How clinical supervision is accomplished in groups of pre-registration student nurses when they are facilitated by nurse educators.

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Abstract

The literature suggests many positive benefits of Group Clinical Supervision (GCS) with pre-registration students facilitated by lecturer supervisors. It helps students hone their reflective and critical decision-making skills, and engagement demonstrates working with peers is strongly linked with developing self-awareness and empathic understanding of others. It normalises shared practice experiences and is experienced as supportive and restorative. However, positive findings of GCS are enhanced when the learning environment feels safe and sensitively facilitated and reduced when this is diminished. In addition, several issues are identified as problematic, intriguing or unexplored. These include; methodological approaches, group and supervisory relationships, perceived coercion versus engagement, perceived value of challenge, lack of clarity around the operationalisation of functional and reflective models, differing experiences of men and women.

It is argued that the analytic method known as conversation analysis (CA) addresses some of the methodological concerns in the literature and uncovers how social action in GCS is played out through talk-interaction. Nine two-hour sessions of GCS were filmed with a convenience sample recruited from one post graduate entry cohort, of pre-registration student nurses over a twelve-month period, encompassing sessions including four different lecturer supervisors. Talk was selected, transcribed and analysed to reveal how participants orient to each other's conduct.

Three clear themes emerged from the findings; power, challenge and empathy. Power; supervisors were apt to remind student participants of inferential frameworks and the multiplicity of roles influencing their relationships. As these reminders were embedded within the talk-interaction, there was frequently an accountability for participants to

respond in an expected way potentially compounding disempowerment and oppression already experienced as a subordinate group in the practice setting. A Foucauldian perspective recognised concern raised in the data about surveillance through the supervision process and through filming itself. Challenge, is conceptualised as a facet of reflective learning. However, the findings in this study note that aspects of challenge and confronting were conducted in a tentative way, and participants were wary of making what is private, public. Mezirow's theory of perspective transformation and Freire's work on emancipatory education are used to theorise how a more critical approach to reflection can be developed empowering nurse's own emancipation. Further findings underpinned by Rogers' core conditions for a conducive learning environment suggests that whilst supervisors play a critical role in facilitation of GCS, it is the unmediated empathy of peers that provides the restorative support so valued by student participants.

The experience of men in this study did not emerge as of local procedural relevance in the CA however, it is posited this may have been associated with the membership bias of the researcher as a woman and suggests this topic needs focused attention in future research.

This study responds to the call for renewed expansion in clinical supervision research agendas. The value in employing a new way of exploring the experiences of participants in GCS has led to providing a more detailed picture of interactional practice and added new dimensions to understanding. The potential for using a similar methodology in other facilitated small group settings where person centred approaches are central to their process, has been presented. The impact of co-constructed narratives towards either increasing or distancing shared empathy may be illuminating in a range of settings where such relationships are critical.

Abbreviations

Term	**Abbreviation**
Conversation Analysis	CA
Clinical Supervision	CS
Group Clinical Supervision	GCS
Process – Oriented Group Supervision	PGS
Process Oriented Supervision	POS
Stocks of Interactional Knowledge	SIK
Turn Constructional Unit	TCU

Chapter 1: Introduction

1.0: Introduction

This introduction contextualises the endeavour of undertaking the study you are about to read. It traces the path of my personal engagement with clinical supervision (CS) as a practitioner, a trainer and finally within pre-registration nurse education. It sets out the premise for inclusion of the activity within pre-registration nurse curriculum, identifies important process related components and considers hidden influences on engagement. I declare my positionality as a researcher and identify the chapters that construct exposition in this work.

Nursing has taken a keen interest in the benefits of CS although the concept frequently divides opinion. Many aspects seem contentious including; what it is (Fowler, 1996; Bond and Holland, 2010), what it should be trying to achieve (Burrow, 1995; Cutcliffe and Proctor, 1998), how it should be structured and the skills required to conduct it (Fowler, 1996; Cassedy, 2010) and its effectiveness (Brunero and Stein-Parbury; 2008 White and Winstanley, 2010; Butterworth, White, Winstanley, 2010; Pollock, Campbell, Deery et al, 2017). However, there is something about the experience of participation and its impact that leads to a championing of the activity despite ongoing resistance.

1.1: Personal experience with clinical supervision

I am one of those champions. I first discovered the benefits in my role as a newly qualified health visitor over 25 years ago. As an autonomous practitioner working in an economically deprived community, I was frequently faced with difficult decisions to make about troubling families in chaotic situations. My manager was a distant character and I relied upon

colleagues in the office to help me reflect upon my actions. But they were old school and rarely saw the need to involve other agencies. Social workers were a developing profession during the 1980s and did not co-ordinate the support that contemporary social workers do with child protection and safeguarding (Davis, 2008). My colleagues considered involving such agencies as a betrayal of their client's trust. If you wanted to continue to work with such families, you did not refer them to social services. Consequently, I often felt caught on the horns of a moral dilemma trying to judge the best course of action. These days, health visitors have specialist supervision for their safeguarding concerns and well-developed systems and processes to support decision making (NICE, 2014).

A few of us had heard about CS and how it might help us with our 'heart sink' clients. A chance to share our concerns with peers and untangle the threads of a case to establish best courses of action. We set up informal networks, accessing some basic preparation for the activity and pairing up with similarly minded colleagues or working in small groups. Speaking honestly, I was often looking for validation. I wanted someone to agree I had done the right thing and that I was a good practitioner. That was largely what I got; it was predominantly restorative and gave me the impression I was doing my best as a reflective practitioner. Interestingly, the aspect of CS most confidently reported in studies is the measure of restorative support practitioners experience (Butterworth, Bell, Jackson et al, 2008; White and Winstanley, 2010; Dilworth, Higgins, Parker et al, 2013a). As time went on management realised there was an opportunity here to achieve other outcomes concerning clinical governance and continuous professional development (McSherry, Kell, Pearce, 2002). More money and resources were made available to formalise the activity and provide better training for supervisors.

I developed an interest in psychological interventions because of my work with post-natally depressed mothers and signed up for a psychodynamic psychotherapy course. I now experienced CS facilitated by psychotherapists and realised what our health visitor, peer led supervision was missing. Whilst there was a strong interpretive element to psychodynamic supervision, it also provided more challenge. It helped me look at what might be underpinning my actions and sometimes that was uncomfortable. I did not continue after the first year of the course, as psychodynamic work turned out to be a poor fit for my health visiting work and me as an individual. However, it had opened my eyes to how supervision could be much more formative and consequently transformative (Meizrow, 1990).

I spent further years practising CS in various contexts, obtaining additional relevant academic qualifications and focusing on the activity in my first-degree dissertation. My Master's studies were in Human Relations and I found that humanistic psychology and the work of Rogers and Freiberg in the seminal book, Freedom to Learn (1994) was a better match for my developing educational role. I secured a position working with NHS Trusts in the United Kingdom helping them implement CS. Despite concerted support, only the Trusts that embraced CS from the top down, instituting organisational policies that encouraged the activity and providing the time and resources to act on these, were successful. Sustainability featured a flexible approach accepting that one size did not fit all. Even in the most successful and supportive environments, uptake remained patchy, a fact reflected in contemporary reviews (Butterworth et al, 2008). Foregrounding within the literature review chapter will present a brief historical and contemporary overview of CS in the round, providing a more comprehensive background to contextualise the integration of the activity into nurse education.

1.2: Clinical Supervision in Pre-registration Nurse Education

My role as a teacher and trainer led me to academia and I brought with me my experience of supporting NHS Trusts and an understanding of the difficulties this presented. CS was not an integral part of pre-registration nurse education. An introduction to the activity was represented in the mental health pre-registration courses but for other fields; adult, child and learning disabilities, it was not seen as relevant and too logistically challenging. The idea of introducing clinical supervision into pre-registration training had been promoted before (Cutcliffe and Proctor, 1998, Cutcliffe, 2001). A recognition of the resistance to CS in practice led Cutcliffe and Proctor (1998) to speculate on whether nurses needed to learn to be supervisees before they qualified so that they were more receptive to the activity and less suspicious of its motives. In addition, they predicted that it could promote closer bonds amongst student peers, create a collective voice for students in a situation of power imbalance and help the development of basic intrapersonal skills in a safe space.

One could add to these predictions by setting out the premise for how CS could improve critical thinking. Watson (2006) suggests for nurses to be more than merely competent, but capable practitioners they need to develop the right sort of thinking skills. To be competent infers repetitive demonstration that one has acquired the ability to carry out a prescribed action in a way that is measurable and predictable. To be capable goes further and describes a practitioner prepared to deal with the unfamiliar and unexpected by drawing upon lateral thinking, critical decision making and latent knowledge. These same aspirations have been embraced by contemporary nursing andragogy and the application of constructivism (Brandon and All, 2010) as an underpinning philosophy for learning. Interpreting constructivism as a learning theory has its critics (Colliver,

2002) but essentially constructivism sets knowledge to be a human invention – construction. Therefore, a constructivist approach to learning suggests that knowledge is promoted by being creatively active in its acquisition and that conceptual growth comes from sharing, questioning, challenging and reflecting upon understanding with others (Brandon and All, 2010). Small group learning with lecturers facilitating students to critically appraise previously reviewed materials or situations is one expression of the way this approach might be applied. This seems particularly apposite given the preference for group clinical supervision (GCS) in those examples of pre-registration nursing curricula that do include the activity and have published work around the process and outcome.

The literature reflects many positive benefits of GCS with pre-registration students. It has been shown that students incrementally hone their reflective and critical decision making skills (Arvidsson, Baigi, Skärsäter, 2008c ; Carver et al, 2014), demonstrated working with peers is strongly linked with developing their self-awareness and empathic understanding of others (Holm, Lantz, Severinsson, 1998; Holmlund, Lindgren, Athlin, 2010), provides a way of normalising shared practice experiences (Carver, Clibbens, Ashmore et al, 2014) and that students experience CS as supportive and restorative (Lindgren, Brulin, Holmlund et al, 2005). However, to contextualise this, many positive findings of GCS are enhanced when the learning environment feels safe and is sensitively facilitated and reduced when this is diminished (Lindgren, et al, 2005; Arvidsson, et al, 2008b; Carver et al, 2014). The literature review chapter examines these and other published works around GCS with pre-registration student nurses to identify their further findings, methods of investigation and the gaps this leaves in our understanding about the activity. However, clear findings concerning the

perceived benefits of GCS with student nurses, link most strongly with reflective learning, normalising practice experience and restorative support.

1.3: The Role of Reflection in Clinical Supervision

The Nursing and Midwifery Council state that reflection is a pivotal skill to achieve the necessary educational and practice standards (NMC, 2010a, 2010b), it is part of the Nurses' code of conduct (NMC, 2015), and an essential component of revalidation to remain on the register to practice (NMC, 2016). Whilst reflection is much discussed as an essential process within GCS with student nurses it is only rarely contextualised as part of a distinct educational approach (Lindgren et al, 2005; Arvidsson, Skärsäter Baigi, et al, 2008a). The work of Kolb and Schön (Kolb, 1984; Schön, 1984) both known for their contribution to reflective theory, are most frequently cited as important in the wider CS literature (Hawkins and Shohet, 2000; Driscoll, 2007; Bond and Holland, 2010). However, the theories are not without their critique (Holman, Pavlica, Thorpe, 1997; Ekebergh, 2007) raising concerns that learning theories influencing GCS in nurse education may be flawed and not fully support the aspirations for the activity. The literature review will expand upon the role of reflection in GCS and together with analysis from the findings, the discussion chapter will look at how facilitation of reflection may have impacted upon outcomes in GCS, addressing deficits in theoretical approaches to learning.

1.4: The hidden picture – influences upon practice

Criticisms of both Kolb and Schön (Kolb, 1984; Schön, 1984) claim that their theories neglect context and the acknowledgement of wider socio-political and cultural forces (Holman et al, 1997; Boud and Walker, 1998; Vince, 1998). However, these claims suggest that there may be underlying forces

at work; forces that are hard to quantify but nonetheless powerful. If one accepts that students bring with them their own set of socialised and cultural influences, (Nairn, Chambers, Thompson et al, 2012) it could be argued that only in uncovering such influences and other personal or shared frames of reference, can practice be contextualised in GCS and interrogated for alternative perspectives. The findings in this study begin to uncover some of these unconscious influences leading to theoretical examination of covert dynamics in GCS including arguments that concern power and challenge. These are pursued, in the discussion and implications chapter, through application of the ideas of Foucault (1977), Freire (1970) and Mezirow (2012).

1.5: Support

It is a well-established fact that being a student nurse is often stressful (Goff, 2011; Reeve, Shumaker, Yearwood, 2013) and that student peers are one of the most highly valued sources of support (Knight, Corbett, Smith et al, 2012; McIntosh, Gidman, Smith, 2013; Reeve, Shumaker, Yearwood, 2013; Walker, Dwyer, Broadbent et al, 2014). They have been identified as important in all aspects of student nurse life, through providing friendship and a sense of belonging (Levett-Jones, Lathlean, Higgins, 2009; Williamson, Health, Proctor-Childs, 2013), Retention on course (Knight et al, 2012; McKendry, Wright, Stevenson, 2014) and through personal and professional development when providing support as a peer mentor (Glass and Walter, 2000) to name but a few examples. These findings concur with the literature concerning GCS with pre-registration student nurses and the value placed upon the support they receive there. This is explored more fully in the literature review and unsurprisingly is a strong theme in the findings. Discussion in the findings chapter, considers how this mechanism works to support the ambitions of GCS. It is the sense of being understood and the

conveyance of that understanding that seems important here; in other words, empathy. Williams and Stickley (2010) suggest that nurse educationalists are in a position such, that if they chose to do so, they could model empathy. This concurs with the work of Rogers and Freiberg (1994) concerning humanistic education, although they share research findings that look at its impact upon students' capacity to learn per se, rather than their capacity to emulate empathy as modelling suggests. In fact, Williams and Stickley (2010) go on to share the work of Gendlin (1996, 2003), who proposes that empathic connection goes beyond conceptualisation; that the "way of being" with a person, "the entering of their private perceptual world…. And becoming thoroughly at home in it" (Rogers, 1995 p 142) is almost a phenomenological stance (Heidegger, 1962), more about "being-in-the-world" (Dreyfus, 1991) outside of the five senses and somewhere on the edge of the unknown. Put like that, it seems unlikely that the type of empathic modelling possible within GCS by the most skilled of supervisors, could be conveyed at all. As Williams and Stickley (2010) suggests, whilst the observable behavioural skills of a supervisor are the only aspect of empathic conveyance that can be empirically measured, there is so much more going on that cannot be captured empirically only experienced. The literature review will explore the concept of empathy further and findings are analysed to demonstrate how empathy is realised in this study as a topic of importance. The discussion chapter will explicate the findings through an adapted model of empathic engagement in nursing first described by Morse, et al (2006).

1.6: Philosophical Stance

My personal ethos requires that a good nurse practices with compassion. Nethertheless, a health visitor can find herself at odds with her desire to be understanding, accepting and genuine, against her need to act to safeguard

and protect the vulnerable or at risk (NICE, 2014). It was often this dichotomy that formed the bulk of the 'moral dilemmas' which drove my need to have some forum where I could talk such things through. The surprise was, that I found these forums not only sustained my own ability to manage the inevitable emotional labour of such a position but had the capacity to nurture a whole community of practice. We began to see things as a group of practitioners and worked together to act upon shared concerns. At times, group supervision provided a powerful shared voice to challenge and influence local policy affecting health and the organisation of care. Which is probably the source of my desire to champion it. I see within its dialectic properties, the process by which not only individual but collective understanding evolves. It can provide a socio-political context that transforms perspective and creates a driver for change.

This seems to align with the view, that perspective, culture, social context and experience influence the way that one sees the world. I can ascribe to the position that our everyday understanding of reality is socio-culturally variable; that human nature can be shaped by the communities and societies that we grow up and live in and that these are in themselves a human product that evolves through a continuing dialectical process (Hyde, 2015). This broadly describes the constructionist paradigm (Berger and Luckman, 1967) which argues that "human beings create and sustain all social phenomena through social practice" (Hyde, 2015, p.295).

Congruent with this position, is the search for accomplishment of GCS through the social practice of talk interaction which examines the sequential order of participants social actions (Sacks, 1984). I decided that an observational study could exam how participants 'talked' GCS into being. This was done using conversation analysis (CA) (Sacks, 1995) which employs an emic perspective believing that it not only accesses the

participants perspective but the sequential environment in which the social actions take place (Seedhouse, 2005).

The methodology chapter will further discuss my ontological beliefs, the strengths and limitations of the ethnomethodological approach and its instrument CA. This will contextualise the implications for findings in this study.

1.7: Summary

This introduction has been used as a way to establish my interest and passion for this study. It has foregrounded the chapters that follow, beginning to set out some of the foundational ideas that will underpin discussion in each of them. Background discussion in my literature review, will outline historical and contemporary perspectives in CS, underpinning a more detailed examination of the specific literature concerning GCS with pre-registration student nurses and the gaps and questions that poses for the activity. My methodology chapter, explores the possible approaches and argues for the chosen methodology and design. The analysis and findings chapter sets out the findings in a set of closely examined transcriptions using CA methodology to explain the talk interaction. This is supported with snapshots of the action to demonstrate observed social action in addition to utterances. The discussion and implications chapter picks up on the dominant themes of power, challenge and empathy that emerge in the work and demonstrate how my findings have led to these realisations. An integrative approach is used to highlighting implications for practice, in the discussion chapter. These are brought together in the final concluding chapter with a reiteration of the headline findings, recommendations for practice and the contribution this study makes to the practice of GCS with pre-registration student nurses.

Chapter 2: Background and Literature Review

2.0: Introduction

The following chapter is presented in two parts. The first will foreground discussion concerning group clinical supervision (GCS) in pre-registration nursing programmes with background to CS in nursing, including; definitions, underpinning principles, ways of working, and processes used. It will present discussion around the implementation of models and approaches and how this may influence GCS with student nurses. The second part is a more focused review of the literature on GCS in pre-registration nursing courses. Tying this and previous discussion together will help to provide the context and a strong rationale for the study that this thesis is presenting.

2.1: Background: Clinical Supervision in Nursing

2.2. Definitions

As time has passed and the context for clinical practice has changed so it seems has views of what CS should be (Dilworth et al, 2013). Cutcliffe and Proctor (1998) warned that too much rigidity around definitions in CS may lead to a stifling of growth in the activity. Conversely, arguments for being more definite about what CS is, help when trying to develop a focus for the work and consider the skills, qualities and environment required to enable this (Bond and Holland, 2010). Nevertheless, the concept remains poorly defined (Lyth, 2000, Wright, 2012) and as a possible consequence the large body of evidence around its impact, diffuse (Dilworth et al, 2013). At this point it would have been helpful to turn to definitions provided by nursing's professional body in the UK, the Nursing and Midwifery Council (NMC) or perhaps the Department of Health (DoH), given that the context for this

study is British. However, it has been many years since they have been prepared to suggest how CS should be defined (DoH, 1993; UKCC, 1996) whilst not dismissing the need to provide some sort of interpersonal mechanism to monitor individual practice and promote continuous professional learning through reflective practice (NMC, 2016a, 2016b; Nicol and Dosser, 2016). This same desire is reflected in international perspectives around the definition and purpose although differences persist (Rounds, 2001; Paunonen and Hyrkäs, 2001; Cutcliffe, Hyrkäs, Fowler, 2011). One of the most cited definitions belongs to Bond and Holland (2010) in their comprehensive books on CS for nurses (1998, 2010); "Clinical supervision is regular, protected time for facilitated, in depth reflection on complex issues influencing clinical practice. It aims to enable the supervisee to achieve, sustain and creatively develop a high quality of practice through the means of focused support and development" (Bond and Holland, 2010, P.15). This is incompletely cited, but is the segment most frequently represented when it is. It is admired for its holistic perspective on CS encompassing elements of structure, process and outcome (an effective framework for evaluating interventions in health care) (Donabedian, 1966; White, Butterworth, Bishop et al, 1998). However, Bond and Holland (2010) warn that almost any definition given will struggle to encompass the full practice of CS and that definitions are not useful without an understanding of the principles they represent anyway.

2.3 Underpinning Principles

Most commentators agree that CS is a complex intervention (Jones, 2006; Dilworth et al, 2013) and should be underpinned by a set of principles (Proctor, 2001; Cassedy, 2010; Bond and Holland, 2010). Most put the primacy of the working relationship between supervisee and supervisor foremost. This is followed by broad agreement around the function (tasks)

of CS, the types of process that can be applied to exploring these functions, the skills required to conduct the exploration and a suitably formatted agreement (contract) between supervisee and supervisor to ensure both organisational and conceptual values are made clear through their roles and responsibilities in this context (Proctor, 2001; Driscoll, 2007; Bishop, 2007; Lynch, Hancox, Happell et al, 2008; Cassedy, 2010; Bond and Holland, 2010; Proctor, 2011). Whilst specific approaches may mirror therapeutic orientations i.e. cognitive behavioural, family systems, psychodynamic etc, discussion here will focus upon the non-therapeutically aligned approaches that are most frequently represented in the nursing CS literature (Cutcliffe and Sloan, 2014; Pollock et al, 2017) as these are most appropriate to the focus of this study. Discussion will examine the working relationship first and how that relates to facilitation, function and process. This will be followed by consideration of how all of that is realised in a contract.

2.4: Working Relationship- A Supervision Alliance

An influential model of supervision in nursing and allied health professions, concerns the supervision alliance (Inskipp and Proctor, 1993, 1995). It is one of the most cited models in the CS literature (Pollock et al, 2017) but is largely attributed to Proctor's publications and book on the topic (1986, 2001, 2008). Proctor's three function interactive model (1986) was reframed in later writing as the Supervision Alliance Model (Proctor, 2001) and for supervision in groups the Group Supervision Alliance Model (GSAM) (Proctor, 2008). Nevertheless, it is Proctor's 1986 model that is most often cited. It discusses balancing the tensions between non-judgemental support, learning and ensuring professional accountability. It is most commonly remembered by the 'task' areas (Proctor, 2001, p.31) that Proctor suggests are part of the supervision alliance responsibilities of supervisor and supervisee i.e. Normative (monitoring and self-monitoring, standards and

ethics), Formative (learning and facilitating learning) and Restorative (support and refreshment) and should be considered as a framework within the overall conceptual model (Proctor, 2008). The task is to address these foci within supervision together in the spirit of collaboration and enablement rather than direction and instruction.

At its conceptual heart, the model is rooted in humanistic values and attitudes, emphasising the value of respect, empathy, and personal and professional authenticity (Proctor, 2001). Additional complexity is set out when considering CS in a group and aspects of the alliance are delineated in a further set of frameworks including group management, supervision and participation skills (Proctor, 2008). The focus upon support and reflection in the alliance may draw upon a supervisee's feelings to help access an understanding about parallel processes or attitudes. In addition, the model underlines the importance to the supervisee of feeling heard before they may be able to move on to cognitively process situations (Proctor, 2001). Proctor highlights that these two components might not sit comfortably with supervisees that do not appreciate how this helps the supervision process, causing resistance and guardedness. As the quality of the supervisory relationship is given primacy in this model, it is likely that anything that impacts upon this will affect the supervisee's satisfaction with CS (Winstanley, 2001). Nevertheless, Proctor suggests that given time within GCS, the group itself becomes 'the supervisor' which makes this premise more complex still (Proctor, 2008). Critics of Proctor's model as described in the 1986 article, suggest that it is too vague and offers little in the way of guidance in how to offer helping interventions in each domain (Sloan and Watson, 2002). Proctor counters these claims in later explanations (2001, 2008). Nevertheless, it is argued that Heron (1989) may offer an alternative approach (Sloan and Watson, 2001).

2.5: Hierarchical Arrangements- Management Supervision

Practice remains caught up in the conceptual confusion between CS and management supervision identified by Yegdich (1998) some time ago. Time and the reality that accountability must be part of any supervision with attendant responsibilities for both supervisors and supervisees (Care and Quality Commission, 2013), makes it almost inevitable that any contemporary implementation of regular CS will include some sort of monitoring that can be fed back into appraisal systems (Waskett, 2009; Evans and Marcroft, 2015). This is because there is an understanding about the need for both management and clinical supervision but generally not the time and money to separate these activities out from each other.

One frequently cited framework positioned as an alternative to Proctor's ideas is Heron (1989). It is argued that his focus upon interventions in helping relationships which include both authoritative and facilitative approaches, fit better with the flexibility required of supervision systems that may have to include hierarchical structures (Fowler, 1996; Sloan and Watson, 2001). Heron's model was not designed primarily for analysing or guiding interventions in CS, rather to examine the range of interventions possible in a helping relationship and the decision-making process of when and how to employ them skilfully. However, some authors have argued that the interpersonal nature of exchanges in CS make the framework applicable in this context too (Fowler, 1996; Cutcliffe and Epling, 1997; Sloan and Watson, 2001). Heron states that his framework has no alignment with any specific school of psychology or psychotherapy (Heron, 1989). Nevertheless, Fowler argued that it was complimentary to Proctor's supervision alliance (Fowler, 1996). He suggested that it can provide the missing direction for the supervisor in identifying the functional domain that is being attended to (Normative, Formative, and Restorative) and help

choose the most appropriate intervention to facilitate this. Another criticism of Heron (1989) is that the original model is not derived of any empirical research and needs testing and evaluating as a model for CS (Sloan and Watson, 2001). Nevertheless, its appropriation may be a helpful tool in promoting self-awareness which is an essential component of reflection.

2.6: Facilitation in Clinical Supervision

It is often the case that choices of approach to implementing or participating in CS are limited. The literature suggests that the ideal condition is for a supervisee to be able to choose not only their supervisor but the approach to supervision they feel would best suit their situation (Bond and Holland, 2010). However, pragmatic and organisational concerns may frustrate this as already highlighted. Therefore, CS may be organised with hierarchical arrangements as a component of facilitation which presents challenges for models that value the necessary trust required within a supervision alliance, (Proctor, 2001). Additionally, CS may be organised as either one-to-one or group often overlooking the differing facilitation skills required in each context (Proctor, 2008). It is widely acknowledged that facilitating GCS is an advanced supervisory skill (Bond and Holland, 2010), and that participation in such a group benefits from members that are experienced in being supervisees. Yet in a recent review, GCS was identified as the most frequently used approach in nursing (Pollock et al, 2017) and yet the same review found that preparation and training for the activity was variable and generally quite brief. Consequently, negative experiences of GCS could be a result of inadequately prepared or inexperienced supervisees and supervisors.

Many studies of GCS identify the CS model that has been adopted (Sloan and Watson, 2002) but there is a paucity of research studies on the content

of CS, group or otherwise (Pearce, Phillips, Dawson et al, 2013; Pollock et al, 2017). The lack of evidence base could mean that when defining skills and process for GCS in the way that some text books do, real world practice is not being reflected; the reality being that there is a broad eclectic approach to GCS. Proctor (2008) offers a useful typology for GCS, describing the range of supervisory possibilities. It can be a forum where each individual is supervised and others listen, through a continuum, to a co-operative environment where supervision is each participant's responsibility. Whatever the approach to GCS, the supervisor or designated facilitator remains a central figure, crucial to creating the necessary group climate for conducive supervision (Proctor, 2008; Bond and Holland, 2010).

2.7: Conditions for a Conducive Learning Climate in GCS

2.7.1: Person Centred Approach

Interpersonal communication skills used in nursing tend to have their roots in humanistic psychology. Whilst there has been some criticism of this (Crawford, Bonham, Brown, 2006), it is acknowledged that nurse education tends to focus almost exclusively on empathy focused approaches to communication (Morse, Bottorff, Anderson et al, 2006). Unless a nurse is working with a specific therapeutic approach, it is unlikely that she will have learned alternative communication strategies (Morse et al, 2006). It could be argued that, because of this, nursing has largely developed approaches to CS preparation and training that tend to reinforce empathy focused communication skills. In addition to this the highlighted preference for CS models in nursing that focus upon mutuality and the supervision alliance (Pollock et al, 2017), suggests that congruent conditions for a conducive learning environment will be those that reflect a person-centred approach (Rogers, 1957).

The focus upon empathy is derived of Rogers' (1957a) belief that individuals have within themselves the resources to grow and develop by changing their own self concepts and behaviour. However, for that to happen they need to be exposed to a suitably facilitative environment. He speaks of three conditions provided by the helper (e.g. teacher, counsellor, nurse) that help create such an environment; genuineness or congruence, unconditional positive regard and empathic understanding (Rogers, 1961).

2.7.2: Genuineness

When Rogers (1961) discusses genuineness or congruence he explains that this requires a helper to drop any professional facade or mask that they use to obscure their real self. This can sound somewhat nebulous but perhaps easier to understand when considering that it is the absence of 'fakeness' that is required. However, discarding the professional façade almost sounds like abandoning professionalism or a professional approach. Nurses need to find a way of allowing genuineness and professionalism to coexist. The notion of a professional façade is talking of the way nurses may try to divorce themselves from the shared human experience of their encounters with patients to protect against the emotional labour of the work (Hochschild, 2012). Interestingly, Taylor (1994) suggests that it is our shared humanity that is at the heart of therapeutic effectiveness in nursing. Her study concluded that the ordinariness and essential recognition of each other (nurses and patients) as human beings, our shared humanity was what patients valued most and what provided the most effective basis for a therapeutic relationship. The value of 'ordinariness' in effective communication has been asserted elsewhere (Crawford et al, 2006) highlighting that the core condition of genuineness remains as potent now as it did when Rogers identified it. The connection for GCS lies within the communication adopted here and whether this is influenced by the learned

mediated approaches mentioned earlier. Does ordinary communication versus some more specific adaptation for the context of GCS make any difference to the outcomes?

2.7.3: Unconditional Positive Regard

The next of Rogers' core conditions, Unconditional Positive Regard is also thought of as acceptance and caring. Wilkins (2000) tests this by turning the concept on its head in asking what is conditional positive regard. He suggests this would mean that acceptance was conditional upon certain responses of which the helper approved. In a supervisory situation, this could mean that the supervisee may think that certain responses and representations of their work will be viewed favourably and others less so. From a supervisor's perspective, the same may be true, as they represent an organisational or professional position. If monitoring performance is perceived to be part of GCS, this core condition is challenged. Conversely, Goffman (1959) suggests that all presentation of self is a performance contingent upon the audience. It could be that acceptance is too passive a position for GCS and that beliefs and perspectives need to be challenged.

