

## Chapter Twelve

### Introduction

During the second research cycle I chose to pay attention to several aspects of my work as a senior nurse. As it is impossible to give a full account of all the issues and challenges I pursued at that time, I have decided to present two very different experiences that illustrate particular aspect of the way I participate in my life as a nurse. Each experience affected me profoundly, touching both my sense of self and my need to understand the perspectives of others. Both experiences involved very personal interactions with others, either directly or from a reflective position, and both caused me to critically consider my own actions and reasoning. These two very personal experiences will be presented in story form beginning with a short statement about the context in which each story emerged, and my rationale for its inclusion here. I will then take each story separately and 'tell it' as I experienced it and made sense of it. I will then link each story, and the understandings I have now, to the pattern that unfolded in the second cycle of research. Finally I will consider how each story exposes something of my life strategy.

#### The emergence of a story

The first story is created from re-experiencing the field work data collected during the first cycle of research. In writing this story, I considered the original data together with the patterns and themes that emerged during the second cycle of research. This process of sifting and synthesising experiences and ideas has become the story. The second story originated during the second research cycle as I paid attention to my experiences at work. Like other stories that were a part of the peer group work, this second story tells of conflicting emotions and a sense of powerlessness as I face the power and control of others. Both stories are chosen now because they speak to the themes that emerged during the second research cycle and to my own personal life strategy.

Each story has something to say about teamwork, personal life strategies, and the nature of caring, however each story has something different to say about me. The experience of listening to the stories nurses tell, including myself, encouraged me to consider the interplay between the genderedness of nursing, the nature of power and the work relationships that nurses develop. Acknowledging this interplay has helped me to understand my own life strategy and the issues that create conflict in my life. This will become clearer to the reader as the stories are told in full and I make sense of my own experiences.

### The first story

#### Understanding conflict as metaphor

This story began at the end of the first cycle of research, when I made a conscious decision to put aside the conflict that 'bubbled' through the first research cycle and concentrate on developing the second group. Having put this experience aside but not submerged it, I was able to notice the way we managed episodes of conflict during the second research cycle and to ask myself, "Why the difference?" There were several possible answers to this question, however, the one that convinced me to revisit the field work data was that I had missed something important. The picture I had in my mind when I first recalled each episode of conflict was one of struggling to develop a climate of co-operation and support against a bombardment of doubt and mistrust. My reason gave me another sense, and my experiences in the second research cycle told me that my memories were coloured by my own anxieties. I therefore needed to go back and re-experience the conflicts, using a different lens and listening to a different tune. This story is about this revisiting and rewriting.

#### The historical context

The central character in this story is Neil, therefore I will begin with a brief outline of the relationship I had with Neil before starting the fieldwork. I first met Neil when he was appointed as team leader to the Post Graduate Service (PGS). This was a nursing education team and I was employed as a post graduate nurse teacher within this service. Not long after his appointment I met with him to discuss my plans to begin a PhD at Bath university. He informed me that he was also involved in the enrolment process at the same university, and would be attending an interview in the coming week. Later, when I inquired how he was progressing, he informed me that due to time constraints he had withdrawn his application. This seemed to be quite reasonable, and I thought no more about it as it did not affect my decision to pursue my own studies.

During the eighteen months I was a member of the PGS I developed and provided courses for registered nurses wishing to gain knowledge and skill in: assertion; working with people; managing change; leadership; and service development. In discussing with Neil my role within the team, he made clear that he was also interested in these areas of teaching. He stated that he was interested in the management of nurses and nursing, facilitating groups and organisational change. During this informal exchange, I became aware that if Neil was to pursue his interests, then my role would need to change. I decided to seek further clarity, and at the end of our discussion I suggested a team meeting to discuss future developments. At this meeting I inquired of Neil about his vision for the team and the areas that he thought important to develop. His response seemed to discount any planning together in favour of each person bringing ideas and proposals to him individually for discussion. Out of these discussions, plans could possibly develop.

It was clear to me at this meeting that I needed to think seriously about where I wanted to put my energy and direct my career path. I also felt the innovativeness of the team, where a 'can do' attitude was the norm and each person was encouraged to use and develop their skills and knowledge, was a strength that I did not want to lose. I realised if this changed, and I was no longer able to function in this way, I would not want to remain with the team. Although nothing of real substance changed, an opportunity arose to join the Mental Health Unit as Assistant Director of Nursing and Service Manager, and I applied for the position and was successful. This was a newly created role which gave me the opportunity to further develop my skills in service development and change management.

A few months after I left the PGS, two of my colleagues also found new positions within nursing (I mention this because these two colleagues also joined my field work group). The PGS was a small team, therefore with three vacancies Neil was able to appoint new people to his team. I am sure this made it easier for him to develop the PGS in line with his own ideas and ways of working. This seemed to be a more liberating outcome than managing people who worked very independently and expanded their workloads with reference to their own networks and personal recognition.

I met Neil infrequently after I left the PGS, although I occasionally supported some of the PGS members by co-working with them on courses I had developed. I was surprised when Neil applied to take part in my research group, as I did not see him as a person who sought out peer group work. However, on receiving his request, I responded in the same way I had to other volunteers. I do not recall any anxieties or concerns about how we might relate to each other. By this time, given the informal information flow between nurses, I was aware of Neil's rather forthright way of working and his very individual approach to life. This did not pose a problem to me as I intended to encourage diversity within the group, and I assumed we (the group) would manage this. When conflict did emerge, I accepted it as a part of the group process, as one of the expected issues to be addressed in managing groups.

