practitioners will be aiming to be the best they can at whatever practice they profess to be skilled in and will recognise the danger of ignoring the fact that there are indeed both things they do not know that they cannot do and things they do not know they do not know. Furthermore, they recognise that striving to be competent requires their long-term commitment to revealing and addressing whatever contents of their not knowing boxes get in the way of competent practice as they move toward *professional phronesis*.

## MOVING TOWARD PROFESSIONAL PHRONESIS

For Schön then, the competent practitioner is one whose skills have moved beyond those required simply to apply the protocols determined by the limited technical rational approach to practice. Rather, the competent practitioner demonstrates in her actions an understanding of the deeper requirements occasioned by the need to respond to the messiness of everyday practice. In addition to this willingness to admit fallibility of competence and knowledge, numerous other characteristics will assist the practitioner in pursuit of *professional phronesis*, including *inter alia* honest inquiry in the sense of attempting to know, as far as is possible, the truth of things. As Haack (1998) puts it in her discussion about the nature of genuine inquiry:

> The genuine inquirer…does want the true answer to his question: if he is inquiring into whether cigarette smoking causes cancer, he wants to end up believing that cigarette smoking causes cancer if cigarette smoking causes cancer, and that it doesn't if it doesn't (and that it's a lot more complicated than that if it is a lot more complicated than that). (p. 9)

Haack goes on to argue that this intellectual integrity is not only a virtue essential for the activity of genuine inquiry but also an epistemic (and instrumental) obligation for anyone who wishes to find out how things really are. Haack is concerned about the ever-present dangers of 'over-belief' and 'under-belief' that accompany relativist and postmodern epistemological and ontological positions in the academy, but her point transfers easily to the practical world of education and health care. As Hussey (2004) notes, the very dispositions so valued in philosophical debate (if not elsewhere) of creativity, tolerance, and profundity can so easily lead us astray if adopted uncritically or over-earnestly. In pointing to the misunderstanding, misrepresentation, and misappropriation of ideas from other disciplines, Hussey takes to task those scholars in nursing (and by extension, in other similar types of practices) who perpetuate seductively simple and sometimes simply bizarre connections and explanations regarding the human experience. As a warning against credulity or closed-mindedness, the positions of Haack and Hussey

offer a degree of immunity from the worst excesses of the relativism that accompanies some attacks on the dominance of the empirical. It is perhaps a failure to acknowledge the importance and the achievements of science and a failure to acknowledge pure positivism as something of a mythical beast that weakens relativist positions; and it may be a failure to recognise the limitations of positivism that gives ammunition to the critics of the rampant managerialism typical of large bureaucracies in the 21st century.

These insights provide the basis for a form of practical wisdom that I have elsewhere termed *professional phronesis* (Sellman, 2008, 2009). On this account, the practitioner with *professional phronesis* (the *professional phronimos*) will not only admit to the existence of a personal danger box but also recognise the professional obligation to identify ways to reduce the potential for harm occasioned by remaining ignorant of the relevant contents of that box. As Haack notes, tasks of this nature require integrity, openness, and honesty; and it may be that these features are essential for competent practice. She writes, "It can be hard, very hard, just to admit that you were wrong… It can be hard, too, just to admit that you don't know…" (1998, p. 11). Yet if practitioners are serious about wanting to do their best for those whose interests they are charged with promoting, then they need to understand that doing their best requires, along with their uncertainty about the most appropriate action for any given recipient of their practice, the ability, as Montgomery notes, to particularise general forms of knowledge in the light of individual circumstances. This ability, in turn, requires discrimination, discernment, and judgement: the ability to discriminate between cases that appear *prima facia* indistinct; the ability to discern the relevant from the irrelevant subtleties of particular cases; and the judgement to know which, if any, heuristics apply. Drawing from the work of Dreyfus and Dreyfus (1979, 1980), Benner initially claims this ability to be a function of "knowledge embedded in expertise" (1984, p. 4) and subsequently suggests it may be an "embodied knowing of *phronesis* described by expert nurses" (Benner, 2000, p. 6, original emphasis). According to Benner, this illustrates the movement from novice to expert, in which the former relies on a checklist approach to judgement and decision-making, whereas the latter embodies the knowledge necessary for expert practice. To the uninitiated, the expert seems to practise effortlessly, knowing as if by intuition what to do in both ordinary and extra-ordinary situations: although the suspicion remains that in the former (the ordinary situation), the expert is responding in ways that merely reflect an internalised set of heuristics; and in the latter (the extra-ordinary situation), the expert may be demonstrating the capacity to rapidly process a set of internalised algorithmic decision-making protocols; and the pilot in the 2009 Hudson River incident may be a case in point[iv]. Benner may be describing the practical wisdom (the *phronesis*) of expert practice illustrated by the type of skilled practice displayed by the *professional phronimos* (the professionally wise practitioner) but, in so doing, she also seems to be describing the competent practitioner recognisable in Schön's account.

