Chapter Eleven

Storytelling as methodology

When I first received the challenge from my supervisors (during a supervision session) to find some rationale for the use of story telling, I felt attacked. Stories were a part of my personal and working life, they were very much a part of me and I did not consider they needed justifying. I had never considered story telling as a research methodology with its own form of rigour, so consequently I was unaware of the possibilities in the challenge. I also remember feeling overwhelmed by the idea that the methodologies I had researched and used to manage the fieldwork so far might need to be reconsidered because of the way the research journey had emerged. However, I took up the challenge and began the process of locating appropriate literature and reviewing the field work data.

I began with autobiographical accounts of people's lives, some of which relied on historical data, others researched through live interviews. Much of this reading had a feminist perspective and, although this was interesting, it did not fit with the approach I had taken so far. I searched for a method that contained both the personal stories I tell of my life and the stories that emerged as we worked together. I also realised that most of these stories already existed in the field work notes, letters, journals, and for the first cycle, audio tapes, and that these had arisen out of a particular context. These ‘knowns’ about story and context narrowed my field of vision.

After much reading and pondering about how to take this agenda forward, I gradually formulated the question:

> "Can I do justice to the agreed research purposes and methods in writing up the research cycles and caste a more enlightened eye on the data, honouring the stories that produced them?"

This question acted as guide for me to select sources that might provide another framing, allowing me to analyse the stories that were told without devaluing the methodologies we had used so far. With this in mind I considered the way stories had emerged and came to the conclusion that the stories we told were about our nursing lives and these stories had emerged within the group context. Therefore, my task was to find a way of presenting these stories that recognised the group process we had developed as well as our lives as nurses. Within these criteria I located two research articles, one giving an account of working with a group of women researching equal opportunity issues, the other providing some clarity about the relationship between the telling of a life story and context in which it is told.

These two articles provided the theoretical and experiential accounts I needed to see the path ahead. I will begin with the article by Farrell (1992), because the research reported on is undertaken within a group context and therefore has some resonance with our work as peers. I will then follow with the work of Mann (1992) in order to clarify the nature of life stories.

Finally, I will conclude with Clandinin and Connolly's (1994) 'Personal Experience Methods' which provided me with a way of moving from the stories that emerged in the field work towards writing a research account of these personal experiences. In doing this I will focus on the authors' use of story to understand personal experience.

Researching in small groups

Farrell (1992) was involved in researching women's lives through writing biographies that gave account of both work and personal experiences. These biographies were then used as case studies to create training material for:

- women's personal and career development;
- teaching specific skills - interpersonal, strategic planning etc.;
- encouraging equal opportunities.

However, for the most part, the women involved in telling their stories found the experience liberating, enabling them to clarify issues and gain insights into their lives. Farrell emphasises the value of telling one's own story -

> "It is this telling and retelling of stories that we as women share our insights and viewpoints, learning about ourselves, our culture and each other." (p. 218)

Although the main intention of developing these case studies was to provide training material, other information was extracted by looking for issues and themes. For example, for all the women in the research, personal and work lives were intricately entwined and gender issues were present in all cases, either in explicit or implicit forms.

Farrell then takes the biographical perspective further, and discusses how life stories are part of her work with equal opportunities groups. These groups are aimed at creating a learning environment that encourages women to value themselves as individuals through telling their stories and listening to others. In discussing the appropriateness of this method, Farrell notes that the ‘oral tradition’ is a part of women’s lives in all cultures:

> "For centuries the telling of stories and sharing of experiences has been women’s way of keeping alive their various cultures and traditions, the oldest of all being the oral tradition. This not only keeps alive the culture, but is a way of learning about the reality of each others lives." (p. 216)

In a peer group such as the one we developed, critical incidents and issues were expressed in stories, and inquiry into the issue or the experiences emerged. This is coherent with Farrell's understanding that :

> " ..... in equal opportunities, the telling of life stories, the putting out of personal experiences, telling it ‘how it is’ and listening to each other is the cornerstone of the way I work." (p. 218)

Farrell also acknowledges that asking women to share their life stories is a way of encouraging them to speak out, and so break the invisibility barrier where women are contained within the ‘appropriate behaviour’ -

> "..... we are expected to be, and trained to see ourselves, in support roles, a strand of our conditioning which comes largely from our nurturing and caring roles in the family, as wives, mothers, daughters, sisters." (p. 220)

For nurses this is doubly so, caring for others extends across both personal and professional roles. It is role expectation that creates the ‘invisibility barrier’ for nurses and places them peripheral to the ‘real work’ of the organisation. Nurses are often absent when decisions are made that affect their working lives, consequently they feel powerless to take charge of their own work unless it is of a 'hidden' kind of caring with another.

Farrell takes a proactive role and highlights the issues of powerlessness, gender and the value of work as a means of raising awareness of inequalities at work. I found these issues emerged in both the first and second research cycle. However, I did not take a proactive consciousness raising role - inquiring, discussing and encouraging possible ways of taking action in the work place were the strategies we used. In the second cycle I did offer different 'frames' that might help make sense. However, these were not robustly given but rather

presented as 'another possibility' - e.g. 'interpersonal competence', 'research as praxis' or 'women's ways of knowing'.

The way we worked together as a group achieved the kind of connectedness that Farrell seemed to consider important in creating a learning environment. The way stories emerged and became the focus for discussion and understanding each other's lives has an affinity with the way Farrell describes equal opportunity groups. My understanding now is that story telling and self discovery is a natural part of groups where the individual's personal experience is valued and their telling of it encouraged. It is clear to me now that the group process we developed to create inquiry was also an appropriate context for eliciting life stories. The next step is to consider the ways in which stories are representations of personal experience and therefore a valid way of exploring our lives as nurses.

Life stories as a research method

Mann (1992) explores the use of life story as a research method from three points of view:

- What is a life?
- the relationship between the researcher the subject and the life as told;
- the experience of telling a life story to a researcher.

Mann considers the nature of a life story and in so doing comes to the conclusion that a life story is that part of a life history told to another.

