# Chapter Six

**Introduction**

This chapter is about the 'working' phase and involves six hours of working together. During this time we developed a group context for individual experiences to be presented and discussed. The questions we pursued about nurses and nursing, required that we share both our personal and professional selves in order to provide the richness of experiences needed to address the questions we were asking. This phase of the group development tested out our ability to develop peer relationships that were both supportive and challenging. The discussions, debates and presentation of personal self, provided the material for developing a sense of ourselves as nurse. Questions emerged and conflict arose. How I dealt with these is both a group concern and a personal experience.

This phase of the group process is written as a total entity. It begins with the introductory presentations by members and ends with the feedback and planning for the next phase. The dialogue is selected in relationship to the issues and ideas that members presented, discussed, debated and inquired into. I used the format introduced in chapter five to identifying my voice and comments, and the voices of group members. My analysis and reflections of this working phase are provided under the headings of:

- Group Developments

- Research process

- Validity criteria

- My personal responses and actions

The working phase

During this phase interactions between members were more open, questions became more direct and challenging, and reflections more open and personal. The pattern for the group sessions was more openly accepted, as individuals contributed their own experiences to the research. This phase was about encountering ourselves, each other, and the world outside the group. In research cycle terms it was the about defining **'the project'** and beginning to **'encounter'** in a purposeful way. Because this was to be the working stage, we agreed to meet for a four hour session in order to take the group process forward. We all agreed that this would deepen our experiences together and assist both the group and research process.

We met for lunch and exchanged both professional and social information, mostly in story form. Some how this seemed more acceptable than discussing experiences directly. This social interaction led into the group work without any direction from me.

The session began with a 'round' of every one presenting 'issues that were on their minds' and some expectations for the way the session might develop. Everyone chose to present a 'critical incident' about conflicts and difficulties being experienced in the work place. These experiences included issues about direct patient care, managing staff in a ward setting, conflicts between nurses, and conflict between nurses and doctors. After this feedback dialogue began as members raised issues and concerns and others joined the discussion. I have extracted dialogue using the same selection criteria as defined in chapter five.

My voice is in *italics* the group members [GM] in - body text and my comments and ideas at the time are in [text].

**DIALOGUE**

After the initial round of statements, discussion began with the focus on clarifying conflicting ideas about particular issues related to nursing.

Critical incidents and the nature of nursing

GM -One of the things that struck me, when we were going round the first time, was that we were looking at critical incidents in nursing. I was just a bit concerned that the critical incident that I am looking at is not purely nursing. It really has nothing to do with a nurse. It is all about another profession. Then I reflected on the skills that I used and realised that the skills were my nursing skills. It began to hang more easily with me once I looked at what I did.(pause) I am very conscious at the moment that I am not doing any 'hands on' nursing. Its more management, but then management is so vital to patient care I think.

> This dilemma about 'hands on care' has been brought up several times from different points of view. This is the first time someone has 'stated their claim to nursing' because of a set of recognised skills.

GM -I am still a bit hazy about what is a critical incident and how we react to it as individuals. So how is it nursing rather than any individual's way of coping with the situation? How are you going to glean what it is that is nursing? If we find out how nurses react to work situations, how does it apply to nursing?

> When this challenge was placed in the 'centre' I felt the impact as a question about whether nursing as a profession really exists. I held that thought for a moment or two and moved my thinking to- "This is a good point that needs to be said" from the point of view of nursing per se and from the personal point of view of the contributor. Was it a statement of not wanting to be part of the group?

> Not only is this about, What is nursing? It is also about the interface between the personal and the professional.. It is edging toward. the personal skills that nurses bring to the nursing situation, and those that are they taught as 'nursing'.

GM - It seems to me that the common denominator is that we are all nurses and we may or may not act in a similar way---

> This comment was from a member that tends to be more watchful than verbal. She was interrupted by the member who has established a pattern of taking a provocative stand.

