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Chapter Eight

Introduction

During this first cycle of research I transcribed the audio tapes, paying attention to my own role, and my own sense making at the time. I also established a pattern of writing summaries of decisions made at the end of each session, and sending these summaries to group members. My purpose was twofold, to provide a record for myself, and to encourage connections between one group session and the next. Before beginning this meaning making phase of the group, and sense making communicating stage of the research, I decided how I would approach the challenge of reaching consensus about the issues, and surfacing any unresolved conflicts. I also considered how I would facilitate the preparation for a further research cycle. I was aware that some members of the group were unable to be part of a further research cycle, however, I felt it was important to make these decisions openly with as many people present as possible.

I have a strong commitment to taking care of ‘beginnings and endings’, and I recognise this quality as both a strength and weakness. I know that sometimes it is easier for people to, ‘just drift away’ at the end of a joint activity. However, I work hard to ensure that separations are consciously taken, and any unfinished business resolved, as far as is possible. With some clarity about purpose, I decided to begin the first session by encouraging a review of our achievements, both individual and group, and to identify and agree the issues and themes. I knew that asking direct question of group members tends to elicit minimal responses, therefore I needed to generate a dialogue to explore way we worked together. The actual process that emerged during this phase, was not as I expected, as a consequence managing the transition between one group ending, and the new group forming, was very difficult.

I realised that I, as well as others, had unfinished business. For me this was not fully resolved until I revisit this first cycle of research and gained another point of view. This stage of the group cycle became thoroughly enmeshed in the group process, therefore I have decided to present each group session separately. This will provide some clarity about how the themes and issues emerged, how we managed the challenge to the methodology, and how we agreed the purpose of the second research cycle.

The Meaning Making Phase

This stage of the research cycle took three sessions, and was spread over two months. In terms of group process, it provided the catalyst for all the loosely held ideas, experiences, understandings and discomforts, to come to the surface and seek resolution. In this phase of the group work I have decided to present each group session separately. This is because each session held a particular focus and although the ultimate purpose was to complete the cycle of research and close the first group, the challenges facing each group were different.

The first group session focused on the agreed purpose of, sharing the meaning we made of our experiences, and

communicating this sense making to each other. The intention of the second group session was to continue the process of agreeing issues and themes, and then decide the development of the second research cycle. However, instead of moving smoothly from one session to the next, conflict emerged about the methodology and the identity of nursing. This conflict needed to be confronted and resolved, before any decisions about future possibilities could be taken. The final session moved back to the original purpose, focusing on the issues contained in the conflict, and the membership and development of the second research cycle.

The first group session

Seven members of the group attended this session, and we began by reviewing the themes and issues that were summarised at the end of the 'Knowledge Seeking Phase'. These were:

- Anxiety that arose out of using the research methodology
- Personal lives and feeling interpersonally competent
- The genderedness of power relationships
- Coherence and authenticity as measures of validity

This review acted as a focal point for discussing the issues that were 'alive' for group members. From this debate two key concerns were identified:

- our ability to support and inquire of each other within the context of the group;
- our ability to discuss and improve our use of action and reflection in the workplace.

These concerns were then expanded in terms of the issues that they contained, using personal experience as the data. We then agreed that the issues that either enhanced or hindered were:

- Group acceptance and affirmation
- Personal and professional experiences
- Uncertainty and impossible tasks
- Not being heard
- Power and powerlessness
- Role conflict and confusion

To provide some substance to this process of identifying issues, I will present extracts from the dialogue using

the above headings. At the end of this process I will record the agreed themes.

DIALOGUE

I will use the same criteria for identifying *[my voice]* [my comments], and the voices of other members of the group, as in the previous chapters.

Group acceptance and affirmation

I opened up the dialogue by suggesting that we focus first on being part of a support group, where the intention was to learn together, and become more confident and able at work. I invited people to express what ever came to mind.

GM - I found it difficult to contribute at the beginning of the group, I think I needed to know more about what to expect. What I will have to do?

GM - I have emotional reactions that I have no hope of predicting or controlling so I needed to know that the group was willing to accept this before I could risk it.

Did you get that clear as the group progressed.

GM - It was quite complicated really, I knew that emotions were accepted quite early on but it depended who was present whether I let people know how I was feeling.

I did not pursue this point because this is not unusual in beginning groups. and I wanted to get others points of view. I also thought that we could easily slip into the group support mode and it was important to me that we focus on evaluation,

GM - I did not have as much group experience as others but I found that I did share some of the feelings and experiences that were expressed, although I did not always say so. It is much easier to talk about it now. Now I feel I could really get down to business.

GM - It has been difficult for me too, I need time. A lot of things we discussed I felt I shared-I would like to be able to talk about myself more. I feel that it is really good that this is going on. I am very positive about going on now.

This affirmed my own thinking that we have really only reached first base, it is from this point on that the potential for a deeper understanding of each other will emerge.