> " .... the life story approach attempts to represent the experiential truth of the life lived. That is, to give expression to the person's own story, as they tell it, of their lived experience." (p. 272)

However, the telling of a life becomes a process engaging the minds and the 'here and now' experience of both the story teller and the researcher/s. The telling takes place as each engages with the other and is governed by both language and social context. How I, as researcher, make sense of another's story will not be the same as the understanding the story teller has of this same story.

> " .... a life story can never be a record of what happened, only ever an expression, interpretation and reinterpretation of the 'phenomenological stream of consciousness' and the 'interactional stream of experience'." (p. 273)

Within this setting the story that emerges is as much responsive to the context in which it is told as it is to the original experience.

I can remember telling my life story during the first cycle of research, and also telling the same story during a research group meeting with fellow students and supervisors. These two experiences were very different for me, the first elicited a high degree of enthusiasm and inquiry, the second elicited puzzlement and a sense of distance. My experience tells me that the context in which stories are told has an influence on the way that story is experienced. My conclusion from my second experience, rightly or wrongly, was that life stories were not an appropriate way of communicating within this research group meeting.

In accepting that stories are told from the perspective of the individual's life, it would seem reasonable to assume that each individual's life strategy for coping with life's stresses is contained within them. Mann (1992) also considers the question of whether men and women tell different stories about their lives. Her conclusions are based on studies that suggest men are more likely to use a linear narrative structure and women a more global one.

The possibility that society affirms certain narrative forms for telling a life story places some control on the way a story teller might tell their story, however, Mann provides another point of view. It is possible, she says, for people to chose different narrative forms in accordance with the social context operating at the time. The choices people make when they tell stories of their lives are influenced by:

- the need to provide a coherent account of our lives;
- the specific social context of the narration and the conventions of narrative structure;
- the specific cultural context (for example gender) and the scripts available that are seen to be appropriate to express and interpret the particular individual's life;
- the individual's particular life experience;
- the particular time in a life that a life is told.

Reflecting on these influences now, I realise that at no point in the research journey did I intend to gather all the information about each individual's life. The choice about what was disclosed lay with the story teller. In truth I did not go into the research to gain accounts of individual's lives. Personal and work stories emerged in the first cycle and work based stories became central to the second cycle. However, I accept that the use of story to represent experience was clearly influenced by the context and our expectations of our lives as nurses. The particular time in our lives did not seem to be as important as the context in which the story was embedded.

The need to provide a coherent account of our research experiences in the second cycle was sometimes a struggle, our understandings of our own experiences were often unsure and unclear. Perhaps Mann's perspective on the way we create our own stories speaks to this:

> "Like a playwright we may construct a dramatic narrative of our lives in order to make sense of life. We include critical scenes which are told according to certain unconscious rules and scripts about what is appropriate in a life." (p. 274)

This touches on my internal struggle about the individualness of a life and the connectedness of living, and consequently the stories that I tell myself and others. Having very briefly grounded the way in which I intend to relate to stories as personal experience, I will now turn to questions about how I as a researcher explore these personal experiences and create a research account.

Personal experience methods and story telling

In making clear the value of story in understanding another's life, Clandinin and Connelly (1994) opened to me the possibility of using story telling as methodology for understanding the experiences we shared as nurses.

> "Story is ..... neither raw sensation nor cultural form; it is both and neither. In effect, stories are the closest we can come to experience as we and others tell of our experience. A story has a sense of being full, a sense of coming out of a personal and social history." (p. 415)

In identifying stories as data for researching personal experience Clandinin and Connelly go further and state:

> "With this as our standpoint we have a point of reference, a life and ground to stand on, for both imagining what experience is and imagining how it might be studied, and represented in researchers' texts. Experience in this view, is the stories people live. People live stories, and in the telling of them reaffirm them, modify them, and create new ones.' (p.415)

This then provides the basis for treating stories as data and presenting the research text in a way that honours the story and the author/s life. Clandinin and Connelly give a full account of the use of narrative and make clear the importance of separating phenomenon from the research inquiry.

> "Narrative names the structured quality of experience to be studied, and it names the patterns of inquiry for its study. To preserve this we use the reasonably well-established device of calling the phenomenon story and the inquiry narrative. Thus we say that people lead storied lives and tell stories of those lives, whereas narrative researchers describe such lives, collect and tell stories of them, and write narratives of experience." (p. 416)

Within this statement are key issues that speak to the way story and narrative are interwoven to create the research text. The value of story as a way of understanding personal experience is clear. How field work records are developed from the stories told, and then transformed into the research text, is a little more complicated. Clandinin and Connelly arrive at a framework for managing the complexity of this kind of research. They provide three sets of methodological questions, which in brief are:

- The role the researcher takes within the field of research experience;
- The texts told and written that the researcher will use to represent, reconstruct and interpret the research experience;
- the effect of the autobiographical presence in field and in the text, and consequently the research account.

I will now address each of these issues with reference to the way I set up and managed the first and second field work group, and with reference to what I need to consider when I revisit the field work data and create another view of the experience.

The role of the researcher in the field

The field of research includes my work place and the field work groups established during the first and second research cycle. In both contexts I took account of my role as subject and researcher. Thus, I am able to tell of my personal experiences, particularly in the work place, and write a research account our work together in the group. In the first group I took facilitator role and all members of this group were fully aware that I would be writing a research account of our experiences together. In the second group I took a different role because facilitation and management of the group was shared and stories became central to the way we presented our work experiences. My personal research journey became a part of my contribution to our discussions as I presented ideas about life strategies together with the writings of other nurse researchers. In essence I was a participant researcher or, in Co-operative Inquiry terms, a co-researcher/co-subject.

The texts told and written

In the first research cycle data were collected through taped recordings and I have given an account of how this information, together with other accounts, was used to create the research text. In my first account of this second cycle I provided an outline of the information available to me and to each person as they worked within the framework of their research.

This information remains available to me through records, letters and personal contacts. I intend to revisit this data from a perspective that affirms the stories that were told.

The effects of my autobiographical presence

I have already mentioned my contributions to the group through the literature I was reading at that time and how this provided a different perspective and new possibilities. I also searched my own personal experiences as particular areas of practice were discussed and, where appropriate, I contributed from these. My mind was always alert to connections, possibilities and the relationship between the ‘here and now’ and the ideas developing in my head. It is possible that others were doing the same, however my tentative inquiries about some of my thinking did not create a desire to explore within my peer group. My attention was primarily on understanding the experiences of my peers and finding resonance with my own. Consequently I did not present a story from my own practice, rather, I presented incidents and partial stories as they seemed to 'fit' with others' experiences.

