

Chapter Thirteen

Introduction.

In this final chapter I intend to review the research journey in terms of what I brought to it, how it unfolded, and what I now take from it. I will identify the three different pathways that 'carried' the research journey and comment on the way each took precedence at different points in the journey. I will begin at the point where I entered the research journey and with the question I held at that time. This will set the scene for introducing the three paths of Constraining, Constructing and Connecting. Each of these paths will be described separately, then I will briefly tell the research story as a complete cycle of research (Rowan, 1981). This is the best representation I can make, in summary form, of how I have conceptualised rigour and quality of knowing throughout the research.

Unfolding and Merging Pathways

Taking the first steps

I entered this research journey with the following question in mind:

“Can a group of experienced nurses meet together, share experiences, and inquire into each other's nursing practice in a way that enhances their work as nurses and creates personal and professional knowledge.”

This question arose as I thought about the clinical, management, and teaching roles that contribute to my understanding of nursing. However, my experience of managing groups and my commitment to experiential learning was the trigger for researching within a group context. Consequently, inviting other senior nurses to participate with me was a natural progression and was more about my life strategy than being purely a reflection of nursing. I therefore began the research journey with some clarity about what I wanted to research, and how I wanted to develop the process. Finding an appropriate methodology was the first challenge I set myself. This search involved conversations, debates and key presentations, shared with my research colleagues at Bath University, and with my nursing colleagues in discussions about the relationship between practice and research.

I decided that a qualitative research methodology, compatible with the way nurses tend to work together and able to be applied within a group context, would suit my purposes. Discussions with my nursing colleagues helped me to identify different aspects of my research intentions and my own strengths and weaknesses. Consequently, the three pathways of Constraining, Constructing and Connecting, presented their 'way signs' very early in the research journey. Constraining placed pressure on me to 'fine tune' the way I worked with others to meet the requirements of a research methodology. Constructing challenged me to apply different ways of thinking about research questions. And Connecting alerted me to my own ways of working and the strengths I have developed through working with others. As I reflect on this development I am aware that although these pathways became apparent simultaneously, the Constraining pathway gained precedence early in the research and influenced the way I set up the field work. Consequently this pathway is presented first.

The Constraining pathway

When I speak of Constraining, I refer to a way of being and acting governed by a perception of externally derived conditions or standards. Paradoxically, this also enables these experiences to be pursued and understood in ways that are unfamiliar, and therefore have the potential to liberate. Research methodologies are constraining because they require a degree of attention and analysis not usually required in everyday communications with others. As I began to probe relevant methodologies and frameworks, I discovered several qualitative researchers whose ideas, methods and research tools seemed appropriate to my research intentions. After carefully considering each possibility I decided that:

- Co-operative Inquiry supported my intentions to research within a group context and it explicitly defined the validity criteria for this activity. Its minimal requirements described by Reason (1988) as being: "--the nature of the involvement of all participants should be openly negotiated, each should contribute to the creative thinking that is part of the research, and relationships should aim to be collaborative." (p.9)
- Collaborative Inquiry seemed to have a personal 'fit' with the way I viewed reflection in action and interacting with others in an authentic and timely way. Torbert (1981) describes the heart of Collaborative Inquiry as: "What practitioners really require is a kind of knowledge that they can apply to their own behaviour in the midst of ongoing events in order to inquire more effectively about their common purposes, about how to produce outcomes congruent with such purposes, and about how to respond justly to interruptions." (p.140)
- Naturalistic Inquiry presented me with the idea that reality is co-created through interactions with others within a particular context. This felt compatible with my own understanding of the different meanings each person may take from any one situation and at the same time share some common understandings. A way of inquiring into nursing through different lenses was provided by the three philosophical questions: 'What is there to know?' (ontological); 'How do we know?' (epistemological); and 'How do we go about finding out?' (methodological).
- Although I used Heron's (1981) Co-operative Inquiry methodology as a framework for the two cycles of research, his experiential research model seemed at that time to require a sophisticated level of self awareness in order to consciously move between thinking, feeling and acting. Therefore, I decided to develop a research process for planning and managing the research project using the cycle of research developed by Rowan (1981). I made this decision because I considered the way nurses manage the nursing care cycle follows a similar process. This matching of experience with the research process would, I believed, assist in the development of a 'researcher role' by each participant.

Several methodologies were compatible with the way I intended to engage in the research. However, I decided to use a Co-operative Inquiry methodology because it favoured a group context for research, and seemed to provide both techniques and methods compatible with the way nurses work. It also made explicit the validity criteria for judging the quality of the knowledge produced. Rowan's cycle of research provided me with a clear frame for managing the research process. I intended to introduce Torbert's ideas of reflection in and for action when it seemed timely and appropriate to do so. I also consciously affirmed the idea that 'reality' is co-created through interaction with each other within a given set of contexts, and that individuals make their own sense of this shared experience.