## LUNTLEY'S CHALLENGE

Schön's claim of a need for an alternative epistemology of practice (an alternative, that is, to technical rationality) has been embraced both implicitly (via the widespread acceptance among professional groups of the desirability of reflective practice) and explicitly (in the various claims of a need for different ways of knowing, such as those advanced by, among others, Belenky et al., 1986 and Carper, 1978). However, this assumption of a need for an epistemological alternative to technical rationality is not without its critics. One such critic, Luntley (2009), provides a timely reminder that while the commonly referred to putative distinction between propositional and tacit knowledge may be of phenomenological significance (i.e., may have relevance to individuals in terms of how they experience the world of practice), the subsequent epistemological leap toward the idea of the existence of distinct or multiple ways of knowing is unwarranted. Luntley argues that claims about the distinctions between, for example, 'knowing that' and 'knowing how' have been greatly exaggerated and accepted far too readily; and that such differences as do exist can be accounted for within existing accounts of epistemology, which makes the search for alternative epistemologies both unnecessary and unhelpful. Luntley indicates that proponents have adopted the idea of a separate epistemology for practice before developing sufficiently an account of how 'know-how' relates to judgement, decision-making, and rational action. Using the terminology of "activity-dependent knowledge" (p. 360) in preference to 'know-how,' Luntley notes that the failure to explore sufficiently the full extent of general theories of epistemology has led to a hasty acceptance of the need for alternative theories of rationality. Encouraged by, for example, the work of Schön (1983) and Benner (1984), professionals in general and nurses in particular may have been too ready to be convinced by accounts that purport to explain the difficulty of articulating so-called 'know-how' as a function of a distinct epistemology of practice; whereas the difficulty may be simply a reflection of the linguistic limitations of English. We may not have a language with which we can do justice to whatever rationality the baker in Luntley's example uses to know that when a loaf looks 'like this' it is ready to be removed from the oven; but, by definition, the same form of conceptual recognition that allows the baker to know that 'this loaf' is ready must also recognise that 'that loaf' is not. Thus, according to Luntley, we have mistaken the attributes that distinguish expert from novice practice as evidence of a distinct practice epistemology. Luntley does not deny the existence of something that might be called 'expert practitionerness'; but he does pose a serious question about the existence of a distinct practice epistemology. For Luntley, it is not the epistemology of expertise but "the epistemic standpoint of experts" (p. 358) that differentiates the expert from the novice practitioner, noting that:

> [it] is not what or how they [expert practitioners] know, let alone how they deploy knowledge in decision-making, but their capacity for learning. This capacity for learning is plausibly a function of their epistemic station broadly conceived, in particular the nature of their capacities for attention. (p. 358)

While Luntley's position may require us to be more cautious in making claims about a distinct epistemology for practice, it does not challenge the idea of expert practice as such: for, by suggesting 'epistemic standing' and a certain capacity for "nifty thinking" (2009, p. 362) are necessary attributes of experts, he helps to differentiate expert from novice practice. Neither does his account challenge reflection: he says that "the only distinguishing feature of expert practice is the availability of *knowledge that is subject to limited codifiability*" (p. 363, emphasis added). This kind of knowledge (that others might term tacit knowledge or knowledge in action) is, in Luntley's terms, only differentiated from propositional knowledge by the human difficulties of articulation, which, in turn, results from our failure to understand knowledge that is difficult to categorise. Luntley may be on to something here insofar as it is possible to accept Schön's account of the dominance of technical rationality without needing to accept his conclusion of a requirement for an alternative epistemology. Rather, by emphasising the limitations of technical rationality, Schön's account may remain partial, and what may be required is a rebalancing of the domains of knowledge within a general framework of epistemology. For Luntley, then, difficulties of articulation do not distinguish 'know how' from 'know that' but make it a form of 'know that'; that is, a form of propositional knowledge that we find hard to categorise and codify. The baker might not be able to describe well in words what a 'perfect' loaf looks like but this linguistic limitation is not evidence of a lack of conceptual clarity, nor of a lack of knowledge and on this last point at least, Luntley and Schön seem to be in agreement. In other words, the reason we cannot articulate the propositions that underpin activity-dependent knowledge may be that we lack a sufficiently expressive oral or written language. For Luntley, this explanation is at least as good as the explanation offered by those who would have us believe in a distinct practice epistemology.