GM ---I think it would be just as interesting if we were not nurses because I think that the common denominator is that we all work in a similar organisation. In fact I think that being nurses is co-incidental.

> This is again a bid to move away from nursing (and the personal?) and focus on the organisation. There was silence after this statement, I waited. The silence grew deeper and I decided to intervene and bring the focus back to a common issue. I contemplated pursuing the challenge but I felt that the timing was not yet right.. There was a chance that challenging might lead to divisions or withdrawal by some members.

*I think we are moving away from the task we set ourselves of presenting our experiences, and reflections, of both out work in the group, and in our own workplace, For me being in the group doesn't allow me to fully concentration because I try to remain aware of what is happening and where the interactions are taking us. Listening to the tapes surprised me and I realise that on the one hand we are a very varied group of people. On the other hand I can identify with each person's experiences of being a nurse. If there is no such thing as nursing, or if nursing is not important to us as senior nurses ,then we need to be clear about that.*

> This intervention linked with a previous speaker and took the attention of the group back to inquiring into nursing through experiences. My aim was to highlight both difference and

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common themes. This raised comments about the listening to the tapes and then the focus returned to clarifying nursing.

GM - It is really hard to hold onto being a nurse when you don't actually nurse patients.

GM - But what you do is about nurses giving care to patients. Without nurse tutors there would not be any nursing.

GM - I agree, I know that the way I teach nurses to cope with some of the difficult issues is directly connected to my experiences as a nurse.

GM - I don't think that any of us really speak for nurses. The only peer groups that can speak about nursing are the teams that are based on the wards.

> This was a provocative statement and prompted a heated debate about how expertise in nursing is transmitted to learners, and how nurses at the bedside feel unable to get their voices heard. Different perspectives were presented. This demonstrated that the group, as a whole, had a wealth of experience and information about 'hands on' nursing. Gradually the energy diminished and a relaxed pause settled on the group.

GM -In this last hour we have been more open as a group. That's good, because I thought when we first got together as a group that we would be looking at a problem. Then we would all have to talk it through and find a solution. Now I have a different focus. Its on our reflections that we talk about, and that feels much better. It makes it much easier to contribute in the group.

> This interpretation of the groups agenda came from a quieter member of the group who had contributed to the last discussion. For me this was double edged, I felt easier because people were more energised and communication flowed more easily across the group, but I had an 'itch' about making it easy to discuss experiences that are already filtered.

> It was not long before tension arose about the focus of our intent. The tension was between tasks that are goal and solution oriented, and those that are more process and interaction oriented with solutions arising out of the process of doing.

GM-That reminds me of some thing I have been writing about in a different context. If you asked people what did Einstein do they would say that he discovered the theory of relativity. How many of you understand what the theory of relativity is?

> Again this intervention came from the member who tends to cut across the group discussion with an idea that does not appear to flow out of the interaction. In keeping with previous interactions of this kind there followed a tangible and tense silence. I decided to wait and see what evolved. I noticed that nobody gave any signals that they were interested, neither did they show resistance. This reminded me of work situations where doctors 'take the floor' and pontificate to junior doctors, completely ignoring other professions and the patient concerned. Whilst I was pre-occupied with my thoughts the speaker continued to explain the laws of relativity. I was struck by a sense of incongruity in this stance. I felt myself resisting and realised that there was something more than incongruence that I was wrestling with. I returned to this dialogue at the end of the 'working phase' and decided to record the actual transcript.. It held a questioning that needed to be revisit later in the research journey. That is why the total 'speech' is recorded here. It will be revisited when I tell my own stories in chapter twelve.

