Prologue

Introduction

The need for this prologue arose from my viva voce in which a dialogue emerged about the nature of professional knowledge and peer appraisal. I was challenged to provide a clearer guiding frame for the reader who may come to this thesis with, what might be considered, more mainstream ideas about professional knowledge and peer appraisal. This was interesting for me as a researcher because the pattern of this dialogue between myself and the examiners mirrored that between myself and my supervisors, and fellow research students at Bath University, over the course of the research. The tensions within this dialogue were around crispness and clarity of framing about these two concepts for the benefit of an external audience, versus honouring the themes of mutedness and emergence within the field of research itself. Finding a balance across these polarities has been a continuing part of my development as a researcher. In this research I was the initiating researcher; however I sought to develop relationships with the nurses who participated with me, whereby we all developed co-researchers' and co-subjects' roles. While I am mindful of the needs of the reader, I am also vitally concerned to present the research in such a way as to honour the processes which occurred for all of us as we learned to speak from silence and through silence. Therefore I intend to address this dilemma in two ways.

I will provide the reader with a framework for coming to know the research journey that I and my colleagues travelled. I will then respond to the requirements of my examiners to "address the criteria that should be used to judge the quality of the professional knowledge co-created". I intend to present these criteria at the end of this prologue because professional knowledge was co-created within the sed". I intend to present thes processes we established to share personal experiences of our lives as nurses. I will begin by mentioning my purposes and framing for the research and then discuss briefly the professional knowledge we sought to define. I will then describe the context we developed to support this process and the way peer support and appraisal provided the structure for exploring our personal experiences of nursing.

Research Purpose and Framing

My energy for researching this aspect of professional knowledge was informed by my experiences of working and studying as a nurse. These experiences provided me with an understanding that professional knowledge is derived and developed in several ways. Nursing theories, models, and practical activities are openly articulated, discussed, researched and debated, and are recognised as a resource for creating professional knowledge. In my experience there is also a sense of knowing about nursing that each nurse develops within the context of caring for and with others. This kind of knowledge is not so clearly articulated and not very easy to research because of the personal and particular nature of the caring relationship. This kind of knowing has more in common with the way oral cultures transfer

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

ways of knowing between one generation and the next. This interactional process of learning to know through immersion within a culture, is the kind of knowing I sought to surface and validate. In order to do this I chose to work with methodologies that resonate with much of the nursing process and the cycles of action and reflection that inform professional practice.

Professional Knowledge

The professional knowledge I engage with in this research, is the knowledge that is developed from the personal experiences of nurses. This kind of knowledge is firmly embedded in each nurse's experiences of caring for and with others, and was recognised by the nurses who participated in this research as being central to nursing. It is knowledge centred in the intuitive, and 'coming to know ', and frequently guides, engages, and underpins action. Re-visioning professional knowledge as being grounded in and emerging from the personal experiences of nurses as they practise nursing, is central to this thesis. The ability to recognise and bring this knowledge into open dialogue requires a degree of self discovery, self esteem and trust in one's own thinking. The challenge for me in choosing to focus on this muted, emerging kind of knowledge, was to create a context that valued personal experiences and self disclosure. Because I believe that nurses are able to locate, explore, and develop this aspect of knowing, I entered this research with the expressed intention of doing just that.

I intentionally moved away from the idea of professional knowledge as being generalisable across time and settings, towards an understanding that it was particular to the individual and the setting in which the experience took place. Consequently, this research is about what nurses themselves value in what they do, and seek to improve, and how they develop a sense of confidence and capability. It is also about finding a voice and a language to articulate and validate these experiences. To the extent that this thesis is a contribution to professional knowledge, it is 'process' knowledge. Thus it is my hope that nurses who read this will value and explore their own knowledge and experience of being a nurse and feel encouraged to voice these experiences.

Therefore, articulating professional experience and honouring what we came to know as the feminine qualities of nursing became important to voice within the group and within other practice settings. For me at that time it was about holding onto an uneasy and unsure beginning process of making the covert overt, and the silence heard. Encouraging myself and others to speak from silence and through silence, so that people hear and understand this beginning process of nurses working together, is to acknowledge and give voice to what it is we call nursing.

A context for sharing professional experience

From the outset I chose the starting point to be the lived experiences of a group of senior and experienced nurses. I took this starting point because I believed there to be a dearth of literature that speaks directly from experience and through the voices of nurses themselves. Also, my experience over thirty years of nursing in a variety of roles has taught me that a particular context was needed to encourage nurses to talk authentically about their practice. This context is one of open-ness, honesty, trust, and caring for and with each other. Therefore I made a conscious decision not to introduce 'academic' concepts about the nature of nursing and nursing knowledge from the literature at the outset. I considered introducing such concepts to be counter productive and likely to 'silence' the intuitive and tacit knowledge about nursing.

