Workplace Learning as Postmodernist Enactment: a model from dementia

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ABSTRACT Workplace learning confronts much traditional educational thinking, since it engages the local, informal and capricious nature of the workplace experience, and tries to make these educatively worthwhile. Using staff learning experiences in certain dementia units in Melbourne as empirical data, the paper builds up a model of workplace learning, utilising insights from postmodernist scholarship. It confronts in this way some of the central notions of truth and knowledge explicit in more modernist epistemologies, whilst adhering to a modernist ontology – that is, to the assumption that a mind-independent reality persists. If the analysis is successful, educators can be encouraged to develop a new epistemology of (workplace) learning, which has much to contribute to the arrival of vocational education at the centre of lifelong education theorisations and practices, especially research practices.

Objecting to Postmodernism

Workplace learning confronts much of what has been traditionally held as educative about experience, mainly because, to many professional educators, such learning seems hopelessly capricious, informal and localised. In short, theorisations of workplace learning, such as is attempted here, confront the defenders of the high ground – those who adduce to formal education’s Great Traditions the implicit right to treat workplaces as insignificant sites of ‘worthwhile’ learning. This essay tackles that adduction by presenting both empirical and conceptual evidence for closer attention to workplace learning as worthwhile education, drawing upon postmodern insights, but remaining within the modernist assumption of a mind-independent reality.

There is some impatience with postmodernism in contemporary mainstream philosophy of education. Recently, two important publications have expressed this in their very titles: Education, Knowledge and Truth: beyond the postmodern impasse (Carr, 1998), and Thinking
Again: education after postmodernism (Blake et al, 1998). In this essay, I want to show how closer empirical and conceptual attention to adults’ workplace learning fits remarkably well with certain central postmodern themes, perhaps to the extent that many Western educators should find their objections to aspects of postmodernism to be unnecessarily strident.

These books engage a similar adversary. In Blake et al, this is postmodernism as relativism. Relativism is often defined as the view that truth itself is relative to the standpoint of the judging subject (as in ‘beauty is in the eye of the beholder’ (see Blackburn, 1994). Blake et al state:

... there remain good reasons for fighting such relativist notions as: that there is no objective knowledge; that truth is as you see it; that ‘what’s true for you’ is one thing and ‘what’s true for me’ is another; that individual children can and must construct their own idiosyncratic knowledge; that different groups (races, classes, nations, religions) have different knowledges; that teaching someone to see things your way is at best an empty charade, and at worst an act of violence. These arguments have been grounded in philosophical scepticism and tend to present all knowledge claims, disastrously, as arbitrary. (1998, p. 7)

In Carr, the enemy is postmodernism as subjectivism (although he does not use that term). Subjectivism is often defined as the view that values and knowledge commitments are not independently supportable apart from their apparent justification as they are presented to us. Subjectivism is identified, as for Blake et al, as having its roots in a range of epistemological scepticism. This scepticism has generated a:

... loss of philosophical confidence ... in any common-sense construal of human knowledge or enquiry as a matter of objective truths about a mind-independent order of reality; hence it has lately become more common – and more fashionable – for educational and other philosophers to speak the language of narrative, voice and even myth, in preference to that of truth, reality or (heaven forfend) fact. (1998, p. xi)

Carr and his 14 contributors set out a programme of what he calls the ‘serious rehabilitation ... of the notion of objective knowledge and truth’ (p. xii). Blake et al are much more sympathetic to postmodern notions and want to show how a selective reading of these (which negates scepticism) can advance serious educational issues and questions, in the face of a current education policy onslaught driven by ‘performativity’. In the grip of performativity:

Schoolteachers and academics are now routinely reviled as past beneficiaries of a producer culture who attempted to protect their
own interest and privileges not least by an appeal to arcane professional knowledge. Power has moved elsewhere, to consumers rather than producers, or at any rate to those (advertising agencies, marketing consultants and ‘facilitators’ of all kinds) who have the expertise to manipulate consumer choice and sell the educational product just like any other. It is to the consumers that educators must make ‘confession’. Thus confession supplants profession, method replaces thoughtfulness, and presentation skills and image management come before scholarly authority. (1998, p. 3)

From these brief quotations, it is clear that both publications want to return to truth as an educational ideal – as an objective and as an objectivity – in reaction to certain postmodernist excesses. I believe their respective approaches can be summarised as follows. Blake et al react to the commodification of education displayed in policies that slickly relativise any learning programme in favour of market performance. When ‘truth’ is whatever the market will support, truth itself is compromised. Similarly, Carr reacts to the subjectification of education displayed in an equally slick reliance on the assumption that knowledge is a personal construction. When ‘truth’ is what narratives say it is, truth itself is compromised. What both Blake et al and Carr are keen to rehabilitate is intelligible access to a ‘mind-independent reality’, not dependent exclusively on truth defined by market motives nor by personal avowal.