As I reflected and researched for this story, It seemed that much of what I had termed 'conflict' was a shared avoidance to enter into dialogue. This avoidance was in the context of the challenge expressed and the behaviour accompanying the challenge. As I attended to these challenges I recognised familiar concerns about nursing in code, or metaphor. This story is about surfacing these metaphors, and the dilemmas that lie hidden within them.

As I searched the audio tapes and found the dialogue that highlighted each episode of conflict, I was at once struck by the way Neil delivered his challenges. They often cut across the dialogue that was occurring, and they always held a tone of 'personal truth' that did not invite discussion. However, in listening carefully to what was said and recalling my own feelings at the time, a different meaning

emerged. This discovery cut across my remembered experience with a sense of amusement and fascination. It is this discovery that I will attempt to illustrate. To do this I will tell of four situations where the challenge caused a break in the conversation, and where this led to diversion or silence. These challenges questioned: the nature of nursing; the ability of nurses to work together; the primacy of caring; and the uncertainty of role and personal identity. These themes will provide the frame for exploring this 'second level' of experience, and the sense I now make of it. I will also include my own question of authenticity, and validity, because I am now aware this was what I was searching for as I revisited the field work data. I will then conclude by considering how the telling of this story exposes my life strategies.

### The nature and meaning of nursing

Neil's first challenge came when we were discussing how we would pay attention to our practice as nurses to inform what we did as nurses. As we began to get agreement about keeping an 'open mind' when researching our own actions at work, so Neil cut across the dialogue with a very strong statement. He said that it was not important to focus on nursing, it was not an issue worth considering. Researching nursing, he said, was a waste of time because all we really had in common was working in organisations. At the time this challenge seemed out of context, because it questioned the very reason we were meeting together, and made no sense to me. It also cut across the dialogue and created a 'thick' silence, begging a question that no one risked asking, including me. I felt trapped and unable to find words to speak. Images of others I have known who project such attitude were all I had, and that felt dangerous.

When revisiting the audio tapes I was aware of two competing understandings. One was the resistance to being deviated from our intentions to explore our lives as nurses, the other was the sense that there was a message, a conundrum, that I needed to unravel. Now I can verbalise what I was struggling with, I can name it as uncertainty and the fear of losing a sense of self. In this journey back into the silence I was able to hear a voice cautioning too much disclosure. I was also able to hear the voices of other nurses saying "What is that I do that is uniquely nursing?" "How can I tell other colleagues about what I do and expect them to regard me as an equal?" What I now hear in the challenge is a word of caution about being too ready to stand out and be noticed. Fading into the complexity of the organisation, presenting research that seeks to identify and measure tasks, is much safer and less anxiety provoking than exposing ourselves to public scrutiny.

Hearing again the silence in response to the challenge also questioned my way of being in the world. I became at one and the same time both vulnerable and offended - vulnerable because I did not have the language to respond effectively, and offended because the statement devalued the role nurses play in safeguarding, nurturing, and encouraging others to care for themselves. Now I have a better understanding of the kind of silencing that silences my sense of knowing about myself, and my identity as a nurse. I have learnt to take the stress and pain that comes with being vulnerable. To do otherwise offends my own integrity, when silence is to concur

(Speaking out and learning to cope with being vulnerable is a risk I take, to do otherwise means loss of integrity. This is central to the second story.)

### The Importance of Working Together

The next challenge that I have selected from within this story addresses how nurses work together. This challenge came as we were considering what it meant to be open, honest and 'with' each other. The value of self disclosure and positive feed back was being explored when Neil made another of his 'truth speaking' statements. This time his interjection insisted that it is impossible to create groups where honesty and openness is accepted as the norm. This, he explained, was because nurses are unable to cope with conflict, avoiding saying anything just to keep the peace. This challenge caused a silence that was broken by one member suggesting that we should be able to keep quiet if we wanted to. This released the tension and allowed tentative agreements to be made, however the episode left me with feelings of doubt and uncertainty, at the time.

Revisiting this episode highlighted the tensions and potential risk in encouraging nurses to be outspoken and confident, when the work climate often encourages division and suppression. I am now fully aware that developing a research methodology that relies on people being open and honest with each other is fraught with difficulties. The metaphor for me is about wanting to retain an ideal view of what nurses do, and being fearful of exposing the real difficulties when we try to enact this.

In another context, Neil questioned whether nurses are able to work together to achieve common goals without very clear instructions. This questioning seemed very dismissive of the interpersonal skills that nurses do have and their ability to manage their own work in a creative way. However, having revisiting this interchange, I now see the issue of nurses working together in groups, and teams, as very difficult to achieve. Not necessarily because they do not have the skills, but because the context in which nursing is practised limits the possibilities. My experience of the second research cycle necessitated a very different approach. It is clear that there was a message in Neil's challenge whether consciously given or not. Time to reflect and affirm one's own perspective in an open and honest way with ones peers is not easy to achieve. My sense making of this difficulty lies in the genderedness of nursing, and this gives meaning to the silences and lack of clarity.

### The Primacy of Caring

The caring relationship that develops between nurses and patients is an accepted part of nursing, and is often the focus of discussions about what nurses do. My view of nursing in the past held the nurse-patient relationship as central and other relationships as peripheral. I have now come to acknowledge that I and my peers place caring central to our relationships with colleagues and peers, as well as patients and their families. This awareness of the need we have to develop a context where caring is given and received with dignity, was challenged by Neil as we sought to agree group norms and acknowledge the tensions between a our professional and personal lives.