In taking this stance, I assumed that in a group of experienced and senior nurses there would be a richness of knowledge waiting to be surfaced about the nature of nursing. I saw my role, as the researcher, to provide processes which would facilitate us in discovering and giving voice to this knowledge. Therefore, as I have already stated, I chose methodologies that resonated with the nursing process and facilitated the development of this kind of professional knowledge. Whilst I was the initiating researcher within these methodologies, I sought to develop relationships among all participants such that we moved towards being both co-

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

researchers and co-subjects. Consequently, apart from methodological contributions as the initiating researcher, any other contributions I made within the group were in the context of 'equal participant'. For example, ideas from the literature about nursing practice, which I introduced to the group as the research progressed, were done so from within my role as 'equal participant' rather than that of 'initiating researcher'. I contributed only as I saw a need to enhance and embellish issues and themes as they emerged within the group.

Peer Support and Appraisal

n this research the terms peer support and peer appraisal are used to refer to the context for exploring our professional experiences and increasing our self awareness of our lives as nurses. I did not intend to construct a procedure of objectives, tasks, and formalised assessment as a way of appraising performance. I considered peer appraisal and support as a continuum with one informing the other. As we worked together issues and challenges were managed with the aim of encouraging self knowledge, self appraisal, and the ability to give and receive constructive feedback. It is important to note that my focus on peer support and peer appraisal was aimed at developing professional knowledge and exploring the value to each member, of regularly meeting together to share, debate, and find effective solutions to the problems we faced in our lives as nurses. In doing this we explored our roles as nurses and encouraged each other to voice our 'knowing' about nursing.

This sense of 'knowing' developed from our experiences shared within the group, and dispersed into our different work settings. Here we explored, tested and tempered our ways of working as nurses and brought fresh experiences back to the group. The degree to which we were able to develop a context for open and honest dialogue is measured by our ability to share experience, inquire of each other, and to affirm cycles of reflection and action. It was within the process of managing the cycles of reflection and action, that both peer and personal, appraisal were developed. In achieving this we learnt to speak from silence.

Criteria for the co-creation of professional knowledge

The criteria for assessing the quality of professional knowledge, co-created within the context of this research, are to be found within the validity criteria contained within the chosen methodologies. These address the rigour with which the research was carried out, as well as epistemological issues about the quality of knowing of both the participants and myself as researcher.

The literature I used to inform sections of the thesis about 'ways of knowing', life strategies and interpersonal competence, has within it quality criteria that I used to inform and guide the process of developing professional knowledge. The criteria emerged from the interplay between our experiences as nurses and our understanding of the literature. From this standpoint, a constructivist framing is used to make sense of the process of co-creating knowledge through the experiences we shared within the group. In affirming these shared experiences and the meanings they held for us, we also acknowledged that each person was free to incorporate the experience into their lives and develop further understandings in their own way. The research text describes many of these experiences, speaking through dialogue, story, conflict, themes, issues, reflections and ideas. To judge the quality of this co-created professional knowledge, requires both an understanding of the validity criteria contained within the methodologies used, and an ability to journey with the participants as the research unfolds. If one is willing to do this then the following are ways to judge the quality of our 'coming to know' our lives as experienced nurses.

Experiences within the group

• The nature of the themes that emerged and found resonance across the group as each of us described the 'here and now' of our experiences.

- The self disclosure that occurred within the group and the willingness to bring to the group both positive and negative aspects of our lives as nurses.
- The way we actively engaged in cycles of action and reflection to gather and share information about our experiences.
- The way we developed a greater understanding of the nature of nursing through affirming and valuing feminine principles.
- The different ways members of the group engaged in and sought to understand and improve their own practice.

My journey as researcher and participant

- My ability to reflect on my own thoughts, feelings and the possible strengths and weaknesses of my actions.
- The relationships I explore and present as part of my discovery about how I interacted with others and sought to achieve effectiveness within my own work place.
- The sense I made of the themes and issues that emerged and formed a pattern of our shared experiences.
- The passion that I experienced as I created a vision of the many dimensions of nursing weaving together into a multidimensional schema some feminine principles, a framework for understanding women's epistemology, and the 'essence' of nursing as it emerged for me.
- The links I was able to make between my own experiences of nursing and the writings of other nurses who explore the caring process within nursing.
- The recognition and differing levels of engagement expressed by the nurses who read this thesis and gave me their feedback.

Finally it is important to make clear to the reader that I believe knowledge is co-created through dialogue and within settings for eliciting and affirming it. Consequently the kind of professional knowledge we developed could not have been achieved easily without the group setting for peer appraisal that we created through paying attention to quality of knowing and acting, support and challenge, and a committed engagement over time. It is this process that the reader is about to enter. I have provided just sufficient articulation so that the reader can engage in their own dialogue with this thesis without my voice being dominant. I am inviting the reader to connect with the world of my research, insofar as I can represent it in writing, and to make their own sense of it.