2.7.4: Empathy

The final condition is empathic understanding. In this the helper is so engaged with the person they are helping that they can sense their feelings and experience. It is 'as if' (Rogers, 1959, p.210) the helper was able to experience the emotions and experience of the person they help. The 'As if' part of this is important and requires a high level of self-awareness in the helper so as not to get lost in the client's emotional world, and to be able to distinguish between their own and their client's feelings. Criticism of this notion has been explained in reference to Heidegger (1962) suggesting that this idealistic state is difficult to achieve because we have to pass our

understanding through our own frame of reference. No matter how heightened our own level of self-knowledge is it is likely that to some extent we will process our clients' emotional state through our own world view. Others believe true empathic understanding is an embodied state, something that goes beyond the affective, cognitive and behavioural (Zhavi, 2010). However, as Egan (2014) points out the literature on empathy is 'frustratingly rich' (Egan, 2014, p.109) and therefore definitively hard to pin down as each source adds its own unique perspective on the concept. What does not seem to be in contention is that of all the core conditions, it is empathic understanding that provides the vehicle for what a helper does to help (Warrell, 2014). Therefore, the implications for GCS is in how empathy is conveyed. How do the participants and supervisor work together to achieve this most critical of core conditions?

2.8: Process – Reflection

The most common method used to work through process in CS is reflection. Dewey (1933, p.9) defines reflection as; ''active, persistent and careful consideration of any belief or supposed form of knowledge in the light of the grounds that support it and the further conclusion to which it tends''. The most frequently cited influences on reflection in CS are Kolb (1984) and Schön (1987). Schön's work has been described as formative in the development of ideas about reflection in contemporary literature concerning professional practice learning (Fook, White, Gardner, 2006). Kolb (1984) first described the process of learning from experience but has been much adapted since. For instance, a popular approach to reflection (posed in the questions What?, So What?, Now What?) is that developed by Borton (1970) and then further adapted by Rolfe, (Rolfe, Freshwater, Jasper, 2001) and Driscoll, (2007) all of which can be described as experiential learning cycles.

2.8.1 Kolb and Schön

In both cases, their work explores how one learns from past experience and the process by which this occurs. Kolb (1984) defined Experiential Learning Theory (ELT). It is best known by the circle drawing demonstrating the four learning phases; concrete experience, leading to reflection, leading to new abstract conceptualisation and eventually the active testing of the new conceptualisation which completes and starts the process again. However, it has been criticised for its lack of consideration concerning social, political and cultural forces that influence learning (Holman, et al, 1997; Miettinen, 1998; 2000; Reynolds, 1998; 1999; Vince, 1998).

Schön's work (1984) problematises situations that practitioners can learn from. He calls for reflectors to get in touch with their feelings to inform them of when they are gauging discomfort of some type with a practice situation. This is their clue all is not well and that they need to analyse the situation further. The more expert practitioner can conduct this analysis almost intuitively and in the moment to problem solve but the novice has less expert resources to call upon and needs to undertake the cognitive labour of consciously calling on their knowledge to analyse the situation either during or after the event. The theory has been very influential despite criticisms relating to its lack of; precision and clarity, and attention to context and reflexivity (Usher, Bryant, Johnston, 1997; Boud and Walker, 1998; Eraut, 2004). It has also been accused of being atheoretical and apolitical (Smyth, 1989) and the pivotal aspect of reflection-in-action challenged as unachievable and phenomenologically incongruent (Moon, 1999; Ekebergh, 2007).

Critiques of these key theorists are problematic for GCS in nursing because of the highlighted lack of focus on wider contexts and individual responses.

The more dialectical style that comes with a group approach to reflection and learning seeks to move beyond the individual, utilising a constructivist paradigm (Brandon and All, 2010).

2.8.2: Critique of Reflection as a Process

Reflection as a process has also received critique. Citing Benner's ideas, Saltiel (2006) explains that his study found that much action in the moment and decision making made by experienced professional nurses defies rationalisation; it is built on tacit knowledge, is highly contextualised and grows without a nurse becoming aware of it. Under such circumstances knowledge becomes much harder to deconstruct through reflection. Schön (1984) might describe this as 'reflection in action' but the point Benner seems to be making is that decisions are made unconsciously and are embedded in the expert's practice. A bit like driving a car where the driver has to make all sorts of complicated decisions to arrive at their destination safely but cannot remember the journey. However, the other side of this coin is that a novice is in a better position to examine their professional experiences and decision-making skills as they consciously draw on their knowledge and will not experience the dangers described by Brookfield (1993). Brookfield discusses a range of concerns about engagement with reflective practice. Practitioners feel a sense of impostership in that they present as competent informed professionals whilst internally feeling that they are constantly questioning the 'contradictory and often opaque experiences' (Brookfield, 1993, p.201) of practice. Questioning long held professional assumptions out loud, risks the 'cultural suicide' (p. 201) that comes with doing so. Previously supportive teams can begin to perceive questioning practitioners as trouble makers and seek to exclude them. Whilst reflective practice is often described as empowering and transformational there is both a 'dark' and 'light' side to this. Practitioners

may experience a sense of loss (of innocence) in letting go of old ideas as these seem to become redundant but not having yet discovered new ways of practice to replace them. Professional peers tend to value those who can act in the moment and think on their feet (Fook et al, 2006). Reflective practice has been seen as a counter point to the technical rationalism of evidence-based practice (EBP) (Taylor, 2002). The messiness of untangling skill and artistry in order to develop meaning is positioned versus the order and procedural imperatives of EBP. The two positions feel dichotomous and are difficult tensions to manage. Consequently, Saltiel (2006) suggests that reflection can become superficial and a mere technical exercise in an attempt to meet study or employment requirements for registered nurses. Conversely, discussion here also highlights the unsettling potential of deeper learning from reflective practice which practitioners may be sensing when they resist it. Gilbert (2001) suggests that a hegemony has developed making it difficult to question the central tenants of reflective practice and CS, sterilising debate. The expectation of practitioners to engage in the 'rituals of the confessional' (Gilbert, 2001, p.202), exposing their flaws and imagining this to be transformational or emancipatory, fails to acknowledge the driving forces behind it concerning organisational power and control. Commitment to engagement needs to be undertaken with transparency and recognition of the context in which disclosure occurs along with potential implications. It therefore needs to be a component of the CS contract.

2.9: Contract Setting

So far, this chapter has raised issues concerning the necessary conditions for GCS. It has been argued that the most likely approach to working within CS in nursing, requires a trusting relationship between participants and the supervisor or facilitator. This often has to be reconciled with hierarchical supervisory arrangements, but even if not, the critical role of the supervisor

carries an inevitable potential for manipulation of power. Certain aspects of the necessary conditions for building a group climate conducive to learning and personal and professional growth present dichotomous positions. For instance, the way participants in GCS may communicate with each other could serve to either distance or expose them. Recognition, that unconditional positive regard is important for GCS participants to feel that they can bring anything or say the unsayable, has to be done in the additional acknowledgement that any position they might take is also open to questioning, exploration and challenge. Acceptance is not a passive state but dynamic, two-way; I accept you have these feelings, this position, if you accept my right to challenge and explore that with you. Engagement with supervision starts from this very premise; that you may hold perspectives or understandings that you are prepared to unpackage and examine in order to understand and make meaning from the experiences that you have had. However, importantly work in GCS should be grounded in empathic support and positive intent.

The agreement for how these conditions can be realised are usually captured in a written contract that is discussed before any supervision work begins. GCS contracts need to be consultative (Bond and Holland, 2010) ensuring that they are live dynamic agreements that are developed together, defining the boundaries of the relationships within supervision, the objectives for meeting and work within supervision, practical and reviewing arrangements, identifying possible model and process, ethics, codes of conduct, organisational, institutional, professional imperatives, confidentiality and how to deal with disagreements. From a superficial perspective, a learning contract for GCS seems a practical way of capturing transparency and provides a baseline for what all parties might consider acceptable practice within GCS. The idea is that if procedural clarity is established for the activity

it provides a reference point for behaviour that steps outside of this. However, it may also be viewed as an instrument of surveillance which can impact on willingness to engage honestly with both construction of the contract or further GCS activity (Freshwater, Fisher, Walsh, 2015). Given the complexity of the GCS activity, the multiplicity of roles and perspectives participants are likely to bring and attendant power dynamics, it may be naïve to imagine that any written contract could capture the necessary reassurance and boundaries it is meant to convey and describe. Some aspects will be non-negotiable, others aspirational, others emergent. Nevertheless, a contract provides an opening basis for discussion about issues that are known to be potentially problematic, setting the right tone for what comes after.

2.10: Summary of Wider Literature

Discussion so far has presented a context for CS and consequently, GCS within nursing. It has examined two of the most frequently cited models concerning structure and function in CS, shown how reflection is the engine of process, and that supervisory facilitation skills are commonly underpinned by humanistic principles and approaches. An introduction has been given to some of the differing conditions and concerns that participating in, and supervising GCS present. The discussion will now turn to a more considered examination of the particular process of GCS in pre-registration nursing, focusing upon the findings of primary research and integrating comment from other sources into the following discussion. This will set out the current state of evidence in order to define what is already known, identify gaps and inconsistencies, differing research approaches and generate a rationale for the current study including design and methodology.

2.11: GCS and Pre-registration Nursing Students

2.11.1: Search Strategy

For this section, only studies concerning GCS with pre-registration nursing students, facilitated by university nurse educators/lecturers acting as supervisors were included because this reflected the context for the current inquiry. The search strategy principles were adapted from those described by Whittemore and Knafl (2005) concerning the need for using an integrative approach that combines literature from varying approaches and sources such as quantitative and qualitative traditions and theoretical papers. Nevertheless, only peer reviewed journal articles, containing primary studies were used for this section of the review and theoretical papers excluded but retained for use in later critical discussion.

A range of databases were used; SCOPUS, Medline, PubMed, Social Science Direct (Elsevier) and Social Sciences Citation Index and CINAHL. Use of the term 'clinical supervision' evades clarity when attempting to identify suitable papers because of conceptual confusion (Winstanley and White , 1993; Lyth, 2000). Therefore, search terms were kept simple to maintain a focus rather than expand the search, as it was anticipated that an overwhelming number of hits would be returned because of the relative confusion and overlap in the way terms are used. Additionally, although the students in this study are post graduate pre-registration, this element was not added to the search as the previous degrees students held gave them capacity for accelerated learning academically, but not necessarily in clinical practice. Key words used were; clinical supervision (exact phrase) AND group supervision (exact phrase) AND student nurses OR nursing students AND pre-registration. An additional phrase emerged during the search; Process-oriented group supervision. The results were reduced and honed by reading abstracts and

further application of an ancestry approach (Polit and Beck, 2012) to examine the most recent articles' references identifying any missed key studies. One study from the final list was excluded because of poor translation from the original language which cast doubt on findings which appeared transposed. Fourteen studies were finally selected.

2.11.2: The Studies

Four main sources were found and one standalone; three groups of Swedish studies;

1. (Lindgren, Brulin, Holmlund, Athlin, 2005; Holmund, Lindgren, Athlin, 2010; Lindgren and Athlin, 2010),

2. (Arvidsson, Skärsäter Baigi, Svensson, Fridlund, 2008a; Arvidsson, Skärsäter, Fridlund, Svensson, Baigi 2008b; Arvidsson, Baigi, Skärsäter, 2008c)

3. (Severinsson, 1998; Agélii, Kennergren, Severinsson, Berthold, 2000; Lindquist, Johansson, Severinsson, 2012; Severinsson, Johansson, Lindquist, 2014);

and a group of British studies (Carver, Ashmore, Clibbens, 2007; Ashmore Carver, Clibbens et al, 2012; Carver, Clibbens, Ashmore, Sheldon, 2014). Finally, a further Swedish study Blomberg and Bisholt (2016).

The British and Swedish studies have a different way of labelling their GCS activity. The Swedish studies (except for Severinsson, 1998) describe a model of GCS which they call process-oriented group supervision (PGS or POS). Theoretical explanation of its underpinnings is shared perhaps most explicitly in Lindgren et al (2005) and Arvidsson (2008b) however, its essential components include a humanistic model of interaction characterised by Rogers' core conditions for a conducive learning

environment (Arvidsson et al, 2008d), with a strong pedagogical philosophy that uses reflection to manage the process. Lindgren et al (2005, p.823) say that the model is "strongly influenced by ideas of confluent education (Brown, 1990; Grenstad, 1990; Francke and Erkins, 1994), which envisages the 'flowing together' of cognitive elements of the learning process with affective elements". Severinsson (1998, p.1269) describes a model of 'systematic' GCS underpinned by similar principles driven by the 'primacy of relationship and clinical learning' (p.1270). Further information about the model which is clearly widespread in Sweden, is difficult to access due to the lack of English translations of published materials. Carver et al (2014) and Ashmore et al (2012) reference an article by Clibbens, Ashmore, Carver, (2007) that describes the basis of their studies as being based upon Proctor (1986) which was discussed earlier in this chapter and therefore will not be expanded upon here. Dependent upon the study, the labels GCS, POS, or PGS will be used in the following exposition, using GCS as a generic term.

2.11.3: Discussion

Fourteen studies of group clinical supervision were examined and described from the perspectives of students and of their supervisors who were also their university educators/lecturers. The discussion will pick up the significant issues highlighted and analyse these to inform a rationale for the aim, design and approach of the study.

2.11.4: Methodology

Some methodological problems emerged in the studies. Carver et al (2014) took data from focus groups composed of very small samples of students across the three cohorts studied. They noted that the findings consequently may not have been representative of the cohorts from which they were drawn and extrapolation should be undertaken with caution. Other issues

have been identified with this approach. For instance, Maltby, Williams, McGarry et al (2010) discuss how groupthink (Janis, 1982) can predominate in focus groups. This could mean a whole group taking a certain position on something because of momentum forming around the opinion and internal pressure to conform. It is claimed that this can be averted by skilful facilitation and moderation by the researcher or a pair of researchers (Maltby et al, 2010). Nevertheless, purposive sampling, with a group of students that know each other well may already suffer from groupthink or inhabit the more contemporary concept of an 'echo chamber' "An environment in which a person encounters only beliefs or opinions that coincide with their own, so that their existing views are reinforced and alternative ideas are not considered." (English Oxford Living Dictionaries, 2017). However, this still has something useful to tell about attitudes and as qualitative inquiry is not seeking objective truth, subjective truth can be quite revealing.

The problem of small samples for purpose was not confined to focus groups. This was identified as a problem in Arvidsson et al (2008b) and Severinsson (1998) who both used quantitative measures. They highlighted the small numbers as a limitation. Unless there is reason to expect that the independent and dependant variables will be strongly related, small samples sizes are risky and can return erroneous findings (Polit and Beck, 2012).

Another issue was the relationship of the researchers to the research participants. In addition, the position of the research participants in relation to the focus of the research. For instance, in Carver et al (2007) the focus group data collection of the student sample was conducted by their lecturers who were the researchers. The potential of respondent bias (Polit and Beck, 2012) in this case was highlighted by the authors. Carver et al (2007) suggested the students may not have felt free to talk; conversely, it could be argued, their talk may be of things that they think their lecturers might

want to hear. When Goffman talks about presentation of self the suggestion is; "Typically, but not always, agreement is stressed and opposition is underplayed." (Goffman, 1959, p.231). Therefore, a self-selected sample, using researchers that have another significant role in relation to them may be interesting to view through this lens i.e. what function or social action does their talk achieve? This may be as true of written responses as in verbal ones. For instance, in Holmlund et al (2010) students completed open ended question responses after every GCS session. These were distributed by their supervisors and presumably collected by them too. Although description of the process is not explicit, they do highlight the process as a possible limitation.

The close relationship of the researcher or the sample to the phenomena in question is a common facet of qualitative research (Polit and Beck, 2012) and has been highlighted frequently in the description of these papers. What seems key is the level of transparency provided in presenting findings and the identification of potential limitations.

2.11.5: Thematic Presentation of Findings

When looking at the findings of GCS papers with pre-registration student nurses, the key issues seem to fall into three areas that have been used to assess CS before; structure, process and outcome (White, Butterworth, Bishop et al, 1998). There is inevitable overlap between where a topic sits, so these categories are loosely applied.

2.11.6: Structure

Relationships are a dominant topic in the papers; relationships between group members and relationships between the supervisor and participants. Both sets of relationships present demands for the realisation of a successful structure in GCS. For instance, harmonious group relationships registered

higher overall satisfaction with GCS (Lindgren et al, 2005) and were perceived to be at the root of feelings of support and validation. They also provided a group climate conducive to learning by both students and lecturers. However, students in Carver et al (2014) were wary of assuming trust too early in the life of a group, and recognised it developed over time; and sometimes it did not at all. Discussion earlier in this chapter has identified how fundamental a good working relationship is amongst the participants (Proctor, 2001). This is facilitated through self-management of competitive impulses (Johnson and Johnson, 2008) and promoted through skills of co-operation (Bond and Holland, 2010). Agélii et al (2000) discussed the ethical values that shaped relationships with supervisees, in their study exploring supervisor's experiences in POS. They reported their actions as different dimensions of respect for instance respecting their supervisees' previous experience, respecting their right to participate or not, respecting the need to create space for everyone to contribute and respecting the group's agenda rather than privileging their own. They also described the need for confirmation to build mutuality in their relationships within the group. However, there was no close examination within the studies, of exactly how good relationships were accomplished. This leaves the question of how a positive learning climate is established and how participants and supervisors conduct their relationships to achieve this.

The role of the supervisor is identified as key. The students in Carver et al (2014) expressed their preference for someone relaxed and empathic. The lecturers in Ashmore et al (2012) were keen to retain their own style, keeping things informal. There seems to be some sort of connection between these feelings because the students in Carver al (2014) identified that they did not want someone overly directive and yet the lecturers identified that on occasion they needed to be, for instance when using the ground rules to

'deal' with problems like late comers and interpersonal conflict (p. 226). The lecturers in Lindquist et al (2012) were more emphatic in their view about the importance of student conduct, particularly with regard to attendance and engagement linking it with professionalism.

A matter that was identified as a potential source of friction was the effect of compulsion to attend GCS, suspecting that it impacted upon engagement (Ashmore et al, 2012; Lindquist et al, 2012; Severinsson et al, 2014). However, overall, lecturers believed it should be mandatory. Students in Carver et al (2014) openly questioned this and revealed some of the roots of anxiety in their concerns about role conflict in having lecturers who were also supervisors. It is to be noted that lecturers thought their logistical organisation of GCS had dealt with that (Ashmore et al, 2012; Carver et al, 2014). Conversely, students in Lindgren et al (2005) identified this specific role overlap as positive although supervisors in Agélii et al (2000) recognised the duality of their supervisor/teacher role as an ethical tension to bear in mind. These contrasting perspectives infer underlying agendas and power dynamics that may surface in GCS in a variety of ways such as participants' resistance to engage, sabotage, silence and absenteeism and supervisors trying to contain their feelings of frustration and indignation at actions they view as disruptive and unprofessional.

Quantitative approaches in the studies, worked hard to identify positive correlations between aspects of organisation and conduct and speculated on why only moderate or low correlations existed in some circumstances (Arvidsson et al, 2008 b, c; Severinsson et al, 2014). An intriguing possibility is the opportunity to observe the way power plays out in GCS; to try to identify patterns of social action and their triggers. Additionally, an observational design could shed light on the way other structural components of GCS impact upon conduct, such as agenda setting, turn

taking, time management, room access, conducive nature of the room for learning, regularity, consistency and confidentiality, several of which emerged as important in the studies.

Where relationships are good, and group climate is positive, satisfaction with GCS was seen to be high. However, the findings identified that students did not seem to value the concept of challenge, or confronting skills (Lindgren et al, 2005) and supervisors had a low propensity to highlight them as relevant (Ashmore et al, 2012). Berggren and Severinsson (2006) see challenge as the responsibility of a supervisor and that supervisees are unlikely to advance personal development without considering the alternative perspectives, appropriate challenge provides (Heron, 2001). Agélii et al (2000) framed the question of professional development as a tension between sensitivity to supervisees' rights to expression versus responsibility for guiding their professional moral development in line with codes of conduct (NMC, 2015). Registered nurses that teach have a duty of care to the patient, service user, relative or carer and therefore a responsibility to advocate for them in their absence. Equally, Agélii et al (2000) suggested that respect for colleagues and peers was of equal importance and that supervisors may need to draw on courage to carefully confront attitudes or behaviour that breached this. It may be possible that the attempt to manage some of the underlying tensions of GCS makes it difficult to construct challenge so that it is not running counter to these. If this is true, it makes the whole project of GCS problematic, and a way needs to be found to explore this further. A study design that enabled this would be desirable.

2.11.7: Process

The Swedish studies (commonly) described a model of POS/PGS that structured their process in sessions as explained at the beginning of this

section. This was described to a larger or lesser degree dependent upon the study. It is worth bearing in mind that the studies ranged across around 12 years therefore, the preparation of supervisors and delivery of the scheme may have varied somewhat from study to study. In addition, educational imperatives may have changed over that time with implications for the goals of POS. Nevertheless, this enabled some quantitative evaluation, and an attempt to work up generalisable findings because of the focused and widespread nature of the model in Nordic countries (Arvidsson et al, 2008d). The supervisors had training for process-oriented group supervision and then delivered this to the students. The findings discuss the process of one student being in focus to tell their narrative whilst the others listen and then ask questions to help the student in focus reflect upon their situation. From the description of this it seems like only one student is in focus per session, however as the sessions are described as lasting a typical 90 minutes this seems quite intense and unlikely. It seems more likely that a small number of students' narratives provide the trigger for a wider group discussion, which may be inferred by nursing graduates' reports about POS in Arvidsson et al's (2008d) study. They discuss the importance of the shared experience and the shared questioning of the status quo.

Interestingly, equity of time to speak in a session is fleetingly mentioned in Holmlund et al (2010) by the suggestion of students that 'everyone should be a focus person' (p. 683). This echoes students in Carver et al (2014) in their early nursing programme although later in the programme they rejected this preferring to prioritise someone who had something to say. As already mentioned, supervisors saw this as important in Agélii et al's (2000) study although the right to contribute was seen as important as the right not to. It seems like the allocation of time and to whom needs to be carefully managed, as even where there are crafted rules about this, students can

feel unheard. A study design that could assess the way that time was allocated and managed would be useful and could lead to further understanding of the way time management impacts upon outcomes.

Whilst reflection is a component of the models described by virtually all of the studies, there was some evidence that whilst the practice and acquisition of the skills of reflection was claimed, deep learning as a result of this was not (Arvidsson, 2008b), although when a larger group was studied (Arvidsson, 2008c) the educational component of POS had an increased positive effect for the whole group, where no such increase was found in the first group (Arvidsson, 2008 b) with smaller numbers.

Different reflective models are named as helpful in the studies; Schön, (Arvidsson et al, 2008; Lindgren and Athlin, 2010,) Gibbs, (Lindgren et al, 2005; Holmlund et al, 2010; Ashmore et al, 2012; Blomberg and Bisholt, 2016) and Johns (Severinsson, 1998). The rest of the studies name no model at all. None of the studies describe how they use models of reflection and it seems to be utilised in a general rather than specific way. So, beyond descriptions of how a session is organised in the Swedish POS sessions, and in an account from Severinsson (1998) there is little detailed understanding of how 'process' is managed in the studies. This is clearly a gap in the knowledge base, because whilst discussion earlier this chapter has outlined what CS literature says about process, there is a lack of clarity about how this is being operationalised in GCS.

2.11.8: Outcome

The positive claims for GCS described in these studies are extensive so they have been grouped into Proctors domains below;

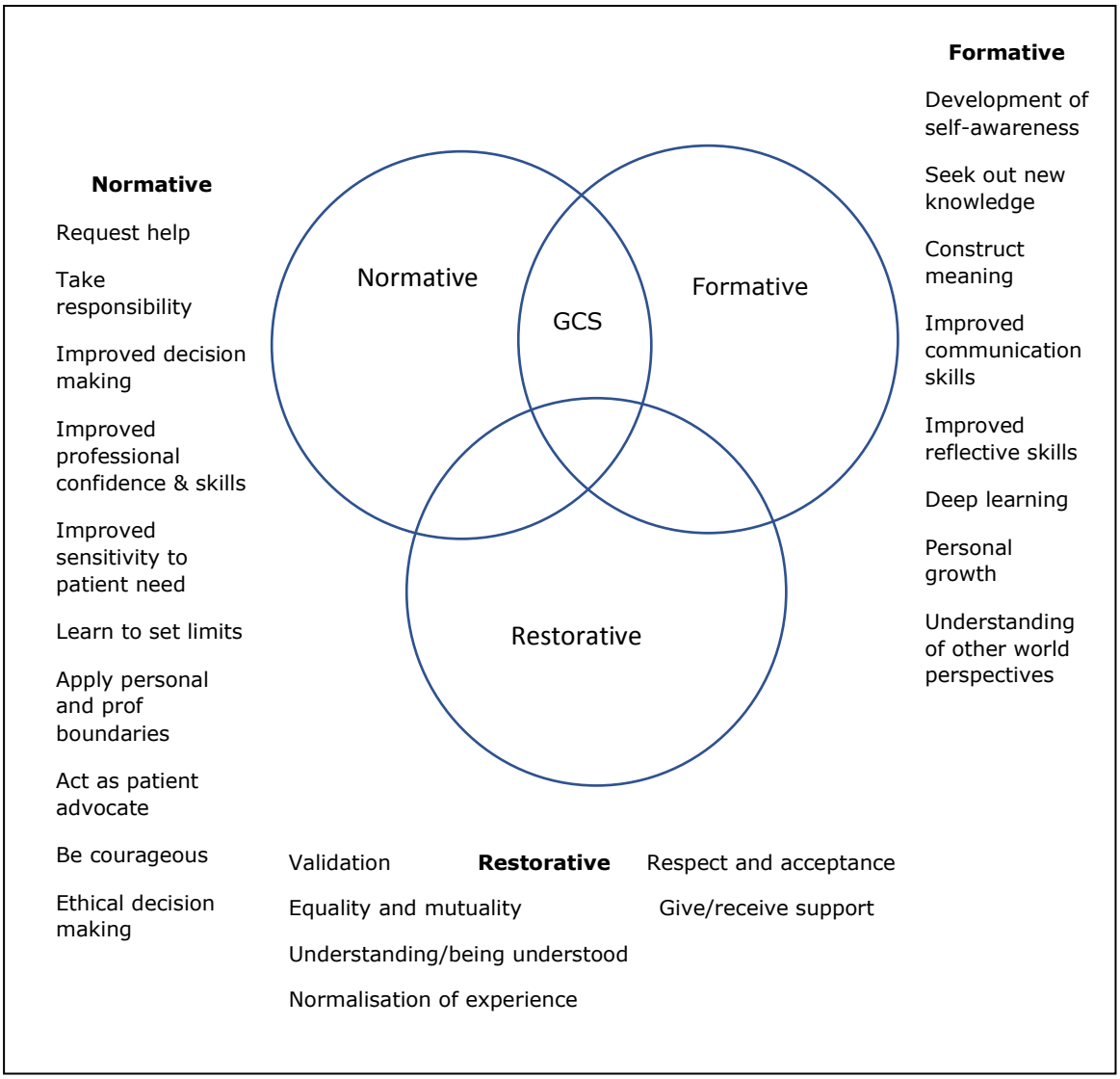


Figure 1: Positive Outcomes of GCS/POS/PGS

The less positive findings concerning outcome were the difficulty some students had in listening to each other. Sometimes this concerned struggling with the distress that topics triggered, at other times it was lack of engagement. However, as earlier discussion has countered, it can be difficult to fully understand what may be at the root of this and jumping to assumptions and judgement about students' behaviour in GCS is unhelpful.

It appears that men and women may have different experiences of GCS. However, men's minority status in the studies may have been significant in

this regard although further research would be necessary to investigate this. In addition, Arvidsson et al (2008c) point out that the supervisors in that study were all women which may have had an impact on the men in their study and their experience.

2.11.9: Summary of Findings from Studies

In summary, several issues have emerged as problematic, intriguing or unexplored. These include; the limitations of methodologies used in the studies, the complexity of relationships and their association with a conducive learning environment and effective GCS, the impact of structural issues such as mandatory attendance, time management, turn taking and supervisory role conflict, the application of models and processes, the use of challenge and understanding about how the many positive outcomes of GCS are accomplished.

2.12: Rationale for Study

The previous discussion has argued that CS has moved beyond the rhetoric of whether it is a worthwhile enterprise (White and Winstanley, 2010; Dilworth et al, 2013; Pollock et al, 2017). Dialogue remains dynamic across the wider CS literature (Goodyear et al, 2016) despite some concerns that attempts to manage spiralling risk has dropped the topic from current organisational agendas (White, 2017).

A key area of enquiry is the continual mission by those who research CS, to identify empirical evidence to support effectiveness and impact in defence of the activity (Severinsson, 1998; Arvidsson et al, 2008 a, b, c; Brunero and Stein-Parbury, 2008; Butterworth et al, 2010; Severinsson et al, 2014; White, 2017a). Difficulties arise in doing so where the approach to CS is eclectic and cannot be easily defined against specific structure and process measures. Nonetheless, there is a wealth of qualitative evidence to support

the value ascribed to CS in both the wider literature (Dilworth et al, 2013) and the more specific literature discussed in this chapter, despite the highlighted limitations to inquiry (Carver et al, 2014; Holmlund et al, 2010; Arvidsson et al, 2008 b, c; Lindgren et al, 2005). Methodological issues reflected in this review i.e. the impact of small sample size to findings and the relationship of the researcher to sample participants, are repeated in wider findings (Dilworth et al, 2013a, Dilworth et al, 2013b). It seems that methodology and study design are an important concern because of the recurring limitations of evaluating CS activity no matter the context, and the desire for robust approaches to generating evidence from diverse perspectives (White et al, 2010; Goodyear et al, 2016). Unique and innovative methods of inquiry that sidestep or embrace some of these methodological concerns is called for (Pearce et al, 2010; Goodyear et al, 2016).

Previous discussion has highlighted that the most common approach to CS is GCS (Pollock et al, 2017) despite the suggestion that this is an advanced form of CS and requires additional skills to one-to-one for both supervisor and supervisee (Bond and Holland, 2010). It is also the most common approach to CS in pre-registration nurse education. The literature identifies that despite pre-dominating models of CS such as Proctor's (1986, 2001) and named models of reflection such as Schön, (1984) Kolb, (1984), Gibbs, (1988) etc there is little description of how these are operationalised in GCS both in the wider world of practice (Pollock et al, 2017) and in nurse education. This is another significant concern because authors suggest that reflection should be integral to the conduct of CS (Heath and Freshwater, 2000; Clouder and Sellars, 2004; Bond and Holland, 2010). In addition, there is limited evidence that models are being applied in the reality of

practice and some that they are not (Ashmore et al, 2012; Felton, Sheppard, Stacey, 2012).