Once I was clear that Co-operative Inquiry was an appropriate research method, I made every effort to establish a context that encouraged valid and appropriate data to emerge, and I rigorously complied with my understanding of the methodology and the validity criteria. By the time the first group session was agreed, I had a clear map of how I intended to manage the group and research processes. My personal role was clearly to facilitate, participate, and manage the research data.

As the first cycle of research progressed I became pre-occupied with managing the data, and communicating with group members between sessions - all other considerations faded. The validity criteria occupied much of my planning, participating, and reflecting time as I guided the group through each of the research stages, providing tapes and summaries of each session. The conflict that bubbled throughout the first research cycle erupted during the final stage, creating tension and discord. This awkward situation required that I reflect in the midst of action and respond coherently, and this catapulted me into a different stance.

My sense of integrity did not allow me to treat this conflict in an arbitrary way. I therefore considered several ways of making sense of and managing the situation that developed. However, my attention remained centred on completing this first research cycle and on keeping the ownership of the conflict

firmly within the group. Resolving the situation involved a process of inquiry and opinion seeking and this, I believe, initiated a change in the way we worked together. At the time I was pre-occupied with concluding one research cycle and agreeing the next, therefore I relied on both intuitive and objective procedures to resolve the issue in a temporary way. I am now able to bring into perspective the importance of this episode. I now realise it was at this point the research path began to turn towards constructing meaning and connecting experiences.

In the first research cycle we created a group where trust and honesty was encouraged and supported, thus providing a context for sharing our experiences of nursing. In agreeing to participate in a second group we openly negotiated our individual research intentions and re-affirmed Co-operative Inquiry as the methodology of choice. However, I now recognise that Co-operative Inquiry as a methodology for managing cycles of action and reflection, from planning and reflecting within the group setting to implementation and data collection in the practice setting, did not happen in its full form. What we took forward was an agreement to rigorously research our own practice, and this transpired to become cycles of reflection and action occurring in the workplace. What we brought to the group instead were our representations of these experiences, for support, discussion and inquiry, and this became a collaborative process.

Thus a way of working emerged that affirmed and supported reflection and action within the world of practice.

“The model of collaborative inquiry begins from the assumption that research and action, although analytically distinguishable, are inextricably intertwined in practice.” (Torbert, 1981, p.145)

It is now clear to me that we each pursued our own research within the work setting using the skills of Torbert's Action science. We then brought stories of this to the group and developed a support and inquiry group to encourage effective interactions within the workplace. Through the telling of stories we each described our use of reflections in-and-for action to meet our affirmed intentions. However, we did not 'name' this change in the way we managed the research process, and I struggled to make sense and validate these experiences. Intuitively I knew we were being attentive, inquiring, and consistent within the group. As people told their stories, the quality of their reflections, their self inquiry, and ability to 'behave' differently to achieve their research intentions, seemed to demonstrate rigor. I know that my research within the workplace involved 'reflecting in the midst of action' and behaving in ways that were sometimes unfamiliar. I was able to give a full account of my own experiences but I could not 'set them against' the validity criteria that is contained within the Co-operative Inquiry methodology. Nor could we validate each other's experiences in this way. I felt caught in a frame that did not make sense of the data we had produced. I was unable to see a way through this dilemma because I had set myself the task of being more rigorous, and therefore, to deviate from the defined cycles of reflection and action contained within the Co-operative Inquiry, as I understood it, was to render the research invalid.

My self analysis tells me that I had become so committed to rigorously researching within a Co-operative Inquiry mode, I was unable to acknowledge that we had adopted Torbert's Action Inquiry approach at the beginning of the second research cycle when we agreed to use reflection in-and-for action. The process that developed from this decision allowed each person to develop their own cycles of action and reflection, but more importantly to fine tune an awareness in action. It was listening to members of the group describing the decisions they made to take action within a live interaction that held my attention and posed a problem when I came to write the research account. In retrospect, it appears possible that Torbert's ideas had the most effect on how we worked together, and yet I could not directly introduce any of his strategies within the group. The language seemed to create discord rather than connection. However, during the process of group inquiry I contributed in ways that affirmed particular strategies attributed to Torbert. In this way Torbert's ideas became currency - or so it seemed. Concerns about interpersonal competence and congruity between purposes, strategies, and actions, were some of the issues that arose from the stories of others and invited experimentation with new behaviours. However, at that time I carried a nagging doubt about the validity of the methods we were using, and a concern about making 'research' sense of it all.

This anxiety came to a head when I came to analyse and make sense of the data, and again this crisis of confidence catapulted me, with the help of my supervisors, into another frame. The question of my warrant for using stories as a way of representing experience created a space for story telling to become a method for understanding and making sense of the work we did together. Ironically, despite all my anxieties about rigour, precision, and validity, when I let go of the 'must do', the relevance, applicability and richness of our work together became clear. This enabled me to validate our research activities and through this new lens, we became a supportive, inquiring, and challenging group of colleagues.