A sense of watching, timing and letting issues emerge was a part of my behaviour in this group. Whether this is my personal style or learnt strategy I will leave for later to explore. Being a researcher with a thesis to write must have some influence - reading, thinking and exploring ideas certainly did. I consider that during the group work I was aware of the possibilities that I might overly influence the process, so to this end I possibly let patterns emerge more than I might have in different circumstances. This I will never know.

The Way Forward

It seems to me now that the research methodology I chose to use at the beginning of the field work provided a context for stories to emerge and become an important part of the research data. However, when I searched the data for themes, issues and new understandings I managed to filter out both the actual stories and the personal experiences of the story teller. Re-examining the data required that I first consider what I had filtered out and then to search the data and identify each story and how they might interconnect. This process provided a different perspective, one that paid attention to the stories told and which 'spoke' to the life strategy of the story tellers.

Thus my intention in writing a second account is twofold:

- To elucidate the patterns that emerged as stories were told and as we shared our life strategies;

- To keep faith with work we achieved as a Co-operative Inquiry group and, within this, our experiences as co-researchers and co-subjects.

Thus the lens of story telling provides a richer picture of how we worked together as a group, and how this shifted the way I interpret the field work texts. So in writing this second account, story telling becomes a method for representing personal experience. The records I and others collected and shared become the field work texts, and the process of reviewing, interpreting, testing out and creating my own sense of journey produced this research account. In revisiting the second research cycle I have used Mann's work particularly as a point of reference and to guide the use of story telling as personal experience. The following statements from Mann (1992) seem to hold this process in a way that facilitates sense making of this experience.

> "Lives are expressed in narrative and narrative informs the life, the living of a life creates a new narrative and the only expression of a life is a narrative." (p.275)
>
> "I cannot separate life from narrative and narrative from life." (p. 275)

Revisiting the Second Cycle of Research

At the beginning of this cycle of research we decided not use tape recorders during the group session, but to keep reflective diaries. We agreed to record our experiences in the group and the work place, and to use these writings to share and develop ideas. I did not consider the absence of audio tape recordings as a problem. I felt confident that all the data I needed would be available to me through my own and others' records.

> (Going with a situation and trusting that what emerges is of value and is sometimes 'more than one might have anticipated' is a familiar strand of my life strategy.)

This freedom to explore my own and others' experiences provided me with the time and the opportunity to be more fully present in the group. Within this context I became aware of the patterns of interaction that emerged as stories were told, and people responded to both the story and the person.

Story became the focus in the second cycle of research because we allowed a different process to evolve. This difference was partly due to the way the whole research process evolved and developed, and partly because we decided to reach into our experiences as nurses and share them as a peers. In the first research cycle the focus of our attention was on an issue or an incident, and group members contributed intermittently around the topic. In the second group the focus remained with one person's experience. When there was a consensus to move on, or the person concern made clear they had were ready to close the discussion, then the focus would move from one person to another. Consequently the interactions were more intense as members joined the story teller and contributed their own experience. However, this only occurred when the story teller encouraged a contribution, or affirmed a suggestion or request.

> (I am aware now that the real change was the depth of inquiry that encouraged this intensity of engagement.)

The process of achieving this collaboration was one of listening to the full story, then inquiring. The interactions were always tentative to begin with, often affirming, sometimes looking for consequences, or speculating on what might happen. As a story unfolded and a picture became clearer, we offered alternative viewpoints and sometimes possible strategies. Rarely did the person in the centre of the discussion make a clear decision to act and there were no pressures for resolution or action. The interactive process sometimes clarified the story for the story teller, sometimes embellished it, and sometimes created other stories that linked and created some sense of harmony. The process remained very open, although the intensity of the experience was very apparent to us all. There was an unspoken acceptance that taking care of the individual allowed each person to make sense of their own situation. I found it supportive, inquiring, and respectful of each person's life strategy.

It was working together around one person's personal experience that encouraged me to revisit the first research cycle in order to investigate the questions that remained with me. This revisiting opened my eyes to a different perspective, allowing me to elaborate and enrich my original understandings and test out the credibility of my own sense making. The conflict that occurred throughout the first cycle and came to the surface in the final meeting is one such experience where I developed an alternative construction. My account of it is presented in Chapter 12.

It is interesting to note that although at the time I was not considering story as methodology, I did explore within the group the idea of revisiting personal experiences. I shared my intention to revisit the conflict that emerged during the first research cycle and as I gained another perspective I shared my sense-making of it. Others in the group were also able to rewrite personal experiences from the past in ways that were liberating. Before I begin to write about the telling of stories I will reflect back to the ideas of Clandinin and Connelly (1994) to identify what constitutes a 'good story'.

What is a 'Good Story'.

> "--methods for the study of personal experience are simultaneously focused in four directions: inward and outward, backward and forward.....to experience an experience is to experience it simultaneously in these four ways and to ask questions pointing each way." (p. 417)

These four directions briefly put are:

- the internal conditions of feelings, ideas, memories and moral constructs;
- the external conditions of environment and culturally defined reality;
- the movement backward and forward refers to temporality - past, present and future.

I intend to pay attention to these four directions as I write about the stories that were told in this second research cycle and about my own stories in Chapter 12. The nature of my autobiographical presence includes:

- my role as participant and researcher within the group and the work place;
- how I made sense of these experiences and managed the field work texts;
- my understandings now as I write this account.

I will make reference to these aspects as I write this chapter and draw my conclusions at the end

How stories came to be told

It seems to me now that story telling emerged as a way of working together because each individual was able to claim time to tell of a particular experience and for others to respect that experience as unique to the teller. My role in this was twofold: I participated as a colleague and peer; and after each session I recorded my observations, understandings and personal reflections. When the time came to begin the research account I met with some of my peers to test the sense I had made of some of the issues we pursued. All the accounts of the group meetings in the first cycle were tested out in this way, and most of my field work texts developed during the second cycle were discussed with the people concerned. In this way I built up a fuller picture of the experiences we shared. The account that I now present was developed in this way.