GM - There are many things we do not know about each other, but we cannot know everything about each other unless we chose to disclose it.

GM - Yes, I felt quite neutral to begin with, as I understood more about what we were doing so I felt much closer. I still feel that people who knew each other before the group are much closer and got more out of it.

This is a question that I have had about support groups- 'Are they best developed within a work context or where all are newcomers?' or 'Should there be a nucleus of people who have group skills and can guide the process so that the facilitator is not so separate from the other members?'

GM - The most important thing for me is how different we all are.

This remark leads to a conversation about the need to have difference especially with regard to work context and personal experiences.

GM - Sometimes I want to ask or contribute, but often I didn't because it might not have been appropriate

GM - I am still anxious about confrontation, although I know that resolution of conflict can bring closeness. But sometimes it doesn't, it, just feels unresolved and hurtful.

[This echoes for me the unresolved conflict that I have felt bubbling up at times and that I know I need to surface before the group ends]

[When I asked the speaker what happened for her that was difficult. She refers back to time where she talked about her work situation and how difficult this was to revisit and talk about. she concludes with---]

GM - this is something new for me, now I will feel more comfortable if a similar situation occurred

GM - yes but you have got to accept that people may feel uncomfortable with revisiting and re-interpreting events especially if there has been unresolved conflict.

GM - It is the feedback that helped me to understand about the way I coped, or didn't cope, with the things that are happening at work.

There is affirmation that sharing ideas and experiences together is very important, even if we cannot explain in terms of actual things we have done.

GM - Being together is really important and although I tried to attend all the groups, I still missed one session. Other duties do encroach on personal needs.

There were other comments that referred to the group as being something that was personal and met the individual's needs.

GM - Sharing is the most useful part for me, even when I said nothing I was still sharing experiences.

The value of the group was expressed in very positive terms. The membership of the group was

questioned, and the position such a group has, with reference to competing demands on the individual's time. The management of conflict in the work place was also an issue that was not necessarily addressed. However, the support in the group did allow people to surface painful issues, and feel that they had resolved them, Sometimes finding better ways to cope.

Personal and professional experiences

The focus on personal experience began with the following comment

GM - I was really amazed the other day when I read in one of the nursing journals that 'nursing is about the use of self as a tool', and I thought thank goodness someone has come out and said what nursing is really about.

This comment sparked a discussion about what this implied in the statement 'use of self as a tool' the need for good interpersonal skills. Our understanding as nurses about patients needs are seen as key to this. It also brought up issues of power between nurses and patients, and being able to develop an equality of relationship with patients and colleagues. This moved again into the differences in the way nurses manage relationships at work, intimacy was inferred but not discussed.

GM - If we are going to use ourselves in relationship then it is personal as well as professional, how do we keep the boundaries and act professionally?

The validity of seeing things differently was discussed and the notion that parts of what we do are particular to that situation and private.

GM----some things cannot be discussed with people who work differently, like doctors and managers.

GM - I am employed as a nurse manager but when I work with bereaved relatives or distressed members of staff, I would not discuss it with others, it is confidential.

GM - Would you discuss it with us?

GM - Yes, now I would, unless I was breaking someone else's confidence. If people 'bare their soul' to you, you don't want to tell someone else. I might talk about my own feelings and the way I coped though.

[There followed a discussion about needing to inform others when it is in the interest of the person who is distressed and, who would need to know. This led into 'having a voice' and risking 'speaking out.']

Not being heard

GM - the question is what do we, or don't we, reveal? Is this culturally bound, these feelings of taboo in nursing?

There is something there for me about not having the language to explain the process of caring. I think it is related to gender and women's work not being valued.

The focus then moves to considering what we brought to this group to discuss.

GM I had to test out first what was OK to talk about

GM - I remember Neil saying that he could not talk about work based incidents because they were mostly with people higher up the hierarchy than us

GM - That means that the hierarchy in nursing stops us being open about what is happening at work.

The idea that the hierarchy might silence the voices of nursing is explored.

GM - There are some people in the hierarchy that I would talk to quite openly.

GM - I would not go to my boss, I find her very authoritarian. I would go to other people at the same level.

So is it about position, personality, or about having the time to really know people?

GM - I think it is a bit of each, but it hinges on people being able to understand from another point of view, and 'Hearing it as it is', without judging.

GM - It really is important this thing about being able to use ourselves, because if we cannot think and act this way, how can we support our staff in developing these skills?

GM - Bosses don't reveal themselves, it is seen as a weakness by other people like doctors- once you have, it is easier.

This led to considering an environment that--'allows real dialogue to develop.'

GM - Creating an environment also means having space and time.

GM - Being busy does not necessarily keep people away. Sometimes the busiest people make time for the unexpected

Time does have an influence in the depth of our relationships, boundaries must be open but that requires time and energy to create and maintain.

Uncertainty and impossible tasks

GM - I feel very anxious when I am in situations where I am not sure that things are going to turn out right. I feel it is good when they do, but there is anxiety and apprehension until it works through.