This constraining pathway was the most difficult and challenging for me and caused me to reflect frequently on the openness I encourage as I work with others. Holding firmly to a particular frame is important, however, my awareness of other possibilities and perspectives is always hovering around me. The next pathway of 'Constructing' brings into focus some of the issues that caused me to confront my own ways of knowing, and in doing so, to gather all the constructions I made as I journeyed through this research.

The Constructing Pathway

I came to this research with ways of knowing that enable me to work creatively with others. Rarely do I feel trapped in any situation. 'Thinking about how I think' was not one of my preoccupations. Consequently, this Constructing pathway elucidated my awareness of myself as a 'thinker', and provided a connection between the work of Pfeiffer and Jones (1973 - 1990) (that has informed my thinking about learning over the years) and my understanding of constructed knowing. This connection is important to my understanding of myself as a thinker, therefore it is worth explaining briefly.

In experiential learning, participants are involved in planned exercises that challenge familiar patterns of acting, thinking and doing. After completion of an exercise each participant shares their own sense making of their experience, and relates this experience to some aspect of their lives. This sharing of experience, individual sense making, and personal discovery, encourages each person to construct their own understanding and to test it out. I now realise I choose this way of working because it 'fits' with my thinking about the world, myself, and the people I work with.

Although experiential exercises were not used in the research group, I brought with me this way of viewing and sharing both experiences and ideas. Being able to share experiences and develop some common understanding of what this might mean does not deny that each person will construct their own sense of it.

The group started with the questions:

- What is there to be known about nursing?
- How do we know about nursing and being a nurse?
- How do we find out about what we do that is nursing?

These illustrated the complexity of co-creating a reality about our experiences as nurses, and at the same time acknowledging that each of us will make sense of our experiences from our own perspectives. Personal experiences will always hold very personal meanings for each individual, although each may have participated in the 'same' experience.

The aspects of nursing I chose to explore sometimes held similar interactions and activities as those which others in the group reported on, and we sometimes co-created a reality about these experiences. However, the sense I made of my experiences are my own and did not necessarily echo the sense making of others (There is a comment at the end of this chapter from one of my nursing colleagues about my sense making of a shared experience). This need to co-create a sense of what it means to be a nurse is an ache that I experience and sometimes share with others and the nurse writers I chose to engage with 'speak' to this aspect of myself.

The particular nurse theorists I chose to inquire of were in contrast to the work I had completed in my first degree in nursing studies. In these studies nursing theory was about taking ideas and concepts from the physical and social sciences to create a knowledge base for nurses. For me this did not 'speak' fully to my experience of being a nurse. Physical, psychological, and social sciences surround and penetrate the understanding nurses have about the health-illness continuum, and are important, valid, and necessary for nurses to practice effectively. However this does not inform what I understand to be the essence of nursing.

In selecting particular nurse theorists to inform this research journey, I searched the literature for writers who explored the world of nursing through the personal experiences of nurses. This led me to select several writers who highlighted important aspects of nursing, and in doing this, illuminated some of the ways I have come to understand nursing. In summary:

Binnie (1992) portrayed the skilled companion and facilitator of other's learning.

Benner (1984) contrasted the meaning making of novice and expert in a shared context.

Newman (1990) explored her own journey from science to 'patterns of life experience'.

Benner (1989) viewed skilled and compassionate care as a necessary balance to individualism and competitiveness.

Gordon (1991) confronted the genderedness of nursing and the importance of valuing the caring role.

These are some of the ways of understanding nursing that support my exploration of being a nurse, and informed my involvement with others in gathering knowledge about nursing.

The connection between ways of knowing, gender and nursing, is a question I carried for many years. This Constructing pathway encouraged me to explore my own constructs and those of others. "Woman's Ways of Knowing" (Belenky et al, 1986) was instrumental in opening my eyes to the way I experience my own knowing, and led me to pay attention to the way others explicitly, and implicitly, communicate theirs. This search for understanding was an important part of my journey through the second research cycle. I gained insights into myself, my nursing peers, and the colleagues I worked with.

Torbert's (1981) work on developing interpersonal competence also played a part in this search for understanding. I found that Torbert 'spoke' to the agentic (Marshall, 1984) and Belenky et al (1986) to the communal in me. I now see both Torbert and Belenky et al as searching for connected and communal ways of knowing. My experience tells me that there is a need to temper connectedness with some agency and separateness if a sense of harmony with others' life strategies is to be achieved.