-It's quite interesting in a mechanical order of things A leads to B leads to C but what Einstein suggested was that A can lead to B,C,D,E, or any manner of things. An explosion of ideas and information, and I think to some extend the whole of nursing wants a medical model-problem-solution-solved. It was the way nursing worked for a long time, everything was reducible to the simplest of terms. Where as nursing and nursing models are about caring and it is difficult to define. Then B does not fit into the pattern and there are no easy solutions. Where as when you come into a group, you've a got a problem, and you hope that you can all work on the problem and go home. Because at the end of

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the day, if any one asks you about the processes the group went through, or suggested that there might not be a solution, then it starts getting into this relativity field. What happens then is all these awful ideas explode inside your head, and you try to put them together again. You say "Where do they fit in?" and then you say, "Perhaps I am deviant because I cannot think of a straight forward path in this".

That is where all this is coming to for me. Some of us panic that at the end of an hour we ought to have one of the walls painted. We ought to have a result. What worries us even more is that everyone else ought to have a result. We worry about others not having a result too. We sit in a meeting saying, "I hope they she is getting something out of this." Well I think that is their responsibility to a greater or lesser extent.

> There was a long pause after this monologue and I did not break it. My overriding thought at the time was that this speech was not intended to create a dialogue. It had the tones of authority - something about not needing to discuss but knowing. There was also something else that stopped me responding. If I spoke to someone else then that would be a slight on the person who had spoken, and if I spoke to the person himself then I would be risking another monologue. My sense was that the group did not want to pursue the ideas that were presented. I said nothing and caste my eyes around the group. Someone broke the silence. My analysis of this at the time is different than the way I see it now. I realise now that the anxieties about groups being successful, being 'in charge' and needing to demonstrate clear results, are all part of the struggle that nurses face. There is also the challenge to my need to stay with the chaos and confusion while we work towards a sense of group identity.

> The silence was broken again by one of the 'listening' members,

-I just wonder what other groups of people would be sitting round reflecting like this. I think that it is because we are nurses that we are here now. I can't imagine doctors taking the time to sit around reflecting on their roles as doctors.

> I am now struck by the way in which this member guided the group through some difficult situations. I realise at this point that she has an important role to play in this group-Harmoniser and initiator. Her interaction at this point encouraged others to participate again.

> However in a very short space of time the original speaker again took the dialogue away from sharing experiences, to stating facts this time about 'nurses wanting predictable results when they attend any lectures or did research' . I pondered whether this was a challenge to the research methodology or something that is happening in his own life. I considered inquiring. While I was pondering how I could do this without getting into a confrontation another member took up the challenge.

GM - My experiences don't feel like that (nurses wanting predictability and results). I know what my problem is at work and I know what is causing it. I did not come here to have someone tell me about the solutions, I know what the solution is. It is the telling of it that is important, or not the telling of it, and it is having the time to talk about it. You don't sit down with somebody, a friend, and go through a two hour conversation and want a solution at the end. You just talk. The group to me is talking for the sake of talking and that is helpful. I can find the solutions myself.

> I am aware that this person works with the person he is responding too as one of his team. I realise that some of my reticence to challenging is about opening up issues that will be difficult for others to enter. This kind of censoring exists in work groups where there is a hierarchy. More junior nurses feel unable to 'speak out' in the hospital ward setting just as we are finding it difficult. The consequences of being part of this kind of hierarchy, and sharing the same work setting, is discussed at the end of this research cycle.

> This was a welcome difference and released the tension allowing others to voice their thoughts about what is acceptable to talk about. Group norms and boundaries then take focus.

Group norms and boundaries

GM -I'm picking up on what you just said and I think it is something that I am wanting to say. In a way I think I am waiting for some sort of permission, or the boundaries that one can go to with this discussion. I am still feeling my way for some idea about what sort of discussion it is going to be, and about what. I am not looking for solutions but I am looking for something like permission, freedom, boundaries.

> This 'testing the water' comes from a nurse manager who has been having difficulties in relationship to authority and responsibility.

-Perhaps if we are sharing our reflections we are seeking approval for our own feelings.

> This opened up dialogue about showing feelings and testing boundaries.