Stories told and 'spoken in another voice'

Each person, in their own way, spoke of their experiences as a practising senior nurse. Some told stories that were full and detailed, while others spoke of needing space and time to think and dialogue with others. The way I have managed this difference in style and need is to group the stories into those that engaged the group in some careful and solid work, and those that were ‘spoken in another voice’. I will begin with those stories that were openly offered to the group. My aim in selecting and writing about these stories is to mirror the way each unfolded and engaged others in discourse.

To achieve this I will present four of the stories in shortened form. In each I will focus on the way the story emerged and how others became engaged in the process. I will then present one full story as the ‘centre piece’ to capture the way issues and themes are to be found embedded in the stories told. This flow of ideas and experience is the focus for making sense

of this second research cycle. It illustrates way the central story is 'linked' with the 'voices' of other story tellers and with my own presence in the field. To make this pattern of experiences and interactions available to you the reader, an analogical representation in graphic form is included at the end of this chapter.

The central Story

Jane's story is chosen as the central story for two reasons:

- because Jane began her story in the second meeting and it continued to unfold as the research cycle progress;

- it contained issues about personal integrity, working with other disciplines and the centrality of caring.

Before I begin to present the way different people told their stories, it is important to reflect back to the first account of this second cycle where I described in some detail the research activities each person pursued. In doing this I gave a brief description of teach person's work setting, the accounts they gave of their research experiences, and the ways in which they engaged within the research field. This provided you, the reader, with the content matter and some ideas about the path each person travelled. I will now give my account of the stories that were told within the same group context.

Telling and developing stories: evoking, enriching, and elaborating.

Five people presented experiences in story form with the remaining three, including myself, enhancing or adding another dimension to these stories. Each person, in presenting a particular aspect of their research in story form, also surfaced their own life strategies. In life strategy I refer to favoured ways of acting in the world - the ways of knowing and presenting self that limit, or liberate, in times of change and challenge. My intention now is to give a brief account of each story and the responses each story evoked from others.

Colin told a story about his experiences of encouraging inexperienced staff to take part in developing innovative ways of working with very difficult clients. In telling this story Colin expressed his feelings of frustration, doubt and enthusiasm about working with this particular group of clients. His expressed need was to develop a team that shared responsibility and decision making, but his sense of what was 'right' to do with these clients got in the way of allowing others to try out their ideas and possibly make mistakes.

This disjunction between having a clear vision of what might be and seeing no way of meeting or achieving it was the focus that Colin and other members of the group explored from various vantage points. Relationships with authority figures (particularly doctors), being fair to others, the anxieties about delegating tasks, and the satisfaction of knowing what you are good at were all aspects of Colin's story and evoked other's experiences. Eventually Colin focused on the tension between his role as an experienced nurse and the role of the junior doctor who had just arrived for six months duration (a part of the junior doctor training). It seemed this was a pattern that repeated itself each time a new doctor began working with this group of clients. Colin decided to pay attention to this conflict because it had an effect on his credibility with his staff and his own sense of competence. Role expectations and teaching other disciplines were some of the issues we explored at this time.

Eve Took a long time to tell her story. It was painful experience that seemed to touch each one of us. Eve told the story in 'chunks', beginning with an episode where her staff in a maternity unit had failed to check emergency supplies which caused a minor panic. Eve related how she had found the absence of functioning equipment and had immediately 'gone out of her way' to put it right. As a result of her quick actions the situation was retrieved and no damage was done. However, when she next met with the staff concerned, she became

annoyed with their lack of concern and as a consequence she lost her temper and the senior midwife dissolved into tears.

In telling this story it was clear to me that Eve did not approve of her own behaviour and requested ideas and understandings from us as a group. We explored with Eve why this kind of situation had arisen and found that Eve was experiencing a struggle between the structural changes occurring in her own workplace and maintaining good working relationships with her staff. The stress, and sense of urgency, was about losing valued relationships and not having the words or the personal strategies to manage anxieties, fears, outrage and hurt. We gradually learned that the key to these very personal feelings was the loss of her liaison role with a local General Practitioners' group. She explained how the General Practitioners had appointed her to the role sometime ago. This role, she said, gave her a sense of being central to what was happening in the locality, a feeling of being needed. The way this role had been taken from her was the outrage. Without consultation or discussion she had received a letter from the Chief Executive informing her of the change.

This story evoked a range of responses. Some members of the group were familiar with the general situation and offered their perspective. Others had experienced the loss of control that sometimes happens when one is stressed and anxious, and they shared this together with their ways of coping. I offered a way of 'breaking the ice' with the staff who had inadvertently caused a minor crises and now possibly felt offended by the intensity of Eve's criticism. Most of all we listened to Eve talk about her life as nurse, what she valued, and what she had achieved. Implicit in this story was a feeling of sadness and loss. A year after we completed the second cycle of research Eve took early retirement.

Carol told a story that had a theme similar to Eve’s. It was about being demoralised and alienated through a process of imposed changes. However, Carol chose to move away from her own distress and focus on the frustrations and outrage of students. These students, according to Carol, felt disregarded and forgotten as the changes in nursing education became a reality and they were left to complete their course with few resources or support. Carol gave examples of meetings with students that highlighted the unfairness, powerlessness, and lack of perceived opportunities for both the students and their tutors to gain self esteem.

There were several aspects of Carol’s story that engaged others. Firstly, the need to find a way of addressing this negative experience. This held our minds for some time and several of us made references to experiences of coming to terms with the inevitable while keeping our own integrity. There was also a tentative inquiry into the relationship between these and Carol's experiences, and whether they echoed her position in any way. This led to a general concern about caring for others in an uncaring environment, and raised the question - "How long can one remain silent in such situations without losing credibility?" This story held our attention for some time as each one of us was experiencing changes that had the potential to disadvantage some people.

Mary did not ask for time to tell her story, however it is included here because it became woven into other's stories. Mary began by offering her ideas about the interpersonal skills nurses need to ensure patients and their relatives had respect and were cared for. With encouragement Mary told us about her intentions to create a patient centred focus to all the activities in her ward. We then explored with Mary what it was she thought needed to happen first. Mary used a combination of 'dependency tools' to assess patient needs and discussion groups to surface anxieties and interpersonal difficulties within her team.