The first challenge was about developing a climate of trust where honest interactions, risk taking, self reflection were encouraged and supported. Neil doubted that nurses were capable of creating this relationship with each other because. He argued, "They don't want to spend time unravelling where people are coming from." This point of view received no verbal response, and at the time I was aware of the tension rising as this negative statement cut across what was, I thought, a genuine attempt to agree some basic rules about how we intended to work together. Now I make a different sense, one that brings to the surface the difficulties in building relationships in the work setting because of the way we work and because of the nature of our work. Most nurses work over a 24 hour period, and this mitigates against spending time together on a regular basis to building good relationships. The time we do have together is usually devoted to sharing information about the needs of others.

The extra energy and time needed to develop supportive and inquiring ways of working together, given the context in which most nurses work, is a problem we did not want to confront. At that time I wanted to put my energy into developing a cohesive group, where confronting these issues might be possible. Neil's confrontation was out of time with my understanding of the way groups develop an ability to address these conflicting situations. Respecting different points of view, allowing issues to emerge from our work experiences, and keeping the tension at a workable level, were more important to me at this stage. This agenda prevented me from being open and honest and thereby confronting the issue to reach another level of understanding. The irony of this situation does not escape me, and I know it is repeated in other areas where conflict is left unresolved. Somehow, caring for, about, and with people requires choice or an avoidance. This sometimes leaves a sense of loss, or the guilt of neglect.

The second challenge was a criticism from Neil to people arriving late for the meeting, and it highlighted the tension between our personal and professional lives. We were all aware that being late for meetings was usually about not being able to release ourselves from a commitment to the needs of others. Therefore no one directly responded to these criticisms, maybe this was because we had already agreed it was better to come late than not at all. I think this was my rationale. At the time I felt the criticism as an irritation, now I realise it brought to the surface the choices nurses make between duty to the patient, carers, and other colleagues, and the commitment to meeting with peers. In previous discussions we had agreed that meeting together was personally satisfying as well as professionally supportive. Sacrificing personal needs in order to meet the needs of others was an aspect of nursing present in many contexts. However, when Neil complained about attendance and lateness, no one

responded with agreement, provided an excuse, or a counter argument. Silence was the response. I now realise the obvious answer was not spoken, leaving me with the question, "What is the message that is present but not received?"

Behind this direct attack on his own colleagues, I heard anger and a sense of exasperation about the nature of nursing and perhaps the way we are so easily led by others to meet their needs rather than our own personal commitments. I now see a link between this criticism and the very nature of nursing - that is, to be available and responsive to society, the organisation, doctors, other professions, and patients 24 hours a day. Seeing the world of nursing from this point of view means that taking time to develop peer relationships in anything more than a one-to-one way is destined to have a low priority. My agenda was to search for another answer, where paying attention to the difficulties and impossibilities was held in abeyance. How else could I have kept my own enthusiasm and energy level high enough to see the journey through?

#### Personal identity and role expectation

As we began to discuss our roles as nurses, we touched lightly on role expectation and role conflict. This opened up the possibilities and choices available to us. Neil challenged this idea of choices, declaring quite strongly that nurses do not want to be confused by choice. Nurses, he asserted, needed clear goals to be set so that ambiguity and 'failure' is avoided. This very forceful and 'truth speaking' presentation was followed by an uneasy silence, broken by a personal statement by one of the group members, and a change of focus in the conversation. At the time I thought this remark was very simplistic, and not necessarily how nurses see or want their roles to be. However, it was not so much the words that focus my mind, because clarity and purpose had been addressed earlier, rather it was the way the words were spoken. The tone of voice and the no nonsense approach brought back memories of being overpowered by someone else's truth and feeling insignificant. Neil's interaction brought together the gender opposites for me, and I felt overpowered by the 'truth' and unable to anchor the possible.

I realise now that my way of leading the group was about working from a feminine perspective, allowing differences to emerge and ideas to flow. I was not ready to create the structures Neil was requesting. I was aware of the disharmony and confrontation that his remarks elicited. I did not hear the 'message of distress' until I connected this bid for certainty with the 'swamping' that is present in the work setting. In this setting, nurses experience their roles as becoming more complex and ill defined as old structures are removed, creating a climate of uncertainty and constant change. This sense of being overwhelmed by change and uncertainty is clearly present at all levels of nursing. The stories that were told in the second research cycle speak to this.

This perceived threat, when boundaries are loose and the limits to one's role unclear, echoed in Neil's monologue about Einstein and the law of relativity. Here there was tension and a hint of distress, as the future was pictured as less and less certain because "a+b does not necessarily lead to c." At the time it seemed to me to be completely irrelevant to our discussions, and duly received a silence. I considered this silence to be about the inappropriateness of presenting an abstract theory in the midst of discussing personal experiences. However, at a second 'hearing' I interpreted another message, one that spoke about a yearning to return to the days when nursing was task oriented, and predictable.

This call for predictability spoke to the pressure that nurses feel when they take on more and more work without any certainty about where and when it will end. Neil's point was not just about being clear about one's own work, it was also about having a sense of responsibility for the job satisfaction of junior staff. When I consider this issue from my position, it seems that the likelihood of tangible results, and clear beginnings and endings, reduces as one becomes more experienced as a nurse. The issue of not being in control of one's work life, but relying on the co-operation of others, is a real one that does not end with nurses working together. The central story in the second cycle of research speaks to this uncertainty.