This Constructing pathway uncovered my life strategies and enabled me to explore the lives of others through the stories they told. I became more aware of myself and others through these stories and the connections we made with our professional work and chosen ways of working. Exploring my own life strategy and reflecting with others has enabled me to pay attention to the ways I explore ideas, gain knowledge and choose to act in the world. I am aware my preferred stance is to connect with the ideas of others by attempting to enter their world and understand the meaning they make of their experience. However I am also aware that I have a clear understanding of 'the place I stand' and the principles that guide my actions in the world. It is, therefore, through integrating intuitive knowledge with ideas gained both directly and indirectly from others that I am able to speak with my own voice. Constructing and reconstructing ideas and understandings has been an important part of this research journey.

The Connecting Pathway

As I entered the research journey and began thinking about the research questions, this Connecting pathway appeared as a wide misty territory containing images, voices and feelings. As I gradually

gained a sense of direction I became aware of three different aspects of my life - woman, nurse, and a creative leader of others. The source of this Connecting pathway is rooted in this triad. To begin building a personal sense of self, I pursued several aspects of my personal and professional life. This included:

- exploring parts of my life through writing autobiographical stories;
- visiting groups of nursing colleagues and exploring issues facing nursing;
- discussing the genderedness of nursing with a nursing colleague who was completing a PhD about the historical development of nursing and changing roles of women (now completed - Rafferty,1992)
- devising a research proposal and presenting it to the nursing ethics committee;
- beginning an inward journey and paying attention to how I performed my role as a nurse leader, and a manager;
- beginning a literature search of expert nursing practice, with the focus on 'self' as an instrument of caring and function of nursing groups.

During the first research cycle I was pre-occupied with bringing together the ideas about nursing generated within the group, and locating both themes and issues within this information. However, throughout this cycle I held two agendas:

- valuing each person as an individual with their own unique life experiences;
- using critical incidents in our nursing lives to investigate the nature of nursing.

Exploring my life experiences led me to present highlights from my personal and professional past. This was received with enthusiasm and others chose to share something of themselves as the first cycle progressed and we considered our personal and professional lives. This process connected our lives as people with our lives as nurses, and brought to the surface issues of power, gender, authority, responsibility and the relationship between doctors and nurses. Many of these issues were not directly identified, it was more about joining together over a particular incident that highlighted power and powerlessness, or gender and responsibility.

On reflection, I realise that my main objective was to create a context where each was able to participate by presenting their own experiences. Connecting through our lives as nurses was uppermost in my mind at that time. In the second cycle of research I was thoroughly immersed in exploring my own role and life strategy. Within the group I was able to give my undivided attention to who ever needed to 'take centre stage'. This process both informed my own research and encouraged me to share some of my insights. I consciously put aside doubts about whether we were complying with the agreed methodology. The way we inquired, shared personal experiences, and actively listened to each other was too valuable to doubt. I had never experienced a nursing work group with this capacity to disclose personal experiences and draw on the experiences of others to solve both personal and professional issues.

The need to ensure that the connection between us held securely became very important to me then, and informed my own life strategy. Exploring differing life strategies provided the connection between this pathway and the other two. Weaving these pathways together through the use of story built a picture of our work together. It was through this process that the issues and themes became clear and informed our individual experiences of nursing. Before I conclude this review, I intend to give a short resume of the research journey as a complete research cycle using Rowan's (1981) research stages as a framework for my own and others experiences. This will expose the temporal nature of this journey and lead into the sense I now make of it.

Creating a sense of completeness

Being - finding a place to begin

I began this research journey with some clarity about the research purpose. However, I took some time moving between different aspects of my life, just 'being' before I began the fieldwork. I reflected upon what I was bringing into the research and considered the possible ways of researching that might be compatible with my understanding about nursing. I consulted colleagues, fellow students, family, and other nurses. This provided me with a sense of what might be possible. Agreeing the research boundaries involved finding an appropriate methodology that met the purposes I had developed. Once this was achieved, I applied for formal permission to research nursing within the health setting. This approval punctuated a formal beginning and opened the way for setting up the research project. Recruiting experienced nurses to this research project was the first step, and set the scene for beginning the first research cycle. At this point the 'being' stage was completed and I was ready to think about 'doing' research.

Thinking- what can be known about nursing?

This first cycle was wholly taken up with exploring what we understood about nursing and what we thought 'being' a nurse might mean. Our group time was taken up with discussing a wide range of experiences that seemed to relate to our roles as nurses. We also considered our personal lives and how much these influenced the way we practised nursing. Ideas came and went, issues being important at one point and not so at another. By the time we reached the end of the first group we were clear about some of the themes and issues that held significance in our working lives.

It was at this point our focus altered and we moved away from this continuous search for 'what nursing is', and began to take charge of our own individual research intentions. This activity involved a firm commitment to purposefully engage in research within the context of our lives as nurses, and to consciously use the research tools of reflection in-action and for-action to inform these experiences. We also agreed to share our experiences in a collaborative way, preparing the way for encountering the world of work.