There were two issues that emerged from Mary's research activities. The first was about working closely with General Practitioners to provide respite beds to support the relatives of the elderly infirm, and the second was about coping with the conflict between two different cultures within the ward team. Mary brought a theme of patient centred care to our meetings and was able to explore the caring aspect of the dilemmas we presented. Teamwork and the primacy of caring and valuing each person were issues that Mary explored, and in so doing enriched the stories of others.

Stories in another voice

Before I turn to Jane's story and begin to draw together the issues and themes that emerged from the stories told, it is important to pay attention to the stories that were unspoken but ‘heard in another ‘voice’. These stories spoke of different issues but are equally important to include in the experiences of nurses.

There were two people in the group who chose not to take a central position and tell their own story. Each had a different reason for remaining silent and we as a group were aware of these reasons. Both Linda and Sara worked as a Clinical Practice Development Nurses (CPDN), and each had a different reason for needing space and time to think and consider, rather than tell about their work as nurses. At the time we were meeting together the role of the CPDN within the District was being questioned. In a climate of decreasing resources and greater demands for clinical services, any activity not directly contributing to clinical services was at risk.

Linda - ‘finding a place to stand’

At the first meeting of the second research cycle, Linda stated clearly that she needed time to review her career and consider the opportunities for a changing her role. This she said would involve talking to people she worked with and thinking about where she wanted her career to go. During the time we spent together as a group, Linda explored her relationships with her work colleagues in terms of role development and new learning opportunities, and in terms of career change. Linda did this in her own work setting and brought very little of it to the group. However she contributed to the stories of others and added scenarios from her experiences as a nurse.

Towards the end of this second research cycle, I circulated a draft of my account of the fieldwork text gathered during the first research cycle and asked for feedback. Linda wrote me a letter containing feedback together with a personal story about her life as a child and young adolescent because this had been a part of her inward looking. As I read this letter I became aware of Linda’s struggles as a young person and why it was so important for Linda to feel ‘equal to’ the colleagues she worked with. This quote from her letter illustrates something of her journey and why it is important to allow the ‘silent voice’ to speak in different ways.

> "These reflections really just underline for me how inextricable one's life and working experiences are/can be. So thank you for starting me on the reflection path and inviting comments, though I am aware I have written more about personal issues than nursing. I hope some of it is helpful. "

At the end of our work together, Linda informed us that she has made a decision to pursue a multi-disciplinary masters degree in gerontology. She explained that she needed to test out her abilities against other professionals before making a decision about future directions.

Sara - ‘life is for living and work is caring’

Sara chose to keep her own counsel for a different reason. Her choice was more about acceptance than testing possibilities. During the first research cycle Sara had played a significant role in the group, ensuring that issues were clarified and agreements were kept. At the first meeting of the second cycle she registered her intent to explore her work role with the view to a job change. During the time between the first and second session Sara was informed that the critical health problem she thought had been cured some years ago, had returned and required immediate treatment. This information was unexpected and serious, and it left her with important decisions to make about how she should manage her life from this point on. At the second meeting Sara made it clear she did not want to discuss her illness, but rather to "live life to the fullest" and to cope with any problems as they occurred.

"There are lots of things I want to do. I intend to fill my life with seeing and doing as much as I can. When I am no longer able, then I will consider what it means to me." We all respected Sara's right to remain silent about her personal life and to consider her work life in relationship to her personal needs to keep healthy. It was sometimes difficult not to inquire when it was obvious Sara was in pain. However, we respected her decision to put her energy into being fully alive and we limited our inquiry to her holidays and physical challenges such as running a marathon.

Sara, like Linda, contributed to others' stories, and informed us of how her life was developing in terms of changing jobs and learning new skills. Throughout our time together as a group, Sara always kept a focus on the centrality of caring in nursing, and often voiced how being a nurse meant giving care to others. This view often caused her to question her own value as a nurse, particularly as she became, and is, an active and full member of a teaching team. However her contributions to the development of nurses who provide hands on care to patients is very well received and appreciated. In this teaching situation Sara receives the kind of feedback that affirms her caring role and this seems to have resolved the issue that she presented in one of the meetings - "When is a nurse not a nurse?"

These two 'silent' members were very much present in the group and valued for their contributions to the stories that were told. We had glimpses of their lives as they were living them, and we heard of their experiences that shaped them as the people we knew.

Having provided a brief description of the stories told and not told, I now intend to focus on the central story and the patterns that emerged as we inquired and became involved in story telling.

Jane's story

The Historical Context

A year prior to Jane taking up a new position as combined Senior Nurse and Service Manager in a community hospital, both she and I had worked together on a 'Change Project' based in one of the wards in this same hospital. This project was related to a review of services undertaken in the hospital in the late 1980's. As a result of this, recommendations were made to change nursing practices from a task oriented approach to one that affirmed individualised patient care. It was this change process that Jane and I managed and in so doing identified organisational issues needing resolution. Not long after the project, Jane was appointed to the new position and was able to take some of the organisational issues forward.

Jane's emerging story

One area identified as needing improvement was the day care facility for elderly frail people. Day care facilities are very important part of the total care for the elderly, they often provide the choice between an elderly person needing a hospital bed and being able to stay in their own home. Therefore Jane's concern about establishing a responsive and appropriate day care service was accepted by all of us as important. Jane presented to us the difficulties she was having in encouraging staff to work together in a way that maximised the services to patients.

From Jane's account it seemed that professional roles were rigidly defined, with nurses 'looking after' the patients and other staff 'doing sessions'. This created inflexibility in the way staff worked and meant there were times when the services had to close, causing patients to return home early. This story is about Jane's attempts to create a sense of teamwork within the day patient services for elderly frail people, and the difficulties she encountered in doing this.

