TAKING ACTION FOR ACTION

A study of the interplay between contextual and facilitator characteristics in developing an effective workplace culture in a Dutch hospital setting, through action research.

Famke van Lieshout

The research of this thesis was conducted at the faculty of Life and Health Science of the University of Ulster in Belfast (UK), in cooperation with the Knowledge Centre for implementation and evaluation of Evidence Based Practice, Fontys University of Applied Sciences, Eindhoven (NL).
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A thesis submitted in fulfilment of the requirements of the degree of Doctor in Philosophy

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THESIS' PAINTINGS

The paintings used throughout the thesis were specially made for me by the Dutch artist Laury Persoon. These were initially made to illustrate my story of facilitating PAR in a dynamic health care context which I recited in my keynote speech at the international CARN/IPDC event in 2012 in Ashford, UK. Each image represents a particular critical moment in time for me while facilitating PAR. They are also collective for the research journey and so were used in the introductions of the chapters.

Laury Persoon studied (Spanish) literature and fine arts and illustration. This gave her the opportunity to bridge between art and literature. Laury wants to show the multi-faceted significance and stratification of both (children's) literature and art. At the moment she is mostly working as an illustrator.

I dedicate this thesis to:

Pap

Fred van Lieshout 1950 – 2011

&

Mam

Liesbeth Beerens

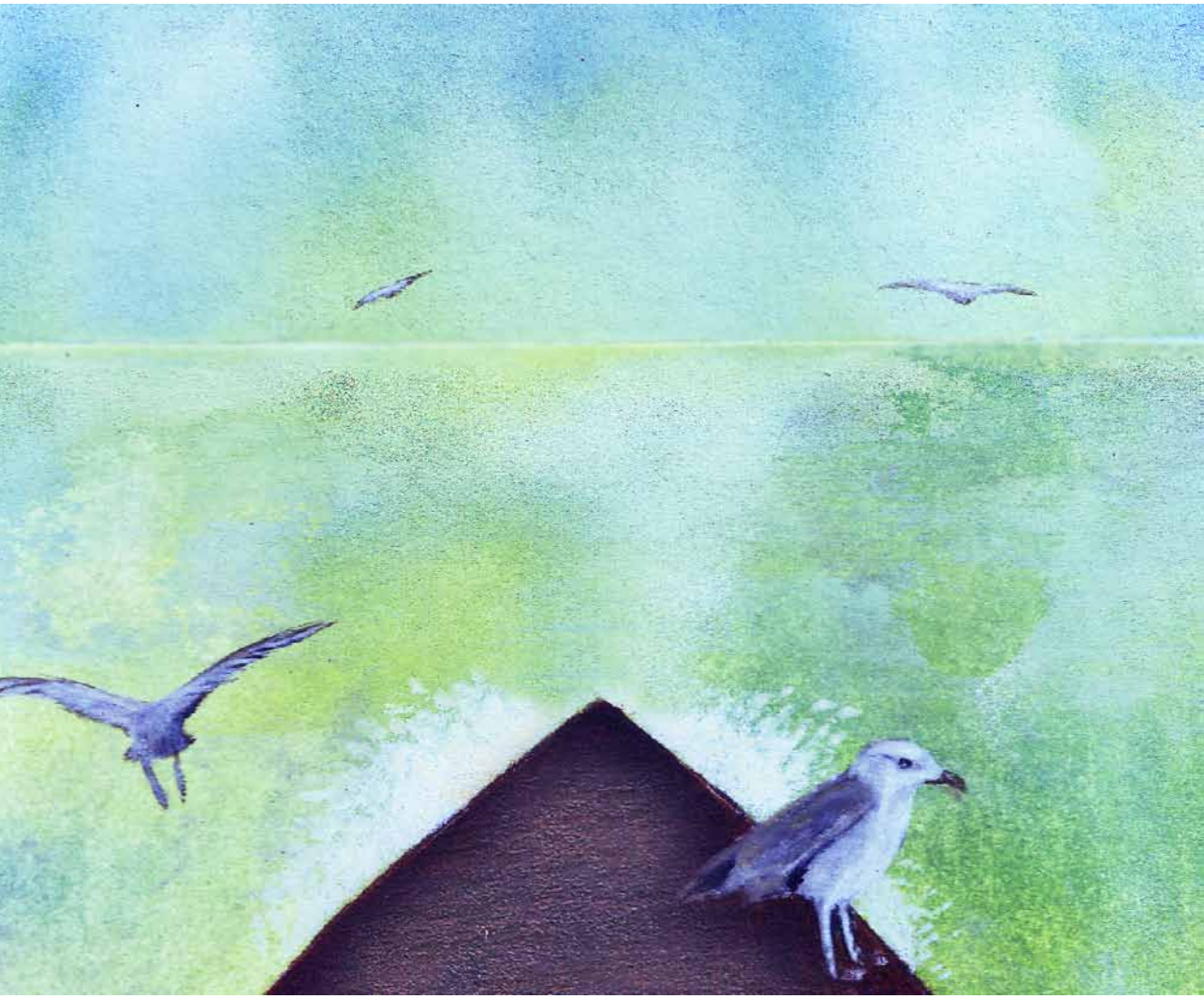
Where ever I go
your support, faith and love
make me always come home
[Famke]

Chapter 1

Introduction:
positioning the study

'If your dream is a big dream,
and if you want your [professional] life to work on the high level that you say you
[want to] do, there's no way around doing the work it takes to get you there'.

[Joyce Chapman, writer and psychologist]



INTRODUCTION

In this chapter I describe the background of the study in the context of developing nursing practice through research and the development of an effective workplace culture for enhancing evidence-based and person-centred practice. The process of the study is outlined, in which the research questions and aims are explicated as well as the three different phases in the study. These are following by a brief description of how the Dutch health care context is organised. For the reader to get a compatible sense of my experience and values which is essential in further reading of the thesis, I briefly introduce myself in the context of my career and personal life. The chapter ends with an outline of the chapters that follows.

DEVELOPMENT OF NURSING PRACTICE THROUGH RESEARCH

Political and societal developments worldwide, require healthcare professionals and healthcare organisations to create and sustain an evidence based practice (EBP) and person-centred (PC) care (ANMC, 2003; NMC, 2004; VWS, 2006). According to Pickering and Thompson (2003) this is necessary to discontinue the observed decrease in quality of patient care. Moreover, there is a growing awareness that without robust evidence for supporting decision making and acting in practice, the knowledge base becomes vulnerable (Cox, 2009). In The Netherlands, the health care market, that was liberalised with the implementation of the Dutch reformed health care system (Cremers, 2006), places extra pressure on local services to develop EBP and PC care.
Implementing EBP and transforming health care practice however, is complex and is not a linear process (Bate, 1994; Schein, 1985). It is recognised that nurses have a key role in the process of implementation on the basic level of care providing that is effective, person-centred and distinctive compared to other health care institutions. The literature recognises multiple personal and organisational elements affecting these processes in which nurses are involved, such as the perceived robustness of the evidence, the way processes are facilitated and the receptiveness of the context, which are captured and described in the 'Promoting Action on Research Implementation in Health Services' framework (PARIHS) (Kitson, Harvey, & McCormack, 1998; Kitson, Rycroft-Malone, Harvey et al., 2008; Rycroft-Malone, Kitson, & Harvey, 2002). Also the literature refers to a theory-practice gap (Cardiff & Lieshout van, 2006; Hart, 1995), as key to the challenge of implementing change. Studies in The Netherlands (Achterberg van, 2007; Speet, 2004; Taminiau, 2004) recognise this gap and note that nurses do not value nor give enough attention to EBP, nor recognise, in addition, that there should be more exchange of information between educational and health care institutions. Moreover there is a strong focus in health care on the *use of* knowledge rather than on the *translation of* knowledge which has less of an impact than expected on the quality of care (Grol, 2001; Westert, 2010; Zorgverzekeraars-Nederland, 2011).

Practice development (PD) and Participatory Action Research (PAR) approaches acknowledge and work with the processes and factors that impact on the uptake of new initiatives. Both approaches are concerned with improvement of practice by working with people that become engaged in a process of learning and by developing the culture and context in which those people practises. Processes herein are continuous, systematic, and rigorous and are enabled by a facilitator. Besides, these approaches enhance practice as well as research. Practice development is a formalised movement for change that privileges the individual in context and that uses different approaches informed by other traditions such as action research. Principles of collaboration, participation, inclusiveness and the blending of different ways of knowing and sustainability of outcomes, amongst other principles, are key in here. Practice development is defined as:

> *'a continuous process of developing person-centred cultures. It is enabled by facilitators who authentically engage with individuals and teams to blend personal qualities and creative imagination with practice skills and practice wisdom. The learning that occurs brings about transformations of individual and team practices. This is sustained by embedding both processes and outcomes in corporate strategy'*
>
> *(Manley, McCormack, & Wilson, 2008, p. 9)*

*I*nternationally there is an increasing evidence of the impact of a PD-approach on the transformation of health care practice (Jackson & Webster, 2011; Manley, 2001; Manley, Parlour, & Yalden, 2013; McCormack, Dewar, Wright et al., 2006; Munten, 2012). Though, PD is relatively unknown in the Netherlands as an approach for developing evidence-based and person-centred practice.

The Knowledge Centre (KC) 'Implementing and evaluating Evidence-Based Practice ', formed in 2002, within the Faculty of Nursing at Fontys University of Applied Sciences, Fontys Hogescholen Verpleegkunde (FHV), was unique in the Netherlands in using this PD-approach to develop person-centred and evidence-based practice. This practice aims to manifest itself through professional development and the development of effective workplace cultures in practice. Although this approach has similarities with the development of magnet hospitals (Buchan, 1999; Kramer, 1990), it brings a fresh spark of life into teams and patient or service user care in a Dutch context. It is different from other improvement and social research approaches (England Centre for Practice Development, 2013).
The KC was given the assignment to generate knowledge, professionalise university staff, disseminate knowledge into curricula and circulate knowledge to and from professional practice (OCW, 2001). The centre wanted to generate new knowledge about the creation of conditions for EBP and the use of all types of evidence in practice while recognising the complexity of

implementing, evaluating and sustaining EBP within nursing. In this way, it was strived for to narrow the gap identified between education, theory and practice (Titchen & Cox, 2006).
The KC took up the challenge to develop, systematically, an evidence-based and person-centred practice, collaboratively with stakeholders, in both educational and health care practice. It aimed to achieve this through innovative, creative and critical ways of working (Titchen & Cox, 2006). For that reason, since 2003, multiple Practice Development Units[1] (PDU) have been set up with the intent to foster cultures of effectiveness in health care practices, inspired by research carried out by the Royal College of Nursing (RCN) (Manley, Sanders, Cardiff, & Webster, 2011). Also to explore, implement and evaluate these new ways of working of PD, in practice. Furthermore, this development had potential to create optimal learning conditions for students of FHV doing their internship within the PDU, under the supervision of qualified nurses and a lecturer practitioner.

The PARIHS framework (Kitson et al., 1998; Kitson et al., 2008; Rycroft-Malone et al., 2002) was used as a theoretical guide, and to create various research themes in order for the centre to meet its aims. PARIHS presents an interplay of elements of *evidence*, *facilitation* and *context,* which is seen as vital to the successful implementation of change. Practitioner-research and holistic, non-linear, approaches to development is a central focus in strategies by the KC. This enabled professionals to articulate their expertise and to use different ways of knowing. These approaches were premised on PD principles (Manley et al., 2008).
The development of an effective workplace culture, while working with these principles in a Dutch health care context, was still an unexplored area of study within the KC. Exploring this was found important because of its potentiality, but also as there was a growing interest in these PDUs by various health care institutions collaborating with FHV. Therefore it was likely more PDUs would be set up in a variety of settings that require evidence of what works or not in developing these cultures and with what outcomes.

DEVELOPING AN EFFECTIVE WORKPLACE CULTURE IN A DUTCH HEALTH CARE CONTEXT

The term *context* in its most simplistic form means the physical environment in which practice takes place. Such an environment has boundaries and structures that together shape the environment for practice (McCormack, Kitson, Harvey et al., 2002). A health care organisation is seen as a turbulent, dynamic, environment where there are multiple clusters and multiple systems interacting with each other as well as with the total environment (Chin, 1985). This

1. ZorgInnovatieCentrum (ZIC) (Niessen & Cox, 2011).

makes the implementation of evidence-based practice complex as it is constantly changing. Although Kitson et al., (1998; 2008) argue that the most successful implementation occurs when evidence is robust, the context is receptive to change and where the change process is appropriately facilitated, it is the *culture* that is often seen as dominant in clinical effectiveness. Many researchers have begun to recognise the role of culture, but its impact, as in research on magnet hospitals (McClure, 2002), has been mainly on organisational structures. McCormack et al. (2002) argue that the culture of the context in which practice takes place needs to be understood if meaningful and lasting change is to be achieved. Also Bate (1994) suggests that if you want to create changes in the context then changing the prevailing culture may enable this to happen. This guided me towards focusing the study on culture, in order to develop evidence-based and person-centred practice.

Culture in its most simple form is described as 'the way things are done around here' (Drennan, 1992). Described in this way, however does little to reflect its complexity. Culture is not an objective, tangible, or measurable, aspect of an organisation. Organisations are cultures according to Pacanowsy & O'Donnell-Trujillo (1982, p. 126). This view is also shared by Bate (1994) who believes culture cannot be understood as one of a number of sub-components which can be replaced. He claims that culture is created socially, maintained socially and transformed socially. Schein (2004) suggests that culture is best thought of as a set of psychological predispositions called 'basic assumptions' (p.9). The basic assumptions held by members of an organisation tend to influence the way they behave. These deepest manifestations of culture are linked to values and beliefs and ultimately behavioural norms (p14). Schein (2004) argues that culture is a paradigm- a way of thinking about or viewing - an organisation, comprising basic assumptions, values, artefacts and creations. For the study, this meant that understanding basic assumptions and values is pivotal to a process of practice development. This understanding is also key to achieving congruency between the espoused and the lived values in nursing practice. The enactment of core values is also known as an essential attribute of cultures in which evidence-based care and person-centred care become and remain shared values (Manley et al., 2011).

In the literature it is suggested to focus on *workplace* culture rather than on *organisational* culture. It is acknowledged that all organisations have multiple cultures usually associated with different functional groupings or geographical locations (Bolan, 1994). Multiple cultures are also called sub-cultures or idio-cultures. Each of these cultures have their own distinct set of values, beliefs and assumptions (Bate, 1994). Manley et al. (2011) use the term 'idio-culture' in their description of workplace culture and define it as: '*the most immediate culture experienced and/ or perceived by staff, patients, users and other key stakeholders. This is the culture that impacts directly on the delivery of care. It both influences, and is influenced by, the organisational and corporate culture as well as other idiocultures*' (p4). They point out that workplace culture is the most immediate culture which has an impact upon both health care users and providers. They argue,

therefore, that if health care reforms are to be implemented and sustained, greater attention should be given to workplace culture, rather than organisational culture (p. 1).
Developing an *effective* workplace culture was inspired by Manley's work (2001; 2004; 2011) in which she argues that the development of these cultures in the context of health care practice can have a positive impact on staff. It can enable them to: adapt a person-centred and evidence-based approach to care; to become empowered and committed; to meet multi-levelled standards, goals and objectives; to develop, use and share knowledge; to achieve a flourishing for all individuals concerned; and to have a positive impact on other workplace cultures. This also has similarities with Senge's learning organisation (1994) and Schein's innovative, facilitative culture (1985).

Transforming cultures in health care contexts and fundamentally overhauling ways of thinking in order to achieve success (Berwick, 1989; Binnie, 1999), is however, as argued before, a complex and challenging endeavour. The PARIHS framework (Kitson et al., 1998; Kitson et al., 2008; Rycroft-Malone et al., 2002) shows there is an interplay of context with other sub-elements of culture, leadership and evaluation. Other core elements of 'facilitation' and 'evidence' could also have an impact on these processes. There is little known about this interplay of elements in a Dutch context and which strategies for implementation or change are effective and which are not (Cox & Titchen, 2003). I aim to contribute to the existing body of knowledge on the creation of conditions for person-centred and evidence-based practice in health care by focussing the study on the element of context and more specifically on developing an effective workplace culture in a Dutch hospital setting. This in turn also contributes to the overall aim of the knowledge centre in which I was a member.

PROCESS OF THE STUDY

The central aim of the study was to develop a workplace culture that is supportive of person-centered and evidence-based care, in a hospital setting. The following research question was formulated:

> *'How can an effective workplace culture be developed in a Dutch health care context?'*

The study was guided by a praxis methodology in which different philosophical perspectives were used to connect theory with practicing research in context. This enabled me as a researcher, to act with a moral intent. I started the study with an emancipatory or liberating intent, engaging in an emancipatory praxis that had a focus on transformation. Fay's Critical social science (1987) and McCormack and Titchen critical creativity approach (2007; 2010) were used as perspectives to locate the study. These perspectives influenced the decision to use

a participatory action research (PAR) approach, which was influenced mainly by the work of Kemmis and McTaggert (1988) and by principles of PD (Manley et al., 2008). After two years in practice, however, I could not make sufficient progress with strategies designed to include different groups of practitioners participating as co-researchers in the PAR study. Neither could I make progress with the process of proceeding from an orientation, reconnaissance phase into an action phase. I did not understand what impeded the progress of PAR in this practice exactly.

Together with my supervisors, we decided to re-focus the study towards reflecting critically on my facilitation of PAR in a context which was not receptive to change. We focussed on the interplay between the characteristics of the context and facilitator. In this way we intended to gain a deep understanding of what had happened, and to uncover the meaning of being a researcher of PAR in context and to transform my facilitation strategies in future. I was able to use a pool of data I collected in the extended reconnaissance phase, both about the context and my experience of being a novice[2] action researcher. The research question was revised to:

> *'How, in action research, do the characteristics of the facilitator interplay with those of the context?'*

A reflexive framework that guided me through different levels of reflectivity was used to analyse the action research data collected in order to understand the relationship between context and facilitation. The intention was also to identify and explore the mediating factors of context that enable or hindered emancipatory change and to develop an understanding of the characteristics required of a facilitator to be effective in different contexts.
The new research question led to the adoption of a hermeneutic rather than emancipatory approach. The second phase of the study was thus intended as interpretative, in which I engaged in a hermeneutic praxis that comprised the main part of the further study. In here, the interpretation of texts or stories became the key activity. The principles of the hermeneutic phenomenological approach, introduced and explained by Van Manen (1990), as well as of critical creativity (McCormack & Titchen, 2007; Titchen & McCormack, 2010), guided the process of making sense out of my lived experience of being a facilitator of PAR in a Dutch clinical health care context. Mezirow's levels of reflectivity (1981) were used as a heuristic device, in order to support me in achieving the highest level of reflectivity, that of theoretical reflectivity and for completing the reflexive analysis. A stepwise process of creative writing in a narrative structure, characterised by a constant movement between the parts and the whole of stories that I constructed around my lived experience as a facilitator of PAR, were central to the research process.

2. The term 'novice' is commonly used by Patricia Benner (1984) in describing five different levels of nursing experience. A novice is defined as a beginner with no experience in the area of practice.

It enabled me and other groups of 'story interpreters', to understand the interplay between characteristics of context and those of the facilitator.
This process had both a personal and intellectual interest for me. It helped to transform my actions with regard to facilitation and also to generate knowledge about facilitation of PAR and PD. In the next figure, 1.1 a schematic overview of the study is shown.

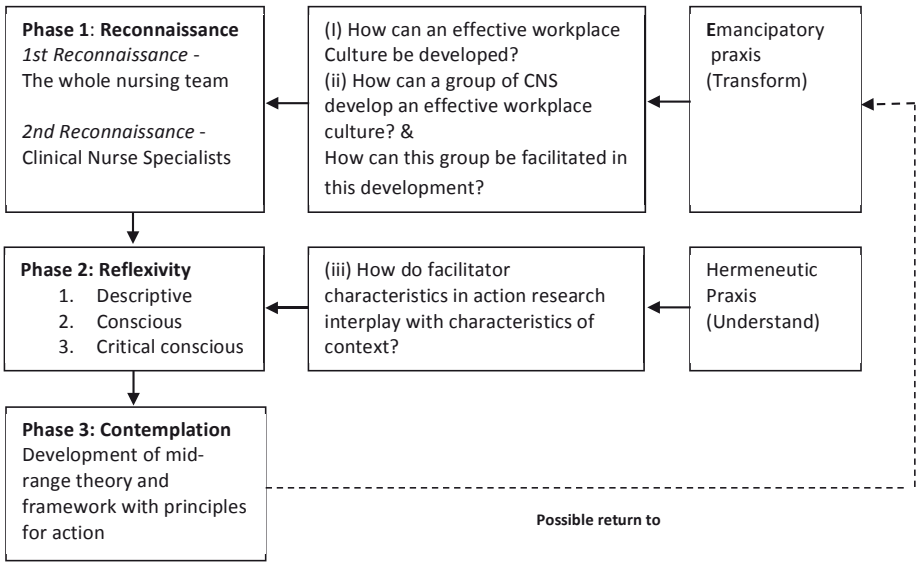


Figure 1.1 Schematic overview of the study

Phase one comprises two reconnaissance phases in which PAR was used as a research approach in a clinical, haematological oncology, practice setting. Phase two comprises the reflexive phase in which a hermeneutic phenomenological research approach was used. In a third phase, insights gained from the two previous phases, are thought through in order for findings to contribute to new knowledge and for defining implications for practice.

THE DUTCH HEALTH CARE CONTEXT

To frame the referred concept of context in the study it is necessary to briefly look at some key characteristics of the Dutch health care system. Globally each country has its own set of rules and regulations surrounding health and the provision of healthcare and also has its own set of problems and challenges. The unique position that the Netherlands have in terms of its geography, demography and history, over time, contributed to how its healthcare system is organised. The Dutch health care system is complex to describe, and in a state of flux as

the government has to deal with increasing demands arising from an ageing population and medical innovations, besides a more demanding public and cost containment issues (Dubois, Nolte, & McKee, 2006). In comparison to other Western countries the Dutch health care system is quite effective but not the most cost-effective (Kuenen, Mohr, Larsson, & Van Leeuwen, 2011).

Healthcare in the Netherlands is classified in various sectors; cure, care, mental health, social care and prevention. These five sectors in turn, are divided into three echelons; generalist care, specialised care and more complex and top-clinical care. Being referenced by a member of the first echelon is mandatory for access to the second and third echelon.
A hospital is positioned within the sector cure and in the second echelon, specialised care. The focus is primarily on treatment, research and nursing. In a hospital intramural care is provided by a large range of medical-specialists, nurses and paramedics in outpatient and clinical settings.
Nurses and caregivers form the largest group of professionals in health care (Nivel, 2013). For a few years now, the role of the nurse is in development. Recently a new qualification report on the role of nurses has been introduced (Merwijk van, 2012b). It is different from previous reports (NIZW & LCVV, 1999; VWS & OCW, 1996) in that nurses are more explicitly suggested to develop as reflective EBP professionals and innovators of quality of care. For supporting nurses in their role development, institutes of higher education on health, are suggested to work more closely with healthcare institutes and to give more attention to applied sciences into their curricula (Westerlaken, 2013). In 2000 the first Advanced Nurse Practitioner (ANP) (Verpleegkundig Specialist) graduated. In 2009 this practitioner formally entered in health care (Merwijk van, 2012a). ANPs are seen to take clinical leadership within the discipline of nursing and thus to take the lead in the innovation of the nursing profession and of care.

The Netherlands has a private health care system, with primary care physicians and practices, health care organisations negotiating contracts and budgets with various health insurers. It has been characterised as a 'social insurance system' that is loosely organised. The government has a limited role in the provision of care and people have access to all elements of the system (Boot, 2010).
Since 2006 the healthcare system in The Netherlands has undergone a number of profound changes, with the introduction of a single compulsory health insurance scheme. The new Dutch Reform Act (retrieved from www.minvws.nl/dossiers on March 30, 2013) is designed to promote demand-based competitive provision of services to the benefit of the consumer within a framework of basic public interest guarantees. Consumer choice is key to the new system, as its principal objective is to ensure access, quality and affordability by means of introducing demand-led competition and market-based incentives where possible – with public intervention where necessary. This is reflected in the free choice that consumers have to choose a healthcare insurance provider and of healthcare service providers that is protected

by a set of consumer rights. Serving the general consumer interest is also the primary statutory objective of the Healthcare Authority, the Nederlandse zorgautoriteit, Nza, an independent sector-specific regulator.
These changes require cooperation amongst health care providers (Boot, 2010). Therefore, transmural care and 'chain care' ('ketenzorg') has become the trend in policy of the organisation of health care in the Netherlands over the last years. Van de Ven & Schut (2000) suggest that, as an effect of these trends there has been a large number of mergers between health insurers and hospitals and a considerable reinforcement of regional cooperation (p.9). They also add that a downside effect of these mergers is that it decreases patients' choice.

In general, there has been 'slow' progress of the health care reforms (Nza, 2012). Decisions that used to be taken centrally within firms or by government must now be negotiated between different market parties with conflicting interests and at the same time public interest objectives must be secured. Moreover, health sector reforms are known to have a major impact on health organizations and the employees working in these organisations (Buchan & O'May, 2002; Franco, Bennett, & Kanfer, 2002).

WHO I AM

It is argued that a researcher brings values and interests to a study and that these can influence the way in which a study develops from design through to conclusions. This is called axiology. It is therefore important to be self-critical, to understand and be aware of one's own values. In addition one must recognise and articulate, transparently, these values in order that the approaches adopted in the study are congruent, that they match each other and so to strengthen the study. This is seen as critical to the rigour and richness of the methodology (Cherry, 2010). My professional career and personal life has contributed to my present values. In the following part I explain my professional career and will offer some snapshots of my personal life, inspired by Muncey (2010), followed by explicating my statement of personal values that underlies this study.

As a registered nurse I started my career in 1998 in a local hospital. In that same year I started my Masters in Health Sciences at the University of Maastricht. During my registration at the University I continued working as a nurse on a part-time base on several units in the hospital. While practising nursing, I was drawn to the reality that nurses are recognised as crucial components of the health care system, but, at the same time, have little say in decision-making processes about how to carry out their professional duties in a way that they think is best for their patients, themselves and for the development of their profession. Nurses often blame this on a long tradition in health care or on the existing culture within an organisation. This tradition

is taken for granted and, consequently, decisive action for change remains absent. Perceiving nurses failing to claim supremacy in caring for patients, appealed to me.

After my graduation (in 2001) I changed jobs and started working as a researcher at the University of Maastricht at the faculty of Health Education and Health Promotion within the Institute of Health Sciences. Because I longed back to clinical practice after a year, I accepted an enrolment as clinical tutor in the hospital I worked at as a nurse before. In 2003 I was asked by FHV to set up a PDU and to develop the role of lecturer practitioner[3] (LP) in Nursing, that was new in the Netherlands. Simultaneously I became a member of the KC then.
Moreover a LP at FHV also practised clinical supervision of student nurses. I combined education, research and practice and worked as a nurse a few weeks per year with the team on the unit. The key challenge I experienced as LP was enabling empowerment among nurses that was key in a PD-approach. It is argued that people cannot be empowered by others. They can only empower themselves by acquiring more of power's different forms (Labonté, 2008). This assumes that people are their own assets, and that the role of the external agent, like the LP, is to facilitate or 'accompany' a community, of nurses, in acquiring power. Empowerment implies ownership and action that explicitly aims at social and political change, rather than just participation, and is characterised by a process of re-negotiating power with those in power (Baum, 2008), in order to gain more control. Taking on such a facilitator's role, in order to support these empowerment processes in fostering a culture of effectiveness, as also working strategically in organisations, was new to me. Two years later I was asked by FHV to do a PhD and I left this unit for another unit as research setting in the study.

A short self-portrait of who I am:

- I am the eldest of two girls, born in the mid-seventies from young and vibrant parents.
- I am a six year-old taking care of my sister who became ill in the night, not wanting to bother the babysitter, a neighbour, as I felt I can handle it myself.
- I am a twelve year-old and my violin teacher recommends that I should not continue lessons for another year because he does not think I can reach the next stage. Therefore I stopped even though I had a lot of fun playing the violin.
- I was fifteen when I repeated a class in secondary school. This was quite a relief for me because, at that stage, I struggled with my school work.

3. A lecturer practitioner, defined as an advanced practice nurse, is employed within the University and a Health care institution as part of a joint appointment. The LP has a dual role concerned with educational and practice developmental tasks, with the purpose of, '*finding a match between what was done in practice, and what was being taught in theory*' (Vaughan, 1990, p. 106).

- I am an active committee member for educational development within both universities (Bachelor and Master's degrees) while being enrolled as a student.
- I am a nurse at a time when there was a real shortage of nurses in the Netherlands. I had confidence in what I was doing, I was valued by team members and others and I really enjoyed the interaction with patients and staff.
- I attended a summer school for mathematics, a subject which I had found challenging throughout my education, in order to prepare myself for my entrance examination for the university. Surprisingly, I passed with the highest score of the class.
- I am a master's degree student, doing an internship for my thesis in health care clinics in the townships of Cape Town, South Africa. I was disillusioned by the non-Western, and what remained of the 'apartheid', culture and the contradictions in the circumstances of people's lives. At that time I was confronted with my feelings of being unable to achieve something effectively. My Western perspective did not match the context.
- I am sporty, a cyclist, being fully equipped with a tent to enjoy the challenge of crossing countries and to take part in big cycling events. I am a sailor who likes playing with the wind and being out in the open away from the noise.
- I am down to earth, having a strong need to hold on to something tangible. I am an organiser, keeping all the balls in the air at once, so to speak, running a household with young children, having a South-African partner and doing a PhD while trying to get the best out of life.

I do not see the brief personal history above as a comprehensive portrait of me as it is, obviously, influenced by the intentions of this section. This could be different in a different context, time and place. Therefore this portrait is not a fixed one.
My personal value statement spawned by these experiences, as portrayed in the description of my professional career and self, is orientated around five concepts;

1. I am a *pragmatic*, valuing the constant interplay between the person and its environment, taking risks and facing challenges through trial and error, being goal-orientated, systematic, consistent, though flexible, in approach, and the need to serve a greater good. They are also related to having a strong focus on outcomes in order to be sustainable. Dewey's philosophy of pragmatism (1927, 2009) has been most influential in the development of this value.
2. I value *equality*, social justice, democracy, autonomy - drawing from perspectives of Habermas (1974) and Fay (1987), and the value of people having a voice which is common to a feminist approach (Maguire, 2001). I also believe in a 'connected-ness' that we are all part of a whole that is recognised in a humanist and Ubuntu philosophy.
3. I value the *development of human potential* and the process of learning from experiences and acting through engaging in reflective dialogues with others. Freire's (1972) theories

on critical pedagogy, Roger's (1967) person-centred approach and Schon's (1987) reflective practice works has been influential here.

4. I value *integrity,* including values of reliability, to honour your commitments, such as by keeping to appointments, conscientiousness, authenticity and friendship. I appeal to Macmurray's (1957, 1961) philosophy in his explanation of these themes and their interplay.
5. Values related to *wellbeing* are important to me. Fundamental to me is to feel good, happy, safe and to make the best use of available energy, which is explained in the Chinese philosophy of Taoism. Perspectives including these elements are gaining ground in education and health care as a counterweight to the Western philosophies that have a stronger focus on natural science and cognitive thinking. I always strive for aesthetics and best standard of ethics in what I do. Aristotle and his practical philosophy is concerned with this.

OUTLINING THE CHAPTERS

The thesis is built up around the three phases of the study. The introduction of the thesis is followed by a methodology chapter that explains the different philosophical perspectives used in the study.
Chapter three, 'the storied data of the research in action', presents phase one of the study in which the data collected over two years in practice is captured and described in five interrelated stories. Chapters four and five, 'embarking upon a hermeneutic seascape: sailing through stormy waters' and 'widening my horizon', presents phases two and three of the study. Chapter four describes the analysis of the stories and in chapter five study findings are discussed in relation to the existing body of knowledge. The thesis ends with a chapter with the conclusions and implications for practice. In the introductions to the chapters I refer to the schematic overview of the study and expand these to include different though related stages conducted in the study. Moreover, the thesis has a narrative structure in which the nautical, or sailing, metaphor is a common thread throughout.

SUMMARY

This study is positioned within the context of implementing evidence- based and person-centred practice, which is assumed to achieve optimal patient care. Different approaches are designed to facilitate this process; one of these is Practice Development which includes action research. In the Netherlands this approach was relatively new and because its evidence of the impact on change was promising and its principles were congruent with my own values,

I decided to face the challenge to use this approach in creating an 'effective workplace culture' in a Dutch clinical setting. This culture was assumed to enhance evidence-based and person-centred practice.

In the study a shift has been made from focussing on the development of an effective workplace culture through PAR, phase one, to studying the interplay between facilitator and contextual characteristics in PAR through reflexive analysis, phase two. In a third phase, the contribution of key findings to new knowledge, is explained. Further in this phase, these findings are translated into principles for action in practice. The methodology and research approach used in each phase of the study, will be explained in the next chapter.

Chapter 2

Methodology:
working with different philosophical perspectives

'We can't solve the problems the same way we created them'

[Einstein, 1879-1955]

INTRODUCTION

This chapter provides a rationale for the different philosophical perspectives, research approaches and methods that were used and found appropriate for the three different phases of the study. The various stages are described and the way in which they fit together. I firstly explain what I mean by a praxis methodology that is used in the study. Subsequently, I describe how this methodology works for the three phases of the study. An intermezzo between phase one and two explains what made me to decide to re-position the study and it also aims to connect the different perspectives used in the praxis methodology. The chapter ends with reflecting on the study methodology through a 'praxis spiral' and with how ethical approval is sought for the study.

A PRAXIS METHODOLOGY

A praxis approach has been used as an overall methodology in this study. This aims to realise, progressively, the idea of the 'good' that is a part of a morally worthwhile form of human life. My journey using this methodology begun in 2006 when I planned, and started facilitating, participatory action research (PAR) in a Dutch clinical health care setting. I assumed that by developing an effective workplace culture, characterised by person-centered and evidence-based care, a state of affairs could be reached that would bring about the 'good' in the practice context. This would in turn enable all the individuals concerned to flourish through realizing their personal potential. This would be achieved by overcoming barriers that could be encountered in practice and which could hinder the development of an effective workplace culture. In the study, a mutual process of inquiring about *what* the good is in this context and *how* to apply it in particular situations, was guided by a form of practical reasoning that Aristotle (1955) calls *phronēsis*. This is an inductive form of ethical reasoning that can only be acquired by engaging with practice in context. It was through this engagement with context, by being involved in the 'doing' of PAR facilitation and judged by my moral consciousness, it became clear to me that at a certain stage, I was not doing '*the right thing, in the right place, at the right time, in the right way*' (MacIntyre, 1981, p. 141). Then, new questions emerged, that shifted the focus from a theory of knowledge into a theoretical notion of being, thus shifting from an epistemological into a more ontological focus in this praxis approach, guided by a moral disposition to act truly and correctly. The shift in this methodology enabled me to engage with the situation of my own lived experience of facilitating PAR that is of doing, knowing, being, and becoming it, in real practice. Facilitating PAR falls within the domain of professional practice. It incorporates the very complex, integrated set of behaviours, that is, thoughts, feelings about actions, challenges and issues related to facilitation with which I was involved and confronted (Cherry, 2010). This 'field of practice' provided possibilities for phronēsis (Aristotle, 1955) or practical wisdom to develop

further. In response to particular situations in practice, the element of choice, conscious and unconscious, for specific actions, was crucial. I acknowledged my authentic voice, what I felt I really wanted to say, as a facilitator. I reflected on the conscious or unconscious choices for action and thus put more emphasis on the development of my 'being' in the world of PAR. In these ways I felt inspired to continue the study based on a praxis methodology and to theorise about my practice of facilitation. Or as Kemmis (2006) says;'*to further critique and explore the way things are, and to imagine and explore how things might be*' (p.474). The outcome I aimed for, of a praxis-based methodology was rather part of a process than a pre-determined end. I aimed to create knowledge that would give me a better understanding of my facilitation practice and which might improve my practice and enhance the learning environment for practitioners in future health care settings. I also aimed, with the development of a mid-range theory, to invite other facilitators of PAR to try new ways of understanding their own practice circumstances, and by doing this, make it their own. The boundary between both roles crossed between being a theorist or researcher and practitioner or facilitator of participatory action research (PAR), indicating the hybrid nature of the roles. The ontological focus of the praxis methodology I adopted, enabled the use of one's whole self, a holistic approach, to become more explicit in professional and personal growth resulting in the individual being able to flourish as a human being.

The combination of the two different types of praxis in the study, emancipatory, with a more epistemological focus, and hermeneutic, with a more ontological one, both with their own intentions and philosophical roots, were intended to overcome the crisis I experienced in my facilitation of PAR. I hoped this combination would bring about a positive transformation in myself, both as an end and a means to the study. This, ultimately should enable me to make wise and prudent judgements about what '*would constitute an appropriate expression of the good*' (Carr & Kemmis, 1986, p. 190), in future facilitative action in particular situations or practice contexts. The key-message is that the study as a whole *is* praxis that could change practice as well as the theories around that practice.

Praxis aims to draw attention to, '*the reciprocal dynamics between the ways a researcher influenced the research and the ways in which research itself changed the researcher*' (Cherry, 2010, p. 87). As a reader, it is important to understand that the various stages of each phase presented in this chapter, were not decided upon prior to the study or fixed in a pre-determined research design, but emerged as the study continued. This is in line with a praxis methodology. As Carr (2006) argues; *'the good of praxis cannot be 'made': it can only be 'done'*; '*praxis is a form of 'doing' action precisely because its 'end' (the good) only exists, and can only be realised, in and through praxis itself*' (p. 426). Although praxis involves informed committed action there is no prior knowledge of the right means by which the end is realised in a certain situation. The *telos,* or purpose, of this practical discipline, dealing with ethical and political life, is practical wisdom and knowledge (Carr & Kemmis, 1986). Therefore phronēsis and notions of deliberation, reflection and judgment are essential. These notions imply that, means, the research methods, and

ends, the theory or knowledge, were constantly questioned, and altered during the process. There was a continual and dynamic interplay between means and ends, thoughts, or reflections, and actions and, too, between the particular and the general. Gadamer (1979, p. 275) argues that this process involves interpretation, understanding and application in '*one unified process*' (p.275). Judgment relates to the ends and can only be justified in the context of the study.

Although praxis is predominantly guided by a 'practical-philosophy', in deciding on research methods that were appropriate to the type of praxis, I was also guided by principles underlying a priori theories or philosophies of critical social science (CSS) by Fay (1987), critical creativity by McCormack and Titchen (2006; 2010) and hermeneutic phenomenology by Van Manen (1990). These guiding perspectives informed what type of knowledge was to be generated in that phase of the study and what rules and tools were appropriate to use. Hence, these theories ensured further rigour in my journey using a praxis methodology which was central to the study.

The following paragraphs successively describe the putting into operation of the different types of praxis used in the study. For an overview of the study see figure 1.1 in the introduction.

PHASE ONE: RECONNAISSANCE

I had been interested in creating a culture in health care practice which is evidence-based and person-centred, for many years. This spanned my career practising different roles in various clinical nursing units and which is described in more detail in chapter one. Also to recap, in chapter 1, it was acknowledged in the literature that the development of an effective workplace culture in a health care practice context can have a positive impact on staff. It can enable them to achieve many different things: to adopt a person-centred practice (PC) and EBP approach to care; to become empowered and committed to standards on multiple levels; to meet goals and objectives; to develop, use and share knowledge, to achieve human development for all staff; and to have a positive impact on other workplace cultures (Manley et al., 2011).

There is widespread recognition that contextual factors, including workplace culture, need to be taken into account when implementing EBP or changing and developing practice (Kitson et al., 1998; Kitson et al., 2008; Manley, 2001; McCormack et al., 2002). However, literature in the specific context of the Netherlands is sparse on *how* to develop these cultures in which evidence-based care and person-centred care become and remain shared values. It is also clear in the literature that transforming cultures in organisations is a complex and challenging endeavour because of it is multi-dimensional, intangible, deep-rooted (Bate, 1994; Schein, 1985), and will not follow a straight path. Driven by my own interests, I was willing to take on this endeavour in order to improve care for the good of patients and to increase the potential and well-being of the largest group of front line, namely nurses. This would enable them to

break through traditional cultures that did not allow them to have a voice or participate in discussions in which they would perceive themselves a salient actor. Furthermore, as introduced in chapter 1, I wanted to explore how the gap could be narrowed between *practice-espoused* (theory-knowing) and *practice-in-use* (practice-doing) (Argyris, 1978) in health care.

As a methodological point of departure, to explore the central phenomenon, the following research question was formulated:

> *'How can an effective workplace culture be developed in a Dutch health care context?'*

The aim of the study was to work collaboratively with participants as co-researchers. This included all staff as there was a high proportion of nurses. We would work towards the development of a workplace culture that is supportive of person-centred and evidence-based care, allowing individuals to flourish and generating new knowledge or evidence about this process for a wider critique.

Based on my reflections of the study process, which emerged after a year of collecting and analysing data in a practice context, and including all staff, the group was reduced to a group of three Clinical Nurse Specialists (CNS) and one Advanced Nurse Practitioner[4] (ANP). The focus was chosen as this group of nurses represented a larger group of professionals in health care organisations with a key role in dealing with changes on the primary care level. Accordingly the research question was refined as follows:

> *'How can a group of CNS develop an effective workplace culture and how can this group be facilitated in this development?'*

The initial aim of the study remained unchanged, though it was now made more specific to this group of higher educated nurses. It was still to enable them to unravel issues around their roles, to make sense of these issues, and to inquire, collaboratively, how changes could be made in their workplace culture.

The context here, seen as the environment or setting in which the proposed change was to be implemented (Kitson et al., 1998), was a Haematological Oncology Centre (HOC) within a hospital, in two different locations in The Netherlands.

The hospital is a large regional hospital in which more than three thousand people are employed together with two hundred medical specialists on two locations. It offers twenty four specialisms and has almost six-hundred beds. The hospital is a teaching hospital and is one of the twenty eight members of the association of tertiary medical teaching hospitals, known as 'Samenwerkende Topklinische opleidingsZiekenhuizen' (STZ). The core function of

4. For conveniently reasons in further texts included within the group of Clinical Nurse Specialists.

this collaboration of hospitals, is the training of consultants. STZ hospitals also commit themselves to: education and training in general, the advancement of high quality patient care, tertiary medical care and tertiary referral functions, applied scientific research and health care innovation (retrieved from www.stz.nl on March 30, 2013). The level of care given in the subject hospital is indicated as high-cure and lies between that of a university medical centre and that of a general hospital. The hospital has received several quality marks over the years.

With this centre, all oncology care was intended to be located in one department in each hospital location. All medical specialists concerned with oncology as well as oncology nurses and CNSs, were based here. The HOC was set up as a national expertise centre for quick and effective diagnosis and assessment, primarily, for treatment of breast cancer. The setting consist of two day care clinics, two outpatients' clinics, including support services, and an oncology nursing unit on two locations. The locations merged at ward level in September 2008.

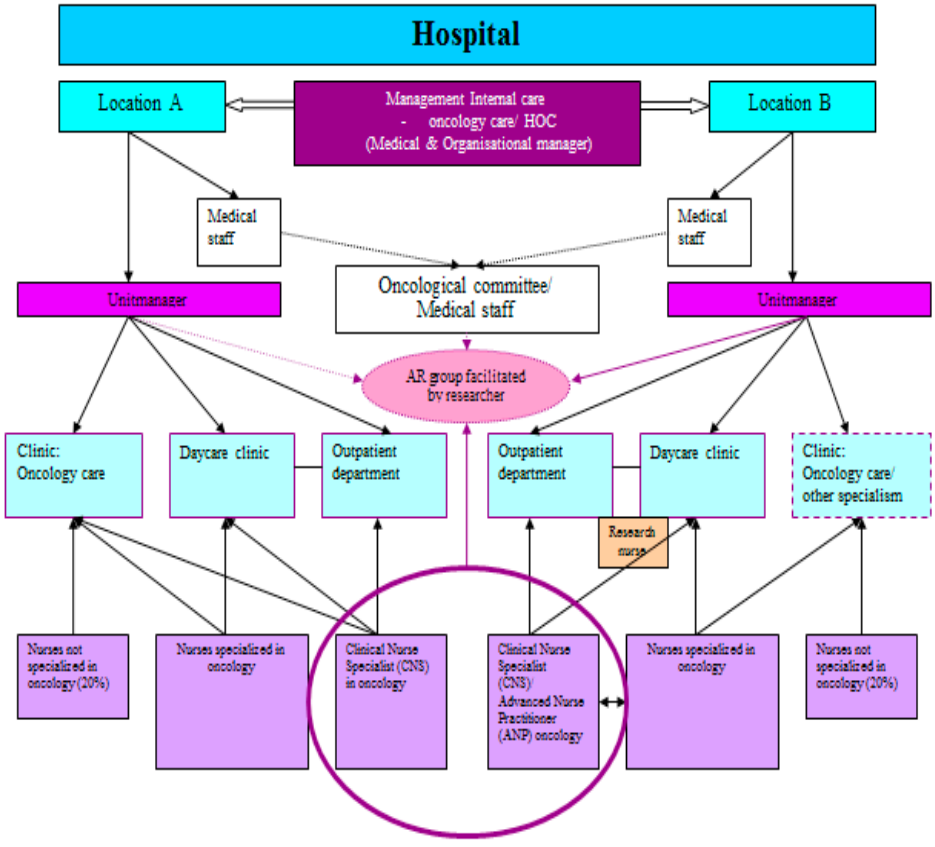


Figure 2.1 Organisational chart positioning the study in the oncology department of a Dutch hospital.

The HOC had the intention to become a PDU and already made some first steps in initiating this, and voiced a need for support in Practice Development (PD). The focus was on nurses as these were the largest group of practitioners in the HOC, about forty nurses in total on each location. Within this centre, a total of three CNSs and one ANP were employed. The organisational chart in figure 2.1 shows how the study was positioned within the oncology section of the hospital organisation that was sited in two locations.

The decision to focus on a single workplace was guided largely by the fact that the scope then is more limited and the transformation of practice is more likely.

Philosophical framework

The research questions were located within the critical paradigm as the interest[5] underlying the research question reflected a specific viewpoint and values that were concerned with the transformation and emancipation (Higgs, Trede, & Rothwell, 2007) of nursing practice. The critical paradigm embraces research which focuses on several aims. These aims are twofold. Firstly, I aimed to disclose underlying values to practice and illuminate contradictions and structures, taken-for-granted in the everyday reality of practice. Secondly, I aimed to analyse this critically in order to find alternatives to enable liberation from possible constraints. These constraints include oppressive ways of thinking, internal to themselves and external obstacles including; dysfunctional conditions in systems, cultures, power structures and channels of communication. Furthermore the research question was strongly orientated towards action and guided by a constant search to find a connection between theory and practice. Therefore the study started with an emancipatory aim which led me to engage in an emancipatory praxis. Emancipatory praxis is defined here to mean acting intentionally with the moral intention to overcome barriers to achieving cultural change. I believed Critical Social Science (CSS) was also suitable to apply to the study, as it relates to critical theory and has an explicit intention of emancipation. This was also because a CSS perspective is concerned with challenging and reframing established practices, as well as opening up and showing tensions in the use of language (McCormack & Titchen, 2006). CSS was seen as a catalyst for the development of individual practitioners and the transformation of social systems. Contradictions and disparities in practitioners' beliefs and social practices could be exposed by means of integrating theory and practice. Practitioners could also become inspired to change rather than acting as a result of an external power or coercion.

5. Habermas (1968) made the connection between interests, questions and knowledge. Personal interests are reflected in the types of questions that one poses and the strategies applied to find answers to these questions.

Fay's (1987) critical practice theories are often used to articulate a CSS perspective in emancipatory praxis and to emphasise a tripartite process of, Enlightenment, Empowerment and Emancipation. This can then result in sustainable, emancipatory change and the development of theoretical understanding, and thus potentially transferable knowledge, about processes and strategies of transformation. Hence, it '*goes beyond a practical theory in the sense that it does not just set out to explain, understand and change social contexts, but instead, aims to help people to free themselves from circumstances of domination and oppression*' (McCormack & Titchen, 2007, p. 45).

The principles that are important in working within a CSS approach are those of: acting scientifically, critical thinking, adopting practical activities and non- idealism. This means that the researcher has to work systematically through a complex set of theories and sub- theories in order to enable transformation and develop new knowledge. The researcher has to create open spaces for critical dialogue (Habermas, 1981) and reflection or reflexivity for each voice to be heard thus faithfully addressing the multiple realities. Also the researcher has to engage with practice, socially and politically, in order to gain practical knowledge that will inform the development of the theory. CSS theorists acknowledge that contexts are diverse and unique and remain ever-changing. They argue that knowledge that has been developed is never perfect or entirely transferable to other contexts. These principles have guided the methodology and methods for data collection and analysis which I chose in the first phase of the study.

In addition to the use of CSS as a research approach, a critical creativity approach (McCormack & Titchen, 2006), was used simultaneously to enable emancipatory praxis in the study. This approach, that draws on ideas from several authors (Higgs, Titchen, Horsfall, & Armstrong, 2007; Marshall, 2008; McCormack & Titchen, 2006; Senge, 2005), is based on CSS. Critical creativity however, elaborates and alters Fay's (1987) theory of *transformative action*, as it blends creative art forms with reflexivity, for the purpose of enabling individuals to flourish (Titchen & McCormack, 2010). Critical creativity is concerned with overcoming inner and outer obstacles to person-centred, effective practice, development and research by de-constructing and re-constructing a context or situation through reflection and creative arts. Critical creativity extends the predominantly cognitive, meta-cognitive and reflexive approaches and critique of CCS, to include multiple areas of intelligence, creative imagination and artistic expression in a cognitive-artistic dialectic critique (McCormack & Titchen, 2006).

Principles that are prominent in working within a critical creativity approach are those of creativity and human flourishing. This means that the researcher has to use creative and expressive art forms as a way to bring pre-cognitive knowledge to the surface (McCormack & Titchen, 2006) in order to reduce potential cognitive shaping (Lieshout & Cardiff, 2011), to blend this with other types of knowledge and to bring this to the foreground in a critical dialogue. In critical creativity, this dialogue does not necessarily have to be limited to verbal communication (Simons & McCormack, 2007) in order to achieve a common language.

Human flourishing as a second principle, guides a researcher to have a constant focus on maximising an individual's potential for growth through their process of change, both as an end and a means. However, in this phase of the study, critical creativity was not used in its most pure form aimed at achieving human flourishing. Instead it was used in a more limited role, as a strategy in the development of an effective workplace culture.

Research approach

The research approach I chose is Action Research (AR), which is defined by Kemmis and McTaggert (1988) as: '*a form of collective self-reflective inquiry undertaken by participants in social situations in order to improve the rationality and justice of their own social or educational practices, as well as their understanding of these practices and the situations in which these practices are carried out*'(p. 5). It provides a way of working that addresses simultaneously the gap between theory, research and practice, and a sustainable change of self-knowledge, practice and one's workplace (Manley, 2001).

Participatory Action Research (PAR) was the type of action research that embodied the aspirations of the study's philosophical framework best. It also shared the primary focus of transforming workplace culture. Since Lewin has introduced this term (Boog, 2003) all types of AR have historically always had an emancipatory and empowering intention. However, PAR explicitly sees the social structure at stake and intends to promote emancipation and liberation of the practitioners through their own enlightenment. In this way they will undertake democratic strategic action in order to change these social structures (Carr & Kemmis, 1986). PAR as an emancipatory research process is concerned with dismantling the barriers to the transformation of change within practice while addressing the contradictions between the espoused and actual practice.

PAR is characterised by three elements, action, participation and research. Action is included because of its inevitable intervention in the social situation and because it will turn these into a consciously applied effect (Wadsworth, 1998). Participation refers to working *with* rather than *on* practitioners, in the research process, because it is seen as essential for developing ownership, implementing changes in practice, for achieving emancipation and to develop practical knowledge. New ideas from research need to be tested in practice in order to become resilient to the dynamics of practice. Only then will they be accepted as a common good.

PAR proceeds through a rigorous, flexible and cyclical process comprising four major phases. These are the reconnaissance phase, the planning phase, the action-bservation phase and the reflection phase. The reconnaissance phase is orientated towards diagnosing context and identifying themes for action. This to define the potential for intervention in the course of the study and also to instigate an action research group. In this study, this is a small group of four collaborators or co-researchers from the HOC who engage in cycles of inquiry in order to enable a broader collaboration to support the study. In this orientation phase I intended

to better understand a number of key factors. These were: how participants experienced and perceived the culture within their workplace; how they build relationships; how they were to embed the study and simultaneously collect data to inform the next research cycles; and how they were to develop a plan of action. Findings would suggest themes and plans for action to be implemented and observed in practice. The reflection phase enables the plan to be revised and to enter a next cycle and a new analysis of the situation (Kemmis & McTaggart, 1988).
In action research, action and research go together, is cyclical and iterative or repetitive. It requires on-going data gathering, data analysis and critical thinking between the researcher and the practitioners or co-researchers in their position as stakeholders. It aims to provide a purposeful and meaningful orientation to assist people to enhance their capacity to formulate appropriate, effective, sustainable solutions to the complex issues and problems they face that affect their everyday lives (Koshy, 2011).

This research approach suggests the researcher and participants to collaborate as they generate knowledge through mutual understanding while undertaking these cycles of action and learning. Hence, this impacted on my role as an action researcher, located within a practice development (PD) approach, because it suggests, '*we can only understand the world as a whole if we are part of it, as soon as we attempt to stand outside we divide and separate*' (Reason, 2002, p. 11). Practice developers are defined as '*professionals who have formal responsibility for developing practice in organisations*' and have a function to promote and facilitate change, to translate and communicate (McCormack & Garbett, 2003, p. 324). Therefore in the study I also refer to the researcher as facilitator.

I shifted my role of lecturer practitioner to that of facilitator of PAR. Through this, I aimed to be less occupied with the supervision of student nurses and to focus on the aspect of education, limited to the study. As a facilitator I then became an outsider, seconded from the university to the hospital but with an insider perspective as I used to work in the same organisation for some years. The expected benefit of this was that I could easily connect to values shared with practitioners and at the same time could withdraw from practice and to move physically to an external location, the university, for reflection. The challenge for me was that with an outsider view I could observe aspects in practice context, that I was not aware of in my previous roles, but that could recall emotions. Another challenge was that as an outsider I have limited authority in practice and would make me to collaborate with others that have the authority. In the study, besides the role of facilitator, I was also an observer and participant.

Methods for data collection

The research methods in the study were directed by the research question, by principles related to emancipatory praxis and negotiated by the researcher and practitioners collaboratively. This was in order to follow practitioners' needs and questions concerning their practice. I often

suggested research methods that were related to a range of practice development tools and processes which the Royal College of Nursing (RCN) had developed and tested for facilitating cultural change across health care organisations (RCN, 2007). The evidence base that supported these approaches to PD were examined critically in a review by the NHS Education for Scotland (McCormack et al., 2006). Creative imagination and expression in methods was found to be important to enable both myself and the practitioners to de-construct the different contexts, to grasp the meaning of the whole, to access embodied, tacit knowledge and either to create or release new energy. I found it essential that everyone embraced a range of methods that could be grouped within quantitative and, or qualitative or creative methodologies, in order to answer adequately the research question stated (McCormack, Manley, & Garbett, 2004). This was also essential for data triangulation in order to reach the most accurate representation of reality. To make a start right away, a collaboration contract was agreed and staff and management provided me with access and involvement in the daily activities of the HOC during the first phase of the research process. Also I instigated an action research group including a medical specialist, CNS , manager and me. This lasted for an extensive period of two years. During this time I took on various roles such as facilitator, co-facilitator, participant and observer. I engaged with nurses, medical-specialists, managers, a steering group, a hospital consultant and health care assistants, in diverse research activities. I did twenty-five hours of participative observations of nursing practice including eight hours of medical specialists in both clinical ward and outpatient and day-clinic. I facilitated seven small focus-group interviews with nurses working on the clinic and five individual storytelling with clinical nurse specialists (CNS). I also facilitated six creative workshops and co-facilitated eight staff -and working group meetings, one policy-day and three action group meetings. Moreover, I engaged in almost thirty reflective sessions with supervisors and critical research peers. Because I was present on the unit almost twice a week, I also engaged in numerous interactions with management and practitioners, which were all documented. All these data, observations, fieldnotes, evaluations and reflections, were systematically recorded. For a detailed list of the key activities within this extended reconnaissance phase, see appendix A.

- Participative observations -25 hours
- Group-interviews & storytelling -12 (n=24)
- Creative workshops - 6
- Co-facilitation of staff meetings - 12
- Reflective sessions -28
- Interactions with professionals in practice

Some research methods were most evidently related to the emancipatory praxis and PD, and key to the process of data gathering. These included, in the first year, a critical creative culture workshop[6] carried out collaboratively with the HOC team [n = 16](RCN, 2007). In the second year these included individual storytelling[7] (Holloway, 2007; RCN, 2007; Riessman, 2008) with CNSs [n=4] and one specialist nurse working close in relation with this team. We also considered using a number of validated instruments to assess organisational or workplace culture. These were: the Nursing Unit Culture Assessment Tool (NUCAT) by Coeling and Simms (1993); the Workplace Culture Critical Analysis Tool (WCCAT) by McCormack, Henderson, Wilson, and Wright (2009); and the Organisational Culture Assessment Index (OCAI) by Cameron and Quinn (1999, 2011). However these were found not to be ideal at that moment. The most important reason was that these instruments were not yet translated and, or validated in a Dutch context and there was no time to wait for this to happen. Also, as an outside stakeholder, I wanted to experience workplace culture myself in order to gain a deeper understanding of the way things were done around there (Drennan, 1992). This would have enabled me to stay close to practitioners' words and their interpretations of workplace culture, which was known to be difficult to articulate. It would also enable me to engage in face-to-face contact with participants as this was assumed to enhance the building of a strong relationship essential in PAR. These contacts were gained by collecting data while working with staff and unit management in assisting nursing activities, co-facilitating and attending staff-meetings and engaging in spontaneous conversations, rather than using more, perhaps conventional, quantitative instruments. However, I worked with different practitioners who had less research skills than I expected. Therefore, I was required to amend some research tools or methods for more pragmatic reasons. One example was the protocol for patient stories from the RCN.

6. The critical creative workplace culture workshop aims to identify the culture in-practice is and the espoused-culture, in a particular context. Also, it aims to identify and formulate a plan for action to enable the espoused culture to become real. The workshop deliberately makes use of creative art and dialogue.

7. Narrative question was: 'How do you experience working on the HOC as a CNS?'

Data were retrieved from a variety of sources. An audit trial, research journal and reflective diary (Bulman & Schutz, 2008) were kept and permission was sought to record some of the conversations on tape. Representations of interviews, individual storytelling, outcomes of workshops and reflective observation notes, were 'member checked', respondents were asked to give feedback on these representations to improve validity. It is because PAR integrates evaluation through the spiral of interrelated cycles, which are implemented systematically and self-critically (Grundy, 1981), that a method of 'claims, concerns and issues' within the Fourth Generation Evaluation (FGE) of Guba & Lincoln (1989) has been integrated into the PAR approach (Manley, 2005). It was often used as an evaluation and inquiry method that was assumed to support the process.

Methods for data analysis

During the reconnaissance phase, data analysis was done concurrently with data collection in the field. As I had to respond in the moment, I often could not wait for the information only after all data collection was completed. Data analysis is a constantly recurring activity in the spiral of activities and breaks through the dogmatic about issues of analysis in research (McNiff, 2013, p. 114). Analysis, even when it reveals only preliminary findings, then gives direction for action. In phase one, rigour in the analysis was not achieved optimally. This is because data collection was not yet completed and most of the analysis was hardly done collaboratively, except for the analysis with CNS, and thus was not member-checked. However, I achieved to do a first analysis of the data for each reconnaissance phase.

A first analysis of data collected in year one, was conducted through a thematic analysis as described by Braun and Clarke (2006). I looked for patterns of meaning and issues of workplace culture in the data, through a recurring process of constantly moving back and forth between the data collected at that particular point in time.
I adopted a more deductive approach in which the 'Promoting Action on Research Implementation in Health Services' (PARIHS) framework (Kitson et al., 1998; Rycroft-Malone et al., 2002) was used as the theoretical starting point. In particular the element of context and sub-elements of culture, leadership and evaluation were used as a thematic framework for analysis. The preliminary findings which positioned or judged workplace culture along a continuum of weak and strong, were described in a small report entitled: 'First analysis workplace culture HOC'. This was then discussed with the action research group and higher management. The findings of the current workplace culture were confirmed by most of the stakeholders who also provided some kind of diagnostic baseline assessment of the current situation in order to identify starting points or issues for action for PAR. An executive summary of the findings described in this first report can be found in appendix B.

A second analysis, after year two, was a critical creative hermeneutic analysis inspired by the original work of Boomer and McCormack (2010), with each individual CNS analysing their individual stories collaboratively with me. The intent was to identify themes for action as well as help CNSs learn how to do a critical analysis of data collected. Each analysis resulted in two different narrative representations that consisted of a framework of picture cards, selected by the CNS and me that captured the essence of the CNS's story metaphorically. It represented how we both saw, felt, and imagined them experiencing workplace culture in their practices. Additional experiences or insights of the CNS and my reflections from other datasets were added at different times, to enrich the accuracy of the data. Through critical dialogues about these images, which I facilitated, consensus was reached about a set of preliminary themes between the CNS and me. It was at this point in the process, because of the contextual constraints experienced, that the analysis was not continued and thus was not completed. The themes identified were not defined more closely. Neither were they supported by a theoretical framework of PARIHS (Kitson et al., 1998; Rycroft-Malone et al., 2002), or by a concept analysis of effective workplace culture (Manley et al., 2011). Therefore it was not possible to go back, to gather data that was relevant to each potential theme and to engage in further analysis, collaborative or otherwise, in order to understand each dataset as a whole in the context of the workplace culture of a group of CNSs. The completion of this analysis was necessary in order to inform shared issues and cycles of action for establishing a possible transformation in workplace culture and for the research to continue.

The findings from this extended reconnaissance phase, suggested there was potential to do PAR with practitioners in this context and around the central theme of effective workplace culture. Findings also highlighted contextual key-issues and facilitator issues that revealed a disconnection between context and facilitator in using a PAR approach. Even after two years in practice, the actions were fragmented and I did not achieve my aim of creating collaborative space with staff in order to achieve a consensus on issues identified for action that would enable the process to proceed. I did though gain access to the HOC, and I was able to elicit preliminary findings on workplace culture through a wide variety of methods of data collection and analysis. I also experienced an enthusiastic staff who expressed that they were willing to work with me collaboratively in the study. And, finally, I did succeed in initiating an action research group. However, despite all these achievements, this was not sufficient for PAR to proceed in this context. This made me ask why I was not making any progress with the approach and strategies of facilitation I used in this context with staff. Even though this would allow them to own the study and to achieve consensus on issues for action and would move us out of the reconnaissance phase.

INTERMEZZO: REPOSITIONING THE STUDY

'Maybe the most difficult thing is, to wake up people who pretend to be asleep'

[Bishop Desmond Tutu]

This quote by Desmond Tutu appealed strongly to me to describe why I repositioned the study after two years in practice and shifted the methodology from emancipatory praxis into a more ontological focussed, hermeneutic praxis. The quote captures the essence of how I perceived the response of staff and management on the recurring facilitation strategies that I applied in the reconnaissance phase of the study. These were intended to stimulate staff to collaborate in the study. It was essential for the study that staff and management collaborate as co-researchers with me. Staff recognised the potential for cultural development. However it was challenging for staff to develop the new role of emancipatory co-researchers and to act collaboratively in the study because of contextual constraints such as organisational hierarchies, power relations and a weak workplace culture. Also, the creation of communicative and reflexive spaces, essential for emancipatory development and central to the early phases of PAR (Kemmis & McTaggart, 2005; Wicks & Reason, 2009), were hindered by the fact that the context was merging and changing. I observed that my attempts to spur on the strategies to facilitate a process from enlightenment into a process of empowerment did not achieve the collaboration with staff and management required to enable the study to progress. I too was caught up in the demanding and complex practice setting. In addition, I had no autonomy as an outside researcher. I felt principles underlying the study were not being lived out properly even by myself nor shared within the context. The dynamic and complex nature of the context meant I struggled with the ambiguity of my role. After two years in practice, I recognised that I had not yet sufficiently developed the ability to work with such complexity, while doing PAR and so my facilitation of PAR was ineffective. I observed processes or patterns that were operating in the outer context or meso level, and in the inner context or micro level, but at that particular moment I did not understand how these processes were related to the study. Also, I recognised my knowledge, both in practice and in a pre-reflective sense (Schon, 1983) had an impact mainly upon my choices for acting in facilitating change. I realised that, without this understanding and balancing of different types of knowledge, I would not be able to make any emancipatory impact in the context. Hence, it was not ethically right for me to continue these strategies in this context. The experience of entering into practice related to my beliefs, with a clear, pure plan, but one which did not however work in reality, had a sobering and detrimental effect on me. Added to this I observed that there was little recognition in the literature of this phenomenon and how situations like these could be altered.

The reconnaissance phase, the first phase in the action research cycle, and which is vital both to subsequent phases and the success of the process, is often described as an orientation,

preparatory or beginning phase in a research context. Its purpose is to identify thematic concerns for the action research through observations and critical reflection (Kemmis & McTaggart, 1988). Such explorations of the current situation in a particular context through a contextual or situational analysis, suggest a researcher should adopt a more traditional researcher role in order to collect data from a context using a more objective stance. However, principles of PAR suggest that the exploration of the current situation is an activity carried out by the researcher, collaboratively with practitioners in context. I experienced that, revealing contextual issues *with* others, brought about strong dynamics in and between the researcher and practitioners in this context resulting in a different meaning to the role of the researcher.

These dynamics were not clear in the actual linear models that represented the action research process (Kemmis & McTaggart, 1988) and that were my key influences which drove the study at the beginning. It requires additional abilities from the researcher to make sense and appropriate the use of these dynamics. I recognised these abilities, for example to create collaborative partnerships and an environment for participation and developing self-awareness, were characteristic of the facilitator's role. The multiple roles of researcher, implementer, educator, politician, and the challenges related to that, were recognised in the PAR literature (Reason & Bradbury, 2008). However, I observed that this literature made little explicit reference to the role of facilitator, integrated within the researcher's role, and the impact that this has on her or himself. Neither is it clear what is to be espoused or supported, how facilitation works and how to decide on an approach and strategies for the facilitation in the different stages of the action research process. Facilitation has its origins in the theories of Rogers (1967) and Heron (1999), but these origins are, I noticed, rarely, or only fragmentally, cited or critiqued in PAR literature. These theories suggest that at any time a facilitator should adapt an approach and strategies to where context is at a particular moment. I would challenge this gap in the action research (AR) literature, after what I experienced. The challenges and limitations in facilitation, the art of facilitating in the reality of a practice context and the interplay and dynamics between an authentic facilitator and those that are facilitated, are not thoroughly explained in the PAR literature.

In their concept analysis on facilitation, Harvey et al. (2002) conclude that it is still unclear whether certain approaches are more effective than other approaches, and in what context. They observe that there was little written about how these dimensions of the framework interact with each other.

I came to the conclusion that in the literature, facilitative actions on the vital early phase of PAR were not considered and there was limited theoretical support for a researcher to reflect on the reality of practicing PAR in context. Dillon (2008) supports this conclusion. Also the time to complete a reconnaissance phase is underestimated in the literature (Dillon, 2008; Snoeren & Frost, 2011). Only McNiff (2000, 2011) emphasises the importance of taking time to assess and analyse oneself as a person and as a part of the reconnaissance phase in order to position oneself in the study next to a 'situational' reconnaissance. This demonstrated that the interplay

of researcher and context in the facilitating processes within the reconnaissance phase of PAR were poorly conceptualised.
Therefore, as I considered myself contributing to the research process, I made a conscious decision to distance myself from the practice context. This was in order to engage in critical and creative reflection on my experiences as a facilitator while making use of the wide variety of data I had systematically collected in my two years' engagement with practice. I wanted to consider how the context had had an impact upon the facilitation and the development of a transformative culture needed for PAR to proceed and vice versa. At this point I felt I was obliged to take on this intrinsic 'case' (Stake, 1995). That is to look at my own facilitation of PAR as a subject of study because the case itself was of primary interest to me as researcher. I was also committed strongly to learning about this particular case, and because there was clearly a lack of research knowledge on this within the field of PAR.