> When the energy for discussion slows down I suggested that we move into small groups to share 'critical incidents' in more detail. I suggested that we focus on the techniques of action and reflection and the context in which critical incidents emerge. This is followed by a large group feedback. We again deviated from the process when one member moved from giving feedback to discussing his anxieties about the changes in nursing. In particular the shift from nurses being clear about what they have to achieve in the way of tasks, to now being given responsibility for their practice. The conclusion that this member came to was - -

---So that they now believe that they can do just as they like and are responsible <u>to</u> no one.

> This point of view was presented by the same person who presented the Einstein theory. I was again left wondering where all this conflict and negativity was coming from. This time there was a quick response from several members.

GM -Even if responsibility is devolved people are still accountable aren't they?

---We don't even know what accountable means.

GM -You mean I am not allowed to say that I do?

---No the majority of people do not know what accountability means. Mary Manthey at the sister's conference made it clear to me. She said that authority, accountability, and responsibility are sequential, and you cannot have one without the other.

> This was another statement that did not seem to seek a response. However, previous to this statement, various points of view about the nature and function of accountability in nursing were proffered. Therefore I decided to present my own point of view rather than hold back to avoid leading 'from the front'.

*-I disagree Neil I believe that you can have responsibility without authority. That is what often makes decision making difficult for nurses. It is very difficult to be accountable for the nursing you are responsible for if you have no authority for the decision making necessary to get the work done.*

> After further discussion I asked the group to complete the process we had started.

*Can we carry on around the group so that everyone has a chance to give some feedback?*

> The feedback on the small group work continued. The next dialogue is directed to one of the members in a small group. It refers to why he did not get too involved in discussion.

GM -The particular incident that you described rang a lot of bell for me. I sat there ticking off in my past where I had experienced similar situations. What I was hesitating to do was to say- "Oh yes I had a situation like that", and then take away from the value of your situation.

*So it was important for you to respect that a situation is familiar but unique to the person------ is that about keeping a balance between empathy and respecting the uniqueness of a persons experience as it happened?*

> I join the discussion at this point because I am interested to take this idea of 'owning one's experience' a little further.

GM-Yes I think that it is important not to take a person's critical incident and contaminate it with you [your experiences]. That would be a mistake. You have got to allow the person's incident to stand on it's own. Allow it to keep it's freshness. That is an important reflection I think.

> This was a useful pointer about how to respond to people who are presenting a personal experience that may, or may not, be satisfactory to them. To try to change the framing may not be useful.

GM -I found it interesting that in our group we started as a whole group and then we split into two halves. This gave us opportunities to have very productive conversations about experiences we shared.

GM -I felt that would not have happened in the large group

GM - Yes it broke off into personal agendas. It became two people talking instead of four.

*And dealing with histories rather than what is actually happening- it is about now but also about unfinished business. I think it was very useful because those things need to be sorted out.*

> I was involved in this group and some of the 'unfinished business' was about my role in a change project with one of the small group members. It was important for both of us to review that experience and to acknowledge that the present situation needs to be different.

> This dialogue continued until all had reported back. I then summarised my view of the process and the issues from my position as facilitator.

*-There are two things on my mind that I would like to present to you. One is the issue of power that seems to surface every so often. I do not know if we should focus on power as a concept or as an issue. It seems to me that is going to keep coming up so perhaps we should agree some common language together.*

*There is also some energy for talking about personal issues like - How much do we share the things that we are concerned about? Then I think there is something about critical incidents and how we support each other so that we really do look at what nursing is or isn't.*

*These are my reflections about the issues that we could take forward. Would anyone else like to put some ideas into the middle?*

GM -I think it is going to be very difficult to cope with our feelings when we talk about critical incidents. I think that this is something that we are going to have to negotiate in the group, because recalling critical incidents is likely to cause some emotion, some feelings, and these feelings could be painful. I do think we need to have some agreement about how we work through them.

GM -I don't think I feel uncomfortable about hearing about something that is painful for you. What I am not sure of is what you would want me to do about it

> There followed a discussion about our own feelings and emotions and how we would want these responded to. This was discussed particularly in relationship to power.