The Nordic studies in this review define their models and processes well, however, structural issues have still given rise to some shared concerns with studies with more eclectic arrangements. This includes; how time is allocated in GCS (Holmlund et al, 2010; Carver et al, 2014), how turns at talk are managed, hierarchical supervisory arrangements and the potential for role conflicts implicated by this (Carver et al, 2007; Ashmore et al, 2012; Carver et al, 2014) and whether CS should be mandatory or not (Ashmore et al, 2012; Lindquist et al, 2012; Carver et al, 2014; Severinsson et al, 2014). A further troubling aspect concerning a lack of application of process is Saltiel's (2006) assessment that it is easy for reflection to become superficial, which is particularly problematic given it is identified as the way in which learning is facilitated in CS (Todd and Freshwater, 1999; Heath and Freshwater, 2000; Clouder and Sellars, 2004). A study design that provided an opportunity to examine the way skills are employed and models and processes are applied in action can begin to untangle the complexity of the learning environment.

One aspect of Proctor's model, the restorative component, appears well realised and confidently cited as an outcome in both the wider literature (Butterworth et al, 2008; White and Winstanley, 2010; Dilworth et al, 2013) and the more specific literature concerning GCS with student nurses (Severinsson, 1998; Lindgren et al, 2005; Arvidsson et al, 2008 b, c). However, it is not clear how this is accomplished although the pre-registration GCS studies seem to find the support of peers critical (Lindgren et al, 2005; Holmlund et al, 2010; Carver et al, 2014) and the role of the supervisor, pivotal in achieving this (Lindgren et al, 2005; Carver et al, 2014). Conversely, the complexity of human relationships is also reported

in the GCS literature; supervisees can feel vulnerable, exposed, coerced and supervisors frustrated at lack of engagement or behaviour they perceive as unprofessional (Ashmore et al, 2012; Lindquist et al, 2012; Carver et al, 2014; Blomberg and Bisholt, 2016).

These factors present a strong rationale for designing a study that presents a new way of exploring activity within CS and in particular GCS, given its wide adoption and yet relatively unexplored accomplishment of the models and processes it espouses. The first concern expressed here was the limitations of previous study designs. conversation analysis (CA) offers an alternative. It adopts the ethnomethodological position that we live in a socially constructed world where we experience a 'lived order' (Goode, 1994, p.127) where the everyday lived orders are both relied upon and yet somehow go unnoticed. Ethnomethodology is a way of studying the methods people use to create social order, social structure and situated action (Garcia, 2013). CA is one method of doing this in studying talk-interaction (Sacks, 1984). The last few decades have offered easily available technological opportunities to extend the precision in undertaking this through not only making audio recordings but also digital filming and collecting situated visual data. Transparency adds rigour in qualitative research (Polit and Beck, 2012), therefore this is further enhanced with an approach to data collection that allows for literal transparency such as in a filmed observational study (Heath, Hindmarsh, Luff, 2010). This is partly facilitated by the use of technology to help obscure participants faces on film, ensuring confidentiality is maintained.

Concern was expressed in the GCS studies about respondent bias. This was connected to the potential influence of the researcher on the study participants' behaviour because of pre-existing roles such as also being their teacher. It also included the pre-existing relationships between study

participants themselves having an influential effect on their responses. An ethnomethodological stance views participants' 'performance' (Goffman, 1959, p.231) as analysable. CA looks at what social action is projected by talk and non-verbal social interaction, analysing 'why that now' (Schegloff and Sacks, 1973).

The quantitative measures used in the Nordic studies are problematic in settings where GCS is eclectic, and supervisors exercise some freedom in the supervisory styles that they adopt, and the processes they apply. However, filmed observational studies offer the opportunity to make some tentative and very local comparisons. The chance to step closer to what has previously been described as; "Insider reports from a private world" (White et al, 1998), to actually observe how GCS is accomplished through examining the social actions and conduct of participants, seems an appropriate way to uncover what is normally closed to others. Whilst vicarious, the experiential opportunity described by Schön, (1987) to be immersed in the action and yet the space to consider praxis seems an apt way of exploring GCS activity.

The benefits in understanding more about the internal mechanisms of how CS is accomplished in the context of pre-registration nurse education has potential implications for; developing GCS theory, understanding more about how the structure and processes employed in conducting GCS are realised and in preparation of supervisors and supervisees for engaging in GCS.

In addition, there is the potential for inferential learning transferable to the wider context of GCS outside of nurse education as many of the limitations of previous studies and gaps in knowledge and understanding are shared concerns across the contexts.

2.13 Aim and Objectives

Therefore, the aim of this study is to explore how clinical supervision is accomplished in groups of pre-registration student nurses when they are facilitated by nurse educators. This will be achieved through the following objectives;

- To uncover the lived order of GCS
- To explore the extent to which purposefully applied structure and processes impact upon the lived order in GCS
- To investigate how uncovered mechanisms, contribute towards or inhibit the supervision task.

The next chapter goes on to consider the methodology by which these objectives can be achieved.

Chapter 3: Methodology

3.0: Introduction

Discussion will begin by considering the philosophical assumptions that underpin the chosen methodologies and methods used in this study. I examine the competing tensions of different epistemological positions for both nursing and my own views and attitudes to the nature of truth. This leads to exploration of relevant methodology and associated methods providing a rationale for the eventual study design. The study setting is described including the approaches used for data collection, ethics and consent and digital filming. The method by which observational data is converted to transcriptions, the import of conversation analytic conventions and their application in research practice provides detailed information by which quality standards in the study can be defined and evaluated.

3.1: Ontology and Epistemology

As a researcher, one is called upon to reveal the ontological and epistemological assumptions that underpin the research methods that are chosen. Ontology concerns the question of 'truth'. For instance, ontology has been categorised as taking either a realist or relativist position in relation to the notion of truth. The term realism has been defined as adopting the view that entities exist in the world independent of our perceptions, senses and theories about them (Maxwell, 2012). To extend this understanding of the world is to suggest that there is such a thing as 'the truth' or one truth and from a scientific perspective, forces, structures and so on "causes the phenomena that we perceive with our senses" (Schwandt, 1997, p. 133). From this position the truth is immutable; one simply needs to work out how to measure it objectively, and findings can then be generalised to different situations if the same measures are applied.

Relativism does not accept the notion of one truth. It says there is no such thing as truth without meaning. What is real depends upon the meaning that you attach to truth. To pursue this, the idea that 'all things are relative' suggests a hidden parameter. Baghramian and Carter (2017) describe it thus; "Relativism, according to this approach, is the claim that a statement of the form "A is P" within a given domain (e.g., science, ethics, metaphysics, etc.) is elliptical for the statement "A is P in relation to C", where A stands for an assertion, belief, judgment or action, P stands for a predicate such as "true", "beautiful", "right", "rational", "logical", "known" etc., and C stands for a specific culture, epistemic framework, language, belief-system, etc." Reality is seen as subjective and contextual. From this position about the nature of truth, findings are viewed as relative to different contexts and perspectives and therefore not directly generalisable.

Discussion here is a gross simplification of the two positions of realism and relativism, nevertheless it gives some sense of how one's ontological positioning can influence beliefs about the researcher's relationship with whatever is being studied i.e. their epistemological choices.

Nurses have traditionally embraced epistemological diversity to support nursing praxis (Tarlier, 2005). However, the choice can be influenced in less or more helpful ways (Freshwater et al, 2010). Notions such as 'is nursing an art or a science' (Bishop and Scudder, 1997) has emerged from a positivistic, biomedical, reductionist paradigm which privileges empirical knowledge (Harman, 1996; Scott-Findlay and Pollock, 2004). The either/or scenario this presents has inherent dangers for a discipline, that one might argue aspires to recognition as a science (like nursing). In western health care, it is acknowledged that the positivist paradigm tends to dominate and claims ideological status for underpinning 'evidence-based health care' (Tarlier, 2005). Clinical supervision is a case in point. Whilst a range of

epistemologies are represented, the previous literature review demonstrated the ever-questioning basis for engaging in clinical supervision; the quest to quantify its effectiveness and thereby quieten its critics (Winstanley, White, 2003). Here, quantitative methods are regarded as the most robust and creditable type of evidence. As a self-confessed 'champion' for the activity, I share that desire to 'prove' its impact. However, as was demonstrated, the variable understandings, contexts and processes that structure CS, has led to a variety of CS practice negating attempts to convincingly quantify the activity.

Therein lies the dilemma; my own positive experience of CS drives my resolve to explicate the mechanisms by which it promotes or inhibits its most desirable outcomes. However, I simultaneously hold a view that truth is not immutable and is influenced by the meaning humans attribute to it. From an ontological perspective, social constructionism (SC) helps to bridge this position. It describes the belief, that humans and their social world are internally related to each other. Hyde (2015) gives an overview of social constructionism as described by Berger and Luckman (1967) explaining the three significant moments by which humans construct their social world. This involves externalization, objectivation and internalization. In summary, humans produce society by externalizing concepts and ideas through the production of artefacts or practice. For instance, one might posit a definition of a complicated idea that involves scrutinising belief and understanding and contrasting this against the grounds that they are based upon to underpin a theory about adult learning called reflection (Dewey, 1933).

The next stage, involves that artefacts or practices are objectified taking on a life of their own. They can be instrumental, a tool to achieve a concept or idea. To continue the exemplar, the concept of reflection becomes an instrumental practice, a way to achieve the concept. Reflection has spawned

all sorts of models, expanded theoretical explanations and contexts. It is practiced in various ways, CS being one of these. The notion of reflection has become a thing in itself; a practice.

Eventually, objects can become symbolic of human subjective intention, sometimes remaining so, long after their initial realisation. This describes the situation of the third state, internalization, where an objectivated social world becomes part of the shared consciousness of societies. Berger and Luckman (1967, p.52) identify language as being the ultimate system of objectification "in its capacity to communicate meanings that are not direct expressions of subjectivity 'here and now'.". Language is a way of storing, interpreting and communicating objectified meaning and experience, preserving this in time and passing on to the generations that follow. Reflection, has become part of common parlance in healthcare and beyond. It has become unremarkable, an accepted reality as though it is a real thing. It is a matter worthy of comment or criticism if one is perceived, not to be reflective. Its efficacy as a practice has become hard to challenge. Earlier discussion identified that some view its hegemony as problematic and stifling debate about its use (Gilbert, 2001). For instance, the cynic might argue that the symbolism of reflective practice has become shorthand for learning from experience to avoid repeating mistakes, or linked with monitoring and surveillance, which is a long way from the complicated theory of learning first described.

If one accepts this view of the way humans build their social reality, it follows that a social constructionist approach to inquiry would congruently explicate "the processes by which people come to describe, explain or otherwise account for the world (including themselves) in which they live" (Gergen, 1985, p.266). It does not negate the fact that there is a real physical world but suggests that our objective reality of what these things are or purpose

they serve, or way they are categorised are all socially constructed (Burr, 2015).

3.2: Methods in the GCS Literature

In the section of the literature review concerning student nurses experience of GCS, there seems little discussion about ontology or epistemology. The reader is quite often left to consider whether the chosen method does fit the nature of the enquiry. A more thorough summary of the literature is provided in the previous chapter but essentially it was noted that further questions arise about participation in GCS to some extent because of the limitations of the study methods that have been used. Quantitative methods involving ordinal level questionnaires, struggled to confer the rigour and reputation of reliability to a subject governed by human behaviour (Maltby et al, 2010). Attempts to claim objectivity are sometimes precarious and undermined by what is not being described. These studies identified limitations such as small sample sizes or GCS practice which lacked an homogenous structure presenting too many variables for comparative analysis (Polit and Beck, 2012). Qualitative methods of; interviewing, focus groups and questionnaires more convincingly explored the experiences of participants in GCS, but highlighted limitations concerning bias and unrepresentative samples. Such observations are ontologically incongruent with a qualitative epistemology and there may have been better ways of reflexively commenting upon limitations (Freshwater, 2005). Report back from participants was provided from different and complimentary epistemological stances however, reflexivity was always restricted to the researcher's perspective outside of the action. Stepping into the action, being part of it, allows the researcher to contextualise their findings against the back drop of their theoretical interests and ideas about the phenomena, unapologetically (Williams, 2008). One way of doing this is through

observational studies which are part of the ethnographic tradition (Polit and Beck, 2012).

3.3: Observation

It has been noted that observation offers a more direct way of studying human behaviour (Robson, 2002). A key benefit of observation described, is to check that what people say they do is the same as what they can be observed doing (Hammersley, 1990). Other reasons that have been cited are; to provide insight into interactions, provide a whole social context for such interactions and provide some information about the influence of the physical environment (Mulhall, 2003). There are different approaches to the use of observation, but they have been described as either structured or unstructured.

Structured observations set the boundaries of what is to be observed prior to data collection. It requires the development of an observation framework or schedule to ensure that the phenomena under scrutiny is clearly described (Parahoo, 1997). The approach tends to be etic (Morris, Leung, Ames, et al, 1999), to identify the presence or absence, frequency and intensity of phenomena. The observer is encouraged to be detached and stand apart from the subject of observation. To be involved in any way would be seen to be contaminating the data (Mulhall, 2003).

Unstructured observations tend towards a more emic (Merriam, 2009) approach. Use of the term unstructured is challenged by Mulhall, (2003) suggesting this can be misleading. Structure is drawn from watching what happens in the natural course of everyday actions and behaviour within the context of interest and mapping this. Its primary focus is in what happens naturally rather than pre-judging this. It is used to explore situations where

not enough is known about the phenomena. It can be used with single case studies or any number of occasions upwards.

A continuum for the role of observer has been suggested. This ranges across the possibilities from observer immersed in the real-world context of the research setting through to being completely detached from it (Pontin, 2000). A critique of observational roles that situate the observer as participant whether that be complete participant, participant observer, observer as occasional participant or just observer with as little interaction as possible (Pontin, 2000) suggests that a danger is collecting data very selectively through the subjective interpretation of the researcher (Mulhall, 2003). However, an emic perspective actively seeks the subjectivity of those closest to the phenomena (Olive, 2014) referring to ideas about insider research, sometimes also known as autoethnography (Polit and Beck, 2012). Someone fully immersed and familiar to the research setting is likely to detect subtle nuances that an outsider might miss. In addition, their interactions will be more natural and not upset the usual pattern and flow of behaviour. Their established relationships and intimacy helps facilitate their further understanding of hierarchies, organisational politics and culture, exploring aspects of the phenomena that an outside researcher might never notice (Bonner and Tolhurst, 2002). Nevertheless, the ability to address important and sensitive issues requires a well thought through methodological strategy (Ellis and, Bochner, 2000).

Issues of consent and the ethics of overt and covert observation are relevant to all types of observation. It can for instance be difficult to ensure consent is gained of everyone if observation is taking place in busy social settings (Mulhall, 2003). Observational work can also be unpredictable and inadvertently bear witness to unanticipated behaviour and social action despite consent that has been gained from all participants (Watson et al,

2008). The code of professional conduct for Nurses and Midwifes (NMC, 2015) is clear that a nurse's duty of care would always have to take priority if patient care or safety was being compromised.

3.4: Use of Filming

It is suggested that one way of promoting objectivity in observation is to use a methodology that distances the researcher from the field in real time (Jewitt, 2012). It is posited that using filming is a way of doing this. The emergence of portable, readily available devices for filming interactions has meant that it has become much more possible to capture naturalistic interactions insitu (Heath et al, 2010). However, the use of filming is not unproblematic. Jewitt (2012) suggests three positions are held about filmed data each representing underpinning attitudes towards what makes research valid, robust and reliable. The first position regards film recordings as a true representation of what happened; a replica of events. It disregards the possible impact of being filmed on the participant's behaviour. It may use the film evidence to demonstrate that there appears to be no awareness of the camera by the participants. However, it has been pointed out that what the film may be showing is "an active state of inattention" (Lomax, Casey, 1998, section; 2.2) i.e. participants are deliberately pretending that the camera is not there. This is similar to the well-known spoof fly on the wall documentary called The Office (Gervais, Merchant, 2002) where office workers are supposedly filmed in their naturalistic work setting by a documentary film crew. The very slight flicks of gaze to the camera from time to time when certain situations happen give away their active state of inattention and of course creates the humour for the viewing audience.

The second position sees the use of film as inherently distorting social interaction. However, researchers that acknowledge this may still go ahead

and take steps to minimise the impact of the camera and filming process. So, for instance they may use covert, fixed position and or remote-controlled filming to remove the presence of the actual photographer. Researchers may seek triangulation post filming by use of interviews or questionnaires. However, if the whole point of filming is to identify actual as appose to reported behaviour this solution is flawed, although it may reveal motivations that can only be assumed in observation.

Both positions are concerned with an underlying focus on reality and objectivity. A third position shifts the question away from this, using film footage to explore the behaviour, perspectives, values and practices that underpin social interaction. Consequently, the technical influence of the observational method is also of interest and is used as part of the analysis. For instance, it might address the effect of using a fixed position camera and fixed seating arrangements or the impact of leaving the camera already set up and rolling before people arrived. Examining overt comments and gestures about the filming may reveal underpinning intent for social action. If concern is more how social order is accomplished, a position that embraces the conditions of influence and considers these reflexively as an integral part of the approach will also consider notions of objectivity more cautiously.

Researchers that use video may have different positions on the nature of truth and whether filmed footage represents authentic versions of reality. Therefore, it is important that one's position is declared and is reflexively considered, evaluated and reported to promote the validity of the research (Penn-Edwards, 2012).

3.5: Rationale for Choice of Design

The decision to adopt a qualitative approach for this study was made because the key question of how CS is 'accomplished' seemed unexplored. None of the GCS studies gave a clear view of how structures and mechanisms were being enacted to produce the outcomes described.

One way of investigating this would have been to put the researcher in the role of observer rather than interrogating participants about their perspectives. This initially seemed attractive because it would provide an opportunity to check what could be seen to be happening against what sample participants reported had been happening. However, different epistemological stances on observation, particularly when considering this through the medium of filming, has already highlighted a tension in previous discussion, namely congruence of approach (Jewitt, 2012). If the nature of reality and objectivity was not the main concern but using the camera lens to view the social actions of individuals towards their accomplishment of GCS was, a congruent method of interrogating the film footage needed to be found that could be used to facilitate this.

As clinical supervision is largely accomplished through talk and reflection, a method seemingly well suited to the task was conversation analysis (CA) (Garcia, 2013). Additionally, the use of digital filming offered further detail for analysis such as gaze and gestures. CA emerged from Garfinkel's (1967) work on ethnomethodology although there is vigorous debate about CA's subsequent divergence from this enterprise (Clayman, Maynard, 1992). CA can use tiny fragments of talk and gesture to demonstrate how action is accomplished by conversation between two or more people, transcribed in minute detail (Sacks, 1964). However, interest is primarily in the social act and only marginally in language (Seedhouse, 2004). This links with the

social constructionist concerns mentioned earlier, about the way social acts are packaged through linguistic terms (Seedhouse, 2004).

A brief comparison begs to be drawn at this point between CA and discourse analysis (DA) (Potter and Wetherell, 1987) and why CA appears to be a better investigative method in this instance. DA, which emerges from a similar social constructionist paradigm (Gralewski, 2011), scrutinises the themes and topics of language to expose the accounts that individuals are using to construct interaction with each other (Burck, 2005). It may attend to some of the structural components of talk in the same way as CA, but as a way of understanding the meanings individuals attribute to what they say i.e. like the use of metaphor and content matter. Attention is paid to the contextual dimensions such as social, political and cultural perspectives (Lupton, 1992). Analysis is investigating the reproduction of ideology and hegemony to recognise their influences upon overall discourse. For instance, earlier discussion of social constructionism, used the example of reflection and how this process might play out through internalization (Berger & Luckman, 1967). CA also believes that talk is shaped by context but is more concerned with the co-construction of social action in the moment, rather than the content of what is said and how it influences social action. There is endless debate about the value of the two methodologies (Korobov, 2001), but in the end the choice I made, is based in the conviction that examination should begin with the ongoing sequence of talk-interaction to ground analysis whilst not denying that we cannot completely 'bracket' our theoretical, political or cultural orientations. There is recognition in this study that broader social influences provide a backdrop to the analysis and this is embraced when developing the discussion chapter, arguing there is no ontological incongruence.

The following section will briefly examine the relationship between the two methodologies of CA and ethnomethodology and then go on to describe CA in greater detail.

3.6: What is Conversation Analysis (CA)

Ethnomethodology is the study of methods used to accomplish social order and structure via people's actions (Garfinkel, 1967). Born out of the phenomenological tradition and the work of Hursel (Kerstan, 1983), the suggestion is that there is no other social reality other than the one we create. The theory is that we all buy into everyday taken-for-granted rules and these shape our interpretation of the world around us. Because they are taken for granted we do not notice them. Garfinkel (1967) famously designed some 'breaching experiments' to highlight the processes that are at work in creating these rules. He sent students out into the world and asked them to do things that overturned the taken-for-granted rules and then make a note of how people responded to this. An example would be asking students to return to their parental homes but live there as though they were strangers. The consequent responses of their parents and the disruption such an action caused, exposed the taken-for-granted way that we construct our social reality.

There are a number of processes highlighted by ethnomethodology in creating social action, however 'Talk' has been described as one of the primary means (Sacks, 1964). It can be studied directly by tape recording or filming interactions between people to closely examine their actions and how others respond to them. All talk interaction between individuals possesses orderly properties which is another way of saying recognisable rules (Sacks et al, 1974). These include the way taking turns at talk happens, resolving incidences of interruptions in talk, what happens when

there are errors of response etc. CA is predicated on the importance of the sequential sequence of each utterance in interaction. It is believed that an examination of how talk is ordered is critical to understanding human action. For instance, the way an utterance is sequenced in talk helps participants understand its meaning. This in its turn helps shape an appropriately sequenced response. Sacks, et al (1974) argued that it is possible to examine the organisation of conversation in a way that is context free i.e. about the rules of how talk is organised rather than the context the conversation occurs in. However, at the same time these rules are extremely context sensitive in that they have the flexibility to adapt to any particular context. There have been two principal areas of study concerning talk; that which is described as naturally occurring (Sacks et al, 1974), and institutional talk which is something that occurs in more contrived settings like a business meeting, a GP consultation, or a court room (Garcia, 2013). The former was where research began, and certain basic conversational mechanisms were uncovered as being the rules that govern conversational structure (Sacks, et al, 1974). Institutional talk is often contrasted with this to demonstrate how the 'grammar' of this type of talk is contextually influenced and to reveal the intent of the social action.

3.6.1: Institutional Talk

CA is distinctive in linking meaning and context to sequential sequence. This embodies the notion that previous actions/utterances/response are the context for any current action. The meaning of the current action is also shaped from previous actions and creates a context for the next person's talk/actions (Heritage, 1997). More specifically Heritage (1997) suggests that participants usually address themselves to preceding talk and most usually, immediately preceding talk. In this direct way, their talk is context

shaped. They maintain this context for future participants in their own actions/talk/response. Such actions demonstrate their own understanding of prior actions on many levels, for instance to show they understood that a prior turn was complete or that a prior turn was an invitation for them to respond and so on. Through this intersubjective process, turn upon turn at talk, mutual understanding is built. In summary then, action, context management and intersubjectivity, consciously or unconsciously are the objects of participants actions.

Now to consider institutional talk and how that differs. Drew and Heritage (1992) identified three basic additional considerations for the context of institutional talk; the specific goal orientations of participants for instance professional goals such as doctor or teacher, the special constraints of that professional relationship in what may be deemed allowable exchanges, and the inferential context of working in any institutional setting such as frameworks, policies and procedures. Atkinson (1982) suggests that these constraints reduce the range of rules and understandings inherent in the exchanges of ordinary talk and can prove troublesome or even threatening for 'lay' participants in their interactions. Given the specific context for this study of clinical supervision groups, within a university setting, for student nurses facilitated by supervisors who may also be the participants' lecturer, personal tutor, assessor and examiner, Atkinson's observation seems particularly relevant. The multiple roles and relationships that may have existed between supervisor and participant clearly added extra layers of complexity and would inevitably impact upon revealed and hidden goal orientations.

3.6.2: Systematised Differences Between Institutional and Ordinary Talk.

Drew and Heritage (1992) systematised the main differences between institutional and ordinary talk. They looked at the following components; turn taking, overall structural organisation of talk, sequence organisation, turn design and lexical choice (choice of words or phrases). During analysis of this study data these areas were examined to expose the structure and organisation of talk in the clinical supervision study groups and the impact that had on action, context management and intersubjectivity.

3.6.3: Data Collection in CA

Early research on CA was enabled by the arrival and easy availability of the tape recorder. When examining the organisation of conversation, the ability to transcribe fine details such as the rise and fall of intonation, pauses, elongated emphasis within an utterance etc helped to unravel the way conversation was constructed. Special transcription techniques were developed to capture the level of detail (Jefferson, 1984). However, as technology has advanced and the capacity to easily obtain audio visual material has increased, researchers in the field have become increasingly interested in the situated interactional accomplishment of social action (Heath et al, 2010).

Transcribing both talk and associated visual data is doubly challenging and no one universally accepted method has yet been adopted although a useful approach is presented by Heath et al (2010). Nevertheless, for the purposes of this study the main focus was upon the transcription of talk from the footage. However, on occasion when it was relevant, additional visual data that seemed important to the analysis was represented with snapshots of the action. Faces are pixilated to maintain anonymity which unfortunately

presents a limitation to representing gaze or facial expression. Complex technological solutions are being advanced in addressing such issues but were beyond the range of this study (Xin, 2017).

The level of detail required to uncover the structural organisation of talk and associated embodied actions in audio visual data leads to some challenges when considering how to meaningfully review and categorise the data. The idea is with this type of methodology to let the data be descriptive of the structural organisation of social action; to report on what one sees and hears. However, relatively short clips of data 10 – 20 seconds can yield a huge amount of information to transcribe. A way had to be found of establishing a focus for the interrogation. Peräkylä and Vehviläinen (2003 p730) discuss 'Stocks of Interactional Knowledge' (SIK). That is the theories, models and quasi-theories that underpin interaction in various professional practice. In their paper, they suggest CA can expose the reality of practice contrasted against the theory of practice to; falsify or correct assumptions that are part of SIK, provide a more detailed picture than the SIK provides, add a new dimension to the understanding of SIK, expand the description of practice provided by SIK and identify missing links.

As previously discussed CS, less so GCS is overburdened with interactional theories and models. The decision was made to seek to contrast the reality of GCS against SIK as they emerged from the data. However, of interest was specific issues that remained unexamined as per the literature review. This included; how group trust is built and what may sabotage this, the accomplishment of challenge, the relative value of different facilitation styles, the way a shared awareness of the aims of GCS is accomplished, the impact of conflicting goals and objectives between the participants and the supervisor, and assumptions about SIK leading to favourable outcomes.

Another issue raised in the literature review was potential gender bias in GCS. Wider literature concerning gender bias in CS suggests this is a recognised phenomenon, impacting the supervisory working alliance and satisfaction with CS (Inman, Hutman, Pendse et al, 2014). Indeed, in more contemporary studies outside of nursing, the relationship between supervisor and supervisee has been conceptualised in relation to gender as a socially constructed rather than biologically determined issue (Inman, Hutman, Pendse et al, 2014). Nethertheless, Ten Have (1998) suggests that pre-conceptions about interactional properties or relationships need to be 'bracketed' (Ten Have, 1998, p9) until they have been demonstrated to have local procedural relevance in CA. Seedhouse (2005) explains this further by pointing out that there may be an indefinite range of social, cultural and personal contexts that could be potentially relevant to any instance of talk-in-interaction, therefore until it demonstrates a local relevance, CA does not seek to externally contextualise utterances. Nethertheless, he also raises the problem of cross cultural CA. He suggests that just so long as the researchers knowledge of a culture is grounded in either membership or detailed ethnography, their CA can still produce results that are 'universal' (Ten Have, 1998, p.12).

This seems to highlight a problem for CA, in that membership of a dominant culture by the researcher might lead to subconsciously subjugating, overlooking, dismissing or fundamentally misinterpreting the experience of participants from minority cultures. In this case my membership of the dominant female workforce in nursing and consequent GCS environment could have worked in this regard. Later analysis will highlight that multiple issues concerning power, agency and dominant narratives emerged as part of the supervision and supervisory experience. However, the specific experience of men did not emerge as locally procedurally relevant in the CA.

Discussion considers various socially constructed perspectives that contextualise the wider findings in this study including a feminist construct about the position of all nurses in healthcare regardless of gender. The role of men in nursing is considered briefly here.

Having discussed methodology and some of the methods associated with this relevant to this study, the next section will go on to look at how these were employed to construct the study.

3.7: Study Design

3.7.1: Study Setting

The Graduate Entry Nursing (GEN) programme is a post-graduate course offering accelerated learning and awards an MSc in Nursing on successful completion. The central aim of the GEN programme is to develop an accelerated pre-registration nursing course which has at its heart a student-centred approach to teaching and learning. It recognises the centrality of the individual in the health care process and attempts to foster a person-centred care approach among students. It has developed several innovative teaching and learning approaches in order to deliver the core philosophical aims of the course, for example 80% of the theoretical content of the course is delivered through a shared across-field learning approach (Stacey, McGarry, Aubeeluck et al, 2014) an innovative approach to both clinical skills teaching and theoretical learning ensures all students, regardless of their chosen field of nursing have the opportunity to engage in a generic range of skills.

The model that has been developed for GEN centres on a problem-based learning (PBL) approach to course delivery, with skills and theory interwoven through a series of case studies, lectures and workshops. Working in this

way, students learn from day one about the need for holistic care provision and working across traditional care boundaries (McGarry et al, 2011; Stacey et al, 2014).

GCS is facilitated for students whilst they are learning in practice as an integral part of the programme. The aim is to provide students with a forum to reflect upon experiences in practice which they find educationally, emotionally or professionally challenging. This entails exploration of values, attitudes and ethical dilemmas which they are encouraged to process as a group with guidance from a supervisor. The intended learning outcomes are to; provide a safe environment for reflective learning and support, raise self-awareness and acknowledge the assumptions and values that underpin practice and explore the professional role and responsibilities. Sessions are immediately followed by a debriefing meeting for supervisors to consider the supervision process and share any concerns they may have about the content of the discussion in a confidential forum. The sessions are organised to occur once every two weeks for two hours when the students are in practice. The programme is composed of six modules with a practice component each module. The students have the same GCS supervisor for module one and two. During this period, the students are in mixed field groups including child, mental health and adult students. When they enter module three they have a new supervisor specific to their field and work in field only supervision groups. They keep the same supervisor through module three to six of their course. This decision was made because of the high shared nature of the learning. It was felt that this would promote their field identity and professional development. Trust within GCS is promoted by maintaining stable membership and facilitation. Attendance is expected rather than mandatory and is awarded practice hours status, which the students have deducted from their total forty hours per week attendance in

practice (including where necessary up to an hour and a half travelling time), which may account for the high attendance.