This comment is followed by a very active discussion about anxiety provoking situations and each speaker presents a scenario from past experiences

GM - It is very confusing the way nursing is changing, education, management, the health service, but when you think about nursing we have always had to adjust to other people's ideas. I suppose that is why we try and concentrate on nursing care rather than organisations.

GM - It is the case that the structures are becoming more rigid in education and more dependent on ticking boxes in the clinical areas. I think both these changes work against innovation.

GM - I think it is something to do with energy gaps, we need energy gaps to face particular issues. Picking it up and following through is not easy, there is too much routine to be taken care of.

This last comment was in relationship to finding the energy for noticing opportunities and following them through. A profound statement followed.

GM - Nursing is about uncertainty not rediscovery metamorphosis, inside there is something waiting to unfold, there is an energy for this, we can unleash it if we put our energies together. Nursing is ready and we need to be ready ourselves because we represent much that is nursing.

GM - Thinking about the future and where we are going, and what we are valuing, makes the past seem bad. I think we should value the past.

GM - The goal posts keep changing and we need a different set of skills and knowledge, it is impossible to know the future - we have to prioritise and sometimes we get it wrong

GM - I think we just need to keep everyone going in the same direction, and when the goal posts move, everyone moves together.

We collapse in laughter and this brakes the urgency and emerging feelings of powerlessness. I made a comment and suggested that we focus on power and powerlessness as an issue.

Power and powerlessness

GM - I think real power is about leadership and I like to think real leadership applauds others skills and seeks out others that can contribute in a different ways. Encourages innovativeness and creativity-

GM - How do you encourage innovativeness and creativity when there are very rigid rules?

GM - The Department of Health Care Studies gives room to be creative with in the teaching modules, but relies on a leader who can play the rules and tolerate uncertainty. This can be very difficult if you believe that a manager needs to know everything that is going on.

GM - Power is an issue for me because I get caught believing that some power is good and some is bad -we don't use our power well, we often reject it, and that means rejecting independence.

GM - That means that power supports autonomy versus dependence?

GM - There is something about power being good or bad, and I am thinking that it is about gender because nurses often get accused of manipulating or coercing patients

GM - That's because people outside the situation do not know what is really happening, sometimes we have to use our powers of persuasion to get people to do things that might be very uncomfortable and frightening.

GM - Perhaps we do have to pay attention to how we do that, there is something about including the patient in the decisions and shifting power to the person who is affected the most.

GM - That can be about how we manage our teams and people who are responsible to us.

GM - It is not so easy with colleagues because we rarely have control of the situation.

Don't we? I think we have more control over the situation than we acknowledge, other disciplines rely on us to get the work done.

Role conflict and confusion

GM I do not think the changes in professional nursing have ever been accepted, people still value tasks more than the way care is given.

GM. I agree, nursing is therapeutic, not just mechanistic tasks.

These comments start a discussion about the conflicting role demands that are made on nurses from the profession, from the general public and from the work context.

GM - As ward sisters, we are involved in contracting where the viability of the nursing care is at stake and we are politically bombarded with a different culture. I was trained for nursing, and most nurses do want to be involved in decision that affect nursing, but sometimes it is difficult to see the connection.

GM - It [political demands] undervalues what nursing is all about, and it also undermines good quality care.

GM - Nursing has gone through a culture change, and we have affirmed a more scientific way of presenting nursing. We have made clear the dependency levels and the staffing needs to give quality care, but this has not been affirmed by others. They are still seeing the tasks to be done and they don't want to hear about any obstacles.

GM - Nurses have always managed, but now we are being asked to compromise our values. Gm - Nurses are given extended roles but other professions do not get the information- doctors are still seen by the public as being the centre of all health care.

We return once again to the relationship between nurse and doctors and the way nurses fill the gap when

new work is created by doctors, administrators, and other health workers.

Searching for themes and patterns

At the end of the group session we pulled together the issues and considered whether themes had emerged across the issues. We used a round of statements to do this.

GM - Some of what we have talked about is similar to conversations at work, emotions and power and conflict. I have thought a lot about what nursing really is, and the power that nurses have. How they use it, or do not use it, is really important to our future.

GM - Working together is important -looking at choices and getting feedback-setting time limits and being sure that people have time to open up and develop and gain closure.

GM - The question sometimes is about what to target, goals, work situations, personal experiences, or just managing to cope with everyday crises.

GM - There is a connection between our personal and our professional lives critical incidents at work are separate from our personal life, but personal attributes are not separate from how we manage those incidents.

GM - Conflict about our own expectations and those of others finding the power in our own role and the weakness we feel about challenging others are the issues that are important to me.

GM - Making sense of changes that are ongoing and valuing the past and the future are very difficult to balance. I feel very responsible when I see young inexperienced nurses overwhelmed by the speed of change and the insecurity.