Now, in what follows, I do not want to dispute either of these general research programmes, especially insofar as they are concerned with ‘front end’ education, that is to say, schooling. Nor do I attribute to these programmes a quest for ‘absolute’ knowledge. However, I do want to ‘de-centre’ their implicit assumption that education is and ought mainly to be about formal (that is, institutional) learning, where teaching and curricula are central phenomena. Instead, this paper will focus on a fast-emerging, increasingly-prominent and conceptually-problematic area, which has the potential to re-shape what we think of as education, as Western societies move into the next century, namely, adults’ workplace learning.

Within that area, by careful analysis of some basic empirical activities in one type of workplace, I want to show that some central postmodern aspects of these activities do construct some claim to objective knowledge – commonly called truth. This objective knowledge is more modest, context-dependent and tentative, yet permeates daily workplace life in a way that is illustrative of general learning principles across a multiplicity of similar workplaces. It is, in this sense of being built up from myriad experiences, objective knowledge. This is in contrast to the confident and universal claims of Cartesian-inspired modernism (the ‘metanarrative’ of the Enlightenment, now less convincing, especially in education) whereby what counted as learning
was what, say, the ‘educated man’, the ‘well-rounded adult’ or the ‘concerned citizen’ was taken to be. There, experiences were the efflux of the educational ideal or Objective. Learning programmes were derived from the ideal, not from human experiences in schools, or at work.

Vocational education and training has a rich research tradition based on the authenticity of workplace experiences. Billett’s research across the 1990s on ‘authentic’ workplace learning (e.g. Billett, 1994a, 1994b, 1998) draws on international scholarship known as ‘situated learning’ (Lave & Wenger, 1991), from which, most recently, Wenger has detailed ‘communities of practice’:

Workers organise their lives with their immediate colleagues and customers to get the job done ... No matter what their official job description may be, they create a practice to do what needs to be done. (Wenger, 1998, p. 6)

Stevenson (1998, p. 146), in a fine survey of vocational education’s challenges, identifies the pervasiveness of certain new ‘discourses’ (performativity being the most prominent), and links it to the quest for an appropriate epistemology:

For instance, consider the Discourse of the New Production of Knowledge (Gibbons et al, 1994). These authors argue that a new non-academic kind of knowledge is now being produced as organisations create their economic futures.

Gibbons’s Mode 2 knowledge, which Stevenson refers to, has these qualities: it is applied in context, is transdisciplinary, heterogenous, and reflexive (Gibbons et al, 1994, quoted in Stevenson, 1998, p. 147). This contextuality is supported by other research, with the warning that not all contexts are helpful. In a recent OECD report, Raizen (1994) examines the research basis for the linkages now being made between adults’ learning and adults work:

The evidence is strong that learning and motivation for learning are mediated through activities embedded in a context that makes sense and matters to the learner. Because learners have different backgrounds, it follows that not all contexts are equally effective for all learners or for all types of learning. (p. 69)

Further research on this authenticity is available in the National Center for Research in Vocational Education (US), Working Paper series (e.g. Stasz & Grubb, 1991), on the tensions between authentic learning in the schooling-workplace relationship). Again, it is important to recognise that reductive accounts of this (such as in behaviourist competencies) limit learning potential, and that many workplaces are not conducive to educative learning (e.g. management in ‘glossy’ corporate environments – see Beckett 1998c). A detailed development of the tensions between
modernist and postmodernist accounts of adult learning in general, with implications for competencies, is available in Bagnall (1999).

Nevertheless, acknowledging these risks, this paper will show how a more modest, context-dependent and tentative constructivism occurs. This will be shown through reports of enactments of embodied ‘tryings’ by certain staff who work in a dementia unit in an aged care facility (section 3). A ‘model’ (broadly conceived) of workplace learning is derived from this empirical fieldwork (section 4), and some conceptual conclusions relating this model to the ‘objectivity’ debate bring the paper to a conclusion (section 5). As a preliminary to this analysis, I set out (in section 2), some characteristics of postmodernism.