Encounter our lives as nurses

This stage of the research cycle found each of us working as participants and researchers within our own work settings. The data we gathered from these experiences became the central focus within the group context, and story telling the method we used for sharing these experiences. Each member of the group contributed experiences that told of our lives as nurses. We created an agreement about what each of us intended to do and how we might support and inquire of each other. However, each made our own individual sense of it. By entering into each other's experience we created patterns that highlighted themes and identified common issues. I also began to pay attention to the writings of other nurses and at times I shared ideas within the group. This was a time for constructing knowledge out of experience and sharing these insights with each other. The nature and essence of nursing became an important theme for me at this time. My exploration of gender and life strategies provided a deeper sense of the genderedness of nursing. I became aware that I favour a connected way of knowing and this provided an insight into the way I develop my relationships with colleagues.

During this stage of the research journey I experienced the weaving of the Constructing and Connecting pathways as confusion. I now realise that Torbert, Belenky et al, Marshall, and the nurse theorists were all inviting me to view the research process through a different lens. I needed time to detach myself from the constraints I began with. Once I did, the lens became clear and I was able to affirm my own experiences.

Sense making - patterns possibilities and challenges

As I wrote my own stories and made sense of this second research cycle, I experienced an ease of moving between each pathway. Creating the pattern that emerged during the second cycle enabled me to extract the repeating themes, and come to understand the different ways of knowing and the

gendered approaches I use in work situations. Thus life strategies, ways of knowing, and discovering the nature and essence of nursing seemed to flow as the paths merged and created a sense of wholeness. It is timely now to make sense of this complete research journey.

As I think about this final stage, I am aware of 'arriving' at a place where the essence of nursing is intertwined with gender, power, ways of knowing, and ways of being. This speaks to me of centredness, movement, polarities, perspectives and changing relationships. In this last section I will endeavour to explain how I came to this position and the meaning I now take from it. I will begin by revisiting the themes and issues I took from my own experiences. I will then create a schema incorporating my understanding of the 'dialectics of nursing', the genderedness of life strategies, and 'Women's ways of knowing'. My comments and ideas about future possibilities will flow from this schema and reflect the themes that emerged as we shared our experiences of nursing.

The themes and issues that speak to me as a nurse.

When I reflect back on the way themes emerged and issues gained focus early in the research journey, it is clear to me that we 'spilled out' our experiences in a way that made it difficult to identify issues of importance. When we began to search our experiences together, and I intensified my own inner search, this randomness became centred and tangible. Listening more carefully to my own voice and paying careful attention to the voices of others enabled me to hear, observe, and feel the struggle to surface ideas and personal experiences. I heard myself speaking of surfacing in situations when others spoke of submerging thoughts and feelings to avoid pain, rejection or self criticism. Thus surfacing and submerging created a dialectic, with dialogue as the transaction between these two polar opposites. Thus interpersonal competence and the way each of us made sense of the world and our place in it became a theme I pursued.

Choosing to research my personal experience of the doctor-nurse relationship speaks to the value I place on developing effective and mutually satisfying interpersonal relationships. I risked acknowledging and expressing, to myself and others, my own developing relationships with William. Here, changing and shifting degrees of intimacy was my experience - at times closeness, at times distance. From my perspective, these polar opposites of surfacing-submerging and closeness-distance are made viable through dialogue and intimacy, and are central to my emerging understandings of being a nurse and affirming other nurses. Although these two dialectics form the central framework in my mind, I have discovered that others are held within this frame and relate to ways of knowing and being in the world.

To provide a clearer picture of this developing schema, I will begin by explaining more fully the central dialectics that provide the framework. I will then invite the reader to engage with me in exploring the spaces between each polar point. When this is completed I will explore the connections between this schema of 'The Dialectics of Nursing' and 'Women's Ways of Knowing' (Belenky et al, 1986), and gendered life strategies (Marshall, 1984). This exploration of connections will add two more dimensions to the schema - a 'gendered' dimension and a 'ways of knowing' dimension. Gender is about agency and communion and correlates with the dialectic of closeness and distance. 'Ways of knowing' encompasses a framework for gaining knowledge in different ways and presents two pathways, one emphasising connected knowing, the other emphasising separate knowing. Each journeys towards a constructed knowing position. My explanations of this multi-level schema relate to my exploration of nursing and the lives of nurses, and to my own life as a nurse in particular.

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The Dialectics of Nursing

From Submerging to Surfacing is a movement that involves dialogue, sometimes within oneself and sometimes with another. This dialogue is at times open, at times blocked, and at times at peace. Dialogue is always held within and influenced by a given context. This being so, the ability to speak freely and dialogue effectively will also influence the quality of any dialogue. From Distance to

Closeness is a different kind of communication, one of aliveness to others and attentiveness to another's needs. The transaction between is not as easy to understand, it is intuitive and inward-outward sensing.

