

Chapter Four

Introduction

My aim in writing this chapter is to provide the reader with an understanding of the complexity of developing a coherent and working group in a context where research activities have focus and value. In beginning the process of setting up the group, I identified two major pathways to be negotiated, namely, the journey through the research cycle and the stages of group development. The first pathway is the touchstone for the emergence of themes and issues about gender, power, role conflict and the essence of nursing. The second provides a base for managing conflict, creating a climate of trust and risk taking, and for exploring more personal issues. In order to address both pathways simultaneously, four perspectives were used to:

- provide an overview of the group work both from a group development point of view and Rowan's cycles of research;
- move through the process keeping account of the development of research data and the management of the group task and process;
- return to the data to highlight and discuss the themes and issues that emerged;
- reflect on the particular issues and critical events that placed pressure on my role as facilitator and influenced the group process.

The skills of action and reflection (Torbert, 1981) as research tools were practised in the group and used in the work place to provide data and focus attention on particular experiences. Because nurses use these skills to manage the nursing process for patient care and the learning contracts for student nurses, I made an assumption that this way of working would be familiar, if not altogether comfortable.

In considering the issues that usually arise as groups developed and move through the various stages, I made a note of some that might prevent a group from moving forward. I decided to carry these concerns with me through the cycle of research and give myself a space at the end of each group session to reflect. My intention was to assess the degree to which I was able to facilitate:

- maintaining the balance between task and process;
- bring into shared consciousness the tools of action and reflection;
- manage the issues of conflict, leadership, gender, trust, power and boundaries;
- establish a pattern of working together that affirmed issues and themes.

I planned to work towards developing a cycle of activity within each group session and this session would become part of the larger research cycle. My concern that nurses become more confident, more able to make public their intuitive thoughts and decisions, and more willing to experiment with their ideas and ways of working together, has been the catalyst for keeping in focus the role of experiential learning and intuitive knowledge in establishing patterns that might mirror the practice setting. Experience told me that recurring patterns, if recognised, tend to progress towards a new level of understanding, particularly where nurses work together in a peer group using both reflection in action and reflection for action. The support and shared understandings enable individuals to feel more confident and able to act on their knowledge in the work situation.

Developing a framework for group and research processes.

In the context of managing both the development of the group and the research cycle concurrently, I considered the kinds of strategies that might be most useful and I made decisions based on literature, my past experiences, and the purpose of the fieldwork. From my past experiences as a facilitator I have found that, in groups where inquiry is the dominant mode, four main phases can be identified. Each of these phases are the subject matter of individual chapters and each chapter will conclude with my own observations and analysis.

The focus of each phase is as follows:

The first phase - sets the climate for working together through social activity and group sharing;

The second phase - aims to get agreement about the task and the mode of working together;

The third phase - takes up the challenge of achieving the task and meeting individual needs;

The final phase - provides a context for making sense of the total process so that a way forward is agreed and any consequential actions are taken.

Having clarified my beginning position and how I envisaged the group work would develop, I then considered the possible options for analysing group process and content. Although my experience of group work provides me with a range of different methods and philosophies, I decided not to analyse the group process using an established method. Rather, I decided to make a commitment to reflect on each group session and each cycle of research while bearing in mind the four phases and the expressed needs of the group members. I chose to do this for the following reasons:

- I wanted to be open to experiencing the group as unique;
- Working with both the research cycle and the group process required that I put aside models that framed too tightly;
- I wanted to establish a pattern and style of working that would encourage issues and themes about nurses and nursing to emerge without restraint.

As a consequence of thinking and reflecting, I conceptualised a structure for managing the group that was not rigid but provided a frame for experiences to occur and a way of working together to emerge. I will now outline the structure I developed and applied during the first research cycle. The terms I have used to identify the phases are graphic and have come out of the way I have learnt to manage groups, as well as from my own observations of different levels of activity at each phase. I have aligned each group phase with the corresponding (for me) research stage so that I am able to clarify my role and act in accordance with both agendas

'The Joining Phase' is the first phase and is about members of the group getting to know each other, checking out personal expectations and the expectations of others. It is also about clarifying the purpose of the group and testing out ideas and ways of being. In 'research cycle' terms (Rowan,1981), it is '**being**' moving into the **thinking** stage, because the over riding theme is thinking and puzzling about possibilities and ideas that can be tested in the 'real' world. It is also about joining ideas together to get agreement about activities that might be appropriate and acceptable within the group, as well as in the context of work.