**Working with Postmodernism**

In an authoritative attempt to characterise postmodernism, Nicholas Burbules (1996) starts with Lyotard’s familiar ‘incredulity toward metanarratives’, and emphasises that incredulity is not a denial or rejection, but is an inability to believe – a form of doubt. This is the doubt which, for Blake et al and Carr, is scepticism running rampant, leading to the loss of confidence in objectivity. However, it is worth stating at the outset that Burbules takes pains to note that this ‘doubt’ is more a suspension of belief, rather than a brute denial of certain narratives’ truth-conditions. The modernist project may well continue, but not without a more modest contextualising of its idealism (see Usher et al, 1997, for detailed treatment of this point especially concerning research activities in education).

Burbules then goes on to identify three social circumstances that make us doubt whether more and more of what we are doing is appropriate. These three are presented as ‘realisations’ of:

- **cultural diversity** – Western societies are broadly multicultural, and not merely polyethnic, and the challenge is to maintain communication between fragmented and fluid groupings;
- **systemically unequal power** – groups and individuals vary widely in access and exercise of power;
- **discourse** (language in use) as central to shaping human experience – to a large extent, ‘the limits of my language are the limits of my world’ (Wittgenstein, 1961, para 5.6).

Postmodernist writings take these three seriously, argues Burbules (1996, Part 1 passim), not as new totalising accounts of the ways things (now) are, but as grounds for doubting the modernist confidence in objective knowledge, reason, truth and the good. We turn to adult learning in a specific workplace, where some empirical findings can be set within these insights into postmodernity.
**Staff Learning in Dementia Settings**

Drawing on some empirical research (detailed in Beckett et al, 1999) amongst staff who work in dementia units in two aged care facilities (ACFs) in Melbourne Australia, I will build up a model of workplace learning, and show how it engages current concerns with objectivity and truth.

**Background**

This pilot project, which concluded early in 1999, investigated ways staff in ACFs (formerly referred to as nursing homes and hostels) learn in their workplace. The researchers’ backgrounds were divergent: the qualitatively-informed Education tradition contrasts with the quantitatively-informed Medical model. Yet to present a contrast is simplistic, since each of us shared a professional interest and a good deal of expertise in experiential and particularly problem-based learning (e.g. as at McMaster University) for staff in health and community settings.

The project team had three areas of relevant expertise: geriatric medicine, clinical epidemiology and medical education; philosophy in adult education; professional development/training.

In the new market-driven Australian aged care policy arena, ACFs and the quality of the care they are increasingly being expected to provide, are caught up in the acceleration of demand for accommodation as the post-WWII baby-boomer demographic ages. Community anxiety about the ACFs and Federal funding certainly contributed to: policy reformulations during 1998; the prominence of aged care policy during the Federal election campaign; the political demise of the Minister for Aged Care. In several ‘crisis’ stories, the broadsheet, *The Age*, provided an expose of an ‘increasing number of nursing homes ... plagued by serious deficiencies’ (1998, p. 1).

Who are the workers in an ACF? The profile is shaped not only by nursing, but also by health care work of widening variety: physio- and other therapies; welfare and other agencies; and a growing number of ‘patient care attendants’ (PCAs), ‘nursing assistants’ and the like. Various stages of residents’ medical dependency necessitate 24-hour care (especially the high dependency of the ‘nursing home’), so shift work is a feature, as is the part-time, predominantly female workforce. Clearly the nursing/non-nursing divide is up for re-negotiation as patient care attendants take up some of the traditional jobs of nurses. In some low-care ACFs these ‘unregulated workers’ provide the whole workforce, but in others none are employed at all. All of these aspects require management and leadership (especially with heightened public expectations, media attention and accountability to regulatory bodies).

Nurses and allied health professionals have a strong, initial and evolving post-initial, raft of professionalised, credentialled and
registration requirements. However, in the area of continuing professional education, gerontic nursing is not well served. Little formal education or training is available for most of this part-time, female workforce. Indeed, most of those who are not nurses or allied health professionals have little formal qualifications, but may have years of experience. Low levels of literacy are common. Yet these women who work, Cinderella-like, ‘down-stairs’ are now expected to adapt to local and national versions of new, higher community expectations.