The telling of the story

Jane was given time to tell her story because it was causing her deep concern. It was also about issues we all agreed were difficult to confront and manage. Jane talked about patients being left for long periods of time with little to do, and at times services were cancelled because the day sister was away and other member of staff were unwilling manage in her absence. Complaints about inconsistencies and service closures were received from patients, general practitioners, and carers. Although at first it seemed that a lack of nursing staff was the problem, after assessing all the resources available and all the needs of the patients Jane realised this was not so. The problem from Jane's point of view was the inflexibility of staff, and the solution, as she defined it, lay in creating a team of people working flexibly together - convincing others of this was the challenge.

Jane recalled the processes she used to pay attention to her experiences as she interacted with others and reflected on her own thoughts and feelings. She explained how she focused on encouraging the ‘day’ sister to work flexible hours, and the physiotherapist to work with the nurses to manage small groups of patients. Jane also recruited and encouraged volunteers and carers to support the staff during meal times and to provide social activities for the patients. However, conflict arose when Jane tried to engage the occupational therapist as a ‘team member’ in the same way as she had engaged both the nurses and the physiotherapist.

Jane began the process of building this team by inviting the occupational therapist to work more closely with her nursing colleagues. This was unsuccessful and Sue, the occupational therapist, made her intentions very clear by stating that she had worked ‘this way’ (providing sessions) for fifteen years and did not see any need to change. This was a direct challenge to Jane who had expected some difficulties but not a direct refusal. This refusal was a set back and energised Jane to review her responsibilities and authority regarding other professions. It was clear that as manager for the Community Hospital she employed all the staff. However, the line of professional accountability for Sue was to the Head Occupational therapist in the Community and then the District Occupational Therapist.

After some discussion about the conflicting agendas, Jane came to the conclusion that much of what she was wanting Sue to do was not really professional duties but rather time management and rescheduling of work. Jane tried again to talk to Sue about rescheduling her lunch breaks in order to be with the patients whilst the day sister was at lunch, or working in the minor accidents clinic. Sue declined saying - "The patients do not need to stay all day, they never have in the past, so why should they now? Most of the patients can go home for lunch and the rest are quite happy staying on the wards."

Sue went on to say that it was the nurse’s job to ’mind patients’ and her job to work with people who needed help in living at home. These statements from Sue sounded very provocative to us, however Jane did not feel that this was the case at the time. She said that Sue did not appear to be defensive, the statements being said in a very matter of fact way which made it difficult for Jane to find a discussion point.

Jane told us that afterwards she felt angry, let down, and completely powerless to make any changes. As Jane talked the frustration fell away and the focus became her anxieties and worries about the care and treatment patients were receiving, and as we inquired further Jane began to clarify the dilemma that was ‘driving’ her tension and anxiety. This dilemma was about making choices between the needs of patients for 'good' care and treatment, and the needs of staff to feel valued and respected. Her concern seemed to be about making a choice that 'fitted' with her own understanding about the care that elderly people need to maintain some degree of independence.

Themes and Issues emerging

This expression of powerlessness, frustration, and concern, engaged members of the group in different ways. Some members provided a different perspective by suggesting possible

outcomes while others shared similar experiences. Short scenarios mirroring Jane's situation were offered as a way of sharing experiences. A search for allies within the working context and for people with authority to draw on also centred our minds. These different perspectives affirmed several themes that were also contained in other's stories. These are:

- Working together as a team;
- Personal identity and role expectation;
- Caring for both staff and patients.

These themes held our attention as we shared our own experiences and suggested possibilities, no one person providing a definitive answer or solution. We all looked to Jane for cues about what might be possible and how we might support her as colleagues and fellow travellers. In trying to find ways through this complex situation Jane dwelt for some time on the dilemmas she felt trapped in and the decisions she felt powerless to make. This disclosure of personal thoughts and feelings created pathways for sharing our understandings about these dilemmas. Jane decided that she needed to take a stance that ‘felt right’ for her. The idea that she could treat Sue as she would a nurse who was refusing to acknowledge her responsibilities to others seemed a way through this dilemma. Jane was aware of the possible outcomes of continuing to press for change, however, when we inquired about this she explained the process she used to question her own integrity. This involved continually questioning her own intentions by asking - "Is this in the best interest of the patients?" - "Am I being unfair to staff?" - "Can I honestly do nothing?"

As this conflict developed Jane found herself unprepared for the long traumatic process that unfolded. In keeping to her initial purpose a disciplinary procedure became necessary and this ended with Sue agreeing to take early retirement. This process was not contained within the community hospital as the opinions and decisions of both the Head and District Occupational Therapists were sought to bring the conflict to an end. Both senior Occupational therapists supported and encouraged Jane in insisting that the changes she was proposing were both reasonable for Sue and advantageous to the patients.

However, their support was from a distance and Jane felt the weight of responsibility as the climate within the community hospital became very tense and fearful. People were not, nor could be, fully informed, therefore rumour was rife as people began to ‘take sides’. Jane talked about how the personal nature of the discussions taking place made it difficult to be open with other staff. This non-disclosure encouraged suspiciousness and left Jane feeling misunderstood and at times doubtful of her own judgement. In telling of her dilemmas Jane provided a context for others to disclose their own experiences of conflict and confusion.

The life strategy of the story teller

Belenky et al's criteria for ways of knowing is used to inform these reflections.

Jane referred to the agenda she was given when she took up her position as nurse manager - 'to improve the viability of the hospital by managing the bed usage and increasing day patient numbers and patient satisfaction'. Jane felt confident in managing the nursing resources but unsure about other disciplines. She talked about her own ideas and in doing this gave a very clear picture of what she believed was the 'right' way of managing patient services. When difficulties arose Jane felt overwhelmed because she was unaware of what she had authority to do. To cope with this uncertainty she used people in authority to both clarify her position, and to be involved in the resultant actions. At the end of the ordeal some long serving staff, and voluntary organisers, made clear to Jane that they disapproved of the way she had treated Sue. Jane felt she had done the 'right' thing therefore coping with others disapproval was not a problem.

From my perspective Jane functioned mostly from the position of subjective knowing, she was clear about what she valued and what she wanted to see happen. She could tolerate disapproval and conflict although it caused her stress as she managed a rather long formal procedure. She admitted to feeling guilt about causing Sue's early retirement, however her belief that this was in the best interest of patients overcame any reneging on the decisions. There were times when Jane affirmed the need for people to work together, but she did not discuss this from another's point of view. Jane also used theories of change to inform some of her strategies but did not inquire into the appropriateness of the strategies she was using, nor did she test out the drivers for change she had identified. At the end she was glad it was over and turned to the next problem to be addressed.