GM -I think the other concern is- Do we talk about it in an abstract way as a principle, or are we free to bring in any personal experiences and the conflicts that we are having about it? (power) Can we really feel safe when it could become very 'people' oriented and quite dangerous really?

*-My feelings about that division, is that if we talk about something that is abstract then I think that we should put boundaries around it, define it, and agree to explore it.. If we are talking about power in our own lives,and work, then that is very different. I feel a sense of rejection when I bring a personal experience to someone and they analyse it. It is like having my experiences devalue.*

> This statement comes from me as a member of the group not as a facilitator. It arose out of my own personal feelings of frustration at some of the abstract ideas that cut across discussions personal to me and, I sensed, to others. I am aware now that there is a genderedness about the way I hold back the hard analytical and task orientation, in favour of looseness and exploration of personal experiences.

> This led into a discussion about the need for trust amongst us.

Vulnerability and managing emotions

GM -This should be a trusting group but it doesn't just work like that does it? I am quite concerned about you misconstruing what I say. After all you are my boss.[directed at me] I know we have joked about it before but it is the truth isn't it? The way I am going to find out is whether you do misconstrue what I say. Starting from an optimistic basis that you probably won't.

> This concern is made by a member of the group who works with me. It was an important interaction between us.

*What would you like me to do to re-assure you that I am not misconstruing what you say?*

GM -I don't think you need to do anything. I am going to do what I am going to do and I will learn from what you do because it is in action that trust is developed.

*And I would hope that if you are doubtful about what I mean then you will ask me.*

> This initiated a discussion about trust and about being misinterpreted, misunderstood and taking risks to test trust.

GM -I feel that we do not have to start at base one here, because the characteristic of this group is that we are a group of experienced and successful nurses. I don't feel that I have to be hypersensitive. We have all developed competent ways of coping.

> This was stated by a male member of the group and I watched as some of the women moved forward to engage. I expected gender differences to emerge as concern about showing emotions became the focus and led into disclosing personal feelings. I took this opportunity to test whether a change of pace and focus might be appropriate. Ask the group to consider whether they would find it useful to move the focus towards opening up the personal side of who we are as a way of understanding each other better. I offered to present my personal self to the group through the memories that travel with me. (I had come prepared to present the echoes of interpersonal relationships in my past that still influence and strengthened me as I worked as a nurse.) A few people showed interest but I realise that the timing was not quite right. I let go of the idea for the moment.

> A critical incident was then presented by one member in which she experienced uncontrollable emotion through a self awareness activity.

GM -This experience told me much more about the power of group work and a lot about myself. I did not think I could relive the pain to that degree.

GM -I think for me that confirms what I want to say to you Mark. Even experienced nurses of 30 years can be vulnerable in certain situations. I can't be confident that you won't find my Achilles heel. Particularly if we get into these power discussions.

> This was very interesting because it implied that personal issues of power were emotive. Also that unfinished business from the statement about "all experienced nurse--" had touched a concern about 'showing emotions'.

> There was more discussion and clarification of different concerns and expectations. Finally the initial statement was challenged.

GM - I thought you were saying that as experienced nurses we should be able to handle emotions?

GM - No, what I was saying was 'Stick with it and show that you can stick with it"

> The focus then shifted to a discussion about management and changes in health care. I took part in this interaction and did not pay much attention to the process. I felt relaxed after the issues about emotions had been surfaced and resolved- I thought. Gradually the conversation petered out and their was a prolonged silence.

> Again the quiet member who always seems to be ready to reflect and re-focus commented on the process.

GM - Well since tea time I do not think we have got any further. Before tea we seemed to be getting closer. We were talking about trust within a group and I was about to say what I would find difficulty sharing. Then we went on to something else. Now I do not want to share it any more, I have just lost track.

*Is there anything we could do to bring it back?*

GM - No, I am not sure what we are going on to now.