What was crucial in our project was the emphasis on the ‘ownership’ of the local learning need for each of six ACFs, and the structuring of that need as a workplace ‘problem’, with which all relevant staff could identify. In this way, we wanted to redress some of the difficulties in workplace learning currently being discussed more generally in VET scholarship (e.g. Beckett & Hager, 1998; Boud & Garrick, 1999). What follows is a report on meeting one learning need, in one of the six ACFs.

**Methodology**

The aim of this part of the project was to improve the management of residents with dementia at an ACF – Pleasantville (pseudonym) – by sharing staff experiences in addressing these behaviours, and in that way constructing these experiences as learning. This is difficult when staff employment patterns (shifts and other responsibilities) engage individual resident behaviour patterns in many different times and ways, and when staff come from many different bases of perception and prior learning as detailed above.

Learning strategies involved staff communication skills (including both initial documentation and verbal discussion between staff), interpersonal skills especially teamwork (such as pairings) in analysing ‘critical incidents’ and reflective discussion of workplace responses to such ‘incidents’.

Seven to 10 staff in the dementia unit at Pleasantville, comprising nurses and PCAs, all females, met fortnightly over 2 months, just outside the unit, with my leadership, on alternate Wednesdays. Each staff member met her ‘pair’ to swap experiences in the preceding few days, and what was done to address these at the times they arose. Each ‘pair’ collected brief notes about such incidents and made a verbal report each fortnight with the unit staff as a team. I transcribed these discussions from notes taken in the meetings. An evaluation, and summary of workplace learning, incorporating ‘before’ and ‘after’ questionnaires, was presented to each ACF early in 1999. There were seven meetings in the series.
Findings and Analysis

Meetings 1 and 2 were mainly involved with sharing experiences with certain residents (not included herewith) and this continued as you will read below, across meetings 3, 4 and 5, but in addition, the adult learning perspective was made more explicit. Edited informal notes, taken by me, and verified by the staff (whose first names are used below) are drawn on, below. Data from meetings 6 and 7 are not utilised in this essay.

Pleasantville: Meeting 3, 7 October 1998

Resident B*****
Update: Barbara: B***** has been hospitalised with a broken femur. Maree visited her – drinking via syringe, and with family support at mealtimes. Susan: not on intra-venous drips now.

Resident C*****
Update: Judith: C***** back from hospital 30mins ago (Susan: quite dopey too – balance problems) some aggression. Barbara and Susan both astonished to see her returned so soon – medical matters still present.

Resident B***
Update: Judith: goes to bed fully-dressed. Marj: B*** required full change of clothes this morning. Susan: use a lip-plate for lunch, some wandering the unit. Marj: agreed – moves furniture, ‘dusts’, Barbara: better at night now, and Susan agreed, as B*** heads straight for toilet in the morning, yet today’s incontinence is less typical. Maree and Marjery agree recognition is quite good. S: hairdresser return trip is significant – sees the door! Janice and Marjery agree that patterning B***’s days is difficult.

Resident M***
Update: Barbara: the medical advice was to ‘modify’ the tender caring, and change the medication. Janice: still weepy, even howling. Barbara wondered if M*** liked being a resident. Maree noted M*** can shower, reluctant to come in the door (can see reflection?). Janice: noted M*** strong on teeth-cleaning. Susan wondered if there was a lot of frustrated communication there, Barbara wondering if a firmer line was called for.

Some general points emerged in discussion agreed on by participating staff:

1. Changes in staffing, and family visits (etc.) are significant for these residents: they may see these as ‘interference’ with their lives – there’s an ownership tension always present for them.

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2. It’s essential to have a wide range/repertoire of responses to engage ‘challenging behaviours’ – must constantly try out things, since across the 24 hours and several staff, a resident in this unit will vary in behaviour often dramatically.

3. Hospitalisation turns residents into patients – off-site, they tend to become medical diagnoses, and then are liable to the ‘throughput’ priorities of a hospital, arriving back at Pleasantville prematurely, and disoriented, and without the prospect of high-level medical care continuing.

4. Structures and patterns are essential for these residents, but they frequently struggle to re-invent these.

Pleasantville: Meeting 4, 21 October 1998

Resident B******
Update: still hospitalised, and w/listed for a nursing home
(Susan)

Resident C****
Update: (Barbara) aggression, deterioration requires a full medical review (psych aged care assessment) (Maree) and possible re-placement: but (Barbara) ‘Where do they go .?’