Agreeing a way Forward

From this set of statements we agreed what we thought were the themes and we then discussed the way forward. The process of defining and identifying themes from issues was very muddled and I considered that it was not important at this point. What was important was a consensus of opinion that would hold for the present, and could be revisited in the future. I offered to send a copy of the results of our work together, a copy of the research methodology and the validity measures, and a note asking for ideas or comments before the next meeting. The themes that we agreed were:

- The tension between our professional and personal selves.
- The way in which we do or don't express our needs as nurses and people.
- The characteristics of nursing that are shared across the different fields of nursing.
- The organisational and political issues that affect nursing and influence practice.

- Ways we have learnt and need to learn about working together as peers.

At the end of this group session I sent each member a copy of the agreed themes and the issues that were associated with each theme. I also enclosed a summary of the research methodologies [Rowan and Reason] and the validity criteria [Heron] discussed at the beginning of the first cycle of research.

(At this point it is important to add, that my analysis of the issues and themes changed as I moved through the second research cycle, and as I became engaged in writing the research text.)

However, while working as a group member, and focusing on the completion of the first research cycle, my attention was on listening to my peers and responding to their sense making, as well as my own. It was clear to me as we reflected on the group process and the research activity, that this sense making phase was also about disengaging. As group members review their experiences and made decisions about their careers I felt a sense of closure. The question of moving on to a second cycle of research encouraged a much more critical approach to the work we had achieved, and time was spent on the issues and themes that had emerged and had influenced personal practice. This concentrated work helped choices to be made and provided the clarity needed to plan the next research cycle.

The Second Group Session

The recurring conflicts presented in the first part of this chapter, came to fruition as we revisited the research purpose and methodology. This challenged the groups viability, and through conflict and declared differences, brought about an overt commitment by some members to the second cycle of research, and allowed others to leave. The process of resolving differences set the purpose for the second cycle, and affirmed a more practise centred approach to action, reflection, and inquiry. I took a strong lead in managing the transition between the two cycles of research, ensuring that the issues that emerged during the process, were resolved and that people worked together to reach agreement.

I came to this phase of the group process, knowing that I needed to address any unresolved conflict. I suspected that any conflict may not be entirely centred in the group, but part of other situations and relationships in the past. I took some time to reflect on the patterns and themes that I had observed, in order to predict the possible unfolding of group process. I decided to focus on being authentic, honest and straight, and work with whatever emerged. I also decided that although I had taken a facilitator role throughout the research cycle, I shared with my peers the sense making process, and the planning for the next cycle .

This second session, although well planned in terms of preparation for consensus and closure, provided the focus for the conflict to erupt. This conflict placed me in a position where I had to take a strong leadership role in order to manage the attack by one member on the methodology, and the rationale for peer group support and appraisal. This attack felt very personal, and from this perspective I felt undermined. However, because the attack was on the research methodology, and in particular the relationship between the research tools and nursing, I also felt that the contributions of others were being de-valued. In this I felt very angry and my tolerance to difference plummeted, ironically, this gave me the energy to take control and manage the conflict..

I have revisited this experience with my colleagues, and although we see the process and the key issues in a similar way, we all have our own analyses of it. My understanding now is that each of us who participated in that

second session processed the event from a personal point of view, and came out a little wiser.

Managing conflict and all that it might mean

This second session began with a review the research methodology, and the validity criteria, and to stimulate discussion and focus attention I prepared two overhead slides outlining the key points . The first focused on 'the early stages of a co-operative inquiry', requiring participants to discuss and agree what ideas and theories they bring to the inquiry, and what kind of research action they wish to undertake to explore these ideas.(Reason 1981) The second referred to validity:

“A major validity requirement for this type of research is that participants be committed to the ideas which they then explore as a whole person, in practice or experience, becoming deeply involved in that experience at the same time paying attention to what is happening, and how the original idea or theory enhances and informs the experience, or alternatively distorts or omits important aspects of the experience.”(Heron 1988)

I invited comment and the dialogue began with Neil challenging the research methods. He used rather a scoffing tone and talked as if he had not been part of the first two groups where the methodology and research tools were thoroughly discussed and compared to the 'nursing process'. I found it very difficult to bring other members of the group into the discussion and found myself defending the use of the research methods and tools.

I avoided challenging him about being part of the original agreement and that being part of the research was to work within the methodology. Intuitively I felt to confront this issue 'head on' would be to miss something. I was conscious of entering into a prolonged dialogue but found it difficult to include others in what was essentially a challenge addressed at me. However as I reflected in action I was able to focus on another 'truth', that I was the focus only as facilitator and leader for the research cycle, not as co-subject.

This idea enabled me to centre myself and pay more attention to the non-verbal communications of other members of the group. I then felt able to draw back from the interaction, allowing others to take the lead. The pattern then changed and each member of the group took a lead role, giving their particular point of view about the use of the research tools and the methodology. Each tried to explain it in terms of nursing and their own experiences. The dialogue continued to take place almost entirely between Neil and one other person, and each person struggled to find a way through the conflict to common ground.