While many disagree on the precise nature of expert practice, few doubt that distinctions exist between novice and expert practice. The arguments for a distinct epistemology of practice seem to rely on the inability of existing epistemological accounts to explain the way expert practitioners engage with their work. This argument takes various forms, ranging from Schön's insight that practitioners know more than they can say, to more explicitly phenomenological accounts that aim to recover those 'difficult to articulate' aspects of the human narratives of practice. These approaches seem to have attracted interest among those practitioners discontent with the predominance and, perhaps, the insufficiency of scientific and managerialist discourses in the service professions.

## CONCLUDING REMARKS

I have suggested here that *professional phronesis* offers a distinction between novice and expert practice. The *professional phronimos* (the professionally wise practitioner) exhibits the features of expert practice as described by Benner, together with the reflective capacities of the competent practitioner as anticipated by Schön. Indeed, we expect the expert practitioner to have, as a minimum, expertise either in the sense of superb technical skill or in the form of extensive specialised knowledge (or some

amalgam of both), together with Schön's reflectivity and Benner's intuition, but even this combination may not sufficiently describe the *professional phronimos*. In the absence of *phronesis*, individual practitioners may find it difficult to resist the overtures of the dominant managerialism in which success is measured in terms that tend to exert pressure for ever-greater efficiency. Indeed, the modern mantra of being required to 'do more with less' is a refrain heard with increasing frequency by teachers, nurses, occupational therapists, and others; and with the dawn of the recent global economic downturn, that refrain now comes to professionals as a need 'to do even more with even less.'

*Phronesis* (understood either as 'practical rationality' or as 'practical wisdom') is the central feature of any practice that aims for human betterment. In this sense, *professional phronesis* is teleological and ultimately aspirational; and it finds expression in the intentions and actions of the competent practitioner. The competent practitioner then is not concerned with merely getting through the work, not even with mere skills acquisition; rather, the competent practitioner aspires toward the Aristotelian ideal of doing the right thing to the right person at the right time in the right way and for the right reason. As a minimum, this ideal requires the competent practitioner not only to recognise what it is she or he knows and does not know (and can and cannot do) but also to acknowledge that she or he is ignorant of what she or he does not know (and cannot do). Without this level of insight, the practitioner will remain at the mercy of her or his ignorance and will continue to fall short of the ideals of competent practice.

Some of the virtues necessary for competent practice have already been indicated in this chapter: the integrity, openness, and honesty that Haack (1998) refers to as required for genuine enquiry. To these, we might add the humility necessary to acknowledge that there are things we do not know we do not know and the willingness to act so as to rectify any identified deficits that threaten our claims to competent practice. This willingness to act is an essential feature of all Aristotelian virtues but it is strongest as a requirement of *phronesis* because it includes not only the need to rectify knowledge or competency deficits but also to act so as to rectify such deficits of virtue that compromise the virtue of *phronesis* itself.

The search for an epistemology of expert practice that provides a richer account than that offered by technical rationality continues apace and may be explained (at least in part) by the increasing dominance of technicist managerialism in the early part of the 21st century. This search may also represent an increasing frustration among those who feel their aspirations to deliver on the difficult-to-articulate aspects of their practice thwarted by overly bureaucratic systems of (ac)counting from which no escape seems possible in the modern landscape of professional practice. As a response to what is often categorised as an attack on the values that differentiate practices such as teaching, nursing, and occupational therapy from other forms of work, the search for a richer epistemology can be seen as an attempt to defend those practices from the harshest onslaughts of marketplace ideology. The economic need to drive down costs while increasing quality and output (doing more with less) encourages a focus on targets in a way that distorts subsequent behaviour and threatens to corrupt the values inherent in professional practice. Few

deny the need for practitioners to aspire to those values that make the practices of teaching, nursing, and occupational therapy the kinds of practices they are; but equally, few are willing to allow more than the rhetoric of those values to interfere with policies and protocols, especially when financial short-termism holds primacy of place in institutions such as schools, universities, hospitals, and other organisations designed to deliver on the promise of human betterment.