The four spaces contained within the framework represent movement between these two central strands. Each of the opposing spaces contains polar opposites in muted or overt form, and each space has its range of possibilities. For instance, in moving from Closeness to Surfacing, one encounters Power and Voice. This is the power to own knowledge, to be oneself and to be valued for the reciprocity within any relationship. Voice is about confidence, a 'straightness' of speech and a clarity of personal self. The space between Surfacing and Distance holds Curing and Safety, and is about the certainty of goals and tasks and the need to know before taking action. It is the dialogue of facts and clear agendas. This space holds a sense of certainty even when the goal is to 'find out'.

The space between Closeness and Submerging holds Powerlessness and Silencing. This is the experience of being alienated, suppressed and devalued, and it is here one can be thrust when power is felt as coercive and aggressive. The final space between Submerging and Closeness is Caring and Vulnerability, a familiar place for me, and one that holds a silence and a sense of worth that relates intimately to a sharing of self. It is at once affirming and at risk. I am able to place myself within this space because in most situations I have choice. This is not the case for nurses who are unable to make other choices for fear of failure, rejection or punishment. Sometimes I choose and feel the pain of being vulnerable, and occasionally I question my own choosing.

Having provided a short explanation of the themes suspended in this schema, I will now turn to the connections I have explored between ways of knowing, gendered life strategies and the nature of nursing. The diagram 'Dialectics in Nursing - Expressions of Knowing and Being', is a representation of these connections and provides a visual map of the territory I will now attempt to describe. I will begin by explaining how 'Ways of Knowing' can be seen both as developmental pathways and also as choices that relate to gendered lifestyles.

Ways of knowing and gendered lifestyles

Belenky et al (1986) consider whether the way women learn is a developmental process that begins with the experience of silence (having no voice), and journeys through received knowing, subjective knowing, procedural knowing, and eventually arrives at constructed knowing. I am not sure precisely what is meant by development in relationship to ways of knowing. However, having reflected on my own life path and listened to the stories of other women, I now have a sense of a developmental process that is context bound. From my perspective, this means that each person may learn to: speak from silence; understand and 'speak from' the knowledge of the other; explore and create a personal and 'subjective' sense of reality; co-create reality through connecting and understanding the world of others, or through debating contrasting and analysing (both are 'procedural' knowing).

It is also possible that some people reach a point in their journey where:

"To see that all knowledge is a construction and that truth is a matter of the context in which it is embedded is to greatly expand the possibilities of how to think about anything, even those things we consider to be the most elementary and obvious. Theories become not truth but models for approximating experience; as one woman said "not fact but educated guesswork!." (Belenky et al, 1986, p.138)

Travelling into these different territories of awareness and interaction with the world may be developmental. However it also dependent on factors within a person's life that create a climate for change.

As I reflect on my own discoveries about myself and the world, I can locate particular experiences that seemed to release me to think differently. Or was it that I had permission to express the thoughts and understandings I was nurturing? Is it also the case that the thoughts I was nurturing emerged from my ability to think differently, or an event in my life that gave me that impetus for change? The reasoning is circular, therefore to avoid the risk of becoming paralysed, I have taken the stance that different ways

of knowing are contained within a developmental process. This has allowed me to consider the relationship between these possible developmental pathways and the schema (Dialectics of Nursing), and to map two pathways from 'silence' to 'constructed knowing'. However, in doing this, I have discovered that mapping ways of knowing required a clarity about the aspects of gender and ways of knowing and acting in the world that speak to gendered life strategies.

Considering the relationship between the nature of nursing, ways of knowing, and gendered life styles, led me to view the pattern emerging as embedded in an understanding of 'chosen' ways of interacting in the world. This is essentially about preferred life strategies, although I acknowledge that preference is about opportunity and choice is context bound. Given all this possible complexity about how each of us comes to know, makes choices, and seeks to construct an environment compatible with our life strategies, it seems to me that each person's preferred way of presenting 'self' to the world co-creates the nature of dialogue and the degree of intimacy in relationships. This preferred way of engaging will then expose the genderedness of each person's life strategy.

With this in mind, I have mapped both ways of knowing and gender as if a choice of direction is made - towards the feminine or towards the masculine. If one chooses the feminine, then communion will be the preferred strategy and one will travel from silence through received knowing, subjective knowing, and then to connected knowing. If one chooses the masculine then one moves towards agency and separate knowing. From my understanding of this journey, once these ways of knowing are experienced then there is a movement between according to the context one finds oneself in. Within this there is a freedom to hold all ways of knowing within consciousness and to bring each to bear as new constructions of reality emerge. Having given my voice to the way this research journey has entered my life, I will now consider the themes that emerged from the work we did together.