An agreed shared model for the supervision process has evolved which is humanistic and is based on creating a conducive supervision alliance between the student participants and their supervisor such as that discussed by Proctor and Inskipp (2001). Most of the facilitators are experienced in CS and supervisory facilitation. New supervisors are given some preparation for the role and all receive peer supervision. The approach to supervision is more eclectic and integrative than systematised. The supervisors have agreed guidelines around a student-centred agenda and creating a supervision alliance based on a group learning contract. They use Proctor's model (2001) to guide the balance of discussion in their groups. However, in addition to this, supervisors draw on their own differing field supervision experience and training.

3.8: Data Collection

3.8.1: Sampling

Initially a purposive sample was chosen (Joyce, 2008). This strategy is chosen to maximise the data that can be collected (Polit and Beck, 2012). As the aim of the study was to understand how CS is accomplished in GCS, it was reasoned that the widest combination of group compositions would generate the richest variety of data. The analytic method of CA does not call for statistical quantification of large data sets (Schegloff, 1993) but for analysis of local situated, naturally occurring action. This can include single case studies or collections of similar instances although quantification is generally vague, and the focus is kept on quoted fragments (Ten Have, 1998). Consequently, sessions were chosen for recording that were drawn

from different supervisors, different approaches, different levels of facilitator experience, and different field groups at different stages in their course, to purposively provide the widest range of dimensions.

The aim was to recruit supervision groups from across the span of the pre-registration programme; the students were at different points in their course, and therefore had incrementally different levels of exposure to participating in clinical supervision. Using different supervisors also provided a variety of data concerning different personal styles of supervision. Here was an opportunity to explore how the varying conditions of GCS impact upon turn taking, overall structural organisation of talk, sequence organisation, turn design and lexical choice within the context of GCS without trying to make any comparative assessment of the variables. The value of doing so rooted in the earlier observation that assessment of measurable 'truth' and objectivity in GCS does not seem to bring us nearer to understanding how the conditions sought by applying frameworks and models to the practice of GCS, impacts upon its accomplishment.

Selecting and recruiting the sample proved more problematic than anticipated. The reason for this concerned ethics and consent which will be discussed presently. However, because of an unanticipated lack of flexibility around electronic timetabling and allocation of individuals to groups, one might describe the eventual sample as one of convenience (Polit and Beck, 2012). This method of sampling relies on sourcing the sample from what is accessible and available rather than purposively choosing the sample. Criticism of this method in the literature includes accusations of lacking intellectual credibility (Marshall, 1996), being neither purposeful or strategic (Patton, 1999) and being biased and unrepresentative of the population in question (Anderson, 2010). However, the term 'convenience sample' has been challenged. Maxwell (2012) suggests the term has collected negative

connotations from its association with quantitative concepts concerning probability and non-probability sampling. Probability sampling methods such as random sampling seek to be the best representation of the population under investigation. This is important for the position of generalising results and returns to the notion of measurable truth. In contrast non-probability methods such as convenience samples are seen as weak sampling methods because of their lack of representation of the target population. However, representativeness, is a strained concern in qualitative research. A relativist position that suggests there is no truth without meaning and that reality is socially constructed, has incongruence with the idea of an homogenous population where truth can be found measured and generalised. Even the term 'sample' is problematic for as Yin (2014, p.42-44) states; "use of the ['sample'] portion of the term still risks misleading others into thinking that the case comes from some larger universe or population of like-cases, undesirably reigniting the spectre of statistical generalization."

For technical reasons concerning electronic scheduling and ongoing organisational factors it had been felt best to limit the study to just one cohort that was followed through their course. Time was a critical factor and reluctantly research with the first chosen cohort had to be abandoned and another approach used for the next cohort. With only one intake a year this slowed down the whole research schedule. The next cohort was approached before they had been allocated to CS groups. This made it possible to select groups made up of willing participants that had given consent. Whilst this did reduce the variety of conditions, it was still possible to choose from supervisors with differing levels of supervisory experience, fields of practice and students at different stages in their course. An added complication was the switch to field groups at the beginning of module three which

necessitated re- identifying supervisees who were consented and allocating to consented supervisors in newly configured field groups.

A variety of factors will have motivated the groups of students and staff that wanted to be involved and those that elected not to be. This difference may have impacted upon the findings, but a CA perspective argues that interaction is rationally organised in relation to social goals and that even single instances can reveal features of the social 'machinery' that produced them (Seedhouse, 2004, p.9). Therefore, whilst the way by which the sample was produced for this study changed from the initial intention, it is argued that the data maintained ecological validity, (Seedhouse, 2004) and provided a valid way of explicating the accomplishment of GCS in those cases that were examined, despite the way in which choice of participants was finally exercised.

Eventually four supervisors and their groups were filmed over about twelve months; three sessions with one supervisor in module one (a female adult field supervisor with a mixed field group), one session with one supervisor in module two (a female mental health field supervisor with a mixed field group), three sessions with one supervisor later in module two (a female child field supervisor, with a mixed field group) three sessions with one supervisor (a male mental health field supervisor with a mental health field group) in module three. Due to sickness and technical difficulties this led to filming of nine two-hour sessions of a planned twelve.

3.8.2: Ethics and Consent

As the study only concerned students and staff members (non-medical research) ethical consent was only required by the internal university medical ethics committee (University of Nottingham (UoN), 2016). This was

sought and granted before the study got underway (See appendix one). The ethical principles that underpin research in health sciences (Maltby et al, 2010) plus specific concerns that were raised by the research methods chosen, shaped the approach to gaining informed consent. Before an account and analysis of this process is described, it is worth briefly setting out the guidelines, policies and ethical principles that will be used to do so.

The University Code of Research Conduct and Research Ethics (UoN, 2016) which is informed by Universities UK (2012) helped to guide ethics in the study. However, as data collected from the students and their supervisors included their experience of clinical practice, specific ethical principles concerning research in clinical practice needed to be considered too. It is arbitrary to divide the ethics in healthcare research from those that govern practice (Gaw and O'Neill, 2014). Indeed, the nursing code of conduct (NMC, 2015) stipulates that its standards apply to nurses working in practice, leadership, education and research roles. Nethertheless, all NHS clinical research is required to adhere to the principles that underpin the Good Clinical Practice (GCP) guide (Guideline, I. H, 2016) which is an international, scientific quality standard for research which includes human subjects. These are in turn underpinned by the principles contained in the Declaration of Helsinki (General Assembly of the World Medical Association, 2014).

There are four main moral principles reflected in these documents concerning biomedical research; Autonomy, Beneficence, Non- malfeasance, and Justice (Beauchamp and Childress, 2001). However, the principles are not mutually exclusive to biomedical research and have equal utility when considering research within social sciences (Guillemin and Gillam, 2004). Briefly, autonomy concerns the rights of people to be able to make their own choices, beneficence is to endeavour to do good, non-malfeasance means to do no harm and justice seeks to treat people equitably and fairly.

Information about the study was explained initially in person to a whole cohort and their supervisors. Written information backed this up (See appendix two) with contact details of the researcher so that students and staff could make the choice to come forward to ask for more information or volunteer for recruitment without coercion. Information concerning the benefits of engaging in the research (beneficence) were presented in relation to the better understanding that would be gained about the activity of GCS in their course and the potential for improving it. Promoting the wider benefits of research as a reason to participate is a common position to take (Doody and Noonan, 2016) but needs to be balanced against the potential vulnerability of participants (Maltby et al, 2010).

It was recognised that perception of coercion amongst student participants could be the most sensitive aspect of recruitment because of my dual status as both researcher and lecturer. Consequently, I made the decision and the cohort were informed that I would not be acting in any other capacity than research investigator during the period of the study. This removed me from any teaching, supervision or assessment of students in this cohort. Nethertheless, potential participants needed to feel free to refuse involvement or step down from inclusion at any point without fear of this having some deleterious impact (non-maleficence). For students, it was anticipated that their concerns would be about the impact on of their learning or perceived status in not participating. This information was made clear on their information sheets (appendix two) and how we proposed to manage this decision not to participate should they make it.

Consent forms were provided (see appendix 3) for each participant to be signed by them. These were copied, and one copy retained by the investigator, one returned to the participant. The consent forms were returned by the supervisor on the first occasion the group met and would be

filmed. Without being asked to, I noticed from the film footage that the participants were asked again by the supervisors if they (the participants) were happy with participation in the study, as they gave the copies of the signed consent forms back. Sometimes this would trigger a conversation about filming. These conversations and their implications have been mentioned and analysed as part of the findings. The findings also revealed the participants awareness of the filming during the supervision sessions which has also been analysed as part of the findings. Sometimes I would have conversations with participants as filming was being set up and they entered the room prior to their session, concerning the technology being used. Therefore, whilst written consent was gained with a formal contract to adhere to the points made on the consent form, an ongoing informal verbal agreement was happening in an unplanned ad hoc way. At these times, there was no bracketing of realities. Research, GCS and other realities were acknowledged and recognised for the multiplicity of the contexts they proffered by all participants and the researcher. Doody and Noonan, (2016) discuss the ethical principle of veracity which concerns the absence of deception and is linked with respect for research participants and their autonomy. From a personal ontological and ethical perspective, I found myself comfortable with this sort of transparency and worked reflexively to identify instances of incongruence (Guillemin and Gillam, 2004).

The consent forms reiterated the voluntary nature of participation based on participants confirmed understanding of the information that had been provided and a chance to ask questions of the principle investigator. It gave assurances that they could withdraw from the study at any point or ask more questions or for further explanations at any time. It authorised use of their anonymised participation when disclosing the results of the study. Consent forms are designed for procedural ethical purposes to demonstrate an

agreement of informed consent (UoN, 2016). Nethertheless, they only provide evidence that consent has been given; understanding of participation may be something participants might not fully appreciate until they have some experience of it or even after the event (Guillemin and Gillam, 2004).

Consequent events demonstrated that the essential elements identified to meet full autonomy for student research participants was met (Doody, Noonan, 2016). It seems that the strategy was successful in promoting freedom of choice and capacity to act on one's own deliberations (Gillon, 1985) because many students elected not to be part of the research. However, no-one formally withdrew at any point after the consent had been gained. Nethertheless, as attendance was not monitored and was expected rather than mandatory, it is possible some participants informally withdrew. Previous discussion has highlighted the initial impact consent had on identifying a sample, however the revised sampling plan comfortably allowed for the formation of groups of participants that had given written consent.

On reflection, the autonomy of the potential staff participants was not as well considered in the written and discussed information. Concerns about non-maleficence could have been more unsettling for them. They may have had anxieties about being watched and their performance analysed. In fact, findings will demonstrate that this was indeed the case in practice. Whilst every effort was made to make them comfortable in their choice to participate or not, the level of coercion was possibly more subtle. Members of staff invited to participate in the study were not strangers they were well respected, friendly colleagues that I had worked with for many years. They may have wanted to support me and have found it difficult not to despite their concerns. Brewis (2014) considered the ethical considerations of qualitative research working with convenience samples of friends. She

highlights how reporting and analysing data may lead to a sense of betrayal or disloyalty and that these factors need consideration and discussion with participants before engagement in the research. But to cite Benner's observations about the progression of novice to expert practitioner (Benner, 1982) borrowed from Dreyfus and Dreyfus (1986), the novice finds themselves in the position of unconscious incompetence i.e. to paraphrase; they do not know what they do not know. As a novice researcher, the ethical consequences were somewhat unanticipated in this specific regard and unfolded before me in practice. I felt the discomfort of watching my colleagues in awkward exchanges with students in the filmed data, and yet I selected these awkward exchanges as transcripts to analyse, recognising their value in making the analytic point. Doody and Noonan (2016) highlight another aspect of autonomy which concerns fidelity. Fidelity concerns the trust between researcher and participant and can relate to confidentiality. Every attempt has been made to anonymise the findings through use of pseudonyms and pixilating identifying facial features. Nethertheless, as Brewis (2014) notes, when the researcher finishes a study they normally leave the field of research, but when a study uses participants that they will continue to know, socialise and work with afterwards there may be lasting and unforeseen consequences. Under these circumstances the need to maintain veracity (be truthful) (Parahoo, 2014) needs to be balanced against beneficence and non-maleficence to find the most sensitive ethical outcome.

A final point to highlight concerns the limits of confidentiality. Guillemin and Gillam (2004) argue that the consent form is largely an instrument of procedure i.e. part of the application process that satisfies a research ethics committee that the methods used, safeguard the ethical rights of participants as has already been discussed. However, beyond this they suggest that there is a dimension in research that is described as "ethics in

practice" (Guillemin and Gillam, 2004, p.264). They suggest that procedural ethics concentrates on how confidentiality can be maintained; ethics in practice encompasses situations that include when confidentiality needs to be breeched because of potential or actual harm that could or has arisen outside of the research focus. They suggest that researchers are frequently faced with situations that have not been explicitly covered by the consenting process.

In GCS, confidentiality is an aspect of professional conduct covered by the supervision contract (Proctor, 2001, 2008) and understood as a professional responsibility as discussed earlier (NMC, 2015). Therefore, any situations captured by the filming including disclosure of such harm, would need a response to address the concerns. When a supervisor was present, part of their responsibilities would be to ensure this. However, this requirement was not explicitly discussed as part of the consenting procedure and a number of possible dilemmas could have occurred for example, if a supervisor's decision to act or not was different to the researcher's or if a discussion was captured that made any decision to act unclear or absent. The uncertainty of when GCS 'began' is something that was analysed as part of the findings, but conversations captured in this analytically ambiguous period could have uncovered ethically challenging material and the consenting procedure did not highlight that the researcher would still have a duty to act. In retrospect it is recognised that the limits of confidentiality could have been made more explicit because of the sensitive nature of the material that would be discussed. Future research would ensure that participants understood the professional conduct defined in their supervision contracts extended to the researcher operating the camera even though they were not physically or temporally present.

3.8.3: Digital Filming

Earlier discussion, highlighted that researcher's views on the nature of truth are important when considering digitally captured visual footage. An entreaty was made to declare one's position in this regard to promote research validity. To cite Lomax and Casey, (1998, Section 8.3) digital filming has 'considerable methodological value … as long as an awareness of the status of the data is maintained'. As such, concerns such as lighting, the way the shot is framed, and number of camera perspectives, moves discussion from the practical to semiotic (Penn-Edwards, 2012). Put simply, decisions about how to capture the data cannot not just be viewed as efforts to accurately film the action if truth is relative. It was acknowledged that the meaning viewers attribute, would be influenced by the way a scene was set such as lighting levels, whether views of the action were distant or intimate and how scenes were chosen and edited. Therefore, the way filming was conducted needed consideration. On the other hand, my naivety and inexperience as a film maker, combined with a limited budget, reduced the level of sophistication and perhaps anticipation, I brought to bear on the production. Nethertheless, the desire to manage the process myself was also driven by my understanding of the GCS setting and what I wanted to capture. This attitude is typical of researchers using digital filming methods, in efforts to construct the right analytic focus (Penn-Edwards, 2012).

A cost effective, easily managed method of filming needed to be found. The position was taken that although the participants knew they were being filmed there would be some attempt to minimise the impact and make the filming as discrete as possible. To ameliorate the process, it was felt that the smaller the camera and the less obvious it's position, the less its continual presence would be felt. In order to be able to study the social interaction necessary for CA (Heath, et al, 2010), a fixed camera position

was used to encompass all the active participants in the scene. Two cameras were used for each session placed at different positions to provide the best overall coverage of the activity. However, inevitably a fixed lens position was going to present something of a compromise. As Heath et al (2010) identify, maximising the perspective of participation may lead to sacrificing access to some of the details of conduct. There are times when the ability to focus in more closely on an interaction may have been desirable.

Various options were reviewed but in the end the decision was made to use cameras recording media directly on to laptop computers. The type used were small webcam cameras. They were fixed on top of flip chart stands, opposite sides of the activity. The computers, into which they fed were hidden behind the stands. Flip chart stands are a familiar feature of many of the classrooms students work in. However, it was soon discovered that some audio enhancement was required to ensure all conversation was heard. This resulted in additional microphones being placed in the centre of the circle on the floor. This rather countered the idea of minimising the filming activity. In evaluation, the capture of visual and audio data was evident and unhidden to participants. Therefore, the situation was embraced and acknowledged (both in practice and analytically) as an aspect of the way data was socially constructed and produced (Lomax and Casey, 1998).

This point is important to how I viewed the cameras and the footage that they captured. My connection to the world and experience of GCS made my relationship with the camera intimate; the connection between control of the data collection process i.e. technical control and consequent analysis, was personal. The camera was by extension a way of extending my own perceptual awareness and insertion into the social action. I was there, without being there. The camera was me. Participants in Penn-Edwards study (2012, p.157) that interviewed researchers who used digital filming

as a way of gathering data, described the way it became an extra sense, allowing for insights into the data that it would be difficult to gain in any other way. Conversation analysts argue that their approach to research is emic in that it provides "perspective from within the sequential environment in which the social actions were performed." (Seedhouse, 2004, p3). Therefore, it is possible to discern how participants "talk their social world into being" by normative reference to its interactional organisation (Seedhouse, 2004, p.3). External influences and perspectives outside of this are only proved to be relevant, through this analytic process (Ten Have, 1998). Therefore, the influence of my 'presence' in the research setting could only be judged through the talk-in-interaction. Findings later in this thesis will analyse the talk to reveal how filming was perceived and impacted on social action.

Another decision that needed to be made was whether to set the computers filming before participants arrived or to turn them on just before the session began. This did raise issues around whether walking into a setting where the cameras were already rolling constituted covert filming and whether consent to participation covered this. In the event, filming was often in the process of commencing as participants turned up and so this perspective varied. The same room was used for all recordings as it offered the brightest natural light conditions and good flexibility for moving furniture. The chairs were arranged in a circle which is classic positioning for GCS. Students were informed at each session about the filming, to maintain the positioning of their chairs and to draw their attention to various health and safety hazards in trailing electrical leads, microphones etc.

Ten of twelve planned sessions of two hours' duration were eventually filmed. As each session was filmed from two positions separately this resulted in four hours of footage for each of the ten sessions. Footage

was briefly reviewed after filming for technical glitches and consequently camera positioning, light levels and sound levels were improved with each filming opportunity. It also identified when catastrophic technical failure had occurred. Heath et al (2010) discuss the consequence of filming in new settings and suggest practice runs to consider differing technical perspectives such as camera placement and angle, light levels, audio requirements, commencement of filming and whether to be present during filming. Such considerations can have a significant impact upon the eventual analysis that is possible. Practice runs offer the chance to change different aspects of filming and analytic approach in a reflexive way. This is good advice but difficult to achieve in the context of the study as the GCS ran at set concurrent times, were limited to certain consented groups, situated in one ideal filming location and did not provide additional opportunities to establish reviewed and revised conditions. Consequently, of the ten filmed sessions only nine were viable with audio clarity and eight with both audio and visual data.

3.8.4: Developing Observations into Transcriptions

The key underpinning analytic considerations for this study are being drawn from ethnomethodological concerns about how people orient to each other's conduct in the production of social action. Heath et al (2010) point out that within this approach there should be three general analytic concerns; first, that social actions and activities are integral to the exact local conditions in which they arise, secondly, that physical movements or the sequential sequence of talk should be considered from the perspective of how they help to accomplish a social action and the circumstances of its production between co-participants and thirdly, what is the impact of shared understanding about the wider context of social organisation? For instance,

this may relate to institutional contexts that influence "practice, procedure and practical reasoning" (Heath et al, 2010, p.83). It is suggested that there is evidence to support that whilst each instance is inextricably local and unique to preceding and proceeding utterances and actions, methods and practices may also be highly generic (Heath et al, 2010). However, CA analysis remains at the level of single instances and this means that; "...No number of other episodes that developed differently will undo the fact that in these cases it went the way it did with that exhibited understanding ...." (Schegloff, 1993, P.101). Therefore, analysis within this study can do no other than look at the very local accomplishment of social action relating to the very specific context in which it is set. It can make no claims other than relating to the instances examined. It can ask "Why that now?" (Schegloff and Sacks, 1973) in order to explicate how participants in the CS groups observed, orient to each other's conduct in the accomplishment of CS in that instance.

An initial review of all the digital film footage was made following the recommendations of Heath et al, (2010). This involves three stages; Preliminary, Substantive and Analytic. During the preliminary stage, the data corpus is catalogued. For this a piece of software called Inqscribe (https://www.inqscribe.com/, 2017) was used that allowed for watching the footage and annotating moments of interest, marking them with a time signature. Moments of interest at this stage were related to SIK for GCS (Peräkylä and Vehviläinen, 2003) as per focus described earlier. However, no attempt was made to analyse these, only catalogue for easy retrieval later. Nevertheless, even this initial review begins what becomes a deeply reflexive process and thoughts begin to form about the data. These were captured through frequent reflective diary writing.

The second stage is a substantive review. The preliminary review will have begun to identify instances of interesting phenomena. The substantive review will now hunt through the catalogues trying to find additional examples of the phenomena to enable comparison and to delineate differences in the interactional organisation. These are further catalogued. As the instances in this study were related to SIK, the searches focused upon sections of the sessions where these types of interactions might be more frequently found. Proctor's supervision alliance (2001, and 2008) and Heron's six category intervention analysis (1989) were influential in the search for phenomena. This seemed appropriate given that supervisors and supervisees had a shared understanding that the central humanistic tenants of the supervision alliance, and the normative, formative, restorative task areas (Proctor, 1986) were intended to be the foundation of work in GCS. Heron provided a convenient framework for noticing the type of interventions that were being applied and when they occurred. This helped with analysing intention and specifying instances of confronting. However, attempts were made not to be limited by what one might expect to see, but to be open to impactful phenomena outside of this. One could argue that the value of being an insider researcher was helpful in the former task. However, "The qualitative researcher's perspective is perhaps a paradoxical one: it is to be acutely tuned-in to the experiences and meaning systems of others—to indwell—and at the same time to be aware of how one's own biases and preconceptions may be influencing what one is trying to understand." (Maykut & Morehouse, 1994, p.123). There was an awareness that certain assumptions could be made because of my insider researcher status. However, this aspect has been reflexively used in later analysis to show where transcribed and observed social action overturned such assumptions.

The analytic phase tries to gather 'candidate' (Heath et al, 2010, p.65) instances of the phenomena under scrutiny. These can be collected under various themes. They can only be considered candidate instances, until fragments are transcribed and have undergone detailed analysis. Does the talk interaction demonstrate the phenomena? Much time is spent on each transcribed fragment, repeatedly viewing the fragment as many as 50 or 60 times, developing observations of the actions and activities within it. This stage is very resource intensive and therefore instances have to be chosen carefully to make the best use of available time. Consequently, interesting phenomena may go unexamined as it becomes necessary to maintain a tight focus.

Following this process, it was recognised that during the substantive review, items of interest formed a number of categories. These fell into some well recognised structural, process and outcome related areas of GCS activity (White et al, 1998). This included; environmental factors, turn allocation, and extended turns. In addition, the collaborative phases of GCS (Bond and Holland, 2010) suggested a sequential logic to other phenomena that was noted for instance conduct designed to settle and promote group cohesion and establish group role identities. There are some theoretical perspectives that address the cross over between group phase theories and talk interaction (Gibson, 2005), however these were not considered as part of the organisation of data. Instead, talk interaction was examined on a local basis, not as part of some quantitative endeavour to identify incidence and a definitive sequence organisation. Previous discussion has already debated the epistemological and methodological incongruence of taking such an approach. A final area of interest was an issue identified as significantly unexplored and undervalued in the literature review; challenge (Lindgren et al, 2005; Ashmore et al, 2012). Therefore, instances of this were identified

to examine if there were any emergent phenomena that could help explicate the role of challenge in the data.

3.9. CA Conventions

Before presenting the findings and their analysis a brief outline will be made of the conventions that govern CA to help the reader understand the approach that has been used. This will include features of talk-interaction and transcription conventions. Table 2 on page 96 will indicate the film location of the transcriptions used.

3.9.1. Turn Taking

Turn-taking constitutes the organisation of ordinary conversation (Sacks, Schegloff, Jefferson, 1974). As such it is worth a brief more detailed review of how turn-taking is scheduled in ordinary conversation and how it may differ in institutional talk. Previous discussion has referenced the taken-for-granted nature of talk-in-interaction (Sacks, 1964). However, Sacks et al (1974) identified the regulatory features that participants employ. These include; For the most part one person speaks at a time but occurrences of more than one speaker at a time are common, albeit brief, Speakership changes recurrently and in an orderly fashion with one speaker following another, turn order and size is not fixed, transitions occur frequently with no gap or overlap slightly less frequently with some gap and overlap. Referring to turn allocation techniques (Sacks et al, 1974) two options are identified; a current speaker selects the next speaker in various ways for instance by addressing them, or a party may self-select. More specifically the rules concerning change of speakership are; a current speaker may select the next speaker conferring the turn. If the current speaker does not select, others can self-select when they hear the current speakers turn as complete.

They understand the turn as complete when talk reaches a possible transition point. Possible transition points occur at the end of a turn constructional unit (TCU) that is the smallest unit of talk that can be considered as a turn. These can be as brief as one word for instance 'thankyou', 'yes' or 'no'. There is a theory that in ordinary conversation interactants orient in three interrelated ways. Heritage (1997) summarises this; Participants address themselves to preceding talk and usually immediately preceding talk. In this way, their talk is context shaped. Participants project and require in their actions that some next action will be undertaken by a subsequent participant. In this way, they create and maintain the context for the next participant. In their next action participants show an understanding of prior action on a number of levels. For instance, by accepting the next turn they demonstrate they understood the previous turn as complete, they had been selected to take the next turn, that it was part of an invitation to respond etc. The claim is that institutional talk works in similar ways but with additional limitations.

Institutional talk describes the way that participants comply with sanctionable turn-taking rules other than those found in ordinary conversation (Drew and Heritage, 1992). By sanctionable it is meant that participants feel a moral accountability to respond in quite specific and more limited ways than in normal conversation. Developing the work on institutional talk Atkinson and Drew (1979) analysed turn-taking in cross-examination in courts. They identified the difference lay within two parameters, turn type and turn order. For instance, in law courts, they found that a pre-specification occurred; turn type saw the talk organised into a series of question and answer pairs, turn order demonstrating that one party asked all the questions whilst the other party provided all the answers. Peräkylä (1995) summarises progress in understanding institutional talk by

highlighting the emergence of a third domain for talk described as informal (Drew and Heritage, 1992 cited in Peräkylä, 1995). This encompasses institutional settings where the talk is described as 'quasi-conversational'. In these settings talk has many of the features of ordinary conversation and its organisation managed on a local basis rather than strictly pre-set such as in law courts and other very formal settings where interaction has to be 'rationed' (Heritage, 1998, p6) in some way.

3.9.2: Transcription

Transcription in CA is extremely detailed, and it is hard to put it better than Arminen (2005, p.70) who states that it serves the purpose of being; "an analytic exposition of an interactional practice so that it highlights and foregrounds its salient aspects."

The transcription seeks to describe the conduct of actors and the social action this results in and transcription conventions have been drawn up to help facilitate the process (Jefferson, 1984). A copy of these are provided here along with some adaptations to include embodied non-verbal action. Where it seems important, snapshots have been included to aid description of non-verbal action.

Critique of transcription highlights several issues in the literature (Ten Have, 2002). Transcription can be over burdened with detail and for clarity of the analytic point being made, some detail may not be attended to or even included. Additional detail or a different analytical focus may provide different interpretation of the transcription. In that sense, the transcription is not immutable. Transcriptions often present themselves as a super detailed account of an interaction evoking the 'reality' of the event. However, it is in fact a transcribed account of a recording of the event and in that regard, it could be viewed as merely evidence that a recording was made.

Transcription, can be manipulated to make an analytic point. For instance, two perspectives are provided for the nine films presented. Frequently only one perspective is used to describe an observed action. However, triangulation with the additional perspective might also be necessary to understand a fuller context.

The suggestion that readers can check the validity of the transcription and subsequent analysis by returning to the original recording if they want to is naive. Once the reader has read a transcription and the attendant analysis they are not in the position of the researcher when they first heard the recording. They have already had an analytic focus suggested to them and cannot review the data as virgin material. In conclusion of his essay on the topic of problems with transcription convention in CA, Ten Have (2002) points out that the transcription instructs an audience on what there is to listen to in a recording as a result of a researcher's focused review. However, the researcher comes to this reflexive understanding over time, repeated listening and focused analytic consideration. The transcription can only provide an 'after-the-event' construction. The epistemological problems with considering tape recordings as reality were discussed earlier. In summary, CA findings are highly interpretive and can probably be conceived in many ways per the analytic focus.

Table 1: Transcription System

Symbol	Name	Used to indicate
:	Colon (s)	Extended or stretched sound, syllable, or word.
_____	Underline	Vocalic emphasis.
(.)	Micropause	Brief pause of less than (0.2).
(1.2)	Timed Pause	Intervals occuring within and between same or different speaker's utterances.
(( ))	Double Parentheses	Scenic details.
( )	Single Parentheses	Transcriptionist doubt
.	Period	Falling vocal pitch.
?	Question Marks	Rising vocal pitch.
↑↓	Arrows	Pitch resets; marked rising and falling shifts in intonation.
° °	Degree Signs	A passage of talk noticeably softer than surrounding talk.
=	Equal Signs	Latching of contiguous utterances, with no interval or overlap.
[ ]	Brackets	Speech overlap.
[[	Double Brackets	Simultaneous speech orientations to prior turn.
!	Exclamation Points	Animated speech tone.
–	Hyphens	Halting, abrupt cut off of sound or word.
> <	Less Than/Greater Than Signs	Portions of an utterance delivered at a pace noticeably quicker than surrounding talk.
OKAY	CAPS	Talk that is louder than the surrounding talk

hhh.hhh	H's	Audible outbreaths, possibly laughter. The more h 's, the longer the aspiration. Aspirations with periods indicate audible inbreaths (e.g., .hhh). H 's within (e.g., ye(hh)s) parentheses mark within-speech aspirations, possible laughter.
pt	Lip Smack	Often preceding an inbreath.
hahheh hoh	Laugh Syllable	Relative closed or open position of laughter.
$	Smile Voice	Laughing/chuckling talk between markers.