A Sequel to Jane's Story.

Quite recently Jane and I discussed the difficulties she was having with the consultant with whom she needs to works closely *(Jane is now in a new job, developing 'nursing led' new acute day services as an alternative to accident and emergency).* We had a long discussion about working with doctors and I tried to explain the way I had managed to do this - by understanding where they are standing in terms of their life strategy. I gave Jane some ideas about opening this kind of discussion with a medical colleague, however her non-verbal messages said that this was not a familiar way of working. I then turned to 'Women's Way of Knowing' (Belenky et al, 1986) and gave Jane a copy of the article, suggesting that she read it and consider her own strategies for managing the differences in 'presentation of self to the world'. Jane rang me two weeks later and said. "I wish I had read that before I got into a fight with him, it is incredible the change, I now understand what makes him tick, it is really quite simple." *(I hope so!)*

My thoughts after talking to Jane were about how much one should interfere with the way people manage their lives and relationships, and I recall similar situations when I used the ideas of Torbert with William the consultant I worked closely with. The question is - How much is helpful and how much is just about having a 'toolbox of tricks'? My strategy is to share what I know and what I have experienced and then to try and locate my understandings within the other person's experiences. To do this I explain as much as I can without being directive, and if I sense there is a flexibility of thinking I take the next step and provide written material. I then 'stand back' and leave people to create their own path - time is the reckoner.

Reflections, Interpretations and Explanations .

In making sense of this second research cycle I intend to explore my experiences of the story telling process, my use of ideas from the literature that informed some of our discussions, and my understanding of our preferred ways of working together. I will conclude with the graphic representation of the patterns that emerged from this story telling process. This 'Pattern of Story Telling" will have Jane's story central, with the voices of other story tellers which 'speak' to the issues contained within the themes that emerged, and linked by strands of interactions. My voice as researcher in the field is held partly within my autobiographical presence and partly in the ideas I brought to the groups.

Experiencing Story Telling

Jane's story provided a focus for exploring the issues we face regularly in our working lives as senior nurses, as did the stories of other participants. Thus, as we inquired of each other and shared our lives as nurses, so we created a pattern of linked experiences. For the most part these experiences were about the work we did and the relationships we developed within the work context. From my position as researcher with a research story to tell, there were times when it seemed appropriate to entertain another dimension, one that brought into focus the ideas of particular writers occupying my mind at that time. These concepts and ideas were a part of my inward-outward interaction and influenced the development of the research story and the pattern that emerged.

Giving an account of how these ideas were introduced, and sometimes explored, is not an easy task. I find it difficult to untangle the different threads of experience that were significant at this time. However there are tangible events that tie particular ideas and theories to this emerging pattern and that inform different parts of this research narrative. In order to create this sense of interconnectedness between theory and action, I will briefly identify some of these events.

Interweaving experiences and ideas

Meeting together, and entering into each person's life through the stories told, provided the impetus for exploring and writing Chapter 1 (Life Stories), Chapter 2 (The Experiences of Nurses), and the beginning text for Chapter 10 (Life strategies). It was at this time that I considered critically the writings of other nurses and found many of the traditional sources wanting with regarded to the interpersonal nature of nursing. In this context of story telling and exploring our nursing lives, I discussed Newman's (1990) idea that 'praxis is research' and together we investigated how the nursing process, if seriously practised, involves a cycle of inquiry-action-inquiry. The aim of the nursing process is to increase the patient's awareness of their own potential and possible health choices, and if considered alongside Newman's sense of developing levels of consciousness, leads to a 'being with' stance.

This thread of experience is also woven into Binnie's (1992) presentation of the expert nurse as companion to the patient - walking alongside, noticing the way life strategies influence patterns of health and illness. Coaching, encouraging, and providing the care that cannot be provide by self or significant other, is the essence of this perspective and is central to Benner's (1989) research into the Primacy of Caring. These two perspectives became a part of my thinking, altering my seeing and doing, and as a consequence influenced the inquiry and the journey. We, as a group, entered into these ways of listening to and walking beside each other, sometimes challenging, but for the most part giving each other space to explore and direct our own journeys.

At the same time Torbert's (1981, 1991) ideas of interpersonal competence and transforming power became significant within my own work place, encouraging me to notice the way people managed particular aspects of their work. Once, I ventured to share with the group possible strategies that, from Torbert's point of view, are intended to encourage a mutual dialogue centred around inquiry. However, this produced a disjunction in the flow of conversation, much the same as Neil had produced in the first research cycle. This caused me consider - *"Why in this setting, where we are inquiring in a sensitive and insightful way has this intervention produced such a reaction?"* I now realise that chosen or preferred ways of being in the world (personal life strategies) are not always compatible with a planned, structured approach to negotiating a point of view or purpose. This sense of coherence between one's ideas of 'being in the world' and ways of 'taking action' became clearer as I paid attention to each person's life strategy and the way life stories 'speak to' this.

A Sense of Communion and a Sense of Self

The tenor of working together was one of communion - supporting, sharing, seeking understanding, and accepting difference. Agency as way of being needed to be incorporated into, rather than exchanged for, communion. Coherence between the way we thought about our actions in the world and the actions we took was a subtext rather than a clarity of purpose. It was Belenky et al's (1986) research into 'Women's Ways of Knowing' that provided me with a frame for understanding this coherence. The way each person approached the presenting challenges gave an insight into both 'ways of knowing' and 'preferred life strategies'.

My own sense making about my life strategies came from merging Torbert's ideas of how one becomes interpersonally competent with Belenky et al's ideas about the way women learn to use their minds. This sense of 'wholeness' gave me a more complete understanding of the possibilities available when one carries both consciously, noticing the genderedness of one's strategies. Within this framework, 'agency and communion' (Marshall, 1984) became more

relevant to my interactions in the workplace, particularly within the nurse-doctor relationship where power and powerlessness is ever present but not usually named as an issue.