Resident B***
Update: (Marj.) mumbling, incommunicable: ‘What on earth is going on?’

(Barbara) toileting problems, some agitation: discussion of continence-related reasons (Barbara, Janice, Susan: ‘I’m finding …’). Good support from medico, and medication is effective; family back and involved.

Maree: soft food leads to knife on the tongue: ‘I think she should have spoon’

(Barbara) ‘I provide a spoon for savoury mince’

(M) reversed the utensils to see if that helps

Resident M***
Update: (Janice) sociable – passed the ‘nuts and bolts’ around; (Lee) any medication changes? Very lucid. (Barbara) no changes so far. But Janice and Marj: different over the weekend, very teary. (Susan) She wants to stop in, so ‘Go and sit in the lounge…’.

Maree: lots of touching, crying: ‘If you stop, I’ll take you for a walk’. Janice (via Maree): kept occupied folding bin bags, but (Lee) concentration diminished – only folded two towels.
(Marjery) M*** told B*** to ‘shut up’ when she was excited!!!
(Barbara) medico ordered some medication changes from today.

In analysis of this data, and drawing upon other research (Beckett, 1996, 1998b) I asked staff:

Consider what you do in such ‘challenging’ situations as the above. Is it:
‘guessing’ (WHY is Resident doing this?) or
‘trying’ (WHAT IF we do this?) or
‘showing’ (WHEN we do this …)

Which of these more accurately describes what you find yourself doing?

Some general points emerged in discussion, agreed on by participating staff:

• ‘Trying’ (including both now – e.g. ‘I think she should have spoon’ – and going away and trying later; ‘I tried to explain to J**** about her son on holidays in Sydney’) is most apt. This is followed by
• ‘Guessing’ (‘What on earth is going on?’ Inc. looking for other evidence e. g. urine smell; food throwing rep. chookfeeding = ‘going back to the farm’ = mother role). This indicates that:
• ‘Showing’ is the least apt (requires the most reflection: staff wouldn’t find themselves ‘showing’ because of the ethical implications e.g. bottom-washing has a dignity aspect, as has any action where staff seem to take over).

Pleasantville: Meeting 5, 4 November 1998

In further analysis of this data, I invited the group to again reflect on their own learning. How do you approach ‘trying’? Discussion produced agreement that staff ‘talk on their [residents’] level’ (Maree), which is hard until you get to know residents, and talk in such a way that humour residents: e.g. ‘I feel good today/you look good today’ to start them off, rather than ask ‘How are you …?’ Staff not likely to get at a resident’s condition directly: recognise there’s a telling and re-telling of stories, so look for signs of a ‘new story’ emerging (Barbara). The stories are indications of ‘residents’ realities’ – essential for empathetic staff in dementia units to come to understand:

• these centred on validation of ‘realities’, with plenty of examples.
• essential that staff communicate by reinforcement – what do these roles represent for residents?
• changes the usual social expectations implicit in questions like ‘How are you?’ and ‘Remember …’, which are often anxiety-producing, and induce vulnerability.

So, a refinement on last week: if time is pressing, ‘trying’ something is the best descriptor. However, where observing over time (shaped by
reflective questions: who-what-when-where/never ask ‘why’) is possible, Lee suggested ‘guessing’ is the best descriptor. This was agreed.

Where there is less time available, ‘showing’ was supported provided the validity of the resident’s ‘reality’ is recognised, e.g. showering, over-dressing, phone-calling, can be undertaken in such a way as to preserve the resident’s sense of place and time. The test? Role reversal: empathise – how would we feel if ...?

Two staff, adding to the analysis above, mentioned resident J*****, whose aggression was sparked by the family bereavement in Italy: ‘That’s the problem we have to deal with all the time ... we do X ... she refuses to Y ...’, and distractors don’t work. Responding to the same trilogy of learning experiences, staff agreed that their responses were rarely theory-based, unless a dramatic physiological incident occurred, such as a sudden fall/bad ‘turn’.

They start with immediate practicalities: ‘Look, you have to do X …’, and there is first a ‘trying’ (striving through persuasion), then, with more time, ‘guessing’ and ‘showing’.

Discussion

These Pleasantville staff are able to articulate a process of workplace learning shaped by epistemological considerations redolent of postmodernism, as identified by Burbules. Dementia care is shaped by ‘challenging behaviours’. For these practitioners, there are no compelling meta-narratives – and it would be impudent and imprudent of me to seek to establish one – beyond a professional general duty of care. There are, however, several ‘touchstones’ staff acknowledge in dealing with these behaviours.