> Murmuring of agreement.

GM -May be we just need to fire it up again?

GM -I think it is really a physical problem. Four hours is a long time and the climate does not help concentration. I cannot concentrate for more than a couple of hours. I think we should pack up. There isn't any energy to keep it going.

> This bid for closure came from the person who has challenged my leadership, I thought, on several occasions. I therefore decided to respond assertively.

*About half an hour ago I asked you if you would like me to present something about my own personal history and the people who have influenced me at different times in my life. I would be willing to share it with you now if it is this a good time.*

> "Most of the group showed interes and the energy began to flow again. However, I was aware that there was still unfinished business.

GM - Before we move on I wanted to check something out. What I said about people crying seemed to stun people a bit.

> This was an important intervention as it was one of the men in the group checking whether the way they presented their ideas had affected the some of the women adversely.

-No that did not worry me, I would not worry about crying because I would think the group would support me if I did.

> Others contribute to this and there are some veiled comments from the women about being seen as emotional. This led into a feedback session about why the focus moved away from personal issues, to management and organisational issues. Group members offered their perceptions and ideas about why this had occurred. My personal belief was that these personal issues connected with the issues about change and the difficulties for nurse managers to cope with the conflicts. However I did not pursue it from this frame. There was another analysis from one of the members that was appropriately timed.

GM -The conversation went into management issues and removed us from the process by focusing on issues outside of the group. The conversation before that was about "How do we handle ourselves if things get too personal? It is interesting that now we are again talking about, "How does the group learn about handling things?" people are more interested in what is going on.

*-So are you saying that we need to monitor this occurring more carefully so that people are not excluded and the real issues avoided.*

GM - There is trouble with monitoring things. As a facilitator you can be too much in control. If the group takes something in a certain direction it has gone there for some reason. To stop it might inhibit something that is happening in the group. I think it went in that direction because people were feeling uncomfortable. Julie brought it back and now it is OK to re-look at it

> This opened up a very active discussion about nurses not being able to show their feelings and therefore not being authentic. This then leads to angry and guilty feelings about the situation that evolves.

GM -It is not so much the expressing or not expressing anger, it is more about handling your feelings afterwards.

GM -As a child I was very frightened about how anger affected my behaviour and how dangerous it was. I tried to control it by being withdrawn and calm. Now I try to be more real.

GM-Genuine anger is not the same as managers portraying anger to manipulate others to do things.

GM -When I control my anger it is often because it is not acceptable to others. That leaves me feeling very uncomfortable because I have not been true to myself.

> Discussions about anger led on to concerns about conflict. I let this interaction find it's own path and joined in.

GM -I have used the word conflict a lot in the past and people have found it a very aggressive word. To me it means a challenge, its a part of life, but for a lot of people conflict is very heavily negative and aggressive.

GM -It's a bit like the word 'power'. It can be something that you shy away from and yet it can be something like conflict. It depends on the situation.

GM -A few years ago I would have backed down from any conflict for fear of upsetting other people or being upset. Over the years I have come to see that conflict is necessary to get to bottom of things, it's a process that you have to go through. I have found that people who do not view conflict as being both positive and negative, view it with trepidation.

GM -It is certainly a situation that you do not want to remain in. If you find yourself in conflict you want to work to get out of it

*For me conflict occurs as a natural process. It is a part of getting to know people and forming relationships. It is also about people having a different perception about a particular reality and needing to sort out the differences and similarities .*

GM -Yes, that is important, conflict needs to be worked through doesn't it? It can be very helpful if it is worked through.

Personal life stories

> There is a natural pause and agreement that a 'change of pace' is needed and I present my personal history. My aim in doing this was to open up the possibility of an 'inward search' about who we are and to take some risks as a way of opening up new pathways to research.

> This presentation was about my life history and the people I 'carry' with me. The material was presented on overhead transparencies allowing for both focus and discussion. Three frames were presented and included voices from my personal past, voices from my working past and the principles that guide my actions. I used each frame to explain how these voices and the principles influenced my developing life. There were some questions as I presented but the main discussion occurred after my presentation.