#### Personal validity and authenticity

Reviewing the data developed during the first research cycle allowed me to pay attention to, and interpret, the potentially unspoken messages contained within each episode of conflict. This allowed me to consider the issues of personal validity and authenticity. The process of finding new meanings where conflict appeared to be unresolved has brought into focus my own sense of what is valid and authentic. Before bringing this story to an end, I will intentionally consider validity and authenticity as I relate the final episode of unresolved conflict. The conflict arose when we were discussing our intentions to research our own way of functioning in both formal and informal groups. As we considered possibilities and tested ideas, Neil cut across the discussion by declaring that, "Just about all relationships in organisations are artificial, because no one has any say about who they work with and therefore they are contrived and false." He also stated that as the "people who are thrust upon you" are not interested in working in a team, it is pointless to try and develop team work. In these statements there was a sense of outrage at being put in an impossible position, and frustration at not being able to achieve a satisfactory result.

Although the first response from the group was silence, there was a tentative probe about the universality of his statements. In reconsidering this seeming impasse, I contemplated what this 'no choice' situation meant for nursing. This faced me with a real dilemma about the validity of working in groups and the need for nurses to act authentically when giving nursing care. The lack of choice identified by Neil can have a serious effect on the ability of each nurse to perform well, particularly in situations where nurses rely on each other to manage the unexpected. If one has no choice, then there is a sense of vulnerability about who is reliable. If this is so, then it is important to work hard to achieve 'a good team' in the workplace and to encourage all nurses to learn the skills to work co-operatively with others.

#### The life strategy of the story teller

The question here is, "What does my account of revisiting these episodes of perceived conflict tell of my life strategy?" My answer to that is simple. I have noticed the issues and themes that speak to the way I live my life, and seek to interact within different contexts. A more complex answer tells of a pattern emerging as I bring into focus dilemmas important to me. This happens as I listen to my own inner voices and allow my emotions to colour the scene. My ability to 'put aside' one understanding in favour of another comes into play when a wider agenda or 'good' is apparent. There are many examples of this in the above story and throughout the thesis - the transition from the first research cycle to the second is one example. Here I put aside the conflict and focused on ending the first group and beginning the second. Managing endings and beginnings in a way that liberates me, and others, from the past, and allows the future to begin hopefully, illustrates a central theme of my life strategy. This theme has been a part of my life since my first husband died.

Accepting that people hold different truths can sometimes make my life chaotic as I try to acknowledge different ways of making sense. My writing sometimes echoes this. Holding on to alternative views, and my own life principles, means that at any time a past experience may surface and add weight to the present. This makes my understandings rather complex and may, or may not, be apparent to the reader. It certainly has been apparent to me as the narrator of my life experiences.

Throughout this research text, and particularly in the above story, I recognise some basic principles that guide my thinking and acting. For instance, there are times when it seems that people are intentionally being difficult and uncooperative. However, I hold the belief that each person does the best they can, given the resources available to them and the experiences they have had. This principle allowed me to revisit the conflict in the first research cycle and pay attention to other possibilities, hence another story takes form.

As I write I have struggled to present information in a clear and concise way, although I know that life is not like that. My mind is messy, and people are a mass of contradictions. What I have noticed, and what sense I have made of this noticing, tells of my life strategy. This second story is set within a clinical department in a Mental Health Service where I was the Assistant Director of Nursing and Service Manager. It is about doctor-nurse relationships and tells of experiences that stirred up conflicting emotions and a sense of powerlessness within me. It also tells of the struggles that occur as different motives and intentions are pitted against each other. This story also speaks to the ongoing challenge of developing communities of inquiry in a competitive and uncertain world.

## **The second story**

### Merging cultures or gender struggles?

In the first account of the second research cycle I introduced my work context and the way I approached my research intentions. In doing this, I described the key dimensions of my relationship with William the Clinical Director, and considered my strategies in developing this relationship. I will now present an episode within this relationship to illustrate the way different life strategies can become entwined with unforeseen results. I could tell a story where this merging of different ways of being in the world created something we both valued. However I have chosen to present a story that exposes my vulnerability and the unpredictable nature of relationships, where the dimensions of power are in some ways related to gendered roles. This story speaks to the themes that emerged from the second research cycle and to my own vulnerability when I chose to confront the power of doctors. The particular episode occurred during a departmental marketing meeting, therefore, I will 'frame' this story within the marketing agenda. I will also consider how my life strategy is 'written' as I tell the story and I will conclude with William's comments about my account.

### The historical context

When this particular episode occurred I had been working with William for two years, during which time we had learned to work together, rely on each other, and plan and complete several projects. We did not achieve this on our own. The staff in the department, although often seeking different outcomes, worked together to improve both the services and the physical conditions. The changes within the NHS had placed this small department in a vulnerable position, and in order to survive we needed to have contracts outside our own health district. For this reason, I had secured a 'pot of money' to explore our position within the market and the possibilities for developing existing and new contracts. The ultimate aim was to develop marketing strategy that secured our existing contracts and identified the priorities for development.

### The emerging story

Prior to the meeting in which this episode occurred, a small team of senior staff, including myself and two marketing consultants, had researched several possibilities for marketing. The agreed intent of the marketing meeting was to discuss this information in order to set priorities for developing the marketing strategy. As one might expect, people tended to research areas of interest and/or competence. Each one of us used our networks and past experiences to formulate possible marketing options, consequently what we brought to the meeting spoke to different agendas. It is important to provide a brief outline of these agendas before presenting the episode because this is where the conflict emerged.