The themes that held significance

Before I consider the possibilities for the future and the way in which this research journey is influencing my practice now, I will reflect on the themes that held significance throughout the field work and created the pattern of interaction during the second research cycle. These themes are:

- Working effectively together and affirming teamwork
- Personal identity and role expectation
- Caring for and with others

'Working effectively together and affirming team work' surfaced in many of the stories and was present in different forms in the first research cycle. The research made clear to me that nurses need to work together in order to practice effectively. However, the way in which nurses express this need to have time to together to think, share concerns and inform each other, is rarely clearly articulated. Some times it is expressed through stories as we seek to reduce anxiety and dispel negative feelings, some times it is about dispelling self doubt, and sometimes it is about sharing 'good practice'. There are actions that nurses can take to increase the value of working together. Some of these actions will require a firm sense of what it means to be a nurse and to take authority over ones own role.

This brings me to the second theme that echoed through the research creating conflicts and difficult decisions. *'Personal Identity and role expectation'* are intertwined for nurses in such a way that confusion arises around the issues of responsibility and authority. Conflict between the role expectations of nurses and the expectations of others is a tension that nurses carry continuously. Finding a sense of integrity that manages these tensions is not easy, particularly as continuous change seems to be an integral part of organisations. As the roles of others change, so the pressure increases on nurses to extend their roles. However, despite all this pressure for change, there remains central to nursing the *'primacy of caring'*.

This centrality of caring was a theme that many of us struggled with because of the roles we had as nurse managers or nurse teachers. The struggle for some was coming to terms with being a nurse and not having direct involvement with patients. This anxiety seemed to fade and a clarity about the caring

role emerged as the research journey progressed. There is, and has not been for some time, a question in my mind about the relationship between the role of the nurse and the primacy of caring. Nursing is *caring for and with others*, and although the demands from managers and other professionals might press for a different emphasis, nurses gain their power and their voice within this role. I am hopeful that in my own stories I have demonstrated the way in which this centrality of caring can also enhance colleague relationships, particularly where trust and closeness is affirmed.

Before I leave these brief reflections it is important to note that these themes were also significant in developing the schema '*Dialectics within nursing*'. Further exploration of how this related to each theme and to the wider context of gendered roles and power relationships cannot be undertaken here.

Reflections and Conclusions

I have reached the end of this particular journey with a sense of closure and some new beginnings. As I consider the tentative schema I presented in this chapter, I am aware that the development of it was very interactional. The final pulling together of the pieces occurred when David, my husband, was helping me through a very dense part of my experience of nursing. He started to list some of the words that kept recurring and this encouraged me to search my mind for the images that held meaning and felt familiar. It was here that I reconnected with the rhythms in the thesis. The mapping and testing of it came a little later. Although I have 'just arrived' at this schema as an explicit representation of what emerged from the research, I realise that this has been implicit in the ways I have been practising professionally. As I write this I recall two situations where I presented this schema to two of my male nursing colleagues (I had just developed the Dialectics of nursing at this point in time). I would like to take a moment and describe our interactions because it poses a question for me about the genderedness of nursing.

These two scenarios occurred within a day of each other. The first interaction is with Matthew who is a black African originally from Zimbabwe. He was not a member of my research group and has quite recently joined my nursing staff. He is a clinical nurse specialist with post-basic degree in family therapy and I have a mentorship role with him. We had been meeting regularly over the past nine months to discuss and debate the issues we face as nurses, and in particular Matthew's career path. We have a sense of 'knowing' each other because of my experiences working with the Maori people and Matthew's sense of harmony with feminist writers, particularly 'Women's Way of Knowing' (Belenky et al). Discussions about life strategies and making sense of troubled organisations has been a steady part of our dialogue together. It was at one such meeting that we discussed my thesis and I presented to him my tentative schema.

We went through the two main strands together and reflected on our own positions within it. Matthew then asked me to take him round the circle and tell him what I had in mind with regard to movement. I did this, and then he said, "You know the potential for the 'other' is always there." I asked him to explain what he meant, He said, "I am really struggling with this question of power, and now I can see that it is there when one is powerless, and powerlessness is there when power is operating." Then he added, "This is more hopeful, so how do you move people from this position of powerlessness and silencing to power and voice?"

Then I saw the real potential of this schema and I described how the two strands were the links that provided a pathway to each space. From this point we discussed how it was important to first find a way of empowering nurses to begin the process of surfacing what is being submerged. Then, when this has begun, to start the process of creating closer relationship with significant others in their work situations. The intention, we agreed, was to help inexperienced nurses to take authority over their lives and work. We parted on a 'high note'.