Atkinson, and Heritage, (1984)

3.10: Summary

Discussion in this chapter has set out the argument for the chosen methodology and design. A qualitative unstructured observational study is chosen that uses digitally filmed footage as a source of data for CA, an ethnomethodological approach to analysis. The study setting is described for GCS to contextualise the sample; data collection and the methodological problems that are inferred by the method and analytical approach are highlighted. Conventions for turn-taking are presented along with an analysis of and guide to transcription of talk. The next chapter will present the findings.

Chapter 4: Analysis and Findings

4.0: Anonymity

All names and identifying details have been removed to protect participant confidentiality in accordance with ethical consent (Polit and Beck, 2012; University of Nottingham, 2016). However, to ease discussion, study participants have been assigned pseudonyms. In addition, faces have been pixilated in snapshots of action to further protect identity.

4.1: Introduction

Findings in this chapter are presented in sections relating to the phenomena of interest that emerged during the substantive review described in the methods section. GCS sessions in the data followed a similar format in each case and therefore findings from 4.3 to 4.6 have been organised in a sequential configuration to aid the reader's understanding of how conduct was contextually influenced from the outset and continued to be so through the way in which sessions were structured (Drew and Heritage, 1992). The section 4.7 pays attention to something that is more process related; the occurrence of challenge. The role of confrontative interventions emerged in the literature review as an analytic topic of interest, therefore the substantive review sought out instances of relevance in relation to this which resulted in a number of transcriptions exploring the concept.

Whilst findings analysed the action, context management and intersubjectivity of participants conduct (Heritage, 1997) it was also mindful of the specific goal orientations of participants that were in play, combined with the inferential contexts that were evidentially or potentially influencing action (Atkinson, 1982). Interest was taken in any "special turn taking systems" (Heritage, 1998, p.5) that seemed different to ordinary conversation. Consequently, turn-taking became a phenomenon of interest in its own right as it changed in nature to serve the supervisory and participatory functions of GCS. Other CA mechanisms in talk seek to explain interactional responses and projected contexts for participant's social action, sometimes in reference to GCS SIK. Because the guiding underpinning principles for GCS here was Proctor's supervision alliance (Proctor, 2001, 2008) underpinned by Roger's person-centred approach (Rogers, 1957), an interest was taken in SIK that represented these models. In addition, Heron's framework also informed the search for phenomena (Heron, 2001).

Table 2 demonstrates the location of the transcriptions in the filmed data. The chapter goes on to examine; the influence of environmental factors in the data, the purpose and impact of group appraisal and turn allocation mechanisms, the way extended turn taking shaped narratives from practice and explore the management and impact of confrontative interventions.

Table 2: Location of Findings

Film	**Pam**	**Film**	**Heidi**	**Film**	**Peter**
1		**4**	T5	**7**	T4 T8c TB T10 T8 T8a T8b
2	T6 TA TB T9 T9a	**5**	T2 TC T12 T13 T14	**8**	T3 T7 T11
3	T1	**6**	**Shelley**	**9**	

Key
T = transcription

4.2: Environmental factors

Sessions began by the students assembling in the room they had been allocated to attend supervision. The seating arrangements were a circle of chairs as is the usual protocol for group clinical supervision. The filming was set up and usually commenced before participants arrived to minimise disruption. The footage showed that as the students assembled they greeted each other and usually began chatting informally about their experience in practice or some other course related issue. From a research perspective the status of this time was felt to be ambiguous i.e. was it supervision and therefore legitimately filmable? Events in Transcriptions A and B seem to uncover factors relevant to exploring this question and have therefore been included.

4.3: Filming

Participants often noticed the filming as they waited after arriving;

Transcription A

1	A	° Are they on already
2	B	Yeah I think so

Participants occasionally examined the laptops set up behind the flipcharts that the cameras were mounted upon.

Snapshot Transcription A



The boundary between private and public became of analytic concern here and posed a number of questions for later consideration; whether the footage was legitimately (ethically) transcribable and if so what might it reveal about supervisees and the supervision process, did a supervisor have to be present for supervision to have begun, how might heightened awareness of filming impact upon conduct and whether the conduct of supervisees differed when the supervisor was not present?

4.3.1: Settling

In Transcription B the students had just arrived in the room before the supervisor.

Transcription B

1	S1	Oka:::y I've brought these cos I don’t think you'd allocated anybody
2	Group	((make grateful noises)) Ahh Ahhh Ahhh
3	S1	So I brought them

4	S2		Thoughtful hhhhh hh
5	S1	They're only Aldi ones so (1.00)	
6	S1	*((places biscuits on floor and they slightly move microphone*))	
7	S1		Oooh just moved
8	Group	[Hhhh hhh hhh]	
9	S3	[Right on screen]	

Although the supervisor was not present there was still a formality about discussion that differed to ordinary talk. Sitting in a circle meant that it was positionally convenient for anyone to take a lead with discussion and be listened to by all the other participants. There was already a conferred formality to the seating arrangement and by inference the way that people could choose to pay attention to each other.

The biscuit bringer, S1 got every one's attention with 'Okay' (line 1). There was prior conversation but her use of 'Okay' was used as a way of prefacing the transition to a new topic. This tallies with an empirical examination of the use of 'Okay' discussed by Beach (1993). From the perspective of social action, it oriented the group towards the work of being together in a spirit of harmony and mutual support as evidenced by their reaction (lines 2 and 4).

Snapshots Transcription B



Line 2



Line 5



Line 6



Line 7

Bond and Holland describe such acts as 'settling' (2010, p.214). They discuss the skills of co-operation in GCS and suggest three energy phases; settling, energizing and then collaborative clinical supervision. Settling has an important enabling function, with certain participants perhaps more skilled at contributing during this phase.

Of interest was the group's light-hearted reaction to the notion of surveillance (lines 7-9). Their raised awareness made this factor overt and shared.

In Transcription C the talk and action of sharing food served a similar settling purpose.

Transcription C

1	H	Well done you
2	S1	thank you hhh hh
3	H	the thought of jumping out of bed in the morning and running four miles
4	S2	Yeah hhhh hh hh
5	group	hhh hhhh hh
6	S1	I would have done seven if it hadn't been too hot
7	S2	okay
8	H	Have you got a (0.5) route measured out
9	S1	Round (*location named*) (1.00) (and good)
10	H	°Wow well done
11	H	Now (relax) to eat your chocolate
12	S1	Definitely
13	S3	Would you say the chocolate bar helps
14	S1	Nods affirmatively (transcription doubt)
15	S4	do you want too
16	S3	No I'm fine (0.2) thanks
17	H	just keep passing them round

The student who had been running that morning had announced as she sat down that she felt great because she had just run four miles. Her friend in the group referred to her training regime for a marathon she was running

for charity. The student had arrived a little late and just before she arrived Heidi had announced that they should 'make a start' (comment not transcribed). S3 (line 13) arrived later still. The dialogue with the new arrival and offer of food to S3 helped assimilate and settle them into a whole group ready to work together.

Snapshots Transcription C



Line 3



Line 15

4.4: Group Appraisal

Sequence organisation for the purposes of analysis describes how the basic building blocks of interaction are used to establish, maintain and manipulate interactional identities and roles (Heritage, 2005). For example, these structures can be exploited by institutional representatives to achieve specific interactional goals.

Supervisors frequently took control of turn-taking with some sort of appraisal of the group. This initial appraisal did not necessarily feature turn allocation but seemed to recognise the supervisor's privilege in controlling talk and served to reinforce the context. Earlier discussion about inferential frameworks (Atkinson, 1982) seems relevant here. The complexity of the supervisor's multiple roles in the organisational context and the consequent multiplicity of relationships these inferred with participants were highlighted by interest in issues concerning who was present or absent and why, or what

stage of the course the participants were at. Reminding participants of the inferential context for their supervision, also reminded them that discussion could trigger a range of different hierarchical concerns (goal orientations) in the supervisor i.e. educator, nurse and supervisor.

Transcription 1 is taken from Pam's third supervision session with this group. Her comments underlined her role as educator interested in their progress within the course structure. She foregrounded and contextualised the discussion to come by highlighting the point in their supervision relationship and stage of the course they had reached.

Transcription 1

1	P	Right this is your (0.8) third supervision session then errrm (0.7) end of
2		your first spoke (0.8) yeah
3	S1	° yeah °
4	P	errm (0.9)
5		getting ready for when you come back into school yeah
6		(hhhhhhh) (0.8) errhh
7	P	*Looks at student beside her to right (S2) smiling seeming to hesitate over what to say next*
8	S2	*S2 gains eye contact with S1 opposite*
	S1	
9	S2	((HHHhhh))
	S1	
10	Group	((hhhhhhh))
11	S3	Seems like [It's bi::n a] lon::g tim::e
12	P	[Aaay?]
13	P	(0.8) Sorry?
14	S3	bin a long time
15	S3	Uhmm
16	P	d'yer feel that you think that uhhmm.....

17 Group yeah

Pam's opening utterances were designed to evoke acceptance of the statements she was making. She used the device 'yeah' to show that her questions were more rhetorical than actual. She expected the students to agree with her. However, she seemed to stall after her second proposal (line 4). Conversational problems can occur in talk (Nofsinger, 1991). Commonly referred to as 'trouble sources' (Schegloff, 2000, p.205) these include errors in speech such as grammatical, pronunciation, lexical choice etc, interactional problems e.g. failing to respond in an accountable way to the last utterance or editing one's own utterances. Attending to the trouble source is known as a repair. The supervisor's hesitation in making her next utterance (lines 4 and 6) and the consequent laughter identified a repair opportunity which the students attempted to attend to. The student's suggestion that 'its bi::n a lon::g tim::e' (line 11) could have been hinting at the ups and downs of their journey into their first experience of practice as student nurses. It also responded to Pam's context setting (lines 1, 2 and 5), orienting towards the course experience and structure.

Pam affected her own repair (line 12) when previous student's laughter and her attempts to align herself with the cause of this in her utterance 'Aaay' (line 12) meant that she did not properly hear the students comment (line 11). Pam continued to support the contextual agenda that she had set by employing empathetic counselling skills (line 15) with the use of 'Uhmm' as an encourager (Muntigl and Zabala, 2008; Peräkylä, 2011). Muntigl and Zabala (2008), suggested that this type of 'continuer' (Sack's, 1992) is designed to encourage the speaker to say more, whilst Peräkylä (2011) when speaking about the context of psychotherapy, said this represented recognition and validation of the client's experience in their prior account. This turn was highly stylised and appeared designed to encourage further

catharsis about the topic even though the initial round of turn-taking had not begun.

Heidi's group appraisal (Transcription 2) foregrounded in a different way. She checked who was absent and why.

Transcription 2

1	H	shall we make a start then
2	H	Errm Nicoles not coming and as anybody eard from (K...)
3	S1	hhh errhm (5.00) last week but he didn't mention that if he would come or not
4	H	dunno
5	H	Is it his placement that he absolutely loved doesn't he
6	S1	yeah
7	H	So Probably he's just there err ( ) [happy]
8	Gp	[HHHHhh]
9	H	Yeah
10	H	Right shall we make a start then

Whilst Heidi was addressing the group and asking a question (line 2), like Pam she was not trying to control the allocation of turns at this point. Her assumed authority to take control of turns was evident (line 1). The use of 'Right' (line 10) was used as a transition marker to show a change of topic and a change of phase, to the supervisor allocating the turns.

In Transcription 3, Peter was using the period before the first round of sharing to provide some feedback that had come from the discussion in supervision the previous week.

Transcription 3

1	P	There's a lot of stuff aren't there ( ) and the breakaway
2	P	Hiyer
3	S1	Hiyer
4	P	The breakaway stuff
5	P	your getting it as a result of the last s s supervision pretty much I think
6	P	you'll be getting it before you go out on your next [placement]
7	S2	[Ooo]
8	S3	It's on imat [cant remember] when it is but it's bin put up on imat (( ))
9	S2	[thats good]
10	P	It's in
11	S2	Oooo↑ Full full stuff
12	P	breakaway
13	S2	yeah
14	P	not a control[ing agress]ion
15	S2	[Oh no]
16	P	breakaway and and in future ( ) as I understand it errh future cohorts will
17		be getting it before you go out to any placement at all (( )) so that's good
18		Isn't it
19	S2	uhmm
20	P	Thank you for that
21	P	See↑ stuff can happen can't it
22	S2	hhhhh
23	P	so we're it this is it
24	P	Lenny there's Emily and oo…hh Rebecca
25	OS	hhhmm hhh
26	P	what is going off↑
27	P	Aren't coming today so. So your half way through your spoke ( ) so you've

28 got two weeks left haven't yer right

29 P so could you quickly start it alright if you do the usual say where you are and

30 what's happening and see where it goes from there

The discussion was free flowing with some cross talking and self-selection in winning the next turn at talk (lines 1 – 22). 'So' was used by Peter as the transition marker to a change of topic bringing an end to this (line 23). Bolden (2009) suggests that 'So' is often used as a marker for topics that are 'pending'. Topics in this sense are not the content of the discourse but the social action. Boden argues that 'So' can be used in this context prompted not by prior talk as is usually the case but by some incipient conversational agenda. Therefore, it can be argued that 'So' was used to preface turn allocation on this occasion.

4.5: Turn Allocation

In Transcription 4 the experienced supervisor Peter set up an initial round of sharing experiences. Whilst the group seemed used to his facilitation he still made it clear what was expected.

Transcription 4

1. P; So shall we do the usual (0.2), start
   Gaze at O and hand palm up gesture
2. P; just say where you are↓
   Gazes and gestures towards O
3. P; and what's bin happening to you briefly
   gestures in circular motion to rest of group looking at them
4. P; and then we'll kind o see what what surfaces if that's all ok.
   Gazes at and gestures with hand towards O.....

5. P; ↑Omni do you mind starting
6. O; Errm older adults errm ( ) Chesterton

The use of 'So' in this case also retained the turn and was constructed as the beginning of a new topic (Maynard, 1980). Peter looked at and gestured with his hand palm up towards O (line 1 and 2), as he ran through what he wanted to happen including the rest of the group through use of gaze and hand gestures (lines 5 and 6) as he talked about what he expected to happen. His circular hand gesture (line 3) made it clear he expected the turns to go around the circle and he used an anti-clockwise movement which tallies with O being the first person invited to share (line 4). Finally, he looked at O and gestured with his hand again palm up as he asked him to start.

Snapshots Transcription 1



Line 1



Line 5



Line 6



Line 7

The combination of both verbal and non-verbal communication made the request unambiguous. Direction was clear; compliance expected. This is described in the CA literature as being part of preference organisation (Garcia, 2013). This concept refers to organising talk to evoke a specific social action. For example, it would have been difficult for O to decline as there was an 'accountability' (Garfinkel, 1967) inherent in his response i.e. the response had been set up to be what one would normally expect. Declining, would have breached the usual turn-taking convention understood by participants for this point in GCS with Peter and would have been emotionally uncomfortable for the supervisee, supervisor and other participants (Garfinkel, 1967). Garfinkel (1967) talks of a moral accountability to behave in a way that conforms to the norms of the context and culture in which one operates. To do otherwise can be uncomfortable or disquieting for self and others.

Contrast Transcription 4 with Transcription 5. The supervisor, Heidi was being less clear about what should happen and who should start in her session.

Transcription 5

1	H	*Glances at student B to left*
2	H	Right shall we make a start then
3	H	*looks at student A to right*
4	H	I don't know shall we go round and
5	H	*looks at student B*
6	H	*looks at student A*
7		*looks at student B*
8		*looks at student A*
9	B	(do you want to start↑)
10	A	*looks at student B*
11	H	*looks at student B*
12	B	*Student B establishes gaze with student A*
13	A	My mouths full of chocolate
14	A	*Addressing student B and H – gestures with hand to mouth*
15		((Laughter from group))
16	H	*Looks at B*
17	H	We can go round we don't need to go in a circle
18	H	*looks at student B*
19	A	Go on B.... you start
20	A	*Looks at student B*
21	B	(Ok) I'll start
22	B	I never start and then I've got something to say for some (one else) hehehe

Heidi suggested they make a start and tried to allocate the turn with her gaze. However, she had trouble establishing eye contact to do so (Line 2).

She switched her gaze from left to right between two different students waiting for one to take up the opening. Despite establishing eye contact with student B (line 5), she still seemed to be waiting for student A to take the turn. Feeling the pressure of the inferred turn allocation student A declared she could not start because her mouth was full of chocolate (line 13) and encouraged student B to go first. Somewhat reluctantly student B accepted the turn (line 21).

Snapshots Transcription 2



Line 2



Line 3



Line 5



Line 6



Line 7



Line 13



Line 21

Despite Heidi's comments (line 17) it was clearly the norm for turns in talk to rotate around the circle in this group. Possibly clockwise, which could account for her hesitation about allocating the turn to student B which would have been sending the turn-taking anti-clockwise. There were other students in the group, but Heidi only looked at the students to either side of her.

Within preference organisation there are preferred and dispreferred responses (Garcia, 2013). The more comfortable responses, for instance where it is easier to accept an invitation to speak than decline it would be a

preferred response. However, if someone finds themselves needing to decline an invitation when it is obvious the preferred response is accountably otherwise, this would be a dispreferred response. Given this situation an individual will frequently work to mitigate the discomfort and embarrassment of having to do so. The student who had made it clear that she could not go first because her mouth was full of chocolate demonstrated this point (line 13). Her excuse bought her legitimacy in not taking the first turn.

Heidi looked at student B (line 18) and student A capitalized on the attention B was receiving by conferring accountability to accept the turn upon her (line 19). With the pressure building it would have been very emotionally uncomfortable for everyone if B had refused the turn. With a defensive declaration that was not entirely clear as laughter drowns out her final words, she reluctantly accepted the turn. The laughter of the other participants served to mitigate the awkwardness of the moment.

Despite what Heidi said, her gaze action suggested that she was trying to choose the student who would begin. In Transcriptions 4 and 5, there was tacit agreement between the participants that the supervisor should decide initial turn-taking. Even though the participants in Transcription 5 finally decided the turn between themselves this caused quite a bit of discomfort. The supervisor's critical role in facilitating turn-taking is highlighted here and the impact that can have on group process and the supervision alliance (Proctor, 2008). It also shows the importance of gaze in GCS towards the management of turn-taking, a factor that is common in other contexts (Jokinen, 2011). Gaze interaction between group members is facilitated by the circular seating arrangement. This creates a context for conduct that has been shown to promote the highest potential interactional engagement (Patterson, Kelly, Kondracki et al, 1979).

Transcription 6 presents another example of the supervisor controlling turn-taking at the beginning of a session. This was the third student allocated a turn in an initial round of sharing within the session. Pam was using a similar time management technique to Peter. It had been made clear that this was just an initial sharing to see what issues people might be bringing.

Transcription 6

1	P	Err::m how are you doing Laura
2	L	umm (0.8) aw:::ful
3	P	Rig:[::ht]?
4	L	[its horrible] It's the worse thing that I have ever ever done
5	P	is:: it↓
6	L	It's horrible yeah↓
7	P	ok↓
8	L	It's reduced me to tears I (ve been) physically ill and (0.1) on antibiotics and all sorts
9	P	Alright↓
10	L	yeah
11	P	ok so shall we come back to [you as a priority]
12	L	[yeah? ok](hhhhh) (0.9)
		Shrugs, makes a face, starts to laugh
13	P	is that alright? [yeah?]
14	L	[it's too (late)]
		Bends double with laughter
15	P	( )
16	P	[right?]
		Smiling
17	L	*laughing* [hhhhh HHHHH↑] (5.00)

To return to preferred and dispreferred responses. It has been shown how the supervisor can issue an invitation to a participant to talk either verbally or non-verbally and how the response of the participant to this invitation might be conditioned by the way in which the invitation is presented.

The consequent actions of preferred or dispreferred responses are set in what is known as adjacency pairs (Garcia, 2013). They exist in two parts; first pair part and second pair part. The first pair part is issued by an individual and the second by those whom they address. Examples are questions and answers, greeting and greeting, request/granted or refused. The earlier examples from the data were requests or invitations to start the round of discussion by the supervisor and the supervisee's acceptance or declining the invitation. The exchange in Transcription 6 demonstrates something different; it concerns the question answer mechanism;

In ordinary conversation, a question is usually asked because the questioner seeks information from the answerer. Heritage (1997, p.123) explains it thus;

"By the act of the request of information, a questioner commits to a lack of knowledge (a non-knowing or K- position) with regard to the matter at hand and projects the answerer to be in a knowing (or K+ position) ……."

"….'oh' is used to communicate a shift in knowledge (From K- to K+) and thus indicate the answer was informative to the questioner."

However, institutional talk can be significantly different when it comes to questions and answers and can signify the work that this mechanism is trying to achieve. Whilst the supervisor Pam asked for information from a position of K- her responses served a different purpose. Her responses were affirmative 'right', 'okay', 'alright' (lines; 3, 7. 9, 11 and 16). They indicated that she heard what had been said 'okay' but they did not invite the

participant to expand in the same way as 'Uhmm' did earlier; they were not questioning or encouraging in the same way as 'oh' might be (Heritage, 1997). In this way, it can be argued that the supervisor retained the turn ready to take control of what happened next. Pam explained why in her next words not transcribed here. She explained that she wanted everyone to have a chance to say something and acknowledged that Laura was going to need probably more time than the rest.

The offer (line 11) provoked an emotional response. This was demonstrated by Laura's response (lines 12, 14 and 17) and the attendant body language.

Snapshots Transcription 3



Line 1



Line 11



Line 14

Camera 2



Line 2



Line 12



Line 14

Adelsward (1989) argues that laughter can be used for purposes other than to show amusement in response to another's utterances. For instance, citing Jefferson (1984), Adelsward discusses laughter within institutional talk from an individual who is telling a troubled story; the speaker may laugh to mitigate their embarrassment. In these situations, the listener may not have any accountability to respond with laughter, or if they do, might use a muted or moderate form. It is postulated that this demonstrates they are taking the speaker seriously i.e. that they are in alignment with the speaker (Haakana, 2002). In this example, Pam the listener did not join in the laughter but maintained eye contact and smiled to let Laura know she was hearing and understanding that she was having a difficult time. Her non-verbal physical communication was used to convey her alignment with Laura (Egan, 1975). It can be argued that other group members were trying to convey their alignment too by contributing smiling, muted and moderate laughter.

However, Laura's non-verbal communication and utterances of 'it's too late' (line 14) suggested that the laughter had been used to communicate a heightened emotional response that was difficult to express in the supervision setting i.e. anger. This is in line with Haakana's (2002) observations about the way laughter can be initiated by just one party to demonstrate their feelings about a delicate situation. Laura's initial words about the horribleness of the situation she had found herself in, were delivered in a slightly jocular but controlled way. Only when she was being offered time as a priority did catharsis occur, expressed in her somewhat derisive laughter, facial expression and non-verbal communication. She made a face, shrugged, and said 'yeah ok hhhhh' (line 12) but she accepted the deal to offer time as a priority in good part.

There are enough clues here that Laura had been and remained distressed about her experience. However, the turn-taking mechanism at this point in the session was controlled by the supervisor for the purposes of managing structure and time management. So, whilst Pam used known devices to demonstrate her empathy such as eye contact, leaning forward, a fairly open posture and unconsciously aligned herself with Laura's presentation (Egan, 1975; Stickley, 2011), she also may have felt she needed to move on to the next participant. Laura accepted the invitation to share how she was doing with disclosure of the horrible time she had been having. The offer of time clearly had a cathartic effect which she expressed through her laughter. However, it is questionable how well 'held' (Winnicott, 1984) she felt after this exchange. The concept of 'holding' which Winnicott (1960, p.589) described relates to the therapeutic environment and the sense of being in a safe supportive space. This has been borrowed by authors on clinical supervision suggesting that the same notion can be applied to the work of supervision through the facilitation process (Bond and Holland, 2010). The supervisor, Pam kept checking to see if her offer was acceptable (lines 13, and 16). There was incongruence (Rogers, 1961) in this because of her obvious intention to continue to the next participant's turn anyway demonstrated by her phrasing (lines 13 and 16) which projected a preferred response of agreement (Garcia, 2013). The need to check out everyone's status at this point in the session is an accepted method of making sure that time is allotted as required to those with something they need or would like to discuss (Bond and Holland, 2010). It is often an agreement of the group contract. However, this raises the question of whether time should be prioritized to some pre-agreed formula. Proctor (2008) suggests that sometimes the facilitation of supervision is akin to conducting an orchestra. Whilst there may be a script, conducting the flow successfully is a more visceral and nuanced activity.

In Transcription 7 a similar time management challenge was unfolding to the one in Transcription 6. The talk occurred in the initial turn-taking round of the session. Lois was talking about her experience on a particularly threatening secure Mental Health Unit. Her initial comments about the placement are not transcribed here but she had been saying how nervous she was before she went there but how exciting it was and that she was never bored. Peter had expressed surprise that this was the case but had said that he would explain his feelings about that when the whole group had done a round of initial sharing.

Transcription 7

1	L1	It's just yeah uhhm I mean like they're very inappropriate?
2	P	yeah↑
3	L1	And it's very kind of you ave ter hold
4	L1	your own with the banter?
5	P	°yeh
6	L1	Bu::t it's it's good↑
7	P	°uhmm
8	L1	you know they're (probably) in your face a bit? [and] you you know
9	P	[yeah]
10	L1	you ave to be careful like you were saying [but]
11	P	[yeah]
12	L1	It is good and I'm learning loads errh::m ( )
13	L1	I did my first injection yesterday which was terrifying but
14	L1	that was good Cos I hadn't had chance to do that and *((P; Nodding))* errh:::m
15	P	Right shut up now and we'll *Gestures with R hand palm down*
16	P	[just ( ) come back] *Gestures making circular motion R hand*

17	L1	[yes oh sorry]
18	P	[No ( )3 sec]
19	Other's	[HeHeHe HHHHH hhhh]
20	P	It:::s (1.6 sec)
21	L;	It's good
22	P	I just want to like control th the th (1.1 sec)
		Gestures using both hands palm down
23	P	the the gushing [while we]
		Gestures palms down pressing down; circular motion clockwise
24	L1	[the gushing?]
		Gestures putting hands to face
25	P	the gushing it's it's errhm
		Gestures palm up with hand
26	P	I just need ter push my jaw back in pla[ce]
27	L1	[okay]
28	P	Errm Leanne
		Gestures with gentle point towards L2

Snapshots Transcription 4



Line 1



Line 13



Line 15



Line 16



Line 19



Line 22



Line 23



Line 28

Peter adopted a very informal style with the group and worked in an immediate, in the moment sort of way consistent with the concepts of therapeutic ordinariness (Bonham, 2004; Crawford, Brown, Bonham, 2006) and Rogers' concerns about genuineness (Rogers, 1980).

Peter, used 'yeah', 'yeh' and 'uhmm' to show his listener engagement (lines 2, 5 and 7). This is described in the literature as acknowledgement tokens (Drummond and Hopper, 1993) or back-channelling (Yngve, 1970). The back-channelling phrase relates to letting the speaker know that it is understood that the story is continuing without taking the conversational floor. The action can be described from a position of low speaker incipiency (Drummond and Hopper, 1993) encouraging the speaker to go on. Peter began to insert 'yeah' overlapping Lois's utterances (lines 9 and 11). These interjections were more assertive and had higher speaker incipiency. Whilst their function was still to encourage the story to go on it also appeared to signal something else, perhaps to hurry up and finish the point. More information was gathered by listening to the tone. Ward (2004) discusses the value of prosody, the patterns of stress and intonation in non-lexical utterances. He cites Bolinger and Dwight (1989) who states that sometimes

a word may be used merely as an intonation carrier. Specifically, 'yeah' was used as an agreement token (line 2), the tone inferring agreement with Lois's comments (line 1). 'Yeh' (line 5) was lower in tone and quieter and seemed to be more of a continuer (Zimmerman, 1993) and 'uhmm' (line 7) was quieter still and being used in the same way. However, 'yeah' (lines 9 and 11) was brisker and overlapping with Lois's utterances. Each of Peter's interjections to line 11 were all at possible transition points but he made minimal responses continuing to give way the conversational floor. He ceased the continuers in response to Lois's utterances despite her hesitation ' errh::m' (line 12) where he remained still but continued eye contact. He used non-verbal behaviour (line 14) by nodding to signal his continuing engagement but something more because when Laura hesitated 'errh:::m' (line 14) he took back the conversational floor (line 15).

Peter's non-verbal physical presentation and high listener engagement, like Pam, demonstrated a stylised approach to the interaction that was contextually driven by the environment of supervision. However, once again management of the process was in tension with the way the supervisor wanted to respond. His comment in line 26 related to the prior talk described before the transcription, where he had expressed surprise to Lois enjoying the placement. He was keen to explore that but followed the process in continuing with the initial sharing round, first.

Peter's intervention (line 15) was taken in good part by Lois and the rest of the group. They knew and liked him and laughed at his blunt request, being used to his idiosyncratic style. Laughter in this context was probably to mitigate the awkwardness of the lack of professional language. However awkwardly framed, the intervention (line 15) was still managing time in a way that they all understood. One can argue that this was demonstrated in the following actions. Peter was struggling to find the right words (line 20)

providing a trouble source (Schegloff, 2000). Lois offered a repair (line 21) but that was not accepted. Peter claimed the turn back whilst still struggling to find the right words but using hand gestures to help make his intentions clear (line 22). His next choice of words both clarified his intervention and gave direction for the next turn at talk through his gesture (line 23). It was the gesture that tried to move the topic on rather than words, by indicating that they continued the round using a circular motion with his hand. However, the lexical choice was fairly challenging for Lois and she repeated it retaining topical coherence (line 24). She may have also have been offering a repair with this action as the lexical choice could have been interpreted as insulting. This is possibly demonstrated further by Lois's hand gestures to cover her face. However, Peter repeated the word again in confirmation that no repair was required but then hesitated about his next words. His repair here related back to the need to move on for sake of the process and referenced comments not transcribed here about his initial surprise that she liked the placement. They also brought the topic to a close and Laura accepted that with 'okay' (line 27).

The whole exchange (line 15 to line 26) was awkward and challenged the expected conversational rules for the context. This could be seen in the number of trouble sources and attempted repairs at talk throughout the exchange. However, the sequence organisation (Maynard, 1980) remained intact with the supervisor retaining power to control turns in order to achieve the idealised process and the supervisees acquiescing and being compliant in this task.