Staff involved in this marketing process were:-

- The two consultants - William, who worked with all addictions except 'hard drugs', and Andrew, who mostly worked with 'hard drug' users.
- The consultant psychologist - David, who worked across all areas of addictions and focused on cases that were complex and difficult to resolve.
- Four nursing staff - Colin, who was involved in health promotion and harm reduction projects and worked closely with Andrew; Peter, who worked almost entirely with people with alcohol problem and was particularly interested in education; Susan, who managed the inpatient services; and Steven, who worked with addictions teams in outlying districts.

In considering the way forward and the possibilities for marketing, Andrew took an entrepreneurial approach, having decided that working with drug addicts was very demanding and that he now needed 'another string to his bow'. He decided to search out the possibility of running a private convalescent service for people who had completed their surgical or medical treatment and need some psychological

interventions to change their life styles. William decided to find out from general practitioners the effects of fund holding, and whether direct contracts with them was a possibility.

David and the two of the nurses pursued the gaps in treatment and care, identified as being rehabilitation and case management. Steven visited all the adjacent Health Districts to inquire about possible needs, and David pursued other external clinicians who had spoken of particular gaps in services. Susan and I looked at possible accommodation for extended service resources by acquiring a small farmhouse in the grounds of the hospital, and Colin and Peter consider the educational needs of other health workers and the general public. The two marketing consultants interviewed our existing purchasers and potential purchasers who at that time were sending us the occasional patient.

### The marketing meeting

We began the meeting with one of the marketing consultants outlining the procedure for clarifying, assessing, and prioritising all the marketing options. This took some time and I could see Andrew getting restless and occasionally questioning the methodology. At a point where an explanation had just been given to Andrew, William took the lead and stated that the purpose of the day was to make sure we all understood each option so that the rating was valid and we could get on with planning. Andrew then stated that he did not see why we needed to bother with all the options because we only needed to consider new services. I was immediately aware that if this proposal was accepted then the options of securing and developing existing contracts would not be considered. As we had already lost one contract it seemed an unreasonable suggestion to me. I thought about what might happen if Andrew continue to pursue this line of action and decided to challenge him.

I explained why it was important to developed our existing services, in order to secure resources for exploring new markets. Andrew responded by saying that we already managed the existing markets, therefore the exercise should focus only on new ideas. I tried again to explain why improving and extending existing markets to new customers was important and likely to bring timely results. As I spoke I also realised that to focus on 'new' options was to disregard the work of most people in the room. This I considered would be counter-productive. Andrew then replied that he could not see why I wanted to waste time on things that could be done outside the meeting. I replied that valuing everyone's contributions meant hearing their ideas and opinions in light of the options they had pursued. I then went one step further and commented that to say each person's information is not worth considering in this meeting is to devalue their efforts. Andrew then accused me of "wilfully misinterpreting" what he was saying.

This remark hit me quite suddenly, and I realised I had expected Andrew to be provocative but I had not expected him to personalise the argument. I replied that it was not my intention to be provocative, and I finished by saying that I believed we were placing different values on what was important. As I sat back to catch my breath, William stated that he agreed with Andrew, that we should limit the options to those we really needed to consider now. Silence was the answer from everyone in the room, including the marketing consultants, the four nurses, David and myself.

Eventually David broke the silence and said that he thought we had been invited by the consultants to consider all the options, and as we had agreed that we needed a shared understanding, we ought to get on with it. William then came in sharply and declared, "We have not been invited to do anything, we are in charge, and we will do what we want." At this point the whole scene crystallised for me and I was aware of William and Andrew 'standing tall' at one end of the room, the marketing consultants retreating to the back wall, and the rest of us sitting in a small semicircle not looking anywhere. I began to feel swamped by conflicting sensations, and unsure about whether I was going to be able to maintain a detachment from the feelings that were welling up.

I took out my pen and notepad and began to write, initially to compose myself. As I wrote, so my feelings and anxieties came alive on the page. This activity allowed me to detach myself from the one-sided conversation going on between very uneasy management consultants and very determined doctors. It was some time before anyone else spoke.



Eventually, William commented on the process, saying that it (the process) was not working and we had better stop because people were obviously unhappy with the situation. David then joined with William, saying that he had been feeling uneasy for some time. David then proposed that we try and be more inquiring, so that others were able to contribute. This remark from David jolted me back into the room and raised my anxiety. I did not think that I would be able to say anything if I was asked for an opinion. Andrew said something to me and before I could gather my thoughts together, Colin leaned forward in front of me and said to Andrew:

“You are railroading people, you always do this when you want your own way, and you do not want to hear from anyone else.”

Andrew retorted with a rationalisation about people needing to take risks. Colin responded with :

”You are doing it again, you have been doing it a lot lately. You have a lot of good ideas, and I value most of them, but you do not listen to other people. You either ignore them completely, or discount what they have to say. You do this to me often.”

At this point Andrew leaned forward in his chair and challenged Colin to, “Get it all out!” if he was feeling resentful. Colin replied that he had said all he wanted to say.

I realised that Colin had protected me from Andrew's possible attack and I felt relieved. When David requested that every one should have a chance to comment on the process before we decided to continue I was able to formulate my opinion. William agreed and Andrew grudgingly concurred. Steven said he did not want to talk about resentment or differences and so remained silent. Peter said he was happy to continue and agreed with what had been said - he did not identify which ideas he agreed with and no one asked.