I found it impossible to shift the focus to the task of seeking agreement about the issues and themes, and planning for the next cycle of research. On the one hand I felt that Neil had 'high jacked' the meeting, and on the other hand I was fascinated by the lengths we were all prepared to go to achieve some mutual ground. I allowed the dialogue to continue with Neil as the focus for some time, and then I decided to confront the purpose of the session overtly. I mention time, and purpose, and asked for agreement about the task for the meeting, given the short time left. I did not choose to reflect on the process because others were probing process issues. My intervention came from the position that the dialogue was avoiding commitment to the next cycle.

I waited for the tension to reduce and then I restated the agreed tasks, and asked each member whether they wished to return to this agenda or decide otherwise. Each gave their point of view about the issues that had been raised on the papers I had sent them. They also stated their position about a commitment to the second research

cycle. I ended the session by paraphrasing each person's response to my question, and made it clear that I did not want to encourage anyone to be part of the next research cycle unless they felt able to fully participate in the methods.

Neil stated that the methodology was flawed and far too complex and academic, and that action and reflection and keeping reflective diaries should not be a part of nursing. This completely silenced the rest of the group, and I refrained from getting into further arguments by re-iterating that a willingness to work with the methodology was a criteria for group membership. He affirmed that unless the whole group discussed it, and examined its credibility, he could not be part of a further research cycle. This heated discussion took up some considerable time and we were unable to talk through the issues, or the way in which we wanted to conduct the next research cycle. We agreed to meet again to plan for the second research cycle and I agreed to write to everyone with a further summary and a meeting date.

At the end of this meeting I was exhausted. I had insisted on a clear statement from Neil, because I believed I would lose other members of the group if this 'bubbling' conflict was not resolved. Working through this conflict had raised issues of validity and authenticity for me, and left me with work to do before the next meeting. I was aware that conflict that continually 'bubbles', and is so obviously ignore, has aspects to it that are not readily apparent within the presenting context. I realised that this would take time to resolve, and I needed to get some distance before I could hope to be rational about it.

I decided to leave the question about:- “Who owned the conflict?” and “Where did it belong?” to a later date. I realised I needed all my energy and clarity of thinking to cope with the immediate issues of closing the first cycle of research and agreeing a plan for the second. I began this process by contacting all the group members to ascertain their commitment to the next research cycle. Once this was achieved I wrote to all group members who had given a commitment to the next research cycle as follows:

I am writing once more because I have contacted Jo, Geoff and Ann and now need to give you some feedback.

Jo is not sure whether she can commit herself to the next cycle as she is immersed in her own PhD and not sure of her availability. Ann is not able to attend on the 6th as she is working a late shift and Geoff is not able to manage the commitment but would like to remain in touch and contribute at some time during the cycle (us to arrange).

As I mentioned in the last letter I have received a letter from Neil withdrawing from the group, what I did not mention was that I had sent a letter to him and that our letters passed in the post . Since then I have received another letter from him and I now enclose all three of these letters because there are comments that do not just relate to the kind of research we are developing and my style of facilitation. The group process and the thoughts and feelings of the members are also an issue for him.

I would like your ideas about whether the issues that Neil raises and the comments made are your concerns also and need some 'air space' at the next group. I am very willing to discuss what ever you feel is needed but I am equally willing to focus on the next cycle and the ways in which we will work together to achieve all our goals.

The responses I had from this letter encouraged me to plan the final group session with the aim of achieving the following tasks:

- *decide whether we wished to respond to Neil's challenging letter as a group;*
- *clarify the issues and themes that had emerged out of the research;*
- *agree the group process and research focus for the second research cycle.*

In preparing for this final group session I revisited the themes and issues that had been agreed at various points during the research process so far, and I planned my own research focus for the second research cycle.

The Final Group Session

This session began with a commitment from all the members present to resolve the conflict that centred on the research methodology and the management of group process. I stated the concern and confusion I personally experienced when I reflected on the way the conflict had emerged and gained focus. I also made clear my intentions of revisiting my understandings of the conflict as part of my own research. I then invited each person to express their own feelings or thoughts about the conflict as a way of beginning the process of resolution. This led quite smoothly into a dialogue about the ways in which the issues raised by Neil might be satisfied. Decisions emerged as a consequence of this discussion are contained within the following dialogue.

(As in previous dialogue my voice is in *[italics]*, group members [GM] in [body text])

Dialogue

GM - That is typically Neil when we really need to expose our vulnerabilities and support each other Neil is not there. I do not want to keep going over intellectual ideas I want to be able to find real solutions to the difficulties I am facing.

GM - I am quite certain that if we continued going backwards like the last meeting, then I would not want to be part of it.

GM - I think that we need to agree what we are going to do and then get on with the research, I do not want to spend time on it. Neil was never really committed he has always made an intellectual exercise of the issues that we discussed.