Taking distance from the practice context in order to engage in a systematic, critical and creative reflection on multiple data collected in the reconnaissance phase, on the interplay between facilitator characteristics and on the contextual characteristics in PAR, resulted in a shift in the approach of the study, from emancipatory praxis to hermeneutic praxis. My intention with this hermeneutic approach was to transform my embodied, imagined understanding and shared, but unarticulated, thoughts and feelings of facilitating PAR, into cognitive understanding through reflexivity. This was in order to learn and inform my facilitation strategies in PAR so as to become more effective when I return to practice. Although, this next step in the research process does not meet the commitment to benefit staff, including nurses, directly through the study, it is only ethical to explore first the dynamics in developing health care practices as a facilitator of PAR.

PHASE TWO: REFLEXIVITY

The focus of phase two is articulated in the following reformulated research question.

> *'How do facilitator characteristics in action research interplay with the characteristics of context?'*

Aims:

1. To analyse the action research data collected using a reflexive framework in order to understand the relationship between context and facilitation.
2. To identify and explore the mediating factors of context that enable or hinder emancipatory change.
3. To develop an understanding of the characteristics of a facilitator necessary in order to be effective in differing contexts.

This research question and aims guided me in a systematic, theoretically-orientated, empirical reflection on a personal lived experience. It was intended to address a dual interest, a practical and personal interest, and an intellectual and scientific one. A deeper understanding was gained through reflection on my own facilitation practice and the strategies I used. This together with the values and beliefs that have determined the actions I have undertaken within the facilitator role was seen as an integrated part of an AR methodology. It helped me to discover and develop myself and to identify alternatives for future facilitative action. Moreover, a systematic reflection on a large set of data that disclosed this interplay from different perspectives, revealed findings which contribute to the existing knowledge in the literature about the facilitation of PAR. This understanding can be shared in future, critiqued or developed further, and used intentionally by those concerned with practice development for the transformation of oneself, health care practice teams, organisations and communities.

Philosophical framework

The research question in the second phase of the study was located within the interpretive research paradigm. This was because there was an interest in understanding a complex and multi-dimensional human phenomenon[8] that of facilitating PAR as a novice action researcher in a turbulent health care context. And, also in how this phenomenon of interaction in the reality of the practice context is experienced, in this case, by the researcher herself. Dilthey (1987) and Weber (1949) see *interpretive understanding* as being concerned with accessing the *meaning* of experiences rather than to explain or predict behaviour. This is because there is no perfect approach to the phenomenon and the usefulness or relevance of the understanding depends upon the situation. In this process of achieving meaning, interpretive research is concerned with multiple realities constructed by human beings as their context and personal frame of reference have an impact upon the unique constructions of different meanings. This subjectivity is valued within this field of science as an epistemology of idealism, in which knowledge is viewed as a social construction, central to this paradigm. An interpretation of the social world is sought through negotiated understanding (Higgs, 2001).

Methodological guidance for phase two was further sought from the philosophical tradition of hermeneutic phenomenology that is one characterised by the process of making intelligible that which is not yet understood in a situation (Palmer, 1969). Here, lived experiences are used as a tool to understand better the social cultural, political or historical contexts in which these experiences occur (Heidegger, 1962). The focus here is to illuminate details and seemingly trivial

8. Phenomenon; "The essence of phenomenon is universal which can be described through a study of the structure that governs the instances or particular manifestations of the essence of that phenomenon" (Van Manen pg. 10) which is complex/ multi-faceted, real and has consequences for PAR in practice. Hence, involves multiple strategies, purposes and interpretations.

aspects within experiences, that may be taken for granted in our lives. These are things which are mostly implicit. The goal here is to create meaning and achieve a sense of understanding (Wilson & Hutchinson, 1991). A hermeneutic approach requires the researcher or interpreter to engage in a process of self-reflection in which the biases and assumptions of the researcher are not bracketed or set aside, but rather are embedded and are essential to the interpretive process. Heidegger (1962) argued that all understanding is connected to a given set of 'fore-structures' or pre-understandings, including one's historical context, one that cannot be eliminated. Gadamer (2004) also notes that we cannot separate ourselves from the meaning of the text as any interpretation is made and coloured by the researcher's background and intentions. He also argues that an interpretation must be made from a perspective. Understanding then arises from being aware of one's prejudices and to critique them in order to formulate new meanings.
My shift in praxis towards hermeneutic praxis is therefore concerned with an interpretative praxis and refers to the intention to understand and to create knowledge about uncovering the meaning of being in the world, through interpreting and understanding human experience. I combined the epistemological approach of idealism with the ontological approach of hermeneutics through a process of reflexivity that is used in the study, in which I challenged my epistemological approach of positivism illuminated in the lived experience. With the intent to develop my ontological perspective of being a facilitator of PAR. Moreover, the shift in different types of praxis, the praxis methodology, was rather an emerging process than a predetermined plan.

Two processes that were viewed as key to understanding the social world and to guide further engagement in the praxis journey, were the hermeneutic circle (Heidegger, 1962) and the fusion of horizons (Gadamer, 2004; Gadamer, 1993). The hermeneutic circle refers to the idea that one's understanding of the experience, described in texts or via some symbolic form, is, as a whole, established by reference to the individual parts. Similarly the parts are understood by reference to the whole. Neither the whole text nor the parts can be understood without reference to each other, and hence a circle of constant movement between the parts and the whole is established. Repetitive reading and moving back and forth through texts, while being open to the aspects being sought within the experience, again and again, increases the depth of engagement with, and the understanding of, the texts (Annells, 1996; Polkinghorne, 1983).

Gadamer (2004) views interpretation as a fusion of horizons. This can be seen in hermeneutic research where there is no absolute standpoint from which the researcher can determine the true value of a theory or account. A horizon is a range of vision that includes everything seen from a particular vantage point (Gadamer, 2004, p. 301). It is the frame of reference, the horizon that we know cognitively, pre-cognitively and feel, in a sense of pre-understanding, from which a person starts. In a dialectical interaction between the interpreters and the text, each starts from his or her own horizon. Horizons marks the limits of our understanding, as our background beliefs and knowledge, affect what texts we understand and how we understand them. For Gadamer,

questioning, is an essential aspect of the interpretative process, as it challenges personal horizons and it helps to broaden, co-constitute, and fuse horizons, and makes new, more encompassing, understanding possible. Also, this enables a spiralling process of shifting between background and foreground, as actions like interpretation may flow from the background as well as from the foreground. The background is understood as, using the words of van der Lugt (2011, p. 12); '*a dynamic, multi-faceted, often fuzzy web of semi-conscious and possibly pre-conscious footage at the rim of our awareness*' (p. 12). It is the thoughts, emotions, intuitions, perceptions, and even actions that are not interpreted by the foreground. Nevertheless, these aspects are part of our awareness and experience. They are who we are and the way we act and interpret texts. Through questioning, the many elements in the background that give meaning and shape to the foreground can be drawn into the foreground and thus the chance of it being overlooked is minimalised.
Hermeneutics often seeks to bring understanding and the disclosure of phenomena through language, known as the human science text. As in language, the facts of the lived experience are captured for the purpose of interpretation. Polkinghorne (1983) argues that texts include written or verbal communication as well as creative arts.

A critical creativity approach has also captured a significant position in the second phase of the study. Building on McCormack and Titchen's (2006; 2008) suggestion to include creativity and to elaborate Fay's (1987) critical theory of *transformative action* and sub-theory of *the body*, I brought creative arts into the study and wove that into the different stages of hermeneutic praxis. Throughout hermeneutic praxis, I enabled a constant interplay between creativity and reflexivity in order to identify and make sense of my false consciousness and the crises I experienced in my facilitation of PAR. Moreover, it allowed me to create a potential for transformative action by developing a plan of action to change the 'crisis elements' identified.
In phase one I found that being creative, using my creative imagination and expression, enabled me and the practitioners to de-construct the contexts. Thus it meant grasping the meaning of the whole, accessing embodied, tacit knowledge or knowing, and creating and, or releasing new energy. In hermeneutic praxis, in the process of making meaning of my lived experience, I approached critical creativity from a slightly different angle blending the embodied and imaginative knowing and meaning into a cognitive critique (Titchen & McCormack, 2010). This supported me and others to maximise the potential for making the essence of a phenomenon more intelligible and so to gain a deeper understanding thereof. The principles underlying critical creativity, creativity and human flourishing that are described earlier, and more specifically those of person-centredness and spirituality (Titchen & McCormack, 2010), continued to guide the praxis process further. Creative arts were used as a means to express the quality of the embodied experience, in terms of the thoughts and feelings that coloured the experience and to give it that particular lived quality. Creative arts media have their own language of expression that recreates experiences by transcending them (Manen van, 1990). The flourishing of the individual or human, the second principle within critical creativity, in the

same way as *progress* in human science research (Manen van, 1990), recognises the existence of *emancipation* in human life. It assumes that when acquiring deepened understanding of the meaning of certain human phenomenon a person could become more thoughtful and less susceptible to the controls of others and prepared better to act tactfully in situations (p.21).

Research approach

A hermeneutic phenomenological approach by Van Manen (1990, 1997) was seen as well suited to inform and guide the process of hermeneutic praxis, that is of making meaning out of my lived experience of being a facilitator of PAR.

Since the study is both concerned with describing the lived experience and with understanding the experience and the nature of the experience, the study relies on principles of both hermeneutics and phenomenology. Van Manen calls this dual approach 'hermeneutic phenomenology'. He defines the methodological process as an interaction among six activities, to uncover systematically, through reflection and dialogue, the internal meaning of structures of a lived experience, that is the essence of being a facilitator of PAR (Manen van, 1984; Manen van, 1990). These activities are:

1. The researcher is encouraged to turn to a human phenomenon which interests and engages him or her in everyday life, professional or otherwise, and that commits them to the world.
2. The researcher is to examine an experience as it is lived rather than as it is conceptualised, which implies that acquired knowledge is not used as the point of departure for exploring the phenomenon in question. The lived experience of the phenomenon has precedence over theoretical knowledge.
3. The themes or aspects that characterised the phenomenon under study – the essence- must be identified and an attempt must be made to answer the question 'what it is that constitutes the nature of this lived experience' (Manen van, 1990, p. 32; 1997). This reflective part asks about meaning. It takes the lived experience as one act in the totality of consciousness and searches for its meaning.
4. The researcher is encouraged to describe the phenomenon through the art of writing and rewriting.
5. The researcher engaged in the act of understanding must maintain a strongly orientated pedagogical relationship towards the phenomenon.
6. The researcher must balance the research context by considering the parts and the whole. Everything is interrelated and the whole is more than the sum of its parts and the whole makes the parts what they are (p.30-31).

This approach affirms an orientation in which the descriptive (phenomenological) and interpretive (hermeneutic) aspects of every reflection are distinct but inseparable elements in a process of understanding. Hermeneutic phenomenology seeks to emphasise how things appear,

letting things speak for themselves, and it claims that there are no such things as un-interpreted phenomena (Manen van, 1990, p. 180).

Although this study is primarily guided by a methodology of hermeneutic phenomenology described by Van Manen, Mezirow's levels of reflectivity notably shaped the methodology used for the process of hermeneutic praxis. Mezirow's (1981) levels of reflectivity; *descriptive*, *consciousness* and *critical consciousness*, were used as an epistemological, heuristic device to hermeneutic praxis, to stay focused and to prevent random reflection. It enabled me in my reflective journey, to move through the multiple layers of consciousness, connecting the personal, or self, to the challenges of developing an effective workplace culture through PAR in dynamic practice contexts.

Methods for data collection and analysis

Van Manen (1990) argues that writing is vital to researching lived experience as the research process is practically inseparable from the writing process (p. 167). It is also an original activity. Van Manen, building on Gadamer (2004) and Rorty (1979), therefore does not prescribe how to organise textually one's phenomenological writing. Van Manen has not constructed a predetermined set of fixed procedures, techniques and concepts that would govern the research project (p.29). Hence I invented my own methods for approaching the writing along the way, guided by the philosophical principles underlying hermeneutic praxis and Van Manen's (1990) six methodological themes, mentioned previously, which I used as a practical approach. This enabled me to discover, select or create methods that would work for me, in order to understand my lived experience.

The data that I collected, while initiating PAR in practice in phase one, were used as raw material to inform the lived experience. Although the data collected and the findings about contextual, and cultural, characteristics did not reflect my lived experience, it did provide insight into the impact PAR in practice had on practitioners and on me. It also provided a sound background to my practices as a facilitator in the study. I only developed a reflexive awareness of the relevant data I had gathered, when I decided to engage in hermeneutic praxis. The data that brought issues of the experience into light were derived from various sources. They were the thoughts, feelings, and the initial reflections of my experiential learning process (Kolb, 1984), while facilitating PAR. They were those that were captured in my reflective journal. They were the issues discussed in supervision and in active learning sets (ALS) with peer groups that were documented systematically in records and record sheets. And they were also the evaluative minutes and notes of meetings with hospital's higher management about the progress of the study. This data largely informed the lived experience and was pooled into a distinct dataset next to contextual data that were gathered.

Personal sources, such as journals as working documents, are acknowledged in this research approach as they may contain reflective accounts of the human experience of study that are of phenomenological value (Manen van, 1997, p. 73). Therefore, the term data collection here is somewhat misplaced as I did not decide deliberately beforehand on a method for gaining data, in an objective way, about this valuable experience. The reality of the value of the experience

presented itself to me unexpectedly, it was only so to say 'given' to me once I became aware of it (Dilthey, 1985, p. 223). Still, along with an extensive data pool, empirically collected in practice throughout the two years in practice, I deliberately and systematically kept a reflective journal that captured, among other things, detailed descriptions and reflections on how I experienced being a facilitator of PAR, my considerations for action and the challenges and successes I encountered in this period. Therefore, I was able to engage in a process of hermeneutic praxis. The raw data and findings from phase one cannot be found or traced back literally in phase two. These are interwoven, captured and presented in different writings, to achieve hermeneutic praxis. The next paragraphs describe a 'hermeneutic seascape', see image 2.1. The seascape is used as a metaphor to illustrate wave-like movements between looking at the whole and the parts in subsequent steps for data analysis. The waves come from deep waters where all sorts of data were collected (phase one) and through reflexivity (phase two) reaching a firm shore, at which the essence, the nature of the phenomenon in the lived experience, is captured and taken further (phase three).

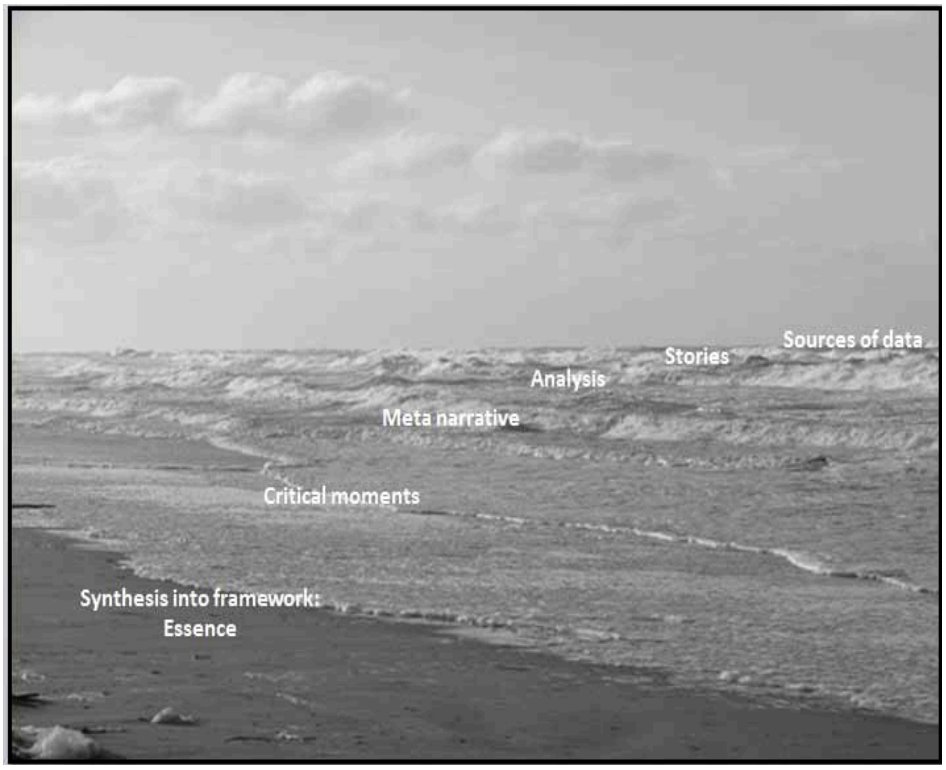


Image 2.1 Hermeneutic seascape: looking at the whole and the parts

Moving from the whole…telling the story

The starting point in hermeneutic praxis was my personal experience bringing out the typical lived value of this experience, alive for exploration. As a researcher, I was strongly involved and committed. As in the 'life circumstance' of doing PAR, I set out to make sense of a certain aspect of human existence that being the facilitation of others in developing their practice. A description or account of the lived experience is the source of the personal experience. Therefore, a first step in engaging in hermeneutic praxis was to provide a description of this lived experience, the phenomenological element, through the use of a variety of sources that were both 'deep and wide'. Metaphorically speaking this stage was located in high seas.

In the study, the description intended to 'name' or bring to surface, the interplay between facilitator and context in PAR. According to Van Manen (1990), in this naming, '*the description itself points to something and it aims at letting something show itself*' (p.26). I decided to tell a comprehensive story about what it is like to live through the experience of facilitating PAR in a Dutch health care practice, as I knew that narrating, or storytelling, comes naturally to human beings. This would enable me to share the living sense of the experience rather than simply to tell the facts of what happened. It is known to be a primary way of making sense of lived experiences as stories reveal thoughts and feelings (Holloway, 2007; McCance, McKenna, & Boore, 2001). Mezirow (1981) refers to this process of capturing the objects of reflectivity, the *seeing*, *thinking* or *acting* in stories and the descriptive level of reflectivity, as it reveals an awareness of a specific perception, meaning, behaviour, or habit.

As a PAR researcher, I became the narrator myself while making use of the data I collected. I constructed four interrelated stories[9] around four small action research cycles identified in the process of PAR through the spirals of planning, acting and observing. After I engaged in a first analysis of these stories, I noticed I had more relevant data that was not captured in these stories and therefore could not be interpreted. Thus a fifth story, that paralleled the other four stories, was constructed, orientated personally around myself. The writing of this story was inspired by Muncey's (2010) work on auto ethnography. The stories were supported by the deconstruction and analysis, both preliminary and later, of multiple sources of raw data collected and heard through the different voices in the reconnaissance phase of PAR. The five stories I composed presented a mental and a natural image of the lived experience, into which the data that were collected in phase one, were interwoven. It is not a story as understood by practitioners, rather it is a story that I, as an actor, understood and therefore shows one person's view on the lived experience. At this stage I was telling the story in order to get inside the data and to get it ready for interpretation. Important in this was not to fall into *explaining* the experience by adding all

9. At this stage of reflection I use the word 'story' rather than 'narrative' as they are analytically different. People tell stories, but narratives come from the analysis of stories as pointed out by (Frank, 2000)

kinds of thoughts or theoretical abstractions but to describe or tell it as I lived it. Because interpretations still emerged whilst writing the stories, I kept a 'dumping file' to temporarily bracket my interpretations, assumptions and pre-understandings. My intent was to use it at a later stage of the process in coming to grips with the deep meaning or essence of the phenomenon.
Narrative questions by the supervising team also helped me to describe the experience from the 'inside'. These are feelings of concern, mood, emotions and senses. They also suggested to me that I should describe the examples that were the most outstanding with regard to their vividness and that I should find my own narrative writing style and terminology. Some examples of the narrative questioning were:

1. What evidence do you have for what you think and, or write?
2. What aspects of the raw data resonate most with your experience as a facilitator or AR? Have you captured those experiences and associated feelings?
3. Have you told the story of the impact of the different events from multiple perspectives? What perspectives need to be developed further? Have you prioritised some perspectives over others? Is YOUR voice present and visible in the story?
4. Does your role as a navigator through the system come through and do you make your intentions explicit in the story telling?
5. Is there a balance between constraining and enabling factors?
6. Do you achieve 'thick description'?

…to the parts…identifying themes

In hermeneutic phenomenology by Van Manen (1990) a process of reflection and of making explicit the structure of meaning or thematic aspects of the lived experience, is recognised to be vital for gaining insight into the essence of a phenomenon (p.77-78). The next level of reflectivity was achieved by illuminating these structures of meaning, which Mezirow (1981) refers to as a level of consciousness. On this level, attention is paid to oneself and the assumptions behind thinking, feeling and acting. These assumptions were uncovered by engaging with the stories as a whole and they revealed those parts that were of meaning to the experience.
While my initial exploration into the phenomenon was thematic, the method I used to uncover thematic aspects, was built on a framework for critical and creative hermeneutic analysis (CCHA) (Lieshout & Cardiff, 2011), that was adapted from Boomer and McCormack (2010). This approach bears a resemblance to a mixture of Van Manen's (1997) *holistic or sententious* approach and *selective or highlighting* approach, for isolating thematic statements. The overall meaning of the texts, or stories, was sought and there was also a focus on phrases or sentences that stood out in the text and revealed the phenomenon most strongly. The CCHA integrated the processes of this fusion of horizons and the hermeneutic circle.

A process of fusion of horizons described by Gadamer (2004) was reached by engaging in true conversation with others in order to achieve a common understanding about the meaning

of the lived experience. Knowing that my experiences were also possibly the experiences of others, I invited five groups of professional colleagues that were not the co-participants in the study and who will in future be referred to further as interpretative teams, to orientate the subject matter in the stories. They should also be willing and able to share their understanding, and citing Gadamer (2004); '*through questioning [and] to question lay open to place in the open*' (p. 367). This meant that each person had to open him or herself up to the other, consider each other's point of view as valid and challenge their own horizon to achieve a common understanding of the experience in which the perspectives are interwoven. This process goes beyond that which I as the author of the narrative, wanted to portray, but which I wanted to get at. Ricoeur (1976) calls this the removal of 'authorial intent'.

The interpretative teams were invited to participate in a CCHA workshop per team. The first interpretative team consisted of the principal supervisor, an internationally recognised expert in the field of AR and PD and me, as narrator. A second group consisted of a group of four lecturer practitioners in nursing who were concerned with initiating practice development principles in Dutch clinical and mental health care. A third group consisted of a group of three trainee Advanced Nurse Practitioners, all in their second year, who were enrolled in the master's degree programme within the faculty of Nursing at FHV. They were concerned with initiating change in the workplace through their role as potential clinical nurse leaders. A fourth group consisted of four experts, PhD student researchers, who were employed within FHV. These ranged from first to third year students who were all using an action research or similar methodology in their studies. I also approached three CNS and one of the managers of the former HOC, and invited them to participate as an interpretative team. Although there was a willingness by them to help me in the study, the invitation was rejected. This was because they foresaw a risk that the stories would evoke strong emotions with them about the period when they participated in such a turbulent context. I respected their decision. In total, eleven professionals, external to the research group, participated in the workshop. They used the CCHA framework in the interpretation of the first four stories. This framework was also used in the identification of themes that related to how I, as an actor, experienced this, what I call, 'world' and uncovered the meaning of being a researcher new to facilitating PAR. The CCHA was a research strategy for textual interpretation in collaboration with four of the interpretative teams, in which I enabled the movement between the parts and the whole, whilst making use of creative expression to blend cognitive and embodied knowledge. Two supervisors and myself participated and formed a last, fifth group. In this workshop the CCHA was used only in the interpretation of the last personal story. Two other supervisors contributed to this CCHA, after the workshop, by adding their interpretations to the findings.

Interpretive teams:

Stories 1-4

- Group 1: First supervisor and narrator
- Group 2: Four lecturer practitioners
- Group 3: Three students of MANP
- Group 4: Four experts/PhD students

Story 5

- Group 5: Two supervisors (+2) and narrator

In the first and last workshop, in which I engaged in collaborative and creative action with two supervisors, I participated myself in the interpretation of the stories. The supervisors took on the role of facilitators in which they questioned me first, to enable different types of knowledge to come to the surface, to articulate and to blend these myself. As a result I experienced the workshop myself as a participant and stayed close to my own language. By taking the role of participant, it was possible for me to focus on the task at hand. That is to focus on, the interpretations, rather than on the process. This helped also to look at the stories from a different, outsider perspective and to interpret the lived experience. I facilitated the three other workshops myself and I did not participate in the process. This decision was guided by my assumption that the outline of the workshop was not known to the participants, and therefore needed to be facilitated by me, as I had in a sense 'created' the workshop. I also wanted to keep control of achieving the identification of themes. Furthermore I was concerned not to create confusion by combining two different roles, that of facilitator and participant.

The framework for a CCHA by van Lieshout and Cardiff (2011) was developed and used to support researchers in collaborative action with others, such as practitioners as novice co-researchers, with identifying themes from the data and the stories collected about the phenomenon under study. It was proposed to adopt seven phases that would bring in data for interpretation from the *outside* into the *inside* and from the *inside* to the *outside* again and vice versa (see figure 2.2). This also illustrates a constant movement in order to gain a deep understanding about what the stories are telling us.

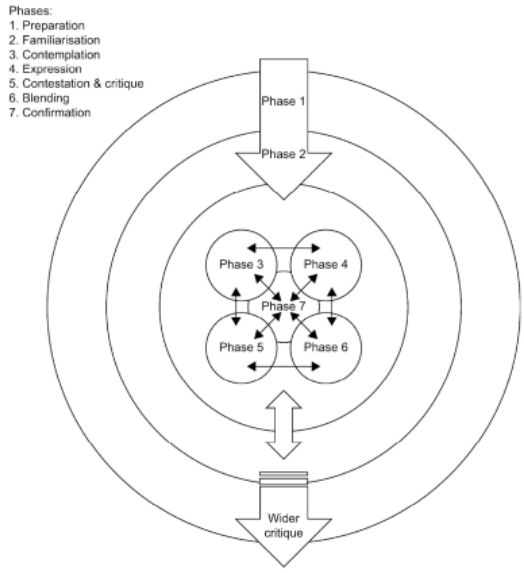


Figure 2.2 Critical Creative Hermeneutic Analysis Framework (Lieshout & Cardiff, 2011)

All interpretive teams followed the same process in the workshop, by moving through all phases except for the last phase. So, five workshops took place in total and three of them were facilitated by me.

Phase 1

This is the *preparation* phase in which the raw data are prepared or re-presented as texts. Relevant persons then are invited to interpret these texts. In this study the raw data were interwoven into a pure description of a lived experience and interpretative teams were formed and invited to participate in the workshop.

Phase 2

Familiarisation with the texts was a second phase of the process in which participants were asked to individually read through the whole text in order to get an intuitive grasp of the meaning embedded in the text before attending the workshop. The stories were emailed to each individual before the workshop. The participants were encouraged to use all their senses and to document sententious phrases that captured the fundamental meaning or those which were of greater significance to the text as a whole (Van Manen's holistic approach). Workshop participants were encouraged to use their own personal method of documenting their questions, thoughts, feelings or imaginings while reading the texts.

They could highlight sentences or phrases, as Van Manen (1990) suggests in his selective approach or make notes, including creative ones, in the margins.

Phase 3

This phase started off with a *contemplation* activity which is suggested in order to connect the body and mind, enhance focus on the workshop and to engage in a dialogue with oneself while contemplating the reading and documentation of texts that was undertaken. Various methods for contemplation using creative arts were used in each interpretative team and among individuals.

Phase 4

This phase is labelled *expression,* participants expressed the essence of the texts in a creative way. This was a *holistic and, or sententious* approach. The use of cards and images were used mostly by all the interpretative teams. The participants felt most comfortable with these. In one workshop it was decided collaboratively to use creative material from nature for expression. In these workshops individual expressions, presenting parts, were successively merged 'in silence', without talking, into an overall collage in order to add a new level and create new insights, thus forming a new whole.

Phase 5

This fusion was pivotal to a fifth phase of *contestation and critique* of the interpretations of the stories which were expressed. Critical questioning helped to gain a deeper understanding of the parts and the whole of the created collage. The approach for facilitation was characterised by blending creativity with criticality and finding connections between the expression, or elements thereof, and the phenomenon of the study. This also ensured an ideal situation for voicing opinions while respecting the principles agreed with the team.

Phase 6

In this phase, the horizons of each individual, within the interpretative team, were expanded by meeting those of others. This resulted in a common understanding through *blending* identified and articulated themes and through agreeing on a collective thematic framework that represented best, how the group was orientated meaningfully to the lived experience in the stories. A preliminary shared definition of the themes was only described after the workshop. Through member checks-rounds, respondent validation, these were refined and agreed in each interpretative team. Definitions were described in Dutch and translated into English for the purposes of the study and translated back as a final check for accuracy.

Phase 7

The last phase that of *confirmation,* was not part of any of the workshops. In this phase raw data had to be retrieved from the original texts which would support the thematic framework identified and give a detailed and deep description of the themes illustrated with verbatim quotes and citations from the texts. This was a *selective or highlighting* approach. Although the time to

complete this final phase was limited in the workshops, I also felt a strong need to blend the thematic frameworks of all five interpretative teams prior to selecting text fragments from the stories. The blending helped to illustrate the meaning of themes and to provide a richer description of them. This helped with further action and to expose its meaning for wider critique.
This process of uncovering thematic aspects was central in the hermeneutic seascape and enabled the stories to be captured in a meta-narrative that reformed the stories into an all-encompassing narrative.

…back to the whole…a new story

The CCHA workshops were followed by the development of an all-encompassing framework of key categories. This was done by the supervising team, including the four supervisors and myself. This framework was derived from blending all the collective thematic frameworks identified in the five interpretative teams. The formulation of the key categories embraced all the themes. They were all separate manifestations of the experience. According to Van Manen (1990), the structuring of meaning with themes, sets the stage for the process of 'bringing speech to something' (p.32). This is the art of writing and rewriting. He argues that creating a phenomenological text is the object of the research process (p.111), in which the hermeneutic function of interpretation is emphasised and themes are explained and developed while remaining true to the universal quality or essence of the experience (p.97). The implicit, by which I mean the silence around the words in the stories, is made explicit, to disclose the deeper meaning of the world (p.131). Therefore, to bring to speech the multiple- interpretations of the experience and how these categories, and themes, were interrelated, I had to return to writing to reunite me with what I knew at that moment and to fix these thoughts on paper. Hence, I had to search for my own language of expression and to learn what I was capable of saying and how to express that through writing. The writing of a meta-narrative, and related critical moments (next section), finally formed the phenomenological description and enabled me to reawaken the basic experience of the phenomenon (p.122). It is through this writing that the edges of the lived experience of the interplay or interaction between the facilitator and the contextual characteristics became clear and supported me in further examination of its essence. Hence, alluding to the seascape figure, it was the writing which helped me to feel new ground under my feet.

The meta-narrative, as an anecdote[10], described the essential meaning of the lived experience while bringing the key categories and its themes, as parts, back into a new story, a whole. The

10. An anecdote is a special kind of story, a poetic narrative, of an interesting, amusing or biographical incident. It is often used in human science as a methodological device to make comprehensible a particular phenomenon or some notion that easily eludes us (p.116) and which describes a universal truth. (Manen van, 1990)

anecdote enabled me to craft a textual representation of the experience in a way that its experiential value was vividly portrayed and in which the key categories and themes were fused into a collective, more general, interpretation. A nautical metaphor, as a linguistic representation of an actual human experience (Lakoff & Johnson, 1980), was used to support my writing of the meta-narrative. It was fictional though based on real life experience, in order to symbolise, or echo what I and the interpretative teams thought, bodily perceived, and imagined in the five interrelated stories. It also helped in communicating the deeper, essential meaning of the experiences, rather than relapsing into re-telling the experience. It was used to see things in a certain way. The use of a metaphor was also helpful to what I would call 'distantiate', taking distance, or to let go of the particular aspects of the lived involvement of the experience described in the stories. It made the experience more universal, concrete and helped me to quiet negative rational thoughts I had of my experience in facilitating PAR, and so brought new information or embodied knowledge to the foreground. Finally the metaphor was used to enhance the power of the meta-narrative, to make it more compelling, to lead to reflection, to enhance a personal involvement, to enable transformation and to measure better one's interpretive sense (Manen van, 1990). A phenomenological description that was '*more compelling, moving, physically and emotionally stirring, than the life lived itself*' (Manen van, 1990, p. 129), was acknowledged to be of relevance as it is a way to engage with your own world and forms the basis for human understanding of the world (Lakoff & Johnson, 1980).

One characteristic of a powerful anecdote is that it simultaneously pulls one in and prompts reflection. This meta-narrative invited me to engage further in a reflective search for the significance of the experience. It mediated the identification of critical moments and helped select those text fragments in the stories that were particularly essential or revealing about the phenomenon or experience being described.

…and to the parts again…identifying critical moments

Although the metaphorical meta-narrative transcended the lived experience, and also acquired a certain transparency in order to see the deeper significance of the lived experience, it meant more than it explicitly said. As a distinct phenomenological description, the meta-narrative spoke partly through silence, because of what I call 'the deep truth' or meaning that laid beyond the words. Therefore, the phenomenological description or text was not yet completed with the meta-narrative. The next step in the analysis was to blend new bodily knowledge revealed from the meta-narrative (the whole) with a cognitive critique while unfolding the meta-narrative, going back to the experiences of being a facilitator of PAR (the parts). This is in order to identify the personal facilitator's characteristics as well as contextual characteristics or factors and its interplay, which enabled or hindered the successful development of an effective workplace culture through PAR.

Moreover, a phenomenological description aims to explain themes and Van Manen (1990) suggests these texts should meet the evaluative criteria of being oriented, strong, rich, and

deep. A text is *orientated* when it answers how a facilitator of PAR stands in life, how a facilitator needs to think about context and transformation of practice, how a facilitator observes, listens and relates to context and how a facilitator practices a form of speaking and writing that is pedagogically contagious. As Van Manen said; '*A strong text always needs to aim for the strongest pedagogic interpretation of a certain phenomenon*' (p.151). When a description is concrete, and explores a phenomenon in all its experiential ramifications, and when the meanings of the lived sense of the phenomenon are not exhausted in their immediate experience, it is *rich* and thickly described. A text gains a dimension of *depth* when it includes rich descriptions, and when it explores meaning structures beyond what is immediately experienced (p.151-152). Therefore, to meet these criteria, I continued my writing and returned to the parts by using the metaphorical meta-narrative, a stepping stone for further phenomenological writing.

The meta-narrative revealed six significant recurring patterns. I called these *critical moments*. A critical moment in this study was defined as a recurring event or time that had a significant impact, either positive or negative, on a facilitator's practice of PAR. The appropriateness of themes identified through the CCHA workshops, was explained through the use of narratives, described per critical moment, in which relevant data, collected in phase one, were re-presented. The themes were used to describe the connection and interplay between the key categories identified earlier in the analysis. This enabled the key categories in the thematic framework to be defined further. Referring back to figure 2.2, with the identifications of critical moments, the waves in the hermeneutic seascape, were now subsiding.

… and back to the whole …synthesis

The phenomenological writing or reflective analysis yielded a synthesis of the key categories into a coherent statement and visual image regarding my lived experience. The sum of all the *critical moments* described generated a more complete image of the lived experience and revealed the nature of the interplay between the characteristic of the facilitator and that of the context. These had an impact upon the successful development of an effective workplace culture through PAR. The coherent statement transformed the lived experience into a textual expression of its essence. It also formed the final structure of the experience as I reached a point of what I call 'saturation'. At this point, I believed that a clearer understanding of my lived experience could no longer be found through moving back to the parts and whole again or by having further dialogues with myself and, or others (Sandelowski, 1986). Although I believe, as noted by Caputo (1987), that coming to a place of understanding and meaning is tentative and always changing.

Clarity in the understanding of the lived experience was reached when an integrated metaphorical statement and visual image were developed about the experience that reawakened the basic experience of facilitating PAR textually and visually. An image was used to support me to articulate *what happened* in practice, *what effect* it had on me as a facilitator and *which key*

factors lead to the existence of the experiences as a whole. McIntosh (2011) argues that imagery is metaphorical and leads into possibilities for dialogues with oneself and with others - and therefore new ways of knowing or knowledge. Byron (2009) argues that by *'practicing visualisation techniques, we can form mental pictures of the concepts under study and improve our creative thought processes'* (p. 13). He calls this the development of our 'visual literacy'.

Both the statement and the image is a representation of the perceived reality and illustrated how the key concepts were related. My intention was to use them as a recall or a reflexive re-living and reflexive appropriation at the same time, of that which was meaningful. Different meanings or understandings were illuminated by inviting other actors within the lived experience – that is the supervisors team- to share their perspectives on the integrated narratives of critical moments. This provoked a powerful learning discussion and disentangled the significance of the lived experience, which was revealed in the synthesis, and the visual image. The discussion revealed two more key categories. Although they were strongly related to the categories identified earlier, they pointed at a specific and relevant area of the experience with its own body of knowledge. With this synthesis of the key categories and their interplay, Mezirow's (1981) level of consciousness reflectivity was completed and I, metaphorically speaking, reached shore. The synthesis presented explicit and articulated knowledge that I could reflect on theoretically and enabled me to stay focussed in the final level of reflectivity, that of critical consciousness. This what I call 'to become aware of my awareness' and to critique it (Mezirow, 1981, p. 13), through engaging in a dialogue with the literature.

Bringing it all back to existing literature

Interpreting the reality in the lived, the emotional and aesthetic, experiences through a reflexive process of data analysis, allowed for drawing out and scrutinising the assumptions or ideologies which lay behind habituated ways of thinking, feeling and acting (Mezirow, 1981). Findings that emerged from this process, and that were captured in a synthesis of the critical moments, were re-articulated into key messages essential for facilitating PAR. These key messages were formulated for future action in all conceptual areas and suggested alternative ideologies. As these messages were inductively derived from the analysis, it was sensible to articulate them theoretically through revisiting the existing body of literature in the context of the study findings, and to engage in a silent critical dialogue with theorists through their writings. This offered alternative perspectives, with different value systems and ways of seeing, in order to reflect more deeply on the formulated key messages and to reveal dimensions of meaning around being a facilitator and facilitating PAR.

Follow on from Gadamer's (2004) process of 'fusion of horizons', where different views merge together to enlarge and transform the view of the individual and to widen their horizon, hence, to deepen their understanding of the experience. The key messages defined the area of interest

and simultaneously guided the selection of alternative meaning perspectives[11] in literature. They were all discussed separately in relation to the body of knowledge in mainly AR and PD literature. In this way I could convey how these messages were reflected in the existing knowledge base and could identify where they differed and whether there were new insights. This enabled me to verify whether the interplay between the key concepts existed or not, to identify what evidence, arising from the study, contributed to the existing body of literature, including PAR literature, and also to define principles for facilitating PAR for guiding future action planning in context. The literature search was not restricted to only phenomenological literature, to similar lived experiences, as Van Manen (1990) suggests when doing a pure phenomenological study, but also included existing theory around how change is put into practice.

This, as I saw it, 'painting the background', enabled me to explore and to re-tell the story from theory, to situate my findings in the context of empirical work, and to explain how these findings related to what was already known, that is what was evident, in literature. This was essential for insights to be open for wider critique, that is contestation and critique, and to advance the development of theoretical knowledge around facilitating PAR and the translation thereof in practice.

Development of model

Key findings around conceptual areas were derived from the dialogue with the literature in which I honted in on aspects of action research that concerned the challenges I experienced. I confirmed that my earlier assumption that an interplay between conceptual areas existed. This dialogue with the literature or theoretical reflectivity (Mezirow, 1981) also added a deeper insight into the relationship between contextual and facilitator characteristics. Subsequently, this resulted in the development of a conceptual, abstract and holistic model that built on what I had arrived at earlier with the visual image regarding the lived experience.

The model of 'essential conditions for facilitating PAR', consists of different interrelated concepts and shows the interaction between key findings and therefore the dynamic interplay of contextual and facilitator's characteristics. The model brings these characteristics together and provides insight into the concepts that are essential to the phenomenon of the facilitation of PAR.

The model ultimately serves as a mid-range theory to direct one's attention to the key concepts, regarded as important, and enables one to understand the phenomenon of facilitation of PAR more easily and to guide oneself and others to inform future actions aimed at transforming individual and, or team practices.

11. Meaning perspective refers to the structure of psycho-cultural assumptions within which new experience is assimilated and transformed by one's past experience (Mezirow, 1981, p. 6)

PHASE THREE: CONTEMPLATION

The contemplation phase (see figure 1.1), is the final phase of the study and aims to develop a plan for informed change of actions, when returning to practice. The process of reflexivity was reached at its best or highest point. The theoretical reflectivity mode, I took on in the dialogue with the literature, and which is described by Mezirow (1981) as a form of reflectivity at the highest order[12], was a process central to the transformation of perspective that builds on Habermas' theory of areas of cognitive interests. Perspective transformation is described as; '*the emancipatory process of becoming critically aware of how and why the structure of psycho-cultural assumptions has come to constrain the way we see ourselves and our relationships, reconstituting this structure to permit a more inclusive and discriminating integration of experience and acting upon these new understandings*' (Mezirow, 1981, p. 6). This transformation of the perspective contributed to a deeper understanding of the phenomenon that was studied and of an understanding of the various options at hand. This enabled one to act differently next time. This transformation also aimed to increase a crucial sense of autonomy as a facilitator of PAR in context.
This for me has commonalities with what critical social science means by emancipation; '… *it defines liberation as a state of reflective clarity in which people know which of their wants are genuine because they know, finally, who they really are, and a state of collective autonomy in which they have the power to determine rationally and freely the nature and direction of their collective existence*' (Fay, 1987, p. 205).

Van Manen (1990) argues that hermeneutic phenomenology is not just a descriptive or interpretive methodology but also a critical philosophy of action. The writing process which is inseparable from the research process, de-contextualises thought from practice and yet it returns thought to praxis. The process of reflection deepens the understanding of the lived experience and therefore radicalises thinking and the critical and emancipated action that flows from it (p.154). Also a focus on facilitation, like pedagogy, is a manner of living that constantly deals with practical action, and according to Van Manen (1990), leads naturally to action. Thoughtfulness was gained about the phenomenon of the facilitation of PAR through phenomenological reflection and the accepted personal engagement with the phenomenon. I see this as a deep personal questioning coming from inside myself. Indeed this thoughtfulness prompted me to return to practice and to use this praxis to serve the human good of the facilitation of PAR. Beyond this study, I still facilitate and educate practice change.

12. This is the most developed or adult level of reflectivity and is intrinsically intertwined with conceptual and psychic reflectivity.

I felt it was necessary for me to ask tactfully what it is like to be in this world as a novice facilitator in turbulent Dutch health care contexts. This I achieved through my engagement with the practitioners I worked with while using a participatory approach. I have a strong need, as a facilitator of to bring the 'good' into practice that which Van Manen (1990) calls research as a caring act, or in other words, knowing that which is most essential to being (pg. 5). Hence, to live out thoughtfulness and tact which are both essential elements of a critical pedagogic or facilitative competence. Besides undertaking true actions it also includes becoming more discerning about the meaning of new professional life experiences (Manen van, 1990, p. 128).
However, returning to practice within the study itself was not possible. Therefore I only returned to emancipatory praxis to some extent. This phase was limited to the development of plans for acting in future contexts which I am now carrying out in the course of my work as a facilitator and supervisor of master's degree students and as a lecturer. However, a mid-range theory on essential conditions for facilitating PAR was developed. So too was a framework with principles for action that could be critiqued and tested further by myself.
It can also be tested further by those that have informed themselves with insights from the study and who have taken that with them in their return to practice.

Development of mid-range theory

A mid-range theory was drawn from a structure of the concepts and propositions in the conceptual model that was created based on findings of the study. This was a final research product that has been developed and has grown at the intersection of practice and research (Smith, 2008). Characteristic for a mid-range theory is that it holds great promise for further testing and to guide research and day-to-day practice in the discipline of facilitating practice development and methodology of PAR. It does not pretend to map the territory completely. It rather provides a lens with which facilitation of PAR or parts thereof may be viewed. It challenges one's thinking about the phenomenon in varying degrees and therefore has potential to have an impact on one's practice of facilitating PAR or practice development (PD). It seeks to construct simplified representations of the key concepts that were identified in the study and tries to simplify reality so that one may understand the complex reality and, or the concepts, more easily.
A mid-range theory was appropriate as it recognised that every situation, in which a facilitator operates, is always unique and that a theory may have different significance for different persons.
Although, the theory and model could be used by researchers of PAR to gain a deeper understanding for their own situation, it does not prescribe the precise action to be taken when actually returning to emancipatory praxis in a practice context. For that reason I created a framework with principles for action.

Development of framework with principles for action

Principles for action, derived from the mid-range theory, were developed in order to address the issues a novice action researcher could experience when going into a complex context. Acknowledging that the circumstances in which a facilitator acts in practice cannot be predicted or controlled, I defined principles rather than a set of rules for taking action. I wanted to remain sensitive to the uniqueness of a facilitator of PAR in a particular practice context. The framework intends to guide a facilitator of PAR, with its system of support, to engage in reflexive action to act with a moral intent, to create the potential for contextual transformation and to develop expertise in facilitating PAR. This set of principles can be taken into consideration and contextualised by other facilitators of practice change.

A RESEARCH JOURNEY INTO A PRAXIS SPIRAL

The journey described in this methodology chapter followed my own lived experience as a researcher, facilitating PAR in a practice context, which was central to the analysis and was informed by praxis. Inspired by Freire's (1972) description of the term praxis as '*the process of critically reflecting on action in a way which leads to altered actions*', I see praxis as a critical and creative activity in shaping change. It brings together theory and practice in a creative, reflective and dialectic relationship. A praxis spiral illustrates the intentional action with moral intent blending both hermeneutic and emancipatory principles through the study. This blending process brought together my critical consciousness and creative imagination and expression in a synergistic dance. It enabled me to move from Fay's (1987) critical practice theory of crisis, a perceived discrepancy in oneself as facilitator of PAR, through a complex of other interrelated CSS theories, and finally into a theory of transformative action (Fay, 1987).

The praxis spiral also visualises this synergistic dance. The spiral conceptualises change as curling in contrast to linear models that propose change as a straight line. It acknowledges both the repetitive and ever changing dimensions of reflective practice. The spiral represents a person's, or in this case, a researcher of PAR's on-going development in facilitation. Movement occurs in both directions within the white spiral, moving back and forth in the research process. There is also a constant movement between the blue and white spirals in which one is developing oneself while adapting, testing and revising different research methods and making it their own.

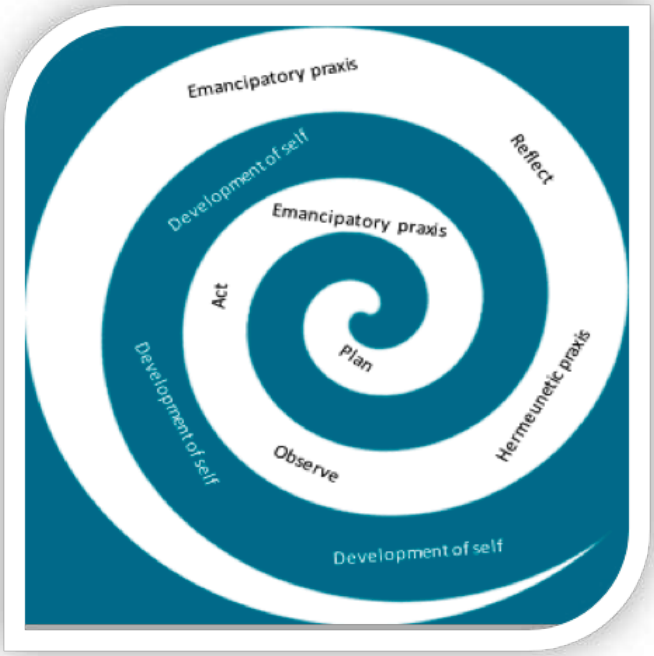


Figure 2.3 Praxis spiral of research journey

The study as a whole could be seen as one big action research spiral as the *plan* was to develop an effective workplace culture through PAR. My *actions* in practice were characterised by an emancipatory facilitation approach. I *observed* that strategies within this approach did not work through the various data which were collected and this made me decide to *reflect* on the situation and to develop new facilitation strategies. Another *planning* and *action* phase could then be initiated together with testing these strategies out in practice. In the *observation* phase, data could be collected again about how effective these strategies are and thus the circle repeats itself. The development of self was an on-going process partly due to a process of creative reflective writing.

ETHICAL APPROVAL FOR THE STUDY

During phase one of the study, I was enrolled with Fontys University of Applied Sciences in the Netherlands (Fontys). They recommended I seek ethical approval for the PAR study within the health care organisation. The organisation joined the study as a collaborative partner. In the hospital, ethical approval from the Medical Ethics Testing Committee (METC) is required

only for 'medical-scientific research' or when 'treatment or behavioural codes were imposed on participants' (VWS, 2002). As no treatment or behavioural codes were imposed, ethical approval by the METC was not required (Appendix C). However, a collaboration contract was signed between the university and the hospital in which it was agreed that the hospital's management team would enable me to do the study within the organisation. No reference with regard to the study was made to ethics. Nevertheless, I paid attention to ethical issues throughout the study. On the whole relational ethics (Austin, 2003) arose during the research process that needed constant attention both from me as researcher and from the participants. This entailed initiating and maintaining conversations and continuously using reflexivity strategies to judge how to act in a particular situation. It was therefore important as a novice action researcher to keep a reflexive journal. I regularly had critical dialogues with experienced supervisors and peers who provided the necessary guidance with this.

When I made a shift in methodology in phase two, I also made a shift from Fontys to the University of Ulster In Northern Ireland. I could not, however, obtain ethical approval retrospectively from the University's Research Ethics Committee for the study so far.

However, respecting practitioner's autonomy, keeping people safe, doing no harm to others and transparency, were ethical principles that underlie the study. In terms of processes, I made sure that all participants in the analysis workshops signed an informed consent form (Appendix D). Furthermore all information has been handled in strictest confidence. I ensured the anonymity of all who participated in the study throughout the thesis and in other publications.

SUMMARY

This chapter described a praxis methodology in which emancipatory and hermeneutic praxis were combined in the study. The philosophical framework, research approach and methods for data collection and analysis were explained, for both types of praxis. In phase one, the reconnaissance, I showed that I was able to elicit preliminary findings on workplace culture through a wide variety of methods of data collection and analysis within a participatory action research approach over a period of two years.

Findings emphasised contextual key-issues and facilitator issues that revealed a disconnection between context and facilitator in using an action research approach, and that made continuing with the approach, not possible and ethically right. Therefore I had to re-position the study. I organised the data collected in order to get it ready for interpretation and decided to engage in hermeneutic praxis to transform my embodied and imaginative understanding into cognitive critique through reflexivity. This is the second phase in the study. The different, though interrelated, stages within this process referred to by 'the hermeneutic seascape', inspired by Van Manen's principles of human science, were explained. The methodology used in the final phase

enabled findings to contribute to new knowledge and to identify implications for practice to enable a possible return back to emancipatory praxis.

The next chapter presents the storied data that were collected in the reconnaissance phase, on the facilitation of PAR in the reality of a turbulent Dutch hospital setting. The stories are the beginning of phase two, reflexivity.

Chapter 7

The storied data of the research in action

'A story is based on what people think is important, so when we live a story, we are telling people around us what we think is important.'

[Donald Miller, 2009]

INTRODUCTION

A wide variety of data that was collected and analysed as part of the study's first reconnaissance phase, on the development of an effective workplace culture through participatory action research (PAR), is storied and shown in this chapter. I wrote five personal stories in order to tell my story on how I experienced facilitating PAR in a Dutch hospital setting. Each story tells a distinct story, which as a whole reveals the experience I lived through during the research in action and so created a new vantage point for reflection. The storied data is the descriptive level in Mezirow's transformational theory (1981; 1991) and enables further engagement in deeper levels of reflectivity.

The first four stories are interrelated and were constructed around four action research cycles, through the processes of planning, acting and observing. These action cycles were: (i) exploring workplace culture within the Haematological Oncology Centre (HOC); (ii) building relationships with management and practitioners; (iii) embedding the study into the organisation; and (iv) exploring workplace culture within two day-care clinics.
A fifth story was constructed around how I myself personally felt about the research process. This ran parallel with the other stories. This story was written after the analysis of the other four stories because findings in this analysis revealed specific data about myself that was not adequately represented in the four stories. The fifth story was written creatively along the lines of the fairy tale of 'Alice's Adventures in Wonderland', by Lewis Carroll (2000). The situations that Alice encountered in her adventure can be seen as a metaphor for my experience as a facilitator of PAR. This helped me to articulate how I perceived my experience. My personal story stretches

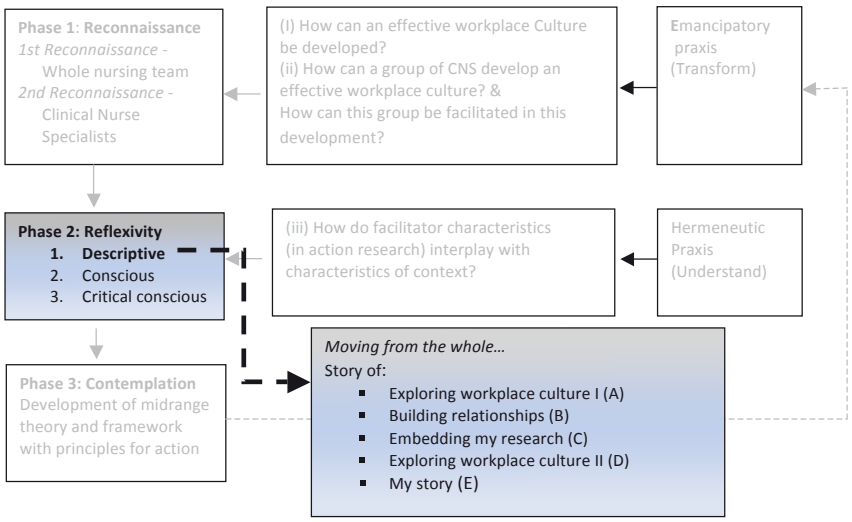


Figure 3.1 Elaboration of descriptive stage within the reflexive phase

over a longer period of time as this also included the period after I had withdrawn from the research field and was still practising as an educator outside the research, but continued my professional learning and support for the research.

STORY A - A STORY OF EXPLORING WORKPLACE CULTURE I

How I gained access

Early in 2006 I approached the hospital's clinical oncology wards inviting them to take part in a participatory action research (PAR) study with me, aimed at developing an effective workplace culture. Since 2003, I had been employed as a lecturer practitioner by the hospital as well as being a member of a newly-formed steering group to set up Practice Development Units (PDUs) in the hospital. As introduced in Chapter 1, I only had four years of experience as a practising nurse. I invited the clinical oncology wards to participate in the study as I believed processes towards the development of a PDU and workplace culture could be mutually beneficial. The clinical oncology wards were selected by the hospital as they had aspirations to become a trendsetter for a PDU in oncology and were set to develop further into a Haematological Oncological Centre (HOC). The wards considered themselves a trendsetter because, with the increasing numbers of people diagnosed with cancer, there was a need for different treatment therapies that they were providing. This initiative allowed for the possibility of extending training posts and living up to a demand-driven vision (Sitereport, 2007b), which were aspirations that had already resulted in some written policies.

The steering group supported the study because the development of a PDU in this future HOC was high on the hospital's agenda and they had confidence in my abilities to facilitate developmental processes. In addition, the aims of the HOC seemed to match the aims of the study. With the study, I aimed to develop a workplace culture in a hospital setting that was centred on the individual patients and on care based on evidence.
This matched the aims of the hospital to become a teaching hospital that would deliver top quality patient care, in which the patient is at the centre of the care process. Care would be provided by motivated staff who would have sufficient chance to flourish in a healthy financial environment. The hospital planned to grow into the most customer-orientated hospital in the region (Sitereport, 2007a). For the centre to translate these aims in practice, the two oncology wards had to first merge into one HOC. This was achieved in October 2006.
It was foreseen that this new HOC needed to create new work processes and a different culture within nursing. I assumed that they would welcome the study as a large group of highly qualified staff was present in oncology. They had already developed much knowledge and skills that would potentially enable them to engage in the study as co-researchers. Although, the

only evidence of their knowledge and skills that I could rely on, were their educational degree, number of years in post and their experience with participating in clinical trials.
In addition, I perceived medical staff as being supportive of, and cooperative with, developments in nursing. They worked closely with a team of nurse specialists and participated in nursing initiatives, in areas, such as, clinical education and patient information. In addition, they were showing interest in the study and invited me to observe their practices. Medical specialists had been in post within the hospital for more than five years. One was also an experienced tutor of medical students and one of the specialists was doing a PhD as well. I expected them to have a critical view and that they would adapt such a view to the study. This I would strongly value. These conditions lead me to believe that this was the right setting for this participatory action research study.

Why I explored the existing workplace culture

According to the literature and my own experiences too, workplace culture has a great impact on the development of practice. It is simply a set of values and beliefs held by a group of people that guide their actual practices. In my earlier work, as a nurse and lecturer-practitioner, I had often found people practicing a contradiction by saying the patient is at the *centre of care*, but in practice they are talking *about* patients and not *with* patients. I often thought this was unjust, as most values were in support of aspects of humanity, but were not lived out in practice.
It was because of this that I chose the Critical Social Science (CSS) (Fay, 1987) to guide and inform my study as discussed in Chapter 2. The broad aim here is to integrate theory and practice so that people become aware of contradictions and disparities in their beliefs and social practices. They thus become inspired to change them rather than acting because of an external power or coercion. I translated this aim to PAR, as an emancipatory process. Together with participants I was concerned with dismantling the barriers to cultural development or change and addressing contradictions between the espoused or desired, and existing, cultures. I was guided by critical social scientists belief that through dialogue there would be a rising of collective consciousness. Practitioners then may recognise a dissonance between the espoused culture and culture they are using, as I freely translate from the work of Argyris and Schön (1978). An incongruence between *what is known* (desired) and *what is done,* or existing, may then become apparent (Estabrooks, 1998; Titchen, 1993).
In line with this thinking I also believed that there will be the potential to take action when people become more conscious of incongruent and even oppressive situations within society. Adopting a PAR approach then relates to the development of their practices through the development of self. Therefore, I decided to explore the existing and desired workplace culture jointly with staff and to identify possible discrepancies on which we could focus our action. In addition, exploring existing workplace culture as a baseline, at the beginning of the study, was essential to identify developments or changes in that culture.

Activities used to explore the existing and desired workplace culture

I explored the existing and desired culture, initially just at one location, the HOC, using different methods such as, interviews, workshops, and observations. In 2006 I entered the HOC and over a period of approximately one year I intended to explore workplace culture and to identify any inconsistency between existing and desired workplace culture through using various strategies and activities. Using different data sources helped me to develop a deeper and more meaningful insight of the workplace culture from a variety of perspectives. I conducted seven small group interviews with nursing staff. I observed daily activities. I observed and participated in practice working groups. I attended staff meetings. I had several conversations with staff, students and management. I informed myself about what was going on in the practice setting and wider hospital, by reading monthly newsletters. I viewed policy documents, facilitated a creative art culture workshop and participated in the new science committee of the hospital (see framework of key-activities in appendix A). Most of the activities I began had different intentions. They made the best use of the time available to staff.

By engaging with staff and their practices, mostly through participant observations including coffee and tea breaks, I simultaneously collected data about the workplace culture that was being practiced and workplace culture that was being espoused, even though this was not the initial intention. During the research process I became aware of the value of collecting this data and started to reflect on almost every activity or engagement I had with staff, questioning myself; "What does this say about workplace culture?"
I adopted broadly three types of roles – one traditional, one as a co-researcher and the other as a co-subject (Reason, 2002). We therefore became part of the same reality that I was studying. This was in order to observe the principles of PAR and to ensure both symmetry and reciprocity in the power relations. Most of the activities were initiated by me with support from one of the managers, for example, inviting staff to participate in the study taking into account the time management of activities and staff workloads.

What I explored about the existing and desired workplace culture

In order to ensure my observations of workplace culture are coherent I will focus on the sub-elements of context as explained within the PARIHS (Promoting Action on Research Implementation in Health Services) Framework (Kitson et al., 1998; Kitson et al., 2008; Rycroft-Malone et al., 2002). This should explain what I observed and how it related to workplace culture. This framework is relevant to me as it presents successful research implementation as a function of the relationships between *evidence, context,* and *facilitation* clearly. For the implementation of evidence to be successful, the quality of context is divided into sub-elements of context, culture, leadership and evaluation, placed on a continuum of weak to strong.

Context

Having started several interviews with different staff members from the clinic and the day care clinic or outpatient's clinic, and having observed practice, I soon identified multiple subcultures within the HOC. The HOC was managed by unit management who had to report to a medical manager and organisational management also referred as higher management. This management structure was new. Staff and I perceived the hospital's organisation as a hierarchical and task-driven place of employment. People were ranked one above the other and focused on saving costs. It had a strong external focus geared to conquering and maintaining a market position, due to the changing public health sector, which at that time was strongly market-driven in The Netherlands.

Staff and I observed the hospital's management varying and emphasising, primarily processes, structures and systems, around the logistics of medical care rather than on the espoused values of practice centred on people. Hence, the organisational culture observed was dominated by a medicalised model of healthcare, in which nurses were subordinate to medical staff and the focus on nursing care was sometimes forgotten. This was revealed in several policy documents in which nursing care was not recognised and in observing medical specialists being in control. They had formal leadership through the organisational structure and informally, they guided the plans according to their own agendas, for example like collaborating with prestigious universities. Also there was no representation of nursing at a strategic level. Prevailing values and beliefs about patient care in the organisation were not transparent enough and were hidden in their strategic goals. Reading through the various policy documents it was clear that the formulation of physical, social, cultural and structural boundaries was abstract. They discussed locating the HOC on one or even two sites, while recognising and maintaining a different culture difference between the two former separate hospitals. It was not yet explained what particular role and responsibility in the development of the HOC would fall to different wards, specialisms and people. Even so employees felt they were being forced to internalise the underlying medicalised values and beliefs of these strategic goals.

> *"Actually the oncological centre has been set up without our opinions and our expectations being taken into account…we're kept in the dark by the hospital's organisation…we just have to go along with it'". [Two nurses, clinic, interview 2 & 3]*
>
> *"Het [Oncologisch Centrum] wordt eigenlijk toch wel opgezet zonder onze meningen en onze verwachtingen'…[we] worden gewoon door hen [ziekenhuis organisatie] achter schot gehouden… we moeten gewoon mee". [Twee verpleegkundigen, kliniek, interview 2 & 3]*

There was not yet any concept or explanation for these goals. Supporting systems to facilitate processes of change were lacking or diminishing. There was a lot of ambiguity among people's roles with the management and nurses in the HOC having different grades. The ambiguity was mainly related to not knowing what to expect from each other as a team. Staff and clients were

not valued as equal partners in decision-making processes and staff found that even their jobs were threatened.
For example, nurses said:

> *"We [nurses] were kept from expressing our opinions and expectations by the hospital's organisation", "we [nurses and management] have to go along, we have no choice", manager; " if you [as employee] do not agree with this [set course], then this is not the right place for you and you should rather look for something else". [Fieldnotes, Research Journal October 2006]*
>
> *"Wij [verpleegkundigen] worden door het [ziekenhuis] management gewoon achter schot gehouden", "we moeten mee, we hebben geen keus", manager "als je het er niet mee eens bent, dan is dit niet de juiste plek voor je en zul je mogelijk naar iets anders moeten uitkijken". [Veldnotities, Research Journal, oktober 2006]*

Continuous changes in the organisation and in management seemed unfavourable to staff because it caused more ambiguity in roles, responsibilities and unstable organisational structures and less trust or confidence. Resources were not sufficiently allocated as there were financial and staff shortages. As a nurse stated:

> *"The hospital is always very ambitious, but they can't achieve these aims". [Nurse, clinic interview 7]*
>
> *"Het ziekenhuis 'wil' altijd wel, maar ze kunnen het niet". [Verpleegkundige, kliniek, interview 7]*

The physical environment was poor and because space was limited the centre could not be located on one floor. This physical distance spread over different floors, hindered the representation of one's work, teamwork and decreased staff's sense of pride. Neither did nurses have much space to work and not much privacy for reflection and discussion. As a nurse who worked at the clinic acknowledged:

> *"…if I wanted to discuss something in private with my colleague at work, about what is going on here [HOC], …I could use the [manager's] office [only office offering some privacy] but of course then she would want to know why I want to use her room, so then I don't bother". [Fieldnotes, Research Journal October 2006]*
>
> *"…wanneer ik iets alleen met mijn college wil bespreken, over hoe het hier aan toe gaat [HOC],..dan zou ik het kantoortje[van de unitmanager] kunnen gebruiken, maar dan wil zij natuurlijk weten waarom ik haar kantoor nodig heb, en dan laat ik het maar". [Veldnotities, Research Journal oktober 2006]*

Culture

I observed a centre which was not unified, was segregated and remained in sub-teams. Teams were working alongside each other, were all passionate about oncology care, but had no shared vision and were using such terms as 'we' and 'them'. Staff, including medical staff, experienced a talkative culture which I considered undesirable as this could cause them to become trapped in this kind of culture and therefore reduce possibilities for actual action to take place.