'The working phase' is also about deepening the interactions within the group so that individuals are able to take risks about disclosing their own thoughts and feelings, and their experiences of nursing. This phase is about encountering ourselves, each other, and the world outside the group in a way that allows ideas to be tested, both in the group and in the work context. In research cycle terms it is the **project** stage where ideas are clarified and actions are planned to test out ideas and questions.

'The knowledge seeking phase' is about seeking out the issues that are important to meeting the requirements of the task. These issues may be found within the group, an individual's personal life, or in the context of work. This has resonance with the **encounter** stage within the research cycle.

'The sense making phase', in terms of the group process, occurs when the group has completed the agreed task in content and process. The energy at this point is focused on identifying the ideas and experiences that are important to the group members, so that a shared understanding and sense of satisfaction is generated. In the case of this group, themes and issues emerged that reflected the experiences of nurses both in the work place and as we worked as a group. This phase in research terms is about **making sense** and **communicating**. Communicating in this first cycle was very much about communicating with each other and contemplating what nursing meant for us.

The final phase of meaning making requires careful timing so that it flows easily from the 'knowledge seeking' phase and allows enough time for summarising the content, personal reflections, and agreed intentions to act and reflect in the practise setting. Making sense of the research cycle, and the experiences that emerged, was more difficult because there was an unwillingness to 'label' nursing in terms of ourselves and our preferred ways of being. The group that formed the second cycle of research were willing to take this agenda forward. The members who decided to leave had either achieved their own particular goals, found the methodology too difficult to manage, or had other priorities.

My planned intention, from a research point of view, was to connect one group session to the next by identifying issues and agreeing activities, thus providing the feedback for the next session. In this way, progressive group sessions combined to complete a phase of the research cycle. I also anticipated that each group session would work through a small cycle of research in terms of thinking, acting, reflecting and sharing points of view and understandings. The challenge I faced was to facilitate both the progress of each small research cycle and the ultimate goal of the complete research cycle concurrently, and to pay attention to the complete group process so that a coherent sense of a beginning, middle, and end is achieved. We developed a process of reflecting and giving feedback at the beginning and end of each session, providing a link between each session and a focus for identifying themes and issues. This provided a context for agreeing questions and ideas to test out in the field of encounter and bring back to the following session. This process both informed the larger cycle of research and strengthened the group process, particularly from a co-operative inquiry point of view.

Forming the Inquiry Group

In preparing for the field work I developed a tentative question to guide my actions. This question asked;

"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?".

With this question in mind, I considered the factors involved in developing such a group and concluded that a support group, where nurturing, trust and honest constructive feedback are the key components, was most likely to achieve the purpose. These conclusions sprang from my own experiences of learning in a peer group setting where people are supported and valued so that challenges are accepted and conflicts resolved. To maximise the possibility of developing such a group, I considered membership, the size of the group, and what was required of the researcher/subject role. Having given this some thought, I decided that the participants needed to be experienced nurses, willing to participate fully in both the group work and the purposes and methods of the research - acknowledging that this would involve disclosing personal experiences.

To establish the research group, I called for volunteers by formally publishing my intentions and criteria. In doing this, I made it clear that the research group would be using a co-operative inquiry approach to investigating the nature of nursing practice. Interested senior nurses were invited to meet with me to discuss co-operative inquiry and my rationale for using this model. I wrote to all the Directors of Nursing services and schools of nursing within a particular district. I also sent cards to the

local Department of Post-graduate Studies and to senior nurses who had participated in some of my previous workshops. From the responses to my invitations I set up and managed with the help David (husband, friend, colleague, and fellow researcher) a meeting with each group to explain the research methodology and to hear their responses to my research proposals.

To ensure that those attending were clear about what would be involved should they decide to participate in the research, each session included a formal presentation and open discussions. After each meeting I recorded the issues and concerns that emerged and paid particular attention to the questions and comments that focused on the nature of peer support and appraisal. At the beginning of each group I presented my own purposes and the way in which a co-operative inquiry methodology might inform the case for peer support and appraisal, particularly for experienced nurses in responsible positions. I made it clear that my intention was to explore the value of peer support and peer appraisal in the working lives of experienced nurses. I also explained the way in which I expected the group to develop and the contribution that each co-researcher/co-subject would make. I used both overhead slides to inform the process, and made reference to both work and literature to focus the discussion. Each session produced a lively interaction and some of the concerns and ideas were repeated throughout the groups [and picked up again by the participants in the second cycle of research.]