GM - I found that very helpful because you tested the honesty about your vision. There were some things that I immediately resonated with, and there were a few things that I would immediately get into conflict with you about. I imagine that would be true of any group.

> This was a subtle change in contribution- this was from the person who, up until now, had challenged ideas that were of the feeling, experiential and intuitive kind. This was a very 'straight' statement and I wondered - Why the change? I consciously put the dilemma aside to think about later. Others contributed to the discussion.

GM -I am interested that you remember statements or quotes. I spent a lot of time thinking,, Now is that what I remember? -- If I was to map the critical people in my life it would have to be incidents, or my explanation of situations.

> This was important as it punctuated the nature of our personal selves. How we develop a sense of being in the world and a way of managing diversity and everyday situations.

A discussion followed about the usefulness of sharing our personal selves through our own stories and the meaning we make of them. There was a willingness to continue this activity in the next group, with several members offering to take a lead. Expressing individual lives seemed to hit an accord and provided a pathway for sharing self without becoming uncontrollably vulnerable.

Conclusion

The day finished with each member giving a short feedback and a commitment to bring a some reflections from work to the next group and to consider presenting their own 'personal journey'.. We discussed how to manage the data on tape. It was agreed that each person was to have the information as a basis for thinking about their own research activity. We also discussed whether I should try and make sense of each tape and send out a summary. The conclusion was that this might be misleading. I then offered to make a copy of each tape for each member of the group. Everyone agreed to this and I affirmed that the agreement was for all members, whether they had attended the group or not. [At this meeting all the members were present] This was a promise that I found extremely hard to keep. I did not realise copying twelve tapes took so long, or how difficult it was getting the tapes to people in a timely way.

Interpretations And Reflections

The group development

In reviewing the group development I used the process observation guide (Research Preparation fig 1) as a tool. I notice that my interventions were fairly evenly devoted to getting the task accomplished and encouraging interactions, possibly more towards interactions. I noticed also that my interventions of a directive kind were tentative and over ruled twice in favour of returning to issues about whether showing emotions was an acceptable. I noticed some restlessness in people as one member held a central position for some considerable time. I did not comment about this because I did not feel it was timely to do so. One member of the group did and said, " ---- why do you stretch every idea to it's absolute limit" The reply was, "What do you mean?" There followed silence and a change of topic. This was a well aimed probe and no one in the group sought to pursue the intervention.

Group members were very open about checking out the norms of the group and how much they could trust each other. I believe that much of the process work needed to allow tasks to be addressed was accomplished during this working phase. During the final round of feedback group members demonstrated an eagerness to make a commitment to action and reflection in the work place in preparation for the next session.

The research process

This stage of the research cycle produced a sense of focus for encountering the work context., As a consequence Ideas about nursing, and being a nurse, were tested out. We gained an insight into the quality of knowing that was required to effectively pay attention to both internal dialogue and interpersonal activities. Several group members presented ideas that they wanted to test out. However, much of the focus for risk taking was about encountering each other and what that meant for the world of work. The effect of this encountering seemed to be that group members felt more positive about using the skills of action and reflection and bringing back their observations to the group. Personal life stories seemed to connect with an important part of being a nurse and the use of self as a tool for working with people. The importance of being self-aware became central to noticing the interplay of ones own actions and feelings and those of others.

From my own reflections and the recorded data the following tentative propositions have been extracted. They relate to both the research intent and the methods used They are as follows:

- nursing is a set of recognisable skills;

- research is more about reflection and action than instant solutions;

- personal critical incidents should be recognised as unique in the telling;

- it is important to be authentic, allowing feelings to match actions;

- identifying the issue of power and authority in nursing is complex.