There were no clear communication structures, though there were weekly meetings within some of these sub-teams for harmonisation of patient care. According to the staff, and I experienced this too, these meetings were often delayed, disrupted and cancelled because of heavy workloads. Meetings were also not satisfying for staff in relation to providing effective and good quality care to clients. Staff felt meetings were too short to thoroughly analyse issues around patient care and actually missed the contribution of other disciplines that were often not present. They said they often came up with actions they already knew about and, knowing these wouldn't work, consequently stopped trying. While there was some sort of information system, feedback systems did not exist within the team. Staff complained and blamed the other ward or hospital organisation, but not openly outside the team and not actively, to change their situation. However, individuals in teams were perceived to be very attached to each other and they tried to minimise conflicts. Consensus was mostly reached without critically testing, analysing and evaluating ideas. In a conversation with a student nurse, I shared this observation of mine and she confirmed that;

> *"She [supervising nurse] adapts her personal view to the view shared by the majority of the team. First she said that to me and then in the coffee room with others she said the opposite!... I think she is just afraid of falling outside of the group because it is such a closed team". [Student nurse, interview 6]*
>
> *"Zij [werkbegeleiders] past haar persoonlijke visie gewoon aan bij de visie die door de meerderheid van het team gedeeld wordt. Eerst zegt ze 'dit' tegen mij en dan in de koffiekamer met anderen zegt ze het tegenovergestelde!…Ik denk dat ze gewoon bang is om buiten de groep te vallen, het is namelijk zo'n hecht team". [Student verpleegkunde, interview 6]*

Inquiring about, or promoting viewpoints, beyond the comfort zone of consensus thinking were avoided by most of the staff and one of the managers. I assumed they wanted to maintain an emotionally balanced team, preventing further confusion. As one of the managers said:

> *"The team comes first; I [manager] don't want to burden them further [with this study]". [Fieldnotes, Research Journal February, 2007]*
>
> *"Het team is het belangrijkste; ik [manager] wil ze niet verder belasten [met dit onderzoek]". [Veldnotities, Research Journal februari 2007]*

In addition the workplace did not reflect a learning culture. Staff believed learning was something that takes place away from the workplace and was taught mainly through study days and formal teaching methods which was perceived as being frozen, at that moment [interview 3]. I observed that learning was primarily associated with medical students in residency, co-assistants and nursing students. Research was, furthermore, mainly associated with clinical trials. A cultural gap was identified as people in the HOC desired a different workplace culture to the one they were experiencing. Moreover, there was evidence that they valued some of the essential attributes of a culture of effectiveness as identified by Manley (2011). This involved: Putting people at the centre; supporting and challenging them; involving them in decision-making processes; providing open communication, teamwork, and safety; and offering activities driven by patient's needs. The gap was smaller at the day care clinic, where staff explained they worked more autonomously, in a smaller team and closely with specialised nurses and medical staff. A triangulation of data from the participant observation [October, 2006], the culture workshop [June 2007], and from field notes [2006-2007] supported this observation.
Most of the staff were aware of the potential for cultural development. Some of them seemed to feel embarrassed and guilty about the exposure of such a cultural mismatch as they became aware that this did not achieve the best patient care. Nevertheless, they did not seem able to take action and seemed to accept the status quo. As a nurse indicated:

> *"I [nurse] think things could be done differently and yes, I think we do have a role to play in that, but as long as they [hospital management] don't do anything for us, we don't do anything for them, I feel so sorry for the patients, but that's the way it is, it's what they [hospital organisation] apparently want'. [Interview 7]*
>
> *"Ik [verpleegkundige] denk dat het anders kan en ja ik denk dat we daar een rol in hebben, maar zolang zij [ziekenhuis management] niets doen voor ons, dan doen wij het niet voor hen, ik vind het erg voor de patiënten, maar het is zoals het is, wat ze [ziekenhuis management] dus blijkbaar willen". [Interview 7]*

Leadership

I perceived the a manager, as a formal leader, as empathetic and caring towards the team, trying to protect them from distress in the ever-changing and dynamic organisation. She had a strong intention to strive for a balanced team, not taking any risks. Furthermore, she performed the roles of coordinator, monitor and organiser, all typical of a hierarchical culture. In addition, aspects of collaboration, inclusiveness or participation (McCormack B, Wright, Dewar, Harvey G, & Ballantine, 2007) were hardly observed. Leadership was less characterised by what I understand is meant by a transformational leadership style, that is, able to transform cultures, recognise everybody as a leader of something and inspire staff to have a shared vision. This style according to the literature is perceived as more influential in the context of change (K. Manley, 2004).
The activities of the this manager were mostly ad-hoc, using a somewhat passive and unplanned approach, and merely intervening when problems arose that needed to be fixed-quickly or

when required by the hospital's organisation. This resulted, in what I observed, as no meaningful, intrinsic action. I observed her avoiding leadership responsibilities when it came to building a vision, planning of policy and facilitating processes of change in nursing.
I perceived she hardly involved herself in conversations with colleagues, including other managers, who were more up to date about this. She also did not read, or inquire about, the latest policy documents available. Primarily, she held the nurse practitioner responsible for these activities. The nurse practitioner was perceived by almost all staff as a respected informal clinical leader. However, budgeting was clearly seen as the a manager's responsibility. Nursing staff and medical staff considered one of the managers as not being a credible, competent and powerful leader capable of facilitating these complex processes towards becoming a PDU and a HOC [interviews 1 & 7, fieldnotes Research Journal March and April 2007]. Staff noticed one of the managers trying to adopt a more business-like rather than personal attitude towards them, but staff did not perceive that as authentic and credible. I had the impression the manager herself did not like to adopt such an attitude or strategy towards 'her' staff, which was required by the organisation because it was believed this would make her work more efficiently as manager.

> *"I know I need to be more business-like and I'm doing it now and that's a complete change for some of them [staff]…and also for me". [Interview manager, October, 2006]*
>
> *"Ik weet dat ik meer zakelijk moet zijn en dat doe ik ook al. Voor sommige is dat een hele verandering…ook wel voor mij". [Interview manager, oktober 2006]*

As a result some staff held back information from her and often excluded her from decision-making processes. Consequently she had a different impact and power on the diverse subcultures. In the clinic she was found to be a more respected leader. Staff in the clinic approved actions taken by her even though they did not actually agree. This was the opposite with staff in the day care clinic where she was openly criticised. One of the managers had her office at the clinic and hardly attended the day care clinic, except, according to staff, for about ten minutes a day. The manager was aware of her inadequacies. She defended herself saying she was still learning and that takes time. Authority was traditionally reserved for medical staff and the hospital's organisation. As the one of the managers and CNS acknowledged;

> *"I [manager] don't know whether I am allowed to by the organisation?", "I [one of the CNS] have no authority to change certain things, I always have to ask other people for permission…when the medical specialists do not want it, then it normally won't happen". [Fieldnotes Research Journal March, 2007]*
>
> *"Ik [manager] weet niet of het mag van de organisatie?", "ik [nurse practitioner] ben niet bij machten om bepaalde dingen te veranderen, ik moet altijd andere mensen om toestemming vragen…als de medisch specialisten het niet willen, dan gebeurt het gewoonlijk niet". [Veldnotities Research Journal maart, 2007]*

Staff did not resist, even when they disagreed with decisions made by one of the managers. An oncology nurse noted:

> *"I [oncology nurse] usually just swallow it and continue…not thinking too much about it". [Interview 3]*
>
> *"Ik [oncologie verpleegkundige] slik meestal een keer en ga maar gewoon door… [door er] niet teveel aan [te] denken". [Interview 3]*

Evaluation

It appeared that systems for feedback on individuals, teams and the organisation were formalised in an annual performance review either with one of the managers or at various staff meetings. There were no other formal channels for feedback. While observing working groups and staff meetings it became apparent that staff were not used to analysing and criticising work processes and were strongly focused on finding solutions to problems. There was a lack of clear systematic working, starting with thoroughly analysing and diagnosing a problem, setting goals and finally, evaluation. This was noted while observing, participating and facilitating staff meetings [February – May 2007]. Meetings started without discussing the purpose of the get-together. The participation of members in different roles was taken for granted and most meetings lacked a set agenda prior to the meeting. Little was recorded on paper, which staff explained as; "we are used to this way of working". The use and analysis of different sources of evidence were limited. I perceived decisions were made from a pragmatic point of view, primarily based on craft and personal knowledge and values, rather than on propositional knowledge that is grounded in theory. The use only of pragmatic knowledge in decision making, may also concur with the strategic goal of top-quality care, strived after by the hospital. An example of this was an elderly patient with colon cancer and who was diabetic as well. He had an itch all over his body. A young nurse suggested menthol powder and a regular wash instead of checking his glucose level [field notes Research Journal October 2006]. Another example was a young single women dying of cancer who had to decide on who was going to take care of her little daughter when she died. She didn't want to talk about it and was getting angry when a nurse or specialist tried to start a conversation about it. Nurses were aware time was limited and they all tried different communication approaches, which failed. As these conversations were not systematically recorded, they were repeated by others and finally carried over to the specialist. Staff found themselves not working uniformly. For example a nursing student said:

> *"Everyone decides for themselves what seems best". [Nursing student, interview 6]*
>
> *"Iedereen kijkt een beetje voor zichzelf wat het beste lijkt". [Student verpleegkunde, interview 6]*

Patients are the centre of focus with all staff members, but patients were not approached as a valuable source of information to improve practice. Staff believed they were acting in the best interests of patients and argued that only a small number of patients complained about their care. This showed limited knowledge among staff about how to evaluate care and how to give meaning to care in which the person, or patient, is the centre.
Evaluation systems were evident in direct patient care, in writing patient records and at patients' discharge, but were not used as an integral part of the implementation of changes in practice. Several projects for improving practice were initiated and planned, but as some senior staff members explained, insufficient resources for training staff to become skilled project participants, hindered the implementation and evaluation of these projects.

INCREASING DOUBTS

A huge gap existed between their workplace culture which they espoused, and desired, and the actual culture they experienced, at least as far as I observed and engaged with while being part of this oncology centre. Staff were also aware of this discrepancy but the majority accepted the current situation. I started to doubt my assumptions, informed by CSS, that when people become more conscious of an incongruent or even oppressive situation, which was the case in the observations made, then there is the potential to take action. I questioned myself how realistic that potential was as staff and even leaders, both formal and informal, did not feel they were in the position to develop the practice that they wished. This meant for example: being involved in decision-making; professionalisation not being only reserved for students; taking time for patients and families; and creating a safe environment. Staff and management felt bombarded and overloaded by new structures and ways of working while they lacked time. Communication, as I observed it, among different staff and among management, and between staff and management, was poor. Processes were hardly facilitated and new initiatives developed slowly or disappeared suddenly. Staff experienced a constant cycle of change with little time for stabilisation or adjustment and reflection, leading to negativity, cynicism and reduced motivation and receptiveness towards change in their practice and/or organisation. In the conversations I had, I noticed these issues related to the structure that emerged rather than to fundamental issues around patient care. They recalled emotions of sadness, frustration, powerlessness or anger. I was not prepared for this particular focus. As a nurse myself I experienced that nurses are normally less concerned with organisational structure than with patient care and block out concerns related to that. I doubted whether this controversial focus had to do with my engagement with staff as part of the study, and them experiencing sharing their thoughts and feelings about the culture they had worked in for the first time. I also doubted whether this had to do with how staff defined workplace culture or their positive view of patient care, or whether this had to do with the corporate culture that they were also part of.

The culture I experienced myself and recognised with others was rather turbulent than dynamic, less driven by well-formulated values on patient care, but rather on surviving, mostly financially. A structure then could offer some grip on the situation with staff and could explain the focus on just getting the most urgent things done. Consequently I asked myself how workplace culture could inform the focus for action in the study. I assumed working with issues around communication and work structures would be challenging, knowing it could mean a shifting in power but could also contribute to working effectively, which then could result in financial savings. At that stage I did not have a clear sense that culture change has to proceed in parallel with structural change and that the way that structural changes was facilitated has the potential to start changing the culture. I personally felt less attracted to these structural issues as I knew that changing structures is difficult as existing structures are firmly embedded in the current culture. Changing the structure could make staff feel even more lost. But as this emerged strongly from the data collected and was related to workplace culture, I felt obliged to take action on this as part of the study. For example one could look at the underlying values of the structural system before challenging and changing it. I was unsure whether to approach the structural issues directly within the study, or to focus more on patient care issues, in which structures in workplace culture will be developed indirectly. I thought this would help to regain staff's sense of responsibility and involvement in the development of change [Research Journal September, 2007].

Because a PAR approach was adopted in the study, I wanted to share these findings and questions I had with staff. In that way a shared decision could be made which focussed on what action to take.
Although I could approach staff easily and even though they were very open to me, I still experienced difficulties in encouraging staff to participate in the study and to join me in the collection and analysis of data. This brings me to my next story, focusing on building relationships with staff and where aspects of facilitating these processes will be highlighted.

STORY B - A STORY OF BUILDING RELATIONSHIPS

A first meeting with the Haematological Oncology Centre (HOC)

I met the HOC's staff and one of the managers half a year before the start of the action research process. While employed as a lecturer from the university, I helped facilitate a creative activity, initiated by the University, related to becoming a Practice Development Unit (PDU). I also wanted to explore whether these oncology wards were a possible research setting for action research. I, as well as the facilitator working with me, were welcomed by staff and one of the managers. Staff were very cooperative in the, for them, unusual and creative activity. Remarkably, one of the managers, though present, did not participate in the activity aimed towards becoming a PDU.

She took care of materials needed and helped us out with collecting data from staff. At that point the staff were quite suspicious about becoming a PDU, because they spoke out clearly that they thought the intention of the project was only to save money and provide more student internships.

They were cynical about the initiative as another recent PDU in the hospital was, in their view, not that successful as they had heard rumours there was a permanent shortage of qualified staff. However, in their evaluation of the creative activity they said they were more open and willing to develop a PDU, on condition that it would be tailored to the wishes of the oncology care teams.

As a member of the PDU steering group, I approached one of the managers of these wards a week after the activity. I asked her whether she and her teams would like to participate in an action research study. A short research proposal was sent to her prior to the meeting which I then explained to her during the meeting.

Gaining access to the wards went exceptionally smoothly. As expected there was minimal inquiring about the research methodology, aims and processes and possible consequences. I was satisfied about this because at that stage the proposal still needed some further refinement. I felt they trusted me and so they allowed me a lot of freedom in the study. One of the managers and I were eager to start; we had a feeling of '*let's go!*'. I felt encouraged to start with interviews, to inquire about the existing and desired workplace culture and to meet staff simultaneously.

My intention to build relationships in this action research

I considered it important to spend time building relationships as this is a key characteristic within the participatory action research (PAR) process. I also considered it important to have a common focus and shared purpose with my research subjects to enable greater collaboration, which could in turn lead to proper dialogues and reflection. I was informed by literature confirming that PAR strongly supports collaboration and involvement in key identified areas

of concern, in this study the workplace culture. This can then result in sustained reform and/or changes in practice (Day, 2009; Koch, 2006; Reason, 2002).
To get staff involved I chose to seek a relationship with them based on a dialogue. I did this in order to promote informal, practical reasoning. This is drawn from general qualitative methodology, in which professional knowledge, propositional and personal knowledge are seen of equal value (Boog, 1998).

PAR shares characteristics with this methodology. PAR draws on a Critical Social Science (CSS) perspective that generates collective knowledge about issues in practice through dialogues. In this way participants can be supported in a process of enlightenment, empowerment and emancipation, in order to take practical action that is informed by their own decisions.
I strongly believed it was important to understand a situation in order to change it. Furthermore, I believe that social situations are created by people and therefore can be deconstructed and reconstructed by people. In this way I argue that situations that are taken for granted need to be looked at from the view point of what has brought them into existence, especially regarding relationships of power. Inspired by (Fay, 1987) I attempted to understand the *oppressive* aspects of workplace context and tried to encourage people to liberate themselves by transforming that context. These basic ideas would help to inform the relationship between the researcher and the person being researched and is characterised by concepts such as mutuality, reciprocity, equivalence, cooperative relationships and shared learning processes.

In this study an inherent aim of the PAR process was to change practice, to transform selves, teams, workplaces, organisations and practice (Titchen, 2007). In this way one could generate new knowledge. The study and the relationships within it were intended to be driven by PAR, meaning that, together with participants in the study, it valued authentic, democratic and non-coercive processes in order to strive for emancipation. Other principles of PAR which underpinned the study were voluntary participation, shared decision-making and recognising that the process and direction of the research is dictated by the participants (Day, 2009) in order to increase ownership of the study. This seemed to contradict with how I entered into the research. That is I invited myself to facilitate the development of an effective workplace culture. However, the direction of the research was not fixed as it is set within a broad framework with the participants still having the freedom to share in decision-making within the research.

I intended to build relationships with nursing staff, the management and to a lesser extent with medical staff, and other disciplines, as they were also part of the HOC workplace culture. Yet, the focus for me was on workplace culture as perceived by nurses. This is because they are the largest group of professionals caring for patients with oncological problems. In addition they have their own established culture.

Involving nursing staff early in the process was important both in order to crystallise problems identified earlier in relation to workplace culture and to decide together the focus of the problems. I planned to personally inform them about the study in interviews, at staff meetings or just informally. Inviting them to participate in the study would be done in consultation with one of the managers as she knew her staff best and was responsible for staff planning.

Reading the literature, my attention was focussed on leadership, as a part of the key characteristic of context to be addressed, within the PARIHS framework (Ellinger & Cseh, 2007). I understand this had a strong impact on other parts or sub-elements of evaluation and culture. Therefore I was extremely interested to explore the leadership style performed by one of the managers. This focus was also supported by my expectation that the manager would explain the point of the study in the workplace and to facilitate staff to participate in order for PAR to succeed.

Activities used to build relationships in this action research

The strategy chosen for building relationships with key stakeholders was based on repeated dialogues in order to meet each other through listening and understanding. Examples for this were structural meetings with two managers, participating in staff meetings and initiating an action research group. Models of reflexivity and 'critical companionship' (Higgs J, 2001) were chosen as suitable for dialogues to be of value.

Central to this strategy was to challenge each other about what prevented the desired workplace culture. Critical dialogues were primarily held with one of the leaders and a CNS. One of the managers was perceived by the staff as a formal leader and one of the CNS as an informal leader and influential in changing workplace culture. Interviewing staff in small homogenous focus groups was chosen, creating a safe environment for dialogues and storytelling. The aims were to meet with each other to explore their values and beliefs about patient care, both in practice and espoused, and to collect thoughts and feelings about the development of a future HOC. Every staff member at the centre received a letter of invitation signed by one of the managers and me. The letter invited them to participate in an interview and simultaneously make a contribution to the development of the HOC. One of the managers insisted on selecting staff that were willing to participate, taking into account the inclusion criteria formulated by me. These criteria or selected staff included nurses with various levels of education, student nurses and nurses who would join and would not join a future HOC team. Interviews were opened with a small introduction to get to know each other discussing their career history and starting with an open question like: 'What do you think of the future HOC?' or '*Could you tell me about your views on the future HOC*?

I tried to be at the HOC each week both formally and informally, so that staff and I could meet. Formally, I observed practice as a participant, working as a nurse assistant, and through facilitating staff meetings. These were mainly about how to formulate action plans around the merging and the development of a PDU. In these meetings I primarily tried to shift the focus from

taking immediate action to analysing the issue first and to stimulate working systematically. Informally I joined tea and coffee breaks and helped staff with activities that were not directly related to my study. For example, I did a photo shoot acting as a patient for the HOC's plans to design a poster informing patients about the steps of chemotherapy treatment and care. I also supported the nurse practitioner in the formulation of the project/research proposals for nursing students from the university who could decide on these for their theses.
I intended with these informal activities to achieve a good relationship with staff, strengthening mutual trust, seeking equity, openness, respect, understanding and friendship or working together as colleagues. I also hoped to experiment with reciprocity, that is myself doing things, in return, for the staff or manager and visa versa. This I thought would improve the willingness and commitment of staff to participate with me in the study. I planned before starting to be unpretentious, not to be the expert, showing my own vulnerability and underlined that I was still learning.

I tried to adjust the language I normally used, to that used by HOC staff and management. An example of this is a shortened written version of my Dutch research proposal in which research terminology was limited or clarified. I took time to explain the study to staff. I intentionally did not leave out all research terminology but rather explained it as it would benefit, certainly, some of the staff who would be participating as co-researchers in future action cycles.
Some months into the research, I tried to instigate a research group with a variety of key stakeholders to share different views and coordinate and harmonise activities within the HOC. The activities initiated by the HOC staff aimed at the development of a functional HOC. The activities I initiated in cooperation with staff, one of the managers and a CNS were aimed at developing an effective workplace culture.
I used strategies to involve other key stakeholders such relevant members of the hospital management, meeting with them to inform them about the study and about local developments on an intermediate and a macro level. The intention was to learn more strategically from them and enable their support in freeing people up from their daily work so they could participate in the research. This was also intended to embed the study in the hospital's organisation (story C) rather than to contribute to hospital management's empowerment.

I thought that a commitment of participants to the study would be conditional on joining the research. I also hoped to increase their commitment by sharing the provisional findings of the contradictions between the workplace culture in practice and the espoused culture.
Furthermore, newsletters were used to inform staff about the aim, process and activities related to the study and to invite staff to participate.

WHAT I OBSERVED WHILE BUILDING RELATIONSHIPS

Relationship with nursing staff

Staff welcomed me at the centre, were interested or curious about me as a person, wanting to know where I came from and the progress of my study. They enjoyed participating in the interviews as they perceived me as someone who really listened to them. They invited me to join them in their activities as an observer or participant. I fed back my observations several times, helped them to search literature and challenged them to work systematically in their monthly work groups. Quite soon they were acting upon the suggestions made and were valuing this. They shared their concerns spontaneously with me related to the workplace and the hospital's organisation. They seemed to trust me, illustrated by their openness as read in the underlying quotes;

> *"I hope, actually I think, that you really can make a difference with this [research]". [Nurse day clinic, interview 3]*
>
> *"Ik hoop, denk eigenlijk wel, dat je hiermee [het onderzoek] echt een verschil kan maken" [Verpleegkundige dagbehandeling, interview 3]*

> *"It's always the same here, one big profiteering racket, but when it comes to employees, nothing! That madness around PDUs, that's also a question of saving costs for the university, don't you think?" [Oncology nurse, clinic, Research Journal August, 2006]*
>
> *"Het is hier gewoon altijd hetzelfde, een grote zakkenvullerij en wat de medewerkers betreft ho maar! Dat hele gedoe rondom ZorgInnovatieCentra is toch ook gewoon een centenkwestie van de Hogeschool?" [Oncologie verpleegkundige afdeling, Research Journal, August, 2006]*

Because I used to work as a nurse on different wards for some years, I was familiar with the hospital and therefore I was not seen as an outsider coming from the university. They empathised with me, struggling to establish the study in the oncology centre. I was seen as one of them. Although I wanted to establish equity between myself and staff, they insisted that I was the most suitable person who had the capacity to change things. This went against my democratic and educational values. I noticed that I was pressed forward several times to be their spokesperson to the management or in staff meetings with the hospital's organisation. An oncology nurse noted:

> *"You have to tell them/her, you can always say it so clearly, in the right words and so". [Oncology nurse, clinic, Research Journal October 2006]*
>
> *"Jij moet het ze maar zeggen, jij kan dat altijd zo duidelijk vertellen, met de juiste woorden en zo". [Oncologie verpleegkundige, kliniek, Research Journal October 2006]*

Nurses did not feel they were capable of participating in the study as co-researchers due to contextual constraints, such as, time, having limited research capacities and not having a voice. I was seen as not having these constraints in my relationships with the staff.
I then experienced an internal conflict. They were seeing me as being capable of making a difference although I doubted my capability. I did not have any authority in the unit and had doubts from past experiences in the research about my abilities to be politically astute. I found it challenging to keep myself informed on the ever-changing, strategically driven developments in the organisation. The reason why I nevertheless decided to act as staff's spokesperson was not because it was flattering, rather I wanted to make things easier for them and keep them enthusiastic about the study. Because I was still in an early process of building relationships with them I preferred them to gain trust in me and to observe me acting as a role model first. At a later stage I planned to invite them in a gentle way, to take up this role themselves, while being individually supported by me.

Relationship with one of the clinical nurse specialists

I had a close relationship with one of the CNS in particular on the level of being colleagues involving reciprocity, symmetry, openness, mutual trust and liking, respect, and loyalty. Dialogues were welcomed and perceived as reflective and personally enlightening. As the nurse practitioner acknowledged:

> *"It's always good to talk to you and to exchange views [on the HOC] with you. It's always nice having you around here". [CNS, fieldnote in Research Journal, 2007]*
>
> *" Het is altijd goed om met jou te praten en met jou van gedachten te wisselen [over het HOC], het is altijd prettig om je hier te hebben". [VS veldnotitie in Research Journal, 2007]*

Evidence that enlightenment occurred for the nurse practitioner through these dialogues took the form of the nurse practitioner changing or initiating new actions related to her approach to colleagues and to her prioritising certain actions.
The dialogues I had with the CNS were often not systematically planned. For the first few months it was not clear what we could offer each other. She was also always very busy and often unavailable. I felt, from my position, that I should not disturb her in her daily work, just as with one of the managers. Neither did I want to isolate her from the rest of the staff by viewing her as being more important.
I felt I was strongly supported by the nurse practitioner in my views relating to the development of an effective workplace culture. I started to share my observations of practice with her and the questions I had related to that. Gradually, we increased our, what I called, 'get togethers', and became critical partners in which I challenged and supported her in her activities at the centre. Challenges were mostly related to being self-critical and to changing perspectives in relation

to others and the perceived heavy workload. Support was mostly related to her activities as an informal nursing leader. To a lesser extent in this critical partnership, she tried to support me in the activities in relation to the study, like planning of meetings, presenting together at staff meetings but not yet, in collecting and analysing data together.

I noticed that the CNS's and my own research position were strengthened simultaneously by having a common viewpoint on facilitating developments in the HOC focusing on a bottom-up approach. This did not match that of management which focussed more on top-down approaches. We were going too fast in their perspective. As the managers said:

> *"I can't reach your [researcher and nurse practitioner] level; you're going too fast for me". [One of the managers, Research Journal February, 2007]*
>
> *"What you both are trying to achieve is not possible". [One of the managers, Research Journal April, 2007]*
>
> *"Ik kan jullie niveau helemaal niet aan, jullie gaan veel te snel voor mij". [Een van de leidinggevenden, Research Journal februari, 2007]*
>
> *"Wat jullie proberen te bereiken kan niet". [Een van de leidinggevenden, Research Journal april 2007]*

I became aware that the managers might have thought that I was siding with the nurse practitioner in order to push my plans through. The truth, for me was that I finally felt some support for the viewpoints and actions I thought would benefit the ward and the study, which was lacking in the relationship with one of the managers. On the other hand, reflecting on the manager's response, I became aware that I could be seen as manipulating the situation. I was after all working together with an informal leader such as a nurse practitioner who had strong connections with medical staff. One of the CNS had a leading position being responsible for some activities in relation to oncology care that actually also belonged to one of the managers. This was certainly the view of the nurse practitioner, the specialists and myself after we had undertaken a role analysis and also according to one of the manager's own concept job description. These activities included facilitating staff working systematically, and being involved in writing vision statements and policy plans for the oncology centre. The nurse practitioner's contact with staff, in particular staff from the clinic, was limited and restricted to informing them about new protocols, changed policy and congresses. An exception on this was that the nurse practitioner facilitated a meeting with a small group of oncology nurses in implementing new evidence in practice. These meetings were not continued apparently due to poor staff planning and attendance. Gaining access to staff through my relationship with the nurse practitioner would I thought go more easily, but it was apparently not going to be that simple.

Relationship with medical staff

Medical staff encouraged the action research even though they were unfamiliar with the research methodology. The leading specialist had read my research proposal and discussed his critique with me. He recognised the contribution of the study to the developments in the centre and cooperated when possible. I initiated most activities with this leading specialist and appointments with him were well kept. This made me feel that I was respected and taken seriously by the medical staff. They valued my eagerness to initiate action. This could be explained by their strong need to prevent a culture arising within the centre that would only encourage meetings and spark debate, but not lead to action. An oncology specialist noted:

> *"It's good, that this initiative [the research] finally lies with the nurses themselves and that action is taken". [Specialist oncology, Research Journal October, 2006]*
>
> *"Het is goed dat dit initiatief [het onderzoek] eindelijk een keer bij de verpleegkundigen zelf ligt en dat er actie wordt ondernomen". [Oncoloog-internist, research Journal October, 2006]*

I thought the medics wanted action and an end to meetings that failed to agree action. Because I was not in favour of taking action without talking, I was concerned whether they were going to support the study when it began to proceed. Because then the time for reflection and reaching a consensus about actions would be key and therefore people would need to talk. I decided to let go and not to worry too much about this in advance, having faith that I could work it out by that time.

Although the medical staff was formally in a leading position and encouraged the research, their relationship with one of the managers was already a troubled one [Research Journal, observation October, 2006 & minutes meeting action research group]. Hence, there was a discrepancy as they had little or no authority to free staff from daily activities in order to participate in the study and to influence one of the manager's attitude.

Relationship with hospital management

My relationship with the hospital management was mainly with one of managers with whom I met in face-to-face meetings once every eight weeks. The aim of these one- to-one meetings was to inform each other about the progress I made with the study in the centre and the progress the hospital was making with their aims. Furthermore, these meetings were intended to support me in the difficulties I experienced while carrying out the research in practice. This relationship was characterised by equity, mutual trust and agreement on the processes.

This was evident by the language used and the way we approached each other. This manager had a lot of experience with organisational development within hospitals. He mirrored several examples, both from macro and intermediate levels, concerning the difficulties I encountered in practice on a micro level. For example building relationships between different hospitals

was not that different from building relationships on a micro level. For me this was true learning as I perceived there was a strong resemblance between the methodology, strategies and underlying philosophy they were striving to put into practice and those I used in the study. This manager often used language drawn from organisational management, in particular from human resource management or improvement in individual performance.

I was strengthened in my belief that the research fitted the need of the organisational development at that time and that there was a great need for these new processes in the development of practice. I was truly impressed by the complex plans made for the care divisions, of which the oncology centre was a part. However I soon became aware that most of these grand plans were not put into practice. In addition there was little self-criticism of the difficulties which were mostly blamed on others, for example, laying the blame for the undesirable situation at the HOC solely on one of the managers and repeatedly accusing specialists of being 'einzelgangers', meaning, acting on their own, and thereby causing difficulties to the merger. This raised doubts in me about him being all embracing and candid with me. This was reinforced by our meetings which were more often than not cancelled. In addition, he did not take agreed actions, For example, he did not keep to our mutual agreement that he would ask the managers to support the research more properly. This made me feel that I was not taken seriously and respected. At the same time I felt frustrated at not having the guts to confront him with this behaviour.

Relationship with one of the managers

My relationship with one of the managers was the most challenging of all. At the beginning of our relationship it was not clearly defined how we would follow the research process planned, given the changing context and the changing roles within it. Yet we both had confidence that clarity would come during the process.

Together with the this manager I planned activities such as interviews and observations. Twice a week I entered the centre to carry out these and other activities and to participate in meetings related to the PDU. In the 'work meetings' between this manager and me, in order to initiate the research and to plan action, I tried to harmonise activities with local developments and address and explore specific issues, concerns and problems identified by one of the managers.

In the work meetings, however, the manager often stated everything was going fine in the centre:

> *"Actually, we have no issues or problems, although our practice is not perfect I think we are doing OK". [One of the managers, Research Journal 2006]*
>
> *"Wij hebben eigenlijk helemaal geen problemen, het is wel niet perfect maar ik denk dat we het wel OK doen". [Een van de leidinggevenden, Research Journal 2006]*

Furthermore in the meetings I initiated activities, such as staff meetings, in order to analyse data together or arrange an art culture workshop, explaining to one of the managers how these were related to the research and why it would be important to free staff to participate in the research. I tried to help her understand that the activities, whilst related to the research , would actually support the development of the centre and so they should not be considered as something extra. I noticed one of the managers pretended to understand and to value the study. Yet I had to emphasise the importance of the study several times and experienced her delaying the planning of staff meetings with the purpose of continuing the study.

After an introductory meeting to become personally *acquainted*, I continued to build my acquaintance with her during our work meetings. I wanted to find out more about her and her daily work and what she was thinking and feeling about the culture of the workplace. Therefore, I tried to question her in our meetings in an informal, ad hoc manner, asking what her thoughts were about the development of an oncology centre, how she experienced working with different teams, what her main daily activities were, how she felt being a leader, what she perceived as being difficult in her role, what was important for her, and how her training in post educational management helped her in her role as unit leader? It was evident that she was not ready for these kinds of questions and that she was not clear about her values. I decided, with the intention to role model, to share my values and interests with her and then to invite her to exchange the different perspectives that would most likely emerge. I hoped this would help her to become more aware of her needs and those of the team, of the value of the action research approach, in particular of the critical dialogues and how to realise these needs in practice. This was experienced by one of the managers as an inappropriate coaching activity:

> *"You are not going to coach me, are you?" [One of the managers, research journal, October, 2006]*
>
> *"Je gaat me toch niet coachen, hè?" [Een van de leidinggevenden, research journal 3, October, 2006]*

I thought she was unaware of the possible consequences of the study for herself as a leader. And because she asked this question above, I started to doubt whether she wanted to become aware. She also seemed to be embarrassed to be asked about how she felt regarding a particular situation and when she was asked about evidence of any strong statements she made. She struggled to answer such questions right away and clearly did not want to discuss the issues further. She said: '*it's just what I feel/ think about this issue'.* I continued to ask, though this felt uncomfortable for both of us. She seemed at the same time to become aware of the validity of the inquiry. Her body language revealed this, closing eyes, nodding, gently smiling, sighing, and becoming restless. But she also seemed annoyed as she said she had the feeling that I pretended to know what was already wrong in relation to her being a leader. This feedback

made me aware of my own verbal and non-verbal behaviour in this relationship. It also showed me that I was prejudiced, for example, assuming that she was adopting a more transactional, traditional, rather than transformational leadership style in a particular context. I made this assumption because she, like transactional leaders, acted autonomously based on her own professional and personal knowledge. I felt a need to confront this behaviour as I believed my approach was correct in relation to the study. However, I was confused because it did not seem ethically justified in this relationship. It was obvious that she did not feel comfortable in her relationship with me and I was aware that I needed to use a different approach, but I did not know then which approaches might be more effective.

At this point, we discussed the different intentions we had with these meetings and she agreed that we needed to explore together our different needs in practice as part of the first phase of the action research process. We would raise our awareness by exchanging the ideas, opinions, and values influencing our thoughts and behaviour about facilitating the development of workplace culture as a leader. Also we would invite staff to raise their thoughts and feelings about developing their practice. We constructed ground rules about how to work together, in particular, in these work meetings. Ground rules I added were based on the theories of Habermas (1990) in working towards fair but critical dialogues, focused on behavioural norms in order to prevent coercion. In essence, we agreed that I, as researcher, could ask reflective questions as long as the information stayed within the research setting and was not passed on to one of the higher management. I first had to ask permission from one of the managers if I intended to do this. The manager then accepted that she understood the processes needed.
However as these meetings continued I still struggled to formulate reflective questions as the meetings were used primarily to update me about the amount of developments in the dynamic nature of the merging and the changing context. Often I attempted to break into these conversations with some critical questions, but mostly I did not succeed, as can be seen in this example from an hoc conversation in one of the leaders' office [Research journal, February, 2007]:

One of the leaders: *"I'm not going to address serious concerns about my future position. I will wait to see what will happen…I now want to be there for my team".*

Een van de leidinggevenden: *" Ik maak me nog geen grote m.b.t. mijn toekomstige functie en wacht de ontwikkelingen gewoon wel af…ik wil er nu zijn voor mijn team".*

Researcher: *"What do you mean by 'being there for my team?'*

Onderzoeker: *"Wat bedoel je precies met 'er zijn voor het team?'*

One of the leaders: *'Yes, just being there. I know some very well including their private situation. You have to know that some are having a really tough time and then on top of that all these things happening here in the organisation…'*

Een van de leidinggevenden: *'Ja, er gewoon zijn, ik ken sommige heel erg goed en ook hun privé situatie. Je moet weten sommige hebben een zware periode en dat met al die dingen die hier gebeuren in de organisatie'.*

Researcher: *'Yes, and what are you actually doing then?"*

Onderzoeker: *'Ja, en wat doe je dan eigenlijk?'*

One of the leaders: *'That differs, of course, per person and I don't feel I need to tell you about it' [start conversation with secretary who just entered the room]*

Een van de leidinggevenden: *'Dat verschilt natuurlijk per persoon en ik voel niet dat ik daar over moet praten met jou' [start gesprek met secretaresse die net de kamer in komt lopen].*

I observed that one of the managers again had difficulties in expressing herself clearly. She could not find the right words and most likely as a result she avoided these reflective questions. She seemed to be more concerned with 'doing the things right, than doing the right things', which limited me in challenging her and to sharing views on the meaningfulness of her actions in relation to the context she was part of.

I also used the meetings to update her about the activities related to the research I was doing. I became aware that I was again repeating myself in different ways, explaining the aims of the study and the value of the research methodology and how I thought this could best be worked out in practice. I found this a disruption in building a relationship with her as I became annoyed and started to lose my patience. As part of the update I also informed her about some preliminary findings from the interviews and observations while being careful about anonymity and confidentiality of the information. However, I also tried to challenge her about her leadership style in relation to these first findings through questioning her about the way she practised and her underlying values. Also through encouraging her to facilitate team activities that were new to her in terms of structure.

After some weeks I experienced a change in one of the manager's behaviour towards me. This was not explained to me, but she allowed disturbances in our meetings, such as picking up the phone and allowing people to enter the room, shortening and cancelling meetings, not keeping to agreements made, not preparing for meetings, forgetting to invite me to staff meetings which were relevant to the research. This felt to me as if she was delaying processes intentionally in relation to carrying out the research in the centre. I also suspected that she withheld information from me as she felt vulnerable in particular when I observed her. For example:

"It was actually quite nice that you were not there, not having someone looking over your shoulder". [Research journal, March, 2007]

"Het was eigenlijk wel fijn dat je er niet was, niet even iemand die over je schouder meekijkt". [Research Journal, maart, 2007]

I discussed this with this manager. I sympathised with her feeling but also said I regretted she was thinking that way. I did not take action further as we were talking in a busy ward corridor. I felt weary knowing that more work was needed to break through her behaviour so we could avoid this kind of dialogue again. I also did not want to bring this to a head, but at least keep our relationship workable.

Several times she indicated that she was not willing to cooperate. It became clear that my role and responsibilities for facilitating development in practice and for working with one of the managers, remained ambiguous and she did not understand the relationship I was striving for. I felt my tool box of possible strategies was empty and recognised myself repeatedly explaining the study and our roles within it. This is evident in a fragment of a conversation between me and one of the managers in which I decided to discuss my feelings about her cancelling and postponing our meetings together. This resulted in a serious conflict between us.

One of the managers: *"I don't understand why the focus is on me".*

Een van de leidinggevenden: *" Ik begrijp niet dat de focus zo op mij gericht is".*

Researcher: *"As you know, one of the key elements of workplace culture is leadership. From literature and even from practice it is evident that you as a leader have an impact on the way the staff do things around here. Part of the culture analysis is to look at your leadership style and what impact this has on staff. I then would like to suggest exploring collaboratively with you and staff whether this style is appropriate for the context you work in and whether it fits the strategic aims of the organisation and what needs to be done to get that right.*

Onderzoeker: *"Zoals je al weet, een van de belangrijkste elementen van werkplekcultuur, is leiderschap. Vanuit de literatuur en zelfs vanuit de praktijk is het bekend dat je als leider een impact hebt op de manier waarop het [verpleegkundig] team dingen doet hier. Onderdeel van de analyse is om te kijken naar jouw leiderschapsstijl en welke impact deze heeft op het team. Ik zou dan willen voorstellen om gezamenlijk met de staf en jou uit te zoeken of deze stijl geschikt is voor de context waarin je werkt en of dit past binnen de strategische doelen van de organisatie en wat er gedaan moet worden om dat sluitend te krijgen".*

One of the managers:	*"Listen, I'm not going to change for you!"*
Een van de leidinggevenden:	*" Luister, ik ga niet voor jou veranderen hoor!"*
Researcher:	*"I think it's important for you as manager to take part as well in the process, just like the staff. I feel strongly about working collaboratively and the culture affects everyone on the unit.*
Onderzoeker:	*"Ik denk dat het belangrijk is voor jou als unithoofd om ook deel te nemen in het proces, net zoals het team. Ik werk graag vanuit een gezamenlijk proces en cultuur gaat iedereen aan op de unit.*
One of the managers:	*"You are only a guest… I think it is inappropriate for you, as researcher, to share your opinion".*
Een van de leidinggevenden:	*" Je bent [slechts] een gast…ik vind het gewoon niet kunnen dat je als onderzoeker je mening laat horen".*

[Research journal, March, 2007]

I tried to avoid ending up in a situation in which I was defending myself. My experiences in this exchange with one of the managers led me to think she was not committed to the research. As we both felt we were incapable of working this out ourselves I suggested a third person to 'mediate' our conversations and to identify what was going wrong between us, to which she agreed [research journal March 2007]. I explained that for me an important value in PAR is voluntary participation. However, I felt one of the managers was feeling coerced into participating. She explained that she never chose to participate in the research, but the situation with me being there had reached a point of no return for her. She had the feeling she had to join me in the research. She pointed out that her former manager promised her she could withdraw at any time. However, that manager resigned just before the research started. She felt abandoned by her in this research process, as she had also been coached by her in these kinds of processes. She recognised some resemblances with her former manager in our relationship, including our coaching relationship, for example, in having space for reflecting on practice, of me being well informed about developments in the organisation and in strongly valuing nursing practice. However, I had the idea that she did not want to accept me as an alternative, building a different relationship, being an outsider, not having a history with her and being young, which she associated with being less a professional than she expected from a researcher and facilitator. This explained my feeling that I needed to prove myself to her. I openly expected her to sympathise with me as a PhD student who was learning too. She also found it annoying that it was not clear what the possible outcomes of the study would be and whether this was attainable in the context. She was not able to explain and give words to *what* was unachievable in context, she seemed to have listened to her inner body and therefore showed eluding behaviour.
She also perceived our meetings as artificial, stating:

"We always have to agree on the purpose and agenda points you are suggesting, this feels so…yes.. 'artificial".

" we moeten altijd eerst met elkaar eens zijn met het doel en agenda punten die jij inbrengt en dat voelt zo ..tja..'gemaakt' ".

Just because we had created room for sharing our thoughts and feelings about the research, see pages 78-79, I now experienced the gap between us narrowing again. We were both relieved. We decided to work on becoming partners and revised the ground rules, making them more specific, agreeing to strive for more authentic conversations, to prevent disturbances and we planned to collaboratively organise a festive kick-off for the study in the centre. It seemed to go better. We agreed on concrete action plans, appointments were kept and the meetings were less disturbed. But within a month, as our relationship developed, she fell back into old patterns of the prior relationship, before our conflict. Role-related tensions and differences arose around the following issues: Values (managing and leadership); interests (practice development for me and retaining the status quo for her); resources (creating time to feed results of study back to staff and 'hands on the bed'); skills (I felt one of the manager had limited reflexive skills); control (management acted like a gatekeeper for initiatives related to study); and political realities (my absence of any authority in this context, and her lack of sensitivity to the strategic aims of the organisation). These tensions led me to have less confidence in her as a person and in the process itself. A succession of events strengthened the tension. Here are some examples of events:

- I noticed there was a discrepancy between implicit and explicit attitudes and behaviour in this relationship. This increased my view that the manager was being disingenuous in our relationship, saying yes but doing nothing.
- The passive attitude of this particular manager in waiting for me to take action and hardly inquiring or challenging me about the research. I expected her to do so as her questions would most likely help the study to be more significant for the HOC. Though, she was suspicious about the content of my conversation with higher management and asked me about the content of it, she also had a passive attitude as a member of the established action research group (see Chapter 2).
- She did not respond to questions I asked her by email.
- She began once more to fail to keep to appointments and did not sign up to the ground rules, for example she did not want our conversations to be recorded anymore and meetings were once again disturbed.
- She invited herself to an introductory meeting between one of the new managers and me.
- She wanted to plan a presentation for staff about the future of the hospital organisation, prior to a workshop about effective workplace culture, without discussing the possible consequences of such a presentation for the workshop with me.

- A planned meeting with staff to reflect on the analysis of the interviews was postponed several times as she said there were developments in the organisation and other priorities.
- Processes to carry out the research like forwarding news messages for the staff newsletter were held back till after the deadline. Invitation letters to staff to participate in activities in the research were not distributed. The manager said she forgot this because it was not part of the daily system.
- I supported the manager in adjusting to the agenda for a staff meeting. While evaluating the meeting she did not acknowledge the success of the meeting was due to the change in the agenda, which I suggested. I was not seen as a valuable member.
- At crucial times she was not there, she was on leave, having her day off day and was not willing to exceed her working hours.

This showed a lack, or different, understanding of the research methodology and the underlying basis for the desired relationship. This manager was using her power, was holding back learning for herself and others perhaps because she could not accomplish what was expected from her by me, the CNS, higher management, specialists and some staff in relation to the study.
I felt bullied in these situations. I was neglected and made to feel disrespected, not taken seriously, overpowered, made to feel vulnerable, not acknowledged by her and made to feel bad about myself. I strongly felt I had to prove myself to her as a professional researcher, facilitator, and role model, but at the same time I was continuously confronted by what I felt were my failures in dealing with this.

I hesitated in discussing my feelings about this once more with her. A significant distance had now arisen between us and the relationship was very laborious, fragile and damaged. I felt that I did not want to lose the setting and I was running out of time for completing my PhD.
I reflected on the situation with critical companions and supervisors from the university and concluded that one of the managers was a key person to enable me to move on and gain access to staff. I decided therefore to change my strategy and attitude once more. I strategically focused less on one of the managers. I tried to join in the few perspectives on development and change she had and to complement her in what she achieved in her leadership. With this I hoped to gain trust and credibility as a researcher with her. I directed my attention to my relationships with the nurse practitioner and medical staff, as I felt more safe, equal and autonomous with them. Because I was as a researcher, and by comparison to staff and medical staff, I was more informed about plans and developments in the organisation, I was able to take action that was valued by staff including the medical staff. This will be further explained in the next story. At the same time I put some distance between myself and the hospital to reflect and write up my first findings.

After some months I reported back [report 1st analysis workplace culture with unit management October, 2007], firstly to management, as I was aware the report contained sensitive information and was likely to evoke an emotional response. I was completely surprised by their joint denial of the first findings of the effectiveness of the workplace culture of the HOC. This was in spite of the fact, that the findings were recognisable and supported by other stakeholders. One of the managers stated:

> *"It's like a very bad fairy tale, it's hilarious". [One of the managers, Reflection October 10th, 2007]*
>
> *" Het lijkt wel een slecht sprookje, het is gewoon lachwekkend". [Een van de leidinggevenden, Reflectie gesprek 10 oktober, 2007]*

Mutual trust reached rock bottom and they refused to continue with me in this way. They suggested ending the collaboration, arguing that there were no means to support me further. The language used in this same meeting was also hurtful. For example one of the managers said:

> *"If you were a consultant I would have thrown you out long before". [One of the managers, Reflection October 10th, 2007]*
>
> *"Als je een consultant was geweest had ik je er al lang uit gegooid". [Een van de leidinggevenden, Reflectie gesprek 10 oktober, 2007]*

I was totally devastated by their reaction. I felt exhausted and very uncomfortable by the process. I started to question my own capabilities. This was the first time I really had doubts about continuing the study in this setting.

STORY C – A STORY OF EMBEDDING THE RESEARCH IN THE HOSPITAL

Playing the part and being apart

In the first story I described the steps of how I gained access to the research setting and got a foot in the door as an outside researcher coming from the university. To become a respected actor in the hospital, I assumed that a logical next step was to engage in what I called: 'playing the part and being apart'. I strived to become fully embedded into the research setting, but also to have autonomous and unique qualities as an action researcher. This step is in a way illustrated in Story B in which I described how I tried to build relationships with staff and managers who were directly involved in the HOC. Then the primary focus was to invite and stimulate people to participate in the study and to work towards the development of their own practices as a joint process.

One of the key points of action research, which I saw as a starting point for me in order to embed the study into the wider organisation, was collaborative partnerships with diverse stakeholders. As I understood it, collaboration involves those responsible for action improving it by widening the collaboration group from those directly involved to as many as possible of those affected by the practices concerned. Embedding for me meant to 'fix something into a surrounding mass'. In relation to the action research and the hospital setting, it meant positioning the study and in such way as to fit into the hospital's organisational context and structure with its entities, networks, positions and relationships.

My intention was that this bedding in of the study in the organisation would take place on many different levels and dimensions. Multi-levelled for me referred to the different organisational layers within the hospital having hierarchical characteristics. Multi-dimensional for me referred to the different intentions I had with the bedding in of the study.

Why I wanted to embed the research in the hospital

At first, I wanted to embed the study into what participants were already doing, or the current state, and to match the dynamic flow of practice. It was important for me to engage practitioners in their activity, within the practice of the HOC, in order to prevent the temporal flow stopping when I, as the researcher, left the setting. Also, I did not want practitioners to step out of their professional roles, but to embed the research in their on-going professional activities. Therefore, I sought to understand the problems, understandings, issues and practices of the wider and merging organisational context – its outer context. And also to understand how these were interfering with the problems, understandings, issues and practices of the oncology centre context- its inner context. This was in order to identify patterns that were taken for granted that could be analysed, judged and developed using new approaches and possibilities through action research. I wanted to incorporate the core principles of the study into the strategic aims and principles underlying the on-going organisational developments or innovations. In this way I could achieve credibility as a researcher and give people a reason to participate. I believed

that for this I needed to find similarities with the study and to tune in with local developments. For me this was essential to achieve credibility and to recognise these local developments. I also thought that if I enhance and widen the value of the research for practice, participants would feel a greater sense of contributing towards a common goal. Hence, they would not perceive participation in the study as a single, separate activity which was something extra initiated by me as a researcher, in addition to their regular activities in a changing context. This then could enhance the ownership of the study among participants that could be of relevance towards the process of emancipation of staff and, in particular, nursing staff.

I expected that the bedding in of the study and positioning myself in the organisation would help me to enhance my knowledge of the organisational context and structure with its entities, networks, positions and relationships and the manner in which these operated and performed. I perceived an organisation that was driven by hierarchy and therefore I intended to make use of these existing hierarchical structures. My intention was not to change the structure but to build relationships within the structure and to involve different stakeholders. I assumed that the more people who knew about the study, the more they would start talking about it. This again would probably motivate participation and enhance the sustainability of the study. This would then help both staff and I to proceed with the study over an extensive period of time. Another reason for the involvement of different stakeholders was to prepare both participants and myself to overcome potential barriers within the organisation while carrying out the action research cycles. An underlying thought was to drive action forward as, in my previous working experiences in the hospital, there is often inertia in such large, hierarchical organisations.

A further intention with the embedding of the study into the organisation was to anchor the study and its processes and outcomes further into the organisation for future initiatives. The HOC and the study could be seen as a role model for other wards in developing practice on a ward, especially at a nursing ward level through various processes. I considered that this could be achieved through a gradual dissemination of processes and bringing this development and its purposes to the attention of stakeholders throughout the organisation. In this way the research would spread throughout the organisation while at the same time anchor its values in the hospital's policy. Similar processes could be applied by other wards and tested further, which could help the principles of the processes carried out through the study to be sustained. Metaphorically speaking, the study then could 'prepare the ground' for others and sow seeds, at the same time.

Another intention that was weaved throughout all the intentions described above is that I, as an actor, together with staff, wanted to be a role model for others in developing a culture of effectiveness. The relationship between me and the people in the hospital and the HOC needed to be interrelated and embedded into the context. This would make the interrelationship easier and contribute to a culture of effectiveness at different levels of the organisation.

Activities used for embedding the study into the organisation

At the start of the study I entered into a collaboration contract with the hospital and the university. However, it took more than a year until the contract was signed by the hospital and university superintendents. The main reason for this was a lack of familiarity with these kinds of contracts between an external PhD student and the hospital. In particular there were questions which arose about the copyright of published work coming out of the research. The contract required me, through the study, to make a contribution to the development of the knowledge centre through person-centred and evidence based practice. On the other hand, the hospital committed, amongst other things, to guarantee a sufficient research group of staff to participate in the study. The contract also strengthened the long history of partnership between the university and the hospital. For me the contract was important as conditions were expressed, agreed on and seemed to be secured. Because the university signed the contract too, I felt that they supported me and shared responsibility to make this new venture a success.

I was invited by one the higher managers of the hospital to become a member of a newly-instigated science committee, to contribute through the study to the development of a nursing research climate within the hospital. The science committee was part of an also recently- instigated hospital academy with a primary focus on the learning and development of staff. At the beginning I doubted if I should join this committee as I was then an outsider. I was keen to get involved in countless activities not directly related to the study, but I was aware that that would mean less time for my study. On the other hand, I realised that to join the committee also had its benefits. It could provide me with a great deal of information about how the organisation was working, the manner in which it operated and performed, what was valued, and finally to bring the study to the attention of medical staff who worked throughout the hospital and were in charge of the wards. Consequently, I decided to join this committee in which I was the only member with a nursing background. From the start, I was transparent about my participation and my plan to invite them to join an evaluation about my participation after some months and to share thoughts and feelings about the appropriateness of my participation in the committee and the study.

Together with the academy's management and hospital's higher management, we agreed on a position for me within the hospital's organisational structure, which was made visible in an organigram. In the organigram I was connected to the future lecturer practitioners of the Practice Development Units (PDU) and to the academy, directly linked to the hospital's board [see figure 2.1]. I thought this neutral position at the centre of the organisation would benefit me. It would give me a clearer view on what is going on in the organisation, so I could understand the interrelations between people within it. It would also allow me to find a balance between the top-down and bottom-up approaches of learning and change. In relation to the lecturer practitioners, I had a kind of nurse consultant role as familiar in Anglo Saxon countries, primarily acting as a critical companion for them.

I also instigated an action research group, see chapter two, to be formed in the HOC, which consisted, temporarily at least, of a medical-specialist, a manager, a CNS and me. This group had difficulties in staying intact. The agreed intention was to update each other about the various developments going on in the HOC and in the hospital. Also we hoped to investigate how the study could support local developments and vice versa. To gain a further understanding about these local developments in the context of a merger, I planned to have monthly meetings with one of the higher managers. It was a shame, however, that the steering group for the PDUs had already been phased out by the start of the study. Thus, I was unable to embed the study into this structure as a member. I planned and performed many other smaller and less structured activities to embed the study into the organisation. Some of these activities will be mentioned in the next sections.

What I observed while embedding the study into the organisation

Selecting the research setting

When I entered the hospital to participate in the study it was still unclear where I was to be positioned in the organisation, as the research setting, that is, the ward or wards were not yet selected. Initially the university launched a plan to invite three wards or centres to partake in the study. I was uneasy about this, as too many wards were invited then and I knew that building powerful relationships with different participants and stakeholders is a key methodological principle of Participatory Action Research (PAR). I feared delays and even losing track of the whole situation while investing in these diverse relationships.

Yet the HOC was the only setting matching the research conditions. These were that they: were willing to cooperate; had highly qualified staff; had the support and cooperation of medical staff; it was high on their political agenda and; they seemed to be ready for participation. As a result I started my research within this centre. It soon became clear to me that it was not possible to invite more wards to partake in the study, seeing that I was still acting on my own and wanted to deepen the work I was doing to gain greater understanding of the processes taking place.

I felt attracted to the plan launched by the hospital to work with two large oncology wards at two different locations that had to merge into one oncology centre. I was really tempted to work with these wards as they were based in two different hospitals with different cultures. They had to develop a new shared culture, which was an opportunity for me to contribute through the study to the development of a culture of effectiveness. However, the two oncology wards were large and I foresaw the same problems as described earlier by being engaged in more than one ward or centre. It was recognised by staff and management that there was no shared vision, no shared values, processes differed and there was very little willingness to merge, in particular on the medical level. Furthermore, I was concerned both about the large scale of the study and the danger of becoming confused as a researcher and facilitator with

that of a mediator attempting to bring these two teams together. I did not feel competent to perform these different roles simultaneously.

However, I was aware of the value of embedding the study into the wider organisation in order to transfer the work more easily. However, I felt I was not capable of engaging in different action research cycles in two or more wards whilst doing intensive PAR for the first time. I could not foresee the consequences and wanted to avoid causing people difficulties. Together with the hospital, the HOC and the university, we decided to keep the research setting small, consisting of only one HOC that was already composed of three wards - a clinic, a day clinic and an out-patient clinic- but all on one location. This shared decision-making process involving choosing the research setting, illustrated to me that stakeholders had different political agendas within the study. The university's interest with the study was to build a good relationship with the hospital through the development of learning cultures for student's clinical education within the PDUs. The hospital's interest was to see change in order to achieve uniformity. Key to this was to bring the teams together. The HOC's interest was primarily to keep common practice going in the dynamic context. My interest was to broaden my research experience to include action research by achieving a PhD. I spent considerable time negotiating and renegotiating with these differing stakeholders' agendas to try to meet all the interests.

Matching on-going practice in the HOC

To embed the study into what participants were doing already, and to match the dynamic flow of practice, I needed to discover what was going on in the hospital's everyday life and what people's knowledge, insights and experiences were in relation to that. And also, I needed to discover how this interfered with the centre's everyday life and people's knowledge, insights and experiences in relation to that. I expected then to find a match between this and the study jointly with staff, in order to identify aspects of culture that needed to be developed further. As described in story A, I used different methods and data sources to assist me in developing a deeper and more meaningful insight into what was going on from a variety of perspectives, in particular in relation to the effectiveness of workplace culture.

As it was still a large research setting involving many participants, the understanding of the how and why of the different processes going on was not easy for me. Processes seemed to be interlinked between different layers within the organisation but did not appear to be built on one shared agenda. Processes changed rapidly, were replaced by other processes or disappeared. I wanted to catch up with all the latest updates, informing myself of all the current facts. I wanted to know everything about the status quo and the issues warranting attention. I also wanted to obtain richer data. To inform myself, I had conversations with staff, specialists and management and analysed policy documents. I started to become caught up in the amount of data collected. Many documents were draft versions and not yet formalised or integrated with other documents, such as the oncology vision document.

I noticed that staff and one of the managers had little political awareness and were less involved in decision-making at organisational and ward levels. Employee meetings were organised by the hospital but not well attended by staff. As, after some weeks, I became more informed, I was asked by the nurse practitioner about the hospital's agenda and processes we had begun. I started to inform staff and one of the managers, which I believed increased my credibility with staff. However, the manager appeared to be annoyed that I was so well informed as she became reticent and cut short our conversations about these issues. According to the nurse practitioner, and one of the specialists, being so well informed was one of the reasons I was asked to facilitate, participate in and observe a planned policy day of the HOC.

> *"You're now so well informed about what's going on in the hospital that we would be grateful to use your expertise to support us [nurse practitioner and specialist] further [in the process]". [Nurse practitioner]*
>
> *"Jij bent nu zo goed op de hoogte wat er gebeurd in het ziekenhuis dat we je expertise graag willen gebruiken om ons [nurse practitioner en specialist] verder te ondersteunen [in het proces]". [Nurse practitioner]*

The policy day initiated by the nurse practitioner in collaboration with medical staff aimed to bring clinic and day clinic staff together and jointly translate the oncology vision concept document into practice. This was a perfect opportunity for me to find a match between developments in the centre and the study and to become part of the team. I had the opportunity to present the study, facilitate an activity with subgroups and to facilitate the day's evaluation in a creative way. This all resulted in nursing, medical, and administrative staff truly welcoming both the study and me. The study was also perceived as an equal and capable partner in the further development of the HOC as it shared some of the same values. Mutual values were evident in developing evidence based practice, care centred on the patient and the creation of an environment for learning. An action plan was jointly formulated and I was invited to take part in some of 'working groups' that had been set up. It was planned that I should take part in the following working groups 'communication', 'professional development' and 'developing a PDU'. Most other working groups and action plans were about improving the structure of the oncology care and the revision of protocols. As various disciplines were involved in the care of a patient with cancer, I became convinced about the importance of logistical issues in oncology. Logistics and protocols needed to be harmonised in order to limit hospital visits of patients, shortening the time between diagnosis and treatment and to enhance patients' chance for cure.

Although these action plans also informed me about the workplace culture, I felt less attracted by these plans as the outcome is then clearly defined and had less to do with real nursing care. They would have provided me with more opportunities for development of nursing care. Even though it was agreed to put these plans into action, there was still a lack of preparation about

how these processes were to be facilitated. I started to recognise that facilitation of processes was, regularly, not part of an action plan, neither in the hospital nor at the centre. It was not felt to be nurses' or managers' responsibility and it seemed that thinking about the implementation of change was often too simplistic. Or it was postponed to the next staff meeting. I felt I could make a difference and contribute towards the study creating a culture of effectiveness, as action research is a systematic, repetitive and methodical approach. This could illustrate how facilitation of processes of change could be valued, explored, incorporated and evaluated.
After this policy day I proposed to present the action plan we had drawn up to the management of internal care, see figure 2.1, together with one of the CNS, one of the manager's and the clinical - teacher. Everyone agreed with this. The steering group supported the plan and the introduction of working groups, but they did not make this explicit. Starting off with these working groups had in fact been laborious as the aims were not clearly defined, there were not enough participants per group and the participants could not be freed from their daily practice. I observed staff were still not aware of the underlying values such as; blending of knowledge, collaborative working, professional development, within the context for these working groups and were therefore possibly less motivated to participate.

> *"Yes, I know it's all important, but I don't understand why it suddenly all has to be done at the same time" [Nurse, clinic]*
>
> *"Ja, ik weet wel dat het allemaal belangrijk is, maar ik begrijp niet waarom het nu ineens allemaal tegelijk moet?". [Verpleegkundige, kliniek]*

The nurse practitioner felt responsible for carrying out the action plan, but had limited authority to free clinic nurses from daily practice in order to participate. I did not want to take responsibility for this, although I wanted to *engage* with local initiatives, that is 'doing with', and not wanting to *take it over* from the staff or management that is 'doing for'. I brought up this dilemma several times with staff, one of the managers and one of the CNS. They agreed with my point of view which resulted in some small actions being taken, but these actions did not remain, because staff felt overloaded and still participated only on a temporary basis, thus lacking any continuity. Remarkably one staff member said:

> *"I'm glad I'm on sick-leave, now I finally have time to do some work for the working group". [Nurse clinic, inflammation in shoulder]*
>
> *" Ik ben blij dat ik met ziekteverlof ben, nu heb ik eindelijk de tijd om wat werk voor de werkgroep te doen". [Verpleegkundige kliniek, ontsteking in schouder]*

As there was so much potential to link the study to these developments, I was very disappointed and frustrated as the study was still perceived as an 'extra' which was not yet owned by the organisation. Time, meanwhile for me, was running out.

"Your research costs us so much extra time. We have to get through our other work first". [Oncology nurse, clinic]

"Jouw onderzoek kost ons zoveel extra tijd, wij moeten eerst door" . [Oncologie verpleegkundige kliniek].

I felt the approach I had chosen for the study of 'doing with' prevented me from 'doing for' and to initiate action. But, nevertheless, I wanted to stay true to it. I believed adopting a more emancipatory, or liberating approach, would benefit oncology care in the centre as opposed to a more technical approach that would invest less in participants' professional development and would be less sustainable when I eventually left the setting.

Tuning in with local developments in the wider organisation

To incorporate the core principles of the study into the strategic aims and principles underlying the developments or innovations in the wider organisation, I thought I needed to find similarities with the study and to tune in with these local developments. There were many changes going on in the organisation because it was in the midst of a merger of two hospital locations. As the focus of the study was on workplace culture, I foresaw the merger would add to the problems, and maybe complicate issues and practices in the HOC.

An example is that the vision and aims of the hospital were very broadly defined and were multi-interpretable. This vision, stressed providing the best medical care and having a strong consumer-orientated approach (Sitereport, 2007a). The new aim was to develop a dynamic teaching hospital focussed outwards towards the community it serves in what the hospital called a 'local-plus 'personality' at the same time as having a magnetism or attracting effect and excelling in essential care.

The possible values such as EBP and person-centred care, underpinning this vision and aims were hardly visible and, or shared. Many activities were ad hoc and were aimed at fixing problems in particular financial ones. They were mainly related to the development of an organisational infrastructure and medical specialists were mostly held responsible for this. Also activities to develop nursing care in oncology were put on hold or not even thought of until medical specialists of two hosiptal's locations came up with a shared vision in their medical partnership. It was assumed that a vision of nursing should be built eventually on a medical vision. I felt there was no reason for nurses to wait for the specialists to prescribe in a subtle way, what needed to be done in nursing. I believed that nurses, if they were given the space to share their own vision at an early stage, could easily contribute to the formulation of a shared vision for oncology care. I was convinced they had strong views about their vision of nursing care in oncology. There was some support for my view, first, in a manager's assertion that nurses' ownership and shared governance was one of the underlying principles of change initiated by the organisation, and second, in the hospital academy's intention to invest in nurses' expertise in order to offer additional training and to provide opportunities to embed, and to make use of,

this expertise in the organisation. This inconsistency between the medical specialists' assumptions and those of others in the organisation, alongside my observation that the nurses were prepared to side with the view of the medics evoked a personal ambition in me to encourage the nurses to stand up for themselves and to take responsibility for the care they provided.

My participation in the science committee, as a part of this academy, provided me with an opportunity to incorporate the study's principles into those of other studies in the hospital. In any case I found this a tangible means of finding similarities with the study and to tuning in with local developments, especially in research. I was not surprised by local research being largely dominated by traditional research. Despite this, I was driven by my ambition to illustrate the additional value of research located within a different worldview in order to develop practice. I soon realised that committee members did not have much knowledge about nursing research. Nursing research, in their experience, was associated with a research nurse, who mostly participates in clinical studies or trials, assisting medical researchers.

Only one research theme of the five defined within the science committee, prior to my membership, could indirectly be linked to nursing: clinical evaluation research, which was not defined further. The six weekly meetings of the science committee were less concerned with defining these themes further. They were more concerned with how to become visible and recognisable within the organisation, finding financial sponsors, collaboration with academic hospitals, and in how to meet the need to offer professional and structural support to employees doing research. I observed to the committee that little data were available about nursing research and staff doing research in the wider organisation. The science committee, therefore, asked me if I wanted to collect this data. I was not prepared to do this, as this could turn into a separate study alongside my own study about workplace culture.

I felt uncomfortable with this situation because I had the idea that the science committee expected me to do something in return for my membership. I think my refusal might have decreased my credibility with other members with regards to my being an effective driver of change and an astute political player. I experienced difficulties in being critical in the meetings, was overpowered by other members and felt alone because I had a different perspective and my own agenda, one not shared by others. I was torn by conflicting demands that I did not believe were part of the study. Because of this I proposed to put the evaluation of my participation in the science committee on the agenda. This was however postponed several times. During the following months I thought of withdrawing because I did not feel part of the committee. I felt that I failed to live up to the expectations of the committee. The advantage of collecting data about the organisation and the hospital's perception of nursing research, did not match the time invested with my participation. After participating for 18 months, I finally decided to withdraw as a participant and explained that to the committee. The coordinator of the committee on behalf of other members sympathised with my decision to leave.

There were many other opportunities to find similarities with developments in local practice context and workplace culture, and to engage in the action research study. My experience

within the science committee taught me that I should be cautious about getting caught up again with diverse activities or processes. I felt as if I was less able to make sound, conscious choices, everything seemed important to me and related to the development of workplace culture. This failure to make clear choices perhaps decreased too my credibility with others. It seemed as if I was losing the overview of the organisation, complicated by the many interest groups with their own agendas, some of them hidden. This resulted in me becoming insecure about my own role in working across the organisation.

Insider-outsider researcher

During the process of embedding, it was clear that certain aspects concerning my research role were not defined nor understood. My expectation was also unclear and conflicting. In my research journal it emerged participants and I repeatedly questioned my role. In the following passage I will elaborate on the most important factors concerning my role.

As I was a researcher appointed from the university to the hospital I could be defined as an outsider researcher who was less connected to actual developments in practice and instead adopted a facilitative and educational role and was seen as an expert or consultant. This role and expertise could be seen as the way I was able to suggest action and reflective processes that are familiar within the university but not within the hospital. As I had built up knowledge of the hospital's everyday life, in which I had formerly worked as a nurse, I could also be defined as an insider researcher. I had already gained some credibility and respect as a former nurse and I had been was earlier socialised within that context and was familiar with everyday jargon. In hindsight, I think this actually prevented me from being more critical. I took things for granted as I had not been exposed to alternative ways of thinking and acting before.

A disadvantage I experienced, associated with being an outsider researcher, was that I had no formal position and authority within the organisation. This hindered me from taking action collectively, which was even hindered further by one of the managers who was not active or willing to be involved in the study and a hospital management that allowed her to resist my work. I felt responsible for the development and learning of the staff, and therefore I tried to by-pass one of the managers because she blocked access to the staff. I approached staff directly, bonded with the nurse practitioner and medical staff. I also sought help from them in dealing with higher management. I knew this was probably not ethically correct, and did not fit into my planned working method, but I found myself left with no alternative strategies and with time for my PhD running out. However I failed to by-pass the manager. It was apparent that I needed the manager's authority to free staff from practice in order to participate in the study.

As well as the nature of my role, neither were the boundaries clear. This was most evident in my interactions with others. There was no shared understanding about my role, expectations and responsibilities. It was defined in the contract but in a very superficial way. Surprisingly, many people I met in the organisation were quite open to me as a relative stranger, or outsider, about what was going on in the organisation. They were not reserved in sharing their thoughts

and feelings with me about aspects in practice, organisation or in relation to their direct and indirect colleagues. This provided me with a lot of useful data from different perspectives about the organisational context, workplace culture and who was involved. Even though sensitive information was shared with me, because I was seen as a confidential partner, I felt I could not always share this knowledge with others or specifically with the persons in question, such as medical managers or nurses. As I was concerned with my own trustworthiness as an action researcher, sharing this information could have had unforeseen consequences and therefore I decided to avoid such action. I did not want to put the study at risk by becoming involved in vendettas fought out over other people. Here a discrepancy arose between being 'tuned or plugged in' to collect data from different perspectives in order to inform the action to be undertaken, and frequently experiencing a disadvantage by being 'in the know'. I dealt with this in different ways. Most of the time in conversations with professionals in the HOC, such as within the action research group.