The following statements are extracted from each these meetings and are individual responses to my presentation and explanation. The nurses were all experienced and came from the following settings:

- community and specialist nurses;
- senior sisters from a hospital setting;
- nurses working in post-basic education;
- nurses in mental health and learning disabilities.

For ease of reading I have grouped comments that seem to have a common theme.

Hierarchies, status and power in nursing

"I am not sure that I could talk about the things that really concern me if I thought someone was in the group that might be in a senior position to me."

Pressure of work and inability to deny others in favour of own needs

"I don't think that I could really change anything where I work, everyone is too busy to think about doing things differently."

"I would like to get together with other nurses and broaden my skills but there does not seem to be any time, and when there is I never seem to be working with the same person twice."

"I have tried to run a research group and very few people are able to attend because things crop up at work and nurses don't like to leave when patients or visitors need them."

Fear of showing feelings and becoming emotional

"I would welcome a group that had a facilitator, because the groups I have attended have encouraged people to talk about their difficulties, and then when the 'flood gates open', no one knows what to do."

"When you become a senior nurse you lose the companionship that you had. I think we need to support each other."

"Any group that could help me cope with the surgeons I work for would be worth their weight in gold."

"I don't think I could discuss personal issues because I would probably lose control."

Role conflict

"I really think what you are trying to do is important because nurses need to work together and get some acknowledgement for what they do- I would welcome a group that meets regularly to talk about some of the difficult situations."

"I think that senior nurses get left out of any support system. They seem to be viewed as either 'super women' or 'unfeeling monsters'."

"I would feel better about managing and perhaps trying out new ideas if I could talk over the difficulties with someone."

"I wonder sometimes if I am a nurse, I seem to be doing nothing but administrative tasks."

Managing groups and teams

"It's really interesting to hear your ideas about groups because I am aware that the nursing teams that I manage do not support each other very well at all, they all have their own workload and just get on with it."

"I am working to get my nurses working as a team but I am not sure that I am going about it the right way. Some are really great and some don't like it at all."

"I would be very willing to be part of a group that looks at improving practice, I find that being a senior nurse is a very isolated position- no power and very few friends."

All these remarks are familiar to me and reflect some of the issues that I was facing at that particular time. The themes of power, role conflict, and disclosing personal issues and feelings also gained voice as the first research cycle developed. After these first meetings I wrote to all those who had taken part and invited them to a second meeting where I would make clear the research commitments and the role of participants. Sixteen senior nurses declared their interest and attended the meeting. Of these sixteen, twelve volunteers made a full commitment the first research cycle and became the first fieldwork group.

This heterogeneous group consisting of three men and nine women: two were nurse managers of cottage hospitals; two were senior nurses managing a clinical areas; one was a senior tutor teaching undergraduate students; two were senior tutors developing clinical practice; one was an education advisor and team co-ordinator; two were clinical nurse specialists; one was a health visitor; and one was a clinical quality co-ordinator. We all agreed that the total life of the first research cycle would be no longer than nine months and would include an orientation session and eight group sessions, each session to last for two hours.

Beginning the group process and clarifying the boundaries.

At this first meeting we discussed how a research group might be developed, and the role of co-researcher/co-subject. I facilitated the discussion process so that agreement was reached about the focus of the inquiry and the process of developing a working group. Individuals shared their expectations and why they had volunteered. We also agreed about when, where, and how often, the research group would meet, and processes we would use to develop the group process. We decided that the focus of our intent was broadly nurses and nursing, and to begin the process we would share reflections of practice situations. These reflections would provide the basis for formulating questions and ideas, and through this, our work and ourselves would become available.

As facilitator I agreed to co-ordinate and tape record the meetings so that each participant had a transcript of each session for reflective practice. We discussed how the facilitator role would function within a group of peers, and we all agreed to encourage an open inquiry process that respected honesty and the disclosure of concerns, worries, fears and successes. We acknowledged that we would need to pay attention to the group process and the roles we developed within the group setting. The issue of validity was raised and I provided a framework for reflection and discussion (Heron, 1988) as follows.