The next day I met with Gerrard who is a nurse teacher and was a member of the research group. He came in to see me on his way to one of the acute wards where he has been 'team building' with the nurses. He was telling me that because of the recruitment crisis, and the unplanned changes, he was finding it difficult to get any 'energy flowing'. I asked him if he had read the last part of my thesis and he replied "I have just about finished it, I have not read your stories yet." I then asked if he would like to see what I had made of it all and I showed him the schema. Our interaction was almost a repeat of

the one the previous day with Matthew, except that we took the discussion a little further and looked at the practicalities of working with the group of nurses he was about to meet. It went something like this:

“OK, where are they on the schema?”

“They are at the bottom right hand corner, powerless and silenced.”

“Well, first you need to get some dialogue going and bring them towards surfacing what they want to say. Then, when you get them moving a little, find out who they see themselves as distant-from and need to be closer-to. Then consider the ways in which they might engage with these persons in a way that brings them a sense of being valued and included. The aim is that they locate their power and find a voice to express their own ways of knowing.”

Gerald said “Thanks,” and rushed out to keep his appointment while I returned to my previous task.

My agenda for the future.

In considering the way forward, I have three agendas. The first is about the context in which nursing is practised, and the question is raised about how much we as nurses are able to influence this. The second is an energy to explore further the schema that I have tentatively proposed, and to consider what implications this might have for developing ways of working that will give nurses some control over their lives. The third is to consider how I can support nurses in meeting together and managing their roles in a way that affirms their practice and helps them ‘sit comfortably’ with their peers and colleagues. Finally, for myself I will continue to explore my own ways of knowing and develop ways of encouraging nurses to explore their thinking within a supportive and challenging environment.

Epilogue

My aim now is to introduce the voices of nurses who have read and commented on this thesis. I will begin with the voices of fellow researchers and end with the nurses who are presently part of my working life. I requested my ‘fellow travellers’ to give me feedback from their point of view as participants and colleagues. They were given the research texts that explored the two cycles of research. A few requested the complete thesis and made their comments based on this. To the colleagues I work with, I offered the first draft of my thesis in sections and requested their feedback. This feedback added to my understandings of this journey. In giving feedback, some people wrote a letter while others came and discussed some of the issues with me. The dialogue I now present has been either transcribed, edited, or reconstructed.

The voices of fellow travellers

“I am a witness to the work we did together and your thesis confirms the process I experienced, it is true to the experiences I had. I can recall the group process and your sense of self that you expressed. It was important for me to listen to others’ narratives, and make sense of it within my own life. It was a very validating experience - knowing that my own experience mirrors the experiences of others. “

“it surprised me. It is not like an academic exercise, it is as if you are talking to me, and I can hear our voices in it. It is your journey and ours, the group work was very important, it was not a support group or a therapy group. The honesty you held could be missed by people who were not there. Most of all it is transferable into my work situation, I remember snippets and reflect on them. I have taken it into other parts of my life as well.”

“It was a unique experience to take time out and reflect on myself as a person and as a nurse-a ‘rich experience’. Having my own insecurities and understandings accepted by other group members. It was a learning opportunity that I have used outside of that setting.”

"I am afraid I have to be honest, when I got your thesis I went straight to the group work and found it fascinating. It was just like being there again, I could remember it all and I learned so much from reading what you made of it, and your own life stories. I remember again my experience of telling my story and what a relief when I eventually got it out."

I do not think I need to comment except to say that the group we developed to do this research was not a work group, it was something different. There is a question here I need to ponder on because this kind of group is an 'extra', not a part of the everyday working life. It is a way of working that could develop a 'community of inquiry', but the culture of co-operation is difficult to achieve in the organisational climate in today's NHS.

The voices of the nurses I work with

"It certainly makes me think differently about nursing, particularly the role of women, using yourself and experiences to explain the issues. I feel it overlaps well with the field work. It left me wondering, however, about what place there is for men's thoughts and feelings as nurses? I have certainly been able to create (for myself) a new way of explaining the essence of nursing. It is a very well thought out thesis and is thought provoking."

"The part that I enjoyed most was the way you drew meaning out of the dialogue, and the way you discussed it and took it forward. I have not read it all yet but I will give you feedback when I have."

"The effect on me of reading this thesis has been considerable. Inevitably different stories have 'spoken' to different parts of me. I found myself revisiting and rewriting some of my own stories. Although the temptation to punctuate the author's stories has been immense, I dealt with this by reminding myself that what ever meaning I read into the author's, this says more about me than the author. I have therefore been able to use the stories reflexively. During the process I have experienced a range of emotional, behavioural, and cognitive reactions including anger, comfort, validation, soothing, challenge, confirmation and empowerment. The issues around power, control and identity were repeatedly highlighted by different stories. I have been left grappling with how, without sharing a vision (demonstrated by Neil), ordinary nurses can begin to address power issues (as demonstrated by Andrew and William). How does one avoid stories becoming self pitying traps and pipe-dreams for the powerless, with the powerful paying lip service to the desirability of empowering the weak, whilst consolidating the power around them?"