I invited people to discuss issues related to workplace culture with me in order to identify barriers and ways to overcome these barriers. This was different when I approached people indirectly involved in the HOC, such as one of the higher managers or members of the science committee. Then, I limited myself to listening, sometimes asking for clarification, but did not move onto reflective questions, as this felt inappropriate. Not having defined clear research roles in these temporary relationships, I hesitated as I thought they would not allow me to ask challenging questions from my position. Building on my experiences with one of the managers (see also story B), I was transparent about my movements in the organisation. The managers were aware that I had gained a lot of desirable, and undesirable, information that was often not meant to be heard by me. As one of the higher managers commented:

> *"You will definitely hear a lot, in the informal circuit, benefit from it!"*
>
> *"Je zult zeker een heleboel horen, zo in de wandelgang, doe er je voordeel mee!"*

In contrast, one of the managers seemed to feel threatened by this information, as she continuously inquired about whom I have spoken to recently and what had been said about her. In these cases I always tried to be politically astute, I tried to be honest, without putting myself and her at risk at the same time. From her perspective I was not seen as the friendly outsider anymore.

Anchoring the study

The more resistant one of the managers was to committing to the study, the more I increased my effort to embed the study further into the organisation. I assumed that if it becomes evident that the hospital welcomes the study, management on the unit would also accept it. I tried to grasp every opportunity in the organisation to anchor the study.

I was faced with many opportunities as the focus of the study, 'developing effective workplace culture', was broad and related to many aspects that, and actors who, were interrelated within the organisational context. These relational aspects I experienced were complex and risky as they challenged issues of power, which in turn were linked to my right to exist, no matter how difficult I was made to feel, and to continue in the work. In the context of a merger, I realised it was risky to challenge people by asking about the effectiveness of the culture in their practice as they became less cooperative. People were unsure of their position, both now and in the future, in the merger context and consequently kept their distance. As stated by a day care clinic nurse;

> *"I really do not feel the need to [participate in this study] right now, ... I don't know what's going to happen with me here". [Nurse, day care clinic]*
>
> *"Ik hoef nu niet zo nodig [deelnemen in studie], ik weet namelijk helemaal niet wat er hier met me gaat gebeuren". [Verpleegkundige dagbehandeling]*

I initiated less risky activities to anchor the study in the organisation such as a publication in the hospital's newsletter about the study within the HOC, which matched with the hospital's aims to disseminate research initiatives within the organisation. I facilitated a lecturer practitioner at another PDU in the hospital for some months. I supervised university students in their final theses within the HOC, using practice development principles. I used these initiatives to role model for them using a practice development approach and to anchor key principles underlying the study in order to improve participants' own practice through a tripartite process of enlightenment, empowerment and emancipation.

I again felt very alone in this process. I strongly believed that this could have been done more easily, jointly with hospital staff and management. For this to happen I thought we first needed to share the same values in order to work together and to disseminate these values throughout the organisation. Values consisting of: a positive attitude to change, involvement and participation of stakeholders, teamwork, open communication, shared vision and mission and individual and collective responsibility, were all essential attributes of an effective culture that I wanted to develop with the study. I felt I now needed these attributes at the outset to embed the study into the research setting and its context. I continuously tried to adapt myself and the study to the fluid context that appeared and disappeared in order to maintain my effectiveness within the hospital. I had observed almost identical patterns in the corporate organisational culture of the hospital and in the workplaces (idio or sub-cultures) which seemed to reinforce each other. This made it all very complex for me.

Because I was trying to work on so many different levels, I lost the focus of the study, and with this, my trustworthiness as a skilled researcher to others and myself. I kept trying as I thought this was all just part of the process of doing PAR. As Aristotle stated: '*it's the art of acting upon the conditions one faces in order to change, or transform, them*'. I believed that if I could deal with this

it would increase the sustainability of the new developments into the wider organisation, initiated by participants and me through the study. I also wanted to make it a success for all parties involved. It was quite clear that I was a novice to the process of PAR, as I was overwhelmed by the intensity of the politics in practice and did not know how to cope with this in a politically astute, ethical and genuine way. As a result I noticed that I was repeating my strategies. I felt uncertain, not competent nor able enough and did not know which approach or tactic I should use to deal with the organisational politics. I started to repeat my actions on different layers of the organisation. All my actions were well-considered and supported by critical companions, mainly from the university, over a long period of time. However, despite being encouraged to by my supervision team, I did not distance myself from the practice setting in order to reflect critically on the processes and my role. At that moment I started to believe that critical reflection would lead to even more disorder even though this might liberate myself.

Organisational organigram

Over time my position within the hospital's organisational structure, as portrayed in the organigram (see Figure 2.1), developed into a blind and empty formality. A position in this diagram did not guarantee the embedding of the study. Neither did the signed collaboration contract. The central and neutral position, between the organisation's staff members, allowed me access to people at the top, that is, senior management, and from the work floor below, that is, nurses, in order to enter networks and to gain better understanding of how these networks were interrelated. However, the organisational organigram changed quickly and became out of date. It did not explain anything about the patterns of relationships and the style of management. The structure in fact represented a desired, and not an established, organisation. I did not have any formal authority to bring people together, to work with them and to strike a balance between different approaches, except that of being a member of the science committee.

Most relationships I had with people in the wider organisation lacked real engagement. This is paramount in the relationship I had with one of the higher managers. He showed more interest in how it will turn out than with being engaged in the process of the study himself. For example, to demonstrate engagement, I would have expected him to challenge and support one of managers to collaborate in the study. Furthermore, I had difficulty keeping track of changes going on as people left, changed positions and teams merged.

As the development of PDUs in the organisation was going very slowly, the only clear and respected role I had, and which I was familiar with in my former job as a facilitator of practice development, diminished. I felt that the only role left for now was that of a researcher, a limited and more traditional role within this organisation that demanded different ways of behaving. I suspected that the key stakeholders, the hospital, the HOC and the university were less interested in doing this kind of traditional research. I was not able to prove the added value of my role, performing as a facilitator and researcher simultaneously, as I felt a lack of commitment, authority and evidence of success in practice.

Keeping the energy to continue

Keeping up with all kinds of developments and understanding processes and underlying principles and intentions, was really time-consuming as these were constantly changing and called for flexible hours of work. I continued embedding the study on my own, as I wanted to 'strike while the iron is hot'. However during this period staff were still not freed from daily practice to join me in this process. A lot was happening in practice and I had the feeling that I was constantly running after the facts, attending meetings, reading plans, minutes and agendas, balancing interests and planning and evaluating my intended and meaningful actions, while refining my research proposal. I felt I was only one step ahead of practitioners in terms of planning of actions, as we were learning almost simultaneously. I was completely immersed in day-to-day practice. I was getting deeper into the organisation, floating around, becoming isolated and was not recognised anymore. At this stage I was exhausted, constantly trying to catch up and to move with the flow. In addition I was warned by the nurse practitioner not to be too open as this could be used against me. Being a very open person by nature, I felt I was losing my authenticity as a person. I felt as though I was walking on egg shells.

In the meeting with one of the managers and her superintendent, when I presented the first results of my study into the effectiveness of the workplace culture (also described in story B), my findings were denied by them. I felt they blamed me for this. There was no trust in my capabilities as a researcher or in my associated consultant role. I was advised I was to follow their set course when I continued the study. I perceived their course as top-down, technical, focusing on solutions. I was concerned that I would become socialised or used to this approach and would relapse as I was used to this approach in the past. This was even though I did not share the underlying principles anymore. Still I would, in particular, value the fixed structure of this approach after this experience. Since I devoted so much time and energy to understanding and embodying principles of an emancipatory approach, I believed that I couldn't develop it further within a technical approach.

I strongly felt I needed to step aside, leave the research setting temporarily, to rethink and to find new ways to continue the study in the HOC.

STORY D – A STORY OF EXPLORING WORKPLACE CULTURE II

A second reconnaissance phase

In order to rethink, and to find new ways to continue the study in the HOC, I decided to step aside temporarily leaving the research setting. One of the main reasons for having doubts about the continuation of the study within the setting was that I felt I was being forced to adapt my study to the course of the hospital. This was against the principles underlying the research methodology. Key in this was my approach based on shared decision-making and person centeredness processes, which I felt were threatened by the strong top-down approach chosen by the management. They believed this was the right approach in order to become financially healthy. My decision not to continue the study in practice was reinforced by what I perceived as a lack of genuine and individual commitment by managers to the study and in particular their failure to facilitate the whole process of embedding the study into the HOC. I felt in particular a lack of trust between one of the managers and myself.

A discussion followed between management, one of the CNS and me. They all regretted my decision to leave, as the findings were recognised by them. By that time, having previously denied the findings (see story C), a manager had changed her view on the report of the first analysis of the HOC's workplace culture. Having re-read it, perhaps more objectively, she agreed with the main conclusions drawn in the report. I therefore opened myself up to further discussions, together with one of the managers and a CNS about how to continue the PhD within the changing HOC organisation. In addition, my decision was triggered by statements such as:

> *"Unfortunately the time was just not right for your study, but now it is! The aims of the study are related closely to the ambitions of the hospital. The hospital is, however, only ready for this starting on the 1st of January 2008. The last couple of years were used to lay the foundation for future developments. It is not surprising that these are not yet visible on the work floor…we will now start to look too at the 'soft side' of organisational development" [One of the higher managers, report 081107]*

> *"Jammer genoeg was de tijd net niet goed voor jouw studie, maar nu is dat wel zo! De doelstelling van het onderzoek sluit nauw aan met de ambities van het ziekenhuis. Het ziekenhuis is m.i.v. 1 januari 2008 er pas echt klaar voor. De afgelopen jaren zijn gebruikt om het fundament te creëren waarop toekomstige ontwikkelingen kunnen voortbouwen. Het is niet verrassend dat dit (nog) niet zichtbaar is op de werkvloer we gaan ons nu ook meer richten op de 'zachte kant' van organisatie ontwikkeling" [Iemand uit het hoger management, vervolg gesprek 08112007]*

Before deciding to continue the study in the HOC I felt a need to restore what I saw as a disturbed 'energy balance'. This would enhance the clarity of my action research role towards the management and help focus on the development of the HOC in order to regain my enthusiasm.

The hospital management and I therefore decided to embed my research role within a team of recently appointed human performance improvements (HPI) consultants.
I saw this as a new opportunity and also decided to shift the focus onto a group of clinical nurse specialists (CNS) in order to increase the chance of progress.

The intention to shift the action research group

I had experienced a lack of development in the initial reconnaissance phase within the whole nursing team. I therefore shifted the focus to a new group, employed on both hospitals' locations, which comprised three clinical nurse specialists and the nurse practitioner, further referred as CNS, in oncology at the HOC. I saw that I might make more progress with these CNSs as it became evident from the interviews and observations conducted earlier that they had a pivotal role in the development of practice. As a result, the research questions were revised into: How does a group of CNSs develop an effective workplace culture and how can this group be facilitated in this development? This was targeted towards supporting, through action research, a group of CNSs in a hospital setting in order to develop a workplace culture that is supportive of evidence based care.

I assumed it was important to go into a second reconnaissance phase in which I again would explore the workplace culture, but this time with the intention of understanding how CNSs experienced and perceived the culture within their workplace. Since two CNSs also took part in the workplace culture studied in the first reconnaissance phase, I expected there would be some overlap between the observations in both reconnaissance phases. Even so I expected to see differences in what CNSs experienced and perceived in the workplace culture, both in-practice and that culture they espoused. This expectation was based on their higher education and expertise in comparison with other nurses. The CNSs' workplace was also recently extended, an initiative of the hospital management, to work together with the oncology ward in the other hospital location. I had not yet collected any data about that. Secondly, I intended to raise questions about possible discrepancies in the workplace culture. I assumed this would result in a willingness to take action from their position as clinical nursing leaders identified in the first reconnaissance phase. I assumed a willingness to look critically at their roles, to unravel issues around their role, to make sense of them and to make some changes for themselves and in their workplace culture. With this, I expected they would welcome the study, and through their participation, feel supported in making a contribution to the development of an effective workplace culture within HOC. This was the third intention with this second reconnaissance phase.
These intentions were also informed by reading literature about APNs and effective workplace culture. The literature argued strongly that CNSs as clinical nurse leaders should have a responsibility towards developing practice in the workplace. It is important to note that the literature emphasises the importance of analysing context and evaluating processes, including

the implementation processes, but less on evaluating the impact practice development has on individuals and teams within that context and thus on the development of an effective workplace culture.

In the literature I identified some gaps in relation to the reciprocal process of developing APN roles and the development of aspects of workplace culture. CNSs seemed to assimilate medical culture rather than nursing culture. I imagined then that practice development initiatives, performed by CNSs, would be less likely to affect nurses' workplace culture, only by-passing it on the way through to the medical culture. I was not happy with this possibility as this would marginalise nurses' position with regard to being influenced by, and having an influence on, workplace culture.
According to the literature describing CNSs' roles, responsibilities and tasks in the Netherlands, they have a significant role to play in nursing and the nursing culture. This was prominent in tasks such as 'Policy and Innovation', and 'Enhancing professional knowledge' carried out as part of their role related to clinical nurse leadership. However, there seemed to be no clear understanding about this kind of leadership. I personally believed this was another gap that CNSs could capitalise on in order to reduce the marginalisation of nurses in the hospital organisation. This had been identified in the first reconnaissance phase.

At the same time, while reading the literature, the Dutch Ministry of Health (VWS) initiated a new professional structure in which the role of the CNS would be revised (VBOC, 2006). The study would also support the need for a clearer description of the role and position of the new nurse specialist within the intermediate level of organisation. They had to adapt to the new law, which provided the macro, or the top level of organisation, and had to merge two oncology care settings into one oncology centre of expertise - the micro, or the smallest level of organisation. My belief was strengthened by reading this literature and supported, further, the decision to revise the research question and the planning of actions that followed.
Through the conversations I had with the NP and the CNS in the first reconnaissance phase, it became clear that there were major cultural differences between CNSs on the two oncology wards and minimum collaboration between them. It appeared as if there was tension around the different visions of the delivery of care, the use of different guidelines and the CNSs' performance. I planned to collect data with the CNSs from both locations in order to provide insight into these differences initially experienced by the CNS teams. Following on this, I also planned to explore what factors would impede or bring the merged teams together to work effectively as clinical nurse leaders. This was also of interest for the hospital management, as they aimed at merging ward levels throughout the hospital, but did not yet have a set plan.
Even though the hospital management had no clear plan for the merging of the teams, they initiated a, what they called a temporary *Learning Team*. This comprised Human Performance Improvements (HPI) consultants from the hospital organisation, managers – and, or specialists

and staff. These would support the HOC in making and implementing the *plans for team development*. I was asked by the hospital management to collaborate with this team of HPI consultants. The plans for team development would inform the themes for the action research cycles and vice versa. Participation in this team would also encourage, further, support for the study within the HOC.

As with the first research cycle (stories A, B and C) this second reconnaissance phase (story D) was also intended to embed the study within the hospital organisation. It would simultaneously collect data to inform the next research cycles and in collaboration with the action group, create a plan for action in order to develop an effective workplace culture of, in this case, CNSs within the HOC.

Activities used to explore the workplace culture of the CNSs

I started to undertake individual storytelling with the CNS and a nurse performing as an CNS but not registered as such. I already knew these three nurses from previous activities in the first reconnaissance phase. I also invited two other CNSs that I met for the first time in the storytelling itself. They were from the other location. All of the storytellers were women aged thirty to fifty, having, except for one CNS, all more than ten years of experience. They all preferred individual storytelling rather than collaborative storytelling, feeling in that environment much safer at expressing themselves and being open and honest about the situation. Even though I suggested that it could be a good opportunity for them to get to know each other and to work collaboratively, they still preferred separate storytelling. I respected their decision as can be read in a fragment of my research journal:

> *"I do not want to force the issue about the way I prefer to work, as it is tense already. I think they will already feel this as a cultural change, which of course it is. I do not want them to lose confidence in me and I do not want to start by making them feel uncomfortable. I am confident there will be another opportunity at a later stage where I can suggest this again. Possibly they are right that this is the way to collect reliable information as they do not have to hold back information because of the others. At this stage I think this is more important than working collaboratively". [Research Journal Feb 5, 2008]*

The storytelling had an open character in which I invited the CNSs to tell their story about their experiences of working as a CNS in the HOC. With the storytelling, I intended to create a space to articulate CNSs' viewpoints about their workplace culture, to get to know each other and to probe their readiness to participate in the study, in particular, in becoming part of the action research group. The unregistered CNS did not continue in the research group as she felt that it was not formally correct to participate in the CNS team. I respected that decision. She agreed that I could use her story as data to inform the second reconnaissance phase.

A creative hermeneutic analysis workshop was planned in order to analyse the individual stories, collaboratively, to find patterns and to create a plan for action. The planning of dates where all CNSs could join was quite challenging as the workshop was re-scheduled by one of the managers and consultant several times. It soon became clear this was not the only problem. Tensions in relationships increased between the two CNS teams from the two locations. One of the CNS had developed a burn-out and was on sick leave. One of the managers thought that working together was still too early and was concerned about the planned workshop and stated: '*that it would make 'it' even worse*'. I questioned her about this:

F: "Could you explain to me what you mean with 'making it even worse'?

M: In the stories, as I understood it, the [CNS] were very open about everything. Through this openness, in which they get to know much of each other, I think it makes the relationships worse. They do not really know each other and to have such a discussion on that level now… phoo…I do not know. I think it's too early.

F: I am aware that it is hard to make the stories anonymous, because it involved only five persons. To be honest in the stories they were also quite positive about working together, and at first sight they had a lot in common as well.

M: That is not how X [one of the CNS] thinks about it!

F: I am not denying there are not any tensions. I truly believe the workshop would highlight these tensions and at the same time would provide us all with an opportunity to come closer while facing 'reality' as a team. From there on team development plans could be formulated.

M: Nevertheless, X [one of the CNS] cannot participate as she is at home [with a burn-out].

F: Even though she cannot participate now, I expect it would encourage the remaining CNSs to continue independently without a 'leading' NP. This would most likely strengthen their self-confidence and without X, I think they will have even more space to express themselves and to define themes for the team development plans.

M: I have not perceived them being enthusiastic about the analysis workshop, I think they really have other priorities.

F: Even so, I have the impression they understand the intention of the workshop… When do <u>you</u> think the time is right then?

M: Listen Famke, not now".

[Fieldnotes Research Journal, June 12, 2008]

While having this conversation I found myself in a dilemma again. While trying to be optimistic about the possible outcome of the workshop, I was not sure whether I, as the facilitator, would be competent to deal with this stress between the two teams as I already perceived difficulties in grasping the exact issues and in positioning myself neutrally amongst the two teams. I thought this was possibly what one of the managers was trying to tell me, but neither of us said it out loud. I also felt I was excluded, as I had the impression that one of the managers did

not tell me everything about what exactly was going on in the HOC. I felt frustrated as I wanted to emphasise the reciprocal nature of carrying out the analysis. I felt one of the managers was holding back on other priorities or was not able to explain them properly. Therefore, what had been said remained rather abstract and vague. I felt unable to raise these issues in conversation as I felt reprimanded by her last comment and the non-verbal language and tone used while drawing the conversation to a close.
I was also aware that my insistence and ambition in this situation could have frightened her off and in order to escape from this, she ended the conversation abruptly. As I was surprised by the whole situation, I thought I might have come over too naïve and therefore not convincing, which was making me feel more insecure as a facilitator [Reflection, June 23, 2008].

After an emotionally intense staff meeting (June 16th 2008), I decided to adjust the analysis to an *individual* creative hermeneutic analysis. In addition I no longer felt safe in my position as a facilitator/researcher within this CNS team and the time between individual storytelling and analysis was already stretched. Also, I did not want the CNSs to plan the collaborative workshop just to please me as ethically it did not feel right. The intrinsic motivation from the CNSs for the workshop would then most likely be lacking. That could affect the findings of the workshop and future activities. I decided to plan the collaborative workshop at a later stage. As I expected, one of the managers and HPI consultant supported me in this alternative but in the end the workshop was never realised.
In order to strengthen my position as a researcher in the changing HOC context and to make the study more visible I attended staff meetings of the CNSs (n = 3) as a participant-observer, had several formal and informal interactions with one of the managers and one of the CNS and had monthly meetings with a HPI consultants. Simultaneously the interactions with staff provided me with insight into the CNSs' workplace culture.
Although it was agreed in a meeting with higher management that I would obtain an office to work on my PhD within the hospital, this was also not realised. The intention had been to make it easier for me to become part of the team and more visible within the organisation. At first it was suggested that I share a room with the HPI consultant. However, no initiative was taken on this for several reasons. There was a lack of working space in the hospital, the changes and the development of the learning teams was delayed and, as a result, my position remained unclear. I was reluctant to take the initiative in this myself, as described in the following journal fragment:

> *"I have several doubts in relation to a physical workplace in the setting. Would I really like to share a room with one of the HPI consultants? Their temporary office is so far away from the ward in which the HOC is located. I do not like the idea of identifying myself with the 'experts' nor being seen as a comrade of the higher management. Although, I assumed that this would help me to enhance my credibility as a researcher with some people in this context, I had a different view on facilitating*

> *processes and development within the ward…Another doubt is that I feel I cannot locate myself in one or other of the two wards as I do not want to give the impression that I prefer one team above the other. An alternative is to be present in both wards' CNSs' offices, but time is limited and I am not sure what I am exactly going to do then. I do not want to get on their nerves by just being there in or around their small offices and keeping their limited space occupied". [Research Journal, April 3, 2008]*

I was able however to use the newsletters of the HOC and informal conversations to keep the nursing team of the HOC informed about the study.

What I observed while exploring workplace culture with the CNSs

Themes identified from individual analyses of stories

From the themes formulated in the individual creative hermeneutic analyses of the five stories, I identified four key themes in relation to workplace culture.

They are: 1. The CNS have a central role in oncology care; 2. The CNSs have a strong need to protect the patient, their profession and themselves; 3. It is essential for a CNS team to work collaboratively; 4. CNSs lack space for personal and team development.

Pictures were used creatively and metaphorically to support CNSs to open up emotionally and physically in their stories. It aimed at a deeper interpretation and analysis of stories and to build a bridge between the conscious (cognitive) and the unconscious (embodied).

Two pictures were chosen by almost all CNSs and roughly mean the same. They were the spider in the web and the women-child sculpture.

Image 3.1 Recurring images in the creative analyses of stories with five clinical nurse specialists.

The picture with the spider in the web referred to the central role CNSs were playing in oncology care and in supporting patients. As they perceived difficulties in performing this fairly solitary role, except for the NP, they desired to cover the 'web' together and to take and share responsibilities.

The women-child sculpture was mostly chosen to illustrate care, seen as protecting the patient, as cherishing the passion they have for their profession and to illustrate their sensitivity for human beings in particular in regard to their love and in a sense of security.
The theme: 'It is essential for an CNS team to work collaboratively' was formulated from several descriptions or interpretations with different pictures. Their descriptions varied. On one level they said: '*as a team we have to become closer to each other as we all need each other, to work with, and not against, each other. We need to become and visualise being 'one' as a team, having the same purpose and need to respect and to pool our qualities. We need to play the game as long as it is fair and build on trust and to support each other personally*'. On another level they simply said: '*we need to have fun within the team*'. They all stated there was still a long way to go in relation to this.

The last theme referred to different notions of a lack of 'space'. At first the concept was brought up in relation to the limited space for personal development. Most of the CNSs stated there was little space to consult their colleague specialists for coaching. One of the CNSs felt difficulty in releasing her enthusiasm and energy as she was restricted by the hospital's policy and pigeon-holed in certain tasks and responsibilities. Another said that she did not have the space to maximise her potential as an CNS as she does not have an overview about what is happening around her. There was also a need to find space to draw back from practice for reflection, relaxation and letting go. Lack of space was also related to team development. As there was little trust between CNSs, space was limited for the process to continue efficiently and to celebrate successes.
These first themes were not formulated in much depth as the process stopped at this stage. A follow-up collaborative workshop planned to check and to refine these themes further did not happen. However, I was satisfied with the process so far as the CNSs had not yet any experience with the analysis of the stories and the use of creative arts directly opened the dialogue and enabled us to make a start. On the other hand, time between stories and analysis was stretched to approximately three months. Additional data was added in the individual workshops, in which the CNSs expressed their increased dissatisfaction and agitation about their position within the organisation. This could have had an influence on the formulation of themes. The analysis was never fully checked with the initial stories. For the purpose of doing a retrospective analysis, I included some of the raw data from these individual stories in this story to illustrate further workplace culture as perceived by CNSs. I also included what struck me while I listened to the original taped stories.

Additional data from stories of the CNSs

Autonomy versus getting an assignment

The data collected in the first reconnaissance, which is the preliminary phase of this study around workplace culture, showed CNSs had a pivotal role in the development of an effective workplace culture. Therefore they are also key to the success of a unique, innovative, regional oncology centre. This was confirmed by all CNSs in the stories. They stated that they had created an advance practice nurse position all by themselves and made a salient contribution to oncology care within the hospital. They all seemed to work quite autonomously, both as individuals and as a team, making their own decisions and having a strong relationship with the medical specialists. Despite this autonomy, I perceived that they had little influence on the hospital's, or even the ward's policy. The initiatives they took were not encouraged or facilitated further. In fact they were silenced.

> *"The aspiration to work collaboratively has already existed for a long time, but our own ideas were snuffed out every time [by the organisation]". [Interview[13] 8]*
>
> *"De wens voor samenwerking was al veel langer aanwezig, maar onze ideeën werden elke keer de pas af gesneden [door de organisatie]". [Interview 8]*

> *"It frustrates me that my knowledge and skills are not being used by the organisation. [My] hands itch to set up clinical care, to build the framework…just give me the assignment! I am educated and have the expertise". [Interview 11]*
>
> *"Het frustreert me dat mijn kennis en kunde niet wordt benut door de organisatie. [Mijn] handen jeuken gewoon om inhoudelijke zorg op te zetten, het kader opzetten…geef me maar de opdracht! Ik ben opgeleid en heb de expertise". [Interview 11]*

Surprisingly, CNSs now asked the hospital management for an assignment despite valuing their autonomy and taking into consideration their history within the organisation in which they seemed to be very resourceful and independent.

> *"If we had received the assignment earlier [from management], then we could have anticipated on plans for development" [Interview 9]*
>
> *"Als we de opdracht al eerder hadden gekregen [van het management], dan hadden we vooruit kunnen lopen op ontwikkelingsplannen" [Interview 9].*

13. With 'interview' I refer to the individual storytelling in my research journal

Though they disliked the top-down approach by the hospital, I felt they were now encouraging it. They explained that they were doing this because they were running out of energy. They did not feel valued anymore, were trying to survive, were uncertain about their position and were weary of continually 'developing". [Interview 8]. Therefore, their receptiveness to change seemed to be low with most of the CNSs believing; '*patients happy, we are happy, keep it like that*' [Interview 9].

Cultural differences between the CNS teams

All CNSs stated that the workplace culture differed between the two locations. However, they had little evidence for this, because they had minimum structural contact with each other, primarily because of the physical distance between the locations.

Statements like '*Look what we have, do you not have that?*' [Interview 8 & 10] showed that power issues were apparent about the 'best' way of doing things in oncology care. Differences were perceived in a range of areas. These were: the substitution of medical tasks; the amount of recordings on paper; the language being used; decisions made based on books (propositional knowledge) versus experience (tacit knowledge) [interview 10]; the extent to which public relations was approached; and the communication in meetings. Communication differed in discussions between being reserved or non-reserved – to speak out loud- and being direct or indirect in giving opinions and also in the frequency of giving opinions.

The care provided in one of the locations was perceived by one of the CNS as out of date. For example, this CNS said that they were just *doing their thing* not criticising or asking whether *it is the right thing to do* to be working with dated protocols that were not based on recent evidence and on using a well-developed computer system [Interview 11]. The CNS held the hospital responsible for accepting this level of quality.

The CNSs were experiencing difficulties in building an effective teamwork among their two teams. This finding suggests a valuing of teamwork as it would enable them to provide effective patient care. However teamwork seemed to be hindered because the CNSs did not acknowledge the differences in the traditions between the two locations. Both in the stories and also in meetings for observing the different practices, they seemed not to be able to make use of these differences. This was shown by their primary emphasis on working to a uniform structure, for example, using the same protocols and logistics. In the interviews [8, 9, 10, 12], the CNSs also emphasised the importance of combining forces and resources to work efficiently in order to provide the best patient care.

> *"With the collaboration we strive towards unity, to benefit from each other's expertise, to be stronger together. Therefore we need to work together more often, to gain insight into each other's desires, expertise and ambition…[Interview 8]… 'To take the best from the two locations for the benefit of patients' [Interview 9], This is a good moment to do certain things [oncology day care] differently, together… for the same purpose of making patients the focus (of care) and supporting them in*

the course (of their illness)". [Interview 10]

"Met de samenwerking beogen we om 1 te worden en te kunnen putten uit elkaars deskundigheid, samen sterker te zijn. Daarvoor is nodig om (nog) veel meer samen te werken met elkaar om van elkaar te zien, inzicht te krijgen in elkaars wensen, deskundigheid en ambitie' [interview 8] , 'beste van twee locaties pakken ten gunste van de patiënten' [interview 9], 'Dit is een mooi moment om bepaalde dingen [oncologische dagbehandeling] anders te doen, samen te doen voor hetzelfde doel, centraal stellen van de patiënten en deze helpen begeleiden door hun [ziekte] proces'. [Interview 10]

This seemed to be a paradox, as one of the teams had the tendency to dominate the other:

"I am open for future collaboration with the other location, but I value strong arguments. I am not convinced when [they are] saying you need to do this because that went well, that is no argument"' [Interview 10].

"Ik sta echt wel open voor een toekomstige samenwerking met de andere locatie, maar hecht wel belang aan sterke argumenten. Je krijgt me niet mee [met hen], met je moet dit zo doen, want dat liep goed, dat is geen argument" [Interview 10].

Both CNS teams cherished the balanced relationship they had with their direct colleagues. Trust was perceived as essential for building relationships. But, distrust was a big issue among the two CNS teams and towards the organisation itself [interview 11]. They acknowledged they needed support in this collaboration process.

"I think there is a lot 'under the table', which needs to be brought into the open. From there you can make a fresh start and collaboratively build something beautiful" [Interview 8].

"Ik denk dat er heel veel onder de tafel zit dat er boven op moet komen. Vanuit daar kun je een nieuwe frisse start maken en kan je samen iets moois opzetten" [Interview 8].

"Sometimes, I have moments in which I think we are being betrayed [by the organisation] and that we will soon be bankrupt" [Interview 12]

"Soms zijn er ook wel momenten dat ik denk we worden bedrogen [door de organisatie] en dat we failliet gaan"[Interview 12]

"Collaboration is forced on us by the hospital. That does not work in practice. [You], cannot put people from two different cultures and ways of working together, and say: 'Now we are going to work together!" [Interview 11]

"De samenwerking wordt opgelegd door het ziekenhuis. Dat werkt dus niet in de

praktijk [je] kan niet mensen uit twee verschillende culturen, manieren van werken bij elkaar zetten en zeggen nu gaan we samenwerken!" [Interview 11]

CNSs detaching further from clinical wards

I observed in the stories, though not in the individual analyses, that when the CNSs' activities were expanded they chose to distance themselves from the clinical wards. They felt they no longer had a specific role in the bedside nursing. Yet some of them said that they valued the nursing aspect in their new nurse specialist role, in particular as far as it was associated with direct contact with the patient [interview 8, 10]. The clinical wards were perceived by CNSs as less challenging. They considered that nurses in the clinical wards did not seem to be intrinsically motivated towards developing their profession, that they lacked a critical and independent attitude, were always very busy and therefore the implementation of new ideas was less feasible [Interview 9 & 12].

"On the ninth floor [overnight clinic] [it is] always very hard work.. It is hard just surviving. Here [on the third floor, day clinic] It is much easier to contribute your own ideas, things you really would like to see, and new ideas are easier to carry out than on the ninth [floor]… In the overnight clinic patients are more dependent… and that is reflected in the approach nurses adopt; they are less decisive, less independent and need confirmation of their decisions. On the third [floor] nurses often have to think for themselves without specialists or assistant-specialists being around' [Interview 12]. I experience the professionalisation of nurses on the (ninth floor clinic) ward as challenging. They do not seem to be intrinsically motivated [for their profession] and they seem to lack a critical attitude. I perceive my role as unclear, should I stimulate that (intrinsic motivation and critical thinking) or is this a task for the manager?" [Interview 9]

"Op [etage] 9 [kliniek] vind ik [het] altijd heel hard werken. Is het meer overleven. Hier [3e etage, dagbehandeling] kun je makkelijker er in stoppen wat je zelf ook graag wilt zien, nieuwe ideeën makkelijker uitvoerbaar dan op negen In de kliniek stellen patiënten zich veel afhankelijker op en dat heeft een weerslag op hoe de verpleegkundigen zich opstellen; zijn minder daadkrachtig, zelfstandig en hebben bevestiging nodig. Op de 3e moeten verpleegkundigen vaker zelf een beslissing nemen zonder dat artsen of assistenten in de buurt zijn' [Interview 12]., 'Deskundigheidsbevordering van verpleegkundige op de (kliniek) afdeling vind ik lastig. Men lijkt niet intrinsiek gemotiveerd [voor hun vak] en een kritische houding lijkt te ontbreken. Ik vind mijn rol hierin onduidelijk, hoe kan ik dit bevorderen of is dit een taak van de leidinggevende?" [Interview 9]

This confirmed my previous concerns, drawn from my own nursing experience and the literature, about the phenomenon of the 'reciprocal process between the CNSs and the general nurses'. In practice general nurses experience and accept CNSs less because they perceive them as doing the 'best and fun things' to do with nursing. Also, CNSs are perceived as having more status as they are closer to medical specialists. On the other hand, CNSs do not want to work at

patients' bedsides anymore, as they enjoy their social mobility and status. This I found fascinating given their preference for the picture of the mother embracing her child.
This also demoralised me, as I firmly believe working at patients' bedsides in the clinic is still, and should be, the core business of nursing in a hospital setting. I expect that the detachment of CNSs from these wards would lessen the chances of their making a real impact on nurses' workplace culture.

The new role of Nurse Specialist in a Dutch context
There were different expectations and responsibilities between the CNSs about the new role of nurse specialist. These expectations and responsibilities varied from the substitution of medical tasks to medical research activities, developing policy and running nursing consultation hours. I was surprised most of them did not refer to the report from the ministry of health, which was relevant to the field and in which their role is described further.
However, I did not think this was discussed earlier within the team. They explained the essence of nursing care and what they referred to as their 'tasks' for achieving that. And indeed this did not differ that much between the two CNS teams. It was still based on the same principles of care. These were: being centred on the patient; having short and clear lines of communication between disciplines; using each other's professional and personal qualities; valuing hospitality; being empathetic, striving for 'state of the art' care; and making sure this was all transparent.
None of them were clear about *how* to achieve these essences of care. In relation to this lack of practical know-how, I thought of the concept of clinical leadership as described in the VBOC report. Their thinking was very different as they primarily defined the new role as transferring clinical expertise to a nursing team and the substitution of medical tasks, a view which I found incomplete for defining clinical leadership.

Hospital's management announced that they would assert the competencies needed for the role of nurse specialist in the organisation, but did not. I shared with the nurse practitioner surprise that she did not take part in discussions about competencies:

> *"They [the hospital management] do not appreciate what they already have in house. Nationally I am even at the top of (the) oncology (profession)! Please, let me think this through" [Interview 11].*
>
> *"Ze [ziekenhuis management] weten niet wat ze al in huis hebben, ik zit zelfs landelijk in de toplaag van de oncologie! Laat me alsjeblieft mee denken" [Interview 11].*

As described earlier, I observed CNSs being valued by other nurses and specialists (first reconnaissance). They even obtained fully equipped offices, which is not that common, as space was always limited in the hospital. Despite this appreciation, they felt an ambiguity in their role in

the organisation, characterised by unclear expectations, diffuse responsibilities and uncertainty about even the existence of their roles. This can be illustrated by some quotes from the stories:

> *"I have the feeling I am on a drifting ship (that has slipped its anchor) …but I do not know what my role is on it" [Interview 8]*
>
> *"Ik heb het gevoel dat ik op een drijvend schip zit…maar ik weet niet wat mijn rol hierin is" [Interview 8].*

> *"In relation to the latest developments, it is unclear what the organisation's mission is with the nurse specialists in oncology. Does the management want to continue with the four of us?" [interview 9]*
>
> *"Het is onduidelijk waar de organisatie naar toe wil met de Verpleegkundig Specialisten Oncologie met het oog op de nieuwe ontwikkelingen, wil het management verder met 4 mensen van ons?" [Interview 9]*

The data mainly showed CNSs' anger or frustration arising from their experiences. They reported a sense of being unable to move forward because of forces beyond their control and of the organisation experiencing major changes. I noted they were adopting a victim role here. They all expressed a strong need for a clear description of the role and position of the new nurse specialist within the organisation, as they wanted to participate and contribute to a centre of expertise in oncology care. I perceived them waiting for it, waiting to be told, rather than seeing they had a part to play themselves in creating a clear role description. I shared this observation cautiously asking them: '*do you think you have a role to play in this yourself and can you do something to speed it up*'? I expected them to react defensively as they already perceived the organisation as doing less for them. They responded saying they did not see themselves as having a role here at this stage. '*The organisation has to make the first step*' [interview 8 & 9], which confirmed my initial thought.

I saw a strong resemblance with my own struggle in my position and role as a relatively novice action researcher:

> *"I recognise myself in much of their struggles, trying to find a position for themselves, while still dependent on actions from above [top-down]. Simultaneously I feel strengthened by the idea that it is not only happening to me… As they also know about some of my struggles. I feel this already contributes to the start of our relationship. I am aware I have to be cautious not to project my experiences onto their experiences as they will differ. I still need to be very critical". [Research Journal, March 4, 2008]*

Development of a vision for the oncology centre

Whilst I was conducting the stories and analyses, discussions took place on several organisational levels about how the HOC could best function in two locations with regard to its activities and the expertise of both CNS teams.

Because of the amount of patients it was not possible to locate the HOC in only one of the sites. A clear overall vision of oncology care was lacking as already discussed in story C. In addition, CNSs were waiting to formulate a vision of nursing oncology care, but they felt strongly that they needed to have the vision of the medical staff first in order to then formulate theirs. This was similar to the feelings of the staff in the HOC to which I have referred in story C. The vision of the medical staff was not formulated yet. This was delayed because consensus on the purpose of a HOC between medical staff was not yet achieved.

I believed the new team of CNSs could have already made a start with this vision themselves, based on what they already knew and desired, and could probably provide a role model for the medical staff. I offered to help one of the CNSs and the HPI consultant to carry out a value clarification exercise in order to enable them to develop a vision. This could also be an opportunity to make a start with the first action research cycle. The CNS turned down this invitation as she was not convinced that she should start this before the specialists had completed their vision. The HPI consultant agreed with her and my initiative was regrettably not supported. They shared the following belief;

> *"First a general vision of oncology care needs to be developed by specialists before a nursing vision of oncology care can be formulated, however, this needs to be derived from the vision developed by the specialists". [Fieldnotes Research Journal May 27, 2008]*
>
> *"Er zal eerst een algemene oncologische visie op zorg door de specialisten moeten worden opgesteld alvorens een verpleegkundige visie op oncologische zorg geformuleerd kan worden, deze moet hier toch van afgeleid worden". [Fieldnotes Research Journal, 27 mei, 2008]*

Because of their strong conviction I was reluctant to share my doubts whether this overall nursing vision would really differ from a vision of oncology care held by the specialists. I also doubted if challenging their traditional belief in the separate process of developing a vision would make sense to them. I felt too that they placed themselves again in some kind of dependent and passive role that reduced their need to take responsibility for their own profession and the patients. I felt I lacked a strategy to challenge their view and support them further in this.

At that time I felt this said a lot about the workplace culture. They adhered strongly to the hierarchical structures they were used to and did not show an appetite for shared governance. Management did little to help this process. Early on in the process they did not want to be involved in what I perceived as the power struggle going on between the specialists. Later,

however, the consultant was told to solve the problem. In addition there did not seem to be an awareness of the value of developing a shared vision of oncology care.

Gaining access to the CNSs' workplace

On my own initiative I had several conversations with management from the two locations, one of the CNS and HPI consultant, in order to make the continuation of the study in the changing HOC context more explicit. We had agreed, previously, to think together about continuing the study and to be open about thoughts and feelings in relation to it. But what happened was that we held formal meetings about what I was planning to do and when, and whether it would fit in the wards' agendas. The underlying thoughts and feelings were not discussed openly, and I experienced a feeling of taking part as an outsider in some kind of, I would say, business meetings between one of the managers, one of the CNSs and consultant.

I also decided to approach one of the higher managers myself to inform her about my decision to continue the study and to explore how she felt about it. I got the impression that she felt overpowered by me as she was very quiet. However the board of directors encouraged me to continue with the study and shared their area of interest, which is shared governance, with me. However, once again, I experienced a limited commitment to the study, having difficulties in gaining access and inviting CNSs to participate. This was in spite of their expressed belief that the study could support processes geared to creating a culture of effectiveness in the new workplace and that they were willing to participate with this. I once more struggled with the embedding the study into the organisation as the formalisation of the learning team was delayed. I offered one of the higher managers my help to participate in discussions around this as I hoped to speed up the processes. However, he refused my invitation, and failed to explain why. Instead, he advised me to keep in contact with the HPI consultant in order to ensure the study was embedded in the organisation. In conversations with this HPI consultant I recognised that I was yet again repeating the ultimate aim of the study, the methodology chosen and conditions I needed. My experience of the HPI consultant was that she was less committed to taking part in the study and in addition was concerned about her own position.

> *"As soon as I consider you are involved with your study, I will let you know. Do let me know I if you feel that I am forgetting you!" [Consultant, memo 5 100408]*
>
> *"Zodra ik inschat dat jij met jouw studie betrokken moet worden hoor je van me. Trek aan de bel als je de indruk hebt dat ik je vergeet!" [Consultant memo 5 100408]*

I felt excluded. Things were going on in the organisation that I only heard of afterwards in the planned meetings with the HPI consultant. She was very open to me about the progress they were making or not, but she did not seem to understand fully the PhD study and did not know when to invite me to take part. Despite this, I felt some closeness and a partnership with her

even though we had no day-to-day contact. We shared some educational principles that we tried to live out in achieving the set aims for change. I truly felt this partnership was *'a first step in the right direction'* (Year report Famke February, 2008). At the same time, I was reluctant to identify myself with this group of HPI consultants. The CNSs did not know what to expect from the learning team and the HPI consultant and therefore I was concerned that this could reflect badly on me and the study. Consultants were not being taking seriously anymore by CNS's as there was no clear plan and there were no results yet.

Time for reconsideration

I questioned what this all was saying about workplace culture. My conclusions were the same as in the first reconnaissance phase. Even the CNSs' workplace culture was not receptive to change. Their own individual workplace-culture seemed to be negatively affected by the organisational culture. I felt the established culture also had a negative impact on me and prevented the study from moving on, lacking yet again authority and competence to break through the culture-in-practice. This was similar to the CNSs' experiences. I once more did not succeed in achieving genuine commitment from the participants.
Tensions in the oncology ward were high and escalated towards June 2008. I noticed this when I observed and participated in an important staff meeting, facilitated by the HPI consultant and the leading specialists. There tensions related to ineffective teamwork, lack of a shared vision, role ambiguity, and financial shortfalls came to the fore.

The HPI consultant was appointed to facilitate the process of merging the two locations, including on the level of the specialists. But she struggled in her own role with the complexity of this practice setting and was not seen as a credible sounding board. The NP perceived that the HPI consultant was taking over her own NP job in as far as she was also trying to bring the CNS teams together. There was no clear plan for the merger and meetings were initiated ad hoc and at short notice.
I was shocked by the meeting and did not know how I, as a participant, could make a difference. I believed it was a really unprofessional meeting and I was reluctant to take an initiative as I thought this could bounce back on me. I think others felt the same observing non-verbal language and listening carefully to the conversation between participants after the meeting. *'I did not dare to say anything more as I expected to be heavily criticised [in Dutch: de wind van voren te krijgen]'* [CNS, fieldnotes Research Journal June 16, 2008]

One of the CNS then applied for a job, which was reserved for a nurse educated to a master's degree level, in order to obtain more authority in bringing the teams together. The other CNSs and other participants did not see her as a credible and capable person for this job. The CNSs were agitated by her feeling superior to others and by the differentiation in their roles. This all resulted in strong negative emotions, frustrations and disappointments.

I, as a researcher again had strong doubts about whether to continue the PhD in this setting. There was a strong political power game going on. I felt I was failing in my attempts to facilitate processes. These processes included: bringing the CNSs together; enlightening the CNSs about workplace culture; and encouraging CNSs to take action to address the negative aspects of workplace culture in *this context*. CNSs seemed to find themselves in a 'frozen' phase as described by Hamric & Taylor (1989). This started to frustrate me as my initial thoughts and feelings about individual CNSs were very positive. I had perceived them as being critical and skilled. Patients I spoke to incidentally were also very positive about the care they received from the CNSs. I was not clear how workplace culture had actually affected nursing care. It frustrated me that CNSs seemed to have so much to give but full advantage was not taken of their potential.
I was exhausted by the need to be politically astute, to obtain the right conditions for the study, and had the urge to start the 'real' action research. Nobody seemed to be interested in my data and preliminary findings and there was a real time constraint on the study.

Hospital management assured me yet again of their support with the study, but time, financial means and the right persons on the right place were lacking. My role as a facilitator of action research also conflicted with the role of the HPI consultant, because we had the same intentions. I found myself in a vulnerable position, becoming a target for others in the hospital to blame for not achieving any success. I doubted whether I could cope with this turbulent situation as I was concerned that the findings of the different phases in the study would cause more distress for the CNSs participating in the study. Whilst individual storytelling was experienced as a reflective process by CNSs, enhancing understanding, they also triggered strong emotions.

> *"When I listen to myself talking to you like this, I realise that I actually know what's wrong, but I am emotionally worn out. Everything is so chaotic, unclear and uncertain, it is as if we are all knocking our heads against a brick wall and nobody seems to know what we are doing anymore" [CNS, fieldnotes Research Journal 16 June, 2008].*
>
> *"Als ik mijzelf zo hoor praten [met jou] dan weet ik eigenlijk best waar het aan schort, maar ik ben emotioneel gewoon op. Het is allemaal zo'n chaos en alles is zo onduidelijk en onzeker, we lijken elkaar steeds tegen het zere been te schoppen … en niemand lijkt meer te weten waar we eigenlijk mee bezig zijn" [CNS, fieldnotes Research Journal 16 juni, 2008].*

I also became very uncertain about what I was doing with the study. There was so much pain already and I felt they were not ready for it as support from the hospital was lacking [Research Journal, June 23, 2008]. I already lacked energy caused by several failed attempts to bring the CNSs together to identify themes and to create a work plan collaboratively. I found myself in a vicious circle with the workplace culture. I became very unsure about myself and felt emotionally exhausted by the complexity of the study and discussed this with my supervisors and

director of the nursing faculty. They strongly recommended that I withdraw from the hospital as I had attempted time and again to continue the action research study, but did not make any significant progress. Personally and professionally I had begun to feel discouraged by the whole experience. I acknowledged their recommendation and in September 2008 I decided to stop collecting data in the hospital and stepped back to reflect on the situation and how to continue. I was saddened by this necessity because I still felt I could have made a valuable contribution towards the hospital and its workplace culture, but was caught up in the storm of events. In order to survive I had to step out of it. The board of directors was disappointed with my decision to withdraw from practice, but understood my reasons and expressed sympathy. They assured me of their support in future, if I needed it.

STORY E – MY STORY

A symbolic journey of universal growth and self-discovery

The following personal story will reflect my own experience as a facilitator of action research in a health care practice setting. Self-reflection has become an essential part of the study. I agree with Muncey's (2010) view that: "*I'm an observer and participant of my own experience and I can't separate who I am from what I do*" (p.8). I draw on the following definition of a personal narrative or story: 'a form of writing in which the writer relates an event, incident, or experience in his or her own life. The events in a personal story are most often presented in chronological order, the order in which they actually occurred in time. The personal story incorporates vivid descriptive details as well as the thoughts, feelings, and reactions of the writer'. (http://www.verity.ashland.k12.ky.us/Portfolio/pnarrative.htm visit on July 15, 2010)'.

I started my study by researching the development of a workplace culture in practice. As the study developed it changed towards researching my own practice of facilitating this development in practice. Hence, my philosophical orientation shifted from emancipatory towards hermeneutic praxis in which I put textual interpretation into practice. In order to make meaning out of my experiences, I decided to construct four interrelated stories about my time as a facilitator, based on the data collected within four action research cycles. These stories A-D, have been presented earlier in this chapter. As presented in Chapter 2, I analysed these stories through workshops with different interpretative teams. The participants gained the overall impression that I, as the storyteller and the key figure in the four stories, was very confident and focused on what I was doing. They also indicated that it was not clear how I was supported in the research process.

> *"The stories show a lot of energy coming from you as a researcher…I observe some kind of personal characteristics of the researcher: [being] creative, having two pairs of hands, having a thick skin, energy, brave and persevering" (Participant 1 workshop 2).*
>
> *"Er spreekt heel veel energie uit de verhalen vanuit jou als onderzoeker… ik zie als een soort persoonskenmerken van de onderzoeker:, creatief, twee paar handen, een dikke olifantenhuid, energie, dapper en doorzettingsvermogen" (Participant 1 workshop 2).*

> *"You are self-willed…you follow a line. You stick to what is in front of you, you set your course" (Participant 3 workshop 2)*
>
> *"Je bent eigenzinnig… je volgt je een lijn. Je houdt wel vast aan wat jezelf voor ogen hebt…je vaart wel je koers". (participant 3 workshop 2)*

> *"I don't actually sense that support in the story" (Participant 2 workshop 3).*
>
> *"Ik proef die support eigenlijk helemaal niet in het verhaal" (Participant 2 workshop 3).*

> *"You dig your teeth into your project rather than into the organisation" (participant 4 workshop 3)*
>
> *"Je bijtte je niet zozeer vast in de organisatie alswel in je project" (Participant 4 workshop 3).*

I partly recognised their observations, but simultaneously became aware of another story around my insecurity and imbalance that was not evident in the four interrelated stories. Thus, I perceived that a story about myself and how I conducted myself in practice, 'a story behind the story', was still missing. This story is of relevance because it acknowledges, as an intricate part of the research, me being a researcher of my own practice and not only me being the 'person experiencing the phenomenon'. Furthermore, my personal story is fundamental to those stories constructed earlier, because it, most probably, though unintentionally, shaped the context of the written texts.
A reason for not constructing this story at an earlier stage is probably because I was not that aware of it and was not ready for it emotionally, at that stage. I felt strongly that I had to write this story before engaging in further analysis of the other stories in order to make meaning out of my experience in a more comprehensive way.

My personal story aims to make meaningful connections within my personal and professional life experiences and with those in practice. It also aimed at deepening, enriching and complementing, as far as this is possible, the interpretative framework of the stories constructed earlier. This story about myself is not only fundamental but also parallels the previous constructed stories. The focus of this story will reflect my personal journey, where I came from, who I was at the start of my PhD and who I had become, being conscious of where I am now as a professional. Also aspects will be brought to the surface that have enabled and have hindered that process of human growth throughout the journey.
I've decided to use creative arts in order to enable my pre-conscious understanding to be brought into the consciousness of the story. Therefore, I used the well-known fairy tale 'Alice's Adventures in Wonderland' written in 1865 by Lewis Carroll (2000) as a metaphor, using its imagery to guide the writing process and as a vehicle for unwrapping the experience.
The story commenced the moment I decided to do my PhD and will end almost a year after deciding not to collaborate any further within the practice setting (July 2009). The reflexive personal story is constructed through re-connecting with the data collected during the research process, including: reflective notes, supervision records, notes from action learning sets, Practice Development (PD) schools, year evaluation reports and, finally, the claims, concerns and issues relating to supervision.

I have been reading through my research journals and my annual evaluations in order to identify some critical events. Critical events, for me means those events that had an emotional and powerful impact on me in either a positive or negative way. They happened unexpectedly and triggered in me a deep need to reflection about the choices I had to make. Furthermore, I used images to create a collage or spiral of my journey representing these critical events (see appendix E). Whilst looking at this spiral it made me think of the Alice in Wonderland fairy tale. I identified with Alice. I've decided to integrate these two kinds of creative expressions in order to help me to write my story.

The story of Alice in Wonderland is about a young girl's journey, a journey symbolic of universal growth and self-discovery. Alice learns a lot about herself with each new encounter with a variety of unusual settings and bizarre characters. She begins to realise that her experiences weaken and even distort her previously stable self- image.
I am not ridiculing the people encountered in my story when I liken them to characters in Alice in Wonderland. This is only used metaphorically. Adapting the original storyline and characters in the book enabled me to achieve a deeper reflection on my experiences and simultaneously provided a structure for me to tell my story. However, I sometimes moved away from this slightly as I preferred to tell my own story rather than staying true to the story of Alice. It needs to be said beforehand that a salient difference between Alice and me is that Alice followed the White Rabbit out of curiosity and fell down the rabbit hole. I deliberately went down the 'rabbit hole' with a clear purpose, that of developing an effective workplace culture in a health care setting.

Down the rabbit hole

In the first chapter, Alice impulsively follows the White Rabbit and finds herself tumbling down a rabbit hole, which leads to Wonderland. I went through the first steps in the process in applying for a PhD post within Fontys University of Applied Sciences at the Faculty of Nursing (FHV). This strongly resembles this first chapter of the book. As I already had a joint appointment with the university, I became acquainted with the Knowledge Centre (KC) and its strategic vision around the development of health care and educational practices working from a critical paradigm. I was introduced into this approach while participating in the first PD school at the nursing faculty. I became extremely interested in this approach because I felt this could really make a difference to health care practices and at the same time could stress, more strongly, the distinctive features of the nursing profession in practice.
Like Alice, who followed the White Rabbit into the rabbit hole after he muttered to himself 'Oh dear! Oh dear! I shall be late!', I followed my manager in the university who approached me to apply for a PhD post within the nursing faculty. It was a post that was not common within these kinds of Dutch universities. It was only recently approved and launched by the government and was perceived as some kind of experiment. Many other universities were sceptical about this

development and whether the theses would be scientific enough. Extra funding was provided to those students younger than 30.
I had wanted to do a PhD for quite a while, but existing research topics did not arouse my interest. I was nearly 30 and because I felt this was a real challenge in the way it would provide me with the opportunity to combine research, practice and education, which I personally believe is the ideal combination for improving nursing care. I therefore decided to apply for this PhD post and to become a member of the KC. Besides, I liked to rebel against the system in which doing a PhD is restricted to only, 'real' universities.

The moment I heard I was selected I began to have mixed feelings of joy, gratefulness and to ask myself 'what have I done?' I was concerned I that I did not have the ability to do a PhD within a critical worldview. Also I noticed that there was not yet a clear research proposal. I felt very threatened by this lack of clarity and lack of predictability in a possible research approach. I remember asking one of the associated professors whether choosing me was a joint decision. I was concerned that I was chosen because I was a nice, enthusiastic person, who qualified for extra funding, rather than because of my competence. She confirmed it was because of my competence.
A short report written about my job-interview by a personnel officer stated:

> *'Famke likes to talk about her profession and is clearly passionate about this. Famke seems very self-confident...she tends to incline towards one subject then to another...A learning point for Famke will be then; be concrete, concise and especially learn to sense what the audience wants to hear...Famke is a good candidate with much potential' (report job-interview PhD post, June 2005).*
>
> *'Famke praat graag en veel over haar vakgebied en is hierin duidelijk gepassioneerd. Famke komt zelfverzekerd over… ze heeft de neiging om van het ene onderwerp op het andere over te gaan… Ontwikkelpunt voor Famke is dan ook; wees concreet, bondig en vooral leer te voelen wat je publiek wil horen… Famke is een goede kandidaat met veel potentieel' (verslag sollicitatie promotie, juni 2005).*

Nevertheless, I was not afraid of new challenges so I went, rapidly, down the rabbit hole. In the book Alice finds herself in a long, low hall with doors around it, which are all locked. She finds a key which fits in a very little door leading to a beautiful garden. She finds a bottle and pieces of cake to drink and eat making her grow or shrink. For me this reminds me of myself seeing all kinds of opportunities in practice and taking all kinds of ad hoc actions in search of a research setting. But at the same time I was not conscious of the consequences of certain actions. For example, I approached, directly, one of the managers myself in order to explore points of interests for the study. However I did not inform the wider hospital organisation and this was disapproved of. (Research journal 1, p. 25-27, 2006).

The Pool of Tears

For about six months I searched for a research setting and for a manager and team who would like to participate in the study. This search was characterised by me moving across the organisation, exploring opportunities. I had several conversations with managers of clinical wards and explored opportunities in discussions with the steering group for the new development of the Practice Developmental Units (PDUs) which I was invited to participate in. Both my manager and a delegate from the board of directors participated in these discussions. At the same time I was invited by several committees to discuss how we could benefit from each other. I took every opportunity. I defined some inclusion and exclusion criteria to guide me in selecting a setting.

In the meantime I started reading to inform myself about the research topic and the methodology of action research. The nursing faculty assumed this methodology would be chosen for PhD studies. However, I felt overwhelmed by the amount of literature and found myself reading in an inefficient way. Yet I still managed to produce a research proposal both for the Health Care Organisation and their research ethics committee. I was also able to present, as the first student of a group of recently recruited PhD students, a draft research proposal at a Fontys Graduate School (FGS) meeting. My presentation and my explanation of the methodology made a good impression on others. I felt very pleased and proud although I was not very confident about how to put all this into action and in which practice setting, or settings. Neither could I consult both fellow students and supervisors at the FGS as they were not familiar with action research methodologies.

I started to teach as an integral part of my PhD, although I was quite a novice lecturer. I did not follow an introduction programme for new teachers as colleagues convinced me this was no longer necessary for me. Even though I found the teaching quite challenging, I was critical about the modules. I still had to find my way in the educational organisation, in addition to developing a post-graduate programme within Fontys for this first group of PhD students. I also took time to explore opportunities for distance learning programmes around action research and to subscribe, as a PhD student, at a university in the UK, primarily to provide myself with a well-structured post-graduate programme and to safeguard my graduation as a PhD. I also felt an enrolment at a UK University would give me more opportunities in future.

During that same period I helped facilitate two PD schools, one in The Netherlands and one in the United Kingdom at Oxford. At that stage I had not selected a research setting yet. These activities on the one hand kept me busy and, on the other, I believed it would help me to gain a clearer view on my PhD and in building a relationship with my supervising team.

Unfortunately my expectations did not materialise. These activities often distracted me from my key focus, namely that of my PhD. I was concerned about this, but at the same time the teaching was an escape for me from the challenges I experienced in writing a decent research proposal and searching for a research setting.

One of the biggest challenges for me was how to approach the different managers and unit teams, who, I believed would be likely to benefit from the study.

The research related strongly to the development of the PDUs, but the latter had different implications for the organisation of workplaces for students. It was too, still in an experimental phase. Discussions about this were held between the health care organisation and Fontys at different levels of the hierarchy. I did not take part in discussions on the higher management level, but mostly on the micro, the lowest level. These discussions were not productive. I felt this PDU development would have a negative impact on my study as the organisation was reluctant to accommodate a large group of students on a unit, which was a requirement for running a PDU. I finally proposed to the PDU steering group that we should start working with the oncology ward. My decision was informed by my helping facilitate a meeting Fontys and the unit some weeks earlier. At that time I discussed the opportunities with one of the managers and the team. They showed interest in the study; the unit meanwhile had the potential to become a PDU. The argument of having the potential to become a PDU was chosen to win over the steering group, hospital's and university management, in support of my decision. They agreed with my suggestion.
The initial idea of the study, drawn up with help from my manager, was to select three units. However, the more I came to understand what it was to do action research, the more I felt I was too much of a novice and was not competent to work with three different units. I started to feel nervous as I did not have a clear position and I felt I was losing a grip on my own study. This mirrors Alice's confusion over who she was when she found that she was too large to fit into the garden.
In this period I felt the relationship, in the context of supervision, between the supervisors and me was based around exploring each other and finding an appropriate way to work. We defined ground rules and had face-to-face contact. However, I felt uncomfortable in the relationship because I felt I did not produce anything worthwhile to discuss. This is clearly illustrated in a fragment from my research journal:

> *'I would also like to write a draft proposal to show my supervisors I have done something over the last weeks'. But for my subject there is so much to think critically about, literature, references I have to read, translations.. I try to make notes at the same time. This all is so time-consuming (Research journal, January 8, 2006)*

I found myself not having a clear structure for keeping supervision record sheets or a research journal as I had not yet in practice really started with my research. In a section entitled, 'Claims, Concerns and Issues' about my PhD I started to share with the supervisors my concerns about being an action researcher. For example;

> *'I still need to learn to become a skilled action researcher, I still need to write my research proposal and to define preconditions for AR to happen but I'm practising already. I'm not critical enough. I do not have well-developed skills for reflecting on the issues raised. I do not initiate enough action myself. I have an uncomfortable feeling. While people say 'trust the process', I doubt whether I really can make a change in culture with the study, (CCI January 5, 2006).*

Remarkably, most of my issues could be defined by the question: 'Do I need to do this or that?' I felt strongly at that time that I had to keep going and not to complain too much about the practical difficulties, because I knew this is just part of doing action research.
In the supervision that followed this CCI, one of the supervisors shared that she was shocked to discover that I had entered the setting and committed to start the work so soon after the setting had been agreed and that the study, in fact, was driven by management agendas in both healthcare organisation and Faculty of Nursing. I was not aware then that she felt challenged to support me in this, as she later explained to me, she worked mainly at a distance from the university, was not familiar to the country and research culture. Moreover, she did not felt being able to influence agendas as she was not part of the healthcare organisation and was concerned that intervening in practice could jeopardise my study and the Faculty's aspiration to set up PDUs in the healthcare organisation. I felt I could not change this as it had happened already, I was in practice and felt it was inappropriate to withdraw. I just had to deal with this situation.

Next supervisory meetings, focused primarily on the following list of topics: Writing a research proposal; constructing a collaboration contract between the FHV, the hospital and myself as PhD student; creating facilities for doing a PhD within Fontys; discussing in which activities to take part in ranging from the science committee to PD schools and conferences; and identifying educational needs. I was encouraged to gather base-line data, to get to know people and to get heard. I was reluctant to do this as I had neither a clear action plan nor a formal research setting yet. Neither did I feel confident about acting without regard to a colleague's position within the same setting. This feeling was even more strengthened while walking in the woods with supervisors and picking flowers (research journal 1, p83). The way in which they picked flowers and looked at it represented 're-framing' and 'following different paths'. My picking of flowers represented that something was right under my nose and that I was not aware of it, in terms of knowing self what was appropriate to do next. This made me metaphorically slip and fall into my own pool of tears. In the same way as Alice, swimming in her own pool of tears, I did not notice that the landscape had changed around me.

The Caucus-Race and a Long Tale

I was encouraged by my first meeting with an expert in the field of practice development (PD) on an International practice Development Colloquium (IPDC) meeting in Doorn (July 2006)

in which he strongly recommended that my manager and I select only one unit and just get started.
I no longer worried about the development of a PDU in relation to my study. With the permission of my manager and supervising team I continued with this one unit.
That summer I started to gather data about workplace culture by conducting some small focus group interviews with nurses on the oncology ward and through observing practice. I was very excited by this, as I finally felt I was actually doing research. It is as if I had finally been awarded a prize, as in the Caucus-Race in Alice In Wonderland when the creatures were awarded a prize by the Dodo after their race to get dry.

I started to get to know the staff, became heard and was invited to join their staff meetings. I enjoyed being involved in actual practice for there seemed to be synchronicity between the study and their practice plans. The moment I felt I was really accepted on the unit by most of the staff was at a policy day in November (2006). I was invited to help facilitate that day, so I had a great opportunity to get acquainted with people and to demonstrate to them my creative ways of working. I felt very welcome and satisfied when the day was evaluated very well. At the same time I was in the process of developing a research proposal. I particularly struggled with the philosophy and related theories underpinning the research. I had another supervisory meeting (November 1st, 2006), which I describe as a 'walk in the woods' meeting. One of the supervisors tried to explain some of these principles to me, like the mouse telling a long tale in Alice's story. It was cold and I felt quite uncomfortable as I could not make notes while walking. I could not keep my attention focussed on what was being said nor to recall what I've been reading already. I did not want to be impolite by interrupting and showing myself to be less knowledgeable or educated. I felt I could not rely on the research tradition I had learned during my master's degree four years earlier. It was only afterwards, on reflection, that I started to write about my experience of frustration and anxiety felt during the supervisory meeting. This I sent to both my supervisors. One quote in the reflection captured my feelings:

> *'I am afraid I am wasting your time as I think I am not well-prepared to use these meetings efficiently with you as experts in the field' (Evaluation supervision November 1st, 2006).*

I wanted to make these principles within this new tradition my own, but I did not want to let go of my old tradition in which I had made such progress over the last years. At that time I did not know how these could complement each other. I was continuously reading about this new tradition through my old tradition and started to doubt my knowledge of my old tradition as well. This also reminds me of Alice having trouble reciting the poem 'Father William' (also known as 'The Old Man's Comforts'), by Robert Southey, to the caterpillar. She feels that that her inability to remember things she knows well shows the effects of Wonderland on her brain (chapter 4 in the book).

The Rabbit Sends in a Little Bill

In this chapter Alice is trapped in the Rabbit's house. Due to her size she can barely fit in the room, her arms dangle from a window and her foot becomes wedged in the chimney.
Despite having started collecting data in one practice setting, there was still tension between the study and the development of a PDU. I was also trapped in this political issue. The issue was about the hospital providing workplaces for students in exchange for lecturer practitioners (LPs) from the nursing faculty. These LPs would help students and staff to create these PDUs and assist me as a PhD student in collecting data to study these processes. In turn I then could facilitate these LPs as a critical companion and this would create a learning opportunity for me. I also felt strongly about the further development of this new role for LPs in practice. But as was always the case with the PDUs there was a lot of politics involved in the plans for providing workplaces for students in exchange for lecturer practitioners, even though it meant both organisations could meet their strategic goals and could create a distinct profile for themselves. I felt I was sitting in the boat being blown about from different directions.
The negotiation process between the health care organisation and the FHV went slowly. My manager threatened to withdraw from the study unless the hospital was willing to provide extra workplaces for students. I wanted to free myself from these political agendas. I felt that at the end of my study the examiners would probably not be interested in these agendas, but in how I conducted my research. In Alice's story she also wanted to escape from the thick woods and started searching for something to eat that would make her grow back to her proper size.
I became conscious of being too focused on meeting the organisation's interests while disregarding my own interests. I asked my supervisors for advice and we decided, together, to focus first on the research proposal.
A year after my enrolment within Fontys, I completed a research proposal to enrol as a PhD student at the University of Ulster.

Advice from a Caterpillar

The caterpillar in Alice's story is a wise guru who provides Alice with the means of control over her growth. For me there was more than one caterpillar in my journey through the research process. One of the most evident caterpillars was the supervising team. The others were the Knowledge Centre team and other people I met in my various activities besides my PhD. As with Alice, who sought guidance and compassion from the Caterpillar, I also sought the guidance of my caterpillars.
While re-reading my data I primarily read accounts and reflections of things that were challenging for me such as lacking focus. It come across that many things had not gone very well. I think this gives a somewhat distorted view about my relationship with supervisors, particularly in the beginning. Even though there were concerns about supervision from my point of view, such as:

- Meetings were not well-structured at the beginning and served different purposes from reflection and how to translate learning – both past and new - into practice, in order

to develop action plans to create conditions for doing a PhD in a health care institute, the nursing faculty and the University of Ulster. Essential choices for the study had to be made in the limited time for supervision.