GM - I think it is hard for some people to say that they are not really able to take part, for what ever reason. Especially if you are in a position where you believe that you should be the authority

GM - What I would like to say is that Neil has always challenged your leadership and this is just something that was waiting to happen.

GM - I feel very uncomfortable about it all because I admire Neil, he has always been very supportive to me. But

I can see that he has not really committed himself to this group he was always pushing in another direction.

GM - I must say that often I would think 'for goodness sake Neil shut up and let some one else say something' now I wish that we could find a way of keeping him in the group, it seems a bit like we haven't tried hard enough.

GM - I can agree with some of what you have said, but I think that if we keep on agonising over what we might have done we are guilty of not getting on with the real work, of being part of this as a research group that perhaps makes us vulnerable too.

GM - Well I think that now that the conflict has come to a head I will find it easier to be vulnerable and bring some of the real issues that are troubling me to the group.

So what will help us take the next step and finalise the first cycle and begin the next.

GM - We could just get on with it and accept that some people leave a group with difficulty,

You mean not respond to Neil's last letter

GM - Well you could respond from your own point of view

I would prefer to do it in an open way with some agreement within the group about what would be most helpful

Gm - Your could just say that we are moving on to the next cycle and sorry he has decided to not be part of it

GM - I think you should say more than that because he has really challenged you.

What if I responded to his challenges about the methodology, the purpose of the research and the validity of using our own practise in whatever setting that might be.

GM - That would be a good idea and then we would be clear about what we are going to do in the next cycles

This discussion was difficult for all of us and I could sense that some people would have preferred not have taken part. I could understand this, and at times I was tempted to take full responsibility, however I held on to the core belief that as the conflict had arisen within the group, it belonged to us all. I believed that to resolve it as a group was something we needed to do in order to move forward and cope with conflict in the future. However having agreed the intervention needed to resolve the conflict with Neil, we then proceeded to discuss some of the issues he had raised. The discussion flowed over the three issues of: managing the group sessions; the role of facilitator; and Co-operative Inquiry as a methodology. I will now briefly present the discussions we had and the decisions we made.

In discussing the way inquiry had already developed as an important aspect of our work together, it became clear that the process of reflection and action was a key part to the inquiry process. This being so, we decided that a Co-operative Inquiry methodology was compatible with our research intentions, and would provide the framework for exploring our experiences. We then discussed more fully how we would manage the group process and

considered sharing the role of facilitator or, having none at all. We concluded that the role of facilitator was best shared amongst us so that all members including me would be able to focus on their own agendas as the need arose. Within this context the use of the tape recorder was considered unnecessary because each of us agreed to keep a reflective diary. These diaries would be used to record experiences of researching in our own work setting, and reflecting on the group process. Therefore they would be a resource for sharing our experiences and commenting on the group process.

In considering the most useful ways of managing group time, we decided it was important for everyone to express whatever was uppermost in their minds at the beginning and ending of each group, thus allowing the remaining group time to be allocated to one or two people. This allocation of time, we believed, would encourage inquiry, feedback, and a sharing of ideas about the presenting issues, and would provide a space for group process feedback. Having agreed how we intended to manage both the group and the research process, we then turned to the task of sharing our understandings of the themes and issues that had emerged within the first cycle.

We began by recalling the themes and issues identified during this final sense-making phase. This led us into an intense discussion about the way in which themes and issues changed according to who was present in the group, and what was happening in one's life. At this point I became aware that passions, fears and personal doubts were being surfaced as each person contributed their understandings about being a nurse, and a group member. To interrupt this energy by promoting a wider context for understanding experiences, and abstractions, would have lost the intensity. Consequently, regardless of the intentions of agreeing issues and themes, we arrived at a series of understandings about our work and relationships, that seemed to hold meaning for all of us.

From my point of view these understandings reflected some of the themes and issues that had been discussed in the past, and are therefore coherent with the task of sense making. My intention at this point in the process of closing this first cycle, was to arrive at a collective understanding about what had emerged, and was important to take forward. I was fully aware that collective understandings can never be complete, however if they hold meaning at the intellectual and feeling levels for the people concerned, it is sufficient to create the pause needed to move on. (*On reflection I realise that these agreed statements set the scene for the stories that emerged in the second cycle.*)

To give the reader an understanding of what was agreed, and therefore what was taken forward into the second cycle, I now include these statements as they were agreed at the time.

- Caring is fundamental to nursing;
- The conflict between market values and caring values is stressful;
- Each of us brings a different contribution to peer group work;
- Experiences about being a nurse and nursing are very similar amongst us;
- Role conflict is present in all the contexts where we practise nursing;
- Feelings of duty, guilt and powerlessness are present for us all;

- Peer support and openness is necessary for self validation;
- It is important to learn to manage challenge and conflict;
- Managing multiple tasks and agendas is a 'balancing act' and a part of nursing;
- Coping with both pain and affirmation, are a part of being a nurse.