I said I thought we should work through the options as quickly as possible and took up Andrew's suggestion that we set up meetings to consider some of the existing marketing options after this meeting. The two marketing consultants agreed with this and I could see they were relieved that the process was ‘on track’ again. At this point William went to the flip chart and took charge of the process. I began to relax and we completed the activity without any further discord. The two marketing consultants remained peripheral to the exercise but agreed to work with some of us outside the meeting and to assist us in exploring the priorities we had identified.

Before I conclude this meeting and tell how William and I resolved this very difficult situation, I will present an account of my own reflections written at the time. My intention in doing this is to expose how I experienced this clash of interests, and how all the tensions and difficulties in nurse-doctor relationships descended and rendered the most experienced of us mute. In this internal dialogue I surface the key aspects of my own life strategy that seemed, at that moment in time, to be contested.

How can they (Andrew and William) be so oblivious to the non-verbal feedback. We call this a marketing team and it is like being in school. This process is not valuing the activities of people who support and cope with the everyday work - I feel devalued and not affirmed for all the energy I have put in to keeping the tasks on course, and in trying to make things happen. I feel rejected and injured. I would like to say - “If this is who you are, and what you want, then I will find another way of working that does not involve putting myself at risk.”

I feel too vulnerable to speak, I hear the voices speaking but it makes little sense. No one really exist except the medics and the marketing consultants, everyone else has faded into a mist. There is no energy to make decisions, I can understand why. Do they (Andrew and William) understand why no one is answering their questions? It seems so obvious that this kind of approach does not help people to work together. We are now going toward complete separation and I am not going to help resolve it, they will lose the energy of everyone else except the marketing consultants.

Perhaps this episode is telling me something I need to hear. Maybe this is an important learning point in that I now know how easily I can feel vulnerable and alienated. Confronting Andrew was not a well considered act, and yet if I had not, I would not feel any better. This is so familiar, I am wanting to

work co-operatively so that everyone can own the results, and the medics are into the 'mystery-mastery' game of competition and power-over.

What will I do if David inquires of me? I cannot risk speaking my mind again, What will I do? Suppress my concerns? Explain? Or divert away? Why have I been so affected by William aligning with Andrew? Am I angry with the two marketing consultants for not managing the process better, and with William for trampling on people in order to please Andrew. Why am I thinking this? I have encouraged William to join with Andrew in public and in our meetings, and now I am offended by it.

If I am honest I know that this is OK, so why am I finding it hard to break from this emotional heaviness. I would like to comment on this process but I cannot. David has done a good job of holding it, perhaps I can support him, at least that is safe. Maybe there is a message in this experience. Something about trying to 'stop the tide' or holding on to too many loose ends.

I then turned and made a comment to David and this released me from my 'stuck-ness'.

The Meeting ended with every one agreeing their tasks and arranging a follow-up meeting. I felt absolutely drained and just sat still collecting my thoughts, deciding what I could possibly say to William to release the tension. He pre-empted anything I had thought of saying by coming across the room and sitting beside me. He touched my hand and said,

“Can I tell you a joke?”

My inner self shrank, a joke felt like the last thing I wanted to hear from him. I think I smiled in recognition, and then I said, “Not really, but I will listen if you want to tell me.”

He replied, “Do you know the difference between a sausage and a dog?”

“No.” I said.

And he replied, “A sausage feeds the hand that bites it, and a dog bites the hand that feeds it.”

I replied, “Thank you but it does not help at the moment.”

And he returned, “We need to talk about this meeting.”

And I replied, “Yes, but not now.”

We talked briefly later that afternoon about doctors not feeling at ease about business management, and needing to be in control of situations. We moved quickly into discussing more objective issues about developing the marketing strategy and coping with competing demands. We agreed to continue improving our position and relationship with our existing purchaser and the wider organisation. William also agreed that he would work with Andrew on the idea of a new convalescent service and leave the rest of us to develop business plans for the other options. Having agreed this I did not wish to take the conversation any further. I needed time to think about the day. I said I was feeling very exhausted and needed time to think, then I offered to write my thoughts on paper and give them to him the next day. This I did.

### Reflections and interpretations

The process of getting everyone to the meeting was rather difficult because everyone seemed to have competing demands. We eventually began late with a presentation of the day by the two marketing consultants. This lowered the energy and possibly the alertness and made me aware that getting team participation would not be easy. When the conflict arose I struggled with my own need to protect myself and the need find a way of valuing the work each person had brought to the meeting. I tried to be honest and open and I trusted that this would not be rejected, but it was. The aggression from Andrew did not silence me at the time. I was able to express the perspective I had on the way personal

values and life strategies are present in our work situations - I proposed that our different value bases promoted different priorities. However his accusative stance with me did silence the other nurses and David. William joining with Andrew silenced me.

This silence continued for a considerable time, and I became very concerned about what this meant for others in the room. I cared about the nurses being silenced because open inquiry is not possible in situations where the power of one silences another. I also cared about the impression William was giving to the marketing consultants, and to the nurses, by taking an offensive stance. I realised that although I had worked with William to address the suspicion between the nurses and doctors, what was happening seemed to be driving us backwards.