- I perceived a language barrier to expressing my feelings primarily in English and to familiarise myself with the terminology used.
- I was reluctant to approach my supervisors outside the planned supervision meetings because I did not want to bother them.
- Being so caught up in day-to-day practice within the action research study meant there was less time to reflect and therefore I could not define the issues involved in formulating my questions.
- I was afraid of being confronted with more questions than answers
- Practical tools were suggested to me, but without clear instructions I could not properly follow them through. I struggled to find the time for suggested reading. I was not clear what I wanted to achieve from this.
- I did not feel supported in the field, with the exception of one of supervisors in some meetings with management. I thought they did not fully understand the 'ins and outs' of the circumstances.

There were also strong claims to make in relation to supervision such as;

- Supervisors, through engaging in critical dialogues, challenged me and experimented with creative arts to enable me to express myself. This worked out very well for me, in particular with regard to imagery and the use of metaphors.
- They enabled me to break through traditions and to flourish.
- They kept on believing in me.
- They were strong role models for me, even though we were all colleagues within the Knowledge Centre (KC).

(CCI supervision April 15, 2009)

In Alice's story the Caterpillar proposes that Alice recites the poem 'Father William' to determine how much she has changed. This is similar to the way in which one of the supervisors chose to use 'creative art' to challenge me to look further into various aspects of the study.
Being a member of the KC and working with its members enabled me to join in action learning sets. We acted as critical companions for each other and experimented with bringing into practice principles of practice development. These are quite similar to those of participatory action research. Besides, it was a safe environment for me to find out what my own values and beliefs were and how to remain true to these. I clearly perceived these colleagues also as role models. In doing so my own concerns related to thinking of myself as a novice researcher decreased as I got to know their stories as experienced teachers and facilitators carrying out practical research.

However, this meant that I was often distracted from the focus of the study as I was involved in various activities, exploring different landscapes and people, within Fontys and the health care organisation. On the other hand it also enabled me to increase my knowledge, develop skills and define my principles. As a result I was more able to decide on what activities to choose to help me in my education.

However I was also put under pressure by staff shortages at the nursing faculty. Therefore I had to increase my educational activities while at the same time keep working on my research. The supervisor team, however, made a real contribution in helping me reduce my educational activities within the faculty.

Pig and Pepper

In this chapter of the book Alice meets the Cheshire Cat for the first time. The Cheshire Cat is a smiling cat who can disappear and reappear at will. Some readers say the Cat is the strange middle between adulthood and childhood. The Cat reveals to Alice how after you have mastered the rules; the rules can start to master you. He sends her forward to the Mad Hatter and the Queen as a lesson in what happens when the rules get out of hand. That is to say, find madness!

In my story I see the Cheshire Cat as a metaphor for the philosophy underlying the study and the rules as the philosophical principles. For me this is about getting to know these principles, as well as embodying them. At several moments this cat appears and grins at me, I just grin back not knowing what to do with it and it disappears again. It could also refer to my former patterns, the 'old paradigmatic stance' creeping back at some moments.

Although I became more aware of the importance of exploring my philosophical stance, I did not pay it any real attention until the focus of the study became clearer. It was in a supervision meeting in April 2008 that I was asked how far I had been able to define my philosophical stance. This question really made me anxious. I had observed a fellow student struggling with the notion of a philosophical stance. I tried to follow the process. We discussed what activities could help me to define what those philosophical assumptions were in practice. (Supervision record April 15, 2008). But I continued to struggle not knowing how to start, what to read and how it all made sense to the study (supervision July, 2008). I felt I could not handle the complexity of defining a philosophical stance, on my own. I was emotionally exhausted because at the same time I was continually trying to ride out the turbulence in daily practice. Nevertheless I picked up my reading and started to write some draft papers. In my first seminar at the University of Ulster (November 2008) supervisors that were present, were convinced by my presentation. They felt I had embodied my philosophical stance in my approach and so I had made great progress in understanding the philosophical and methodological dimension I was then working in. Even so, I still felt unable to put a label on it myself. Because I had revised the research questions, I was confused because of using two different perspectives, that of interpretative and critical. In

an attempt to get a grip on this, I decided to follow a philosophy course in my own language. I approached an associated professor in Philosophy within Fontys. Because Fontys had no course in philosophy and because we thought it could be of relevance for other PhD students within Fontys as well, we set up a course together. The discussions I had with my colleague professor while setting up the course, together with discussions with fellow students during the course, confirmed that my journey was so far going in the right direction and so increased my interest in finally getting a grip of my philosophical stance within my research. But, unfortunately the second part of the course was never set up because there were not enough entrants.

My philosophical stance now became an issue in almost every supervisory meeting that followed. Writing stories enabled me to get a much stronger sense of the philosophical perspective and to build up a philosophical stance. But, we agreed that to do it this way, that is, post-hoc, was not ideal. It did however match the inductive way of working I seemed to prefer. The embodiment of the philosophy in my study became much clearer and it was clear I was and still am, situated within Fay's Critical Social Science paradigm (record sheet February 17, 2009). I felt that my supervisors understood me now and I even understood myself. This was a revelation to me as I had struggled so long to define this philosophical stance. This revelation enabled me then to initiate actions myself. It was during my preparation for a critical creative hermeneutic workshop - that is one solely based on interpreting written texts - that I spontaneously wrote down my principles (record supervision December 18, 2008).

It does not appear to be very common in most Dutch universities to try to understand your philosophical stance before embarking on your study. For me it is now clear that to understand your philosophical stance is a process of growth with others, interaction with others and needs time to develop. Or as the Cheshire Cat explains, Alice must be "mad" herself in order to understand the nature of things in Wonderland. I now think, not having had my philosophical stance in place at the beginning of my study, contributed to the 'madness' I experienced in practice and sometimes in supervision as well.

A Mad Tea Party

The Mad Tea Party is one of the most famous scenes from Alice in Wonderland. Alice is participating in the most grown up of activities, a tea party, and she comes up against some of the most difficult creatures she has ever met. But she generally maintains her composure, holding her own against the three tea-takers and managing to anticipate some of their conclusions and rules. (http://www.gradesaver.com/alice-in-wonderland/study-guide/section3/)

I think my two years in practice could be characterised as a mad tea party. There was a constant alternating between making progress, engagement, having fun through creative culture workshops, gaining energy and, on the other hand, experiencing, obstruction, distrust, lack of self-confidence, and lost energy. During this time I just tried to hold my ground.

There was so much happening in the practice. I observed that in a way everything was related to workplace culture, the area of interest of the study. I experienced a feeling of becoming

hyper-sensitive because I did not know how to create time to reflect, to keep focused and strong (year evaluation, January 25, 2007).
I was not able to make sense of my wondering, my disillusion, nor to adjust my actions to the context. I was emotionally drained by conflicts within daily practice (March, 2007, October, 2007). I was concerned about confusing people in the practice context even more. I had observed people becoming emotionally drained due to organisational turbulence while the management and staff seemed disinterested in practical initiatives to prevent this. For the first time I felt I needed to escape from this mad tea party. I did not have any authority and felt I lacked the competence to continue the study in this setting.

The supervising team and me, consulted our fellow 'Caterpillar', expert in PD, who was likely to become my supervisor at the University of Ulster. We asked for his view on whether leaving this setting would be the right thing to do. He criticised me for being too dogmatic in deciding to continue or not and challenged me to distinguish between a 'changing' and a 'developing' workplace culture. I was given the advice to shift the setting to a group of nurse specialists, so I could work with the nurse practitioner with whom I had already built a strong relationship. I finally decided to continue the research as this would strengthen the study. I felt it fitted in with my development as an action researcher and it felt right from an ethical point of view (September, 2007).
I began again, very enthusiastic and optimistic. I had had discussions with both higher management and one of the supervisors, following a conflict with two of the managers about my first report into workplace culture. This conflict was now behind me and I felt able to retain my balance when things happened unexpectedly. I lived out my principles of engagement and took time to reflect. Despite once more lacking a clear focus with the research, I was confident in doing the individual storytelling with nurse specialists and the creative analysis of these stories. This is also evident in my claims and concerns in my second year evaluation (March 2008). My claims were that I was making progress in getting a clearer focus with the research. I was able to clear the past, claim my boundaries, get grounded, handle the issue of power and get more balance in my work. Challenges identified were those of: 'letting go of things going on around me', 'to stay focused and grounded', 'to remember to breath' and to 'use my creative and exuberant energy'.
I still participated in other activities besides my PhD and strengthened the embodiment of my new stance in my practice. People I had contact with, valued this perspective and I was offered several opportunities such as co-editing the only Dutch Methodological Journal for Qualitative Research (KWALON), teaching master's degree students and making presentations at another Dutch university. This of course was really encouraging, but I still did not feel I could take that 'self' into the practice context. I am still not sure what was holding me back. I think it has something to do with feeling unsafe about the situation and the perceived risk of 'losing something'.

The madness continued. While exploring the new workplace culture of nurse specialists, it became evident that there was no collaboration between two different teams. I expected that this would hinder the key principles of engagement that I and the hospital's organisation had agreed on, once again, in order that I should participate in the study (Memo 3 continuation study, December 18, 2007). Therefore, I decided I could 'kill two birds with one stone', adding to the research question by exploring whether doing PAR could also contribute to the development of teams (record sheet, 2008). But I was surprised that staff continued to interact inappropriately. I had never experienced this before. I constantly attempted to get people together to do a collaborative analysis of their stories, but it failed because of the way they interacted with each other. Even an internal consultant, who was appointed to facilitate the process and intended to be my companion in practice, did not have the authority to create conditions for this. I postponed the analysis again and was reluctant to start any other initiative. I waited for permission to do the analysis collaboratively with others but time was running out for me if I wanted to finish my study - the Mad Hatter's watch indicated that days were rushing by. I thought of withdrawing from practice several times, but I did not want to weaken the study. I also had the idea that if I went to another health care organisation this 'madness' would be the same. I also felt pressured by my idea that I wanted the PhD to succeed as I was one of first PhD students at Fontys.

The Queen's Croquet Ground

In this chapter of the book Alice is invited to play croquet with the Queen. When the game begins Alice is surprised by the croquet ground. The balls are live hedgehogs, mallets, live flamingos, and soldiers make the arches. Alice tries to manage her hedgehog and flamingo, while the arches are constantly wandering away and everyone is playing without waiting for their turns, quarrelling and fighting for the hedgehogs.

This situation strongly resembles the situation in practice at that time and my inability to work with it. I felt like Alice whose experience in the garden proves to be as frustrating as the rest of Wonderland. In a supervisory meeting (Record supervision July 1st, 2008) in which we were exploring opportunities to continue the study in this contextual 'playground', I unexpectedly had what I would describe as a 'break down'. I had no energy left to put new strategies into action. I was so annoyed with thinking through all kinds of strategies with my 'caterpillars', to spend all my supervision and action learning time trying to work out practical strategies, which I could not even formulate myself because all my time was taken up in practice. Until then I had put on a bold front to most of my caterpillars. But now it was just not working.

By then I did not feel recognised and indeed felt mislead by the organisation. I had all the best intentions towards them. They did not need to fear me. I had been invited by the organisation to work collaboratively and to support developing an effective workplace culture. But they were not ready for this development of culture and not able to facilitate, nor equip me, with the

right parts to join the game. The supervisors showed great empathy and suggested to discuss this with my manager and supervisors in Belfast.
My manager was troubled about my situation within the organisation and strongly recommended me to withdraw as this was having a negative effect on me personally. Finally, it was the supervising team who made the decision for me to stop data collecting in practice. I did not really expect this decision then as I still believed I had to make that decision myself, as a PhD student. I could not accept being withdrawn with the consequences of leaving the setting behind and all the work that had been done. However, I felt relieved and felt I could breathe again. Again a mixture of feelings appeared, varying from 'I failed' even with four supervisors around me and 'I can't even make that decision myself', to 'I've done all that was in my capacity to do' and, 'finally there is no burden from management anymore', and then again to, 'how to continue?' (Record supervision August 21, 2008).

I soon picked up the question 'how to continue?' in discussions in supervision and in my preparation for my first seminar. The re-framing of my study began to come together right after my first seminar. I saw my withdrawal as a temporary stop in the data collection rather than quitting the study in the organisation altogether. The organisation and the staff of the oncology ward sympathised with my decision. I put some distance between myself and the ward but kept in contact with some staff. I believed it was not right to keep the analysis of their stories to myself and tried to find a moment in which I could return these individual stories and analyses to them, so they could make use of it in their own organisational and personal developments.
I was not surprised, however, when the meeting planned with nurse specialists was postponed several times again. Nothing had changed. I wrote a letter to the staff through their newsletter to inform them about my decision, temporarily, not to return to the unit and to thank them. It was a way to round off my time in practice. It meant a form of closure to me. No one responded to this, not even one of the managers. I had expected at least a response from one or two nurses with whom I had built a relationship of trust with over the last two years. I was really disappointed when this did not happen. I assumed they did not want to use the data anymore. In hindsight, my keeping in contact made it even more difficult now to let go of the unit. I recognised my difficulty as being similar to Alice remaining 'uneasy' as she played croquet with the Queen, since a dispute might bring an early end to her dream and prohibit Alice from ever figuring out the point of Wonderland. I then decided to focus completely on my new research questions and started writing about my experiences through storytelling.

The Mock Turtle's Story

In this chapter Alice continues to show how she has grown. She has learned from her previous mistakes, and so she is able to keep things civil between her and her peculiar entertainers. Like Alice, the process of writing and analysing the stories contributed to my growth, improving my ability to tease out, often ethical, aspects of my study.

The writing went quite well in the first few months after the decision was made. I intended to write an article about it and acted according to my positive view of writing an article. I felt I needed some structure and theory in order to organise the stories. But this was actually premature. It went better the moment I realised, through supervision, what the actual intention was with my story. My intention was to write down my story in order to get 'inside' the data, and to get ready to interpret it.

What I was doing now felt more real to me and I was helped in this by the structure of action research cycles, drawn out of various supervision meetings together with my data record sheet. This enabled the story to unfold. Questioning the story through supervision helped me to achieve deeper levels of reflection. I enjoyed the writing as I felt I was finally producing something. But it was a painful process. While re-reading the data and reflecting on it, quite some time after it was collected, I relived a story which was deeply embedded in my emotions. It often made me feel sad and hurt. It even made me cry and I had to put it away for some time. I think you need to go through various experiences of self-engagement, in which you embrace the painful emotions before you get to that point. However, I became more and more convinced that what I was exploring was of value to other action researchers, practice developers and clinical leaders. It motivated me to continue. After a successful action research course in Denmark, my self-confidence returned. I then realised that, since the start of my PhD, I had progressed quite a lot in my knowledge and skills required for doing action research. This was also evident in the supervision session right after the course (Supervision record, May 28, 2009). For the very first time I felt I was leading my own supervision and we were playing around with the philosophical concepts surrounding the practical work I was doing. That made sense to me. The flow continued while having a critical dialogue around my stories with one of the supervisors when she confirmed that what I had been constructing was valuable and even very recognisable for her as an experienced action researcher. Doing a first creative analysis with another supervisor that same week made me realise that I have much more in me than I have ever expressed up until then. I surprised myself. I felt I had gone through a personal transformation. I felt at peace with myself, quiet, strong, proud and developed personally.
Also colleagues at the nursing faculty recognised my stories in their own Dutch context. This made me believe even more that I was on the right track and contributing towards the knowledge and understanding of the interplay between contextual and facilitator's characteristics in doing participatory action research (PAR).

To be continued…

I am still on my journey, writing my story and becoming a skilled facilitator. I imagine this journey will last my whole professional life. I believe that the process of becoming a skilled facilitator of action research, will always 'be in motion' and that this is just one part of it. Writing

this personal story has been a journey as well. It is an experience, a dream in Alice's case, which I cherish, because I have learned so much from it. I expect I will learn even more from it in future. During the writing, new insights and questions emerged. Experiencing the dominant theme of messiness when doing AR was an integral part of doing research as well as writing about it. One of the questions that still needs to be answered is at what level does this messiness become unacceptable and why is it that this messiness was taken for granted for such a long time by me and my supervisors.

Time was too limited to go through all the data I had collected while writing this personal story. I observed that I collected data more systematically further down the process. Keeping record sheets for the university and writing papers for the seminars made it much easier to retrieve data from various sources. The level of reflection too was deeper further along in the process. Creating time to listen critically once more to the records of supervision and to send them for feedback to the supervision team, enabled me, among other things, to get to grips with the process. It was a real challenge trying to cover all aspects of myself in this story, writing a coherent story, while staying true to the chosen metaphor. However, I think I have captured the essence of the story I wanted to tell.
Alice's story is not as easy to use as a metaphor as I had thought. The social issues in it, issues comparable to the study, are widely discussed and interpreted in different ways. I picked out those fragments of the story that resonated with me personally but did not consider all the different interpretations of particular chapters. As with the four other stories, my personal story needs to be further scrutinised for other salient aspects in my journey. This further scrutiny is described in next chapters.

SUMMARY

The interrelated stories described in this chapter shaped the descriptive level of reflectivity, as described by Mezirow, and 'launched' the reflexive analysis. I became the narrator myself, bringing out the typical lived value of a personal experience of facilitating participatory action research (PAR), 'alive' for exploration. This was made possible by using the variety of data that I had systematically collected while I facilitated PAR in the practice context.
The stories showed the despair that I felt in my facilitation of developing an effective work-place culture through PAR in a dynamic and complex Dutch health care context. The stories also revealed an imbalance in my being, personally and professionally. Besides, it revealed an interplay between me and salient others in the context like; hospital's management, nursing- and medical staff and supervisors while facilitating PAR. The stories, as well the narrative writing style, reveals where I was at in my professional development.

To describe the experience from the 'inside' I left out my interpretations, assumptions and pre-understandings in the writing. The storied data took me to the next level of reflection that is described in the next chapter. Different interpretative teams supported me in the analysis of these stories that resulted in the identification and formulation of key categories and themes (see Chapter 2 and introduction chapter 3). The next chapter describes a new story in which these key categories and themes are fused into a collective, more general interpretation, in order to make meaning out of this experience further.

Chapter 4

Embarking upon a 'hermeneutic seascape': sailing through stormy waters

INTRODUCTION

In this chapter I describe a next stage in the reflexive analysis in which I searched for what was the essential meaning of my experience of living through the facilitation of PAR in a Dutch health care context. This was conducted as part of a hermeneutic approach in the interpretation of the stories, as written texts. The stories as a whole, described in the previous chapter, took me to a point of embarkation for the 'hermeneutic seascape', which characterised the process of analysis and the constant movement between the parts and whole in the interpretation of the lived experience. Moving to the parts was achieved by inviting five interpretive teams to reflect on the stories and to engage in a Critical Creative Hermeneutic Analysis (CCHA) workshop, as described in Chapter two. This enabled me and the teams to identify structures of meaning or themes. Four teams identified 28 themes and a workshop with a fifth team resulted in the identification of another 39 themes. A collective thematic framework of six key categories emerged from blending of these two sets of themes. These categories were: b*alance*, s*ynchronicity* and d*oing*, b*eing*, b*ecoming* and p*otential of becoming* (see appendix F for an overview of all themes).

The writing of a metanarrative enabled me to move back to the whole, of the experience of being a facilitator of PAR in a turbulent context. A metanarrative, that is, a reforming of stories into an all-encompassing narrative, emerged from reflecting on all the themes identified in the rounds of analysis. This metanarrative is presented in this chapter. The use of a nautical metaphor resonated strongly with me and felt authentic as I myself sail, and the use of sailing terminology supported me in describing the challenges of facilitating PAR. Drawing on my life experiences and love of sailing enabled me to imagine details and aspects of the metaphor, which, unexpectedly, sounded true and brought a particular experience into a more general story. The various underlying metaphors, within the metanarrative, shed new light on the process of interpreting what it is like to be a facilitator of PAR in the context of Dutch health care. For me it was like being the skipper of a graceful sailboat, together with a crew, navigating to a foreign destination on an unpredictable, wide open ocean.

The metanarrative is followed by a set of critical moments. These were unravelled from the metanarrative. The critical moments break up once more the metanarrative into different parts and describe six events that demonstrated the recurring patterns of a crisis, that were found to be characteristic of the whole experience. A narrative structure, supported by fragments of metaphorical text from the metanarrative, was used to spell out this crisis by illuminating and exploring the meaning of each critical moment. Critical moments were illustrated with evidence that can be traced back to the five interrelated narratives and the themes and key categories identified earlier in the process of analysis. These themes and categories are articulated explicitly by weaving them in 'italics' into the text. Each critical moment was structured around two questions. These were: What happened?; and, What was the effect on being a facilitator of

PAR? In this way, I was able to explore further the nature of their significance and understand better the challenges in facilitating PAR in this context.

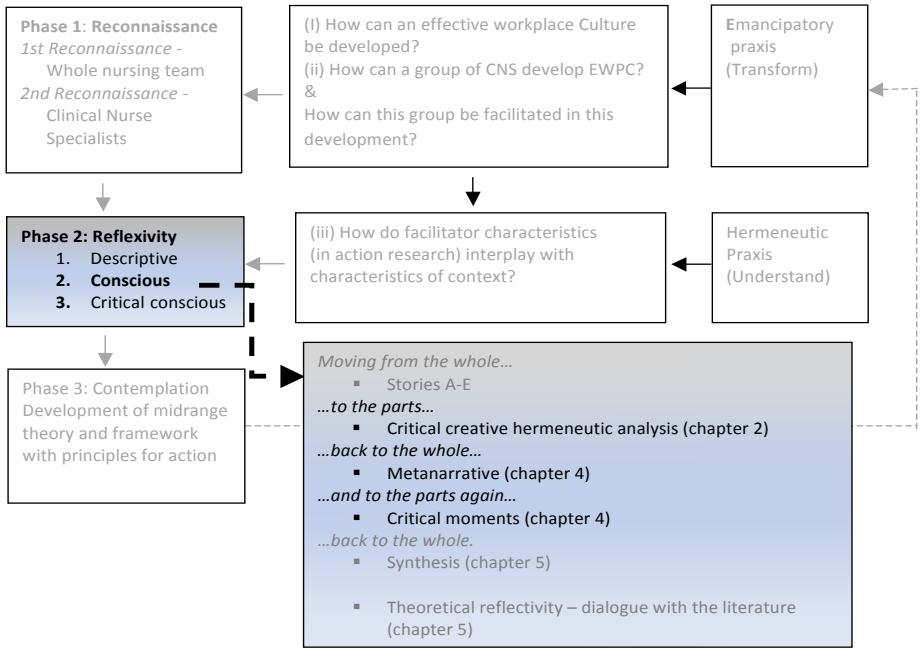


Figure 4.1 Elaboration of stages within reflexive phase

METANARRATIVE: 'SAILING THROUGH STORMY WATERS'

Skipper's journal, entry May 5, 2011

'Twenty years from now you will be more disappointed by the things you didn't do than by the ones you did do. So throw off the bowlines. Sail away from the safe harbour. Catch the trade winds in your sails. Explore. Dream. Discover'

[Mark Twain]

I started the journey feeling joyful and delighted but also slightly tense, having cleared customs, left the docks behind, gone through the breakers and coming to know the enthusiastic crew. Finally, as the boat surged forward, I was able to hoist the sails fully, to catch some wind, feel the sunny spells and enjoy the salt water splashing on the deck, the rigging and myself. While setting course to the open sea, weather conditions changed and the situation became more demanding but also exciting. I experienced changing undertows, currents and submerged hazards. My view and wind were easily obscured and diverted by other sailing boats all

travelling in different directions. Navigating was tough and challenging due to the heavy sea traffic. The rules of the sea were blurred with the navigational buoys used to guide us, difficult to find. It was a busy keeping watch.

The next couple of days the wind became more powerful and biting. Keeping the boat on course according to the charts meant sailing close to the wind. It was hard work, because the crew was not as experienced as I expected in sailing in these conditions and there was little time to rest. I had reefed the mainsail to ensure safety on board and to make progress easier. The water became rougher, the ride bumpier and I had trouble in getting a real feel for the boat and deciding on the right calls for the crew. But I knew the rough seas would give the crew the necessary experience to handle adverse weather conditions. I decided to give them more room to learn as they went along. As conditions deteriorated, I noticed that not all of the crew was taken with this approach. They were somewhat confused. It appeared as if the conditions and the abundance of the new insights gained overwhelmed and distracted them. It did not have the effect that I intended it to have. This led to an increase in silence on board and in me losing touch with the crew. This put me on edge together with the trouble that I had sensing the movement and deviations of the boat. All in all this resulted in a deplorable lack of progress and I became concerned about our chances of ever reaching our destination. I was tempted to use the inboard diesel engine to give more control whilst in the high wind and rough water. But I decided against this as I wanted to give myself and the crew the opportunity to experience the feeling of real blue water sailing, to gain the necessary sailing skills and to enjoy the sailing. I accepted that sailing through rough seas was just part of the learning process.

To wait for better weather seemed to be a waste of time. As an alternative, following my gut instinct, I decided to bear away from the wind for a while, though still keeping an eye on the next buoy we were headed for. Energy levels increased again. I plotted the position of the boat by using my navigational charts, and transmitted my coordinates as an indication of where we were to the coastguard via radio. The coastguard transmitted a message back providing me with alternative coordinates to consider. I assumed they had more information, and had more accurate equipment, so I followed their advice. Although I had navigational charts, I had difficulty calculating this new position, as my charts were out-dated which only gave me limited ability to go above and beyond. Therefore navigating towards the proposed coordinates became difficult. I decided to use my new onboard marine compass as a back-up. I had not used it often, so it was quite difficult to use and the first mate could not assist me either. While I was busy plotting a new position, I observed that the crew was feeling more uncomfortable with the high seas and the waves slamming wildly against the hull. I felt for them, recognising this discomfort as I used to be a crew myself not so long ago. Although I felt responsible as a skipper, I didn't know how I could help them to feel more at ease coping with the conditions. Often the first mate gave me a daunting look while he was busy handling the lines and managing the

crew. When inquiring what was wrong, it appeared that he was annoyed because he could not understand where we were heading. I also thought that the first mate's confidence had decreased during the whole trip, as he frequently glanced towards me behind the helm, still tense with the boat and the lack of progress we made. Grazing a sleeping whale when we tacked was not helping to increase that trust either. I had the idea that my decisions were not appreciated by the first mate. On the other hand, I felt that the first mate did not help me to make tactical decisions with the navigation and to keep the boat and crew happy. The tension increased when I asked him for help and he remarked: 'You are the skipper, not me'. I did not feel trusted and respected by him anymore, but decided not to talk to him about this then as I still needed him. I began to doubt whether I was truly a skilled sailor and whether I had the right skills needed for this journey.
When night fell I decided to anchor at a small island for shelter, to get some rest and try to have a few words in private with the first mate. I intended to have a chat with him to share our intentions and to get to know him better. This was necessary if I was to continue sailing in deep waters with him. In the end, we talked mostly about the use of the on-board engine and the supervision of the activities of the crew. We did not get to know each other better personally. Nonetheless, the talk helped to boost morale on board. We were cheerful and in good spirits again and seemed to be reunited as a team. During the evening other boats tied up alongside our boat and we shared stories. The next morning these boats all took off in different directions.

The weather improved again, and with a warm 15 knots blowing we headed upwind, feeling confident and eager to set full sail again to gain more speed to reach the next buoy. Finally I could live up to the expectations of this journey. The sea was a sparkling dark blue, the sky a bright light blue, cirrus clouds solidified and rows of crisp white-crowned waves formed a picturesque seascape of dynamic beauty. Sailing upwind, the boat was pulled forward by the force of the wind and we even witnessed a small lift. Unfortunately, I could not keep to the course as, yet again, I noticed the wind changing direction and its force becoming irregular. In addition, the passage of weather fronts made for a great deal of sail handling in which I had to stand strong. More than once I noticed the first mate failed to follow my advice when instructing the crew, not hauling in the sail enough and spilling wind out of the sail. As a result power, and the boat's speed, was lost again. I became impatient because our destination was still not in sight.
We were not the only boats on the water. I consulted other skippers I encountered via radio on what best to do in these uncertain conditions. They recognised the situation, seemed more confident and more used to these conditions. They gave me some valuable practical tips on how to set up the boat for optimum performance, what variables to consider, how to trim the sails and how to best adapt to the wind and anticipate wind changes. But there was quite a lot of information to grasp, which I had no time for, as I was occupied by reading the dynamics of my surroundings.

While focussing on the performance of the boat the weather quickly and unexpectedly began to close in. The sky and water changed to leaded grey. Storm Petrels circled the boat. All the bigger birds seemed to have flown off in search of better conditions. There was no time to turn back or to seek shelter. My heart was beating faster as, without warning, a gale-force wind gust hit the front of the boat and a wall of water slammed into the bow. I was fighting to keep the boat in the hove-to position, barely managing as the next wave hit me. I had never before experienced such ferocity of nature. I noticed the crew was becoming scared as the conditions became worse. While my mind was rushing, calculating what to do and what to expect next, my heart longed for my loved ones. The boat was rocking severely. I felt the constant struggle between the wind on the foresail and the response of the rudder in my arms. My arms were aching and I was cold. By this stage fatigue was setting in. Standing at the helm, I had almost no energy left to face the storm force winds, waves and sheets of rain. To make things worse the boat began to take on water from the high waves and I faced the prospect of sinking and everyone on board drowning. In a flash a gust of wind ripped my storm jib to shreds. The sail was whipping uncontrollably. The next moment the ropes attached to the boom hit me hard on the side of my head. I was knocked over and lost my balance. The situation was becoming hopeless and uncontrollable. With now just bare poles, the beam of the boat was exposed to the oncoming waves and the chances of capsizing increased dramatically. I was drifting aimlessly. The crew was exhausted. I was suffering, felt nauseous, helpless, alone and not worthy of being a skipper. We found ourselves way off course. I decided it was time to call for immediate assistance from the coastguard.

The crew disembarked at the rescue station and I stayed on board the damaged boat and was towed back to shore. It was a slow and agonising trip. I was exhausted but extremely happy to have land in sight again. It was quite an experience; facing the storm and raging seas and the challenges it brought about.

I'm now lying on the deck under the brightening skies with closed eyes, inhaling the fresh air, sensing the water calmly sloshing underneath me and the wind fluting through the stays. The night before I dropped anchor in a safe haven to recuperate and page through my journal, to relive the journey through all my senses. With my close friends I philosophise and reflect on this memorable experience in which the ocean's power changed my view of the sea and of life.

'When you come out of the storm, your life won't be the same, it will be Biutiful'

[from the film: Biutiful, 2010 by Alejandro González Iñárritu]

SPELLING OUT THE CRISES

The metanarrative, as a whole, revealed an event that abruptly moves into an unstable situation, or a disequilibrium affecting, directly, individuals, the skipper and first mate together with a group of individuals, the crew. It described a time of intense difficulty and an emotionally stressful and traumatic event primarily from a facilitator's perspective of doing PAR. I saw the situation as a rather evil and undesirable one, though also meaningful.

The metanarrative was a metaphorical re-construction of a *crisis* about the unsuccessful development of an effective workplace culture through PAR (foreign destination), in which the facilitator (skipper), the characteristics and contextual characteristics (weather conditions, oceanic waters, crew) all played a part. I defined this experience I lived through as a crisis.

Fay (1987) described a crisis as; *a kind of choice-demanding situation… as, in a crisis situation, people cannot resist change and continue with the 'old ways'* (p. 30).

I was guided by Fay's critical social science theories (1987) to engage, further, in a reflective process as facilitator, as an actor – an individual- in the crisis of PAR in a Dutch health care context, that is the social system. This is in order to understand why the crisis occurred and to understand what possibilities will be created to transform future actions and create the potential to overcome the crisis of:

- Finding navigational buoys.
- Positioning the boat, plotting the course, and directing the crew.

- Building trust and morale on board.
- Catching the wind.
- Preserving energy to face the storm.
- Lying at anchor.

'While setting course to the open sea, weather conditions changed and the situation became more demanding but also exciting. I experienced changing undertows, currents and submerged hazards. My view and the wind were easily obscured and diverted taken by other sailing boats travelling in different directions. Navigating was tough and challenging due to the heavy sea traffic. The rules of the sea were blurred with the navigational buoys used to support direction, difficult to find. It was a busy keeping watch'.

[Metanarrative L: 6-11]

Finding navigational buoys

What happened?

This moment refers to an early period in the practice setting where I observed practice and collected data about the workplace and corporate culture, in order to inform the action cycles (in the first and second reconnaissance phase).

First of all, this moment was critical for me because my invitation to staff to co-research, to collect data about workplace culture collaboratively with me, and to jointly decide on themes for action, did not happen as planned at the outset. These were the *plans that never became*. I perceived that staff's attention were pulled away from the study because they were too busy with their daily practice and were concerned about changes in the organisation. This resulted in *complexity in making connections* and *a-synchronous working*.

As a result I changed my strategy. I decided on a more traditional and familiar approach, conducting small group interviews individually as facilitator, doing participative observations and to act as a role model in search of themes to illustrate issues around the workplace culture. My intention was to structure these themes first so that staff could grasp them in order that they should offer feedback on them. I would facilitate them to prioritise these themes at a later stage. This was *intentional socialisation* of the researcher. I kept myself mainly in the background, *covered* up or hid my presence, so as not to burden staff.

This moment was most critical to me because while observing, as an outsider, practice on different levels and through *multi-layeredness in culture*, I was surprised by the diversity and versatility or '*colourfulness*' of the practice setting and, also, by the amount of stakeholders involved. There was an unexpected *abundance*, metaphorically speaking, of small buoys and beacons, known collectively in sailing terms as aids to navigation, standing for the potential or possible themes for developing an effective workplace culture. However, these were not perceived as *navigational* 'big' buoys by me. Like other boats zigzagging on the water, I started sailing zigzagging around these, what I perceived as, smaller buoys and became *dragged*

along, in a *multi-directional* manner, searching for the bigger ones that could direct staff and me towards the foreign destination. While I surged forward, I kept on course, that is to say, on my float plan, in order to identify themes to inform three to four action cycles. I detected even more buoys and beacons, or potential for development. I had trouble in recognising the different navigational buoys and beacons, or those discrepancies in practice that could serve as relevant themes for action. I noticed initiatives for improving practice, which were spread and intertwined throughout the wider organisation, and that, were already planned or in progress. However, I struggled to link these local developments to the study. I suffered from a *complexity in making connections*.

In my search I often engaged with one of the managers causing me to focus strongly on identifying discrepancies in the leadership on the ward. I was *moving along with the context*. When I shared some preliminary findings with management and suggested some potential themes to them, they felt offended. They said nothing, gradually started to withdraw from the study without informing me, that is to say there was a lack of reciprocity or a-synchronous working.

Also, reporting back findings to nurses never happened, even after trying hard to free them from their roster. The contextual factors did not allow that. They were the *plans that never became* real. Working with a group of clinical nurse specialists during a second reconnaissance phase did however allow me to identify themes after analysing individual stories that were collected, both jointly and on a one-on-one basis. However, once more I experienced difficulties in grasping the '*exact'* issues at hand, and due to contextual factors, I was not able to decide on themes collectively as a team – once more there was *a-synchronous working*.

What was the effect on being a facilitator of PAR?

This experience of continuously searching for themes for individual action added to the various efforts to decide on themes for action jointly with staff, had an impact upon me as a facilitator of PAR, indeed on my *thinking*, *feeling* and *acting*.

I experienced that staff did not simply accept my invitation to collect data in collaboration with me. I thought this was just part of the process. Determined not to be put off by this experience, I almost immediately decided to continue collecting data on my own and in this way kept my *balance*. I was already guided by my belief that the sooner I can show these major discrepancies in staff practices, in relation to workplace culture, the sooner staff will be willing to collaborate further in the study and to transform their practice and workplace culture. Besides, I thought that only when themes were identified could the study really make a start. I felt uncomfortable about delaying the process further by waiting for management's permission for staff to act as co-researchers in the study. I was concerned that staff working in the practice setting would lose their interest in the study and would withdraw completely. I felt confident that in due course a collaborative decision would be made on the themes for action. I felt in control. I knew what to do and what to do next in terms of collecting data and finding a pattern that would direct staff and me towards relevant themes. This balance caused energy to be released, both in me and others.

In my searching for these themes I felt overwhelmed by the great potential for development in practice. I observed various attributes of a weak and ineffective workplace culture and perceived that nurses' expertise was not best used. This touched me personally, as meanwhile I was forced to patiently stand by and observe a context that was clearly crying out for change and was unable, or possibly, reluctant, to change. I was constantly watchful on the 'white rabbit's clock'. Paradoxically, being unable to move put me on an *emotional rollercoaster*.

My eagerness to structure and to decide on themes and to come into action became ever stronger. At the same time, this competed with not knowing where to start. Themes were interrelated, showing the *complexity* and I did not know which themes for action would have a chance of success. It was especially important for the organisation to maintain the support for the study which would have had a *balancing* effect. Although, I believed that by linking or embedding the study into local developments, the study would be more visible, I did not want to repeat what was already intended by the wider organisation. I wanted to be distinctive as I have a *high expectation* of self. I was also concerned that by embedding themes within local initiatives, this would delay the study. I was also watchful not to be drawn into facilitating processes in the organisation that could, at the end, lead to me being part of some political game. Here was my *vulnerability* in terms of becoming *dragged along* by political agendas and losing one's one agenda.

I started to feel that I was failing as an action researcher, because I thought that I was not able to identify those themes most significant to workplace culture, and had doubts about my ability to facilitate change. This had a negative impact on my *balance* as a facilitator and cast a shadow over the study, this *emotional rollercoaster,* which resulted in *less brightness*. As a response I tried even harder to search for the big themes at different levels within the organisation: The micro level that is the nursing care; the intermediate or meso level, the management; and the macro or corporate level and to balance these out. This was labour-intensive and I became caught up by what happened within the organisation. I became disorientated, lost focus, caught up in the *complexity* and drifted away from the practice setting. There was a *disconnection*. The converse was that I was also hooked up on complexity when at the beginning the themes might simply have been that there were no shared values or vision in the organisation, there was no ownership by the staff of the management's agenda for change, communication channels were poor or non-existent and power over was the cultural norm.

Making this zigzagging movement across the practice organisation and the wider context felt uncomfortable and was frustrating. I thought it could be perceived as amateurish, indecisive and I recognised that I was behaving in the same manner that I labelled as a weak characteristic of the workplace. So now there was *synchronicity*, though in an undesirable way.

In the meantime I continuously attempted to free staff from daily work in order to be able to gather and decide on themes collaboratively. I stressed the importance of freeing staff to management for achieving *synchronous working*. I was *cautious in my movements* in sharing

conclusions with staff. I thought the findings were still premature, could cause distress and I wanted to prevent early action by staff in relation to potential action cycles. At the same time I was *feeling alone as I felt the* management were being insensitive to my arguments, were not taking action and were avoiding me.

I was never able to meet with staff readily to prioritise, together, relevant issues for action, which also had a negative impact on my *balance,* there was *less brightness*. I regarded staff as the experts, having sufficient knowledge of the local situation. They also had to decide for themselves what was relevant to change in relation to their workplace culture. However I was not acting *for* the staff so I was concerned they would think that I was not capable or willing to do it myself.
I observed so much potential for development which all seemed to be important, both for the practice setting and also for making PAR happen. I started to doubt my ability to decide which way to sail. Once more I experienced an *emotional rollercoaster*. I was confused by the chosen approach of PAR. The collaborative working with staff and shared decision-making which was required in this approach was lacking in this context. Focussing on these aspects would mean changing workplace culture already, prior to deciding collaboratively on the themes for action. This is an example of another aspect of *complexity*. I became concerned about how relevant the findings would now be as the time between the findings and deciding on themes became stretched. In addition the practice context was still subject to organisational change and would give different meanings to the findings. At the same time various efforts to decide on themes for action collaboratively did not succeed. I began to suffer from a loss in confidence in the process and in my self-esteem. My personal efficiency fell as a result. This depleted my energy and I began to stagnate. The study made slow progress as a result.

Positioning the boat, plotting the course, and directing the crew

What happened?

This moment refers to the period when I was already in the practice setting, that is metaphorically in the open ocean with the study. During this time I attempted to position the study in the practice context, position myself and adopt a critical world view. Moreover, I had to decide on a facilitation approach that was appropriate for the context in order to increase the chances of completing a successful voyage together with the staff. What was critical to me was to position the boat,

> *'I plotted the position of the boat by using my navigational charts, and transmitted my co-ordinates as an indication of where we were to the coastguard via radio. The coastguard transmitted a message back providing me with alternative coordinates to consider. I assumed they had more information, and had more accurate equipment, so I followed their advice. Although I had navigational charts, I had difficulty calculating this new position, as my charts were dated. Therefore navigating towards the proposed coordinates became difficult. I decided to use my new onboard marine compass as a backup. I had not used it often, so it was quite difficult to use and the first mate could not assist me either'.*
>
> *[Metanarrative L: 33–42]*

> *'The next couple days the wind became more powerful and biting. Keeping the boat on course according to the charts meant sailing close to the wind. It was hard work, because the crew was not as experienced as I expected in sailing in these conditions and there was little time to rest. I had reefed the mainsail to ensure safety on board and to make progress easier'.*
>
> *[Metanarrative L: 12-16]*

metaphorically standing for the study, in the practice context. But I was being dragged along as I struggled to free the study from the politics of the corporate hospital context and the university who had both signed a collaboration contract for the study. To make the study more autonomous, my supervisors encouraged me to 'reef the mainsail' to catch less wind, that is to prioritise my PhD interests above that of the corporate context. It was only then that I was able to position the boat, to define and focus my activities in the practice context. It was, prior to the start of the study in practice, between myself and my supervisors to position the study, including myself as researcher, within a critical paradigm. I started to outline principles of a critical worldview and its aims in research. However I struggled to translate them into practice. I consulted my supervisors as critical companions on a regular basis for direction. It was as if they were standing on the shore, that is the university, but I felt that I had fallen short in providing them with details of my position, both ontologically and epistemologically. Once more here was a-synchronous working. The fact that we were unequal hindered me from engaging in a critical dialogue to decide on the course of my study, demonstrating the complexity in making connections. This was specifically about what themes I could choose and how to decide on the approach for facilitation. Within my supervisory meetings I was strongly focused on finding solutions to practical issues that emerged ad hoc in the practice context. My supervisors, on the other hand, were more concerned with me defining a philosophical stance, which would enable me to question the issues I identified in practice myself and to find solutions – this was further *a-synchronous working*. It was complex to find my way through the philosophical maze and to determine theoretical and philosophical values that made sense to me and to my current and intended actions, while at the same time keeping an eye on what was happening in the context in practice, that is to say *trying to make sense of the next steps.* I eventually stopped looking forward to these challenging supervisory meetings anymore. There was an *imbalance between the challenge and the support*.

> *'We were not the only boats on the water. I consulted other skippers I encountered via radio on what best to do in these uncertain conditions. They recognised the situation, seemed more confident and more used to these conditions. They gave me some valuable practical tips on how to set up the boat for optimum performance, what variables to consider, how to trim the sails and how to best adapt to the wind and anticipate wind changes. But there was quite a lot of information to grasp, which I had no time for, as I was occupied by reading the dynamics of my surroundings'.*
>
> *[Metanarrative L: 82-88]*

Instead, I continued searching for my stance on my own, consulting theory and

observing other, metaphorically-speaking, sailors, whom I perceived were doing well and from whom I could learn some practical tips. This questioning of why I needed to search for a philosophical stance became spread out over a period of time. This was the *coping or hanging in there phase*.

In order to make a real difference in nursing care, that is, holding on-to the purpose of the study, I believed that it was critical to let go of the technical and more conventional approach of facilitation that I was more used to and was more familiar within the practice context. This was then a deliberate creation of a-synchronicity. Thus, I introduced a participative or emancipatory facilitation approach in my meetings with staff. I invited them to join as co-researchers and to engage in critical dialogues in which I asked reflective and probing questions in order to bring the values and beliefs underlying their thinking and acting to the surface. I was metaphorically speaking directing the crew. However, in order to reach a deeper level of consciousness I needed more time than was offered. These were the plans that never became real. I was tempted to fall back on a more technical approach but I resisted. I also started, in my facilitating, to experiment with creative arts, or exploring different pathways, which demonstrated that I had the ability to facilitate a team, to achieve new insights with staff and to reveal themes for action, to achieve synchronous working and could '*pick up the gold*'. I then had a sense that nursing staff were being open to this new challenge and that they felt empowered apparently by the team spirit experienced in the activity. On the other hand, the management seemed to feel overwhelmed or even overpowered by this approach and did not seem truly open and honest about what impact it had on them. This demonstrated perhaps the *unequal balance of power.* Even after repeatedly explaining the possible benefits of the approach to management they started to withdraw from the study. I was here *coping or hanging in there, while a-synchronous working* was building up. I perceived the participation of staff in the study diminishing. In certain situations, I unconsciously fell back on my former patterns of working. I was *moving along with the context or being dragged along.* This resulted in a mixed and *multi-directional* facilitation approach in the context of actual practice. Here I was continuously trying to find a *balance,* though did not take enough time for reflection and mainly *moved with firmness.* This mixed approach, using *different textures,* was to an extent more technically

> *'The water became rougher, the ride bumpier and I had trouble in getting a real feel for the boat and deciding on the right calls for the crew. But I knew the rough seas would give the crew the necessary experience to handle adverse weather conditions. I decided to give them more room to learn as they went along. As conditions deteriorated, I noticed that not all of the crew were taken with this approach. They were somewhat confused. It appeared as if the conditions and the abundance of the new insights gained overwhelmed and distracted them. It did not have the effect that I intended it to have. This lead to an increase in silence on board and in me losing touch with the crew. This made me on edge together with the trouble that I had sensing the movement and deviations of the boat. All in all this resulted in a deplorable lack of progress and I became concerned about our chances of ever reaching our destination'.*
>
> *[Metanarrative L: 16-26]*

orientated. When I became aware of this happening, I followed my instinct and accepted this, as this technical approach was familiar to staff. I stopped rocking the boat, or rather offered i*ntentional socialisation and balancing while* securing the study, through *synchronicity*. I thought this would enable us to continue to reach our destination and to create a *mutual adequacy*.

What was the effect on being a facilitator of PAR?

The experience of understanding and embodying a critical worldview, adapting an emancipatory facilitation approach and the translation of this into the practice context, began to have an impact on me as a facilitator of PAR. It affected my *thinking*, *feeling* and *acting*. Although a critical worldview or paradigm in research was fairly new to me, I was confident that I would be able to put this into practice. My confidence was helped by the fact that I had some prior experience with facilitating nursing teams to develop practice. During this prior experience I felt respected and acknowledged and valuable to the teams. Also, I have done some general reading around facilitating and also participated in training on facilitation. In this training session I felt I was doing reasonably well and was encouraged to learn further by putting things into practice. Having an experienced supportive team of supervisors around me helped me to gather courage and to embark vigorously on this journey. This impacted on my *intentional eagerness and strength,* and *balance* too.

Reducing the practice context to a single practice unit enabled me to focus on one team and the effectiveness of their workplace culture. However, I felt disappointed that I had let myself be dragged along by the interests of higher management and the university in focussing on multiple aspects of the organisation. Also I felt that I did not stand up for myself and needed others to remind me of this. This was something I also recognised in myself in other personal situations and felt ashamed of it. I pushed myself to get over this feeling, to become *balanced* in order to move on.

Not knowing your coordinates, where you are, in sailing makes it difficult for the skipper to find the next buoy. This was an issue for me in early supervisory meetings. As conditions changed I had difficulty plotting the course because I did not know where I was exactly. Conditions for me refer to the bumping of waves or rocking movement produced by revealing new insights and letting go of old insights in supervision. Here I was struggling with *balancing*. I felt my chart, my early paradigm or pattern, which I have been using for several years, was dated and that I could not rely on it anymore. I was aware I needed a new chart and took for granted that this was located within a critical philosophical and theoretical framework. I thought I had to devote myself completely to this new paradigm and its principles and disregarded other paradigms. Still, there were also principles in other paradigms that sounded true to me. However, they were sometimes opposed to those of the critical paradigm. Here I was experiencing *different kinds of self*. I felt confused and lost by this paradigmatic *imbalance*. I was not sure about myself anymore. I was really grateful for my supervisors' support and their attempts to help me in this search. I felt as if they offered me a new compass. However, although I knew its purpose,

I was unable to use and read it correctly. In addition I was impressed by their knowledge and philosophical language. It was apparent that I did not have this and this emphasised the *constant attention to need to grow*. I then felt unequal in this relationship. I was troubled by the thought that I might be wasting their time. And they were not reciprocating that is, giving but not receiving from me in our relationship. This was one of our ground rules we agreed upon at the start of our relationship. This resulted in me feeling *disconnected*.

> *'I was tempted to use the inboard diesel engine to give more control while in the high wind and rough water, but I decided against this as I wanted to give myself and the crew the opportunity to experience the real blue water sailing feeling, to gain the necessary sailing skills and to enjoy the sailing. I accepted that sailing through rough seas was just part of the learning process.*
>
> *To wait for better weather seemed to be a waste of time. As an alternative, following my gut instinct, I decided to bear away from the wind for a while, though still keeping an eye on the next buoy we were headed for. Energy levels increased again'.*
>
> *[Metanarrative L: 26-33]*

Another *imbalance* was that I experienced incongruence. On one hand I thought practice assumed I would read the dynamics of practice and to act quickly. But my supervisors wanted me to grasp the information and to reflect on it. I felt this required different levels of energy from me. I noticed that I was unable to *balance* these energy levels simultaneously. This resulted in me mimicking and experimenting with 'tips and tricks' strategies gained from others in practice rather than taking the time to reflect on the perspective of facilitation, underlying these strategies. I observed that the tips and tricks were not always successful in practice. I thought this was because I did not apply them correctly.

In practice I made myself believe that sailing through rough seas, or emancipatory facilitation, was just part of the learning process. I tried not to worry but I remained unsure. I experienced difficulty sensing what impact my approach had on others. Even though I sensed a discomfort with some staff, I ignored this discomfort, because I thought that if I went into this, it would make it all too *complex* and delay the process.

I still had no response after several attempts to get staff to respond to reflective and probing questions. I anticipated that I would get a response. I became impatient and thought that I was not competent enough as a facilitator. I experienced *less brightness*. I started to doubt whether I had asked the right questions or adequately used significant moments in their stories which had signalled underlying values and beliefs. Because I believed this saliency was one of the core features for a skilled facilitator, which I thought I lacked, I felt I was not credible as a facilitator anymore and was concerned that the management would despise this. I had a problem with other's *trusting* me and me feeling *vulnerable*. Because I did not want to burden and distress staff further with these challenging questions, I gave up. I disliked myself for being too soft. I was

disturbed by this as I felt that I had given up too early. I felt ashamed by this negative personal trait. As a result I did not want to worry my supervisors too much, I trivialised my lack of success and barely shared these concerns with them or even with other people in practice. I thought this would get better over time. I *suffered* by keeping these concerns to myself. I felt *lonely* yet again. As I felt there was absence of any real progress in practice, I read more of the literature. The more I read, in combination with the experience I had in practice, the more I became aware of what I did *not* know and started to become even more cautious in my actions. Here I exhibited *fragility and cautiousness in movement*. I felt I had to surrender. Falling back onto a more technical approach made me feel much safer. I saw this as a temporary way out to save energy. It would be repaired through my engagement with staff in the forthcoming action cycles. There would be *balance* in self again.

Building trust and morale on board

What happened?

This moment refers to a period from when I was in practice for some months and it lasted until I decided to quit data collection. Building mutual trust and morale, in particular in my relationship with the unit management, metaphorically my first mate, was central to this period of the study. Therefore I strived to achieve a shared responsibility for the process.

'While I was busy plotting a new position, I observed that the crew was feeling more uncomfortable with the high seas and the waves slamming wildly against the hull. I felt for them, recognising this discomfort as I used to be a crew myself not so long ago. Although I felt responsible as a skipper, I didn't know how I could help them to feel more at ease coping with the conditions'.

[Metanarrative L: 42 -46]

'Often the first mate gave me a daunting look while he was busy handling the lines and managing the crew. When inquiring what was wrong, it appeared that he was annoyed because he could not understand where we were heading to. I also thought that the first mate's confidence had decreased during the whole trip, as he frequently glanced towards me behind the helm, still tense with the boat and the lack of progress we made. Grazing a sleeping whale when we tacked was not helping to increase that trust either. I had the idea that my decisions were not appreciated by the first mate. On the other hand I felt that the first mate did not help me, to make tactical decisions, with the navigation and to keep the boat and crew happy. The tension increased when I asked him for help and he remarked: 'You are the skipper, not me'. I did not feel trusted and respected by him anymore, but decided not to talk to him about this then as I still needed him. I began to doubt whether I was truly a skilled sailor and whether I had the right skills needed for this journey'.

[Metanarrative L: 46 -59]

In this period the corporate context remained turbulent and higher management initiated various plans to bring the merger into practice while surviving financially. This had an impact upon the practice context and staff. In general the staff was sceptical about the expected outcome of these changes. I succeeded in building a good relationship with staff. I observed them feeling powerless and having no voice in the decision-making process. I also observed management not supporting staff in this. It looked as if it was just happening to them without them realising it. Although I was not formally part of the nursing team, I felt connected with them and felt responsible for doing something while being in the practice context myself. I motivated the nursing team to organise themselves and to develop a shared vision about these developments in the wider organisation and to communicate that to higher management. This would ensure that they were able-bodied enough for the turbulent 'conditions' we would experience in practice. But I perceived them as not having the nerve or energy left to conquer their inhibition. Also, they had little aspiration about how to give voice to their thoughts and feelings as they expected me to be their spokesperson. I felt uncomfortable with this. Inquiring staff about their barriers or obstacles for 'good or effective' practice, they merely mentioned practical issues and had difficulty explaining these further. Through reflection, I kept questioning them on these barriers. Underlying these barriers was the anxiety of splitting up of the nursing team or losing their jobs. I decided not to push them to do something too hard while they were coping with their feelings of frustration. So here there was *moving with context,* and *intentional socialisation*. While I engaged with staff, one of the managers was present and it felt as if she was continuously watching me with an eagle eye. This gaze increased when I moved through the organisation and came in contact with aspects of the organisation that I was not meant to see or to hear. I was to be *protected from unwelcome truths.* Indeed these were bigger than I had suspected. I felt things were being *covered up*. We both knew of these events, but did not talk openly about this. It resulted in our relationship becoming more tense and ambiguous. Here there was *a-synchronous working* again. The study was perceived by the manager as *my* study and she had no intention of helping me in this. There was a *lack of reciprocity.* She only provided me with information on staff when I asked her to do that. This did not feel appropriate with my stance taken for the study. However, I was personally attracted and triggered by this way of working as it was familiar to me in my past actions in hospitals. I was demonstrating different kinds of self.

I strongly believed I needed, metaphorically, the crew or staff, to help me to sail the boat. However, as I observed them in the way they coped with challenges as professionals, my *trust* in their capacity to support me decreased. Although they disapproved of what happened in their practice context, they kept it inside the group - that is within their circle. I assumed they were preoccupied with their situation in the turbulent context, but I still believed that there was potential for the study to contribute to this situation positively. Even after I explained the benefits of the study to them, they still did not seem to *trust* that the study would be of help to them. Once again here was *a-synchronous working*.

'When night fell I decided to anchor in a small island for shelter, to get some rest and to try to have a few words in private with the first mate. I intended to have a chat with him to share our intentions and to get to know him better. This was necessary if I was to continue sailing in deep waters with him. At the end we talked mostly about the use of the on-board engine and the supervision of the activities of the crew. We did not get to know each other better personally. Nonetheless, the talk helped to boost morale on board. We were cheerful and in good spirits again and seemed to be reunited as a team. During the evening other boats tied up alongside our boat and we shared stories. The next morning these boats all took off in different directions'.

[Metanarrative L: 60-68]

There were no further interactions, they showed no further interest or inquired how I thought the study would be able to help them. There was *no mutual attractiveness*.

I deliberately decided to tackle the complex relationship with one of the managers first and planned a meeting with her in which I would use my *intentional eagerness and strength*. I thought if I could personally get to know her better we would find some connections that will improve our relationship. This might ease our communication and help the participation of staff. Although the meeting had a business like tone and we did not engage on a more personal level, I was satisfied with being recognised again by the manager. Even so I kept on feeling *disconnected* as she still acted as superior to me. She perceived me as a relative outsider, a former nurse and a young researcher. Here was the *unequal* balance *of power*. On the other hand, I thought I was dependent on her to get the nursing team to participate in the study and to support the processes towards changing the workplace culture.

Meetings followed together with other relevant professionals, but the study became spread out over time. The frequency of meetings decreased and were even cancelled. The collaboration contract that was signed at the start of the study and my attempts to embed myself within the organisation appeared to be a shambles. Here there was now a *pseudo consensus*. In the metaphorical 'passage of fronts', nurses were dismissed, teams split up and managers were no longer certain about their jobs. This did not help to boost morale. In informal meetings some people responded towards me with optimism, but there was no real action. Here we see *varying receptiveness to change and a-synchronous working*. Because I was unable to stabilise morale and to gain *trust* in the study, I again had doubts

'Unfortunately, I couldn't keep to the course as yet again I noticed the wind changing direction and its force becoming irregular. In addition the passage of weather fronts made for a great deal of sail handling in which I had to stand strong. More than once I noticed the first mate failed to follow my advice when instructing the crew, not hauling in the sail enough and spilling wind out of the sail. As a result power and the boat's speed were lost again. I became impatient because our destination was still not in sight'.

[Metanarrative L: 75- 81]

about myself and my competence at being a skilled facilitator. I also felt sad and was touched by seeing good qualified nurses becoming emotionally drained. This would most probably have an impact upon their caring. In my consultation with critical friends they acknowledged these issues out of their own practice and the observed lack of mutual trust. They stimulated me in trying to improve this as a weak mutual trust was believed to be part of the problem.

What was the effect on me as a facilitator of PAR?

These experiences with building mutual trust and morale in a practical context, experiences in which I strived to achieve shared responsibility for the process, had an impact upon me as a facilitator of PAR. It affected my *thinking*, *feeling* and *acting*.

Building a relationship and gaining the trust of nursing staff was very natural for me. This did not seem the case for one of the managers. Staff recognised me, being a nurse and lecturer practitioner in a former unit of the hospital. They did not have any objection to me observing their practice and joining them in their team activities. I felt welcomed and respected. There was *synchronicity*. From the start of the study they were open about issues and concerns they encountered in practice. This triggered me, in our informal meetings, to reveal, cautiously, some of my thoughts and feelings about the wider practice. This often elicited some interesting critical dialogues that revealed a lot of information about workplace culture. I was transparent with the manager about what I was capable of and what I was not, in relation to the study, and where I needed her support. This was in order to prevent any false expectations. I enjoyed being in practice again and among nurses and patients. I felt that I was doing the right thing.

Feelings of *imbalance*, accompanied with feelings of annoyance, arose when I observed nurses not having a voice in decisions made by higher management and nurses accepting being submissive. I was also disappointed as I expected highly qualified nurses to be more pro-active and less dependent on others. Neither did I identify with the manager's, what I perceived to be, 'laissez- faire' leadership style. Unconsciously I blamed the manager for the situation nurses were in. I believed this would eventually have a negative impact on nursing care. I felt a moral obligation to do something right away and not to wait for the study and its themes for action. I was attempting to be *pure and clear throughout the journey*. I felt confused about this inner drive, especially because of the phase that the study was in. But, I thought I could play a role-model for the manager in facilitating staff in becoming more empowered. It was also an excellent opportunity for me to demonstrate what I meant by facilitating practice development. As a result, I hoped to increase their willingness to collaborate with me in the study. In my engagement with staff I became aware of the factors underlying their passive behaviour. This was related to their limited ability to express their feelings of discomfort with local developments to the management. What was revealed made me reluctant to act further. I felt that I was not in a position to criticise their concerns about losing their jobs, as there was indeed a risk of

this happening in the wider context. It did not feel ethically right for me to urge them to take action if it made their position more vulnerable.

My relationship with management was fragile over the whole period. I felt frustrated because my engagement through dialogue did not help to alter the relationship from one of mistrust and suspicion to one of trust and mutual support. The suggestions that I made with the study in practice were still disregarded and were pushed to the background. I felt they made a fool of me. I observed a 'first see, then believe' attitude in practice. Despite this attitude, I did not get a real chance to prove myself, which I thought was necessary in order to transform the relationship. I felt frustrated that I was not capable of deciding on alternative strategies in order to regain respect and to be taken seriously.

I had doubts about my authenticity as I seemed to be perceived by others as selfish and striving with the study for a high status. This was in contrast with my feeling that I was being altruistic and generous in relation to the study. Thinking about this im*balance* hurt me – there was *human suffering*- but I could not blame them as I was often engaged with management and collaborated closely with higher management. I was aware that this could have been suspicious in their eyes even though I always had the right intentions with the study. Here I was striving for *being pure and clear throughout the journey*. When higher management also started to withdraw I became suspicious of their initial intention to provide me with access to the practice context. I feared they had lost their trust in the study as a means to prepare the context for organisational changes.

All these im*balances* brought forth various off-putting emotions, the *emotional rollercoaster.* It also resulted in becoming indecisive and lacking in energy and finally in my withdrawal from the practice context.

Catching the wind

What happened?

This moment refers to different periods during the process in practice where the use of creative arts was in evidence and had a positive impact upon the facilitator's self-esteem. This enabled the study to continue. Clearing customs refers metaphorically to the submission of a summary of the research proposal to the METC (Medical Ethics Test Committee) of the hospital for ethical approval. It was returned with the remark that it was not necessary to apply for ethical approval as the methodology of action research that was intended to be used in the study, was not seen as a risk to patients. With this

> *'I started the journey feeling joyful and delighted but also slightly tense, having cleared customs, left the docks behind, gone through the breakers and coming to know the enthusiastic crew. Finally as the boat surged forward I was able to fully hoist the sails, to catch some wind, feel the sunny spells and enjoy the salt water splashing on the deck, the rigging and myself'.*
>
> *[Metanarrative L: 1-5]*

> *'The weather improved again, and with a warm 15 knots blowing we headed upwind, feeling confident and eager to set full sail again for more speed to the next buoy. Finally I could live up to the expectations of this journey. The sea was a sparkling dark blue, the sky a bright light blue, cirrus clouds solidified and rows of crisp white-crowned waves formed a picturesque seascape of dynamic beauty. Sailing upwind, the boat was pulled forward by the force of the wind and we even witnessed a small lift'.*
>
> *[Metanarrative L: 70-75]*

consent in hand and the permission of the management for me to conduct the study in practice, I believed I had permission to enter the practice setting, that is the hospital wards, and to start small group interviews with nurses. Evident in here was my *freedom to explore which way to go* and *my intentional eagerness and strength*. The nurses were eager and enthusiastic to participate in this activity and I was relieved to finally start the study. I had experience in doing interviews and played with the questions, in order to adapt to the information provided by the different groups. *I moved with firmness*. The data collected were comprehensive and probed information about the phenomenon of an effective workplace culture in their practice context. I built a strong relationship with the staff and discovered they shared my passions and levels of energy. Here I experienced a flow of *different kind of energies creating balance and harmony*.

My experience with the policy day with staff and the creative workplace culture workshop was similar. In order to prepare and facilitate these activities my contact with management was reduced to a minimum. I did however ask for feedback from them but this was restricted to pragmatic advice. I made autonomous choices when I outlined and facilitated these activities jointly with nurse specialists and medical specialists. Through the use of creative arts and my *creativity*, I facilitated a group successfully in revealing their explicit and implicit thoughts and feelings in relation to their workplace culture and what was needed to transform that. This had an inspiring effect on staff and they were enthusiastic to take action before they were aware of what higher management had planned. There was *synchronicity* between the study and their practices. Although I invited one of the managers to jointly facilitate activities, her role in these activities remained ambiguous. She seemed to be disengaged both from the activity and nursing staff. After these activities, staff openly expressed their enthusiasm and appreciation of me as part of their team. The same happened during the second reconnaissance phase in which I conducted storytelling and creative analysis with five clinical nurse specialists.

Within supervision meetings there were also what I would call 'sunny spells'. In particular when we discussed the didactics underlying the methods I used and how to bring these into practice. In addition the experimentation with creative arts in the supervision included the use of metaphors to express oneself and to blend different knowledge about a certain issue. This enabled me to grow as a facilitator of PAR and to achieve *synchronicity* with the study in practice context.

What was the effect on being a facilitator of PAR?

I perceived these moments as opportunities provided by the practice context, which I had to make the most of. While performing these activities I thought I was finally *doing* research and could build on previous experiences as a researcher and a teacher. This made me feel *balanced*. I felt appreciated, acknowledged and of value to staff and was able to sense the context in all its aspects. I was proud of myself, to be able to facilitate a mixed group of professionals and obtain collaboratively, or collectively, new information so that the study could make progress. I was *appreciating self, with love and empathy*.

The use of creative arts made me feel as if I was working, metaphorically speaking, on 'boating safety', that is on *balance*. This enabled me to dare to face, and make sense of, the paradigmatic im*balance* I perceived in myself and that explained the difficulties I experienced in my facilitation. For me this was a gentle and safe approach that was more enriching than having a dialogue where only words were used. I observed that this approach also provided a space for individuals in practice to express their own thoughts, feelings, and ideas in a more authentic and visual way. Nurses had difficulties finding the right words to give voice to their cognitive and emotional knowledge. In this way I got to know what they knew but also how they knew it, and I was able to build on this further. These moments took place at a slower pace and it felt as if this calmness healed some wounds.

Preserving energy to face the storm

What happened?

> *'While focussing on the performance of the boat the weather quickly and unexpectedly began to close in. The sky and water changed to leaded grey. Storm Petrels circled the boat. All the bigger birds seemed to have flown off in search of better conditions. There was no time to turn back or to seek shelter. My heart was beating faster as, without warning, a gale-force wind gust hit the front of the boat and a wall of water slammed into the bow. I was fighting to keep the boat in the hove-to position, barely managing as the next wave hit me. I had never before experienced such ferocity of nature'.*
>
> *[Metanarrative L: 89-96]*

This moment refers to two specific periods in the process in which I faced, with great intensity, the turbulence, complexity and suffering of emotionally drained staff. Finally I withdrew my study from the practical context.

This first period was a year after I was employed as a researcher in practice and so I presented my first findings about the workplace culture to the unit management. The management seemed to be overwhelmed by the findings. In response they, at first, disagreed with the findings and stated their distrust in my ability as a researcher. My *voice,* I felt then, was *of less meaning.* I was put on the spot and made to decide whether I wanted to continue in this practical context or leave the setting. I was hurt by the way they approached me, but

'I noticed the crew was becoming scared as the conditions became worse. While my mind was rushing, calculating what to do and what to expect next; my heart longed for my loved ones. The boat was rocking severely. I felt the constant struggle between the wind on the foresail and the response of the rudder in my arms. My arms were aching and I was cold. By this stage fatigue was setting in. Standing at the helm, I had almost no energy left to face the storm force winds, waves and sheets of rain. To make things worse the boat began to take on water from the high waves and I faced the prospect of sinking and everyone on board drowning. In a flash a gust of wind ripped my storm jib to shreds. The sail was whipping uncontrollably'.

[Metanarrative L: 96-104]

with emotional support and encouragement from my supervisors, I decided to face up to these detrimental conditions. I searched for an alternative means of continuing the study in which the higher management would agree with my findings and would also convince the unit management to continue the study. I attempted to *move with firmness* again.
'Preserving energy to face the storm', refers to my last months in practice before I decided to quit collecting data. At that time a lot was happening in practice that had a serious impact upon individuals, the team and management. Clashes in the team intensified, hurtful language was used and visions on patient care differed excessively among staff. Discussions on the development of practice repeated themselves . Some staff were exhausted or hurt and went on sick leave and those that had the task of facilitating the merger of teams became desperate as they ran out of strategies to handle the situation. Processes stagnated and this had an impact upon the progress of the study. I felt I was *being dragged along* by these happenings in practice, and experienced *less brightness*. I was cautious about re-introducing activities to continue the study as I could not predict what the effect in these circumstances would be.