4.6: Extended Turns- Telling Stories

At some point dependent on the time management style that has been adopted by the supervisor the group will settle into telling more protracted

stories or storytelling (Goodwin, 1984). The term storytelling sounds flippant in the context of clinical supervision which has formal and professional overtones. However, it is used as a descriptor within CA to describe the mechanism of conferring the role of story teller to a participant in talk which allows an action which is longer than a single turn constructional unit (TCU). There has been previous discussion in this chapter about other mechanisms that share this function such as linked adjacency pairs to combine sequences of actions, for example question and answer chains. Storytelling also provides a protracted period of holding the conversational floor although consisting of mechanisms like adjacency pairs. Goodwin (1984) examined storytelling in ordinary conversation. He suggests that there are six interactional devices that participants engage in; story preface, story solicits, preliminaries to the story, parenthesis within a story, story climax and story appreciation.

In GCS storytelling is part of the expected function of the session and as such one might expect some highly-stylised verbal and non-verbal responses to this mechanism. Discussion within the literature review highlighted that supervisors may adopt interactional styles based on their clinical, philosophical or pedagogical orientation. In addition, supervisors in this study had agreed to a theoretical functional model that foregrounded some of the expected institutional objectives and concerns (Proctor, 2001). It could be posited that their actions provided a role model for the responses of the other group participants (students) but at the very least influence the way their responses were conducted. Over the period of their course and the supervision sessions it was expected that they would build an understanding of the conventions of talk in supervision. Jefferson (1988) commenting on her examination of sequence organisation in troubles-talk in ordinary conversation noted that we are not normally coached in the conventions of

how to respond to people's trouble-telling in a way we might be to other aspects of conversation i.e. the previous discussion about how there is an inbuilt accountability to many actions in talk such as greetings, question-answer sequences, closings etc. Children might be pulled up for not remembering the cultural conventions of politeness for instance, but not necessarily in how they respond to more complicated interactive situations such as distress. However, GCS does provide a potential forum to learn active listening, catalytic questioning, and empathic verbal and non-verbal responses that ordinary life does not.

There are multiple examples of storytelling in the data but this study has taken the decision to explore single examples of actions and their function contrasting them with similar examples where the outcome has differed and seek to explain how and why this has relevance. Two extended transcriptions have been chosen to analyse for this section. The transcriptions represent occasions from two of the supervisors in the study. The focus will continue to encompass turn-taking, sequence organisation, turn design and lexical choice (Drew and Heritage, 1992) but with the additional considerations of Goodwin's (1984) storytelling devices and Jefferson's (1988) Trouble Telling examination.

Transcription 8

1. Jane; I sometimes think () I'm a big cr:y baby

2. Jane; [right am I gonna]

3. Peter; [Hhhh hh]

4. Rest of group; Hhhh hh

5. Jane;=like manage these emotions I'm so emotional like I got in

6. the car (0.9) the other day and I just started crying because of I

7. were like the way home from (1.0) going to see this guy and I'm

8. not gonna even go into it cos it ul mek me emotional again

9. Peter; = yeah

10. =but it really ( ) I've never ever seen () errm

11. anybody in like in a film tv real life anything that frightened as this

12. guy was it was absolute sheer fea:r and it really I find it quite

13. disturbing quite distressing

14. Peter; .hhh hhhh

(slightly exaggerated sigh, facial expression, slumped shoulders)

15. Unn I just (1.9) like when I got in the car I just cried and

16. just thought oh is this me then every time I see something like that

17. I'm gonna get really upset but do you do you think that you

18. toughen up over it or over time or

19. Lois;= it's good though letting it out if you tried to [like] keep things

20. in you just have jur a

21. Jane; [yea:h]

22. Lois; = certain [way of] letting it out isn’t it

23. Jane; [Mmm]

24. Jane; E even when I was doing it I feel stupid because of we're

25. being filmed now and am like admitting all this but even like when I

26. was crying I knew that I'd be ok I just needed to let it out it you

27. know what I [mean] I

28. Peter; [Mmm°]

29. had to do it (1.3) it just it just w quite traumatic like all this stuff

30. and disturbing un and to see somebody's physical body language

31. just rapidly change like that almost as if they've bin possessed was

32. (1.00) horrid I've never seen anything [like it] in my life I don’t

33. Peter; [Mmm°]

34. think anybody in a film could even act that out that real it was just

35. horrible and just I don’t know disturbing and this thing about

36. disengaging it sounds selfish but I want to know what appens to

37. him you kn- its like watching a film and investing yerself in the

38. [character] and getting to know them and

39. Peter;[Mmm°]

40. then it just ends half way through and that’s it you don’t know [how it]

41. Peter; [yeah]

42. Jane; ends it’s just and your emotions are up here and there's no

43. where for um to cum back

44. Peter; yeah

45. J; just it’s quite () Umm don’t know stress ( ) maybe that’s selfish

46. of me it’s quite hard to just disengage ss come away where you've

47. seen I'v I've never I've I've worked people fer (1.0) about seven

48. years like in social care and ( ) I've never like had anything that's

49. really got me there like in my heart before like that has and just

50. found it quite (0.8) I thought oh is this me then hhh can I cope°

51. Peter; So if it is you then what

Snapshots Transcription 5



Line 8



Line 11



Line 19



Line 40

In Transcription 8, (line 1) Jane self-selected a turn and took the conversational floor, providing a story preface (Goodwin, 1984) by her

statement about being a cry baby. Whilst Goodwin suggests that this is like a 'teaser' that introduces a story that could be told, this analysis is made in relation to ordinary rather than institutional conversation. It is good practice for a CS group to listen to each other carefully, particularly when someone is presenting something with an affective element. One of the institutional objectives of the exercise is to provide restorative support. However, Jane's opening statement (line 1) had the effect of firmly engaging the group and they showed their approval with laughter, which seemed a little insensitive on the face of it. However, the lexical choice and phrasing 'big cr:y baby' all following levity in the immediately prior talk (not transcribed here), legitimised the group response. Goodwin says that the potential story teller is looking for approval to continue with their story preface, trying to sense if there is an appetite to hear their story. It could be argued that the laughter (lines 3 and 4) provided this confirmation. Also, the laughter was led by Peter their supervisor conveying further legitimacy for the action. Peter continued to provide encouragement with empathic continuers like 'yeah' (line 9) and a slightly dramatised empathic sigh (line 14) responding to Jane's disclosure of distress (line 13). In these ways legitimacy for the story was largely conveyed by Peter. Jane continued with her story without breaking her stride through the group laughter confident her role as story teller had been accepted. According to sequence organisation in storytelling Jane would now be able to hold the conversational floor for several sequences of talk until she had finished her story. She provided more background by explaining about an incident where she became emotional (lines 5 -18). This might be labelled the preliminary to the story from Goodwin's sequence, providing background information to set up the story. But that is only if one accepts that the story climax phase (which Goodwin suggests provides a punchline, a main point or conclusion) was Jane's concerns (line 16 – 18) about whether this was going to be a feature of her

working life from now on. From a GCS perspective, the punchline or main point would be considered as what the participant was really bringing to the group as a point to be heard. Earlier discussion in the literature review identified the domains these concerns might fall into (Proctor, 2001).

Interestingly Jane asked Peter rather than the group a direct question about whether she was likely to toughen up over time (lines 17, 18). It was seen to be directed at Peter through her eye contact; her gaze was focused upon his. However, Lois responded quickly, contiguous with another transition point (lines 19. 20 and 22). This could be considered to fall into the category of story appreciation Goodwin describes, the work, story recipients do to communicate their response. In this case Lois was empathic and reassuring that Jane's response seemed normal. This provided encouragement for Jane to continue and she provided more information about her feelings and the situation that caused them (lines 24 – 50) with Peter providing continuers of 'Mmm' sotto voce (lines 28, 33 and 39) and 'yeah' more audibly (lines 41 and 44). Jane finished with almost a question to herself ''oh this is me then can I cope' (line 50). At this definite transition point and end to the story Peter made an intervention 'So if it is you then what' (line 51). This line was delivered without the question mark uptone on 'what'. A rising tone on 'what' problematizes the statement. Without the rising tone the question is more analytical i.e. what does this mean? Rather than what are you going to do? Which might have been inferred from a rising tone on what (Egan, 2014). This links well with the use of 'So' in Peter's question. Previous discussion about the use of 'So' has argued that it is often used as a way of introducing an outstanding agenda rather than being triggered by immediately prior talk (Bolden, 2009). In this context, prior talk is not concerned with content but topic coherence. Bolden presents 'So' as a way of dealing with the 'Why that now?' question (Schelgloff, Sacks, 1973). To clarify, why is this

conversational device being used in this particular context; what function is it providing? 'So' was used here as a device to change the topic away from the immediate story and address the pending agenda of how the concerns Jane raised had significance for her practice or in the parlance of Driscoll's reflective framework (Driscoll, 2007), 'So What?'

A view of storytelling as concerning a teller and listeners with the teller predominating and the listener making minimal contribution has promoted the idea of asymmetry in storytelling. In their examination of the role of the listener as co-narrator Bavelas, Coates, Johnson (2000) made more explicit the way conversation and in this case, stories continue to be co-constructed. Whilst utterances such as 'Mmm' and 'yeah' seem to offer little in the way of co-construction it is offering an incomplete view of the interactional arena. In face to face contact there is also non-verbal interaction, prosody, silence, and a shared sense of the mood of the moment. Listeners were seen to contribute in two ways which were labelled 'generic' and 'specific' Bavelas et al (2000, p.943). Generic responses are the type of responses that can be used as continuers in any context such as nodding, 'Mmm' and 'yeah' even though they might be tightly timed and provide an important function. Specific responses are linked to the narrative as Lois's words in lines 19, 20 and 22 or Paul in line 51. Alternatively, it could be one of a range of non-verbal responses such as a facial grimace, or mimickery of the teller's response, gestures etc. An example was Peter's sympathetic but emphasised sigh (line 14) accompanied by a shoulder slump and facial expression to mirror the expressed emotion. In such a way, the listener adds to the richness of the tale and helps to tell it. In their study Bavelas et al (2000) found that when the listener was purposefully interrupted, the story teller found it more difficult to relate their tale particularly when it came to the story climax or point that they were seeking to make. Although all of the

group in Transcription 8 was listening, the main connection or alignment seemed to be between Jane and Peter. Jane directed most of her comments to him and there seemed to be an accountability in this for Peter to provide the expected listener responses. Perhaps through proximity because Lois was sat in the next chair and Jane's body orientation was slightly angled towards her direction although in fact Jane was also sat squarely oriented towards Peter, Lois felt some accountability as a listener too (Line 19 – snap shot).

Another interesting aspect of the storytelling in Transcription 8 is the lack of non-verbal responses to such an emotional story. Participant listener's faces remained fairly impassive throughout. In GCS, the story is being told for a particular reason, to meet one of the institutional objectives that participants have a shared understanding about. This group were about half way through their course and were building their understanding of work in GCS and the conventions of talk in that setting. If as was posited earlier, that GCS provides a training ground for conversational skills that are designed to achieve a certain function, there may be evidence here that participants were learning how to apply such skills. An impassive face whilst listening to a troubled story, which concerns a peer's own struggles with maintaining what she feels is a desirable equilibrium in the face of a traumatic encounter with a client is a nuanced and complicated thing. How does it contribute to the shared project? In fact, the story was delivered by Jane without a heightened emotional response so there was no local accountability for the other participants to respond in a reciprocal emotional way or to help manage a heightened emotional state. The managed nature of participants' emotions perhaps projected context for subsequent talk, in that the environment was more analytical than restorative. Peter's intervention (line 51) promoted that context by asking an analytical question framed in a way

that continued that projection. Interestingly, Jane and the group were not being encouraged to employ a reflective process in deconstructing the story. Peter did however, remain with Jane's own agenda of further self-exploration, a facet of CS considered essential by some (Heath and Freshwater, 2000).

This story is now contrasted in Transcription 9 with Laura where emotional arousal was more evident.

Transcription 9

1. Anna; that [uhmm]

2. Pam; [.hhhh.] that's quite an interres - that is quite an
3. interesting

4. Anna; Mmm

5. Pam; = sort of aspect of care isn't it which is something (0.8) that you
6. You know may its almost like yo:u were saying that the suggestion

7. there Rachel was that you can understand like part of conditions and
8. things

9. Laura; yeah I (trans doubt) [that as well]

10. Pam; [I do want to] come back to the

11. issue about staff and how they're speaking to each other [as well]

12. Laura; *(nods slightly)* [I think its] one thing

13. for the patients woul - to be talking to the staf::f

14. Pam; Mmm

15. Laura;=but that's different but when staff are talking to staff

16. [disrespectfully]

17. GM 1; [yeah]

Laura; Gaze flicks over to GM1

18. Laura; [that is] completely that's not showing us very good practice

19. really is

[*Shakes head* *] slight shrug*

20. GM 2; [yeah↑]

21. it but () I can understand why they talk to each other like that now

22. after being there for [three weeks]

23. Pam; [Why why] Why can you understand it what do

24. you mean↓

25. Laura; Because they're just desperately short staffed

26. Pam; Mmm

27. Laura; =your running literally running round like headless chickens .hh

Hand to hair

28. People dont get brea:ks I mean three times that when I have bin on a

Start to use punctuating hand gesture in lap

29. long day I've not had a break from seven o'clock in the morning until I

30. get into the car at eight o'clock at night I can't () eight o'clock we're

31. going to the toilet just so that I can sit down for t () a couple of

32. Minutes ( ) absolutely so I can completely understand why [they are] intolerant of each other

Use of expansive hand gesture

33. Ellen; [You're]

34. Ellen; You're not he:re in Denton are you?

35. Laura; yeah↑

36. Ellen; whoo↑ (incredulous noise)

37. Etta; Which ward are you on

38. Laura; Apple (2.9) Its absolutely ridiculous

Immediately prior to this excerpt of talk there had been an account from Anna about patients talking disrespectfully to staff and prior to that an account from Eileen about staff on her placement talking disrespectfully to

staff. Laura had been waiting 30+ minutes to have a chance to discuss her issue (see Transcription 6). She jumped in (line 9) having identified a possible transition point in Pam's talk (line 8). However, Pam asserted her supervisory privilege (line 10), orienting her body and gaze to face Laura and making a punctuating gesture with her hand to demonstrate her determination to pursue a point that has been made and did not give way, over talking her. Laura made another attempt to take the conversational floor by responding to this point, anticipating Pam, who was approaching a transition relevance point by the tone of her voice and her hand gesture (line 11). Laura used nonverbal action by nodding (line 12) to align herself with Pam and seeking eye contact, then self-selected the turn, overlapping talk as Pam finished her turn. Her talk referred directly back to immediately prior talk but went on to set up a story preface (lines 21 and 22) by saying she could understand why staff were talking to each other disrespectfully. As Pam had highlighted this was a point of importance, Laura had projected an accountability for Pam to respond with a story solicit to ask what it was that Laura understood about the situation (line 23). Laura's statement followed by Pam's question conferred the turn back to Laura to do the work of 'understanding' (line 23). Laura therefore had her role as story teller confirmed by Pam in her solicit and Laura offered the brief background information as a preliminary about the lack of staff (line 25). Pam encouraged Laura to continue with her 'Mmm' (line 26). Laura gave an account of what it was like working on the ward (line 27 to 32). Her gaze was mostly focused upon Pam during her story. There was clearly an affective edge to her account evidenced in the way she delivered it. She began to catalogue the troubles (line 27); an intake of breath (line 27) retained the turn and indicated her keenness to continue the story. She began to use gesture, hands in lap (lines 28) to emphasis the 'three times' she had not had a break all shift. She effected a repair around the amount

of time she spent in the toilet so she could sit down; it looked like she was going to say ten minutes or it might be two but then she corrected herself and said a couple of minutes, perhaps because this minimised the act of going to the toilet for this reason (line 31). She finished with an expansive hand gesture and statement about that was how she understood their intolerance of each other (line 32).

Co-construction of the story by the other participants is clearer in this extract. For instance, when Ellen cut in and asked incredulously whether this was happening in Denton. Her incredulousness gave validity to Laura's concerns and helped to build a narrative around the inappropriateness of the situation. Etta, elicited more background information in line 37 to establish where this was all happening. Feeling further affirmed in her assertions Laura agreed that the situation was 'absolutely ridiculous' in line 38.

Snapshots Transcription 6



Line 5



Line 10



Line 11



Line 27 cam 1



Line 28 cam 1



Line 32 cam 1



Line 27 cam 2



Line 28 cam 2



Line 32 cam 2

As supervisor when Pam made observations about the discussion and foregrounded the points of relative importance, this carried much influence

with the group. It seemed like Laura felt compelled to respond to Pam's comments (lines 10 and 11) to win her turn at talk. What she really wanted was to tell a story about the difficult experience of practice she'd had. The main feature of her story was not the way the staff treated each other but the stressed overloaded working environment. Like Jane in Transcription 8, she related most of her story to Pam, maintaining her gaze upon Pam which Pam reciprocated when Laura was speaking (see snapshots of line's 27 and 28). This was the same as with Jane and Peter in Transcription 8. Jane addressed her story to Peter. Even though in both excerpts 8 and 9, the other participant listeners joined in to make comments about the story told, the main focus of the storyteller's gaze was the supervisor. It was told for their ears first it seems. If this factor is a common feature of GCS it may have an interesting impact upon the satisfaction a supervisee derives from relating their narrative; of how 'heard' they feel. Bavelas, et al (2000, p.951) discussed in the findings from their study how the 'distracted' listener impacted on the quality of the story the teller was able to tell. Whilst a distracted listener could provide many of the generic listener responses mentioned earlier, they were less likely to provide some of the more specific listener responses. In their study, this became apparent later in the narrative when the teller was approaching the main point or climax of their narration. The teller described a lack of engagement with the listener and this led to their storytelling faltering, making mistakes, and circling back and forwards, sometimes feeling the need to explain the meaning of punchlines or climaxes. They were less likely to tell the whole story and might leave parts out. Bavelas et al, postulated that a neutral or distracted stance as listener in some professional settings is likely to have a negative impact on the quality of narrative, tellers communicate. Talk is co-constructed in storytelling even though it may appear asymmetric and the listener responses are an important part of that.

In GCS the interactional approach, is an impassive stance that signals active listening through nonverbal means and continuers. The idea is to show engagement but not respond in any heightened emotional way through voice tone, body language or facial expression to shocking narrative elements. The idea is to demonstrate that you are able to hear anything the supervisee brings to share no matter how emotionally challenging. In addition, the supervisor is often distracted away from the narrative, internally considering where in the process of analysis the supervisee has reached, what supervisory action would best be enacted next, how much time is left in the session, how other participants are reacting to the story and each other and so on. The supervisor is gatekeeper of the supervisory process and is engaged by this responsibility. That is not to say they are unaware of the narrative, but also busy looking at the bigger picture of meaning and analysis. Does this mean that other functions that the teller might be contextually projecting for the next turn such as empathy for their situation, reaction to the details of their narrative, go unmet? In the two narratives, here (Transcription 8 and 9), the other participants have met these needs. Ellen's interjection (Transcription 9, line 34) used a hand gesture to indicate 'here' pointing downwards and slightly extends 'he:re' to emphasise this word. Also, the word 'Denton' was slightly emphasised. The question was disbelieving in tone. Laura's affirmation with rising tone at the end of her 'yeah' and Ellen's responding 'whoo' (line 36) provided an empathic if rather animated response. This group were in their second clinical supervision session ever and it could be that whilst they innately understood the sequence organisation of storytelling from ordinary conversation in the world outside of nursing they had not yet developed the skills of listener to trouble telling in healthcare (Jefferson, 1988). However, this is to consider the group as homogenous which of course it was not. It was made of individuals, some with more experience in healthcare than others.

The themes that have emerged around storytelling need to include turn-taking responses earlier in the sequence organisation of talk in GCS. The Supervisor may offer an open invitation to solicit brief résumés of participants 'stories' practice experience if they are using that type of time management process. Transcriptions 6 and 7 demonstrated some of the difficulties that can occur in offering this invitation and then having to truncate the story to continue with the turn-taking time management device. There is definite incongruence between the received wisdom on how to conduct one's self in a professional listening role in the GCS in this data and the other structural devices which are part of SIK's (Peräkylä and Vehviläinen, 2003) employed to ration turn-taking. This may contribute to participants attitudes to sharing their experiences in several ways; Participants may perceive the supervisor's behaviours as incongruent and lacking in genuine empathy. If it is the supervisor that confers the turn with some sort of story solicit, there appears to be accountability amongst participants to direct resulting talk back to their supervisor. The perceived lack of engagement from the supervisor with their projected context could lead to either a superficial sketch of the experience or a circling and re-emphasis of their story to evoke a desired action. In the Transcriptions used so far participants have demonstrated tentativeness about engagement in sharing at a deep level for instance in Transcription 8;

Excerpt transcription 8a

6. J: the car (0.9) the other day and I just started crying because of I

7. were like the way home from (1.0) going to see this guy and I'm

8. not gonna even go into it cos it ul mek me emotional again

The Transcription described her concerns about her own feelings in that situation and that she did not want to think about the situation that stirred them. In many ways, her storytelling was superficial, and she kept circling around the circumstances. However, she projected a context for Peter which he responded to;

Excerpt Transcription 8b

42. Jane; ends it’s just and your emotions are up here and there's no
43. where for um to cum back
44. Peter; yeah
45. Jane; just it’s quite () Umm dont know stress ( ) maybe that’s selfish

46. of me it’s quite hard to just disengage ss come away where you've

47. seen I've I've never I've I've worked people fer (1.0) about seven
48. years like in social care and ( ) I've never like had anything that's

49. really got me there like in my heart before like that has and just
50. found it quite (0.8) I thought oh is this me then hhh can I cope°

51. Peter; So if it is you then what

The accountability that is built in co-constructing stories leads listeners to engage with that aspect of the projected social action. For instance, in Transcription 9a Ellen and Etta provided further affirmation (and drama) in their role as listeners. Their compliance with the expected role of listener also provided a measure of empathy.

Excerpt Transcription 9a

33. Ellen; [You're]

34. Ellen; You're not he:re in Denton are you?

35. Laura; yeah↑

36. Ellen; whoo↑ (incredulous noise)

37. Etta; Which ward are you on

38. Laura; Apple (2.9) Its absolutely ridiculous

Similarly, Lois provided the same service in her intervention in transcript 8c even though Janes question (lines 17 and 18) was directed at Peter. Lois's intervention (lines 19, 20 and 22) was empathic and normalised the experience that Jane had brought. This tallies with the GCS research in the value attributed to sharing experiences with peers and the perceived support this provides (Holmlund et al, 2010; Carver et al, 2014).

Excerpt Transcription 8c

15. Jane; Unn I just (1.9) like when I got in the car I just cried and

16. just thought oh is this me then every time I see something like that

17. I'm gonna get really upset but do you do you think that you

18. toughen up over it or over time or

19. Lois; = it's good though letting it out if you tried to [like] keep

20. things in you just have jur a

21. Jane; [yea:h]

22. Lois; = certain [way of] letting it out isn't it

23. Jane; [Mmm]

Awkwardness is felt in truncating the story in the early initial sharing rounds because it closes the story down. A risk for supervisors is this awkwardness could be repeated in choosing an aspect of the story to focus upon that does not help build the narrative in a way that the supervisee is projecting. For instance, an objective of sharing experiences in GCS is to help deconstruct and analyse participant's actions after the event in order for them to make sense of situations and their own feelings. With meaning comes understanding. In Transcription 8, Jane projected a concern about her own resilience. Peter responded to that (line 51) by getting Jane to consider what she could do if this was how she responded in certain situations, what did that mean for her going forward. However, the elephant in the room was that this was an unusual response from an experienced care worker. She states that she had never really had anything that got her in the heart before even after seven years of care work (line 49). She had projected a safer action for Peter than one that might better help her understand why this case got her in the 'heart'. A slightly riskier intervention would have been to invite Jane to consider why this case got her in the heart. Risky because this might take Jane to that place she did not want to go (Transcription 8a, line 8). This provides a practice implication for supervisors. It will always be safer and more acceptable to supervisees to comply with the mutually understood

accountability inherent in the listener role in storytelling during accounts from practice.

A final transcription for this section demonstrates that whilst participants are keen to co-construct their narratives and so convey support and empathy, their mutual engagement with the supervision task can be very contingent upon the supervisor.

In Transcription 10 talk had been flowing in a natural way between the participants concerning the completion of their paperwork for practice and the best way of doing this. Peter the supervisor had been silent through this discussion of several minutes. There was a natural finish to this talk, a pause and Jane noticed that Peter their supervisor has been uninvolved, leading to the following exchange;

Transcription 10

1. Jane; are you with↑ us
2. [do yer know what we're on about]
3. Group; [everyone laughs]=
4. Peter; = [( ) should I say I] admit I haven't a clue what yer talking about
5. Group; =((*lots of people all talking animatedly at once*))
6. Sarah; we sorted it out

Snapshots Transcription 7



Line 1



Line 2



Line 3



Line 4

Jane's statement 'are you with us' (line 1) was contiguous with her next statement (line 2) but separated in order to show the snapshots of the moment at which the group begin laughing. Jane's smiley statement (line 1) provides an invitation to the rest of the group to respond (Garcia, 2013). The description (line 3) of 'everyone laughs' does not do justice to the hilarity and enthusiasm with which everyone joined in laughing which is why the snapshot for line 3 is included. As earlier comment has identified laughter can be used for actions other than amusement (Adelsward, 1989), and part of the amusement in the group's response came from the thought that their supervisor might not understand their paperwork when there was clearly an expectation that as one of their course lecturers he should. Later comment, not transcribed here showed that he did not perceive the discussion of course paperwork the work of 'supervision' whether he understood it or not. A more careful transcription of the laughter was too difficult because everyone joined in. In addition, Peter's facial expression was difficult to interpret from the film and not possible to reflect without breaching confidentiality, but his response was good natured and aligned with the group. Rather than laugh along though, he produced the statement in line 4, responding to Jane's first

pair part which invited Peter to agree with her projected social action. Jane's utterances (lines 1, 2) were phrased as though a positive response was required, however actually, her gentle sarcasm projected a preferred social action of denial i.e. that he was not 'with us'. His utterance was interesting (line 4) as he agreed he had been disengaged with the discussion but rhetorically commented on whether he should have admitted he did not have a 'clue' what they were talking about. Sarah's comment (line 6), mitigated Peter's claim of ignorance by projecting accomplishment in that they 'sorted it out'. The claim here by Jane in Transcription 10 was that Peter was disengaged with the group and her social action picked up on this. Her projected social action simultaneously required Peter to account for this disengagement on the basis of his knowledge as a course lecturer and the expected connectedness of a supervisor. Whilst not storytelling per se, the group had been co-constructing a narrative between them about the difficulties of completing course paperwork in practice. However, the tellers were missing their most important listener (Bavelas et al, 2000). However, his response made it fairly clear that he assigned low value to the discussion they had been having by freely admitting he didn't understand it. More importantly he did not defend his position of not understanding it very vigorously. It could be argued that Peter's apparent disengagement was a response to the group's disengagement with the task of supervision. Peter's disengagement says something about what he did and did not consider supervision to be. The next section will go on to explore some of the assumptions that may be underpinning the supervisory task in more detail.

4.7: Confrontative Interventions

So far, the data has demonstrated that there are multiple aspects of the way GCS is accomplished in this study that affirm the wisdom within CS SIK (Peräkylä and Vehviläinen, 2003). For instance, the hierarchical role of the

supervisor influenced by many different inferential frameworks i.e. educational, professional, organisational and other normative components appears to shape the way turn-taking is managed. GCS SIK underlines the importance of an agenda free stance from a supervisor who does not carry such inferential burdens. Citing Brown and Bourne, (1995, p.32) Bond and Holland, (2010) use their words to describe the undesirability of this situation;

"It is this structural dimension of power that is frequently understated and underestimated in its impact on the clinical supervision relationship… these personally, culturally, structurally and institutionally based inequalities of power…. Will have an effect in addition to and interlinked with the more obvious power issues associated with the relationship between a clinical supervisor and a supervisee."

Additionally, theory from GCS about the organisation of time has proven to be problematic in this study leading to supervisors using communication skills in maladaptive ways or as Heron would have it in 'degenerative' forms (Heron, 2001, p.186). This appears to lead to a perceived lack of empathy by the supervisee and a lack of trust and desire to disclose on anything other than a superficial level. Perceived genuine empathy in the data presented is provided by other students, tallying with the findings of GCS research literature about how much peer support is valued as part of GCS. However, one unexplored aspect identified in the GCS literature concerns the value of 'challenge'.

The literature from GCS for student nurses identified that students did not greatly value 'challenge' in supervision (Lindgren et al, 2005). 'Challenge' is not defined in the studies. However, it is a concept borrowed from counselling skills literature and applied in CS. Egan (2014, p.161) citing Wei & Ku (2007) describes it as "challenging self-defeating patterns of thinking,

expressing emotion and behaving". Heron (2001 p59) talks about confronting interventions in relation to the six categories of helping skills in his framework as challenging "the rigid and maladaptive attitudes/beliefs/actions that limit the client or unnecessarily disturb or limit others, and of which the individual is defensively aware". Bond and Holland (2010) contextualise challenge in CS to mean helping the supervisee be more aware of how their behaviour or values may be contributing to their inability to understand a situation or deal with a problem. In the literature review it was posited that challenge was not valued because participants were not seeing challenge modelled. This seems to be true (with a small number of exceptions) of the data in this study, but a much larger data set would be required to confirm this assertion. The data more commonly observed supervisors and other participants responding with either an empathic response or catalytic type question that responded appropriately to the projected action of the last speaker as in Transcription 8b (line 51) when Peter asked a catalytic question in response to Jane's concerns about her capacity to cope with the job or Transcription 9 (line 23) where Pam's direct query solicited an extended silique from Laura. Again, this study does not set out to make any quantitative claims and can only describe the very locally constructed accomplishment of GCS. Transcription 11 explores the motivation for providing challenge but also how uncomfortable this can feel for the challenger and the level of mitigation they may feel accountable to provide. Talk immediately prior to this and not transcribed concerned Peter's feelings of fear on behalf of three of the female supervisees going into high risk, potentially dangerous mental health placements.

Transcription 11

1. P; I know I'm alright in that kind of environment and I know Omni is

2. and I know Emily is cos your quite kind of tough or you present that

3. Emily; hh hh hh

4. ($ how can you say that !)