I also struggled with my feelings of hurt and anger as I realised my own integrity was being questioned by Andrew, and I began to doubt my own strategies. This doubting rendered me powerless to speak. I wrestled with my understanding of the needs of others in the room, and the longer view of why we were meeting. I realised that if the situation had just been nurses and doctors, we, the nurses, might easily have remained silent and made our own decision after the meeting. This is what often happens as doctors assume that their opinions are accepted by nurses, and nurses feel unable to present their own point of view. Anger, tears, resistance and 'forgetting' what was 'agreed' are some of the ways nurses cope with this situation. In the end I did none of these, but held my 'fragile self' steady until I was able to contribute in a competent way.

Now, as I reflect on the process with all my experiences of working with doctors available to me, I realise that the risk I took was ill considered and placed William in a 'no win' situation. The aggressive response from Andrew called on William to intervene and he did so in favour of Andrew. Had he done otherwise I would have unwittingly split the two doctors and this would have created more serious problems when it came to making departmental decisions. Although I could not have known this would happen, when I reflect on the incident I realise the chances were high - both William and Andrew were standing firmly in their 'doctor shoes'.

To expect William to support me, or even comment on the process, was unrealistic and would have put at risk all the work we had achieved in delineating responsibilities between doctors and nurses. I acted without considering the possible outcomes. Perhaps I felt too safe and unaware of the possibilities, or perhaps I was mesmerised by the long introduction to the day and needed some action. Whatever it was, I had played a part in it, and now I needed to find a way of healing the rift without losing any one, including Andrew. Time, and the tenacity of people to maintain relationships, helped me to return to a place of calm. Balancing relationships, caring for the wider group, and managing the conflict between personal identity and the expectation of others, will always be a challenge for me.

Since writing this story I asked William to read my account of the incident and tell me if he felt I was misrepresenting him in any way. He agreed to do this and we met to discuss his response to my request. At this meeting I made short notes, and after he had left I re-created the following dialogue. Our conversation began with me asking William if there was anything in the text that he did not want to be included in my research text.

He replied "I don't need to add or take anything away, it is how I remember it except you have been very generous, thank you for that."

"Can we talk a little? Because when I told you I was going to write about that particular episode, you did not seem to remember it clearly."

"I did not remember the joke I told you. I remembered when I read it, I think you were very generous about it all."

"It is the truth as I see it."

"Yes I know, I recognise the way it happens and I know it will happen again. It happens all the time. I can see people being hurt and upset, but it is always too late. All I can do is spend time mopping up afterwards."

“That’s true, you do that. My concern is about how it affects what happens or does not happen.”

“I know it is not a good way to get co-operation, but there is no where for me to go.”

“What does that mean William?”

“I am a doctor, that is the only place I have to stand. If I had somewhere else to stand I would.”

“Are you talking about your role as Clinical Director and the lack of clarity?”

“Yes, if I had a proper contract that said clearly what I am responsible for and what authority I have to make decisions and get things done, then I think it would be easier to stand alone.”

“Not alone, surely, William?”

“No, not necessarily alone. If I had another option I would take it.”

So we talked again about what the possibilities were for changing his situation, and out of this discussion we considered the future. At the end of the conversation I made mention again of my account of the way our relationship developed, and he said:

“You were always very fair about what you did, you have presented it very briefly and that is easy for me.” At this point we began to talk of other things and the episode was not mentioned again. On reflection I realise we adopted a familiar way of interacting, where we moved easily into discussing personal experiences. There did not seem to be any threat, and yet in a different context I would have moved warily. This I still find disturbing.

#### The life strategy of the story teller

In this story I focused on my relationship with William because it highlights my life strategy, and in doing so exposes the interactions between agency and communion. William entered our relationship with a 'mystery-mastery' life strategy well rehearsed. He did not disclose his feelings knowingly and worked hard to maximise winning and minimise losing, focusing on objective evidence rather than subjective knowing to achieve this. In Torbert's terms, he moved between diplomat and technician - diplomat when he sought support and assistance from the professor at the nearby university, and technician when working as a clinician. I, on the other hand, came to the relationship understanding the 'mystery-mastery' life strategy but preferring to take a constructivist point of view to understand and work with others. My intention was to achieve real change in the department, and to do this I knew I would need to adjust my purposes, strategies, and actions to accommodate William's ways of working. The outcome was more than I had anticipated. As we focused on tangible targets that brought added value to the department, and consequently to both of us, we were able to modify our preferred ways of being and to learn to take risks.

During the three years we worked together, I worked hard to keep our relationship open, supportive, and constructive. Coping with the stress and discomfort when timing and strategy were paramount to success, was a challenge that came early in our relationship. It is important to pause a little here and consider how I learnt to work effectively with William, and how I brought new Ideas and ways of 'getting the job done' to the department. For me, ways of knowing in the world are about dialogue with people, ideas, and one's own inner world. The ways I have acquired knowledge has been influenced by the experiences I have had and the person I was and have become. Therefore, in considering the ways I sought knowledge and understanding and learned to participate within this work context, I will speak from my personal experiences and from the way I understand Belenky et al 's (1986) epistemology of gaining knowledge. I will begin by considering the particular stance I took to work with William, then relate the way I acquired understanding and knowledge within this context. To do this I will refer to the writings of Belenky et al.

#### Ways of Knowing and the World of Work

In pursuing 'common ground' with William, I observed myself working predominantly from a 'connected knowing' stance. However, there were times when I challenged William's ideas and actions. In doing this I took a more separate knowing stance, participating in a debate about ideas, theories and methodologies. Consequently, when I attended to how I gained knowledge and understanding, I came to see my changing patterns of interaction as a reflection of my accommodation to others. Having now investigated this movement between understanding the other through empathy, and making decisions through debating ideas, I have a different view. Gaining knowledge and feeling confident to act in the world independently is not an 'either/or' situation. I have learned to reach out to others in order to understand their thinking, and I have learned to pursue and debate ideas in order to increase my own knowledge. However, each is also linked to the way I interact with and experience the world.