Though I noticed these signs, I did not interpret this as a warning for the metaphorical 'inclement weather'. I urged management to plan different activities for the study in the near future. I was *staying true to the purpose of what I was doing, holding on, moving with firmness*. Even though they sympathised with my need to safeguard the study, they postponed meetings with me several times. There was here an *unequal balance of power*, and *a-synchronous working. I* retreated fearing a *complexity in making connections, so I just covered up or went into hiding*. I was lost in practice, not having a clear position, role and purpose anymore. I did not feel responsible

'The next moment the ropes attached to the boom hit me hard on the side of my head. I was knocked over and lost my balance. The situation was becoming hopeless and uncontrollable. With now just bare poles, the beam of the boat was exposed to the oncoming waves and the chances of capsizing increased dramatically. I was drifting aimlessly. The crew was exhausted. I was suffering, felt nauseous, helpless, alone and not worthy of being a skipper. We found ourselves way off course. I decided it was time to call for immediate assistance from the coastguard'.

[Metanarrative L: 104– 111]

and capable of fixing what was broken. I could no longer *cope or continue hanging in there*. I became disconnected from the staff as they knew my job was safeguarded by the university, whilst they faced the prospect of losing their jobs. Staff pointed out that, although they knew the study was at risk, I would be able to continue it in a similar practice setting.

I used the summer break that followed as a temporary and unplanned break to reflect and to think about alternative strategies. I also consulted literature. I was *trying to make sense of the next steps*. During this time I realised events and processes were repeating themselves and for that reason I was concerned about the chances of the study ever succeeding. I questioned myself whether it was all worth the effort, facing the fact that I had hardly made any progress with the study in two years. I was in deep despair. I shared this with my supervisors. There the focus was still on developing a philosophical stance. Suggestions were also made on how I could continue in practice and keep on taking the initiative, that is to say *moving with firmness*. I thought the supervisors had no real sense of the extent of how serious the situation was for me. I felt they had no real understanding of the context and neither was I in the place to say, overtly, 'I am not coping'. I felt *lonely* as I did not know supervisors were worried about me at that time My lack of ability was masked. My supervisors underestimated the complexity of the context in practice and they did not appear to truly understand how difficult and indeed painful it was for me to repeatedly return to the reality of the context. I was the one practising within the context and I was embodying the impact the context had on me. It was an impact that I tried to rationalise myself internally. They suggested alternative actions to solve the issues of the study in practice that at first seemed to be fairly simple. However, I did not experience this as that simple. It all dazzled me. I was not able to foresee the effects on myself and others. I was concerned they were overestimating my competence. I was experiencing *imbalance between the challenge and support*. Because I was exhausted I was on the verge of metaphorically capsizing and acknowledged that I could not pretend to be strong anymore. I was emotionally overburdened. I had no energy left and did not dare to make any move towards the practice context anymore. My supervisors saw the effect this had on me, my im*balances* in myself. They suggested that I should discontinue collecting data in practice in order first to take care of myself, to take time to reflect on what had happened and on how I could proceed with the study. They also acknowledged that I had some valuable data to carry on working with outside of the practice context. I took their advice and decided to step out of practice.

What was the effect on being a facilitator of PAR?

These moments of facing a gradual collapsing of the practice context, once again, and losing my energy in the storm had an impact on me as a facilitator of PAR. It affected my *thinking*, *feeling* and *acting*. I was surprised that this stagnation was taking place because there were so many highly-educated professional staff involved and I expected them together to find solutions. My reluctance to initiate further action for the study, demonstrating my *fragility and*

caution in my movement, was caused by the feeling that it was not appropriate at that time. I felt anxious about the way they would respond. This was my *vulnerability*. The atmosphere became tenser and apprehensive. This was a new experience for me and I felt that I could no longer foresee the consequences of my actions in this situation. There was confusion in the perceived levels of equality between the nursing staff and me mainly due to the difference in our job security. As a result our relationship and communication also changed.

I felt I had reached a point of no return with the study after two years in practice. But I was determined to continue with the study in the setting, to achieve *synchronicity*. I thought I had to continue as I believed other action researchers probably faced the same problems and dilemmas in their practice. I also felt uncomfortable because I would let down staff if I decided to leave practice. I did not want to be thought of as incapable of doing research. Neither did I want to put the study behind schedule. Therefore I continued to think about alternative ways to stay in practice. Metaphorically sailing downwind, along a practice course, was no option, as I thought that it was too dangerous to tack into the gale force wind. I would then risk dipping and going under.
I felt rebuffed when I attempted to enter into an agreement with management designed to secure the study. I felt dispirited by this. I was personally put off. I was also disappointed because the picture I had conceptualised while writing my initial proposal, that of being a strong and credible facilitator of PAR, was so different to the real practice, in which I felt I was weak and vulnerable as a facilitator of PAR.

I was keen to work collaboratively with nurses in particular and to interweave education with nursing practice and research. For me this was a challenging but ideal combination to improve nursing practice and to stress the distinctive features and wide-ranging qualities of nurse professionals. I was unconditionally committed, eager and determined to bring this to an end. I tried to hold on to practice, but it felt as if the practice context drifted away from me. I was frustrated that what I had established and built up in practice over two years, such as the identification of possible themes for action and strong relationships, vanished within just a week because of the management holding back. I felt I was somewhere but I was going nowhere. I felt I was out of control with the study, unsafe and alone. Here was the *loneliness.* I felt I was pulled into the negativity of the practice context.
It felt right to ask for the direct help and support of my supervisors. However, I challenged myself about my struggle to *balance* my emancipatory aspiration with that of a contextual or technical aspiration. This balancing of aspirations had been inspired by the film 'Invictus' which the former South African president, Nelson Mandela, felt spoke of 'balancing black aspirations in white fear'. But I increasingly felt it was an impossible mission. I admitted to myself that my aspirations were unreachable. I collapsed in their presence. Here my im*balance* was exposed**.** The effect for me was not so much that of disgrace, but more of relief. At that moment I became

aware that I was totally exhausted, my energy depleted and that I had *suffered* over a long period of time, or in other words, *things were left behind that hurt*. Now I doubted my deeper intentions about the study. I felt I was not worthy of being a facilitator of PAR any longer and was strongly considering leaving this field of practice. Despite that I had enjoyed facilitating practice development in nursing both as a lecturer practitioner in the past and in my teaching at the university.

Lying at anchor

What happened?

> *'The crew disembarked at the rescue station and I stayed on board the damaged boat and was towed back to shore. It was a slow and agonising trip. I was exhausted but extremely happy to have land in sight again. It was quite an experience; facing the storm and raging seas and the challenges it brought about'.*
>
> *[Metanarrative L: 112 -115]*

This moment refers to the period after I discontinued collecting data in practice and focuses on the hermeneutic, narrative process. This is in order to make sense, through supervision, of my experience of being a facilitator of PAR in practice.

For me this process was a *beginning of* a new *journey*, a transition towards professional maturity. I was deeply disheartened after my practical experience as a facilitator of PAR. These were the *things left behind that hurt*. All my ideas about myself had changed and I had the feeling that I had to start all over again as an action researcher. I no longer knew who, or where I was as a facilitator. I found myself amid a wide open space, somewhere between past experiences and future. I perceived this as a crisis. By surrendering myself to this state of not knowing, I created a new path for further learning as I had a *constant attention for needing to grow*. The crises created new possibilities for me to become more alert. They allowed me deeper insight into the experience and to find new connections. Still, the process was characterised by a gradual and step-by-step development over two years.

> *'The night before I dropped anchor in a safe haven to recuperate and page through my journal, to relive the journey through all my senses. With my close friends I philosophise and reflect on this memorable experience in which the ocean's power changed my view of the sea and of life'.*
>
> *[Metanarrative L: 118-121]*

The supervising team and I succeeded in achieving more sustainable connections, more *synchronicity,* in our relationship through my distance taken from practical context. We worked with a hermeneutic approach that looked at the study both from its different parts and from the whole. In which we *let go* of earlier understandings and *let come* of new understandings. The focus of the supervisors shifted towards helping me to deconstruct what had happened

in practice and then to re-construct the direction of the study in order to then regain a view of where I personally stood in the process. I was encouraged to let go of the feeling of failure through creative expression, symbolism, goodbye rituals and narrative writing, in other words by using *creativity and different textures*. I gained more insights from the crisis and found this enlivening as I no longer shut it out anymore in order to preserve a sense of control. This also provided me with the space to express and release emotions and to work through the pain and confusion of personal and shared experiences.

The supervisors' empathy, mutuality and trust in me and the process had a positive impact on our relationship. The supervisors changed their facilitation style from an emancipatory to a more directive style. In addition the supervisors' co-facilitation of activities in the research, role modelled authentic enabling of others and self which created a flow of energy.
I also experimented with new insights in my teaching practices and in dialogues with critical companions. I became more able to identify and explain my challenges and issues for discussion. I was able to be clear about what advice was needed to help me. I was much more comfortable in my position as a student and novice action researcher. I felt understood by my supervisors as they now recognised my previous despair. I was *moving into real coherence and direction*. As a result of metaphorically going for anchor and spelling out the crisis, I became aware that my 'failure' was not a separate entity but a manifestation of an evolving pattern of interaction between me and the environment comprising the practice context and the supervision. Because of this insight, I regained self-confidence as a facilitator of PAR. Through this process of reflection I altered my perspective on *synchronicity* and *balance*. I now believe that a facilitator of PAR needs to be prepared for a-synchronicity in practice, as this will happen anyway. It is easy for a facilitator, if not in balance, to be flooded by reality. Knowing oneself in relation to the practice context you work in and having a good personal sense of worth, helps, I believe, to stop you going under and to develop further. You can then pursue the dream of becoming a good and effective facilitator of PAR and to find what you search for like '*picking up the gold*'.
In the end, I am actually pleased with this experience of metaphorically sailing into bad weather. That was, after all, an excellent opportunity for me to learn how to navigate the boat properly in a storm.

What was the effect on being a facilitator of PAR?

Working through a professional crisis, essentially by using creative arts, intensively with supervisors, had an impact upon me as a facilitator of PAR. This included an impact on my thinking, feeling and *acting*. The facilitation by the supervising team in this phase taking a hermeneutic approach enabled me to move towards self-enlightenment, empowerment and emancipation. I felt I was in a sense 'healed' and freed from emotional and existential blocks inside me which

had paralysed progress in the study. This enabled a deeper and wider understanding of myself in relation to my role as a facilitator in the study.

Shifting the study from an emancipatory to a hermeneutic approach helped me to have a clear focus. It helped to deconstruct the experience. The use of creative arts was essential and by re-reading my journals, through collaborative analysis and in taking the time to read, in greater depth, the literature around philosophy I was able to see elements of the experience through different eyes. Through narrative writing, new insights emerged. It was not writing because I knew, but rather writing in order to know. The diversity of activities enabled me to reflect critically on my experiences. I soon became conscious of the interplay between the facilitator and the characteristics of the context. The development of me as a facilitator could not be seen separately apart from the context, but as a whole in its interplay with context.

I then searched for explanations not solely within self, but also within the elements in the context of the practice. This increased the *appreciation, love and empathy* with *self* that resulted in my feeling *balanced*. I started to value who I was as a person and novice facilitator of PAR and re-explored my strengths and abilities. I no longer ran myself down, nor did I feel inferior about being a novice and accepted my shortcomings. I took advantage of these new insights in the process and became in a sense softer towards myself and my environment. This *free-dom* released new energy. I understood better what was of personal interest to me and what principles were underlying my thinking, feeling and actions. I felt much more grounded philosophically. This had a positive impact upon my professional identity and acting in the research process. I learned to understand these interests and was able to identify similar interests or elements of it, in others such as my supervisors and colleagues. I took more risks and felt safe to explore different paths, to follow *different directions in order* to find my own direction, one that felt *authentic* and real and thus *balanced*.

I also became aware of the importance of searching for solutions within oneself. The silence I experienced when I metaphorically dropped anchor enabled me to become more present in my senses, to listen to my body and my emotions. Therefore, I think my emotional intelligence, or what I understand of mindfulness, has grown. I'm still touched by grief or joy, but now I ask myself questions such as what is this telling me, and I am being careful not to let myself be dragged along by an emotion. I also learned to see that spirituality belongs in everyday practice rather than somewhere outside of it. In addition, I gained insights into my experience from different natural or artistic sources. Most of the time these were unexpected. This was perhaps another form of *synchronicity*. I also became more aware of things that happen in a practical context and aspects of myself which are momentary. It is similar to sailing a known course that gives you the feeling of control, safety and speed, but this is also just temporary as it can change easily as the wind changes. This made me believe that striving for a lasting synchronicity in the (PAR) process, as a facilitator, is not realistic. Also, I thought, and still think, that it is primarily the facilitator who has to attune to the practical context and not vice versa. This means that I had

to learn to adjust my strategies to a particular context without discrediting my personal values and beliefs. I had to let go of my ego, to prove self, and to look at a situation from different perspectives. A certain position or role does affect people in particular contexts, but this does not make them a bad or weak person. For me this is about finding a *balance* between what I would call 'hard eyes' and a 'soft heart'. Bringing this into practice is challenging and enjoyable as I already experienced in my teaching and supervising of nursing students.

I was able to retrieve some sense of *balance* by numerous means. I put some distance between myself and the practical context. I focussed on reflection and embodying principles of collaborative working. I adopted a hermeneutic approach. I blended criticality with creativity. Through supervision I was challenged and supported to identify and acknowledge false consciousness, let go of old thoughts and feelings, find new energy, and open myself up to, and embody, new insights about myself and facilitating PAR. I was able to define a new basis, built on previous experiences, from which I can act professionally, by means of a pure and focussed passion.

SUMMARY

Reflecting on the past, on my stories of adventure, discovery and passion, enabled me to understand the present and to build the future. The chapter described this reflection along a process of moving from the whole to the parts, and back to the whole and to the parts again, also referred to as the 'hermeneutic seascape'. The critical creative hermeneutic analysis, with different interpretative teams, resulted in the identification of a wide set of themes and an all-encompassing framework of key categories. A metanarrative was written metaphorically around this framework and captured a new, whole, story on the lived experience. The metanarrative revealed six significant recurring patterns, I called critical moments. A narrative structure was used to describe each critical moment around the themes identified in the analysis and enabled the exposure of interplay of the key categories. The next chapter formulates a synthesis of the findings that emerged from this reflective process and will be discussed in relation to the existing body of literature on the facilitation of PAR.

Uncertain sea-waves
To sound ideas-practices
Flowing into power

No longer wind-blown
Your course is set, line cast deep
To catch self-belief

Flow from your centre
To mature through storm-tossed seas
Harbour is within

Angie Titchen, 2010 'For Famke'

Chapter One

Widening my horizon

'The real voyage of discovery consists not in seeking new landscapes but in having new eyes'

[Marcel Proust, French novelist and author, 1871-1922]

INTRODUCTION

A visual image of a sailboat opens this chapter. This image was a result of the synthesis of key categories and marks the end of my embarkation on the hermeneutic seascape. The image captures the essence of the experience as a whole and hence holds this chapter together. The chapter presents a critical dialogue with existing PAR literature in which I reflect, in theory, further on the findings that emerged from the reflective analysis. These findings are re-articulated into key messages in four conceptual areas on what is essential for facilitating PAR. These messages guided my search in literature for alternative meaning perspectives.
This 'situating of findings' in the context of the empirical work draws on what Mezirow (1981) described as, the level of critical consciousness reflectivity. The chapter ends with a mid-range theory on 'essential conditions for facilitating PAR', that resulted from this dialogue with the literature.

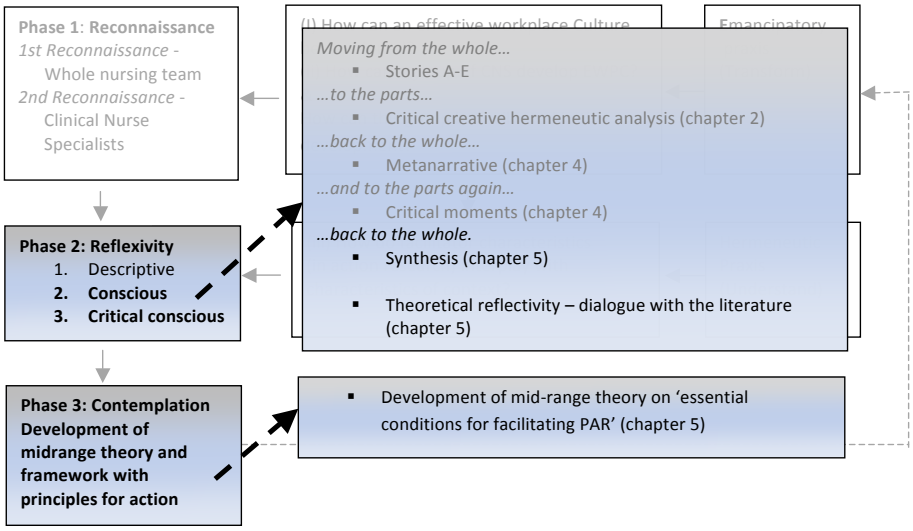


Figure 5.1 Elaboration of stages within reflexive and contemplation phases

A SYNTHESIS OF CRITICAL MOMENTS

In my view, the sum of all the *critical moments* described in the previous chapter generates the most complete image of the lived experience. It is an image of crisis in my facilitation of PAR in a Dutch health care context. The synthesis of critical moments highlights the essence of the crisis experienced around the key concepts of *balance, synchronicity, doing, being* and the *potential* of *becoming*. It also reveals the interplay between the facilitator's and the contextual characteristics that enabled or hindered the successful development of an effective workplace

culture through PAR. I used an image of a sailboat as a metaphor to help me to articulate *what happened* in practice, *what effect* it had on me as a facilitator and *which key factors* led to the existence of the crisis as a whole.

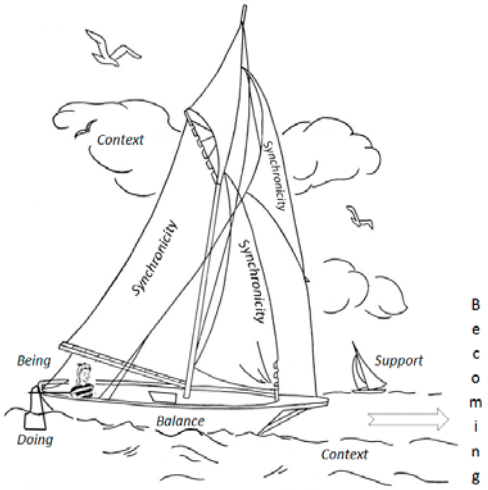


Image 5.1 'Lived experience': an image of the interplay of the key concepts identified in the analysis

Image 5.1, is a representation of the perceived reality and illustrates how key concepts relate to being a facilitator of PAR in this context. It is an image of a sailor who is continuously playing with knowledge, skills and preferences (being), handling the rudder, lowering and lifting the dagger-board and adjusting the sails (doing) to the wind (synchronicity). While at the same time the sailor is striving to keep the boat in balance, for optimal and lasting attunement with the wind, in order to surge forward to a certain destination (becoming).

The critical moments reveal, clearly, the constant tussle between the *balance* in my facilitation of PAR and the *synchronicity,* the working in a synchronous manner within the context, which had an impact upon my *being*, *doing* and *becoming*. The more a-synchronous the context was, metaphorically the changing weather conditions, the more challenging it was to stay balanced as a facilitator, or to keep the boat in balance. The more out of balance I was as a facilitator, the more challenging it was to work in a synchronous manner with the conditions within this context, that is metaphorically adjusting the sails to the winds. Therefore, balance is seen as a central concept being both a factor leading to the existence of the crisis and having an effect upon the crisis.

A discussion about the image with the supervising team, resulted in an extension of the key categories with the concepts of *context*, different *ways of knowing* and supervision, or rather *support*, as these were assumed to have a relationship with the key categories.

The key insights I gained from reflecting on my lived experience of being a facilitator and facilitating PAR, are captured in the next sailing metaphor.

> *The more you practice sailing, the more you will encounter all types of weather, from the fairest to the most extreme. Dealing with, and adjusting to, the weather is part of sailing, and if you know the right actions to take, you can sail in just about any weather. There are however weather conditions, in which you should not sail if you can help it at all.*
>
> *[Free translation from 'Sailing for beginners' (Heijnen, 1996)]*

This metaphorical statement holds the essence of the synthesis of my lived experience of facilitating PAR and will serve as a theoretical frame for the further process of theoretical reflectivity. In the next section, key messages for facilitation in PAR are subsequently discussed in the context of existing theories. These messages were identified in my findings of the study within the conceptual areas of *context*, *balance* that is the doing and being, the potential for becoming through gaining *support* and *synchronicity*.

A DIALOGUE WITH THE LITERATURE

A conceptual context

The context refers to the health care practice where facilitation of change takes place (Kitson et al., 1998; Kitson et al., 2008; Rycroft-Malone et al., 2002). My findings showed the complexity and dynamics within this context were underestimated by me as a facilitator. Two key messages were identified in the study findings that are related to the conceptual context. Firstly, it is important to engage with the context in order to understand its complexity and dynamics. Secondly, it is important to adopt a flexible approach for facilitation while working within the context, in order to find connection with the research.

Key message 1: Engaging with the context in order to understand it

The methodology of action research is driven naturally by context and addresses contextual issues and their complexity explicitly in bringing about changes in real life practice (Waterman, 2001). Schön (1987) refers to this as the *swampy lowland* with its messy and confusing, though critically important, problems. There is an increased recognition in the literature that contextual factors are important. These factors include: the uptake of evidence into practice (Kent, 2011; McCormack et al., 2002); how people translate evidence into practice (Cummings, 2007; Sudsawad, 2007); the diffusion of innovations (Greenhalgh, 2005); the success of action research (AR) (Waterman, 2001); and organisational change or development (Schein, 2004). The literature (Kemmis & McTaggart, 1988; Waterman, 2001) emphasises that to know or to

orientate on context, is essential in a first phase, the reconnaissance, of these transformational research processes.
However, contemporary literature on the practice context also acknowledges that a health care context is inherently complex. It is not simply defined as a geographical, spatial or institutional location (Pawson, 1997), a 'place of practice' (Saltmarsh, 2009) or an environment or setting in which care is provided and proposed changes are to be implemented (Kitson et al., 1998; McCormack et al., 2002; Rycroft-Malone, 2004). Rather it is a complex amalgam of social and material conditions within which action research takes place. Context is a multi-layered and complex construct that brings together issues of culture, leadership, behaviours, relationships and evidence (Brown, 2011; Kitson et al., 2008; McCormack et al., 2002). In particular the element of culture plays both a significant and a key role in the implementation and sustainability of practice reforms (Manley et al., 2011).

Whether context per se is a more significant than workplace or sub-culture, is an issue that is debated in the literature (Kent, 2011). Some authors even suggest a direct and complex relationship between context and culture (Bate, 1994; Kitson et al., 1998; Manley, 2000; McCormack et al., 2002). It is the human factors, influenced by socio-cultural, political, economic and historical factors that create the culture of the workplace and that makes one setting, and the way things are done there, different from another (Manley, 2000). It manifests itself through established rules, norms, and values and inter-relationships embedded within the practice context. Culture, it is suggested, shapes the dynamic and changing nature of practice (McCormack et al., 2002). According to Schein (1999) cultural characteristics enhance or inhibit a process of change, as these characteristics provide tacit rules that guide behaviour, meaning and predictability. This suggests that as a PAR facilitator one needs both to understand culture and how the culture is understood, too.
My findings showed that, as an outsider researcher, it is only when really engaging with the practice context that the multiple cultures, the degree of multiple layers and discrepancy between values and beliefs, can become visible. Also only then do other elements become noticeable such as contextual factors of turbulence, power struggles and practitioners hanging onto a set culture, and the challenge to understand workplace culture and its wider context. The results showed that I became overwhelmed, caught up by this dynamic and complexity, as I did not understand the interplay between these various aspects and therefore did not know how to act.
Understanding and assessing workplace culture is known to be complex in itself because it consists of elements that are visible as well as invisible. Schein (1985) distinguishes three levels of culture in his framework of organisational culture that vary in their degree of visibility. These are: 1) Basic assumptions, which is the deepest, less visible level; 2) Values and beliefs which is the middle level; and 3) Artefacts and creations, which is the most visible level. Also, it is recognised that culture is not a static entity. Rather it is an organic process that is created, sustained

and changed by people over time (Bate, 1994). It is shaped by leaders and persons within the context, their values, beliefs, assumptions, and market forces (Schein, 1985). Hence, these factors can, and most probably will, change in time and consequently will have an impact upon the culture of the organisation and on workplace cultures. It is like my metaphor of the 'multiple buoys bouncing and rolling up and down on the rough sea' and like Bate's (1994) 'turtles all the way down' that refers to how complex, ambiguous, abstract and intangible workplace culture can be.

In the study this complexity was taken for granted during my facilitation. However, I perceived this complexity as more inhibiting than complementary for change. The findings also revealed that my focus was only on the parts of culture. The action research cycle was used too rigidly as the only procedure for practice (McTaggart, 1996, p. 249). The cycle was intended to provide support by keeping a grip on the complexity and allowing progress to be made through these dynamics. Yet this perception resulted in me losing the very essence of action research, that is, working flexibly with complexity. James (1993) asserts that action research models can indeed create an impression that improving practice is simple, whereas in many instances it is complex, because of its constant interplay with an ever-changing context.
The context of health care can be seen as infinite, as the real context in which clinical action research is carried out is constantly evolving and messy (Bellman, 2003). It is seen as a collection of 'force-fields that are constantly changing and never remain static' (McCormack et al., 2002). Bromberg (2006) refers to nursing units as chaotic, complex systems, with myriad behaviours and unpredictable circumstances colliding at a rapid pace. The literature (Kent, 2011; Schultz, 2010) shows the issue of complexity within the context of different levels of hierarchy. Firstly there is government, system or macro level. Then there is organisational, hospital or meso level. And, finally, there is the workplace, unit, individual or micro level. Health professionals, clients, patients and communities are all part of a larger system or systems of systems. We help to shape or influence this system through our actions in research just as it shapes and influences us (Reason & Bradbury, 2008, p. 381). We cannot frame the health professional, the intervention or action and the patient as independent and separate entities. They are mutually interdependent and participating actors in a larger system (Boog, Preece, Slagter, & Zeelen, 2008; Reason & Bradbury, 2008, p. 382).

Complex systems are based on relationships with their properties of self-organisation, interconnectedness and evolution. Health care organisations are also known as complex adaptive systems (CAS) (Anderson, 2003; Begun, 2003; Plsek, 2001; Zimmerman, 2001). They are *complex* in that they are diverse and made up of multiple interconnected elements and *adaptive* in that they have the capacity to change and learn from experience. This relates to Manley's (2004) 'transformational' cultures that are effective because they are always changing, adapting and responding to a changing context. Hence, the dynamic nature of context is necessary to

respond to an ever-changing and wider context. Indeed health care cultures may even become dysfunctional if they are not dynamic (McCormack et al., 2004, p. 67). Wilson et al. (2001) suggest that '*readiness to change occurs when a system is in a state far from equilibrium; there is then sufficient tension to change*' (p.686).

My findings showed that although I knew that the context and their cultures existed, merely submitting to its complexity as the status quo, or splitting it into parts in order to simplify its complexity, was not effective in developing change in practice. Complexity, in the literature, is explained as common in processes of context and instead needs to be praised rather than disguised. Therefore, a facilitator of PAR needs to have both a deep understanding of the impact of contextual characteristics on practice change and of the true meaning of complexity.

Although PAR literature acknowledges this need to understand and assess context, its complexity and dynamic, it is not explicit in *how* to make sense (Weick, 1995) of the practice context and the multiple cultures you become part of as an action researcher. The tools are limited. There are various culture assessment instruments that assess or measure context. But these only view culture from the outside in. Instruments such as these are known for their potential bias as they can demonstrate an espoused culture rather than the real culture in practice. There are similarities here with my study. The management signed a collaboration contract in which they agreed the culture was ready for PAR. But, in practice, the culture was not, in fact, ready and the contract between hospital, university and me turned out to be a false consensus.

Findings, both in the study and in the literature, argue that for understanding the context, the workplace culture and how it is understood by practitioners, a facilitator needs to be in practice. Understanding then comes from the inside out when applying processes or instruments designed around such concepts as seeing, feeling and imagining.

Key message 2: Adopting a flexible approach towards facilitation

My findings in the study showed that I had a fixed focus on an emancipatory approach for facilitation. This facilitation approach and the strategies related to it turned out to be ineffective. They were not genuine or achievable in the practice context with its multiple cultures.

The literature supports this finding as it is argued that the multi-faceted nature of contextual factors raises a variety of challenges to the facilitation of all kinds of practice development (Rycroft-Malone, 2007). Systems, structures, processes and patterns in an organisation are experienced differently by individuals in particular practice settings as each of these have their own culture made up of a distinct set of values, beliefs and assumptions. It is also argued that these characteristics have an important influence on the learning that occurs among the practitioners, and on the styles of facilitation that can be effective in a process of change (Hughes, 1999, p. 23). This is relevant to the knowledge that PAR is fundamentally about learning, which is used to improve practice (McNiff, 2011). A range of attributes related to the workplace context, the physical environment and cultural characteristics, are assumed to have the potential to enhance or hinder the way practitioners engage and benefit from a process of learning. A

strong commitment to continuous learning and improvement in the workplace, including a tolerance of productive tensions and appreciating the value of learning from mistakes as integrated components of practice, is assumed to be a supportive culture for learning (Senge, 2006). By contrast, working in unhealthy environments or toxic cultures, can result in more errors and can bring about what I define as 'moral distress', burnout, frustration, and low morale (Tracy, 2009) in the facilitator and staff in the organisation.

This could be why several researchers (Adams, 1997; Coeling, 1993; Cummings, 2007; McCormack et al., 2002; Scott, 2008; Webster, 2007; Wilson, 2005) argue that it is essential to consider, understand and diagnose (Kitson et al., 2008) each individual workplace, its hurdles and enabling factors prior to implementing practice change. This consideration can guide the decisions relating to an effective facilitation approach within a particular context. I understood in the study that this was something to be done *in* the reconnaissance phase, not as something to be done *prior* to this phase. Bate (1994) also suggests exploring the way organisational culture is understood in the context of practice, as this is essential in understanding how best to bring about changes to the practice and culture.

Shaw et al. (2008) emphasise, explicitly, the collaborative element in 'enabling' of facilitation. For, in order to enable teams to work effectively in practice development, it is necessary to achieve a consensus first about what the cultural norms are. This collaboration is crucial in PAR in order to develop the motivation and ownership to explore and analyse these contextual issues. Collaboration is also necessary in order to have a voice in which facilitation approaches, actions and strategies are feasible and appropriate within their situation. Thus, facilitators should be able to apply facilitation on different levels, using different styles of intervention depending on the contexts and needs at that time (Heron, 1989).

In the dialogue with the literature, I discovered that adjusting the facilitation approach to a particular workplace culture, was found to be implicit in PAR literature. However, the rationale of orientating to a particular context in order to identify issues for action with regard to culture was more explicit. The context, structure and cultural characteristics are, we know, changing constantly and therefore they need to be diagnosed regularly and collaboratively. This is because they have an impact on both the facilitator/researcher and the practitioner as these are active, embodied, embedded, historical and traditional beings that shape, and are shaped, by the social system (Fay, 1987). This is important in order to refine PAR processes and approaches so that facilitation is more suited to the context, making the best use of its dynamics and therefore is more successful. This requires a PAR researcher to prepare for and adopt a flexible approach to facilitation at the start of a study.

A moment of reflection

This theoretical reflection enabled me to critique my initial ideology on the conceptual context that I had accepted as a novice facilitator of PAR. As a novice I believed that the complexity of the

practice context needed to be taken for granted. For PAR to succeed, therefore, the approach to facilitation needed to be first and foremost emancipatory. From my reading of the literature I have now a deeper understanding of the complexity and dynamics of health care contexts. The insights that initially lacked in me, is that understanding this complexity and dynamics is crucial to the first phase of PAR and needs constant refinement throughout the process. In addition, I believe that it is essential to appreciate this dynamic and complexity, rather than to take it for granted, contest, or even, deny it through striving for simplicity. I notice that the literature does not explain *how* to understand context in their descriptions of their cyclical frameworks. Only a few authors (Waterman, 2001; Williamson, 2012) emphasise that this requires more time and skills than what the PAR literature implicitly suggests for the reconnaissance phase. I suggest more attention should be given to explore and understand the context - that which has been referred to as the swampy lowlands - from the inside out in collaboration with practitioners, in order to identify issues for action and to prepare and adopt a flexible approach towards facilitation.

> *By practicing sailing more often, you will come to know that the weather is not static, and changes at any time. Sailing requires experience in varying wind and sea conditions. As a sailor you need to enter open water, to read the weather, and only then can you decide on appropriate sailing strategies to adapt to specific circumstances.*

Conceptual balance

Constantly adapting one's approach to facilitation according to the dynamics and complexity of the context is easier said than done. The study findings showed a constant tension between principles underlying the methodology of PAR, those relating to the context and my own principles for facilitation. This caused paradigmatic and metaphorically speaking physical imbalance, thus losing ground and recalling emotions such as uncertainty, loss of self-confidence and low self-esteem. These in turn had an effect on the focus, levels of energy, relationship building and ultimately on the progress of the study. It is acknowledged in PAR literature that facing dynamic and complex contexts is challenging, demanding and causes a lot of tensions (Brown, 2006; Jacobs, 2010a; Jacobs, 2006; Lavie-Ajayi, 2007; Meyer, 1993; Snoeren, 2012; Webster, 2012). Because of these challenges there is a potential risk of facilitators, in particular those that are new to PAR, becoming what researchers have called 'stuck' (Crisp, 2011). Facilitators may also become defensive (Jacobs, 2010a), disconnected, lose oneself (Snoeren, 2012), or even drop out of practice because of symptoms of burn out (Munten, Legius, Niessen, & Snoeren, 2012).
Two key-messages were identified in the study findings which may help to retain balance. These are: 1) It is important to know and use oneself in facilitation, that is, to act authentically and; 2) It is important to commit to a distinct journey of personal development in order to question oneself and to learn to adopt a genuine 'whole-self' approach. In the next section I will look at how these messages fit with the existing literature.

Key message 3: Knowing and the use of oneself

It was evident in my findings that the personal, that is, 'my being' was not seen as important and was separate from the role and skills or the 'doing' of facilitation. In my close relationship and facilitation with practitioners, mostly intra -and interpersonal issues and concerns surfaced. Issues like, how I thought about self in relation to others and the way I communicated and interacted with others. This required additional skills that I was not aware of. The literature acknowledges that besides technical or practical skills, intra -and interpersonal skills are also of importance in effective facilitation of change (Harvey, 2002; Kitson et al., 1998; McCormack et al., 2004). Added to this the role cannot be separated from the person. In PAR, the facilitator is the primary research tool, an important inquiry tool at the centre of the process of dialogue. The facilitator is seen to need sufficient social awareness and good sense in order to enter, facilitate and shape the world of relationships they seek to inquire into (Barber, 2009, p. 24). In order to raise personal and social awareness, a facilitator draws from their personally acquired store of practical skills and intuitive wisdom (Barber, 2009), in their interaction with others. One's personality[14] is known to influence an individual's actions and reactions. This in turn affects one's being, either in the paradigmatic location in a study, behaviour and the development of a professional identity as a facilitator of PAR.

Taking on a facilitator's role, does not necessarily mean that a person changes their identity. Although this role might be dominant throughout the process of PAR, the original personal identity, the self, is still present beneath the surface and continues to influence the person's perceptions and actions. This has an impact upon others in the context. It also changes, in turn, the impact the practice context has on themselves and on their facilitation. The self cannot be, as has been argued, 'switched off' (Koch, 1998b), because it is an intrinsic part of the facilitator. Instead it needs to be acknowledged and used (Reason & Bradbury, 2008). Also Manley (2004) asserts that self-knowledge is an essential aspect for enabling others to focus on continual development. In their person-centred framework McCormack and McCance (2006; 2010) see 'knowing self' as a prerequisite, a vital condition to create person-centred care outcomes, which include; satisfaction and involvement with care, feeling of well-being and creation of a therapeutic culture, and to the development of an effective workplace culture. Marshall (1992) argues that: *'facilitative researchers need to be aware of the ways in which their own life themes contribute to the purpose and motives with which research is undertaken: an inquiry is not simply a search for 'objective truth', but involves one's emotions and values, one's personal and political biography'*(p. 289). Being aware of oneself, one's values and beliefs, one's philosophical stance or theoretical conceptualisation, allows a facilitator to understand, and to give meaning to the

14. Personality is shaped by personal characteristics and determined by personal values, beliefs and experiences.

phenomenon being studied. It also allows facilitators to recognise their potential, as well as limitations, in changing the situation.

The study findings revealed that through the engagement with practice and the feedback received from practitioners within the context, a self-awareness of an unarticulated system of values, beliefs and personal characteristics, developed within the facilitator. The power and political issues involved within the context undermined some personal characteristics that were actually seen as being a strength of the facilitator. But when these were translated into practice these personal characteristics became a weakness within the context. This was the case when I was open about being a novice in PAR, which impacted on my credibility and in my helpful attitude towards others that hindered practitioners' emancipatory transformation. There were also personally darker sides which came to the fore in my interaction with others, such as when I wanted to by-pass the unit management in order to make progress with the study. I did not appreciate nor accept these new insights into myself. This was evident in my reluctance to make use of my own personality and in the way I became socialised within practice context and *their* espoused expectations of me as a facilitator.

Existing literature argues that self-awareness is critical in the daily interactions of any helping professional role and especially has an impact in promoting change. This is true since the responsibilities, ethics, and outcomes of facilitation affect other people's lives (Barber, 2009; Freshwater, 2002; Jamieson, 2010; McNiff, 2011). Also a facilitator constantly receives feedback about themselves and their competence through their verbal and non-verbal interaction with other people in the immediate or wider field (Ewing, 2001). This feedback of external knowledge interacts with a facilitator's own inner landscape of values and beliefs (Jamieson, 2010) and has an impact upon their choices for action and also on their expression of authenticity.
Each person has various conscious and unconscious selves that compete for attention and come to the fore at various times, depending on the trigger or type of interaction (Seashore, 2004). There are selves about whom a person is not fully conscious and there is an unconscious aspect of the personality which the conscious ego does not recognise in itself. This the psychiatrist Jung (1959) calls 'shadow aspects'. As Jung (1968) says: *'The shadow personifies everything that the subject refuses to acknowledge about himself and yet is always thrusting itself upon him directly or indirectly – for instance inferior traits of character and other incompatible tendencies'* (p. 284). The shadow is largely negative because one tends to hide, repress, reject or remain ignorant of the least desirable aspects of one's personality. However, positive aspects may also remain hidden in one's shadow especially in persons with a low self-esteem, which could result in a facilitator not reaching their full potential. If a facilitator is unaware of this and does not acknowledge or accept it he or she might not learn to read the messages it conceals and may not use its powerful energies in productive ways. In the study I refused to see what my supervisors could

consistently see as potential in me and which I rationalised as them not fully understanding and what was happening to me within a context that they did not fully understand either.

The aspects of one's shadow are also closely linked to the use of *masks* that often compromises a person's authenticity[15]. Masks attempt to guide or control the impressions of others, behaving and acting differently in different scenarios (Goffman, 1955, 1959). Masks represent who you want to be, or ought to be, or hide some aspect of who you are. Thus, the use of masks can be influenced by a facilitator who is susceptible to espoused expectations of the role. For example in Foucault's *medical* gaze (1980) in which there is a strong orientation towards technical tasks and solutions and thus a split between the mind and body. The self could also be repressed and thwarted through a process of socialisation. A person, or mask, could be developed as the individual becomes absorbed in enacting roles (Freshwater, 2002) and believes themselves to be 'forced' to meet the social and political norms in practice. A connection can be made between the use of masks and the novice facilitator. It is likely that the novice facilitator imitates other facilitators. They copy or mimic them as they begin to develop their understanding of facilitation and their embodiment of new values underpinning their activities (Crisp, 2011). Such 'acting like', for example an enabling, or expert, facilitator is sometimes referred to as the *imposter phenomenon* (Huffstutler, 2006). This has a negative effect upon one's self-concept and self-esteem but is also assumed to be the start of the embodiment of a new role with its related values and beliefs about oneself. My findings revealed I acted like a competent facilitator and 'masked' my uncertainty. However, I did tell one of the managers I was a novice but did not explicate that further. My uncertainty in my role was only shown in my reflections and dialogues with supervisors and peers.

In my reflection on my critical companionship with one of the managers, I became aware I was only enacting a part of the critical companionship framework (Titchen, 2003, 2004), the facilitative processes and paid less attention to the professional artistry dimension in the framework. This is where personal qualities, ways of knowing, multiple intelligences, creative imagination and multiple discourses, are blended in the enactment of the role. This relates to a 'genuine whole-self approach' which I came across in my review of existing literature. This is the acceptance and reclamation of 'personhood' (Palmer, 2004), of humanity and appreciating the polarity of a person's being (Jamieson, 2010). If the humanistic and holistic principles underlying this approach are intentionally used in an adequate way, it could support, novice

15. The word persona (or personality) itself is derived from the Greek word for mask, and it is one of the five Jungian Archetypes: self, shadow, anima, animus, and persona. Jung emphasised that an exaggerated persona, can easily smother one's individuality, creating a rift between the true self and the outside self. http://directory.leadmaverick.com/Helping-Psychology/DallasFort-WorthArlington/TX/10/11154/index.aspx

facilitators to drop their masks, to connect with their hearts and to operate authentically. This could enable them to balance their identity as a person with their professional identity, to stay centred and grounded, to stay connected with oneself - or internal world - and others - or external world- , to remain true to their principles, their range of awareness and limitations, and to expand their choices in actions. Using and balancing multiple ways of knowing through this approach, allows a facilitator of PAR to understand and also to choose more intentionally when personal characteristics come to the surface and to decide on how to use them. It is assumed that when there is an inadequate use, or lack of this approach, a facilitator can either be '*swayed by the whims of the context*' or be too defensively attached to their own ideas of what is needed (Mackewn, 2008). Also, one is in danger of becoming self-alienated as a facilitator, where the '*subject is no longer the author of the on-going narrative of his self*' (Dawson, 1998, p. 164). As a result a facilitator loses control over the self and the appreciation of self and as a result one's self-esteem declines. This could, in turn, raise emotions of discomfort or cognitive blockage, cause a suffering from a lack of ego and lead to exhaustion. Ultimately this could hinder the enactment of appropriate behaviour (Snoeren, 2012) and thus deny effective facilitation. This was the case in my lived experience.

The study findings showed that I failed to develop properly different ways of knowing or intelligence to enable me to achieve self-awareness both with regard to myself and with others. Bodily feelings of pain, agony and fear, were suppressed, as these feelings were not perceived to reveal relevant knowledge and even seen as hindering my gaining of new knowledge. The level of empathy that was expressed to practitioners was not balanced, at moments it was either too high or too low.

Literature on emotional intelligence is relevant in relation to these findings, as emotional intelligence is seen as a personal characteristic that is key to enable self-awareness and to enhance an individual's ability to deal with everyday life professional or otherwise (Goleman, 1995). The challenges faced by a facilitator of PAR may come in the form of technical issues and concerns, though many find their roots in interpersonal issues (Quinn, 2009), which require also great sensitivity. It is argued that emotional intelligence contributes to the development of interpersonal competence and is defined by Mayer and Salovey (1990) as; *'the subset of social intelligence that involved the ability to monitor one's own and other's feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions*'. In addition Goleman (1998) suggests emotional intelligence is composed of four characteristics: emotional self-awareness, emotional self-management, awareness of others' emotions or empathy, and managing relationships with others (p.11). The last characteristic could be seen as necessary in order to achieve the highest form of emotional intelligence as it is the ability to use the awareness of others' emotions and to interact appropriately to affect the outcome of a situation (Quinn, 2009). Emotionally intelligent facilitators are seen as able to understand and

control their own emotions while having the empathy to relate to others, such as practitioners, in order to bring forth higher levels of participation and performance and thus increase the potential for PAR to succeed. This controlling or balancing of empathy, is challenging in particular in PAR, which is characterised by close involvement and a constant process of inquiry in order to understand stakeholders. The literature (Mackewn, 2008) affirms a potential risk that when showing empathy to practitioners, or having a sense of belonging to them, it can lead facilitators, unconsciously, to act or feel like the system they are facilitating. They can become so immersed in the practitioner's world that they can become part of it (Mackewn, 2008). Even though a facilitator is an outsider to the setting, an over-identification of oneself with the setting and a preference of their own perspective to practice development, could exist. A facilitator could too have an insider perspective from previous activities or jobs, recognising and reappraising former models of values and beliefs. In my work as a nurse, and even as a researcher within the university, I valued a more technically oriented perspective on practice development, on collaboration and on project outcomes.

The ability to listen to others and to read practitioners in an alternative way in order to decipher undercurrents, to understand what happens in the real world, to manage different expectations, to connect with others and to build trust, is seen as pivotal for a facilitator if he or she is to act with high emotional intelligence. It is important for a facilitator to bring these issues to the forefront of their interaction rather than withholding them. In this way the facilitator can support others in understanding their emotions and in viewing issues from different perspectives rather than to be persuaded simply of the superiority of their own values and belief system. Emotionally intelligent facilitators should appreciate and allow space for one's own emotions and those of others, either positive or negative, if they are to acknowledge that teams of practitioners in PAR are made up of emotional beings. This can then enhance a facilitator's thinking and can create an opportunity to achieve different meanings and alternative actions. It is suggested that the presence of emotional intelligence is a significant factor involved in creating meaningful interactions in order to withstand difficult times, to be able to take action rather than being passive when working with others and to attain achievement efficiently. Gardner (1999) equates emotional intelligence with personal intelligence and explains this as a capacity that allows one to understand one's own emotions by separating feelings into pleasure and pain, and to make decisions whether to withdraw or to become drawn further into a situation. Brookfield (1986) argues that the development of emotional intelligence is key to achieving personal development, learning and transformation. To develop emotional intelligence, as one aspect of achieving self-awareness, there is a need to pay thoughtful attention, to the situations, reactions, actions and to the interplay with others. But also to being attuned internally to ourselves (Siegel, 2010). Snoeren et al. (2012) refer to this with concepts of mindfulness and

mindsight[16]. Although I observed emotions within myself and others in my facilitation, I seldom brought them to the foreground as I did not feel able to discuss these, and believed this would recall emotions within myself and would result in delaying the process.

Getting to know oneself by articulating this knowledge in order that it should be scrutinised and be learnt from is a challenging and sometimes even a painful process (McCormack, 2007; Snoeren, 2012). The conceptual grounding and literature on this, in action research, is sparse. As a result the use of oneself has often been ambiguous, vague and difficult to convert into action (Jamieson, 2010). The overarching facilitative use of self in Titchen's critical companionship model (2003, 2004), is argued by the author to be complex and dynamic. It involves multiple configurations of the domains in the model and their interplay, also of an interplay between human aspects and situational aspects. '*Facilitators then use 'antennae' to sense what is going on with self, the other their interaction, and in context*' (Higgs & Titchen, 2001, p. 88). This, I assume, is difficult to learn through books and requires some expertise of the facilitator. Also, contemporary literature on PAR has hardly any explicit references to the knowing and use of oneself in the role as a facilitator in PAR, and yet this is known to be key to effective facilitation.

Key message 4: Commit to a journey of personal development

My findings in the study suggested that I lacked experience and the skills that were needed for facilitation within this context, and was not able to live out the principles that underpinned the methodology. There was a strong focus on doing, in order to prove oneself and so to develop expertise. In the end, the tenacity required for the 'doing' became self-destructive, exhausting and resulted in a relapse into a more traditional facilitation approach. Sankaran et al. (2007) stress that doing action research is not about the simple acquisition of knowledge and skills, but requires a way of thinking and an attitude, which needs to be learned over time. It requires a process of learning to act faithfully according to the principles underlying PAR. Thus, even though novice facilitators may be able to articulate the values and principles or the philosophical stance that is needed to position themselves within an emancipatory process of PAR, these values and principles, are not necessarily sufficiently embodied to be used effectively in their facilitation. The embodiment of a skill, according to Brykczynski (2009), occurs after repeated experiences of performing the skill as if one actually could do it skilfully. *'It is sort of "going through the motions" until, over time, the skill is transformed from the halting, stepwise performance*

16. Mindsight is a term coined by Siegel (2010). It is a kind of focused attention that allows us to see the internal working of our own minds. It helps us to be aware of our mental processes without being swept away by them, enables us to get ourselves off the autopilot of ingrained behaviours and habitual responses, and moves us beyond the reactive emotional loops we have a tendency to get trapped in. It lets us "name and tame" the emotions we are experiencing, rather than being overwhelmed by them (pp xi-xii)

of the novice to the holistic, fluid performance of the expert' (p. 96). Crisp and Wilson (2011) recommend engaging fully with this stage of embodiment in order to move forward. According to Benner (1984), expert professionals develop skills and understanding of a certain domain over time through a sound educational base as well as a multitude of experiences. These experiences are significant in order to recognise and understand the various characteristics of oneself, that is our potential and limitations, and to test the impact of the use of oneself in developing practice in a particular context. Jacobs (2010b) refers to these critical moments as 'exercises', as a personal fitness to develop a kind of suppleness. Reflexivity and seeing oneself as neither bad nor good, but in an evolution through various phases of cognition, perception, individuation, and other categories that comprise the self (Kegan, 1982; Wilber, 2000), are seen as key to make meaning out of these experiences (Mezirow, 1981). In my own experience I observed myself being ineffective in facilitation which made me to feel bad about myself. However, my response to this was simply to try harder, which was in itself being hard on myself.

Learning as facilitators to manage the use of a true and whole self is a lifelong process. Facilitators are constantly receiving new and updated feedback on themselves and their actions. The ideal professional self, that is what I describe as the 'I should' has to be continuously reconciled with the actual professional self or the 'I am' (Labone, 1994). This means that through their professional growth, facilitators gradually bring together their ideals of practice with what they perceive they are doing. Facilitators then integrate multiple ways of knowing of the self, more explicitly with their acting in practice, in a continuous process that enables professional development (Dall'Alba, 2009).

However the literature shows there are potential risks for people in reconciling these differences or incongruity (Rogers, 1967), which often results in disillusionment and low morale (Ewing, 2001). This was also evident in my experience. Shapiro (1976) highlights how different divided parts of oneself can act like additional personalities which need to be acknowledged and integrated in order to achieve a self-realisation and a personal and professional growth.

The importance of self-awareness and the use of oneself in deciding on strategies for action, and to a lesser extent in overcoming potential pitfalls of reasons for withdrawal, are also evident in the literature, in particular in the facilitation literature. However, the meaning of oneself, the challenges in knowing, the impact of using oneself, and of how to integrate this systematically as an intrinsic part in a process of PAR and acting by a facilitator, are hardly been explained. Instead these are implicit and taken for granted in PAR literature.

This should be made more explicit, as a distinct journey, to guarantee systematic action, with the intention of stimulating the facilitator's own learning and growth in developing expertise and a unique professional identity as a facilitator. Findings in the study showed that a systematic reflection on one's learning was lacking or put aside by me in supervision as I did not understand the importance of it at that time.

Self-reflection or critique, to know oneself, is a hard discipline to develop. People get into the habit of accepting things as they are and tend not to question or think about what is going on in their lives (McNiff, 2011, p. 122). Therefore they need others to help them with this. Therefore, I suggest a facilitator should seek support to accompany them systematically in this experiential journey, as McCormack and Henderson (2007) suggest. This would help a facilitator to transcend particular entrenched positions, to find congruency between the way one acts as a facilitator and with who the person is. In other words to enable a facilitator, either a novice or experienced one, to identify how to draw on some of the principles underlying PAR rather than compromising or adopting philosophies or values and beliefs to which they are, at least initially, opposed. McNiff (2011) argues that facilitation in complex contexts is not only restricted to expert researchers. It is for everyone who is committed to inquiring about oneself in a systematic way.

A moment of reflection

I began my study with an ideology which believed that a facilitator of PAR needs to hold on strongly to a self- espoused facilitator's role, which is disconnected from oneself, in order to be perceived as credible, trusted and appreciated by others. This has now been revised. The dialogue with existing literature has led me to conclude that to retain balance in doing and being in the facilitation of PAR, one needs to be *grounded* in a personal system of values and beliefs. This enables one to respond in a *flexible* way to the dynamics and complexity found within the context. From my reading of literature beyond that concerning just PAR, the interplay of these paradoxical elements of being grounded or rooted and flexible, adds a new insight to the importance of knowing and using oneself and the need to acknowledge and appreciate being a novice in PAR.

I am more aware that the development of becoming grounded is a learning process for the facilitator in the research process. This learning needs to be approached systematically, as Grant (2007) argues 'being and doing' participatory research is necessary to really see and understand what it means.

> *In sailing, a strong undercurrent can knock you off balance and off course. It could help to hold the rudder firmly and trim the lines, but this is mostly exhausting work. It would be better to drop anchor and explore how to cope with the undercurrent, to regain balance and so to continue the journey.*

The conceptual area of support

The preceding sections have shown that it is hard for a novice facilitator to retain balance in doing and being, whilst at the same time practising PAR in a practice context. A commitment to a journey of personal development is seen as important, though my study findings showed that learning about oneself was not a solo endeavour (Culbert, 1967) and that support in this journey was essential. This section focuses on the findings from the study related to supportive

relationships which help to expand one's self consciousness about facilitating PAR in dynamic and complex contexts and ultimately to develop expertise. These findings are for the most part based on the supportive relationships I experienced in the first two years of the study.
Formal supervision is the system of support in PhD research. However, not all PAR researchers are academically enrolled, so their system of support could consist of other forms than research supervisors. The two key messages which emerged from the findings in relation to support are: 1) It is important to connect on a personal level with one's system of support in order to create a safe and mutual environment for learning; and 2) It is important to systematically engage in critical and creative dialogues about oneself with the system of support to enable oneself to become what I call 'grounded'.

Key message 5: Connect on a personal level with the system of support

My study findings showed that I struggled to use the openness created in supervision for self-criticism, to connect on a personal level and to play the roles, to the best of my ability. These roles were those of a novice PAR researcher who is a learner and those of expert PAR researcher who is a supporter. The result of me not using the opportunities offered to me in supervision was that my, unspoken, learning needs were not met effectively. These needs were to get through the turbulence of doing PAR in the reality of the practice context and to accompany me in, what I perceived as, a lonely endeavour. In the literature, the relationship between learner and supporter is acknowledged to be significant and vital to the effectiveness of the support provided (Higgs, 2007). This is because it is a key place for learning, development, guidance and support. It is argued that the success a learner achieves in completing excellent research is inevitably bound up with the quality of the support they receive (Russell, 1996). This is strongly recognised by researchers making use of a PAR or PD methodology. Webster (2012, p. 110), in his PAR study, experienced that both clinical and research support proved to be invaluable early on. Clarke, O'Neal and Burke (2008) experienced the support of an expert critical companion or clinical supervisor to be essential in their journeys of becoming [PD] facilitators. Bellman (2012) asserts that;'*…support at a senior level, among other factors, will affect the chances of completing the study' and 'basically if you get your head around action research and how to go about it, you get the appropriate support and you take it carefully, it is achievable and a great way to look at and improve practice*' [p. 67]. These authors are seldom explicit in what these supportive relationships precisely entail. However, it is evident from their stories that both these relationships and their outcomes are different for researchers practicing a PAR methodology than when a more traditional or positivistic research methodology is followed. Because of methodological differences in which knowledge is generated and the manner knowledge is advanced, it has an impact upon the intention and outcome of the relationship and the support provided. In PAR the researcher engages in a process of development in becoming an expert in research and in facilitating practice transformation. It is known from previous sections that this facilitation requires considerable knowledge and use of oneself. Hence, due to the demands of the chosen

methodology and the field, a researcher of PAR faces different and personal learning tasks in developing expertise. A system of support can then offer an important learning environment in which the learner of PAR could develop personally and professionally. The relationship between supporter and learner is also seen as both personal and professional. It is considered to be as significant as the technical aspects of supervision. This interplay is also dynamic (Higgs, 2007). It is recognised that both supporter and learner will develop and change throughout the process. This requires constant adjustment, sensitivity and interpersonal skill on the part of both the supporter and learner (Hockey, 1996).

The personal characteristics, paradigmatic differences and the learning tasks faced by both a learner in practising PAR within a context, and those of the supporter, are known to affect the relationship. These factors guide decisions made about an appropriate facilitation strategy for support in order to match the position the learner has achieved and what the supporter can offer to the learner. These decisions are seen as collaborative acts working from a mutual learning approach requiring openness both from a supporter and a learner in PAR.
My findings showed a strong urge to prove myself and to be seen as competent in facilitation and doing a PhD. It also showed that I had a traditional view of learning in supportive relationships, which, to a certain extent, was characterised by principles of a delivery model, I perceive as *doing for*, rather than a facilitative model, I perceive as *doing with* (Simons, 2000).
This led to my attempts to hide aspects of my incompetence in facilitation. This was true both towards myself and the system of support. As a result it was difficult to identify adequately learning opportunities, and to approach and evaluate these in the relationship with supporters. Existing literature on supportive relationships has shown that open and honest communication is vital (Heron, 1999; Hogan, 2009; Titchen, 2003). The ability to share feelings on, for example, old positions which crept in and the discomfort which goes along with that, to be able to talk about them and what their effect is on the learner's work, can help one to start to feel better (Russell, 1996) about the situation. Openness is also important when the learner and supporter engage in critical dialogues and reflection in PAR. Then oneself is brought in for public scrutiny and beliefs which are taken for granted and practices are questioned (Freire, 1972; Mezirow, 1991). For this constant adjustment in support to take place, the supporter and learner should both be honest about themselves. They should be open for criticism, willing to listen to each other, to talk openly and truthfully and to accept their strengths and limitations in doing or supporting PAR. It is only when these aspects of dialogue and reflection are met that a genuine, constructive and solid relationship can be developed.

Titchen (2000) in her critical companionship framework, encourages facilitators to be physically and emotionally present to create a culture of feeling valued in promoting a trusting relationship. Clarke, O'Neill and Burke (2008) identified that building a mutual, trusting relationship with learners is vital to the success of facilitation. It is assumed that 'good' learning through

communication takes place in a climate of openness where political behaviour is minimised' (Easterby-Smith, 1999, p. 13). This assumption could be questioned as in a formal supportive relationship, working as novice and expert together is inherently political. I would suggest that it is important to recognise this and to agree on being of 'equal value' rather than 'being equal' in the relationship. Higgs and Armstrong (2007) argue '*when trust is present, the other can help in understanding the incomprehensible*' (p. 130). Because I had put on a *mask* and because it was not always seen through, and because I did not always allow supporters to see through, this openness, equity and trust in our relationship was not achieved properly.

Also evident in my study findings was the fact that personal characteristics such as existing embodied perceptions of learning, could hinder the openness in communication (Donald, 1995). Learning is recognised in the theories to be a complex activity and unique to an individual. It is recognised that each learner faces various challenges and tasks at different stages of their research process (Higgs, 2007). For that reason, researchers will have different learning needs throughout the research process. The way a person learns is dependent upon their motivational style (Houle, 1961), level of expertise (Crisp, 2011), adopted learning styles (Kolb, 1984) and use of multiple intelligences (Gardner, 1983; 1999), which facilitates different ways of knowing (Higgs, 2011). In addition, levels of being critical differ from person to person and in time and space (Jacobs, 2008). Knowing these personal characteristics as a learner and giving them attention by bringing them into the discussion, can help in building connections with the system of support and in finding appropriate approaches and strategies for support.

It is also important for a learner to share what they already know about the research environment in which PAR would be practised. On the other hand it is important for supporters to understand the research setting and help in identifying learning needs with the learner (Symon, 1999). This is imperative in supporting PAR, where embracing the cultural context of research is important, because it seeks cultures to be or to become person-centred, illuminative and transformative (Higgs, 2007). Contemporary literature on support mainly refers to supporters who need knowledge about the learner and the research environment, in order to respect, throughout the process, the learner as a person and as a developing professional. I would argue this need, which I refer to as a 'particularity[17]' works both ways. This means that a learner should also inquire into who the supporter is as a person. This suggests a shared responsibility for both the supporter and the learner. Still, I believe that the supporter, generally the expert in PAR,

17. Particularity is getting to know and understand the unique details and experience of the practitioner, in the context of the specific learning situation and of the practitioner's life, as far as he or she wishes to disclose. Once the companion knows 'where the person is at', he or she can take this as the starting point from which to help the practitioner learn from his or her own experience. The practitioner is seen as a unique, whole person, as well as a colleague, with individual needs that can be met in different ways (Titchen, 2003, p. 36).

has to take the initiative in questioning these elements. This is particularly true when working with a researcher new to PAR, who 'does not always know what she needs to know'. In turn a learner has to be open to sharing personal characteristics in learning situations and to define, collaboratively, distinctive and personal learning needs in PAR.

My study findings did not show how the approaches for facilitation were decided upon and how these were evaluated in terms of challenge and support. However my experience suggests that in the approach and strategies for providing support there was an imbalance between the element of 'challenge', related to critical questioning, and that of 'support', related to caring (Johns, 1997). There is a range of models or approaches recognised in the literature that the supporter can use to provide professional support, to enable learning and to address the developmental needs of learners in PAR. These are, among others, critical reflection models (Johns, 1998; Rolfe, 2011) that can help a supporter to employ a particular process for reflection. Clinical supervision models too are also common and widely used as they, according to Driscoll (2007), primarily focus on '*engaging in regular and formalised reflective conversation between at least two professionals, with the intention of both supporting and developing clinical practice*' (p. xvii). In addition, these models offer an opportunity for a learner to articulate again the central values in their actions and to find a way to live them in practice. Action learning (McGill, 2001) and active learning (Dewing, 2008) are widely used *by* PAR researchers and practice developers, though it is not clear in the literature whether these models are also used intentionally in learners' support by supporters. The critical companionship framework (Titchen, 2000; Titchen, 2003; Wright, 2003) is used in researchers' supervision as well as in researchers' practices within a context (Clarke, 2008). The decisions that underlie the choice for this framework in specific practice situations are lacking, however.

Although this framework does not have expertise at its centre, but the reflexive and accepting awareness of the human relationships at work in the inquiry, it is particularly valued, most probably because the framework describes the ideal underlying all the relationships of the PAR process.
The models often suggest some simplicity. However in practice there lies a complex myriad of choices and challenges (Driscoll, 2007) that the supporter and learner have to work through. It is evident from the literature that in supporting PAR, the balancing act between challenge and support is of key importance for success (Higgs, 2007). For that reason, I believe supporters should attempt to raise the level of the challenge to the learner gradually, thus retaining the learner's confidence and competence to take on new tasks and sustain the learner's morale (Phillips, 2000). My findings revealed that my morale and my trust in myself as the learner in the research process, and the belief that I would achieve competence gradually fell with myself. I became in a way blurred by the reality of the dynamic practice context and by the nature of the supportive relationship. An eagerness to learn PAR was replaced by despair.

La Pine (2008) sees the undertaking of an action research project in the messy, real world of practice as both a demanding journey and a grand adventure. Also Meyer (1993) acknowledges this by referring to a potential for isolation and self-doubt that is inherent to a process of PAR. Learning through reflection or critical thinking is, besides joy, exhilaration and excitement (Brookfield, 1987), also known for its potential to raise negative emotions, imbalance and even to be painful. This is because it aims to reveal the initial unconsciousness to oneself and this could in turn illuminate false consciousness or unwelcome truths (Kemmis, 2006) about oneself. In this process the learner can be driven to the boundaries of their knowledge and competence, which is known to result in distress, self-doubt and unsafe feelings. Ultimately it can impede raising issues to be learnt from.

I did not express my decrease in trust and morale early in the supervisory relationship: though it was shared with peers. Different learning needs require a team of supporters so that a researcher can learn from a number of resourceful people. If one recognises that learning and development are social and collaborative processes, then peer groups, for example students with similar supervisors, critical friends[18] and validation groups (McNiff, 2011), can be seen as relevant to the process. This is needed for learning to take place in relative safety so researchers can discover how to '*talk the talk and walk the walk'* (p. 133) (Higgs, 2007). Learning in groups or communities of practice is well known. It works because members can learn from each other by sharing information and experiences with the group. Then, researchers have an opportunity to develop themselves personally and professionally (Lave, 1991).

The PAR literature strongly recommends that those working in a facilitative capacity should ensure that they have their own support mechanisms in place (Williams, 2012). Furthermore novice facilitators of PAR, in particular, need good guidance and, or support (Migchelbrink, 2007; Reason & Bradbury, 2008). However, the processes to support these vital relationships are not transparent in PAR literature. My proposal that the importance of systematically organising a system of support and connecting on a personal level in a supportive relationship in facilitating PAR adds to the existing literature.

Key message 6: Engage in critical and creative dialogues about oneself with others

My study findings showed that I took little time for reflection and that I hardly allowed myself to focus on self as part of the supportive relationship. A strong focus on the 'doing' ultimately resulted in a limited focus on the 'being' and as a result there was a poor embodiment of the new principles and the mutual learning.

18. A critical friend is a person who is not involved in the project as a stakeholder or participant, and who is able to provide feedback, alternative interpretations or other advice from an independent position (McNiff, 2011)

And yet there are many aspects of this reflective process on one's lived experiences within a practice context which are especially important. These include the monitoring of performance, advising, critiquing, mentoring, assisting and or role modelling. These demonstrate the variety of activities in supportive relationships and accessing academic research training and common learning approaches in support of PAR researchers.
According to Meyer (1993) this is important because, unlike most research, researchers of PAR have to learn to develop methods and strategies in the field which cannot be planned in advance. Reflective processes support the researcher in being reflexive and thus becoming critical in and on their facilitation within a practice context (1987; Schon, 1983). This is in order to meet the different learning tasks and to enable the researcher to grow, flourish (Titchen & McCormack, 2010), to nurture professional artistry (Manley, 2005; Titchen, 2003), and thus to become a competent expert PAR researcher.

Reflexivity is a key component in the research process. It is important for learning, acting as a motivator for action, and also to ensure that the area being examined is as far as possible critically appraised. This in turn adds credibility to the action research study (Parahoo, 2006). It is a continuous activity that is undertaken by the researcher individually as well as collaboratively with others (Kur, 2008). The intention is to arrive at insights into the nature and consequences of their actions in relation to those within the practice context and in the research process. In this way it can guide further action. It is the articulation and conceptualisation of values and beliefs through which facilitators while practising make meaning out of the events. At the same time skills can be identified, both personal and professional, which can be transferred. Some are consciously known, some are embodied and even blind to oneself (Luft, 1955). They can therefore, surprise, overwhelm and even hurt oneself and others when they come to the surface. Habermas (1974) warns of the dangers of solitary self-reflection as in the act of self-reflection subjects can deceive themselves (p.29). Also Ray (2007) argues that it takes at least two persons to bring these values, beliefs and skills to the surface and as Barber (2009) says: ' to support one in showing ourselves to ourselves and to mirror wisdoms back to oneself'. Reflexivity in dialogue with one's supportive relationships is argued to be vital in learning to become a professional facilitator of PAR in dynamic contexts. Enabling these dialogues also means a different role for the supporters of PAR learners. It is, in essence, that of a role of facilitator guided by Freire's theory on praxis (1972), in which both learner and facilitator reflect and act upon the situation in order to transform it.

When differences in views, backgrounds and aspirations, which have an impact upon the interpretation and understanding of events in the PAR process (Parahoo, 2006), are acknowledged, then the supporter and learner are seen to be of equal value. They can engage in a collaborative search for making sense, or meaning, for shared knowledge and for the creation of new knowledge. This serves transformative learning (Mezirow, 2003) and actions. It is these dialogues

where one another's learning is valued, mutuality takes place and interpersonal support can act as a catalyst (Fowler, 2008) for facilitation in either a novice or more expert researcher.