In particular, residents display diversity of behaviour as a constituent part of dementia. There are no two similar ways of expressing dementia, in detail (although there are broad ‘stages’), since the degeneration of the mind will show up in very particular actions or inactions. Because of this particularity, it tends to produce regressive behaviour of increasingly elusive explanation. Nonetheless, staff in such care settings – within a power structure inevitably shaped by legal, organisational, medical and ethical norms – are clearly cognisant of the potential for appropriate discourses in managing residents more sensitively.

The significance of discourse goes further. Staff are able to share their learnings of what works with individual residents’ ‘challenging behaviours’ (or ‘hot action’: Beckett, 1996) within discourses. Three discourses suggest themselves: chronological (times of the day or night, events like visits and meals), medical (dosages, clinical matters, hospitals), psychosociological (relationships with staff, families, each other) and so on.
Here, staff in our meetings were able to piece together pattern-making and re-making, ‘reading’ a critical situation or challenging behaviour with their colleagues, such that it then can be better understood. A diversity of practical responses and reflective explanations was proffered and appreciated by the group. This can be regarded as evidence for Dewey’s argument (in Garrison, 1999) that the purposes of both practical action and judgement emerge as a creative effort to overcome what Dewey in general calls a ‘disrupted context’ – and a dementia unit is quintessentially disruptable. These staff, it will be noted, engage in practical reasoning, in attempts to shape stability within the unit. This is fundamentally an Aristotelian epistemology, since it is concerned with the fluidity of purposes with respect to a fluidity of means to achieve those purposes. Neither ends nor means are fixed in a linear fashion. Again, following Aristotle, we notice in the fieldwork findings a respect in the workplace for practical (as opposed to theoretical) action and for the embodied subject. As history tells us, this confronts much of Western education, with its traditional focus on Platonic epistemology, and on Cartesian ontology, both of which emphasise theory over practice, and the mind over the body. Even more fundamentally, they emphasise linear logic, with rigorous truth conditions (validity being the test of an argument), whilst in the workplace, practical logic, aimed at what will work by drawing laterally on experiences, prevails.

The fieldwork represented by Pleasantville reveals a deeper analysis. When pressed to identify what they find themselves relying upon in the moments of greatest workplace challenge, the staff opted for ‘trying’, rather than guessing or showing. Guessing and showing are candidates because they represent, respectively, ‘double-loop learning’ (hypothesising, or ‘what if ...?’ is guesswork) and the artistry of practice (‘showing how to go on’). Argyris & Schön, in the late 1970s, and Schön, writing alone in the 1980s, have advanced what I am calling ‘guessing’ and ‘showing’ as ways to understand organisational and workplace learning – at least for individuals.

However, in these postmodern times, we are attuned to a diversity of voices (or narratives) within a workforce. How do PCAs and nurses understand their practical workplace challenges? By acknowledging their empathy, the staff at Pleasantville showed that pattern-making and re-making had a more profound epistemological significance. They do ‘try’ – but not merely to re-stabilise a situation. Their ‘trying’ is expressed in discourse (that is, speech, actions, rules all intertwined) which invites and elicits residents’ own narratives, and it was this term which the staff found most accurate in describing what they ‘found themselves doing’ in situations of challenge with the residents. I take this to be evidence of what I have elsewhere called ‘anticipative action’ (Beckett, 1998b). Caring for residents with dementia is thus regarded by staff involved as
anticipating the need to enter into marginalised discourses, that is, it has an ethical purpose, which is, nonetheless, up for re-shaping each day or, rather, each shift. They enter into discourse with a materiality, an enactment, with functional bodies – both their own and their residents, thus fleshing out (sic) the analysis advanced by Marjorie O’Loughlin (1998: see also Hager, 1998 for similar concerns over ‘discourse’ as mere discourse). There is powerful learning in this, which those of us under siege to move formal learning into the disembodied world of flexible or ‘on line’ delivery should pause to consider (Beckett, 1998a).