It is through understanding the way others think and act that leads to collaboration and the achievement of mutual goals. Debating abstract concepts and models of working can lead to increased opportunities, innovations, and personal satisfaction. However, for me each is not mutually exclusive because it is the interaction of ideas, whether interpersonal or intrapersonal, that excites my mind, increases my energy, and holds my attention. This leads me to consider two issues. The first is whether I can rightly label myself a connected knower or a separate knower (I will revisit this in the next chapter). The second is whether my chosen ways of gaining knowledge 'speak' to my life strategy. In contemplating this second point, I considered the epistemology or 'ways of knowing' created by Belenky et al, and found that, from my perspective, the way one gains knowledge cannot be separated from the process of knowing. Thus my experiences lead me to believe that the context one finds oneself in will influence the way one learns and adapts in order to achieve one's purposes. The person one is, and becomes, will also reflect one's chosen ways of seeking, acquiring and confirming knowledge.

The scenario I painted in the marketing meeting portrayed aspects of my life strategy and something of my knowledge-seeking in action. I am aware that I hold back in presenting the knowledge I have gained from more abstract processes until I sense the other person will treat this knowledge with respect. In the marketing meeting I confronted a situation where the issues and procedures we had agreed were being 'hijacked'. In doing this I moved away from joining and understanding, to presenting the rationale we had all agreed previously. I did this from an informed position. I learned from this situation that although I invited debate and discussion, I received a 'power over' stance from Andrew, and a wall of collusion from both Andrew and William. This confirmed for me that if a person is only able to make sense from one perspective then possibilities are limited. I needed to think carefully about the sense I made of this confrontation before I made any decision. This, from my point of view, is because interactions occur within a given context and the strategies to cope will, of necessity, reflect this.

I chose to record and present this scenario because it discloses the tensions and conflict that arise when differing world views and agendas are forced together within a particular context. These differences reflect gender, the ownership and use of power, and the way we as people make sense of ourselves and the world. It is a very small snapshot of my experiences of working with William, rarely did we become 'at odds' in public. This was one such occasion, but I cannot recall another of this magnitude. Privately I could speak my mind to William and listen to his point of view., and he, I believe, reciprocated. Developing this reciprocal and respectful relationship was the first challenge I tackled. Seeking to understand how William made sense of and acted in the world was as important to me as creating a context for respectful and open relationships. Listening, inquiring and paying attention to possibilities was a part of my strategy as I worked with William, and it flowed over and between myself and other colleagues as we developed strategies together and supported each other. My disappointment, anger, frustration and silence in the marketing meeting, was in response to the carelessness shown towards the efforts and achievements of others in the room.

So what did I learn from this relationship?

I suspect I learned all the things one learns when the barriers are down and we let the other person see our vulnerabilities. I also learned that there are people within people, and that they emerge in different contexts. Just as my different ways of being and acting emerged as we worked together, so did William's. Thus at times our roles as doctor and nurse were submerged, and we worked together as friends and colleagues. This confirmed for me that any relationship where there is a willingness to 'really know' the other has great possibilities. I think this is why I have a passion to liberate nurses from

being subordinate to doctors, and so liberate doctors from needing 'hand maidens'. In developing my relationship with William, I sought to create a context where mutual respect and an understanding of each others point of view allowed differences to be resolved. This was my intention, and although the stress and challenge was quite considerable, we both experienced satisfaction when quite extraordinary goals were achieved. I once asked William, at a time when we were being open with each other about our life strategies, why I allowed myself to be vulnerable. He replied - "Because that is the way you are, you would not be you if you were not sometimes vulnerable." .

### Conclusion

This story highlights some of the important issues I confront as a nurse and illustrates some of the themes and issues I shared with my nursing colleagues. We all sought to create a sense of identity as nurses, and doing this confronted power and conflicting role expectations. My confrontation with Andrew was about my desire to affirm team work and allow the silent voices to be heard. In doing this I was silenced. My concern to safeguard the integrity of others, as well as myself, is about the nature of caring and reflects the way women tend to view moral issues from a responsible and caring position (Belenky et al, 1986, p.8). This seems to be a part of my life strategy, therefore to conclude this chapter I will turn back to "Women's ways of knowing" and the experiences of other women as they seek to cope with the experiences of life and 'hold' their voices.

"Even with women who feel they have found their voice, problems with voice abound. Some women told us, in anger and frustration, how frequently they felt unheard and unheeded - both at home and at work. In our society, which values the words of male authority, constructivist women are no more immune to the experience of feeling silenced than any other group of women." (Belenky et al, 1986, p.146)

and

"Social expectations, which shape the behaviour between the sexes, continues to exert pressure on constructivist women to accept the status quo. Although persistent in their efforts to be heard and to hold on to their new sense of voice, constructivist women can end up accommodating the needs and ground rules of men out of the sad wisdom that change does not come easily." (p.148)

I no longer work for the department, however, I still have a working relationship with the management team there. The services the department provides have increased to include a service for 'complex cases' and people needing short term rehabilitation. The convalescent service never eventuated and the department is still struggling to clarify it's contracts with the main purchaser. However, the staff have diversified and now work flexibly across the different client groups. Their ability to seize opportunities when they arise seems hopeful, and at the present moment, exciting.