My study findings showed that I, in spite of knowing the importance of reflection in PAR in general, was so caught up in and even a servant of the practice setting, that taking time for reflection was not a prerogative even though my supervisors tried to help me consider ways that I could find some time. Moreover, I did not know what best method for reflection I could use, or where to find relevant PAR literature. The literature I consulted mainly emphasises fostering dialogue in order to create space for communication (Kemmis & McTaggart, 2005) to enable self-reflection with practitioners. Less explicitly it emphasises too how this process could also be used for a researcher's learning and professional development, through developing self-awareness and creating the potential for growth in facilitating PAR. Through reading the literature I came across the view that a researcher's learning seems to be subordinate to the learning of practitioners.

Literature recognises that it is a challenging balancing act to be able to prioritise and thus to withdraw regularly for reflection on day-to-day demands in order to maintain a distance when needed. But the literature also recognises the need to step back into the practice context for acting with a moral intention, making sense of highly complex situations that need immediate action, while, at the same time, attempting to gain a greater understanding of the context of the situation by moving forward and backwards and joining the role of insider and outsider. Also, it is far less easy to integrate reflection into professional practice as Webster (2012) argues; '*it forms an integral part of expert practice and an automatic, intuitive part of how the expert practitioner functions due to synthesis and 'blending' of different types of knowledge*' (p. 109). When the integration of reflection is not achieved, it is likely that facilitators fall back into old routines (Jacobs, 2010a). They forget, even unconsciously, to take an 'attitude of inquiry' (Marshall, 2008) to oneself, they use limited sources of knowledge, and can, as a consequence, become imbalanced in their facilitation process. Finding alternative ways for achieving this balance rather than to adhere to the need for doing in practice, could also model the principles, reflexive or otherwise, of PAR, and prevent facilitation becoming self-contradictory (Winter, 2001). Reflection requires a substantial commitment of time and energy by both the supporter and the learner, in order to plan these critical dialogues on a regular base and to safeguard them.

My findings showed that the use of creative arts helped to get through the difficult moments in the collaborative work within a relationship of supervision. They could, in addition, help in articulating and blending different types of knowledge, in speaking a communal language and in finding creative solutions to complex issues. Later, it also provided space to express and therefore release emotions. This helped me to work through the pain and confusion of personal and shared experiences (Titchen & McCormack, 2010) that had paralysed the progress of the study earlier. Proponents of critical creativity (McCormack & Titchen, 2006), argue that the use of creativity and expressive arts in dialogues can help different ways of knowing to surface and be articulated. These ways of knowing or knowledge includes that which is pre-cognitive,

cognitive, meta-cognitive and reflexive (Titchen, 2009). It also avoids making the articulation of knowledge, as a linguistic activity, the object of the inquiry. In other words it prevents the supervisor and learner becoming bogged down in discussions over semantics (Lieshout & Cardiff, 2011). This is relevant as language and the articulation of speech is known to be a potential power issue (Fairclough, 1989) that could affect the level of trust and morale in a supportive relationship. Critical and creative conversations, to understand more deeply themselves as researchers, their strategies, and the phenomenon they are researching (Higgs, 2011, pp. 302-303), are a core feature of research which aims to make meaning or sense and help promote processes leading to growth.

A moment of reflection

This theoretical reflectivity indicates that a supportive relationship within PAR is of key importance and emphasises that this is an environment for mutual learning rather than, as with my former ideology, a place where the researcher has to prove her or himself. Openness about oneself and trust are key attributes in this relationship. It is characterised by reflexivity. This enables the researcher to get grounded, balanced and to develop expertise in facilitation, and a supporter to develop expertise in providing support. It is evident from reading the literature that any supportive relationship is unique, because of its interplay with real and unique persons in real and unique situations within contexts. Therefore, supportive processes can only be fixed in textbooks or guidelines to a certain extent. However, I argue that PAR literature should put more emphasis on the importance of creating a system of support as a systematic part of the PAR process and to attend to the preparation of the novice action researchers' reflexivity, emotional intelligence and intentional use of her or himself. A parallel can be drawn between themes of support and those within the facilitation literature. Potential challenges are mainly orientated around the interplay between supporter and learner. Moreover, critical creative conversations, enabled by a supporter, could serve as role model[19] for the reflective processes a PAR researcher aims to develop within the practice context. This again could enable enlightenment, empowerment and emancipation (Fay, 1987) with practitioners. This role modelling in a supportive relationship can then empower learners to create the condition for practitioners to empower themselves within a practice context (Porter, 1994). Metaphorically speaking the essence of support is:

> *In sailing you need to plan, prior to your journey, which harbours you might need to enter to stock up on supplies, to meet fellow sailors to share stories, to keep morale high, to take a break, to help adjust course if the weather changes for the worst and to repair possible damage.*

19. According to Bartz role models "serve as a catalyst to transform as they instruct, counsel, guide and facilitate the development of others" (p7). (Bartz, 2007)

A conceptual area of synchronicity

Synchronicity in this study refers to a dynamic interplay between a researcher and practitioners, in which differences are recognised and acknowledged and where there is a shared intention to work collaboratively. The definition used in the study has its roots in Jung (1972), namely it allows for the experience of two or more events that are apparently not causally related nor likely to occur together by chance, to be experienced as occurring together in a meaningful manner. The latter has strong reference to Jaworski's (1996) work on leadership, which builds on Jung's work.

The study findings revealed three key messages related to the concept of synchronicity. These became interwoven, unintentionally, around Collaboration, Inclusiveness and Participation (CIP[20]) (McCormack et al., 2006). These are key principles in practice development that link with the following key messages.

The first key message is that it is important to achieve consensus on the possible contribution and purpose of PAR within a practice context with those that will work with PAR, in order to develop an acceptance of change in practice and to enable an *inclusiveness*. The second key message is that it is important to connect on a personal level with management and practitioners within a context and to develop a partnership of equal value, to enable *participation* and to achieve reciprocal adequacy. And the third key message is that it is important to create systematically open and safe spaces for communication in order to engage in critical, democratic and creative dialogues. This communication will then enable the identification of issues for action and *collaborative* working.

Key message 7: Achieve a consensus with practitioners and management on the possible contribution and purpose of PAR within a workplace practice

My study findings showed that, for PAR to succeed, gaining access to higher management, gaining their commitment, and such prerequisites as time and resources, were not enough. These achievements did not translate into true access, commitment and such prerequisites from the practitioners and unit management. Neither was the methodology for PAR well understood by most managers and practitioners, according to the study findings.

Contemporary action research literature argues that a project begins with a process of communication and agreement between people who want to change something together. It is found to be essential that the spark comes from practitioners themselves if they are to own the study. PAR is characterised by an emerging design and the specifics of this design, plus its attendant research questions, are determined only after the participants are involved. This

20. Collaboration = working together towards a common goal, but does not necessarily involve participation; Inclusion = holding boundaries open for others to join in an activity/process; Participation = active engagement of others in a concrete activity (Lieshout & Cardiff, 2011)

presents an ethical dilemma as practitioners cannot be fully informed before the beginning of a project. Neither the facilitator nor the practitioners know what will be achieved with the study and what this will require from them in advance. They simply cannot know what they are consenting to. This could confuse those familiar with a more market or hierarchy driven culture (Cameron, 2011) that is orientated strongly towards results and where structure, control and stability are favoured. They can only consent to the researcher and practitioners' collaborative efforts, actions and reflexivity that in turn can lead to practice change, and a flourishing of individuals (Titchen & Armstrong, 2007) and the generation of knowledge. PAR thus mutually benefits recipients of the research, a community of practitioners, as well as the co-researchers, who may also be the community of practice, who have undertaken the research. However, these effects cannot be foretold in detail in advance. Therefore traditional concepts of informed consent are inadequate in action research as also argued by Meyer (1993).

According to Fay (1987) there needs to be a crisis situation in which people cannot resist change nor continue with the old unworkable ways. A situation demanding choice or a sense of urgency (Kotter, 2008), will then arise in which some sort of choice is *forced* upon people because they are no longer able to function as they used to do. To Fay (1987) it is only then that people will be primed to join the study (p.30). Hence, commitment and ownership are unlikely in the very early phase in PAR. A phase in which the crisis situation first needs to be explored. This could contradict contemporary literature, which states that it is important for commitment and ownership to be safely tied into the process as soon as possible. This 'soon as possible' however is a vague description and could be misinterpreted by the reader.
My findings also showed that the degree to which the study was accepted by practitioners and management varied. In addition to this there was a strong focus on what I as the researcher calls 'getting them on board'. This was guided by the belief that togetherness and shared ownership of the study would naturally grow over time. But instead this belief evoked resistance in particular from the management. Sometimes people resist change as they fear the unknown. Change implies uncertainty and is frequently perceived as threatening and challenging. This causes heightened feelings of discomfort, fear and anxiety (Williamson & Prosser, 2002). Related to this is the concept of misunderstanding. Here the needs, the goals of the intended change and, or the implications of the study, are not understood. This could be the result of ineffective or inadequate communication (Kotter, 1979) and a lack of trust between the person, or persons, initiating the change, the researcher, the practitioners and, or the management (Grant, 2008). There could also be an issue with resistance if the practitioners believe that the skills and abilities required for practising the methodology is beyond their abilities and, thus, they fear failure. According to Wright and Thompsen (1997), an individual's lack of belief in their 'personal readiness', and thus their ability to change, can also be a resisting factor (p.38).

Practitioners will also resist when they believe they will lose something of value and that they will end up losing as a result of the change (Kotter & Schlesinger, 2008; Kotter, 1979). Fay (1987) suggests that a critical social theory for social change would only be appropriate when it produces an amount of net good greater than, or equal to, that of the original situation it seeks to explain and alter (p. 30). Upholding practitioners' false beliefs or self-understandings could also hinder their acceptance of change. They could face thoughts such as 'everything is going OK here' and 'it will work out some day by itself'. This inertia refers to the organisation, and the persons within it who try to maintain their status quo resulting in some static stability (Lewin, 1951) or 'grid lock'. Kotter and Schlesinger (2008) describes this as a 'low tolerance to change' . People may value security, stability and consistency and therefore be naturally resistant to any change. These 'societies' as Fay argues are quite stable, even though marked by high levels of discontent (1987, p. 30), and they respond to change with no movement and, or stagnation. It is argued that change fatigue, fatigue in taking initiatives and burnout can play a significant role in this (Buchanan, 1999; Smollan, 2009). Transformation always requires effort by people in some way. Inertia is a mechanism designed to moderate the destructive tension within a society and so preserve the social order as a whole. Such situations are not fertile ground for a CCS and thus PAR, according to Fay (1987).

In order for a critical theory to fulfil its practical task, to liberate people through PAR, these people must at some stage be willing to listen and to act on its message (Fay, 1987, p. 29). Trying harder as a facilitator, when there is no movement, can only reinforce resistance as Schein (1996) states. Titchen and McCormack rather suggest 'movement in stillness' (2010), contemplation and emptying the mind to allow new ways of seeing to emerge. Reflection, possibly creatively, in silence enables a facilitator to listen to their inner knowing about why people are resistant, to find strategies to face disjuncture[21], to engage in and understand context, its characteristics, and the shared world (Habermas, 1981) of practitioners.

In previous sections the findings of the study and the literature supported the significance of knowing the context in order to decide upon and adjust facilitation approaches. My findings also showed that this is paramount in the very first encounters with the context in order to synchronise the needs in practice with the potential of PAR as a facilitation strategy. In defining issues surrounding action, the facilitator seeks to generate useful information from the context, to inform decision-making and foster choice. This information is on the whole intensely political (Coghlan, 2001). To generate the information it is common for the facilitators to ask implicit political questions about the organisation (Williamson, 2002). Simultaneously, they illu-

21. Disjuncture is a constant and unavoidable "lack of accord between the external world experienced by human beings and their internal biographical interests and knowledge (Jarvis, 1992, p. 83)

minate the political climate and highlight the contrast between the formal rational image that organisations tend to portray, or practice espouses, and how the practitioners experience the organisation or practice-in use (Coghlan & Brannick, 2001). These 'unwelcome truths' brought forward by the facilitator (Kemmis, 2006) can be perceived by practitioners as a threat to the status quo. Therefore, it is necessary for the facilitator to gain awareness of this context (Boog, 2003; H. Coenen & S. Khonraad, 2003; Reid, 2000), to understand if it is committed to development through learning from analysing and reflecting on current practices. This learning is concerned with understanding if there are professional challenges and restraints and whether there are possible consequences or potential risks for individuals (Williamson & Prosser, 2002). It is also important to explore the relationship between participation, power and politics within the group of practitioners and to consider the effect of the participatory process on external stakeholders in the local context. Therefore, a researcher needs to engage in a dialogue with practitioners at an early stage to increase their acceptance of change in practice and their inclusiveness. In the study, management operated as a gate-keeper to accessing practitioners in order to engage in these dialogues and to create conditions to support the study in practice. It was evident from the findings and the observed hierarchical culture that there was a need to having a partnership with management on the unit.

Titchen and Binnie (1993) suggest a 'double act', where the research element of the study and the authority required for effective change, is located in different people. The researcher as an outsider would then, for instance, have the legitimacy in the research situation, and the manager, the insider would have the authority to change practice within it. It was primarily this relationship in my study that was characterised by resistance and a-synchronous working. This was because no agreement on the research process at the unit level was reached. Ongoing support from management has a significant role in sharing the values and in creating the right conditions. It is essential for realising the full potential of the study and encouraging practitioners' inclusiveness. Thus, as a facilitator, the need to overcome managerial resistance and achieve support within the organisation (Williamson, 2012), is of outmost importance.

Key message 8: Connect on a personal level with management and practitioners within the context and develop an equal partnership

My findings showed that the management and I did not join forces and become partners in taking shared responsibility for the study. There was an ambiguity in roles, like me being an outsider with an insider perspective, our knowledge and skills were not best used, and political and power issues kept us apart. PAR literature often refers to *mutual adequacy* as a parameter for validity in action research (Beukema, 2009; Boog et al., 2008; H. Coenen & H. Khonraad, 2003). This refers to the relationship between the researcher and the practitioners both of whom are taking part in the process. Mutual or reciprocal adequacy works both ways. The researcher and the researched take responsibility for optimising the research and the knowledge it produces

(Boog et al., 2008). This regulates the mutual relationships between scientific and common sense knowledge (H. Coenen & S. Khonraad, 2003). It requires mutual respect, trust and equality. Thus, the concept of mutual adequacy also regulates the potential power issues in this participative relationship.

'Participation is empowerment and empowerment is politics' according to (Grant, 2008). This causes inevitable, challenges to arise which are known to be acted upon by the facilitator during the research process. PAR has an intrinsic political nature because one of its central tenets is addressing power inequities in society by enabling oppressed persons a voice in order for their view of the world, to be heard. This requires a commitment to empowerment and democracy, and thus can be seen as an externally motivated political act. The recognition that power is directly related to knowledge lies at the very heart of PAR (Pyett, 2002). In PAR there is a tension between *vision* in theory and *voice* in practice (Hargreaves, 1994, p. 251). In another sense, there is a tension between the facilitators having 'university expertise' and practitioners having 'practice expertise'. There is a likelihood that the facilitator will be regarded as an expert, both by her or himself and by the practitioners. This means then that the facilitator will be regarded as having the knowledge and thus power (Robottom, 1993). This was evident in the study findings where the participants put me forward to voice their needs and to act - and I accepted this. Power was not taken from them by me, they gave the power away, unconsciously, to me as researcher, as they did to management.
However, participative research assumes an equal partnership between the facilitator and the practitioners both of whom are the subject and object of the study because PAR is about finding out which change/facilitation strategies were effective in achieving the desired outcomes and which were not. Still, a research and practice development facilitator is generally in a position of power relative to practitioners, if they retain the power to share, or cede control with practitioners. This limitation of equity in power is cited by Chambers (1983): *'However much the rhetoric changes to participation, participatory research, community involvement and the like, at the end of the day there is still an outsider seeking to change things... who the outsider is may change but the relation is the same. A stronger person wants to change things for a person who is weaker. From this paternal trap there is no complete escape'* (p. 141). Power inequalities within the research relationship can be reduced through PAR, but cannot be erased completely or at least not in the early stages of a study even if the facilitator is very skilled. On the contrary, practitioners are powerful as they provide their consent, or not, to participate in the study and thus the existence or survival of the relationship. They also have more authority than the facilitator to change practice within the practice context (Titchen & Binnie, 1993).

It is argued that the recognition and the valuing of varying sources of knowledge is a first step towards sharing knowledge in order to fulfil a participative democratic ideal and achieve knowledge generation through learning from action (Almekinders, 2009). Sharing knowledge allows

for a pooling of resources and a richer creation of new knowledge and therefore increases the emphasis on participation. This sharing of resources requires a facilitator to bring the status of the different roles to the same level and thus to shift the power to practitioners through facilitating and stimulating them to make their own interpretations of complex issues and to find their own creative solutions (Almekinders, 2009). This can be achieved through group facilitation skills and skills in drawing out the strengths of others. But this also requires that facilitators give away their need to be the expert in all learning. This could be enabled by managing and, or letting go of, one's ego (Hogan, 2009) in collaborative practice. As Macmurray (1935) argues, for a successful enquiry, one needs to overcome 'egocentricity' because *'our existence as persons is rooted in action, not mere thinking, and in the mutuality of I and You, not merely in the isolated 'I'"* (retrieved from http://johnmacmurray.org/further-reading/a-beginners-guide-to-macmurray-in-a-philosophical-context/ on October 15, 2012). This sharing of knowledge, and thus power, can even generate more power, which could disempower others. This in turn demonstrates the political nature of PAR in a less positive way. Hence the need for newly empowered people to learn how to create the conditions for power to circulate.

My findings showed that there were methodological tensions in enabling enlightenment with practitioners on issues of practical and pressing importance in their professional lives (Wicks & Reason, 2009). This is because they were hindered by management from voicing their decision to participate in the study and to engage in a relationship with me. This also prevented the practitioners from continuing a process towards empowerment and emancipation. Boog et. al (1998) acknowledges that participation appears to be a very complex issue in theory as well as in practice. It is argued within PAR literature that the relationship between the researcher and the participants of the study as co-researchers is a key element influencing the success or failure of action research (Grant, 2008; Stringer, 2007; Webster, 2012). PAR is an orientation towards inquiry in which there is a conscious attempt to fuse theory and action and it endeavours to be a genuinely democratic, or non-coercive, process whereby those to be helped, determine the purposes and outcomes of their own inquiry (Wadsworth, 1998). This participatory ethic is about inclusion as Freire (1982) argues: '*The silenced are not just incidental to the curiosity of the researcher but are the masters of inquiry into the underlying causes of the events in their world. In this context, research becomes a means of moving them beyond silence into a quest to proclaim the world*' (p. 34). This requires that the relationship between the facilitator and the practitioners represents a particular way of being with people and for the facilitator to take a stance that cannot be described as either objective or subjective; '*it is both ... in the sense that one treats oneself and one's fellows, and the social structures of which one is a part, both as subjects and objects in a process of critical reflection and self-reflection*' (Kemmis, 1991, p. 59). The relationship between the facilitator and the practitioner aims to enable the practitioner's capacity to act and so support them in improving their problem situations in a self-reliant and empowering manner. The facilitator enables practitioners, as co-researchers, to explore their current practices with an

open and authentic attitude in order to understand why they find themselves in situations of pressing concern.

Particular attention should be given, within a critical perspective, to review the decision-making processes, lines of responsibility and hierarchical relationships as well as the historical developments of the workplace (Trede, 2011). Building a trusting relationship is known to be the central challenge (H. Coenen & H. Khonraad, 2003; Cropper, 2007; Grant, 2008). Wicks and Reason (2009) argue that; *'the success or failure of an action research venture often depends on what happens at the beginning of an inquiry process: in the way access is established, and on how participants and co-researchers are engaged early on'* (p. 243). Kiser's model based on different stages to achieve 'masterful facilitation' (Kiser, 1998) aims at building a rapport with practitioners in the first phase as this is found to be crucial since people form opinions about facilitators during the first contact. Mezirow (2000) adds to this that feelings of trust, solidarity, security, and empathy are essential pre-conditions for a free and full participation in a discourse. It is acknowledged that, living out the principles of authentic collaboration, inclusion and participation in practice, is a challenging undertaking. This is especially true in large organisations such as hospitals, with their complex hierarchies and diverse workforce in which there is a dominant discourse of managerialism rather than patient, or person-centred care (Trede, 2011). This requires deliberate dialogue and reflection.

Key message 9: Systematically creating open and safe spaces for communication

Though engagement in deliberate dialogues to enable a process towards emancipation are crucial, my findings showed that they are also subject to various dynamics and challenges. A paradigmatic framework for CSS suggests that PAR should ideally be *by* the local practitioners and *for* the local practitioners. Once the researcher, adopts a contemporary facilitator role, practitioners are helped to complete the tripartite process of enlightenment, empowerment and emancipation (Fay, 1987, p. 29), or according to Freire (1973) are helped in a process of 'conscientisation', problem posing and de-constructing and re-constructing the situation. Enlightenment, raising the consciousness of the oppressed, and de-construction and re-construction, occurs through reflexivity or critical consciousness (Trede, 2011). Therefore, the facilitator of PAR's primary task is to enable practitioners, individually as well as collaboratively, to adopt a critical approach and to deliver and co-construct new knowledge, in the subject being studied. In addition the facilitator must also help them to identify and find consensus on key issues within their context, issues that they want to change, and, finally, to invite them to participate in the interpretation of results and the development and application of change strategies. Furthermore, having respect for the knowledge and abilities of practitioners by enhancing *democratic* dialogue (Coghlan & Brannick, 2001) rather than argument, can help to provide new ways of looking at the issue at hand. It can also help to reach a useful understanding of one another's issues (Hogan, 2009), building, trusting relationships (Coghlan & Brannick, 2001) which will, in turn, most likely lead to a greater willingness to cede power (Grant, 2008).

Collaboration implies reciprocity and works most effectively when the knowledge, skills and experience of both parties are equally valued and regarded with mutual respect (Pyett, 2002). Therefore, ensuring open and safe spaces for communication is seen as a principle task of action researchers or facilitators of transformative practice (Trede, 2011; Wicks & Reason, 2009). The findings showed that, in an attempt to instil collective responsibility for change and to stimulate action, these spaces for communication, were fragmented and were rushed through in order to identify issues for action. This meant that space for communication was also seldom used properly to build the open and trusting relationships that would have helped practitioners to engage in critical dialogues and continued collaboration. Atweh et al. (1998) suggests that a facilitator should recognise that building relationships and opening communication channels takes time. In turn, practitioners are required also to contribute time and to demonstrate commitment and willingness to share responsibility. It is suggested that the opening of a safe space for communication must take place at the start of a project, before any overt action research activities can take place (Cropper, 2007; Grant, 2008; Williamson & Prosser, 2002).
However it is essential too, to integrate these spaces systematically throughout all phases of the research process, to provide a forum for the dynamics of collaboration in practice to play out. This will also help to continue to develop an eagerness and commitment to work together on jointly negotiated courses of action and to bring about change for the benefit of the individual and the community. And, furthermore the space is important in order to negotiate and renegotiate the research process and understand how decisions will be made for informed consent through sharing information about the consequences of decisions. Lastly it is required for the rigour of the study and for attending to any possible repercussions for practitioners. Facilitation thus should actually start with these first dialogues with practitioners and not as I previously believed that real facilitation only started when issues of action are identified. This is linked with the issue of patience reflected in my findings like the 'white rabbit continually watching his clock' (Chapter 3, story 7). Also with the need to manage one's emotions and previous mindsets as explained previously in the conceptual area of 'balance', when working with the concept of temporality, pacing, timing, anticipating, past-future-present.

It is emphasised that building relationships is rather about *creating conditions* for achieving participation, dialogue and reflection, primarily by developing new, neutral public spheres for critical dialogue. It is not about practitioners merely joining in activities. Pyett (2002) writes this as: '*The development of a mutually trusting relationship is an ethical imperative, not merely a means of gaining access, obtaining data or improving the richness and quality of data. Indeed trust and rapport are not to be 'gained' or 'obtained' but must be earned over time by sensitive, respectful and considerate communication and interaction with the community [practitioners]'*(p.33). Hence, this ethic of mutual trust is at the heart of any relationship and therefore needs to be seen as an end and not just as a means to practice development.

Action based upon collaborative dialogues can help gain new insights and thus learning when individual views and underlying values and beliefs are articulated and shared with others. However, my findings showed practitioners acting in collaborative dialogue with me were reluctant to engage properly in a deeper reflective process about themselves and their work practices. This was especially true when we disagreed on the interpretation of the findings, and when I tried to illuminate multiple knowing and enable double-loop learning (Argyris, 1974) to take place. It also showed that group dynamics play a part in these dialogues. However, the use of creative arts, again, was found to be helpful in overcoming these challenges.

Argyris et al. (1985) point out that individuals and organisations have a number of defensive reactions to change or learning through reflectivity. They adopt defensive reactions such as preventing open dialogue and the integration of new information that may challenge their existing worldviews, values, assumptions, and paradigms. These defences include placing some subjects beyond discussion (Argyris, 1985, p. 87), or simply being unaware that their espoused theory, is different to the theory they are using (p.82). As stated earlier, there is in PAR a necessity to tell unwelcome truths that people do not want to hear (Kemmis, 2006). Ledwith and Springett (2010) state that these truths are necessary tools in order to be critical and that there is a need to connect local issues to broader questions. Without this denunciation or truth-telling *'action research lacks a critical edge and is unlikely to be transformative'* (p.23). Therefore amongst others, establishing trust is critical in setting up PAR, even if it is challenged by politics and power issues. In its many aspects, group dynamics, the way groups and individuals act and react to changing circumstances, thus plays a central role in PAR processes and in the different levels of commitment and participation (Hogan, 2009).

Interactions shift and change between the diversity of individual human interests, the technical, practical and emancipatory (Habermas, 1968), and the priorities of the different groups. This, thus, requires flexibility in facilitation strategies by the researcher and constant articulation of perspectives, values and beliefs. In a few positive participative activities with practitioners, I experienced that using creative arts media as a facilitative strategy helped practitioners to create the conditions to deconstruct their situation, to reflect on this, to put into words their everyday knowledge and to share this with other practitioners. I also experienced that it allowed each person to work to their own strengths. Existing knowledge is often taken for granted while practitioners themselves are often hardly aware of having this knowledge (Almekinders, 2009). Bellman (2003) says; '*engaging in critical reflection takes courage, and a willingness to step into the uncomfortable way of the, as yet, unknown*' (p. 26). My experience with using creative arts was helpful in building trust and engaging practitioners in a process of reflectivity. Johns and Freshwater (2005) argue that learning could provoke anxiety and fear but that too much fear is not useful for learning. Therefore the relationship between practitioner and facilitator, or supervisee and supervisor, is decisive in order to balance this out. Freshwater (2002) argues

that a therapeutic relationship is critical to clinical supervision or in any therapeutic alliance. In here, '*the facilitator works with Roger's (1951) concepts of warmth, genuineness and accurate empathy together with trust, rapport and collaboration*' (p. 67). In this relationship the facilitator concentrates on the personal needs of the practitioner and moves into a counselling role and oversteps boundaries. The function in here could be restorative (Proctor, 1986), as this is concerned with how practitioners respond emotionally and survive the stresses of their work.

Creative arts could enable this overstepping boundaries in self (J. Higgs et al., 2007) and context (Titchen & McCormack, 2010). It is also evident in the literature that when a facilitator enables practitioners to blend embodied, imaginative and symbolic meaning through creative arts, they are able to bring the meaning they know in their bodies into a cognitive critique, which will help them further in their reflection on the context or situation (Horsfall, 2009; Titchen, 2011; Trede, 2011). Creative arts thus could help in achieving a safe space for collaborative and open communication. However, this also requires skilled facilitation and a therapeutic use of self (Freshwater, 2002).

Brown and McCormack (2011) argue that within the principles of emancipatory action research the creation of 'psychologically safe spaces' can be supportive to practitioners in developing their practices. This makes me think of Maslow's (1943) hierarchy of needs that could explain the discrepancy in needs experienced by practitioners and facilitators of PAR. In a complex, dynamic and turbulent practice context, practitioners are perhaps likely to feel the need to be safe, thus their needs are likely to be physiological and psychological in nature, while a facilitator of PAR might tend towards what I would call 'developmental needs' or self-actualisation.

This could indicate a stepwise and, or dynamic process enabling a facilitator to move through the different hierarchical levels of needs. Nevertheless, when different needs are still not met and, when the conditions for both facilitator and practitioner to work in a synchronous manner are still lacking, then there should always be an option open to both parties to stop the project (Hogan, 2009).

A moment of reflection

The literature seems to portray the building of relationships and achieving a synchronicity between the researcher and the practitioner in a positive light. They exhibit, on the whole, a romanticised view of practitioners who want to cooperate with the researcher for a greater good. This does not reflect the true nature of politics, power and ethics, and the impact on those involved. In fact, I believe, it actually minimises the complexity of these relationships (Grant, 2008). However, the findings of this study and further analysis of the literature showed that enabling practitioners through phases of enlightenment, empowerment and emancipation, is not the natural and stepwise process, which I believed it to be at the start of the study. CIP is not only a good working principle, it is a cornerstone of any action in the research process. Therefore achieving synchronicity in joint working and learning by researcher and practitioners

needs special attention, indeed, deliberate and constant action from the researcher, in order to enable CIP to become true.

> *You cannot change the wind, though you can change course and the position of your sails*

New insights leading to a mid-range theory on the 'essential conditions for facilitating PAR'

Painting the background (Gadamer, 2004), or situating the findings in existing literature and evidence, was the final stage of the process of analysis within the hermeneutic praxis phase. The key messages that were identified in the conceptual areas of *context, balance, support* and *synchronicity*, were discussed separately in relation to the body of knowledge. This enabled me to convey how they were reflected in the existing knowledge base and to identify where they differed and whether there were new insights. This resulted in a final step in the development of a conceptual model and in the development of a mid-range theory on what I argue are the 'essential conditions for facilitating PAR'.

Ideologies revised

PAR and enabling the transformation of health care practice contexts is, evidently, a cumulative process of complexity and dynamics. The literature acknowledges that health care contexts and workplace cultures are constantly changing and adapting to the wider context. This requires that a facilitator of change or PAR understands and appreciates this dynamic and constantly revises and adjusts their facilitation approaches and strategies. This requires a facilitator to have a wide repertoire of competencies, which is challenging for those new to a methodology of PAR and the facilitation of change. For novice facilitators of PAR there is the potential to become imbalanced as it is likely that they may have not embodied the principles underlying various facilitation approaches and have not yet developed a wide set of skills to respond or deal with the constantly changing contexts. Furthermore, personal characteristics are known to have an impact on the development of expertise in facilitating PAR and on the relationship with the researcher's support system. By putting these findings in the context of published literature, I came to the conclusion that there is a lack of clarity in the literature about how PAR researchers are helped to engage with the complexity of culture in different contexts. It is unclear how best to approach PAR and deal with it and what support is needed. Literature acknowledged that novice PAR researchers, in particular, need good support or guidance. However, the rationale behind this principle, and what is meant by 'good' support and what the key focus should be in general, is lacking.

The key messages that were identified are the results of my critique of my own ideologies[22] or false consciousnesses that I had adopted as a novice facilitator of PAR. These key messages for facilitation are grouped within the four conceptual areas and are now brought to light for further public scrutiny. All the key messages are repetitive, which means that they are important for the whole process in the dynamic and constantly changing practice context. An overview of the key messages that indicate a revision of my ideologies can be found in the following table:

	Conceptual area			
	Context	***Balance***	***Support***	***Synchronicity***
Key messages essential for facilitating PAR	It is important to engage with context to understand its complexity and dynamics.	It is important to know and use oneself in facilitation and to act authentically.	It is important to connect on a personal level with your system of support to create a safe and mutual environment for learning.	It is important to achieve consensus with practitioners and management on the possible contribution and purpose of PAR in workplace practice, to develop receptiveness to practice change and to enable *inclusiveness*.
	It is important to adopt a flexible approach for facilitation while working within a context to find connection.	It is important to commit to a distinct personal development journey, for inquiring into oneself and to learn to adopt a genuine approach to one's whole self.	It is important to engage systematically in critical and creative dialogues about yourself with your system of support, to enable one to become grounded.	It is important to connect on a personal level with management and practitioners within the context and to develop an equal partnership, to enable *participation* and to achieve mutual reciprocity.
				It is important to create an open and safe space to communicate in order to engage in critical, creative and democratic dialogues, to identify issues for action and to enable *collaborative* working.

Table 5.1 Overview of key messages.

22. Ideologies are sets of values, beliefs, myths, explanations and justifications that appear to the majority to be self-evidently true and morally desirable and manifest themselves in language, social habits, and cultural forms. Ideology- critique is a concept in critical theory and is a process for recognising how unjust dominant ideologies or false-consciousness, which are uncritically accepted, are embedded in everyday situations and practices. Fay describes this as it demonstrates the ways in which self-understandings of people are false, or incoherent or both ((Fay, 1987)

I identified four key findings around the conceptual areas of: understanding context, the facilitator's ability to adapt to the context and to oneself; the balance; the creation of a system of support; and achieving synchronicity in the facilitation of PAR:

1. The complexity of the practice context cannot be taken for granted by a facilitator of PAR. An in-depth understanding of the dynamics, complexity and the characteristics of the context is essential in order to decide on an appropriate facilitation approach and strategies in order to enable transformation in practice.
2. A facilitator of PAR needs to be flexible in their facilitation approach, which needs to be adapted continuously to the changing context and the changing position of individuals within it. In addition, the facilitator's approach needs to be congruent with their personal system of values and beliefs, their current competencies and with the context itself.
3. Creating a support system is essential in particular for a novice facilitator of PAR, to enable understanding and to make meaning, or sense, both out of the challenges they encounter in the process and the collaborative working with others in dynamic and complex contexts.
4. The above three findings are essential elements for achieving synchronous working with practitioners within a context and to live up to CIP principles that underlie PAR in practice.

Translating these findings back into the metaphorical statement which encapsulates the essence of the synthesis of my experience (see beginning of this chapter), is as follows:

> *"Dealing with and adjusting to the weather (context) is part of sailing and if you know the right actions to take (understanding context, achieving balance, creating a system of support), you can sail (synchronicity) in just about any weather".*

The compass model

The dialogue with the literature acknowledged my earlier assumption that an interplay exists between the key conceptual areas of context, balance, synchronicity, knowing, doing, being and the potential of becoming. Theoretical reflectivity added a deeper insight into the relationship between the characteristics of the context and the facilitator. This has consequently resulted in the development of a conceptual, abstract and holistic model, which presents the interplay of key concepts that are essential to the phenomenon of the facilitation of PAR. It builds on that which I arrived at earlier with the 'lived experience' image of the sailboat in the synthesis. The model is distinctive as it brings together essential concepts for facilitating PAR.

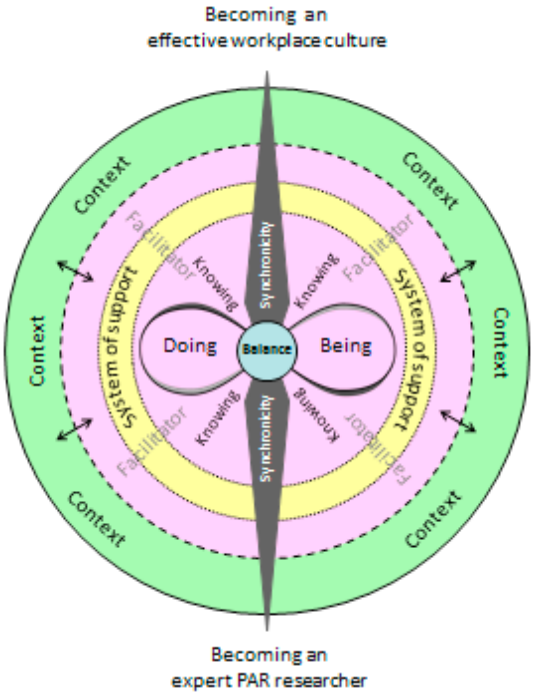


Figure 5.2 A compass model of essential conditions for facilitating PAR

The model is built out of the different interrelated concepts identified in this research. *Context* is the set boundary within which a facilitator of PAR, mauve background, works with others. It determines the first phase of action research that focuses on an orientation of the issues within a context. The context consists of multiple cultures of which you become part as a facilitator, and this contributes to the dynamic and complexity of working within this context. The arrows indicate a constant interplay between the context and the facilitator, either through facilitator's acting or their presence. The *system of support* that a facilitator found themselves, is in a constant interplay with the facilitator. It helps the facilitator to become aware of how far the researcher has been able to adapt to the context and to themselves in their facilitation. The model holds, or protects the figure of eight form, a lemniscate, as a whole for achieving balance. The symbol of the lemniscate is central to the model and represents a continuous process without beginning or end. Furthermore, it represents a dialogue, between a person's inside and outside body of knowledge and the repetitive, flowing, rhythmic movement, and continuing alternation between the *knowing*, *doing* and *being* of the facilitator in relation to the context. 'Doing' here refers to the ideal acting, or facilitation in practice and 'being' refers to the real embodied value system that exists within the person and guides their actions. 'Knowing' impacts on both doing and being. Doing and being are in constant conflict as they are affected by *different ways of knowing* about the context and about oneself, both of which are also

dynamic. An important point in the repetitive, back and forth movement, is the *balance* point in the centre. Balance is achieved when there is congruency between a facilitator's effective actions in developing practice and on developing and emancipating themselves and acquiring expertise which includes the ability to attune to different value systems in practice. This centre is where the turn of the movement takes place and where the potential for being in balance is at its greatest. It is also where the enabling of synchronicity in the relationship or collaboration with others in the ever-dynamic practice context, is at its greatest. This is represented by the 'needles' holding all the concepts together and derives its function from the other concepts. The model assumes that when there is an imbalance in knowing, doing and being, it affects the compass needles, setting it off course, and challenging the ability to work synchronously with others. The needles indicates the creation of a dual *potential*; for a context *to become* transformed and for the researcher to *become* an expert facilitator of PAR within a context.

The model as a whol.e is developing continuously. This 'whole' is formed by the movement of the parts and the concepts. Therefore, the model is not meant to be static and linear; it is about flow and movement.

Use of a mid-range theory

The image of a lived experience has been transformed into a new compass model which will serve as a mid-range theory designed to direct one's attention to the key concepts necessary for creating the conditions necessary for the facilitation of PAR. It is intended to enable others to understand the phenomenon of facilitation of PAR more easily and to guide oneself and others in order to inform actions aimed at transforming individual and, or team practices. A structure for these concepts and propositions are represented in the model by the mid-range theory. This is a product of research that has been developed and has grown at the intersection of practice and research (Smith, 2008). Characteristic of a mid-range theory is that it holds great promise for further testing. It promises too to guide scholarly research and everyday practice in the discipline of facilitating practice development and the methodology of PAR. It does not suggest what I would call 'mapping out the territory' completely. It rather provides a lens through which facilitation of PAR or parts thereof may be viewed. It challenges one's thinking about the interplay between contextual and facilitator's characteristics, in varying degrees and therefore has potential to have an impact upon one's practice of facilitating PAR or practice development (PD). It seeks to construct simplified representations of the key concepts that were identified in the study and tries to simplify reality so that one may understand the complex reality and, or the concepts more easily. This does not mean that the reader has to be familiar with the study's key messages to be able to actually use the model, it intends to trigger one's own meaning and reflections around the key concepts in their own specific context.

The mid-range theory on 'essential conditions necessary for facilitating PAR' articulates various relatively concrete and specific concepts that are derived from the conceptual compass model. Also, the propositions that connect these concepts propose specific relationships between them (Fawcett, 1995) and are outlined in the model. The theory could be used by facilitators of PAR, for alerting, in particular novice facilitators, to the conditions necessary for facilitating PAR, they need to pay attention to. It could guide the facilitator's system of support to ensure that the facilitator look at these elements in their facilitation. The theory could also be used to develop facilitator's critical thinking when evaluating and reflecting on their process of facilitation. However, a deeper understanding of the theory does not prescribe the correct action to be taken when returning to emancipatory praxis. It only could guide the process, in which the interplay of contextual and facilitator's characteristics is central and that is ever unique.
I would suggest that the researcher uses the model in a pre-reconnaissance phase as an orientation on themselves in relation to facilitating PAR within a context. As Hogan (2009) argues that although evaluation of these concepts in the process is relevant, *assessment* of oneself prior to moving into a specific context is worthwhile. This is true when seen as a subset of evaluation, to enable formative, summative and long-term evaluation (p.74). It then enables the system of support to adjust their strategies to the particular context or precise point reached by the researcher. This enables an effective and supportive, relationship to be achieved.
I would argue, therefore, that collaborative preparatory work on these concepts within this mid-range theory is required for the PAR researcher and their system of support, before the researcher engages within the practice context. I assume this work, including the exploration of researcher's philosophical stance, could assist the PAR researcher throughout the whole process in their 'knowing, doing and being' with regard to facilitation.

> *Sailors do not leave port and enter open sea when inclement weather is forecast unless there is professional support at hand to guide them and help them to equip the boat adequately for the endeavour. Such guidance can help them to know when and how to stock up with supplies when needed in order to ensure they can reach their final destination.*

SUMMARY

The dialogue of the literature was orientated on a wide body of literature around the facilitation of transforming practice with teams. 'Gaps' in the literature were identified and theories that provided strong support to the formulated key messages. The dialogue with the literature resulted in a widened horizon and the identification of nine key-messages that indicated a revision of my initial ideologies on facilitating PAR. New insights that emerged from the dialogue with the literature resulted in the identification of four key findings that were formulated around the key conceptual areas of *context*, *balance*, *support* and *synchronicity*. These findings

were translated into a 'compass' model that underlie the formulated mid-range theory on 'essential conditions for facilitating PAR'. How the theory can be used by the facilitator of PAR, to guide their reflections, and also for the system of support to guide and assist facilitator's in their reflections, is explained. In the next, concluding chapter I reflect on the rigour of the study, suggest implications for practice, education and research and articulate my contribution to knowledge.

Chapter 9

Taking the helm again

'A boat is safe in the harbour.
But this is not the purpose of a boat.

Un barco está a salvo en el puerto.
Pero este no es el propósito de un barco'.

[Paulo Coelho]

INTRODUCTION

This concluding chapter starts with an outline of the rigour of the study. Since the used methodology and research approach are innovative, integrating a mix of creative, cognitive and reflective methods, I also used an innovative approach to illustrate the rigour, by framing my reflection on rigour through key concepts from the compass model. Implications for practice in both education and research are described. A framework is presented in which principles for action, for the PAR researcher, are explained. The framework articulates the new position I have adopted in the study, and that I possibly will reintegrate in future, when I return to facilitate PAR or a similar project. Through the articulation of principles, others, like action researchers, clinical leaders, lecturer practitioners or those that support practice development, may benefit from its use. Their own experiences may resonate with my stories of facilitating change in health care practice. The chapter ends with a conclusion and what the study contributes to the knowledge of facilitation of PAR.

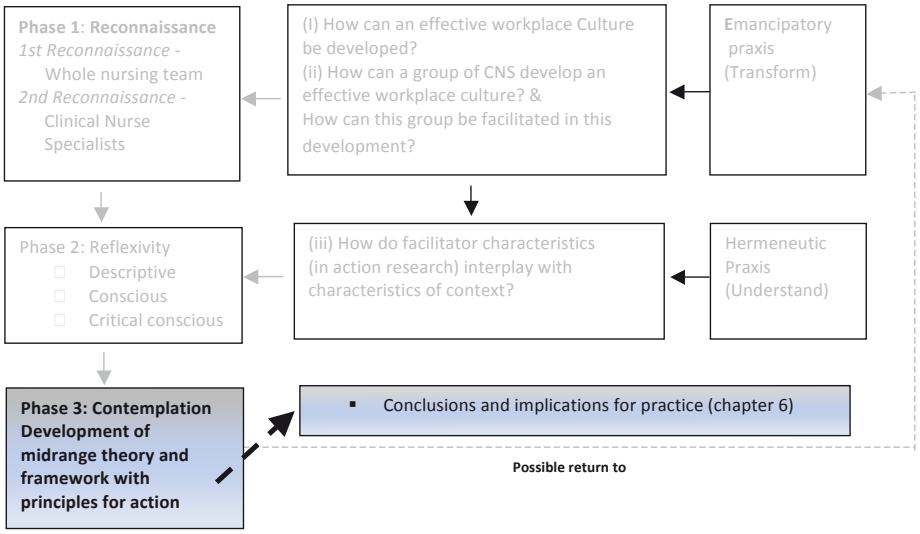


Figure 6.1 Elaboration of stages within contemplation phase

RIGOUR OF THE STUDY

For the findings and conclusions of the research to be credible, the process must be rigorous. Hermeneutic praxis in phase two became the main research approach in the study. Its intentions and philosophical roots are located in interpretative research. Issues of rigour in a qualitative tradition could be measured along criteria of trustworthiness (Guba, 1989; Lincoln, 1985). Koch (1995) sees the multiple stages of interpretation that allow patterns to emerge,

the discussion of how interpretations arise from the data, and the interpretive process itself, as critical for achieving rigour in the study. However, I noticed there is no agreed language for describing issues of rigour in hermeneutic phenomenological studies. There is also no universal set of criteria used to assess rigour in interpretive inquiry (Laverty, 2003). In this study the methodology used was original. It was in a way 'invented', guided by praxis and by various principles underlying hermeneutic phenomenology and critical creativity. As a result, I had to develop my own path to articulate the quality of the study, and to ensure rigour, individually, according to its own merits.

I decided to use the compass model to frame my reflection on different elements of rigour through the use of the key concepts in the model. The model indicates what is needed to be, in a sense, a 'good' facilitator of PAR and thus a 'good' researcher. Thus it could bring rigour to the study in explaining the way in which the criteria of hermeneutics are put into operation through the different concepts. Guba and Lincoln's (1994, 1989) criteria of trustworthiness also supported my reflection on the rigour of the study.

Synchronicity

The study shows congruence between the adopted paradigm and the methods chosen and hence, the way I connected with the data. The stories were supported by the deconstruction and the analysis of multiple sources of data that were collected. But they were also supported through the different voices heard in the reconnaissance phase, that of the researcher and practitioners. The five stories were constructed around four different action research cycles and the development of self.

Overall the stories present a mental image of what was at the foreground, the lived experience, in which the raw data , collected and systematically recorded in phase one, were interwoven . Multiple methods and sources of data collection provided multiple constructions of the phenomenon of study. The stories as a whole, are not stories as understood by participants, rather they are stories that I understood, as an actor, arising from the experience reflected in the data which I retrieved from my fieldwork.

My supervisors' narrative questioning helped me stay close to the lived experience, through focussing on the experience as it is lived rather than as it is conceptualised. This in turn encouraged openness to my inside or body for what I would describe as 'silencing' the mind and thus preventing simulations of what I thought I experienced. Reliving the experience with all my senses while reading and re-reading the data was used to complement the stories. Furthermore, these questions helped me to balance multiple voices and 'dark-and light' moments and thus encouraged me to cross-refer to raw data. This resulted in keeping a flow in the construction of the stories and in strengthening their trustworthiness. I suspended my prejudices through a kind of 'bracketing', a term initiated by Husserl (1859-1938) (Crotty, 1996). This enabled me to acknowledge preliminary interpretations, label them and place them in what I called a 'dumping file' for putting them to one side while writing the stories. I paid attention to the silence

that emerged in the writing, for that is where I could discover things that were self- evident or taken for granted (Manen van, 1997). This also helped me to prevent a premature interpretation and instead to remain faithful to the data and the different perspectives. At this moment I was telling the story in order to get inside the data and to get it ready for interpretation.

In hindsight, the overall stories were written about what happened too factually. I believe now that my emotions, feelings and earlier thoughts could have been more strongly articulated. I assumed at that time that it was more important for me to show others the amount of work I had done in the two previous years, just as I did in the early days of supervision. This revealed how, what I call my 'positivistic paradigm', was creeping in. I also had limited experience in how to present data in an alternative way. The more I engaged in writing, embodied the methodology, found my own writing style and owned my statements, the more I was able to write from the heart. Then my writing became more coherent; more flowing. I did not want to change the stories as these were the stories I had worked with and these showed who I was at that time.

For understanding the lived experience, Mezirow's levels of reflectivity were used as a heuristic device. This device was deployed in a prolonged engagement during the process of analysis. The reflexive analysis was characterised by the following: i) a systematic engagement with multiple stages of interpretation; ii) the establishment of a constant movement, a hermeneutic circle between the parts and the whole; and iii) conducting dialogues between myself and others in order to blend multiple perspectives, horizons, and avoid my voice becoming dominant. These characteristics were consistent with the philosophical underpinnings of the interpretive paradigm (Crotty, 1998). I argue this because they illuminated my thinking and enabled me to move beyond the limits of my previous understanding of the lived experience being studied as supported by Finlay (2003).

The use of creative arts in the process of writing enabled my ability to see the phenomenon in the lived experience from a different perspective. This allowed me to be reflexive, even in moments of darkness, and to look more closely at existential dimensions of the experience and the emerging patterns. This enabled me to construct a vivid and faithful description of the phenomena, by revisiting issues and reflecting on new areas that emerged from this process, by accessing its essential qualities and by interpretation (Koch, 1998a). The synthesis, I believe, is vivid, as the essence is captured in a coherent metaphorical statement. It is also faithful because of a clear decision or audit trail (Whitehead, 2004) that has been set out in the study in which all stages in phase two, are grounded in the philosophical orientation of hermeneutic praxis and are connected to one another. This trail also makes the process of understanding explicit to the reader, a process that started with the construction of the stories, continued through the construction of a meta-narrative and critical moments, to the development of a synthesis. In this way readers could understand the key practical aspects of hermeneutic praxis and start

preparing themselves for it, should they choose to use the methods. The trail can also then be laid open to further external scrutiny.

The mid-range theory is plausible to me, supervising team, colleagues in the university and even beyond that like conference audience, as it reflects the essence of the complexity of the situation, represents a coherent set of conclusions and showed how they are connected to earlier findings in a more universal way.

Balance – Doing and Being

While engaging in hermeneutic praxis I recognised that my influence in describing and interpreting the experience was an integral part of the research process (Guba, 1989). However, as I was the narrator of the stories and thus heavily involved emotionally, there was a potential bias in telling the story and in interpreting the story from one single position or truth. I, therefore, attempted to achieve balance by making use of the multiple sources of data collected and by making sure other voices were also heard in both the stories and in their interpretation. This, I believe, enhances the authenticity of the research process (Denzin, 2011). The focus of the stories is mainly about my lived experience of being a facilitator of PAR in a practice context. Though, in the stories I also included the voices of both the practitioner as well as the supervisors. Supervisors mainly participated in the hermeneutic analysis and interpretation, with regard to how they experienced my being and acting in practice. This also contributed to a rich description of the context I was in. I invited other plausible experts to participate in three critical creative hermeneutic workshops (CCHA) in order to bring in their, more objective, view of the experience described in the stories. In two of the CCHA workshops I deliberately brought in my own voice. Now that time had passed I could openly express new understandings of the experiences that were revealed through the process of writing the stories. Blending the different meaning structures or themes that were illuminated in the workshops in a metaphorical meta-narrative, enabled me to deepen the understanding I held of the lived experience further. It also allowed me to capture and articulate the essence of the phenomenon of study. The themes identified, jointly with others, were all member-checked. Dutch themes were translated into English and then back into Dutch. The meta-narrative and the critical moments into which the themes were integrated and thus took on a clearer definition, were only checked by the supervising team.

Practitioners of the oncology centre were also invited to participate in a CCHA to give the input more balance as otherwise it was mainly from a facilitator's perspective. But they were unwilling. They were concerned that reading the stories would recall negative emotions about that period. I respected their decision. Neither was their voice essential. The intention of them reading the stories was not to validate the stories, but rather to identify other themes in the stories from a practitioner perspective.

Another 'balancing' aspect that enhanced rigour in the study is the different ways of knowing used in the process of reflexivity. Creative writing, including the use of metaphors in stories and visual arts, including imagery and drawing, helped to explore the essential meaning in the experience. In this way cognitive or propositional knowledge, which is often more dominant in interpretation, became balanced with bodily or embodied knowledge and thus revealed a further range of different realities, and, in a fair and balanced manner, (Denzin & Lincoln, 1994) further illuminated the essence of the phenomena.

System of support

A team of supervisors and critical friends were crucial in the process of reflexivity throughout the whole study. They prevented me from entangling different philosophical frameworks so reducing the study's scientific rigour. Through a constant attention in supervision to the praxis and the reflexivity of the research process itself, I was able to understand how my research background affected my understanding and my actions during the research process, and whether this was appropriate or needed to change. I was challenged and supported in 'letting go' (Senge, 2005) of an old paradigm of traditional research methods and in letting go of a sense of rushing through the process. On the contrary I was challenged and supported in 'letting come' (Senge, 2005) of a new paradigm, towards me, allowing me to go deeper and to explore alternative research methods.

I was encouraged to articulate the principles underlying my actions and how they were connected to the methodology. This was achieved through the following: through a process called 'foregrounding and backgrounding' inspired by Gadamer's (2004) work; in various critical creative conversations; action and active learning sets with peers; and in sharing and discussing fragments of my reflective journal including research memos. This, together with the supervisors' role-modelling of facilitation in supervision, increased my understanding of a new paradigm and further embodiment and practise of principles within a praxis methodology. This moved me throughout the tripartite process of enlightenment, empowerment and emancipation (Fay, 1987).

Context and Facilitator

How far the research findings can be transferred to other settings has been proposed as an important indicator of the trustworthiness of the qualitative research (Guba, 1994). Therefore, I chose to describe both the context and also who I am, or was, as a facilitator, in some depth in order that readers can judge for themselves how far the research findings apply to their own contexts. Readers could not only identify with the model and the mid-range theory but also with the stories.

The stories, in particular, enhanced 'thick description'(Geertz, 1973). Merleau Ponty's (1962) 'fundamental lifeworld existentials', although not used as guides for reflection as suggested by

van Manen (1997) nor deliberately used in writing the stories, could be easily traced back in the texts and in the synthesis, which indicates a rich description. Lived space, or spatiality, refers to conceptual areas of *context* and the *system of support;* lived body, or corporeality, refers to the concepts of knowing, *doing and being* of the facilitator; lived time, temporality, refers to the concept of *balance* and the level of expertise within; and lived human relation, or 'relationality' refers to the conceptual area of *synchronicity*. As these four themes can be identified they cannot be separated in the lived world of experience (Manen van, 1997, p. 101). This also accounts for the key conceptual areas identified in the study.

Furthermore, a good phenomenological description is an adequate clarification of some aspects of Merleau Ponty's 'lifeworld' –it resonates with our sense of the world. I assume I have achieved what is described as a the phenomenological 'nod' (Manen van, 1997, p. 27), as the interpretative teams recognised the lived experience in the stories and meta-narrative, as an experience they have had or could have had.

This study it is about particulars not generalisations. As in case-study research (Stake, 1995), the emphasises is on uniqueness and coming to know this case well rather than to explore how it is different from others.

Potential of Becoming

I argue that this study was actually about how facilitators of PAR are helped to engage with the complexity of culture in different contexts. This study was also required to provide beneficial information to those concerned with developing health care practices. However, I believe that there cannot be a fixed single conclusion about the perceived value for the flourishing of individual human beings or actionability of research findings, by oneself, other researchers, practice developers and educators, in practice.

When I reflect back on my value statement explained in the introduction of the study (Chapter 1), in which I brought values and interests to the study, I come to the conclusion that these values have developed, grown. To explain this development of values, I use the metaphor of rotating ocean currents, which closely relates to the sailing metaphor in the study. This ocean metaphor maps what I see as my rich inner world which drove me to deeper levels as an action researcher and facilitator.

Circular wind patterns create spiral ocean currents called ocean gyres. For me these wind patterns are a metaphor for my personal background and experiences. The ocean gyres represent my virtues, values and beliefs as a whole. Five major gyres flow both north, and south, of the equator. Each geographic location of a gyre has guided the position of the key values that were present at different times of the study.

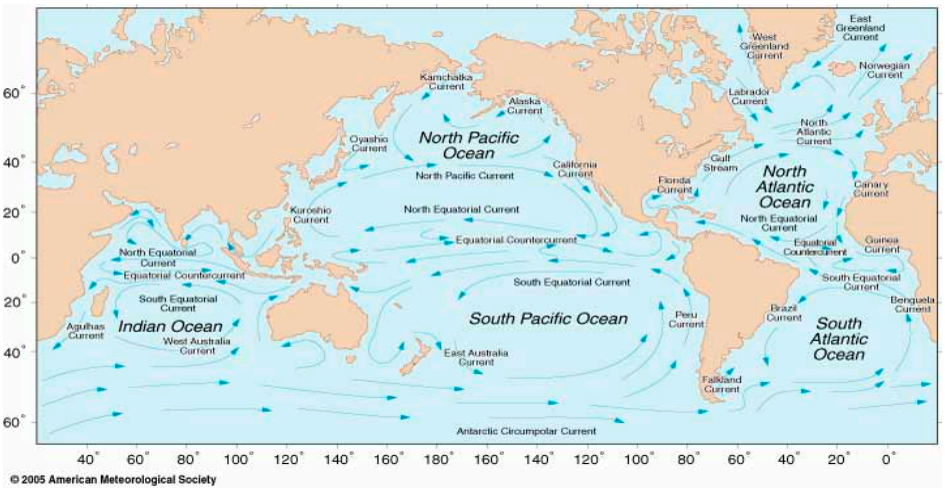


Image 6.1 Overview of ocean gyres around the world (image from American Meteorological Society, 2005)

- The North Atlantic represents my *pragmatic gyre* as this is most close to home and therefore similar to the values that are the strongest in my life, such as being goal orientated and being systematic.
- The South Atlantic, representing my *being gyre*, is chosen as this is close to my second home, South Africa where apartheid is still an issue in today's 'rainbow' nation. My experience with working in this country has inspired my values around equality and connected-ness.
- The South Pacific, representing my *developing* gyre, was chosen as this is a large and central gyre assumed to have a great impact on other gyres. My values around learning and person-centredness presented within this gyre also impacts on other values within the different gyres.
- The North Pacific represents my *integrity* gyre as it reminds me of the purity of the countries situated around this gyre, and the friendships people need to survive severe weather conditions.
- The philosophies underlying my values in my *wellbeing* gyre, have their origins in the East, the Indian Ocean and have a strong focus on the best use of energies.

The values within the different gyres did not change as such, they were rather enriched through the learning in the study. My development is situated on the intersections of the gyres, where they meet. Values, like gyres, are constantly moving and meet other gyres. Being open for different gyres to blend together at a specific location, can create a new temporarily gyre, in which new values emerge that creates a specific condition for working collaboratively in PAR and PD. A constant rotation of warm and cold waters in the gyres refers to the weakness or strength of

values in certain contexts, or intersections, for me. It reminds me of the fact that not all values 'flow' at the same space, time and in the same direction and that this is fine.

THE IMPLICATIONS FOR PRACTICE

Positioning the findings of the study in existing literature and evidence resulted in the development of a mid-range theory on the 'essential conditions necessary for facilitating participatory action research'. This theory including the model can be used by participatory action researchers to gain a deeper understanding of their own situation. However, it does not prescribe the precise action to be taken when returning to emancipatory praxis within the practice context. This took me further in the study into the final and third phase - that of contemplation (see figure 1.1).
I considered what implications the mid-range theory had for guiding myself and others towards informing future actions aimed at transforming individual and, or team practices. The intention here was to develop a plan for the informed changing of actions, both for the researcher and her or his system of support. This was because my study findings suggested that researcher's and supporter's actions are mutually related in participatory action research (PAR).

A framework called, 'Taking Action For Action' (TAFA), was created in which principles for taking action, derived from the mid-range theory, were defined. This enables the action researcher to address issues when confronted with a complex context, in relation to 'in the moment' training and coaching needs. Only the principles were defined, rather than laying down a set of rules for taking action, because I wanted to acknowledge how unpredictable and uncontrollable the circumstances are in which a facilitator acts in practice. I also wanted to remain sensitive to the uniqueness of a facilitator of PAR in a particular practice context. The TAFA framework is built on the six critical moments identified earlier, based on the key messages and findings related to the conceptual areas of *context*, *balance*, *synchronicity* and *support*.
The framework can guide a facilitator of PAR when engaging in reflexive action in order to act or behave with a moral intention. This takes place within the relationship with supervisors or other critical companions or friends that are part of their system of support. I assume that this enabling of a systematic focus on the researcher's learning through critical, and possibly creative, dialogues within a system of support, can create potential for contextual transformation and develop expertise in facilitating PAR.
I suggest using the TAFA framework for taking reflective action before entering the practice setting. It should guide the preparatory groundwork in the process of facilitating PAR. It is because of this that I call the framework TAFA. This preparative action could be situated within, what I would label, a *pre*-reconnaissance phase in action research.

I was inspired by Boud and Walker (1992), who argue that preparation before a learning event is important in order that the learning should take place. They state: *'greater use can be made of learning events if the learners prepare beforehand'* (p.165). They argue, when considering preparation for a learning event, that there needs to be a focus on what experiences a learner brings with them, and what they want to learn. This is because, '*learners bring with them 'intent', which may or may not be able to be articulated, and which influences their approach to the event*' (p.166). The learner in action research could be both the practitioners and the researcher, in order for mutual learning can take place, for it is collaborative research. The framework could help the researcher with their system of support, to articulate these intentions that Boud and Walker refer to and to guide learning through PAR. Also, Crisp and Wilson (Crisp, 2011) suggest selecting, prior to the process, an appropriate critical guide and strategies which are best suited to different stages of the development of a facilitator of practice development (p.177).

The preparatory groundwork in the TAFA Framework is about diagnosing the interplay between oneself, the context and the system of support. I assume the model, the mid-range theory and the related framework, can provide guidance for reflection further down a process of PAR as this action termed, 'diagnosing', is a repetitive process in the cyclical process of PAR. This reflective action can result in a shared decision to avoid entering a practice setting too soon. This can therefore prevent the danger of the researcher becoming caught up in the complexity of the context, risking them becoming too emotionally engaged, exhausted and in danger of losing themselves. These effects are undesirable, as the study findings showed. It has the potential to create imbalance, detrimental to facilitating PAR in context. Furthermore the contexts and the researchers are always dynamic, not static. They are susceptible to new learning. They do not follow a linear learning curve. For all these reasons the use of the TAFA framework is not restricted only to *novice* action researchers and to the pre-reconnaissance phase.

Table 6.1 Framework Taking Action For Action

Framework: Taking Action For Action		Critical moments translated into supervision relationship
Principles for action for both experienced and novice researchers of PAR	Principles for action for the supervisor and supporter of researchers of PAR	
Get to know oneself, one's philosophical stance, and one's transferable skills, both personal and professional. Get to know too your supervisors and supporters as people and explore and understand the PAR practice context in all its dynamics.	Get to know oneself and the researcher, as a person and the environment in which PAR would be practised.	1. Finding navigational buoys.
Develop a professional learning plan and discuss necessary support with your supervisor and supporter. Pay attention to developing your ways of thinking, multiple knowing and intelligences and creative imagination.	Adopt a flexible facilitation approach and strategies to enable the researcher to learn throughout the process and discuss its appropriateness regularly with the researcher.	2. Positioning the boat, plotting the course and directing the crew.
Decide on how to record, systematically, data for reflection. Share one's thoughts, feelings of imbalance and be open and honest about personal values and beliefs. Identify principles both espoused and in practice.	Be present and available and create an open climate for reflection in which experiences are shared, knowledge is developed and mutual learning achieved. Give emphasis to being of equal value in the relationship and make best use of the difference in the levels of expertise between the researcher (the novice) and the supervisor (the expert).	3. Building trust and morale on board.
Decide on actions which are most authentic in the relationship between the context and the supporters. Organise peer support including for role modelling.	Make use of creative arts intentionally when appropriate, for bringing embodied knowledge to the surface and for speaking a common language. Stimulate peer support.	4. Catching the wind.
Adopt a genuine approach to one's whole self, appreciate oneself and have faith in oneself.	Engage one's whole self with the whole self of the researcher. Enable a congruency between the researchers' being, that is their embodiment of principles, and the researchers' doing, at an appropriate level on their journey to expertise in practising these principles. Find support yourself in supervising and supporting PAR researchers.	5. Preserving energy to face the storm.
Take time, regularly, for reflection on the PAR process as well as on process for supervision and support. Protect this time. Make use of all available sources of knowledge.	Take time, regularly, for reflection on the PAR process as well as on process for supervision and support. Protect this time. Enable the development of expertise.	6. Lying at anchor.

I suggest adopting, within the TAFA framework, a process of systematic reflexivity on the facilitator's learning, as an integrated part throughout the PAR process. This is in order for the facilitator to become conscious of personal characteristics and to anticipate this interplay between contextual characteristics. This should take place prior to the entrance of the facilitator and the real engagement with the practice context. This is also important in order to understand and to give meaning to the challenges one can encounter in the process of doing PAR while being in practice. A system of support is suggested to help the researcher to identify these characteristics and its interplay between contexts. This can then enable the decision to be made on the appropriate approaches for facilitation and strategies. Hence there is a greater potential to become an expert in facilitation of PAR. This, I assume, creates better chances for synchronicity and to respond appropriately in a balanced way to the dynamics and complexity of the context while developing practice with practitioners.

The TAFA framework could be used by those concerned with facilitation of change in practice in their relationship with any system of support. These potential users of the TAFA framework could include practitioner researchers, practice developers and lecturer practitioners or clinical leaders with their system of support. The framework could also add to education and courses on research methodology on PAR and PD and on tutor instructions in this field of practice. Students could be invited to be actively engaged in constructing their own reflective texts, taking ownership of the PAR methodology and embodying it, rather than 'trained' in it (Phnuyal, 1997).

IMPLICATIONS FOR POLICY AND FURTHER RESEARCH

This study has made a contribution to the body of knowledge of implementing evidence-based and person-centred practice in health care practices. It is distinctive in demonstrating the importance of a strong system of support for those facilitating the development of such practices, in order to keep their balance. A focus on the essential conditions for facilitating transformation in social situations, fits within Fay's (1987) third critical theory on education. This is because it offers an account of the conditions necessary for enlightenment to happen and also shows how these conditions are satisfied in a given context. Simultaneously, it shows that this is only one theory of critical social science (CSS). Hence, only a mid-range theory, rather than a grand theory, on the essential conditions necessary to facilitate PAR could be developed in this study. It is constructed from one case, that of myself, in which I engaged in a particular context. However, I engaged with different cultures and the case was not limited only to practice on a micro level. Nevertheless, the mid-range theory is developed with caution and needs to be tested further. I would suggest testing the use of this mid-range theory whether it really enables an action researcher to access adequate support and development facilitation expertise. Further, to explore whether this ultimately lead to an increase of the transformative

potential of context. It is also worth investigating whether through studying other cases, it is possible to refine the model by identifying additional significant concepts or enriching and deepening the current concepts. Meanwhile the set of principles in TAFA could possibly be of direct use and could be taken into consideration and contextualised by other facilitators of practice change.

Furthermore I would like to explore how the mid-range theory and TAFA framework could be used further for researching ethics. One possibility would be, in the early phases of a process of practice development, to draw up a memorandum of understanding between the researcher as facilitator and the practice context. This is because in the Netherlands, ethical committees are restricted to a limited definition of research that comments has an impact upon human beings. This is restricted to being careful to patients and clients and not taking into account the possible effects of participative research on employees. I am eager to explore how this can be worked out further in an alternative approach to informed consent in action research as neither the researcher nor those individuals making up the context know what they are signing up for at the start of a project. This is because practice is dynamic and not all consequences of PAR can be foreseen in advance.

CONCLUSION AND CONTRIBUTION TO KNOWLEDGE

The adoption of a praxis methodology, in which I used different philosophical perspectives, enabled me to overcome the crisis I experienced in my facilitation of PAR. It brought about a transformation in myself and has also contributed to the knowledge about implementing and developing evidence-based and person-centred practice in health care. I had to shift the focus of the study from the element of context and workplace culture, to the element of facilitation in the 'Promoting Action on Research Implementation in Health Services' (PARIHS) (Kitson et al., 1998; Kitson et al., 2008; Rycroft-Malone, 2004). In particular I focused my study on the interplay between these two elements. The emphasis was on issues of facilitation and its challenges and the knowledge, skills and expertise needed to facilitate transformational change in complex organisations.