Having addressed the task of acknowledging the issues and themes that emerged during the first research cycle, I then opened up the task of agreeing research intentions for the second cycle. This was taken up with enthusiasm and each person presented their own intentions and invited inquiry.

As the different intentions were presented I was struck by the repetition of certain issues (interpersonal competence, role clarity, team work, the nature of nursing, authority and responsibility). However I did not comment because I believed it would be in the actually experiencing the research process, and the telling of that experience, that the themes would become transparent if they were, in truth, important.

To set the scene for this second research cycle I will present each person's intentions as they states them -

I am aware as I write that these intentions were more about discovering personal skills and abilities than actually researching nursing per se, however we decided that understanding nursing is about understanding what nurses do. This cycle of research is about paying rigorous attention to particular aspects of our practice.

(Each person is given a pseudonym.)

Colin Write a paper based on critical clinical incidents to explain nursing. "This will involve direct nursing experiences within a clinic for homeless people with drug addictions. The process will be to record the incidents as they happen through team discussion with the intention of developing innovative practices. I will also reflect on my own interventions as a team leader."

Mary Focus on interpersonal relationships and team building by reflecting on my own personal process and interventions. "I will also reflect with the team as interactions occur with the aim of encouraging positive interpersonal skills."

Jane Focus on taking up the challenges of working with other disciplines as well as nurses. ""I will need to be encouraged to reflect on my decisions so that I can develop a framework to cope with the challenges. To test it out on 'impossible situations' and critical decision making would be the ultimate goal."

Linda Focus on personal role change by considering my professional interactions with different people. " will work towards planning for the change by sorting through the variety of interpersonal situations that might be important to future choices. This is mainly a personal

process."

Eve Focus on conflict that affects my role and the lack of personal power to influence the situation at work. I intend to observe myself and others and wait for the timing.

Clare Focus on the conflict between real and ideal role leading to the possibility of personal and interpersonal conflict. This will involve keeping the balance between research with students and both personal and teaching roles within a climate of radical change where some appear to be losers.

Sara Focus on being authentic and affirmed in my role as a nurse through identifying situations that are both negative and positive and by observing and keeping a diary to reflect on the possibilities for change. "The aim is to find out whether my work place and in particular my boss, can support me as a nurse or whether I need to find another job."

Me Focus on the role of nursing in a changing environment through significant role relationships between nurses and other disciplines. "This will involve paying attention to particular relationships and how I cope with different perspectives and different role expectations. I will use the tools of action, reflection and inquiry to better understand my role as nurse, and how I can best interact with others to encourage a climate of inquiry. I will also pay attention to the cultural context as I focus on particular relationships."

Having made our intentions clear, and agreed when, and where, we would meet to begin the second cycle, I was left with the tasks of recording the results, and writing the letter to Neil. As I began to tackle these agreed tasks, I realised that the process of answering Neil's doubts had served two important agendas, each aiding the transition from one research cycle to the next. Firstly our sense making about both the content and the process of the first cycle was sharpened as we considered different points of view, secondly the discussions that we entered into provided an underpinning for exploring and agreeing our intentions for further inquiry.

Now I am aware that this shifted the research focus to individual inquiry and interpersonal development

At the time of writing the letter to Neil I realised that the issues he raised, and the agreements we reached in response to them, created clearer understanding between us about how we would manage the second research cycle. The personal research intentions and the collective commitment to use a Co-operative Inquiry methodology was achieved within this context of challenge. Therefore my letter to Neil contained the following agreements about the second research cycle.

- *The research methodology is satisfactory and we would prefer to use it rather than discuss it any more*
- *It is important to bring actual nursing work to the group so that the discussions have life and meaning for nursing*
- *We are committed to identify a part of our work as a focus for research and intend to practice*

both reflection in action, and reflection for action, as tools of inquiry.

- *We have agreed to meet for six more sessions and each session will involve time for members to reflect with the group, time for reflection on the group process, and planned time for individuals who wish to present their own personal experiences.*
- *We have agreed to allow time to work through conflict , encourage feed back, share facilitation and ensure that time is given to both the process and the structure of the group (process being how we support and encourage each other and structure being the agreed way in which we structure time and move from one activity to another).*

This letter ended my communications with Neil, although I was pressed by some of his staff to talk to him as he was still 'hurting' and because he was, "having a very difficult time and 'falling out' with people he should be working with".

The nurse in me felt the pull to 'be available' but I considered that this would not be helpful and that some space was needed before we could interact in an equal way. The time came quite unexpectedly about six months after this encounter. I had responded to a request that I join a group who were working through the place of spirituality and spiritual needs in nursing, I found myself in a group with Neil discussing my beliefs about spirituality! We had a very agreeable time!