Yet the demand for competent practice continues unabated. The graduates of today are expected to be competent practitioners at the point of initial practice. Unfortunately, the dominance of technical rationality manifested as the maximisation of efficiency in, for example, the form of meeting targets, does little to encourage (and in some cases actively discourages) the development of those essential values necessary for the development of the competent practitioner. In other words, and as Schön notes, technical rationality as an explanation of professional practice is poorly placed to deliver the competent practitioners of the future precisely because the foundation for building that future is absent in the technicist present. The *phronesis* of Aristotle (the knowing what to do to whom, when, and for what reason) is not, and cannot be, formularised and codified because it relies on a capacity for reasoning that depends on context in a way that protocols do not. The development of *phronesis* in professional practitioners requires a nurturing of the type seemingly unavailable within technicist-driven educational establishments; yet some practitioners (those sufficiently determined) do aspire and work toward becoming the *professional phronimos* despite institutionalised obstacles. But doing so comes at considerable personal cost—the cost of constantly accommodating technicist demands while attempting to maintain professional integrity—while space for the expression of those difficult-to-articulate features of practice becomes evermore squeezed into the margins until those expressions become the mere luxury items of practice, accessible only when all other demands have been met.

Thus, we have a modern paradox. Current technicist-driven institutions expect competent practitioners but are unwilling to provide the environments in which competent practice can thrive. This failure to invest in suitable practice and educational environments represents a myopic perspective blind to the detrimental long-term effects of short-term efficiency gains; but just so long as the political imperatives continue to drive the cost-cutting consequences of policy dictates, so the pool of professionals aspiring toward *phronesis* will diminish. If the triumph of technical rationality becomes complete, then the danger to which Schön was alerting us will leave us with few competent practitioners, and, as a result, we will all be impoverished. In this dystopian vision of the future, technical skill will be an unsatisfactory replacement for professional competence as we suffer from a deficit of practitioners who can transcend the algorithmic responses of approved policies and protocols. And yet, while the literature critical of the dominance of technical rationality continues to expand, the possibility of reclaiming some of those difficult-to-articulate aspects of practice remains. And just as we seem to rely more and more on those sufficiently determined to work toward *professional phronesis* to provide more than mere skills-based practice, so we may come to rely even more

on those very same practitioners to offer a future in which technical rationality is seen for the limited application in practice for human betterment that it is.

## NOTES

[i] Despite their shortcomings, league tables have become common in the United Kingdom in relation to a wide range of organisations. For example, school league tables show which schools receive the highest number of 'good' grades at GCSE (general certificate of secondary examination, the standard end-of-school qualification taken by 16-year-olds in the United Kingdom). So those schools where students receive the most grade A–C GCSE results will be top of the league table. Of course, because these sorts of figures are analysed in different ways, any one school my find itself in different positions for different subjects: a school might be in the top ten for one subject but outside the top ten in another subject. Obvious weaknesses in this system include the fact that no account is taken for the relative improvement in performance of children: thus, the achievements of an inner-city school in improving the overall number of children who achieve in their GCSE results will not be acknowledged in the league tables, as these record only the absolute number of GSCE passes at particular grades. Similar systems are in place at other organisations, such as hospitals and universities: universities that attract the brightest academics invariably find themselves at the tops of league tables of research income; and those hospitals that serve areas with a relatively high proportion of older people are likely to perform less well in tables that measure length of patient stay as a negative outcome.

[ii] I have added numbers to these quadrants for ease of reference; Race does not number the quadrants in this way.

[iii] Race uses uncompetence in preference to incompetence to avoid the negative connotations of the latter.

[iv] In January 2009, Chesley B. Sullenberger III saved the lives of all 155 persons on board US Airlines flight 1549 by bringing an Airbus A320 safely to rest in the Hudson River just minutes after taking off from LaGuardia Airport in New York. In subsequent interviews, the pilot described discussions with air traffic controllers and his co-pilot as they reviewed their options, then discarded them in algorithmic fashion, until only the Hudson River option remained. Both the pilot's ability to make decisions rapidly and his skill of 'landing' safely on water can be adequately described in terms of embodied responses guided by an internalised set of protocols and procedures.

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