5. Cara; But I mean you can't you cant err assume that I

6. mean looking at me I understand why you wouldnt think that you know

7. I've bin in the situations that I have but I mean I've worked in a secure

8. centre I've worked like challenging behaviour centre and people with

9. learning disabilities I've worked all over Liverpool in like the roughest

10. parts of Liverpool you know errm you you just you cant assume that

11. [from because] someone [is a bit po:::sh] hh-hh-hh
12. Peter; [but I am] [but I am] I

13. am you know am am a::m am and here am just am am kinda just

open hand gesture *circling with finger* *pointing up with finger*

14. am trying to not lose this if I'm doing it you know (0.9) is th is

continued finger raised *open hands* *open hands up and down*

15. something gonna is that helpful or hindering to <u>you</u> () <u>three</u>

open hands *Hands side on punctuating words*

16. particularly in the future about people be coming to the same an -

hands open

17. I'm in the trade [(transcription doubt)

Hands open circling towards self

18. Cara; [yeah I think that is a good point because people do]

19. Peter; [*Gaze on Lois];* [Do you see what I mean? thank you°]

20. Lois; [*nodding*]

21. Cara; assume

22. and you have to push yerself forward to overcome that

pushes arm and hand out

Peter made a challenging observation in his prior talk which was carried through into Transcription 11. He persisted with the challenge which was littered with errors and repairs as he tried to shape the projected context for the next turn (line 12 through to line 17). There were lot of errors in talk (line 13) somewhat explained by his declaration that that he was struggling with making a point of importance (line 14). He finished mid-sentence (line 16) and skipped to a statement which re-emphasised his point (line 17). Peter's comments were bluntly crafted but he tried to repair any perceived insult by explaining why he was making his point (line 16). He successfully projected the context he had hoped for and Cara found she could agree (line 18) as could Lois (line 20) who was responding to Peters question and thanks (line 19). Peter's highly stylised challenge with use of self to inform the action was personally quite risky for him and a measure of his supervisory experience. He used gesture to help him convey the meaning he was attempting to verbalise. For instance, when his utterances were littered with errors and trouble sources he was able to make clear and hold the conversational floor with his use of open handed gesture indicating his ongoing thinking process (line 13). This continued (lines 13, 14, 15, 16, 17)

aiding what looks on the transcription almost incomprehensible into the understandable.

Snapshots Transcription 8



Line 13



Line 14



Line 15



Line 17



Line 19



Line 22

What added to both participants sense of discomfort was Cara's own challenge to Peter's previous comments. To return to the concept of preference organisation and preferred and dispreferred responses Garcia (2013) summarises by explaining that these are culturally and societally shaped and what might be a preferred response in one culture might not in another. One might hypothesise that this may also be contextually true, with the use of special turn-taking systems or the use of professional language as referred to in SIKs. Hutchby (1996) explains how the CA concept of adjacency pairs is important in conflict talk. Earlier discussion in this chapter described how adjacency pairs worked almost as call and response. The first pair part makes the second pair part sequentially relevant. Hutchby suggests the same is true in conflict talk, therefore the first pair part must be projected as arguable for the second pair part. Garcia (1991) suggests that the preferred response to an accusation in the first pair part is a denial rather than agreement. Cara responded with a denial to a perceived accusation of ' being a bit po:sh' (line 5). She perceived this as an accusation because Peter had inferred that it was this characteristic that the three women students he was concerned about conveyed. To be 'a bit posh' meant she might not be able to manage high risk mental health care environments

which she objected to with a vigorous defence (lines 6, 7, 8, 9, 10 and 11). Emily also objected to the assertion that she presented as 'quite kinda tough' although there was some transcription doubt to the words she uses (line 4). Nevertheless, her laughter and verbally animated response made clear her objection. However, this is interesting, as to deny Peter's 'accusation' of toughness which should be a compliment of her ability to cope with high risk environments was also to infer that she did not come across as posh. That she was different in her presentation to the other three female students. She perceived this as an insult and therefore Peter's words also projected a preferred response as a denial for her.

Cara completed her turn with her own oppositional accusation projecting the opportunity for Peter to either agree (dispreferred response) or disagree (preferred response) (lines 10 and 11). Peter continued to disagree potentially beginning another set of adjacency parts (line 12). However, he mitigated his stance by explaining why he was taking it (line 14 through 17). His action responded to the oppositional projection from Cara but his response projected a new action which was about uncovering what may be a hidden truth for Cara and the others. This projected agreement. Whilst Cara responded to this action with the preferred response by agreeing with Peters point, Peter actually continued to talk quietly, overlapping Cara by addressing Lois. Lois agreed to Peter's point by nodding. It was important to Peter that the other participants understood that he was not being oppositional to be provocative and worked hard to end the oppositional stance.

The 'challenge' has been analysed using conversational rules concerning ordinary conversation and conflict talk. Peter's use of self was stylised and deliberate, taking an oppositional stance to make a wider point; to reveal a potential blind spot. However, the sequential organisation of turns still

seemed to obey the laws of ordinary talk rather than institutional restrictions. Transcription 12 co-incidentally included Cara again. Heidi had a more tempered opportunity to reflect a potential blind spot back to Cara. Immediately prior talk had been an experience Cara was sharing concerning a service user she had been getting to know in a secure mental health setting. She had formed a positive relationship with him before she found out about his past history. Rather than use herself and her own feelings overtly in her interaction to help Cara see a blind spot Heidi began by paraphrasing Cara's last utterances (line 2 and 3).

Transcription 12

1. Heidi; I think its inter- yer it it ah think from what you said about him

2. when you (1.1) I said did it change the way you felt about im and you

3. said no but that ( ) I think it should have done

4. Cara; yeah cos its its something ( ) yeumm you know that is its

5. probably like you know the worst ( ) thing that a [person]

6. Heidi; [yeah]

7. Cara; can [do]

8. Heidi; [yeah]

9. is that your (0.8) I'm just think you know when you feel like you should

10. have done is that almost suggesting that you almost (1.2) feel like

11. (1.7) you shouldnt like him

12. Cara; It’s it’s not I mean I I do I do think you know I should always err

13. be professional and treat him you know with the same respect and

14, everything err you know th that that I would with anyone but errm

15. (0.9) but I I do I do feel like you know he's he's done er his time but

16. the (same) I just it’s more that I know other people ( ) err you know

17. a lot of people ( ) would not be able to forgive something like that

18. Heidi; Uhmm

19. Cara; Errr

Heidi identified an issue from Cara’s prior talk that had an affective component for Cara (lines 1 -3). There was clearly some dissonance for Cara in finding out that a service user she had formed a rapport with had done something unforgivable (see line 16 and 17) in their past. Heidi started to suggest that Cara’s attitude was interesting (‘inter-‘) but then changed tack to paraphrase Cara’s words in response to what she herself had previously said (line 1). The CA literature concerning paraphrasing describes two different approaches to it. Heritage and Watson (1979) use a start point from Garfinkel and Sacks (1970) that a speaker may treat some part of the conversation; "as an occasion to describe that conversation, or explain it, or characterize it, or explicate, or translate, or summarize, or furnish the gist

of it, [...]. A member may use some part of the conversation as an occasion to formulate the conversation." (Garfinkel and Sacks, 1970, p.350)

Heritage and Watson, (1979, p.130) go on to describe the formulation decision pair. Using the notion of 'gist' and 'upshot' they explain that sometimes a news recipient (the listener) will respond to the news teller's news and summarise their understanding. This is known as formulating the news teller's talk. Sometimes, the news recipient both formulates the news they have heard and proposes some unexplicated version of it. The former position represents their label of 'gist' the latter, 'upshot'. In the same way as adjacency pairs, a second pair part exists after the news recipient's formulation and requires a decision as to which action the news teller should make; hence the formulation decision pair title (Heritage and Watson, 1979). The second pair part provides an accountability in that it is 'hearable' (Hak and De Boer, 1996 p84) and therefore requires an action. Such actions can either be preferred or dispreferred. Heritage and Watson (1979) explain their finding that confirmative responses are overwhelmingly preferred (as oppose to dis-preferred). Three mechanisms can be applied to constructing the formulation; preservation (preserving the 'gist' of the news tellers words), deletions (deleting certain details of their words to simplify the summary) and transformation (using different words to describe the news tellers first and proposing a further understanding).

Heidi's words (lines 1 to 3) were a formulation of Cara's previous words and Cara responded to this by first confirming (preferred response) the assessment and then understanding the formulation to be an invitation to expand her previous words to explain her idea's further (lines 4, 5 and 7). Heidi kept close alignment with her use of 'yeah' (lines 6 and 8), ready to take back the turn and went on to deliver a professional 'upshot' by interpreting Cara's feelings to suggest something more than Cara had

actually said (lines 9 through 11). Heidi maintained topical coherence (lines 9 and the beginning of line 10), retaining content from the first 'gist' assessment. Her lexical choice was very tentative in this her upshot paraphrase, for instance in line 10 she used 'almost suggesting', 'you almost'. She used pauses clearly thinking carefully about which word to choose next for instance 'you almost (1.2 sec) feel like (1.7 sec) you shouldn't like him'. Cara's response to Heidi's upshot proposal was interesting. She seemed challenged by the proposal that Heidi was making. One can make this interpretation by her hesitancy and the number of repairs and errors (line 12 and 14). She did not want to give a non- confirming answer and with good reason. Heritage and Watson (1979) explain that to non- confirm a news recipient's formulation is to bring into question previous shared conversation and the attention that the news recipient may have appeared to give to this. It also queries the collaborative construction of previous talk and its orderliness. Simply put, it questions any imagined shared understanding and collaboration that current talk is based upon and the capacity the news recipient has to understand what the news teller has been trying to communicate. Therefore, Cara carefully constructed her non-confirmation and used mitigating language to account for it (lines 12 to 15). She effectively denied Heidi's proposal by attributing it to what others might do (lines 16 and 17). Heidi did not push this further with an extended formulation. She had allowed enough tentativeness in her upshot formulation to allow accountable non-confirmation. To push it further would have risked losing the harmonious collaborative reciprocity. Familiarity with GCS SIKs, signposts a reason for Heidi's 'inter…' est (line 1) in Cara's concern about what her service user had done and how lots of people would feel about it. She (Heidi) was keen to pursue the ethical and person-centred dimensions of this shared experience. Later discussion in the session (not transcribed here) confirm this.

Another feature of Cara's response is something described as gloss. Jefferson describes it thus; "Most roughly, a gloss can be a generalization and/or somewhat inaccurate and/or incomplete and/or a masking or covering-up of what really happened." (Jefferson, 1985, p.436).

This could be an interpretation of Cara's response to Heidi's upshot (lines 12 through 17). What appears to be a denial of Heidi's proposal contains some clues that Cara may not have been saying everything she could. For instance, having said what she felt her professional stance should be she used 'but errm' then a pause and then 'but' suggesting she had another view which somehow remained unsaid (line 14). This is reinforced again (line 15) when she used 'but' again; 'he's done er his time but'. Jefferson (1985) discusses five aspects of the phenomenon of 'glossing'. There is not space here to discuss all of these, but a relevant aspect is the notion of an environment conducive to revealing all that you want to say or as Jefferson puts it 'the more to it' (1985, p.438). Heidi wanted to pursue the ethical and professional aspects of Cara's experience and tried several times in different ways to draw her out on this without undertaking another challenge intervention. However, it wasn't until the following exchange that the 'more to it' emerged;

Transcription 13

1 Jess; But if you're working with someone with a (2.00) in terms of

2 Rehabilitation errm and they what you don't want is

sweets get passed around

3 that that to ever happen again isn't it [you know]

4 Cara; [Mmmm ↓]

Cara nodding eye contact

5 Jess; = so everybody

6 Cara; Yeah↓

Nodding eye contact

7 Jess; and (5.00)

8 Cara; yeah

9 Jess; if you are (2.1) if you treat people differently then you're

10 reinforcing that and reinforcing that identity on [them]

11 Cara; [Mmm ↓]

12 Jess; =some people does that whatever it (0.9) is

Snapshots Transcription 13



Line 3



Line 6



Line 12

Sacks's phrase (1992) 'Why that now?' is certainly brought to mind when noticing the passing around of sweets (line 2). The round was initiated by the supervisor, but taken up by everyone in the group including the story teller and Jess who was midway through a comment taken up after the participant sat next to her (who we will call Ruth). Examining the talk immediately prior to Jess in Transcription 13 (which is not transcribed here) Heidi had queried whether unconditional positive regard was possible as a rhetorical question. Ruth gave an example of how she thought it might be and Heidi had responded with a 'uhmm↓'. Jess then began talking in Transcription 13. Almost as soon as she began talking Heidi initiated the sweet passing.

Immediately prior to Transcription 14, Heidi took the floor from Jess, interrupting her as she tried to continue talking, apologising to mitigate breaching the convention of waiting for a transition point and prefaced her comments with concerns about how feasible it was to be non-judgemental in reality but explained she wanted to bracket that for the moment to focus upon Cara's feelings. The talk (Transcription 14, line 1) came at the end of this.

Transcription 14

1 Heidi; .. is that in your head now that this awful thing has happened

2 Cara; Err it was but now but now I've (.) it was like (0.9) for that day

3 it was but then afterwards (.) I moved on (.) yeah uhm but yeah I

4 also you know cos I spoke to the staff about it and and just made

5 sure like that things were that everything was in place to to make

6 sure you know (transcription doubt) and all that make sure that he

7 doesn't reoffend so that yeah that made me feel feel more

8 comfortable err as well.

Jess's comments in Transcription 13 brought together Cara's professional aspiration to be non-judgemental and why that might be important in a case like this but acknowledging one's natural anxieties that this person was kept from offending again. Heidi in Transcription 14 raised the opportunity for Cara to say more, sensing the 'more to it' nature of Cara's experience and also judging a conducive environment for sharing further details had been established (line 1). The sweet sharing incident in Transcription 13 seemed to be related to Heidi's keenness to pursue this line of gentle challenge. She was giving space for Jess to finish speaking, but whilst she waited she had distributed the sweets. However, the action interrupted Jess's talk with the rustling bag. Viewed remotely, the action seemed rude, dismissive almost, but everyone participated in the sharing, including Jess, so in that moment it felt socially acceptable and was providing a social function. The act of

sharing provided a coherence for the whole group, a symbolic act of reciprocity and togetherness. It provided comfort and respite. Locher et al (2005) describe the social and emotional significance of food from a symbolic interactionist and structuralist perspective. They cite Mead (1934) in attaching meaning to food objects as being derived from interactions with others in food related activities. Locher et al, specifically looked at the value of those foods to individuals, described as comfort foods. Whilst there is not space here to describe all Locher et al's (2005) findings, their study confirmed the complicated emotional connection with comfort food objects, usually derived of a positive embedded association established in childhood and reinforced throughout life in relation to other significant interactional events. Sweets, sugar and fat rich foods are often used during childhood as a reward by mothers and others for positive reinforcement of behaviour. The snapshots above show that both food types were available in the session.

Cara was still cagey (Transcription 14, lines 2 and 3) about her feelings and how she dealt with them but happier (lines 4 through 7) to admit that aspects of the service user's 'unforgivable' behaviour were a concern to her in case he was able to repeat them.

In summary, 'challenge' must be carefully crafted to land effectively and be accepted by the recipient. Both Heidi and Peter used different styles to achieve similar actions but even so it is questionable whether their interventions reflected back new insight to Cara. It is likely that participants will gloss their accounts of practice for some of the reasons already highlighted earlier such as a perceived lack of empathy or 'holding' and perceived inequalities in power. Far from being confused about the aims of GCS the participants demonstrated that they were aware of the realities of power dynamics concerning professional, educational and institutional objectives. Consequently, this impacted upon their perception of a conducive

learning environment and what they were prepared to disclose and when. However, the importance of how the actions of other participants in GCS function, is becoming clearer. In their desire to be active collaborators in building a meaningful narrative that projects actions in next-turns which share institutional objectives, they co-constructed talk. However, many of the conversational conventions of talk in GCS like storytelling, spring from ordinary talk and these appear to shape turn-taking despite the special context.

4.8: Summary

Examination of social action through the application of CA, uncovered intriguing outcomes emerging from the talk-interaction. It found that issues concerning power over turn-taking, deference to supervisory control and the influence of inferential frameworks outside of GCS such as academic, practice, pastoral and course requirements, often drove the agenda. These were sometimes in conflict with SIK concerning a humanistic approach in GCS such as those embraced by the supervision alliance (Proctor, 2001, 2008). In addition, the surveillance provided by filming served to reveal participatory concerns of wider vulnerability and the sense of being judged.

Nevertheless, supervisor and participants overwhelmingly worked to provide an harmonious, supportive learning atmosphere. From a supervisory perspective, this was managed through the structure and process of a session. However, the complexity of facilitation in GCS left supervisors fully occupied. Multiple responsibilities and social accountability gave them little emotional space to truly empathically engage. Perhaps as a way of mediating this or substituting the emotional connection, food was sometimes used by both participants and supervisors to comfort, enable and facilitate the

accomplishment of GCS. Additionally, through the device of storytelling participants co-constructed narratives through active listener activity and story appreciation, providing validation, confirmation and restorative support.

The precarious endeavour to maintain a comfortable, safe learning environment made the application of challenge tentative. Findings demonstrated the discomfort that can occur in breaching normal conversational conventions to maintain the status quo. The question of ordinariness versus professionalism was raised, as it seems that participants would tolerate higher levels of discomfort when interventions were perceived as 'genuine'. 'Professional' techniques that confer emotional space to the user, may be perceived as fake.

It seems from this summary, that the findings can be arranged into three clear themes; power, challenge and empathy. It may be worth noticing that these echo and yet reframe the task areas in Proctor's three function (normative, formative and restorative) CS framework (Proctor, 1986). The discussion chapter will now expand on these themes using the findings to demonstrate the impact these have on GCS.

Chapter 5: Discussion

5.0: Introduction

This chapter will consider the themes of power, challenge and empathy. These emerged in the previous chapter as significant functions of social action in the data. Earlier discussion in the methodology chapter identified that the discussion chapter will be used to consider the backdrop of wider socio-psycho-political and cultural influences. A criticism that has been levelled at CA is its failure to acknowledge such influences in interactions and take what people say at face value rather than question underlying wider forces (Billig, 1999). Schegloff, (1997, 1999) defends against such accusations by saying that this is not true but that all analysis must originally be grounded in talk-in-interaction first rather than an interpretive focus. I have taken the position that both are important and can be explored in a complimentary way.

5.1: Power

The findings in this study concur with Kadushin (1992), who distinguishes four main sources of power in the supervision relationship; designated authority, agency, resources power and personal attributes. Designated authority springs from any hierarchical position the supervisor may hold in relation to the supervisee, agency concerns the supervisor's capacity to influence the supervisee's behaviour or actions, resources power relates to resources that the supervisor may control and personal attributes is what the various parties bring of themselves outside of the other three sources. Bond and Holland (2010) go on to contextualise these sources of power as being situated in social, cultural and organisational spheres. They also identify interpersonal aspects of power which they locate as residing within the individual and prey to psychodynamic processes. The following

discussion will take the four sources of power identified by Kadushin (1992) and use them to structure discussion about the findings in this study. Argument will identify relevant theory concerning the way nursing is situated within healthcare, and the way that constructs the dominant narrative. This underpins findings within the study that demonstrate supervisory approaches reinforce feelings of disempowerment and resignation towards the status quo. Findings question the genuineness of participants' self-presentation identifying mechanisms within the chosen methodology that help explicate this further. Foucault's (1977) analysis of power and institutions is used to theorise the impact of GCS and reflective practice upon participants' sense of surveillance and more hopefully their inevitable resistance. Finally, themes concerning individuality versus group mentality emerge out of findings that demonstrate the complexity of supervisory practice, using psychodynamic perspectives on group life that theorise this.

5.1.1: Designated Authority

5.1.1 I: Whose Agenda?

The findings in this study found that supervisors were apt to remind student participants of inferential frameworks and the multiplicity of roles influencing their relationships and work in the group. In Transcription 1 of the findings, analysis suggested that the supervisor Pam situated the students in a novice position by reminding them of the stage of the course they were at by contextualising their current GCS session. She projected a response with which they were expected to comply concerning their first experiences of practice. Here is an extract of that;

1 Pam; Right this is your (0.8) third supervision session then errrm (0.7) end of your first spoke (0.8) yeah

Compliance in this context was to invite comment about their novice status and their early experience of practice. In a way, this problematises the situation and may be why she stalled with her talk as she had projected the main point that she wanted to make. SIK (Peräkylä et al, 2003) in CS suggests that the agenda for supervision should, within certain parameters, sit with the supervisee to ensure a focus upon their personal growth, professional development and support (Proctor, 2001; Lynch et al, 2008; Proctor, 2008; Cassedy, 2010). By certain parameters it is meant that there may be certain aspects that are, non-negotiable. These aspects should be made clear in the supervision contract, so they are not unexpected. However, the agreed focus for supervision in this study was communicated to students in preparation for GCS as outlined in the methodology chapter and would have been reiterated and explored within the contract setting phase. It is made clear that suitable items for supervision, concern experiences from practice they have found "educationally, emotionally or professionally challenging" and that the focus of discussion will be to explore "values, attitudes and ethical dilemmas". Therefore, Pam's foregrounding could be considered a degenerative intervention (Heron, 2001) as she was steering the conversation in a way that she wanted it to go through "facipulation" (Heron, 2001, p.188). She had made the judgement of how they would be feeling. The students accepted the invitation to problematise their novice status which is evidenced in their laughter and verbal response (Transcription 1, lines 9, 10 & 11). It can be argued that Pam's response to their agreement that it felt like a 'long time' since they were last in school, by using empathetic counselling skills, reinforced her hierarchical status by

taking the position of validator of their experience. Markham and Chui (2011) discuss the impact of supervisor as 'expert' (Crocket, 2002, p.20) and the way in which this can over time disempower and lead to self-doubt in the supervisee.

5.1.1 II: Disempowerment

Pam positions herself as knowledgeable lecturer and nurse; recognising the potential impact of a first experience of practice as a student nurse and projecting the relief that they may be feeling in coming to an end of this. Reinforcing the position of relative inequality reminds students of their 'place' and projects expected behaviours that go along with that norm (Goffman, 1959). Potentially this sounds purposively manipulative and a misuse of power. However, it is clearly intended in a supportive way, recognising from her own experience how students are likely to be feeling at this point. However, compared with her colleague Heidi's foregrounding in Transcription 2 (extract below) discussing the whereabouts of one of the group participants which has a different feel and inference, Pam does appear to be projecting practice as problematic.

3. S1 hhhh errhm (5.00) last week but he didn't mention that if he would come or not
4. H dunno
5. H Is it his placement that he absolutely loved doesn't he
6. S1 yeah
7. H So probably he's just there err (.) [happy]

Feelings of disempowerment and subordination may be paralleled in students' practice experiences with mentors or just as part of the practice setting. An example is Transcription 9 that has been taken from an extended discussion in the GCS session concerning disenchanted staff directing their frustration and anger at each other. The distress caused by unhappy

overstretched staff and the experience of being unwelcome or targeted is a regular occurrence in the data and was also reflected in student and lecturer reports from the literature review (Holmlund et al, 2010; Ashmore et al, 2012; Lindquist et al, 2012; Blomberg and Bisholt, 2016). Feminist theory situates nursing in a sub-ordinate position in society victim to dominant patriarchal structures (Kane and Thomas, 2000; Fletcher, 2006). The argument supporting this, points out that nursing is dominated by a largely female work force and therefore its fortunes are influenced by the dynamics of power that affect women in our culture (Clifford, 1992).

However, this is not to denigrate or dismiss the position and experience of men in nursing and by extension male student nurses. Evans (2004) provides a history of men's relationship with nursing and demonstrates that their involvement in it only became contentious when Florence Nightingale led the feminisation of the role in the mid nineteenth century. Nightingale declared women 'naturally' (Evan, 2004, p.323) well adapted for the task, a prevailing view at this time concerning the role of men and women in society. In 1919 men and women were segregated to separate nursing registers under the Nurses Act in the UK and this was not overturned until 1951 (Ross, 2017). Evans (2004) suggests that during this time the continued stereotyping of nursing as women's work, discouraged men from general nursing although they were more attracted to environments where their masculine traits such as strength were reinforced. Consequently, mental health environments became an area of nursing that encouraged male recruitment because of the perception that male strength would be an asset here. Whilst it is difficult to identify the current predominance of specific gender in different fields or specialities in nursing, recent statistics identify that only 11.4% of the total nursing workforce are male (NMC, 2016). This is clear evidence that men still feel discouraged from entering nursing. In

addition, women in nursing reinforce unhelpful stereotypes perpetuating narratives concerning mens' gendered capacity to care (Evans, 2004; Rowlinson, 2013; O'Lynn and Krautscheid, 2014; Whiteside and Butcher, 2015). Female nurses' fears about men and their place in nursing mirror wider feminist concerns about the power of men in society which are not unfounded. Most contemporary reports identify a 23% pay gap between men and women in the NHS (in men's favour) and whilst women make up 89.6% of the nurses on the NMC register in the UK, they only occupy one third of the senior nursing positions (Turnbull, 2016; Triggle, 2018). These attitudes and statistics are also mirrored in international perspectives (MacWilliams, Schmidt, Bleich, 2013; Barratt – Landau and Henle, 2014). This brief overview of men's position in nursing presents a dichotomous dilemma for the profession and gendered identity within it. The increased recruitment of men into the profession offers the answer to a number of problematic issues such as, falling recruitment into the profession overall (Murray, 2017) and overall diversity within nursing (Barratt-Landau, and Henle, 2014). It might also offer a way to overcome the patriarchal forces theorised as due to the feminisation discussed earlier and the female dominated workforce. However, female nurses seem compelled to protect their valued gender status, which many align with their choice of nursing as a vocation (Rowlinson, 2013), sometimes in destructive ways such as bullying (Dellasega, 2009).

If one accepts the feminist positioning of nursing as an oppressed group, then systemic nursing behaviours can be aligned with oppressed groups' behaviour (Roberts, 1983, 2000, Roberts, Demarco, Griffin, 2009). Freire (1970) theorises that if building anger and frustration within an oppressed group cannot be successfully directed at the oppressor it is directed at other members of one's own group. This has been described as horizontal violence

(Fannon, 1963). Another facet of the same syndrome is described as vertical violence (Thomas, 2008). Whilst horizontal violence or lateral violence is directed at one's peers, vertical violence acknowledges a hierarchy that may exist within the oppressed group and describes violence directed at one's subordinates. Student nurses are clearly one such sub-group (and men another) and studies have documented their subjugated and sometimes persecuted position (Randle, 2003; Curtis, Bowen, Reed, 2007; Stacey and Hardy, 2011; Vinales, 2015; Stacey, Pollock, Crawford, 2016).

5.1.1 III: Dominant Narrative

In Transcription 1, Pam's projected accountable response from the students of relief, accepts that the learning environment is tough, and school is a haven. Another inference of a similar nature is made by Peter in Transcription 11 in attempting to reflect the attitudes students were likely to encounter out in practice. He draws upon his own core attitudes derived of his own history as a mental health nurse still, 'in the trade' (line 17). The inference is that certain students will be seen as 'alright in that environment' (Transcription 11, line 1) and that others will not. GCS invites students to discuss their experiences of learning in practice but needs to acknowledge that it may be reinforcing students' sense of disempowerment by accepting the dominant narrative of oppression as normal culture in nursing; something that is acknowledged and accepted. Roberts (1983) is the first one to describe oppressed group behaviour (OGB) in nursing. Drawing on the ideas of Freire (1970) she outlines how OGB is defined. The theory presents the oppressed group in relation to a much more powerful group. The qualities and values of the dominant group are identified by them as the 'right ones' and the qualities and values of the less powerful group ascribed more negative connotations. The tendency is that over time both groups

accept and internalize the ascribed qualities as correct. In nursing the dominant group has long been medicine, since Florence Nightingale attached the nurse's role to that of supporting and reporting to the physician (Warelow, 2013). Attempts to clamber out of this subjugated position through education and professionalisation is met with anti-intellectual arguments and the claims that 'good' nursing does not benefit from these aspirations leading to poor standards of care epitomised by the accusations of "too posh to wash" (Carvel, 2004, Gallagher, 2005, Aubeeluck, Stacey, Stupple, 2016). Alternatively, highly technical clinical and senior administrative roles (more traditionally the domain of the physician and therefore seen as desirable) are embraced by sections of the profession (Ophert, 2014; Gray, 2016; Longhurst, Munn, 2016) presenting an inevitable schism and leaving nurses berating nurses about the status and direction of nursing.

One could argue that both Pam and Peter are accepting of the status quo and see their role as supporting students to build resilience and strategies to deal with what cannot be changed. Studies report that students respond to hostility in practice in varying ways but learning to emotionally distance themselves from the attack on self and their values and accepting prevailing climates of hostility in practice as normal was one worrying finding (Randle, 2003; Hoel, Giga, Davidson, 2007). Another worrying finding was the contribution that practice attitudes and those of their mentor had to early attrition (Orton, 2011; Health Education England, 2015; Vinales, 2015).

5.1.2: Resources Power

In Transcription 3, Peter reminded the students of his power over resources. Talk highlighted that supervision can trigger actions outside of supervision (Transcription three, lines 4, 5 & 6);

4 P The breakaway stuff
5 P your getting it as a result of the last s s supervision pretty much I think
6 P you'll be getting it before you go out on your next [placement]

On this occasion, they were positive actions, securing training for dealing with violence and aggression before they went out into practice. However, it blurs the boundaries of where supervision begins and ends and creates an unstable context for power dynamics and the consequent safety of the learning environment when students know that content from the session may trigger actions from course tutors and leaders outside of supervision. Nethertheless, even Bond and Holland (2010) accept that supervisor power over resources can be enabling and a practical vehicle for useful change. What stays in the session and what needs to go elsewhere, can be defined to some extent in discussions about confidentiality when forming the supervision contract as discussed in the literature review. However, Bishop (2008, p67) points out not every contingency can be accounted for in this agreement and discussion might usefully focus upon agreeing 'the parameters of the supervision task – the shared professional accountability, the professional organisational ethical imperatives' defining what lies beyond group supervision and what lies within it. Nonetheless, discussion in the literature review highlighted that supervisees may be wary of what they are agreeing to; a contract sounds binding and for those suspicious of the reasons for, or structure of, supervision in the first place, they may consider it another tool to monitor their performance (Freshwater et al, 2015). The association between surveillance and supervision is not new (Gilbert, 2001; Yegdich, Cushing, 2001; Beddoe, 2010) and in the case of this study compounded by physical surveillance in the form of filming.

5.1.3: Agency

5.1.3. I: Presentation of Self

In this study, the presence of filming was evident and acknowledged by the students and supervisors. In Transcription B there is recognition of the filming when the student who has brought the biscuits inadvertently knocks the floor microphone.