Staff grapple with embodied ‘disruptions’. There is a viscerality about the caring which grounds discourse with residents and with other staff – and generates activity-based learning at its most immediate. What to do ‘here and now’ is a vexing issue for these staff; they need to ‘go with the flow’, but also direct it – these are ‘enactments’ of their work. They need creative and rich repertoires of actions so that reaction is not the only enactment available. They must try to anticipate residents’ needs and wants. Moreover, they are aware that they are adding to their knowledge of residents each day as they personally and, through their colleagues, achieve insights into ways of enacting their caring.

Particular instances of resident behaviour are explicable drawing on wider discourse amongst the staff (such as drug regimes), but in all such cases the localised nature of the workplace (this unit in this ACF) shapes what usage is made of wider discourse.

Here, then we see entwined in these more profound epistemologically-orientated enactments not only Aristotelian practical judgments, but also a material privileging of what some prominent postmodern adult educators have called the ‘local, personal and the particular’ (Bryant & Usher, 1997).

**Workplace Learning**

A model for workplace learning suggests itself. If we ask how staff in dementia units make sense of their work, returning to Burbules’ three ‘realisations’ of postmodernism (cf. section 2), what is evident is as follows. First, there is a daily grappling with residents’ diverse behaviour. Secondly, that behaviour is engaged by considerations of power (resident’s power to be ‘disruptive’; staff power to ameliorate that disruption). Third, the engagement is manifest in discourse, appropriate to the workplace itself.

Thus, these staff are learning from within a community of practice. Like all professionals, they are confronting diversity, power and a variety of discourses, but in ways that are dynamic – they enact these dimensions in the daily flow of their work – and they do so by thinking and doing (and by learning, when all this is shared) in a context. A dementia setting is a ‘local personal and particular’ workplace, illustrative
of key features or ‘realisations’ of postmodernism. It is also a site of powerful adult learning, for the staff.

The learning is authenticated by the embodied enactment of these staff experiences, as outlined above, but it is not parochial. The wider epistemological environment – the aged care sector, the health professions, the research perspective, and so on, are all drawn upon – to help that authentication.

These then are the ingredients of workplace learning:

- a community of practice (that is authentic, embodied work);
- a dynamic (Aristotelian means-ends) engagement with diversity, power and a variety of discourses;
- a context that is well integrated with the wider environment.

In this way, we can claim a form of modest objectivity about the staff learning in an ACF setting. This is much as we would expect of educational expectations in the fallibilist, post-Cartesian world. On this model of workplace learning, objective knowledge is not an endangered species, but rather an achievement, constructed when staff personally and intersubjectively reflect on their enacted experiences in ‘trying’ circumstances (the pun is deliberate). Wider explanations (other discourses) are brought to bear upon on those circumstances, and perhaps it is a mark of staff professionalism, notable amongst many of the PCAs, incidentally, that they are most receptive to these discourses.

Two consequences of this are significant. First, the construction and re-construction of staff identity is involved in this receptivity to workplace learning. PCAs, for example, see their expertise as relevant and recognised where structures exist to show this, and so their learning can be formalised and extended. Secondly, there is a strong place for the leadership of workplace learning, beyond the often facile ‘facilitation’ model. Animation (etc.) is a way of tapping the energy and flow of the daily challenge (Boud & Miller, 1996). This sits well with Blake et al’s discussion of teaching as ‘giving’ (1998, Ch. 6), but I cannot develop that here. These two consequences can address some of the structural barriers to work-based learning in ACF, principally the fact that the workforce is largely a part-time work-force, there are low literacy levels, and that there is a wide-spread perception that the job consists of menial physical tasks, rather than tasks that require reflective thought. I have tried to show with a slice of empirical findings that there is a lot to be done by education researchers, especially in showing how knowledge can emerge from workplace experiences in ways that are generalisable.

Christopher Winch sets out a similar, Wittgensteinian, research programme (1998), in which human learning flows from ‘attention’ to the task at hand, coupled with a full regard for the cognitive as well as feelings and emotions in social settings, is recognised. He argues that such an environment constructs ‘inferences to the best explanation’, and
that there are obvious, but relatively unexplored, connections with work and the arts. This is true—we have all appreciated, and some of us like to think we practise, professional artistry: the flow of sophisticated practice where *phronesis* becomes *poiesis*. However, this is available, if the foregoing model of workplace learning is any guide, to any worker, not just professionals. It also fits well with current interest in the construction of learner identity (the ‘autotelic’ flow of life activities in general; Csikszentmihalyi, 1992) and of teacher identity (the ‘mythopoetic’ construction of the curriculum through the life of the teacher; Bradbeer, 1998). Managing, like teaching, is a leadership role, and much of this has a lot to offer workplace and school-based learning. Paying attention to bodies (cf. O’Loughlin) materialises those identities ineluctably and irreducibly.