- Research Cycling involves the inquirers moving to and fro between reflection and experience so that each informs the other. This will be achieved within the group and the work context..
- The Balance of Divergence and Convergence reflects the content of the experience phase. Because nursing is the focus, divergence could become unmanageable, therefore action may be needed to pull together common issues and themes.
- The balance between reflection and experience is dependent upon the nature of the inquiry. Experience that is intense and contains complexity requires lengthy reflection, whereas straightforward interactions of a familiar nature may require little.
- Aspects of Reflection involves three major forms of thought:

Descriptive - recounting phenomenological experience;

Evaluative - seeking mutual coherence across experience;

Practical - using previous reflections to plan future actions.

- Falsification involves the testing out of ideas against actual events, and noting incoherence and avoidance of disaffirming the idea or model.
- Chaos and Order is a balance that needs to be struck so that ideas are alive and research is coherent and goal oriented.
- Unaware projections occurs and needs to be managed when fear and defensiveness hinders and sometimes prevents honesty and risk taking.
- Sustaining authentic collaboration addresses the relationship between the initial researcher and the participants and between all participants. The role of facilitation, decision making and participation within the group are indicators of collaboration.
- Open and Closed Boundaries involves clarifying the nature of the research, and whether the research experiences are personal to the individual researchers or whether others are a vital part of the research and need to be 'heard'.
- Coherence in Action involves sharing ideas and finding coherence across the different contexts where action is taken.
- Variegated Replication refers to the ability of future researchers to use the reported inquiry as a starting point for developing their own constructs and field work designs.

We discussed the way in which we would manage these issues and decided that such roles as the 'devil's advocate'(the confrontation of collusion) should be explored. We agreed that time should be set aside at the beginning and end of each session to allow for personal reflections and inquiry. A decision about whether a second cycle of research should be anticipated was set aside until we had a better understanding about the fruitfulness of our intentions.

In preparation for the first group meeting I wrote to all the members to confirm what we had agreed at the introductory session, to thank them for their commitment, and to make clear that I would take responsibility for managing the first group session. Having completed this first step I spent some time clarifying my own ideas about my purpose for the research, and the kind of group I thought was needed to meet this purpose. I decided that clarity of purpose and being a nurse was an essential part of the research and a focus that held nurses and nursing at the centre would facilitate a shared purpose for action in the work setting. I intended to be open about this perspective at the first session by proposing that questions about nurses and nursing might be important to investigate first.

I considered the various types of groups that might be set up to meet different agendas and I decided that the most appropriate would be a 'self help' group that also provided challenge, analysis, and action oriented goals. I realised that although a self help group would provide a climate for peer support and risk taking, it might also reduce anxiety and limit challenge and innovativeness - a healthy tension between security and vulnerability seemed to be what was required.

Finally, before beginning the first phase of the group process, I selected a group process tool that would assist me to reflect and act in the group and reflect and plan at the end of each group session. Figure 1 is the tool I used and provides the rationale for the observations and interventions I made.

Self-Interaction-Task Observation Schedule

Pfeiffer and Jones (1977) Vol. 2 page 68

1. <i>Self-orientation.</i> What behaviours seem directed more toward individual members' needs rather than toward group aims? (dominating the discussion, cutting off others, horsing around, not listening, being overly aggressive, nit-picking, smoothing over arguments, avoiding responsibility.)			
Who did it? _____	What did s/he do? _____	What was the effect? _____	
2. <i>Interaction-Oriented.</i> What behaviours are aimed toward more effective group interaction?(keeping members involved, harmonising disagreements, reinforcing good contributions, relieving tension, encouraging co-operation)			
Who did it? _____	What did s/he do? _____	What was the effect? _____	
3. <i>Task-Oriented.</i> What behaviours are directed toward accomplishing the group's task?(getting things started, sharing information, organising, giving opinions, clarifying, summarising, checking out consensus)			
Who did it? _____	What did s/he do? _____	What was the effect? _____	

This completes Part One. In Parts Two and Three I will take the reader through the field work journey which will involve two cycles of research (Rowan,1981). The first cycle rigorously pursues my understanding of Co-operative Inquiry, and at the end of this first cycle the methodology is challenged. Although we re-affirmed our intentions to continue using Co-operative Inquiry, the way we work together changes and creates questions for me about 'making sense' from this beginning perspective.

Thus the second cycle begins with an overt commitment to cycles of action and reflection, and develops into a collaborative inquiry process where actions in the world of work become the focus for exploring experiences. In presenting Part Two, I will begin with an introduction that places the field work sequentially within the time-frame of this research. This is important because the field work is a springboard for exploring ideas, searching the literature, and investigating my own and others' personal experiences.