Reflections and Interpretations

I began the first cycle of research intending to manage the group, and the research process with rigour. To achieve this I set myself somewhat apart from my peers because my role as facilitator/leader and 'keeper of the records' gave me an added responsibility. Rarely did I contribute my experiences as a focus for discussion. My role was more about setting a climate for inquiry, encouraging risk taking, and finally drawing ideas together to test out agreements. My personal learning was about the complexity and the energy needed to manage competing agendas, and how best to cope within the research group and in the work place. [This mirroring of complex agendas is part of my own research in the second cycle].

My energy as I participated was towards highlighting possibilities thus allowing different interpretations to be made. At the conclusion of this first cycle of research I felt confident that the agenda both individual and collective for the second cycle was clear, and we were in agreement about how we would manage the group sessions. I considered that taking less responsibility for managing and organising the groups would allow freedom to listen, inquire, and contribute my own research experiences. This freedom from responsibility, and the challenge to make sense of the research data became the 'horns of a dilemma' as I struggled to write a research account of the second cycle

A Pathway To The Second Research Cycle

It is necessary to pause at this point and explore the nature of my dilemma as it was instrumental in shifting the focus from cycles of action and reflection, to story telling as a way of recounting and understanding experience. It would be reasonable to believe that as we paid much attention to how we intended to manage this second cycle, and what we intended to do, both individually and collectively, writing the research text would be a simple

matter. Not so. The very nature of the planning, and the commitments we made to work together in a supportive and inquiring way, proved a real challenge to me.

The reality was that each person chose how and when they contributed, and I, being a part of this process, moved with the energy of the group. At that time I felt confident we would be able to make sense of what we encountered when the time came to review our endeavours. I also held in my mind that drawing on the knowledge and skills available within the group, was the central intention of the research, therefore the freedom to develop a way of being and working together was valid.

The difficulty arose when we began to consider our own research achievements, and what this indicated for us as a group of nurses. We could all acknowledge and give voice to the achievements we had made in the work place, and all speak favourably about the value of nurses meeting together. However, writing in a way that reflected this process, and the quality of our knowing, became very difficult. As I analysed the field data I found myself trying to extract cycles of reflection and action from within the group context. This was impossible because the nature of our inquiry encouraged a context where personal experience was more important than noting and generating cycles of reflection and action.

On reflection I realise that we were travelling together, with all of us exploring our own view of the journey. Our sharing together was not contained sufficiently to extrapolate cycles of reflection and action, decision making was more individual than collective, as each person explored and described aspects of their research experiences. This left me, as a researcher, with a vacuum to fill - Should I meet with each member of the group and ask them to tell me how they engaged and developed cycles of action and reflection in the workplace? - Should I honour the work we did together as a group and thereby include as much as was shared within the group? It seemed to me that each had value.

The key 'truth' for me at that time, was about the nature and intent of our working together. It was clear that as a group of nurses we shared our experiences in story form, and that these stories were a record of each person's field work and therefore contained research data. It was the process of inquiring into, and supporting the telling of stories, that helped us to identify significant issues and themes contained within our research experiences. It is therefore important in writing about the second cycle to focus on the stories that were told and what they elicited. However this was not the way I began to write, it was only after I had tried out several ways to present the data that I realised the strength of story. Perhaps this was because part of my journey involved an exploration into my own ways of knowing and sense making, this also needs to be recorded.

The pathway out of my dilemma began to take shape at a supervision session where my use of story telling throughout my research journey was questioned. This questioning was in relationship to my use of story as a way of presenting my own personal experience; validity and theoretical frameworks were the issues. This challenge led me to explore story telling as a methodology, and although the task felt awesome at the time, my exploration became a source of enlightenment. I realised that story telling had been a way of sharing experiences in both research cycles.

In the first cycle stories were used to illustrate an issue or a point being made; in the second they represented personal experiences of research, as researcher and subject. This new perspective gave me another frame, one which allowed me to more fully present the experiences we shared within the group. It also made me aware that within this context, each person's life strategy was shared and developed. The next chapter will bring into focus

these two different perspectives. I will begin with the way we developed as a group and the agreements we made at that time. This will be achieved by providing an outline of how each person developed their own research intentions, and how we as a group, endeavoured to inquire into and support each persons' way of working.

I will then open up the dilemma as I saw and felt it at the time, including my awareness that much of what we did together within the group context was left unspoken. At this point, where I was feeling very uneasy about the quality of my research account, story telling as a methodology for exploring experience became the way through my dilemma. This step towards another way of viewing the second cycle allowed me to consider how our stories 'spoke to' our life strategies and informed our actions and intentions. Thus life strategies and story telling as methodology is the framing I use to explore experiences shared within the group, and experience as co-researcher and co-subject.

To create some coherence around ideas, methods and outcomes, the next chapter will give an account of my first sense making of the data gathered during the second cycle. I will then depart from the field work and present my understandings of life strategies and story telling as a representation of experience. This will provide a backdrop for revisiting the second cycle from another perspective.