During the session there were several challenges from more than one member of the group.. These challenges included the purpose of the research and a bid to move away from nursing to 'the organisation'. The purpose was re-affirmed and no one in the group took up the challenge to change the focus. However I did not directly put the choice forward. I paid attention to issues that had a sense of genderedness. These issues were about being vulnerable, expressing emotion, allowing the dialogue to flow with out achieving a tangible goal, valuing personal experience as unique and valuing the interaction for its own sake. Group members demonstrated more confidence in reflecting in the group and inquiring of others. As this occurred issues were pursued and themes emerged. At the end of this phase each member made a commitment to identifying their 'encounter' within the world of practice.

The interpersonal skills and research tools were discussed and practised and I addressed the need for personal reflection by presenting my 'personal journey'. This engaged the group and encouraged a sense of mutual understanding. We agreed that understanding the personal self was important to understanding and developing the professional self.

Validity Criteria

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

I did not surface any issues of validity directly although I did take notice of incidents that might inform the validity criteria. My analysis is as follows:

*Collusion:-* There was no evidence that patterns of interaction were emerging that gave strength to any one persons preferred ideas, or that small groups were emerging with particular agendas. Members of the group, who worked with each other, mentioned their connections and stated their awareness that this might be a problem. It could be that the 'silences' around one members contributions might have been collusion. I am inclined to see this as either 'out of context', that is, referring or focusing on something that is somehow the 'property' of the individual who is presenting it and not for discussion, or somehow incongruent with the focus of the interaction that is occurring. At this point it is necessary to hold my analysis to one side and wait for events to unfold.

*Unaware projections* For some member of the group, including myself, there was unfinished business from past experiences. The small groups were useful in providing a means to sort these through (there were comment about the usefulness of this). I was also aware, as I am sure others were, that conflicts and difficulties were part of the lives of individuals and sometimes nfluenced perspective and intensity.

*Authenticity* There was some discussion about being authentic in the work place, and how one knew when this was not happening. The question of being able to express feelings, and the acceptability of this to the group, was explored. There was also some discussion about interpretations of feelings and the responses people wanted from others.

*Coherence in action* I was acutely aware that the way I worked in the group mirrored my interventions in my own workplace aimed at encouraging a learning culture. The way I set up the group and managed the phases of group development was about fostering risk taking and personal confidence. I was aware of the different feelings and thoughts that ran through me during the group sessions. However, I did not necessarily allow myself to speak or act on all that I experienced. I did make an effort to consider what was appropriate to the mood. the focus of attention, and the stage of group growth. When I <u>planned</u> to interact I was clear that the perspective I was taking was congruent wiith my thoughts and feelings. I do not know whether this was how others perceived my interactions <u>and</u> I did not always plan the actions I took.

<div align="center">My personal responses and actions.</div>

I found this phase of the research cycle rewarding. I was very relieved that issues of group process, and group norms, were discussed and tentative solutions found. At times I 'pushed' decision making around the ground rules, the use of the research tools, and the management of the group session. I worked to establish interactions that did not focus on me as leader. This is because I believe that if a group manages to get through the working stage with energy for action, then I as a facilitator can be more active as a participant.

There were some issues about power, gendered roles, unclear agendas, and unspoken conflict that caught my attention. However maintaining divergence rather than seeking convergence, seemed to be the best strategy at that time. There was also a sense of struggle over the direction and the journey and lack of openness about the 'baggage' that all of us carried. Although some of this was unspoken shared knowledge. This I realise is also a part of the lives of nurses and mirrors my experience of working in the clinical setting.

I decided to bring to the next group session my actions and reflections about situations at work where power, unclear agendas and conflict were present. Although I view conflict as a natural process in developing working relationships, I also know that where power is used for personal gain it is important to manage conflict in a way that encourages co-operation. This I have experienced, and wrestled with, in the context of work.

This working phase prepared us for using the research tools of action and reflection in the workplace. It also prepared us for the knowledge seeking phase where identifying, how we know what we know <u>and</u> how new knowledge can be generated through personal experiences.

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