The challenges and limitations of methodologies used in the study

The literature distinguishes different methodologies for action research. Grundy (1982) describes three of them, the technical, practical and emancipatory. This study started with a participatory action research (PAR) with an emancipatory intent. The challenge for PAR with such an emancipatory intent is that it aims to change the *status quo,* not only for the individual but for the whole social system. Emancipatory action research (EAR) is radical as it goes to the root of the problem. In EAR, it is assumed that the system itself, with its power dynamics, is the root of the problem. Participants are enabled to emancipate or liberate themselves from

habit, coercion and self-deception, by their actions, and free themselves from the dominating constraints of the environment. Thus EAR is a political methodology that operates on a large scale. As such it is, therefore, a participatory and collaborative effort, and one that is by nature socially critical. Although EAR could be perceived as the ideal or ultimate approach with, possibly, the most enduring effect in fostering prudent or good professional practice, the study has shown that being very complex, it is also very difficult to achieve in certain practical contexts.

Practising PAR with an emancipatory intent that has its origins in a critical paradigm, caused me, as a facilitator of PAR, to struggle to find my place within the emancipatory process. This was because the practical context was predominantly more technical with its origins in a more positivist or empirico-analytical paradigm. My strategies and approach towards facilitating PAR were ineffective as they were not adjusted to the specific context. It was essential for me, working from a critical paradigm, to enable reflection and to use different kinds of knowledge to understand the self-interest and the political interests of the other practitioners, as well as to influence power structures in the social system (Trede & Higgs, 2009). However, the outcomes that could be generated by adopting this approach, are mostly unpredictable and difficult to define at start of the study.
The focus from a critical paradigm was in sharp contrast to the purpose and methods of a positivist paradigm, the one the context was more used to, that makes use of controlled observation in order to make generalisations about the content and events, and then to use these generalisations to predict future experience (Moore, 1982). The orientation of the outcomes here is, in general, more predictable. The positivist and the critical research paradigms differ in the way they see knowledge being acquired. Those adopting a positivist view assume knowledge can be grasped or discovered; those adapting a more critical view assume knowledge is acquired through critical dialogue.

This study has shown the difficulties of introducing reflection and critical dialogue, directly at the start of the PAR process, among a group of practitioners in a context in which there is no history of these ways of working. This can bring different dynamics to the foreground. Practitioners may be reluctant to co-operate and the facilitator risks being used. This created limitations to the methodology of EAR in the study. As a result, I learned that EAR requires specific facilitative actions by the researcher, such as being open and clear about the methodology of action research, creating a sense of safety or mutual trust and encouraging reflective skills and means of sharing different perspectives. Ultimately the facilitator may decide to shift to another action research methodology and to select or develop strategies that fit the context better. However, this will generate different research outcomes as the research aims will be different at the start. Perhaps a suggestion is to shift gradually through the different methodologies of action research in order to create an assimilation of perspectives offering the possibility of achieving EAR over a period of time.

EAR operates on a large scale so there are many different contexts. I have learned, therefore, that a facilitator has to be prepared to adopt multiple approaches and strategies towards facilitation simultaneously. This enables the facilitator to accommodate different groups and individuals within their specific practice context. It means that the different dimensions of facilitation match closely the particular context.

A common phenomenon observed in the literature on facilitation, is a progression along a continuum between technical *or task,* and emancipatory *or holistic* facilitation. This requires continually shifting from one kind of action research methodology to another. This, however, is less explicit in the action research literature. I believe it should be possible to use different action research methodologies while at the same time keeping emancipation as an overall intent. However, the extent to which a social situation can be transformed through this intent will differ over time and context.

It is evident from this study that EAR requires an action researcher to master a variety of competencies. Besides research skills, they also need to be skilled in facilitating different kinds of action research. They need to explain its different intentions and to practise reflexivity in order to understand what is happening within the context and self and to decide upon an adequate approach towards facilitation.
Reflexivity is essential to the action research process. It allows hermeneutic praxis, that guides the process towards understanding, to join together with emancipatory praxis. Hermeneutic phenomenology was the philosophical and research approach that enabled me to engage with hermeneutic praxis and bring to the fore my experiences and perceptions of initiating PAR in a turbulent Dutch health care context. This in turn enabled me to challenge both the understanding and structural and normative assumptions about the interplay between the characteristics of both the context and the facilitator in the orientation phase of PAR. This new understanding and challenged assumptions are used as the basis for practical theory and allows for informing, supporting or challenging future action when facilitating PAR located in an emancipatory praxis.

The various methodologies used created a *synergistic dance* (see also p. 54-55) that was held in place by an overall praxis methodology, in which theory and practice were constantly brought together in order to develop oneself and to grow. Having made a clear shift in my position from a critical paradigm to an interpretive paradigm, a new variety of methods was presented to me. This enabled me to answer new questions that emerged in the process before further action was taken in the practice context.

It was relevant to apply Van Manen's principles of human science (1997), his hermeneutic phenomenological framework rooted in hermeneutic praxis, to the dynamics of the process

of making sense or meaning of the research. It served as a reflexive framework throughout the process. Although this approach has similar assumptions and characteristics to research approaches such as symbolic interactionism (SI) and auto-ethnography (AE), its starting point and intent are different. The variety of data used in this study was collected within a PAR process. They were not collected through deliberate observations of communication or symbols used in specific social interactions as in SI. Nor were they collected in interviews, for example, to assemble experiences using others to help with recall as in AE. Instead, data revealed critical moments that were portrayed as a story, which is also quite common in AE. Data are often represented in a story around 'epiphanies'. These are remembered moments perceived to have a significant impact upon a path of a person's life (Denzin, 2011). They represent times of existential crises that forces a person to attend to and analyse lived experiences (Zaner, 2004). These epiphanies, similar to critical moments in this study, stem from being part of a culture and/or by possessing a particular cultural identity (Ellis, Adams, & Bochner, 2011). They form an account of an experienced space, time, body, and human relation as we live them (Manen van, 1997).

The key difference lies in the intents of both approaches. Hermeneutic phenomenology focuses on understanding the lived experiences associated with a particular phenomenon. This allows the meaning, structure, and *essence* of a phenomenon for a person or group of people to be disclosed (Manen van, 1997). This disclosure can then challenge future policy and action. In AE, the purpose is to produce analytical, accessible texts that change us and the world we live in for the better (Holman Jones, 2005, p. 764). Hermeneutic phenomenology, within hermeneutic praxis, uses writing as a means and not as an end and thus goes beyond AE as it makes the learning explicit and enables the transformation and development of a practical theory.

Although hermeneutic phenomenology has proven its strength in this study, its success is also due to the large amount of time available to me to find my own way to reflect on making sense of experiences - those of myself and/or of others- and ultimately to grow. This required trusting the process. This in turn was only made possible by my system of support that helped me through critical questioning, providing suggestions or alternative methods for reflection and helping me stay focussed. Although there is no evidence of this growth, as I have not returned to facilitate PAR as part of this study, the growth can be seen in my writing throughout the thesis.

Moreover, taking a step back from the practice context helped me to focus on myself and to engage in an extensive reflexive process at my own pace in a safe environment while at the same time recovering from the emotional turmoil I had experienced. The *synergistic dance* between emancipatory and hermeneutic praxis would ideally have occurred when the practitioners were also engaged in a reflexive process to understand their lived experiences.

Integrating findings both from the practitioners' and the facilitator's reflexive processes, would most likely have enabled an even deeper understanding about what had happened in practice.

The importance of the orientation phase within PAR and, in particular, the support offered to the facilitator of action research

The study started off as a participatory action research (PAR) study that intended to achieve a degree of emancipation for those taking part. Hence, it was essential for practitioners to participate and collaborate in order to complete the tripartite process of enlightenment, empowerment and emancipation (Fay, 1987). Emancipation, for the practitioners, was aimed at achieving '*a state of reflective clarity and collective autonomy*', which would thus create liberation (Fay, 1987, p. 205). The first phase of the action research process, therefore, focused on building these participative relationships, exploring the workplace culture and embedding the study within the organisation. This was congruent with how the orientation or reconnaissance phase in action research literature is described; '*to check that initial ideas about a possible thematic concern are in fact shared in the group, and to make a preliminary analysis of their situation in the light of the shared thematic concern*' (Kemmis & McTaggart, 1988, p. 54).

The orientation phase within action research, as described in chapter two, is essential for analysing the context and for identifying the thematic concerns. However, if one is to aim for emancipation through PAR, the process needs to start with gathering evidence about each individual practitioner's practice and critiquing his or her assumptions, beliefs and values embedded in them (Elliott, 2000, p. 209). Thus, the aim is that a group of practitioners become enlightened about possible contradictions, patterns and constraints in their thinking and acting that hinders them in providing 'good' practice.

This study has shown that starting the research with a collaborative critique of the context of their practice had an unexpected, emotional impact on both the practitioners and managers and on myself, the researcher, too. This impact put a strain upon the relationship and communications between myself and the practitioners, which in turn had an impact upon the other activities within the orientation phase, namely exploring the workplace culture and embedding the study in their daily practice. As a result the process was trapped in a vicious cycle, creating a vacuum devoid of activity, which prevented both me and the practitioners from moving into the next phase of action research. It was evident that without a common language, mutual trust and a consensus on the actual themes we were concerned with, in other words, without synchronous working, no action could be planned.

Through this study I learned that activities in the orientation phase are all interrelated, and interacting. This, therefore, makes facilitating this phase more complex than I initially thought when reading the literature. Also, the research approach was new in this practice context, and only became explicit and understood when it was brought into actual practice. The orientation phase and its organisation of the process of enlightenment is however, already, an intervention

strategy in itself. This emphasises the importance of preparing practitioners for the possible impact that a process of enlightenment, characteristic of emancipatory action research, could have for an individual and the team. It also emphasises the importance of the facilitator forearming him or herself with strategies to support practitioners in understanding and accepting their current situation. In this way they can feel safe about the possible impact the wider context can have on the process. The orientation phase requires a continuous balancing act between sensing what is happening both in this context and within oneself and deciding on, ethical, political and strategically adequate strategies, which will enable practitioners to move into the next phase, that of empowerment.
I observed that the action research literature is not explicit about these strategically adequate strategies, and the interplay between facilitation and context. The literature does, I believe, play down the time implementing these strategies will take, in particular when aiming for emancipation. The mid-range theory and developed framework with principles for action that resulted from the study, make clearer the time required for implementing such strategies. Specific principles for action are essential to apply during the orientation phase of PAR and build on Carr's (1986) notion of '*wise and prudent judgements about what would constitute an appropriate expression of the good, in future facilitative action in particular situations in practice contexts*' (p. 190). The key focus of these principles is on the facilitator's readiness to facilitate in this context and the pivotal role of a system of support, rather than on contextual readiness, as is often suggested in literature.

These principles go beyond a limited focus on just the context and the orientation towards the themes which the study is concerned with. The principles are split up into those relating to actions orientated towards understanding the context, those relating to understanding oneself as the action researcher and thus facilitator of change, and, most importantly, the interplay between these actions. This is essential for deciding upon an appropriate and authentic, albeit temporary, approach towards facilitation in this context. In addition, it is critical to the process to find a system of support for the facilitator to help tackle the complexity of practising PAR within a specific context and responding to the *imbalance* between 'being' and 'doing' that is already likely to be experienced by the, possibly novice, facilitator during the orientation phase. These actions require sufficient time. Rushing them could have a detrimental impact on the following phases and process of PAR.

I believe that the context will not change in order to be ready for PAR. Therefore the facilitator is required to continuously adapt her or his approach and strategies to the context. This is especially demanding for novices facilitating PAR. The context and situations I described are not unique. This indicates that these are the contexts we often have to work with as facilitators of PAR or practice development (PD). Therefore, it is necessary for these facilitators to live the

principles for action and to create an adequate support system of critical friends to enable such living.

The findings from the analysis of both praxis methodologies used in the study, contribute to greater clarity in the existing body of knowledge about the importance of the orientation phase and how facilitators of PAR and PD can be helped to engage with the complexity of culture in different contexts. They indicate too how best to be able to approach this help and to deal with it, and what support is needed for that. Much of the literature omits to identify the necessary skills and maturity the researcher requires in order to facilitate PAR or any similar approach to practice development. I believe that I have made a contribution to the existing literature with this study through my investigation of how to create the conditions for collaborative working with key practitioners in a context and thus how to deal with the inevitable conflicts and issues which arise within the research. The study in conclusion, suggests an 'ethic of care' for the researcher in discovering and engaging with the emotional context of action research as also suggested in a study by Cooper (2012).

CLOSURE

'Take care of the sense, and the sounds will take care of themselves[23]'

[The Duchess in Alice's Adventures in Wonderland, Lewis Carroll 2000]

This thesis has revealed a multi-levelled and iterative journey through my professional development. The study had an impact, overall, upon my whole being and thus my *whole life*, as described in chapter four. It has therefore changed me personally. Having had the opportunity to take time to grow, to use one of the supervisor's words, I was able to let go of old paradigms and to open myself up for new ones- paradigms that I would come to embody. This was a joy as well as a painful process because it required exposing my inner self and the related unwelcome truths, both to myself and to those I admired.

I was too emotional involved for a long time. However, I was able, eventually, to distance myself from these emotions by undertaking so-called 'goodbye rituals', engaging in creative writing and having dialogues with those that had an unconditional belief in my capacity as a researcher. This enabled me too to adopt a different view towards making sense or meaning out of my experience as a facilitator of PAR in practice. The act of writing meanwhile has become very special to me. When writing I was able to concentrate to a higher degree. It brought me to some state of higher intellectuality. This is similar to the 'lift' or flow I experienced in the critical moment I called 'catching the wind'. Every time I was surprised I had written it myself and by the synchronicity, which I perceived, in the study. Jung (1972) describes this as an apparent coherence between elements. I am convinced that the use of creative arts was key in here.

I have now reached the end of the study. I made sense of my experience and developed a theory around the facilitation of PAR for use by myself and possibly also by others. But even more important for me, I learned that if I know what I want to say, if the meaning is right, then I will be able to find a way to say it or the proper form will simply follow as a matter of course.

I regained an appreciation of myself and my self-confidence to put into practice my potential of becoming an expert facilitator and to test the theory. I already practise this in supervising my master's degree students, advanced nurse practitioners, in their PAR studies and in curricula around leadership, coaching and research methodology. The next step will be to return to a health care organisation and to a ward again.

23. This moral is a word play by Lewis Carroll on the English proverb 'take care of the pence and the pounds will take care of themselves'.

For me, I am not closing the book with this thesis, but merely closing the chapter for it will now lead to the beginning of the next chapter of my professional life. I leave the study with the following closing remark:

> ***As supervisors and supporters of PAR, and as more experienced practice developers, we have a moral obligation to admit and disclose the personal challenges involved in the reality of this kind of work. This is in order to protect researchers, new to action research or practice development, and to encourage them to continue practice development work for the benefit of their own learning and growth. In this way they may become the skilled facilitators of action research who are essential to the further development of nursing practice.***

Appendices

APPENDIX A- FRAMEWORK OF KEY ACTIVITIES

Timeline	Activity	Initiated by whom	Researcher's role intention and focus during the activity	Data source	Key findings
February 2006 – May 2006	Steering group meeting Care Innovation Units Hospital	Hospital & Fontys University	- Gaining access to do AR within Hospital - Selecting AR setting Participant	Reflections on meetings/ presentations	• Win-win was clear; match between research aims and strategic goal of hospital • HOC selected as research setting • Study 'embedded' in hospital's Academy and participation in Science Committee • Participants in steering group changed over time – not informed properly about decisions made • Facilitation of developments in practice was not made explicit – kept hanging in the air
July 2006 – October 2006	Small group interviews with nursing staff (n=19)* [Mixed staff]	Researcher	- Building relationships with staff (to built a basis for future participation as co-researchers) - Collecting data of workplace culture in-practice and culture-espoused Facilitator of interviews	Records (8) Transcriptions (7) Summary (CNS) (1) Reflection on interviews	• Staff were very welcoming the AR • Staff did see the AR as having a (traditional) leading role in developing Effective workplace culture (EWPC)/HOC • Staff had an expectant attitude towards having an active role themselves in developing an EWPC/HOC. • Staff felt engaged in the development of the HOC through participating in these interviews • Incongruence of WPC in-practice and WPC-espoused • Staff are aware of some of the discrepancies, but take these for granted

Timeline	Activity	Initiated by whom	Researcher's role intention and focus during the activity	Data source	Key findings
October 2006	Policy day	Nurse practitioner and medical staff	- Building relationships with staff (to built a basis for future participation as co-researchers) - Collecting data of workplace culture in-practice and culture-espoused - Embedding study in organisation HOC Researcher was invited by NP and specialists to join preparation of the policy day. Researcher held a presentation about the PhD study and facilitated a group on the policy day. Observer – participant – facilitator	Observations (8h) Reflection on policy day Documents analysis	• Nursing, medical and administrative staff were very welcoming AR • AR was perceived as an equal and capable partner in developing HOC • Active participation of all staff was valued, systematic and creative way of working, action plan was formulated. • Differences in culture between clinic and day-clinic were apparent • Appeal on staff for active engagement • No activities for support were discussed or formulated • Management on the unit was not in lead and was reserved/ silent • NP felt responsible and took the lead • Relation between development HOC and PhD study were made clear (shared values)
October 2006	Observation of clinic and day care	Researcher	- Collecting data of workplace culture in-practice and culture-espoused - Building relationships with staff (to built a basis for future participation as co-researchers) Participant – Observer	Observations (16h) (Document analysis)	• Data about WPC -in practice and WPC-espoused were collected • Staff was getting to know AR, valued AR was working with them • Questioned AR about back ground and study and to feedback observation • AR was getting to know the staff (by name, informal leaders)
February 2007 – June 2007	Setting up an Action Research group with stakeholders	Researcher	- Building relationships with key stakeholders (to built a basis for future participation as co-researchers) - Embedding study in organisation HOC Facilitator – Participant	Reflections on 3 meetings Role analysis	• Because of heavy workload of specialist and management most of the meetings were cancelled or limited in time - no continuity • AR felt challenged about the study by specialist and NP • Ambiguity in roles • One of the managers was reserved/ silent • Data about workplace culture were collected *not intentionally* Building relationships and embedding the study was not achieved

Appendix A

Timeline	Activity	Initiated by whom	Researcher's role intention and focus during the activity	Data source	Key findings
February 2007 – March 2007	(Monthly meeting) specialised nurses oncology	Nurse Practitioner	- Collecting data of workplace culture in-practice Observer	Observations (4h) (Documents analysis)	• Data about WPC-in practice were collected; • Working not systematically • No ground rules • Traditional leadership/ technical Facilitation • Ambiguity about attendance unitmanager was taken for granted • Time was limited • Meetings were not continued • Relationships were built *unintentionally*
April 2007 – May 2007	Working group 'functie differentiatie'/ role differentiation	All staff during policy day	- Collecting data of workplace culture in-practice Observer – (Participant)	Observations (5h) Reflections on 2 meetings (Documents Analysis)	• Data about WPC-in practice were collected; • Working not systematically, no ground rules, traditional way of project based working, ambiguity about attendance of one of the managers was taken for granted, staff was eager to learn • Staff felt responsible for implementation – experienced difficulties in rest of team – group felt poorly supported • Medical staff was approached as a key stakeholder • Time was limited • Relationships were built *unintentionally*
June 2007	Workshop 'Creative Art culture workshop' (n=20 nursing staff)	Researcher	To formulate a description of the current WPC and desired WPC, as perceived by unit staff as a shared perspective – and to articulate enabling factors to transform WPC. Facilitator (+3 external facilitators of FHV)	Photos (28) Posters (5) Tapes (5) Evaluation of workshop by staff (18?) Shared Reflection on workshop with all facilitators	• Discrepancy of WPC in-practice and WPC-espoused • Enabling factors to transform current WPC into the desired WPC were collectively identified • Management on the unit clearly showed a gatekeeper's role

Timeline	Activity	Initiated by whom	Researcher's role intention and focus during the activity	Data source	Key findings
October 2007	Discussion report 'First analysis WPC'	Researcher	- To discuss recognisability of report perceived by managers - Embedding study in organisation HOC Facilitator	Reflections on meeting	• Main findings were not recognized by managers • No support from management to study only when embedded in course decided by management team • Data about workplace culture were collected *not intentionally*
October 2006 – October 2007	Interactions with management *Planned and unplanned*	Researcher	- Building relationships (to built a basis for future participation as co-researchers) Facilitator	Fieldnotes Reflections 1 tape Documents analysis	• Key characteristic of leadership; transactional leadership style does not fit leadership style desired for WPC espoused • Data about workplace culture were collected *not intentionally*
October 2006 – October 2007	Interactions with nurse practitioner (..) *Planned and unplanned*	Researcher	- Building relationships (to built a basis for future participation as co-researchers) Facilitator	Fieldnotes Reflections Documents analysis	• Data about workplace culture were collected *not intentionally* • Informal leader without autonomy • Little self – reflection, little support from management • Role ambiguity
October 2006 - October 2007	Interactions with 'higher management' (..)	Researcher	- Embedding study in organisation Facilitator	Fieldnotes Reflections Documents analysis	• Embedding study in organisation not achieved; relation study – strategic aims hospital was clear but were not facilitated into the research setting. • Data about organisational culture were collected *not intentionally* • AR was encouraged and supported from a technical point of view

Appendix A

Timeline	Activity	Initiated by whom	Researcher's role intention and focus during the activity	Data source	Key findings
April 2006 – September 2007	Participation in Science Committee Hospital	Higher management	- Embedding study in organisation <u>Participant (Observer)</u>	Reflections on participation Documents	• Data about workplace culture were collected *not intentionally* • Embedding study in organisation was not embedded; no contribution made to scientifically research in nursing/ paramedics • Role ambiguity
February 2008 – March 2008	Interviews with CNS (NP n=1 and CNS n =3) both locations of Hospital	Researcher	- Collecting data of workplace culture in-practice on both locations - Building relationships (to build a basis for future participation as co-researchers) <u>Facilitator of interviews</u>	Records (4) Transcriptions (4) Summary of interviews (4) Reflections on interviews	• Clinical leadership role within the role of CNS is seen as someone having the most expertise and intermediating between nursing staff and medical staff. • Collaboration between two groups of CNS from different locations is limited. • Different traditions of working between two locations. • One group of CNS feels superior above other group of CNS.
June 2008 – August 2008	Creative collective hermeneutic analyses of interviews	Researcher	- Collecting data of workplace culture in-practice on both locations (double- hermeneutic) - Building relationships (to build a basis for future participation as co-researchers) <u>Facilitator and participant</u>	Records (4) Photo's Transcriptions (4) Reflections on analyses Overall summary	

April 2008 – august 2008 (>)	Interactions with (HPI) consultant of hospital	Higher management	- Embedding study in organisation - Building relationships (to build a basis for future participation as co-researchers) <u>Facilitator and participant</u>	Reflections on meetings (3)	• Role ambiguity in initiating actions with staff between consultant and researcher • Consultant also does not have any authority • Learning teams and HPI are not operationalised yet. • Using creativity as a means towards change/ development is encouraged • Organisation is still changing and searching for alternatives to 'survive'. • (Possible) findings in study are not seen as valuable in the discussion or searching towards these alternatives. At first they valued the study into these developments but lacked persist actions. • Initiatives for the meetings and agenda are all on my initiatives.

(E)WPC = (Effective) Workplace Culture
HOC = Haematological Oncological Centre
AR = Action Researcher
NP = Nurse Practitioner
HPI = Human Performance Improvement

Appendix A

APPENDIX B -EXECUTIVE SUMMARY OF REPORT 'FIRST ANALYSIS OF WORKPLACE CULTURE HOC', OCTOBER 2007

Introduction

As a researcher, I have been involved with the development of the Hematologic Oncology Centre (HOC) for almost a year, using different research methods to identify the existing and most desirable workplace culture. I did this collaboratively with nursing - medical staff and management.

Aim of this rapport

My intention was to gain insight in how the culture is experienced by the team within the HOC workplace. I wanted the HOC-team to become aware of both the existing and the desirable workplace culture themselves. Further, to identify the discrepancies between the cultures and compare it with the desirable workplace culture as described in the literature. This 'conscious raising' process had the intend to support the identification of important actions and the development of 'tools' for change/improvement, to create an effective workplace culture, based on a more evidence based, person-centred workplace culture.

Methods of data collection and analysis

The research field has been approached in several manners and several data collection methods have been used. By analysing the information and member checking it with the team, I have tried to make valid statements on how the workplace culture was experienced at that moment of time.
Data from different (sub) cultures were used during the data collection and analysis process. These subcultures consisted of the `broader' hospital organisation and the HOC, split up into two wards, 1.) the clinic and 2.) the day treatment and policlinic.

Results first analysis

The data of the results I compared with the cultural typologies of Cameron & Quinn (1999) and Handy's (1985) description of organizational culture. The results are outlined on a continuum of non-effective/ weak and effective/ strong workplace culture, based on variables from the PARIHS Framework (Rycroft-Malone, 2004), the Framework Effective Workplace Culture of Manley et. al. (Manley et al., 2011) and Transformational Culture (Manley, 2001).
In this report I shared what I observed of the real/current and desirable workplace culture HOC and the discrepancies between them in which staff perspectives were included .

Current workplace culture

I perceived the existing HOC culture to be dominantly a hierarchical culture.

The mainly 'internal and stable specific culture' of the HOC seems to be experienced differently than the culture which the broader hospital organization seems to have. The last seems to be a more market-oriented culture.
Looking at the typologies according to Handy, the HOC strongly resembles a role-culture, corresponding with the description of the above hierarchical culture.
The policlinic and day treatment, seem to be more characteristic of a adhocracy culture and task-specific culture as defined by Handy than the clinic, which typifies itself more by characteristics from the hierarchical - and role culture.

Desired workplace culture.

From the collected data, both the broader hospital's organisation and the HOC seemed to have a preference for a more dominant adhocracy culture. Looking at the culture types of Handy and according to the theories on an effective workplace culture (desirable situation), characteristics of a person-centered culture could be present besides an adhocracy culture.
In the desired situation ones aims should be (more) on the needs and personal interests of persons/ professionals in the organisation.

Cultural mismatch

The current workplace culture that one experienced does not seem to resemble the desired culture. There seems to be a incongruence in a number of variables that characterises a `strong' or effective context (according to PARIHS).

Context of broader hospital organisation

The hospital organisation seems to have ideas for change in the future, and says, for that purpose, to be prepared to coordinate its policy on this and to share it with the staff. However, the staff that was interviewed, experienced this process as 'one-way traffic' and feels as if they are not heard by the organisation. The used frameworks for change are very abstract; physical, social, cultural, structural system frameworks are not formulated (clearly) and needs to be filled in by the different care groups and disciplines themselves. The `what' has been formulated, the 'how' however not.
The objectives that the HOC wants to strive after, as described is the (not official) project plan HOC, are shared by nearly all team members. In the first place the HOC did not spring forth on the basis of these objectives. The HOC has arisen from a practical point of view and had no formal status within the organisation for a long time.

Physical environment HOC

The distance between the two wards were experienced as a disadvantageous for the representation and practical cooperation within the HOC by the teams. Facilities were furnished with

minimum resources, dated and consultation spaces lacked. This gave no feeling of 'pride' in which staff could radiate their existing expertise and what they wished for.

Leadership within HOC

The type of leadership within the HOC primarily concentrates on the monitoring, coordination and organising of the carrying out of the care. By making rules and agreements the HOC management tries to keep this in the hand. Activities are characterised by the delegation of tasks, execution of ad hoc activities and a lot of actions to address the turmoil under the staff concerning the changes in the organisation. Initiatives were slowed down when they did not come from higher management.
There is a hesitant and dependent position within the hierarchical organisation. One of the leaders on the HOC consciously kept a distance between her and the team, and, on a regular basis, drew the decision-making power to herself. Risks were evaded as much as possible, to avoid turmoil in the team. A clear role description for a manager within a changing organisation/HOC lacked.

Evaluation

A system for giving and receiving feedback, on the individual, the team and organisation level, seemed to be present in formal functioning talks, team - and work meetings. However, from observations of the last, a clear system seemed to be lacking; this seems to undermine the effectiveness and the motivation to participation in such meetings.
Choices which were made were often pragmatic and not often linked to the objectives of the hospital and/or HOC. Staff seems to have accepted this and hardly question each other or the organisation on evidence (arguments). An interested/ critical grounded attitude does not seem be sufficiently present, and are not visibly stimulated, while this is needed.

It is striking that one is willing to renew and innovate, but that there is hardly any baseline measurement of the existing situations. A start has been made with the implementation of a number of measurements within the HOC and the development of a number of measuring instruments. However, according to the team, the implementation and evaluation does not take place because of a lacks of people and resources. In the direct patient care, evaluation seems to have a more prominent place. Still, the patient is not primarily considered as a 'source' and approached in this regard, as a change strategy based on a framework of customer-orientation.

Therefore, I conclude a weak variable of evaluation.

Communication and collaboration

Out of several sources which I have consulted for the research, team members indicated that communication and collaboration are the two aspects subject for improvement. There seems to be reciprocal appreciation between medical specialists and nurses, although it is not pronounced openly. However the confidence these medical specialists have for the nurses alters. Nurses on the other hand indicate that they do not have sufficient faith in the expertise of specialists -assistants.
The reciprocal cooperation are seen as effective, however the cooperation between the teams or with other disciplines, are experienced as laboriously (we - they culture).

One also seems not to know what one can expect of each other in certain situations. This illustrates a so-called island culture, in which the common interest is lost sight of. One does not seem to criticize or provoke each other, to reveal new ideas to achieve shared purposes.
An open communication is seen as important, but seems to be limited to the own team/working group.
The cooperation with the FHV and the accompanying of students within the HOC are experienced with mixed feelings. Some experience it as a forced choice, purely from a financial viewpoint, and others also sees a challenge put aside for them in the accompaniment.

Facilitation

With facilitation I mean to support and help the individual or team in order to help them accomplish what they self had envisioned.
To my idea this is not sufficiently clear where the qualities lie within the team and how one can develop these qualities further, in favour of the organisation and the employee self, and who can guide this. Certain tasks have only been reserved to some individuals; because of this they often have a too big workload. The focus lies further mainly on the `finishing of the job', as described earlier and less on the holistic level. Support is then characterised by practical and technical assistance (do for others) and is to a limited extent developmentally orientated (enable others). Except for interns within the HOC, there seems be no structure or methods for critical reflection during activities between or with professionals.

Conclusion

When one places the different variables on a continuum, they concentrate rather around the extreme `a weak effective workplace culture' than around the extreme `a strong effective workplace culture'. Based on the three theoretical frames used, the daycare-clinic seems to be further on the continuum to a strong effective workplace culture than the clinic.

The cultural mismatch in the existing and desirable workplace culture, make that the workplace culture is not yet effective at this moment of time.

Possible explanations for the cultural mismatch

There are a lot of assertions for the cultural mismatch between desired and current practice that have been observed in this analysis. Only some first ideas within the framework of this first analysis are described. A further substantiation is necessary in follow-up steps of the research. Discussing these assertions with each other must 'tighten up' the analysis and would possibly help in the formulation of proposals.

Closure

From this analysis it is clear that there is much potential to continue this research. Several aspects have been identified in workplace culture which can be developed further to become still more effectively/stronger and could promote the success of the HOC.
However, the workplace culture of the HOC does not stand alone and is influenced by the `broader' organisation culture of the hospital. A number of aspects form a fundamental problem for the progress of the study and proves to be cross-organisational. The organisation has a strong design-specific approach, the study a strongly developmental approach. Furthermore, the variables communication and cooperation are subject for improvement and essential to able to conduct the research. As a PhD student I am not in the position, do not have the authority and the competencies to build a firm bridge between the two approaches and to drastically influence the mentioned variables. This is important conditions to enable good research. Beside the support to create an effective basis for this research. At this moment I doubt the commitment for the research by the hospital's organisation and whether the organisation can put a (strategic) development in place to realise the required conditions for the research in the short term.

At this moment I question how I can continue the research on workplace culture within the set time (2-3 years), without the research being slowed down by current structural and fundamental workplace culture characteristics? I would gladly exchange ideas about this in follow-up conversations. The mapping of the context however concerns a first step in a development route of this action research.

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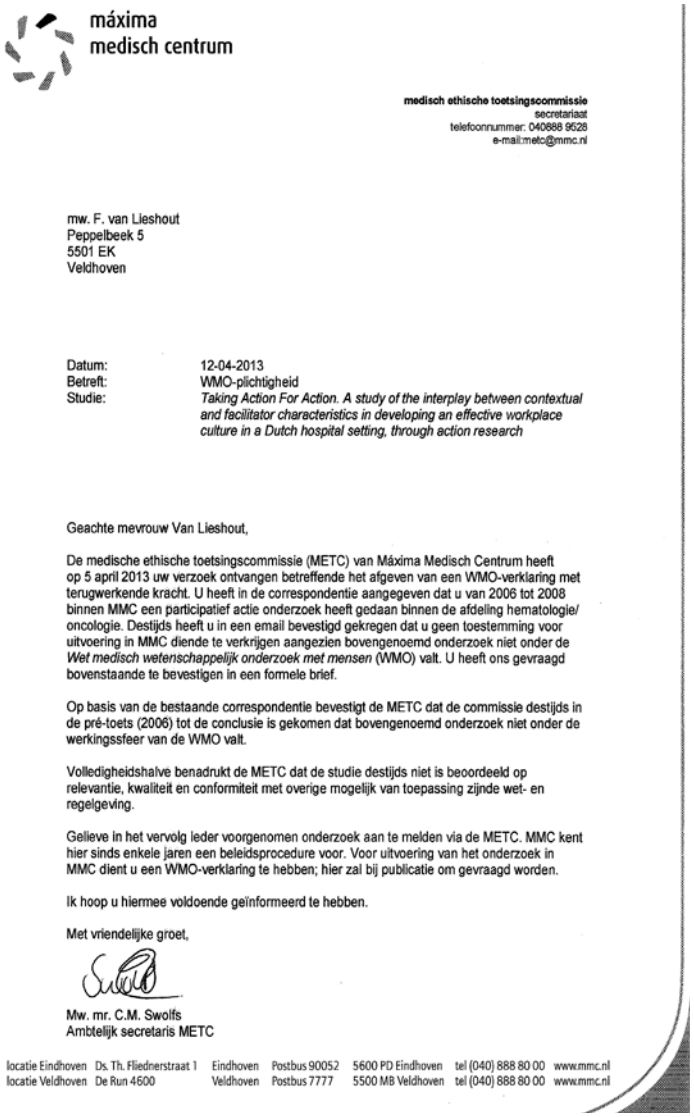
APPENDIX C -DECLARATION OF ETHICAL APPROVAL BY METC FOR DOING PAR IN THE HOSPITAL

Original letter in Dutch:



máxima
medisch centrum

medisch ethische toetsingscommissie
secretariaat
telefoonnummer: 040888 9628
e-mail:metc@mmc.nl

mw. F. van Lieshout
Peppelbeek 5
5501 EK
Veldhoven

Datum: 12-04-2013
Betreft: WMO-plichtigheid
Studie: *Taking Action For Action. A study of the interplay between contextual and facilitator characteristics in developing an effective workplace culture in a Dutch hospital setting, through action research*

Geachte mevrouw Van Lieshout,

De medische ethische toetsingscommissie (METC) van Máxima Medisch Centrum heeft op 5 april 2013 uw verzoek ontvangen betreffende het afgeven van een WMO-verklaring met terugwerkende kracht. U heeft in de correspondentie aangegeven dat u van 2006 tot 2008 binnen MMC een participatief actie onderzoek heeft gedaan binnen de afdeling hematologie/ oncologie. Destijds heeft u in een email bevestigd gekregen dat u geen toestemming voor uitvoering in MMC diende te verkrijgen aangezien bovengenoemd onderzoek niet onder de *Wet medisch wetenschappelijk onderzoek met mensen* (WMO) valt. U heeft ons gevraagd bovenstaande te bevestigen in een formele brief.

Op basis van de bestaande correspondentie bevestigt de METC dat de commissie destijds in de pré-toets (2006) tot de conclusie is gekomen dat bovengenoemd onderzoek niet onder de werkingssfeer van de WMO valt.

Volledigheidshalve benadrukt de METC dat de studie destijds niet is beoordeeld op relevantie, kwaliteit en conformiteit met overige mogelijk van toepassing zijnde wet- en regelgeving.

Gelieve in het vervolg ieder voorgenomen onderzoek aan te melden via de METC. MMC kent hier sinds enkele jaren een beleidsprocedure voor. Voor uitvoering van het onderzoek in MMC dient u een WMO-verklaring te hebben; hier zal bij publicatie om gevraagd worden.

Ik hoop u hiermee voldoende geïnformeerd te hebben.

Met vriendelijke groet,

Mw. mr. C.M. Swolfs
Ambtelijk secretaris METC

locatie Eindhoven Ds. Th. Fliednerstraat 1 Eindhoven Postbus 90052 5600 PD Eindhoven tel (040) 888 80 00 www.mmc.nl
locatie Veldhoven De Run 4600 Veldhoven Postbus 7777 5500 MB Veldhoven tel (040) 888 80 00 www.mmc.nl

Letter translated in English:

Dear Mrs. van Lieshout,
On April 5, 2013 the Medical Ethics Test Committee (METC) of *hospital x* has received your application for the WMO-declaration, retroactive. You have noted in your application that you have done a participative action research between 2006 and 2008 within the section Hematology/ Oncology. At that time you received an email to notify you that you do not need permission for enactment in *hospital x*, because the above research does not fall within the Medical Research Involving Human Subjects Act (Wet Medisch Wetenschappelijk Onderzoek met Mensen (WMO)). You asked us to confirm this in writing.
On the basis of the exciting correspondence, the commission of METC acknowledges that they came to the conclusion in the pre-test (2006) that the above research does not fall under the working ethos of the WMO.
For the completeness, the METC emphasize that, at that time, the subsidy was not adjudicated on relevance, quality and conformity with the subject applicable law and regulations.
Please note that all future proposed research should be announced via the METC. *Hospital x* has a policy procedure for this since a few years. For enactment of research in *hospital x* you have to obtain a WMO-declaration; this will be asked for when published.

I hope this provides you with sufficient information,

Kind regards,
…
Official Secretary METC

APPENDIX D-INFORMED CONSENT FOR ANALYSING THE STORIES

In Dutch:

Beste …..,

Op mijn uitnodiging per email, heb je aangegeven deel te willen nemen aan een twee uur durende workshop voor het analyseren van verhalen in het kader van mijn promotie onderzoek. Door middel van een gezamenlijke creatieve analyse van een viertal samenhangende verhalen met de sub-discipline groep van ….., heb ik tot doel thema's te formuleren. Deze thema's zullen in een later stadium met andere sub-discipline groepen vergeleken worden en zal gekeken worden op welke wijze deze mogelijk samenhangen en een raamwerk vormen. De ontwikkeling van een dergelijk raamwerk is onderdeel van mijn promotie en zal dan ook in een proefschrift gepubliceerd worden. Hieruit volgen mogelijk ook wetenschappelijke artikelen.

Alle gegevens zullen strikt vertrouwelijk en geanonimiseerd worden gebruikt. Informatie verkregen in de workshop, alsook de inhoud van de 'verhalen', wordt geacht niet buiten deze workshop verspreid te worden. Hoewel je toestemming geeft voor deelname aan deze workshop kun je je te allen tijde ontrekken van de workshop. Dit zal je op geen enkele wijze benadelen.

Om te voorkomen dat gegevens verloren gaan tijdens de workshop vraag ik je toestemming om video, foto en/of voice recorder opnames te maken.

Ik hoop je hiermee voldoende te hebben geïnformeerd. Ik stel je deelname aan dit onderzoek bijzonder op prijs omdat je hiermee een belangrijke bijdrage levert aan het doen van (participatief) actie onderzoek binnen de Nederlandse gezondheidszorg context.

Hartelijk dank voor je samenwerking!

Famke van Lieshout, *promovenda, Fontys Verpleegkunde/ University of Ulster*

Ik geef hiermee toestemming om deel te nemen aan de workshop
'Analyseren van verhalen' in het kader van de promotiestudie van Drs. F. van Lieshout

Naam deelnemer:	Naam onderzoeker: Famke van Lieshout
Handtekening:	Handtekening:
Datum:	Datum:

In English:

Dear….,

You have shown interest in my invitation to take part in a two hour lasting workshop to analyse my stories regarding my PhD research. By means of a common creative analysis of four coherent stories with the sub-discipline group of …, I aim at formulating themes. At a later stage these themes will be compared with other sub-discipline groups and will be looked in which way these coincide possibly and form a framework. The development of such a framework is part of my promotion and will be published in a thesis. Scientific articles will possibly also follow.

All data will be used strictly confidential and anonymity was ensured. Information obtained in the workshop, as well as the contents of the stories, is considered not to be spread outside this workshop. Although you agree to participate in this workshop, you are entitled to withdraw from it at any time. This will not be of disadvantage to you.

To prevent from data being lost during the workshop, I would like to ask you permeation to use video, photo and/or voice reordering during the workshop.

I hope I have informed you sufficiently. I appreciate you partaking in this research, thereby making an important contribution in doing (participating) action research within the Dutch healthcare context.

Thank you very much your cooperation!

Famke van Lieshout, PhD student, Fontys University of Applied Nursing / University or Ulster

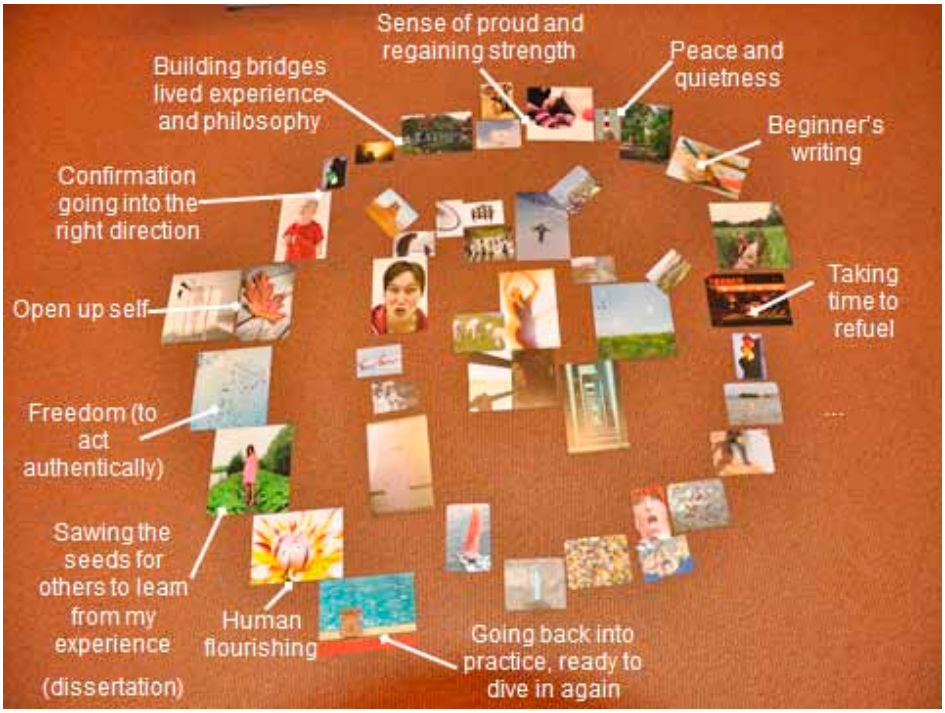
I give permission to take part in the workshop `Analysis of stories' in terms of the PhD study of F. van Lieshout, BcN, Msc

Name participant:	Name research worker: Famke van Lieshout
Signature:	Signature:
Date:	Date:

APPENDIX E- SPIRAL JOURNEY


End
2009
2009
2007
2010
2005
Mid
2008
Mid
2007
2006
2011
2012>
2008


Exploring different landscapes simultaneously
High challenge
Let's go for it
No solid ground or clear path, trying not to 'miss' anything
Enthusiasm, energy, grateful, excitement, uncertainty
...
Doubting to continue in setting or not
Increasing sense of disillusion
I'm stuck and feeling lonely
Strong need to escape
Wonder, losing focus, lack of authority & competence to surf the turbulence
New energies and hope


Sense of proud and regaining strength
Peace and quietness
Building bridges lived experience and philosophy
Beginner's writing
Confirmation going into the right direction
Taking time to refuel
Open up self
Freedom (to act authentically)
Sawing the seeds for others to learn from my experience
(dissertation)
Human flourishing
Going back into practice, ready to dive in again


1. Job interview for PhD June 9 2005
2. Presentation AR FG's January 30 2006
3. IPDC Doorn July 6-7 2006
4. Policy day HOC October 27 2006
5. Supervision AT/KC
2006
6. Conflict with unit manager March 7 2007
7. Creative culture workshop & Festive kick off June
8. Critical dialogue BmC/AT/KC at Kappelerput end of Sept 2006
9. Presenting 1st report WPC managers HOC October 10th 2007
10. Follow up meeting with management MMC discussion continuation PhD November 8 2007
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8, 9,10


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11. Storytelling and creative analysis of stories February - June, 2008
12. Meeting NP June 16, 2008
13. Supervision AT/KC July 1, 2008
14. Decision to stop data collection in practice /elemeeting TmC August 21, 2008
15. Seminar 1 November 25, 2008
16. Struggle with writing of narratives Feb/March, 2009
17. AR course Odense May 25-28, 2009
18. Supervision TmC & BmC July 1-2, 2009
19. Sharing stories with colleague at FHV September 10, 2009

Time frame chapters and research process

Chapter 1: Down the Rabbit Hole	November 2005 – January 2006
Chapter 2: The pool of tears	November 2005- June 2006
Chapter 3: A caucus-Race and a Long Tale	July 2006 –November 2006
Chapter 4: The Rabbit sends in a little Bill	November 2005 – November 2006
Chapter 5: Advice from a Caterpillar	November 2005 – May 2009
Chapter 6: Pig and Pepper	November 2005 – December 2009
Chapter 7: A Mad Tea Party	July 2006 – August 2008
Chapter 8: The Queen's Croquet Ground	July & August 2008
Chapter 9: The Mock Turtle's Story	September 2008– July 2009

APPENDIX F -LIST OF THEMES FROM CRITICAL CREATIVE HERMENEUTIC ANALYSIS OF STORY

List of themes [28] and key themes [2] from four Critical Creative Hermeneutic Analyses of stories 1-4

	Workshop 1 Researcher – supervisor	Workshop 2 Students Master Advanced Nursing Practice	Workshop 3 Lecturer practitioners	Workshop 4 Experts
Creative collages				

		Dutch	English	Dutch	English	Dutch	English
1	Balancing	Creativiteit	Creativity	Ongelijke machtsverhouding	Unequal balance of power	Mismatch in het leggen van verbindingen	Complexity in making connections
2	Fragility and cautiousness in movement	Machteloosheid	Being dragged along	Onvoorwaardelijk commitment	Unconditional commitment	Beperkte oprechtheid	Varying receptiveness
3	Holding on	Kleurrijk	Colourful	Geenwederzijdse aantrekkelijkheid	No mutual attractiveness	Standvastigheid	Moving with firmness

4	Multi-directional	Intentionele gedrevenheid en kracht	Intentional eagerness & strength	Geen gedeeld verlangen	No shared desires explicated	Eenzaamheid	Loneliness and vulnerability
5	Covered up/hiding	Geveinsde consensus	Pseudo consensus	Inbalans uitdaging en ondersteuning	Imbalance challenge and support	Bescherming	Protect from unwelcomed truths
6	Being strong[1]	Ontbreken reciprociteit	Lack of reciprocity	Emotionele achtbaan	Emotional rollercoaster	Spanningsveld dynamiek en stilstand	A-synchronic dynamic
7	Vulnerability[2]	Socialisatie met de context	Moving with the context	Beperkt overstijgend vermogen	Limited ability to go above and beyond	Socialisatie	Intentional socialisation
8	Trusting					Gelaagdheid	Multi-layeredness in culture
Key themes: **Balance** & **Synchronicity**							

1 Merged with theme 'holding on'
2 Merged with theme 'loneliness'

Appendix L

Workshop 5
Supervison team

Collage fragment 1

1. Foucault's gaze
2. Eyes wide open, really engaging
3. Being, bright, open, pure and beautiful
4. The voice is of less meaning
5. Different kind of energies: wood, water, earth, rock and air
6. Different kinds of energies creating balance and harmony
7. Constant movement between positive and darker moments
8. Searching, looking for explanations (too much) within self as supposed to within the elements
9. Constant attention to needing to grow
10. Staying true to purpose of what I was doing

Collage fragment 2

11. Disconnection
12. Less brightness
13. Complexity (of different layers)
14. Human suffering
15. Things left behind that hurts
16. Different directions, moving into real coherence and direction
17. Beginning of journey
18. Different kinds of self
19. Appreciating self, love and empathy
20. Multiple patterns
21. Different textures (softness as well)
22. Flow energy, flowing line, same colours & elements
23. Still picking up the 'gold'

Collage fragment 3

24. Freedom to explore which way to go/ adventure
25. Exploring different pathways
26. Positive elements in dead ends
27. Feeling overloaded, unsure, no clear direction
28. Being pure and clear throughout the journey
29. Burst, vibrancy, brightness, energized direction
30. Solid, vibrant image
31. Red hearts; solid and passionate, pink: pure and focused passion
32. Feeling of being on the journey on my own
33. Softness never really goes
34. Plans that never became
35. Delicate balance
36. Joining it up together to enter a complex space
37. Coping/ hanging in there, trying to make sense of next steps
38. Achieving balance, authenticity
39. Unknown bit is taking me into transformation

Key themes: **Doing, Being, Becoming & Potential of becoming**

List of themes [39] and key themes [4] from Critical Creative Hermeneutic Analysis of story 5

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24. A typical Dutch tradition is a PhD student selecting one or two 'paranimfs' that support the student in the mostly, ceremonial, defence of their thesis. The original meaning of paranimf is bridesmaid or best man as doing a PhD is formerly associated with the student marrying the University.

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I feel really privileged.

Famke

Curriculum Vitae

CURRICULUM VITAE

Famke van Lieshout was born in Eindhoven, the Netherlands, on the 27th of May 1976. After her graduation in 1998, she obtained a Bachelor's degree in nursing at Fontys University of Applied Sciences in Eindhoven. It was during her Master study in Health Education and Promotion at the University of Maastricht, that she became enthusiastic about the process of enabling people to increase control over, and to improve, their health. This process encompassed interventions at the behavioural level and the creation of supportive environments. In 2000 she went to South Africa to do research for her final thesis. A year later she obtained her Master degree, after which she started to work as a researcher at Maastricht University till the end of 2002. Because she had a yearning back to nursing practice, she accepted a job as clinical educator in a local hospital. She was challenged with the setting up of a practice development unit, aiming at creating a more effective, 'healthier', workplace culture. She shifted her role to that of a lecturer practitioner in nursing, to integrate research more strongly in her activities. This to bridge the 'gap' between theory and practice, which she often experienced while enabling practice development in nursing. For this reason she also started a joint appointment with Fontys School of Nursing and became involved in all kinds of educational activities.

In 2005 she was awarded a PhD post at Fontys University of Applied Sciences. Her PhD study was done in combination with teaching nursing for Bachelor and Master degree courses and a membership within the the Knowledge Centre for the implementation and evaluation of Evidence Based Practice in nursing. This centre offered her many opportunities to develop and test theories, and to connect with professionals in the arena of practice development in nursing, also internationally. In 2008 she enrolled at the University of Ulster in Belfast (UK) were she was jointly supervised in her PhD by experts in the field of facilitating practice development.

Further, she is one of the editors of a Dutch Methodological Journal for Qualitative Research (KWALON). She has facilitated various practice development and action research projects and courses, and actively participates in various international and national networks.

In addition to her professional activities, she is married to Frederick Pienaar. They have three children named Dean, Luke and Kate.

Abstract

ABSTRACT

Implementing change and transforming nursing practice is not a linear but a complex process. The evidence within practice development (PD) and participatory action research (PAR) suggests that not enough is known about the interplay between the researcher's characteristics and the contextual factors, in the facilitation of PAR. This study aims to understand this interplay in the development of evidence-based and person-centred practice through PAR, in collaboration with nurses and management at a centre for oncology in a Dutch hospital.

The study is guided by a praxis methodology in which different philosophical perspectives are used to connect theory with the practice of PAR. Emancipatory praxis guides the transformation of practice through PAR and hermeneutic praxis guides the understanding of the reality of facilitating PAR within a specific context. The research approach integrates a mix of creative, cognitive and reflective methods. A variety of data about initiating action research in a clinical setting were collected and put into the form of a story in order to engage in a reflexive analysis, inspired by Van Manen's principles of human science.

Findings emphasise the importance of the orientation phase within PAR and suggest that it is essential for facilitators, in particular those new to the methodology, to create a system of support to help them to understand the characteristics of the context. This is necessary in order to create balance in their facilitation that is acceptable both to oneself and the context and which can then achieve synchronous working with practitioners. This study adds greater clarity to the existing body of knowledge about how facilitators of PAR can be helped to engage with the complexity of cultures in different contexts. It demonstrates that there are essential conditions necessary for facilitating PAR, these are captured within a 'compass'-model. Principles for action for researchers of PAR are explained that are assumed to contribute to the development of researchers' expertise engaged in the facilitation of PAR.

Samenvatting

SAMENVATTING

Dit proefschrift beschrijft een onderzoek naar het samenspel tussen de begeleider, oftewel de 'facilitator', van verandering en de context waarbinnen de verandering plaatsvindt. De beoogde verandering in deze studie betreft de ontwikkeling van een effectieve werkplekcultuur binnen een oncologisch centrum in een niet-academische ziekenhuis setting. Een dergelijke effectieve werkplekcultuur wordt verondersteld teams te ondersteunen in het eigen maken van evidence based -en persoonsgerichte handelen in zorg. De methodiek die centraal staat in dit veranderproces, is participatief actie onderzoek. Deze studie laat zien dat het initiëren van een veranderproces gebaseerd op participatoire en emancipatoire principes in een dynamische context, zowel beroepsbeoefenaren als co-onderzoekers alsook de onderzoeker als facilitator beïnvloedt. Dit samenspel heeft consequenties voor het welslagen van de ontwikkeling van een effectieve werkplek cultuur.

Hoofdstuk 1, de introductie van dit proefschrift, beschrijft de achtergrond en relevantie van deze studie binnen de context van de Nederlandse gezondheidszorg. Het implementeren van evidence-based handelen en persoonsgerichte praktijken wordt verondersteld bij te dragen aan optimale patiëntenzorg. Echter dit proces van verandering en transformatie is veelal niet lineair, maar eerder een cyclisch en complex proces waarbij vele factoren gelijktijdig een actieve rol spelen. 'Practice Development' is een van de vele benaderingen die dit proces kan ondersteunen. Practice Development (PD) is een continu proces dat bestaat uit kritisch denken, bewustwording van routinematig handelen, het zoeken naar het beste bewijsmateriaal voor handelen in de praktijk en het ontwikkelen van een afdelingscultuur waarin de (nieuwe) praktijkvoering geïmplementeerd moet worden. Dit alles wordt door de onderzoeker samen met betrokkenen uit de praktijk uitgevoerd. Door het werken met principes van PD, wordt niet alleen beoogd de kwaliteitszorg voor de patiënt te verbeteren maar ook de werksfeer voor medewerkers. Omdat deze benadering relatief nieuw en veelbelovend is in Nederland en aansluit bij mijn eigen waarden, heb ik besloten deze benadering toe te passen, in een participatief actie onderzoek (PAR), met het doel het ontwikkelen van een effectieve werkplek cultuur.

Na twee jaar nauwelijks progressie te hebben gemaakt bij de afdelingen in het ontwikkelen van een effectieve werkplekcultuur door PAR, was ik genoodzaakt de focus van mijn studie te verschuiven naar een proces van reflectie op het samenspel tussen de contextuele- en facilitator kenmerken. Dit om te begrijpen wat er precies was gebeurd waardoor er geen vooruitgang werd geboekt, ondanks de actieve inzet van mijzelf en andere betrokkenen in het onderzoeksproject.

Omdat mijn ervaringen als begeleider van veranderingen een belangrijk uitgangspunt vormde in deze studie, vond ik het belangrijk om in dit eerste hoofdstuk ook een beeld te schetsen van wie ik ben als persoon en hoe dit doorwerkt in mijn functioneren als professional.

In *Hoofdstuk 2* presenteer ik het methodologisch raamwerk waarbij ik gebruik heb gemaakt van verschillende filosofische perspectieven, het kritische/emancipatoir perspectief en het interpretatief/hermeneutisch perspectief. Ik noem de gebruikte methodologie ook wel een praxis methodologie omdat keuzen voor een bepaalde onderzoek benadering en daaraan gerelateerde methoden in deze studie vanuit een morele intentie zijn ontstaan en niet zozeer vooraf in detail zijn bepaald. Ik heb me steeds moeten afvragen wat de studie op een bepaald moment nodig had en welke stappen 'juist' waren vanuit diverse invalshoeken; theoretisch/ filosofisch, praktisch realiseerbaarheid, ethisch en vanuit mijn authenticiteit als persoon in de rol van onderzoeker.

De studie omvat drie verschillende fasen; 1. De verkenningsfase, 2. De reflexieve fase en 3. de contemplatie (bezinnings) fase. De verkenningsfase is gepositioneerd in 'emancipatory praxis' omdat het doel transformatie van de verpleegkundige praktijk betreft en meer specifiek, transformatie van de werkplekcultuur. Door het actief betrekken van beroepsbeoefenaren in het proces wordt tevens gestreefd naar emancipatie in het eigen handelen, dat kenmerkend is voor PAR (Kemmis en McTaggert, 1988).
De reflexieve fase, fase twee, is het gevolg van de verschuiving in de studie en is gepositioneerd in 'hermeneutic praxis' omdat hier het doel is om de leefwereld van de facilitator in een specifieke context te begrijpen, dat kenmerkend is voor de hermeneutische fenomenologie (Van Manen, 1990, 1997). Bestaande kennis in PD en actie onderzoek literatuur suggereert dat onvoldoende bekend is over het samenspel tussen de onderzoeker en de context bij het faciliteren van veranderingen. De contemplatie fase betreft de theoretisering van bevindingen die uit de reflexieve fase zijn voortgekomen en is een overgangsfase van het hermeneutisch perspectief, weer terug naar het emancipatoir perspectief. Oftewel, het geleerde zodanig te vertalen dat dit toegepast kan worden door facilitators in hun handelen in de praktijk.

Methoden voor data verzameling variëren van participerende observaties, interviews, workshops, veldnotities en reflecties in fase één, tot het omzetten van deze ruwe data in verhalen en het doorlopen van diverse samenhangende stappen waarin een mix aan creatieve, cognitieve en reflectieve methoden zijn ingezet voor analyse, in fase twee.

Mezirow's (1981) niveaus voor reflectie; beschrijving, bewustwording en kritisch bewustwording, zijn gebruikt als heuristisch/ methodologisch hulpmiddel om betekenis te ontlenen aan mijn ervaringen als facilitator van actie onderzoek.

Hoofdstuk 3 is het grootste hoofdstuk in dit proefschrift en omvat vijf verschillende verhalen die in zijn geheel, mijn ervaring als facilitator van PAR in de praktijk laten zien. In de eerste twee jaren van deze studie, is op systematische wijze een grote hoeveelheid data verzameld over het initiëren van actie onderzoek in een ziekenhuiscontext bijvoorbeeld; observaties, interviews, workshops. Verzamelde data laten de realiteit van het faciliteren van PAR in een turbulente praktijk context zien, zowel vanuit het perspectief van de onderzoeker als van andere betrokkenen zoals verpleegkundigen, management en medisch specialisten. Deze data zijn vervolgens gereduceerd, verdeeld over vier actie cycli en gepresenteerd in verhaalvorm:

- Het verkennen van de werkplek cultuur van de oncologische verpleegafdeling en dagopname op locatie X.
- Het opbouwen van relaties.
- Het inbedden van de studie in de organisatie.
- Het verkennen van de werkplek cultuur van dagopname locatie X en Y.

Het vijfde verhaal is geconstrueerd rondom mijn persoonlijke gedachten en gevoelens over het onderzoeksproces welke veelal berusten op data uit diverse reflecties welke systematisch vastgelegd zijn in mijn onderzoeksjournal. Dit verhaal loopt parallel aan de andere vier verhalen.

De verhalen vormen een belangrijk startpunt voor de verdere analyse in hermeneutische praxis. Ze zijn puur, niet verder aangepast gedurende het schrijfproces om te voorkomen dat al in een vroeg stadium interpretaties en vooronderstellingen impact zouden kunnen hebben op het latere analyse proces. Alle verhalen laten voornamelijk mijn wanhoop zien ten aanzien van het onderzoeksproces. Als onderzoeker stel ik me hierdoor zeer kwetsbaar op, dit is gedaan om de mogelijke herkenbaarheid voor de lezer te vergroten.

In *Hoofdstuk 4* wordt toegelicht hoe de verhalen door vier verschillende groepen van professionals die affiniteit hadden met het faciliteren van veranderingsprocessen, middels een door mij zelf ontwikkelde data analyse workshop, zijn gethematiseerd. Dit heeft geresulteerd in een bijna veertigtal thema's welke uiteindelijk te onderscheiden zijn in zes categorieën; balance, synchronicity, doing, being, becoming, potential of becoming.

Deze categorieën en thema's zijn verweven in een nieuw allesomvattend verhaal, ook wel metanarratief genoemd, waarbij gebruik is gemaakt van de metafoor van 'zeilen in stormachtige weer'. Om zo, tot een meer generieke interpretatie te komen en om diepgaandere betekenis te ontlenen aan deze ervaring. Dit metaforisch verhaal wordt vervolgd met een uiteenzetting van een zestal kritische momenten of kantelpunten welke zijn geïdentificeerd in het verhaal en

waarin een terugkoppeling wordt gemaakt naar de daadwerkelijke situatie; het faciliteren van actie onderzoek.

Nadat een synthese van de reflexieve analyse heeft plaatsgevonden en de essentie van de ervaring van het faciliteren van verandering in een weerbarstige context is geïdentificeerd en weergegeven, staat voornamelijk de dialoog met de literatuur in *hoofdstuk 5* centraal. Daarbij is gebruik gemaakt van kernboodschappen, wat feitelijk aanpassingen zijn van eerdere ideologieën (set van waarden en overtuigingen) ten aan zien van het faciliteren van veranderingen met beroepsbeoefenaren als co-onderzoekers in de praktijk. Deze boodschappen zijn te herleiden uit de onderzoeksbevindingen binnen de eerder beschreven conceptuele gebieden van context, balans, support en synchroniciteit. Er is gekeken naar wat bekend is in de PD en actie onderzoeksliteratuur met betrekking tot deze kernboodschappen.

Deze exercitie levert uiteindelijk een mid-range- theorie op over 'condities noodzakelijk voor het faciliteren van actie onderzoek'. Deze theorie wordt weergegeven in een conceptueel model het 'compass model', dit model geeft het samenspel weer tussen de verschillende hoofdconcepten. Het model is onderscheidend omdat het essentiële concepten voor het faciliteren van participatief actie onderzoek samenbrengt. Het benadrukt het belang van de oriëntatiefase van participatief actie onderzoek en suggereert dat voor facilitators, met name diegene waarvoor de onderzoeksbenadering relatief nieuw is, het essentieel is om een groep of systeem van ondersteuners samen te stellen die hen kan helpen (steeds) de kenmerken van de context te begrijpen. Dit systeem van ondersteuners is tevens noodzakelijk om balans te creëren en vast te houden in de wijze van facilitering, welke acceptabel is voor zowel de facilitator zelf als voor de context en dat kan helpen in het synchroon werken met betrokkenen in de praktijk. Dit synchroon werken verwijst naar een optimale samenwerkingsrelatie waarin overeenkomsten en verschillen herkend, geaccepteerd en benut worden ten behoeve van 'wederzijdse adequaatheid'. Hieronder versta ik het proces van het bereiken van gezamenlijk inzicht en transformatie door betrokkenen, alsook het bereiken van individueel inzicht, groei en ontwikkeling.

In *Hoofdstuk 6* wordt gereflecteerd op de robuustheid van de studie, worden implicaties voor de zorgpraktijk, de onderwijspraktijk en onderzoek beschreven alsook welke bijdrage deze studie levert aan kennis. Het conceptueel compass model is tevens gebruikt om mijn reflectie op de betrouwbaarheid en robuustheid van de studie, te kaderen. De praxis onderzoeksmethodologie toegepast in deze studie, is uniek in zijn soort en laat een duidelijke samenhang zien tussen de toepassing van filosofische principes, onderzoeksbenaderingen en methoden voor dataverzameling en analyse. De gebruikte creatieve kunstvormen hebben hier een effectieve bijdrage aan geleverd.

Het verwoorden en expliciet maken van de relatie tussen context en onderzoeker tijdens de eerste fase van actieonderzoek heeft geresulteerd in een raamwerk met een zestal principes voor handelen zowel voor de (beginnend) actie onderzoeker en diens begeleiders. Deze worden verondersteld bij te dragen aan de ontwikkeling van de expertise van de onderzoeker in het faciliteren van PAR. Daarnaast zijn beïnvloedende factoren in de context die veranderingen bevorderen of belemmeren geïdentificeerd en verkend. De voorwaarden welke essentieel zijn voor het faciliteren van actie onderzoek in diverse contexten zijn ook beschreven.

Niet alleen heeft deze studie in academisch opzicht bijgedragen aan kennis, maar tevens heeft mij deze studie persoonlijk veel inzicht opgeleverd. Ik begrijp nu beter waarom mijn gekozen strategieën bij het faciliteren van verandering niet werkten en ik kan hier lering uit trekken voor een volgende keer en mogelijk ook in diverse andere contexten.

Een belangrijke les die uit deze studie geleerd kan worden is dat geen enkele context 'klaar' of 'niet klaar' is voor actie onderzoek oftewel praktijk transformatie. Het gaat er eerder om of de facilitator 'klaar' of voldoende toegerust is/blijft, voor het begeleiden van een bepaalde verandering in een bepaalde context. Daarvoor is het belangrijk heel intentioneel en gericht een systeem van ondersteuners samen te stellen. Op basis van kenmerken van de context, de facilitator en het systeem aan ondersteuners kan bepaald worden wel of niet een proces van samenwerking aan te (blijven) gaan, om 'persoonlijk lijden' bij betrokkenen te voorkomen.

Daarnaast dient de verkenningsfase oftewel de reconnaissance fase van PAR niet te haastig doorlopen te worden, zoals vaak gesuggereerd wordt in de literatuur, omdat dit cruciaal blijkt voor de verdere fasen in actie onderzoek.

De mid-range theorie en het raamwerk kunnen verder toegepast en getest worden door andere actie onderzoekers, docenten, lecturer practioners, (verpleegkundig) leiders, etc. in het faciliteren van veranderingen of ontwikkelen van praktijken. Ook levert deze studie een bijdrage aan de aanbeveling om ethische toestemming (WMO) voor dit type onderzoek binnen organisaties te herzien.

Kortom

Het faciliteren van veranderprocessen binnen gezondheidszorgpraktijken is dynamisch en complex. Het vraagt een diversiteit aan competenties en voorbereiding van diegene die in bepaalde functies de rol van facilitator op zich nemen, alsook vraagt het voorbereiding van de context. Hierbij is ondersteuning door een systeem en diversiteit aan ondersteuners/ aanmoedigers/ kritische vrienden voor de facilitator onontbeerlijk. Deze studie maakt inzichtelijk wat een dergelijk systeem aan ondersteuners voor de facilitator kan betekenen en welke principes-voor-actie deze relatie (verder) vorm kunnen geven.

An ocean conquered
A gentle breeze greets the shore
This voyage complete

[*by Caroline Williams*]