**Objectivity as ‘Credibility Towards Narratives’**

At Pleasantville, staff constructed their experiential knowledge in enacting material work with residents with dementia: feeding, showering, toileting and so on. Initially, this construction was by pattern-making and re-making. We noted that this could be more profoundly understood as a process of reading and re-reading residents’ ‘stories’, but such narratives depend upon embodied identities, and the right sort of leadership (managers, teachers and the like).

These individual staff members’ experiences are the ‘raw data’ for their workplace learning. The way staff interact and share their raw data is vital, but hard to capture, since some staff may believe they ‘know’ nothing if their formal education and training experiences are limited or because their location in a hierarchy is such that they ‘should know nothing’. However, they bring to that misplaced perception a melding of the cognitive, the affective and the social. What is required is an educative approach, which structures these perceptions more positively, whilst retaining their experiential integrity. This integrity is possible when individual workers’ knowing-what, knowing-how and knowing-why are recognised in learning activities that are respectful of local, personal and particular discourses, but do not stay with these.

The fieldwork starts to show that staff can be encouraged to express their experiences as learning, and then intersubjectively contribute to a community of (aged care) practice. The next steps in this model of workplace learning involve formalising these practices in public ways, such as through appropriate competencies or models of professionalism. In both these, the nature of practical judgment is central (see *Educational Philosophy and Theory*, 1999, 31(3), themed issue). However, more generally, we can claim that workplace learning can construct credible (that is, convincing because practically effective) narratives. There are truth claims that arise from these narratives because such claims are
epistemologically well-grounded in ‘mind-independent reality’. The staff in an ACF never doubt the material reality they find at work every day. Their attempts to engage the stories (‘realities’) of residents with dementia assume a contiguous, extended world within which such stories can be made sense of, and in which a community of practice is possible.

Once we de-centre traditional educational structures such as formal schooling, and the authority of its vicarious and replicative learning (presented by teaching the curriculum) and the associated strident call for a return to objectivity and truth, valuable learning in the workplace, of the kind outlined here, comes into its own. Quite apart from its utility as a model for staff development, such workplace learning presents an epistemological constructivism, which draws rigour from Aristotle, Dewey and the later Wittgenstein. It is a postmodern enactment, which eschews the meta-narrative, in favour of context-specific meanings. These start with local stories (staff and, in this case, residents), but these intersubjectively connect to wider discourses and assume a mind-independent materiality against which the sense-making can be set.

If the foregoing analysis is cogent, we have an abundance of instances of post-Platonic, post-Cartesian ‘objective’ knowledge, but many educators are not looking in the right places to recognise it. There are 3000 ACFs in Australia. I am sure a body of objective truth about the better management of residents with dementia can be constructed from the reflective experiences of the staff involved across those ACFs. But that body of truth is already embryonically embodied in daily staff enactments with residents. Knowledge derived from formal education and training is part of that embodiment, but it can never be the whole story (or narrative). A mind-independent reality is part of that embodiment, but, similarly, it can never be the whole story (or narrative). Such education and training, and such a reality, are therefore necessary, but not sufficient, conditions for objectivity and truth. Workplace learning, on the model specified, rounds out the story – not so there is a new meta-narrative (heaven forfend!), but so that a multiplicity of learning opportunities beyond the ‘front-end’ can be identified.

The outcome of a postmodernist epistemology is, then, neither relativism nor subjectivism, but a heterodox objectivity, more attuned to actual human experiences in workplaces, than the orthodox objectivity for which some theorists continue to yearn.

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References


ANNOUNCEMENT

The *Journal of Vocational Education and Training* is pleased to announce its fourth international conference will be held at the University of Wolverhampton in July 2001. The conference will be hosted at the attractive Telford Campus within easy reach of the Shropshire countryside. Details of the venue can be found at www.wlv.ac.uk/shropshire

Researchers and practitioners from different countries will present papers on the conference themes: Research in Vocational Education and Training; Policy Analysis; Workplace Learning; Learning and Teaching; and International Perspectives.

Keynote speakers include Professor John Field (University of Warwick, UK), Professor Karen Evans (University of London Institute of Education, UK), and Professor John Stevenson (Griffith University, Australia).

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