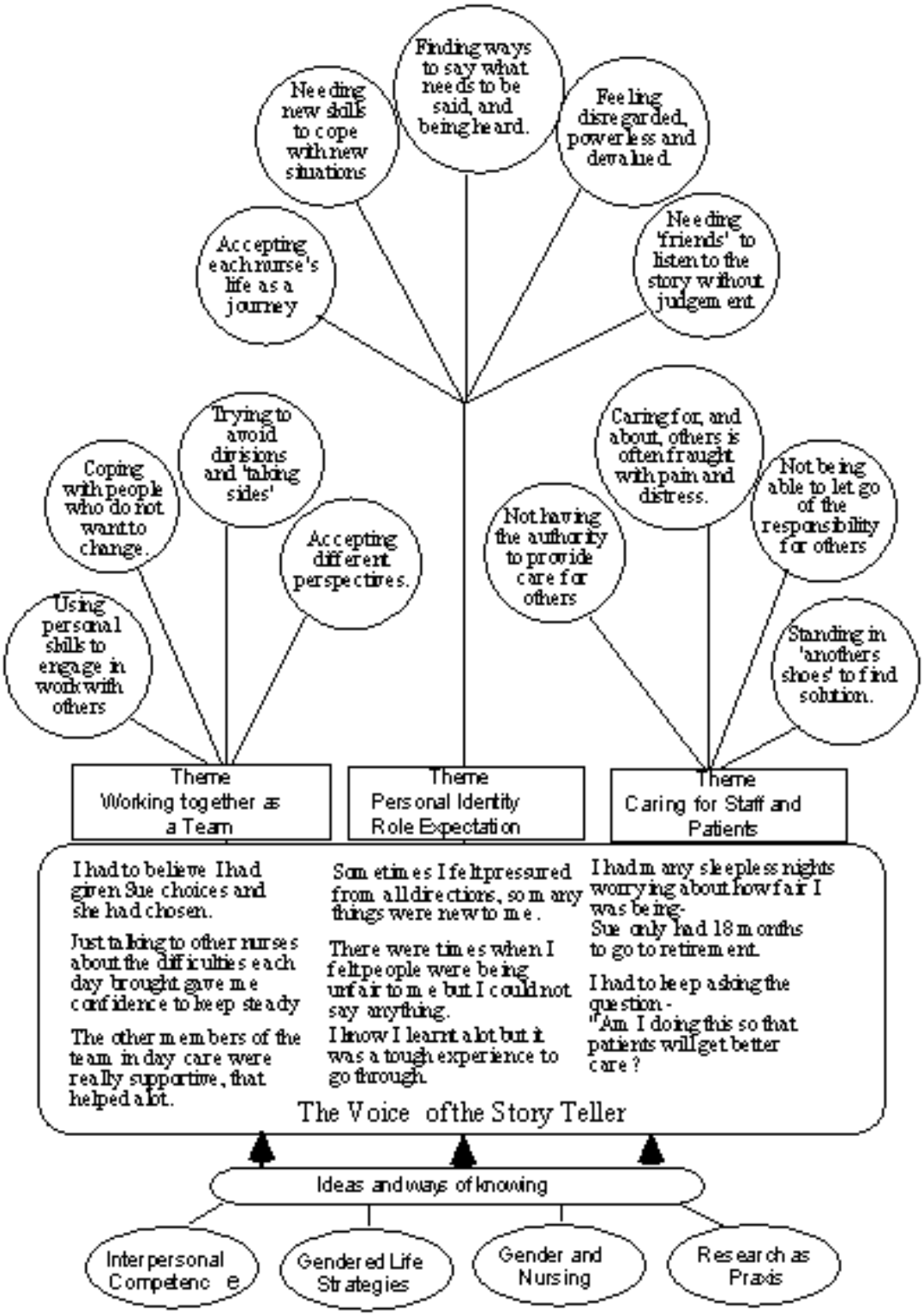
Considering my own Research in the Field

At this time I also re-searched the conflict that 'bubbled' through the first cycle of research. Listening once again to the audio tapes, and noting the dialogue that created either a sense of dissonance or clear conflict, gave me the focus I needed to pursue issues in nursing that are rarely 'named'. Once, during a group session in the second cycle, I ventured to share the different perspectives I had gained through this process. The response from the group was interesting, most people found what I had to say did not alter their original opinion of the particular situation. Two people inquired further and said they thought it was very possible that Neil was 'carrying' concerns that he had difficulty discussing in an open way. Another said that in his experience Neil tended to stretch an idea but it was always well intended. This experience further informed my ideas about our preferred ways of being in the world and helped me to clarify why I hold on to dissonance until I have time to seek out what I am only partially aware of. In chapter 12 I will explore this idea of what dissonance means to me by revisiting the episodes of 'conflict' in the first cycle of research. In doing this I will seek another perspective from which to make sense of my experiences.

Creating a pattern of merging ideas and interactions

Having presented my interpretations and sense making of this research cycle, it is now timely to consider the analogical representation of my experiences and understandings. This pattern represents the way we used stories to share personal experiences, and how, as we centred our attention on one person's story so that other's experiences were elicited, our understanding was enhanced. Thus, emerging themes are joined by threads of interaction where issues are affirmed through the voices of individuals. The ideas I contributed from the literature provided a buoyant and flexible base to draw and build upon.

Voices of Other Story Tellers



The Pattern of Story Telling

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Link to: http://www.bath.ac.uk/carpp/publications/doc_theses_links/j_quinlan.html

Conclusions

I have now reached the point where my understanding of this second research cycle has been thoroughly explored. I am not fully satisfied that I have provided the reader with a completely coherent account. However I have endeavoured to do justice to each person's contribution and to the ideas and understandings we shared together. From my perspective this section of the research journey has held the most surprises and has urged me to confront propositional, practical, presentational and experiential (intuitive) knowledge (Heron, 1992).

The next chapter will explore some of the personal experiences I researched as part of this second cycle. I will present these experiences as two separate stories and I will use the same framework for presenting and interpreting as I have in this chapter. I will also reflect back on each story and investigate how the telling of these stories exposes my own life strategies. This process will uncover the way I cope with conflict, manage relationships where power and gender hold influence, and make sense of my experiences within each given context.