7	S1	Oooh just moved
8	Group	[Hhhh hhh hhh]
9	S3	[Right on screen]

The comment in line 9 "right on screen" by student 3 (S3) joked about the capture of S1's 'misdemeanour'. Whilst light-hearted the comment drew attention to the fact the group were being watched and perhaps judged. The recognition of surveillance by supervision participants is evident in the data and further examples are provided in the comments of Transcriptions A and B and later in Transcription 8, (line 24) when Jane is relating an account of an experience from practice. There are more examples in the data not transcribed but one has to accept that the earlier cited observations of Lomax and Casey (1998) that those being filmed may be in an 'active state of inattention' is entirely possible and at times proven to be so as Jane's comments in Transcription 8 probably highlight;

24. Jane; E even when I was doing it I feel stupid because of we're

25. being filmed now and am like admitting all this but even like when I

Jane's comment was dropped into a longish narrative almost as a throwaway remark but draws attention to the fact that she is aware of the filming surveillance and refers to her behaviour as something she perhaps should

not be admitting to. The comment suggests some distrust about what might happen to the admission now it has been captured on film. She wonders how might it be used or how might she be viewed as a result. It also indicates that her presentation of self might be moderated by what she thinks an acceptable response to the situation she was describing should be. Agency is undoubtedly a function of the research 'surveillance' and of the experience of supervision itself. However, in the case of the filming there is some uncertainty about 'who' the surveyors are. If Jane felt the need to moderate her behaviour it will probably be true of other participants. As an insider researcher, I had access to comments made outside of the filmed data, by the colleagues I had filmed. Each commented to me separately how much the filming had unexpectedly affected their self-awareness. It is to be assumed that both student participants and supervisors presented themselves at times, in the way they thought they should be behaving (Goffman, 1959) because of the filming.

Lomax and Casey (1998) described how in filming the interactions of a midwife making home visits they used the technical intrusion of filming as part of their analysis. Reflexively, the researcher began to draw on the aspects of work that were not considered midwifery work by the midwives and therefore not accountably filmable, as a way of identifying what they saw as important. As an 'insider researcher' (Polit and Beck, 2012, p.494) I had the same concerns about what was and was not supervision as the midwives in Lomax et al's study did with their midwifery work. There is discussion in the findings about whether filming what happened before the supervisor arrived was legitimate or covert and whether this was suitable material for transcription. Yet the 'settling' event in Transcript C, where a student had taken it upon themselves to bring biscuits, happened before my definition of when supervision had 'begun' (p89). Reflecting upon this I

realise that I did not consider supervision to have started until the supervisor arrived. But the altruistic act of the student is clearly in service of creating an harmonious learning environment, regardless of the supervisor's (or camera's) presence and recognisably part of the group forming process (Tuckman and Jenson, 1977). Group cohesion is a desirable component of the successful GCS environment (Proctor, 2008) and social action aimed at creating this does not need the presence of the supervisor to be accomplished. Genuineness was indeed demonstrated rather than hidden by filming this small act of ordinary kindness.

5.1.3 II: Surveillance

Transcript 8 (lines 24 & 25) highlighted, supervisees may question what they want to reveal about themselves and how their behaviour or actions might deviate from expected standards. However, they are right to be concerned as this puts them in a vulnerable position, by willingly providing material that might go on to take the nature of evidence if their actions or those of others that they describe become the subject of an investigation (Cotton, 2001). Several authors (Cotton, 2001, Freshwater et al, 2015) situate CS and reflective practice, within a Foucauldian perspective, identifying the activities as 'technologies of surveillance' (Gilbert, 2001, p.201). The context for this is Foucault's analysis concerning power and institutions (Foucault, 1977, 1980).

A frequently used metaphor drawn from Foucault's (1977) work concerns the Panopticon. Described by Jeremy Bentham in 1791 (Bentham, 1995) as an ideal prison environment designed to promote a form of discipline and control, it concerns a circular architectural structure populated with inward looking cells. Central to this is a tower where the guard can observe all of the prisoners without them being able to observe him. Bentham saw this as

a way of gaining control over the prisoners' minds because they may be observed at any moment but would never know when that was. The guard is a mysterious unknown; the eye of power (Foucault, 1980). Bentham (1995) posited that over time their sense of surveillance becomes internal and their discipline self-regulating. Foucault (1980) expands this metaphor to consider the spatial arrangements of other institutional settings to increase maximum visibility of its populations.

It does not take too much of a leap to see how this might be applied to the modern context and that the 'technologies' (mechanisms) of power might be interpreted in nursing as all of those devices that make the individual visible amongst others. Power here is exercised under the flag of averting risk. For example, professional registration, appraisals, the apparatus of clinical governance to ensure standards are being maintained and pertinently, reflective practice and clinical supervision which brings to a public sphere that which was previously private (Cotton, 2001; Freshwater et al, 2015; NMC, 2015; Willis report, 2015; NHS England, 2017). One can see how many of these instruments become embodied values, represented in professional codes of conduct designed to shape both personal and professional behaviour in very specific ways. Self-regulation has become a requirement of practice and mechanisms used to measure, monitor and control this. However, the problematising of this can be questioned. One could argue that the public, our patients need to feel confident that practitioners are rigorously attending to their professional standards after the many health care scandals such as the serial murderers Beverly Allitt and Harold Shipman, and the crisis in Mid Staffordshire Hospitals (Moffat, 1994; Baker, 2004; Francis, 2013). However, as Mills (2003) points out when discussing Foucault's theorising concerning intentionality and effect in institutions, it is over simplistic to simply assign blame to the actions and

outcomes of agents within these systems. Myriad limitations exist in practice over which healthcare professionals and organisations (government policies and targets, budgets, service user groups, litigation pressures etc.) have no influence and however well-intentioned an institution and its policies are, it is disingenuous to suggest that outcomes are completely within their control.

5.1.3 III: Resistance

A participant in Transcript 11 (lines 18 – 22) Cara challenged the stereotypes that were applied to her out in practice;

18. Cara; [yeah I think that is a good point because people do]

19. Peter; [*Gaze on Lois];* [Do you see what I mean? thank you°]

20. Lois; [*nodding*]

21. Cara; assume

22. and you have to push yerself forward to overcome that

pushes arm and hand out

This chimes with other literature that examines the resistance that students are able to muster and provides some hope that they will not go on to model the hostility born of oppression discussed earlier and find collective ways of progressing their emancipation (Jackson et al, 2011, Stacey et al, 2016). For Foucault, the concept of power is not simply about the static oppression of a weaker group by a dominant group; he sees it as a much more dynamic process (Mills, 2003). Power is viewed as a diffuse 'net' spread throughout society and individuals not just seen as recipients of power but the place

where power is enacted and resisted (Foucault, 1980, p.98). In Mills (2003) interpretation, Foucault infers that power induces resistance and where there is one the other automatically exists (Foucault, 1977). Mills (2003) refers to arguments by Scott (1990) that takes Foucault's ideas about resistance further to suggest that to really understand the impact of power you have to observe those who may be oppressed and their oppressors when they are not in each other's company. Whilst, oppressed individuals might play out an expected performance in front of their oppressors (as their oppressors may do in front of those whom they dominate), in the presence of their peers both groups may have another script. For instance, concerning mechanisms like clinical supervision with peers, discourses of resistance may be more prevalent than in the presence of mentors or indeed their lecturer supervisors. However, as Cara demonstrated in Transcript 11 above, students do not always just accept the status quo.

5.1.4: Personal Attributes versus Group Attributes

5.1.4: I Personality

The findings in this study demonstrate that supervisors and supervisees privileged group harmony over challenge and confrontation. This will be explored in more detail under the theme of challenge, nevertheless avoidance of confrontation and the high value placed on positive relationships seemed to be embraced in all the group sessions filmed, such that even when group equilibrium was sorely challenged, participants worked quickly to repair any perceived breakdown in the relationships.

Transcript 11 provides an example of how personality can influence a conducive learning climate in GCS. Peter managed to insult two of his GCS participants by describing how he saw their personal qualities and how these

might be perceived in practice. He had a particular point he was trying to make through reflecting the paternalistic attitudes he thought they may encounter. He thought it was worth the risk of disrupting the comfortable working harmony to get to a hidden truth but just as quickly wanted to repair the disruption. Summarised as attributes, Peter appeared to consider he had enough positive capital with the group to take this risky intervention. It involved a certain amount of bravery, skill, genuineness and personal connection, which probably gets to the heart of Proctor's (2008, p.69) comments that describe the qualities and abilities required of a group supervisor as 'bewildering' and more of a 'craft' than a definable set of competencies. In discussing personal attributes Kadushin (1992) appeared to refer to something other than desirable/undesirable qualities of supervisees and supervisors. It seems to be focused upon more personal attributes such as personality. However, whilst there may be empirical ways of measuring personality traits in given situations, it brings us no closer to understanding exactly what it is about individuals that Kadushin may have meant (Coaley, 2014). Given that CS authors position the supervisor as powerful and suggest that successful CS occurs as a 'direct result of the quality of the relationship between supervisor and supervisee' (Lynch et al, 2008, p.155), their influence is key.

Another key aspect of Transcription 11, is the work that was being done to unlock the door to other world perspectives; to name the covert assumptions that participants may bring with them into GCS. Cara was keen to point out that Peter was making assumptions about her and he agreed that was what he was doing and what others 'in the trade' (Transcription 11, line 17) would do. This type of work will prove to be important in later discussion about transformative learning (Hoggan, Mälkki, Finnegan, 2017), but in the context of discussion about personal attributes, it flags up the importance of

being open to differing perspectives born of personal, social, cultural and organisational influences. In GCS, the power dynamic is more complex than in a one-to-one situation. The personal attributes of all group participants contribute to the overall climate. So, another way of exploring this aspect might be to consider the psychodynamic processes at play and how that might contribute to relationship in supervision and more specifically the environment of GCS. By psychodynamic processes it is meant; "an approach to the study of group behavior that focuses on the relationship between the emotional and nonconscious processes, and the conscious and rational processes of interpersonal interaction." (McLeod and Kettner-Polley, 2004, p.335).

5.1.4 II: Emotional Life of GCS

A debate common to psychodynamic perspectives is whether these processes can be applied to a group as though it was one complete organism (Bion, 1961) or whether they can only be applied on an individual level and it is their manifestation by individuals in a group context that is relevant (Faulkes, 1964). Bion (1961) described two types of cultures that existed in groups; one at the conscious working level focused upon achieving the group task and another at an unconscious emotional, shadow level, paralleling the overt conscious work. McLeod and Kettner-Polley (2004) describe psychodynamic processes as sitting within two traditions; Psychoanalytical and humanistic. Psychoanalytical theorists such as Freud (Le Bon, 1920, McDougall, 1922) Klein (1959) and Bion (1961) developed approaches to using their ideas in group settings, largely based on views concerning basic emotional drives developed in early life and their influence on behaviour in later life. The humanistic tradition is represented by the work of Rogers within the literature review, although there are other key theorists such as

Kurt Lewin and Abraham Maslow (McLeod and Kettner-Polley, 2004). The difference between the two traditions is that humanistic psychology is largely about the; "unleashing of potential rather than the curing of pathology." (McLeod and Kettner-Polley, 2004, p.342) and within the development of group approaches, has a closer association with training and education (Back, 1972). Both approaches have had a big influence on the setting and tenants of GCS and may have become conflated in application as earlier comments in the literature review mentioned (Yegdich, 1998a). If as Bion, (1961) suggests, a group is a distinct organism and its emotional life is distinct from the individuals within it, then the implications for working in a group setting in GCS need to be considered. Later discussion within the context of transformative and emancipatory learning and as an aspect of the group agenda, may begin to address this.

The GCS literature identified that lecturers might have clear views about what qualities and attributes a good supervisor should possess and no concerns about whether they themselves possessed them (Ashmore et al, 2012). Conversely, student participants in Carver et al's (2014) study were clear they were more comfortable with a relaxed informal style than more formal approaches which they could experience as either too vague or too directive. In line with the more overt conscious work of groups (Bion,1961) both supervisor and supervisees can identify traits that they feel influence the group climate (Ashmore et al, 2012). However, supervisors tend to see the group as a more whole entity whilst students may see group climate as the responsibility of the supervisor. Later discussion concerning empathy will pursue ideas about psychodynamic mechanisms that can cause GCS participants to displace and project emotions.

5.1.5: Summary

In summary, supervisors need to guard against taking a paternalistic stance which serves to reinforce the position of relative inequality and disempowerment students already feel when out in the practice environment and as a student in University. Supervisory acceptance of the status quo does little to support the student's resistance to being stereotyped and subjugated. This includes considering practice experiences from alternative perspectives and creating a learning environment that can give voice to members from minority groups. Bringing some of the mechanisms of oppression into focus, stimulates conversation about the assumptions that are being made. This is important because the environment of supervision its self can be experienced as one of monitoring and control; another theatre for its actors to 'perform' and act out what they feel is expected of them (Goffman, 1959). In exposing and exploring the sources of power, students are given a collective voice in recognising and beginning to challenge them. The idea of a group having its own distinct emotional life that can be brought into awareness to serve the overt group task, in this case GCS, recognises the importance of mechanisms to uncover covert emotional and other wider influences. With this in mind the discussion moves to the concept of challenge in GCS.

5.2: Challenge

The findings in this study, suggest that there is often an accountability in projected next turns in talk, to maintain a comfortable learning environment. This echo's the findings in the literature review that suggest GCS favour harmonious working over the discomfort of confronting interventions (Lindgren et al, 2005, Arvidsson et al, 2008, Carver et al, 2014). These findings are referred to as problematic because professional growth and

development is unlikely to flourish without help with considering blind spots and alternative perspectives (Rogers, 1965, Sloan and Watson, 2001).

5.2.1: Comfort versus Challenge

Projected social action is not confined to talk. Filmed data offers the opportunity to consider the way in which visible conduct shapes response (Heath et al, 2010). Food is an accepted feature of two of the filmed supervision groups (see Transcription B, Transcription C, line 11, Transcription 5; line 13). In Transcription 13, Jess, a GCS participant is sharing what she believes to be Cara's concern about a client she has been working with. Heidi their supervisor had been attempting to get Cara to say more about her feelings concerning a practice situation in Transcription 12. Analysis there discusses the learning potential of this situation but also the very careful way Heidi has been handling the issue. The drive to keep the environment comfortable and conducive to learning is recognised by Heidi's tentative talk interaction in lines 9, 10 and 11 (Transcript 12);

9. is that your (0.8) I'm just think you know when you feel like you

10. should have done is that almost suggesting that you almost (1.2)

11. feel like (1.7) you shouldn't like him

However, it is Jess's intervention in Transcription 13 that creates some shift for Cara. The empathy that is intuited and consequently communicated makes the difference, but this aspect will be explored more fully in the theme concerning Empathy. It is the fact that at this sensitive moment Heidi initiates a round of sweet sharing. (see Transcription 13 snapshots).

Snapshots; Transcription 13



Line 3



Line 12

Various interpretations could be made about why sweets and biscuits are an accepted part of this supervision group or why they were so readily accepted by everyone in the group at this moment, from an accountability towards

social alignment through to comfort and relief from the uncomfortable and triggering nature of the conversation. Nevertheless, food is being used in this instance as a part of the social action, and at a point when some ethically and emotionally challenging material is being discussed. Analysis in the findings chapter articulates an argument that the food is being used to control Heidi's urge to pursue challenge with Cara, until a suitable transition point presents itself. It is also proposed that it was being used to maintain reciprocity and comfort at a time when there is some discomfort being experienced.

The findings demonstrated that to overturn the projected accountability towards comfort, provides an inevitable level of discomfort for all participants. Offering a more tentative catalytic intervention as a form of challenge made it easier to maintain comfortable dialogue. Food (in this instance) is used to promote further feelings of safety (Locher et al, 2005) and alignment in the group. The purpose of challenging or confronting is to provide the supervisee with an alternative perspective about their behaviour, views and actions and how it is experienced by others or self, positive or negative, to encourage action or change (Freshwater, 2003). It has already been established how carefully the student must present themselves in both contexts (practice and university) to negotiate the power dynamics discussed in both spheres. It has been recognised how they may have to sublimate or adjust their personal feelings and desires in supervision when accounts from practice need to be carefully presented, to navigate the inferential objectives of education and university, with a supervisor who represents these. The danger here is that supervisors may use challenge to highlight the 'something more to it' (Jefferson, 1985) they have intuited, and this be experienced as a 'degenerate intervention' (Heron, 2001, p.186) equivalent to coercion, a topic of earlier discussion. Freshwater cites Egan

(1994) as saying that challenging is the most dangerous and powerful counselling skill. This is clearly as true in GCS and needs to be handled with sensitivity and yet something more, to promote its effectiveness.

Perhaps effectiveness can only be evaluated if the objectives and intended outcomes of GCS are made explicit. Lindgren et al (2005) commented that their literature review demonstrated there was a need for studies where the model was properly described including purpose. The model, aim and outcomes for this study were described in the earlier methodology chapter. For ease of reference, these included; using Proctor's (1986, 2001, 2008) Supervision Alliance and three function framework of CS, to provide a safe environment for reflective learning and support, raise self-awareness, acknowledge the assumptions and values that underpin practice and explore the professional role and responsibilities. This entails exploration of values, attitudes and ethical dilemmas which students are encouraged to process as a group with guidance from a facilitator. The notion of challenge in these aims and outcomes are implicit rather than explicit. It could be that without overt recognition that this is an expectation of the work in GCS, it is an aspect that will be avoided or rejected. Findings uncovered that accountable responses in conflict talk are to deny what is perceived as an accusation (Garcia, 1991). If a confronting response is perceived as an accusation it is not only natural but an accountability to respond with a denial. To accept and consider confrontation overturns this accountability and is made easier if this is a known expectation. Therefore, a way needs to be found of building trust and developing an honest, genuine relationship given the context of GCS that has been described, that allows for pro-active engagement with challenge, in a learning environment that is safe and supportive without the fear of unwelcome consequence.

5.2.2: Critical Reflection

The link has been made here between challenge, change and action. Change in an educational context necessarily infers learning and learning in GCS is predicated upon reflection as a principal component and at the heart of the supervision process (Proctor, 2001, Driscoll, 2007), although the clarity of learning approaches in supervision has been questioned elsewhere (Carroll, 2008).

The findings in this study conceptualise the narratives of experience brought for reflective examination as storytelling (Goodwin, 1984). To briefly recap; storytelling is a descriptor in CA for describing an action that is longer than one turn constructional unit (TCU). The findings argue that participants in GCS unconsciously recognise the rules of this naturally occurring phenomenon (Goodwin, 1984) and use it to explicate their experiences of practice. Significant aspects of this for GCS were identified in relation to listener accountability and consequences of this for both supervisor and other participants. The supervisor is identified in the findings as being the focus of a storyteller's visual and non-verbal orientation (Transcription 8 snapshots, lines 8, 11, 40; Transcription 9, snapshots, lines 28, 32), privileging their attention above that of others. This is identified as problematic because of the supervisors use of counselling skills to manage response and reflective process as with Pam and Laura (Transcription 6), their potential level of distraction derived of their supervisory role, and time management devices to ration turn-taking, all of which may contribute to a storyteller perceiving the supervisor as disengaged and uninterested, disrupting the clarity and focus of their narrative (Bavelas et al, 2000).

Snapshots: Transcription 8



Line 8



Line 11



Line 40

Snapshots: Transcription 9



Line 28 cam 1



Line 32 cam 1



Line 28 cam 2



Line 32 cam 2

Added to the discussion concerning power and its implications for GCS, it could feel like there are too many insurmountable obstacles to achieving the type of learning environment that allows for any deep level of reflective learning. How can a tendency towards reflective superficiality be addressed in the face of such barriers (Saltiel, 2006, Fook et al, 2006)? Mezirow (1990) proposes that critical reflection may offer an alternative. His theorising advances reflective practice from correcting errors in decision making and identifying distorted beliefs, to critiquing the pre-suppositions upon which beliefs are founded. He talks about perspective transformation, where these pre-suppositions have been challenged sufficiently to completely change or 're-frame' the way one looks at the world (Mezirow, 1996, p.163). The term transformational learning is evocative of some superior almost magical type of learning that is highly desirable and rarely associated with negative connotations other than the necessary pain of achieving it (Taylor and Cranton, 2013). In associated CS and reflective practice literature, it is also equated with emancipatory education (Heath and Freshwater, 2000,

Freshwater, 2000, Johns, 2001, Saltiel, 2006, Hoggan, 2016) another evocative term if nursing is identified as an oppressed group, because emancipation equals freedom. Freedom in this context would be in developing nursing practice and its evidence base, unhindered by theorised resentment towards oppressors (Paley, 2002) and purely in service of the craft and science of nursing activities. Consequently, it is worth exploring why transformational learning seems to carry this cache, and whether it is an approach that can transform GCS to help it better meet the formative aspirations.

5.2.3: Transformative Learning

Returning to Transcript 11, Peter is drawing on his own feelings and assumptions about three of the female participants in the group. Triggered by an earlier discussion some of which is captured in transcript 7 Peter has expressed surprise (Transcript 7, line 26) at one participant's enjoyment and capacity to cope in a culturally and clinically challenging mental health environment;

Transcription 7

1	L1	It's just yeah uhhm I mean like they're very inappropriate?
2	P	yeah↑
3	L1	And it's very kind of you ave ter hold
4	L1	your own with the banter?
5	P	°yeh
6	L1	Bu::t it's it's good↑
7	P	°uhmm
8	L1	you know they're (probably) in your face a bit? [and] you you know
9	P	[yeah]

10	L1	you ave to be careful like you were saying [but]
11	P	[yeah]
12	L1	It is good and I'm learning loads errh::m ( )

26	P	I just need ter push my jaw back in pla[ce]

In Transcription 11 he explains his point of view about three female students' capacity to cope (comment not transcribed) concerning their presentation as 'a bit posh' a phrase repeated by Cara in line 11 (Transcription 11). He is up front that his point of view about the presentation of the students is likely to be shared by others in certain mental health environments. However, what is interesting here is his underlying assumption that certain sorts of people will not cope or find it easy to work in certain mental health environments. Conversely, there seems to be a template for who will be able to work and cope in these environments. Peter is drawing on his own value judgements in this instance as representative of other mental health staff who may share this point of view. If anyone is learning anything here about themselves it is Peter, critically analysing his own value judgements and assumptions to help uncover a cultural 'truth' about mental health workers in particular settings. One could interpret his difficulty with expressing what he was trying to say as indicating cognitive processing; as if this is something he himself is discovering in the moment;

Transcription 11

5. Cara; But I mean you can't you can't err assume that I mean
6. looking at me I understand why you wouldn't think that you know

7. I've bin in the situations that I have but I mean I've worked in a secure

8. centre I've worked like challenging behaviour centre and people with

9. learning disabilities I've worked all over Liverpool in like the roughest

10. parts of Liverpool you know errm you you just you can't assume that

11. [from because] someone [is a bit po:::sh] hh-hh-hh

12. Peter; [but I am] [but I am] I

13. am you know am am a::m am and here am just am am kinda just

open hand gesture *circling with finger* *pointing up with finger*

14. am trying to not lose this if I'm doing it you know (0.9) is th is

continued finger raised *open hands* *open hands up and down*

15. something gonna is that helpful or hindering to <u>you</u> () <u>three</u>

open hands *Hands side on punctuating words*

16. particularly in the future about people be coming to the same an -

hands open

17. I'm in the trade [(transcription doubt)

Hands open circling towards self

All of this is in service of helping to inform these three women about attitudes they may face and cultural norms. What is not revealed here is information about Peter's overarching meaning perspective or his complete 'frame of reference' (Taylor, 1993).

Jack Mezirow (Baumgartner, 2012) is credited with first describing transformative learning theory (TLT). Mezirow's theory developed in depth and sophistication over time (Kitchenham, 2008) and spawned many other transformative learning perspectives (Taylor, 2008; Hoggan, 2016) but essentially describes transformational learning as a uniquely adult form of learning where "learning is understood as the process of using a prior interpretation to construe a new or revised interpretation of the meaning of one's experience in order to guide future action" (Mezirow, 2012, p.74). Mezirow's contribution is fundamental to further development of the theory so for simplicity, discussion here is limited to perspective transformation and emancipatory education which is the vehicle by which perspective transformation can be conveyed (Freire, 1993).

There are some core principles that guide understanding of the theory in perspective transformation and are described by Taylor (1993). Meaning perspectives and meaning schemes; are the structures of assumptions and expectations that we have developed over time and experience, and through which we 'filter our sense experience's' (Mezirow, 2012, p.82). Meaning perspectives represent a sort of world view, an overarching position one might take on things. For instance, one might speculate that Peter's fundamental feelings or beliefs about class, work and women were partially revealed in his comments in transcripts 7 and 11. Meaning schemes are smaller order "specific knowledge, beliefs, value judgments, and feelings that constitute interpretations of experience" (Mezirow 1991, p.5) and that populate our meaning perspectives in related clusters. An example could be Peter's stereotypical attitudes concerning who will cope with and fit into, challenging mental health environments. A frame of reference is a meaning perspective. It is made up of two components; habit of mind and the resulting point of view. A habit of mind is made up of our broad sets of

assumptions and pre-dispositions and constitute a set "of cultural, political, social educational, and economic codes" (Mezirow 1997, p.5). In this speculative example, Peter's habit of mind concerns the interrelationship between, women, class and workplace. Points of view are the way in which we express our habits of mind. Peter's point of view was made clear in the transcription. For clarity, a further distinction of a point of view versus habit of mind is that whilst one might be able to 'try on' someone's point of view, you could not do the same with their habit of mind. The habit of mind is integral to the person and everything they are but may lead to the expression of a particular point of view which others might share. This leads to the possibility of analysing points of view by contrasting their tenants against one's own meaning schemes and perspectives.

Taylor (1993) explains Mezirow's ideas, that frames of reference and meaning schemes are at our core and provide us with stability and a coherent understanding of the world. They also constrain and limit us to some extent as we pass all of our experiences through these lenses providing our own unique subjectivity. They operate outside of our everyday awareness unless we have cause to critically reflect upon them. A deeper more critical approach to reflection concerns reflecting upon our presuppositions or 'premises' in the way that Peter was doing in Transcription 11. Mezirow (2000) divides these premises into three areas and suggests common distortions; epistemic – considering the nature and use of knowledge. An example of a distortion of this would be considering theoretical supposition in a concrete way i.e. to imagine that theory is fact. Socio cultural – concerning belief systems that pertain to power and social relationships. Distortions of this can include oppressive systems that further the status of dominant groups and form the status quo (Freire, 1993). Psychological – the development of self, unconsciously constructed through

our life experiences. Distortions here concern self-limiting defence mechanisms (Bond and Holland, 2010) that shape our behaviour and views. Mezirow contends that understanding the areas where distortion can occur provides a foundation for considering how educational interventions can be made and where emancipatory education begins.

However, before moving on to look at this, a number of practical concerns suggest themselves; the position does seem somewhat idealistic. It can be argued that Peter was role modelling the very approach to critical reflection that Mezirow is promoting. He had noticed a distortion in his belief system concerning professional perceptions of the qualities required to work in certain mental health settings. However, CA of GCS has demonstrated how personally vulnerable it leaves an individual and how conversationally uncomfortable this feels. Attempts to repair any perceived conflict is urgent and compelling. Additionally, whilst critical reflection of this type may begin to stretch meaning schemes in order to accommodate new understandings, the underpinning frames of reference are unlikely to be changed without sustained challenge or a disorienting dilemma (Taylor, 1993). Freire's (1993) work has been highly influential, providing a way of embedding transformational learning into educational approaches in order to emancipate, so it is to his work I will now turn.

5.2.4: Emancipatory Education

In Transcription 9 Laura talks about the culture of disrespect between staff born out of being understaffed and overworked. Discussion in the findings contextualises the transcribed talk as responding to prior talk from other participants on a similar theme. Analysis interprets Laura's initial focus as responding to Pam's stated interest (lines 10 and 11) about the staff and their behaviour, in order to gain a turn at talk. She felt compelled to frame

a story solicit that would provide Pam with sufficient professional interest. Analysis suggests that Laura's talk communicates an affective component, providing evidence that she is seeking some restorative support having had this 'horrible' disorienting experience (Transcription 6, lines 4, 6). Whether she receives that is questionable and the next theme will look at the findings around empathy and support in more detail. Previous discussion has argued that supervisors seem driven by their own organisational, professional and institutional frameworks and goals and apt to prioritise these in their discussions in GCS. In the example of Laura and Pam, this has oriented exploring a destructive experience of practice from Pam's frame of reference rather than foregrounding Laura's.

Earlier comment highlighted that Mezirow was influenced by the work of Paulo Freire (1921 – 1997). The roots of Freire's ideas are in the recognition of communities of the oppressed as discussed earlier in this chapter. He coined two important phrases, conscientização (conscientization) and problematization (Freire, 1993). One suspects that Mezirow developed some of his ideas concerning perspective transformation from Freire's concept of conscientization which is similar to Mezirow's critical reflection upon frames of reference. Freire suggests that the oppressed need to recognise they are oppressed for themselves, to understand the nature of the reality that subjugates them. It does not work for some charismatic leader to explain how they are oppressed; only in critical dialogue with members of their heritage group through the process of problematization can they begin to question the assumptions upon which they live their lives. A discussion that responded to the students' 'premises' about practice, about what they thought it should be and how this contrasted with their experience, might better advance learning towards problematization. Together the GCS

participants can through discourse begin to question and challenge their experiences against their pre-suppositions.

One of the main differences between Freire and Mezirow is their focus on the location and purpose of change. Mezirow refers to personal transformation and mechanisms by which that happens. Freire is more concerned with social, political and economic transformation; the process of conscientization and consequent problematization are there to take action against oppressive constraints (Freire, 1970). Which sounds like a call to revolution and the government in Brazil certainly thought so when he was exiled from there in 1959 (Taylor, 2002). But the way he framed this was of the move from Object; being acted upon by the world, to Subject; acting upon the world (Taylor, 2002). Taken in that way, it could be viewed as recognising the limits and constraints of the way things are and being resigned to accepting this versus recognising the limits and constraints of the way things are, so to act upon them.

To extrapolate to GCS, the previously discussed drive by student nurses to be accepted in practice and socialise into a culture that accedes to oppression can be recognised, analysed and countered in repeated exposure to their shared experience and within an opportunity specifically designed to uncover the dominant premise. The importance for nursing of countering such powerful influences cannot be underestimated (Myrick and Tamlyn, 2007) and presents significant implications for GCS. In practising the act of problematization, participants in GCS learn not only to question and challenge the dominant narrative about their own profession, but also about the wider world and the inequalities faced by their patients, service users and their carers'. They can only act as advocates if they recognise the struggles of others (Rozendo, Salas, Cameron, 2015). A contemporary example is the unfortunate residents of Grenfell Tower (BBC, 2017), who

had been protesting through their resident's support group about the breech of health and safety rules their living conditions represented for many years, before the tragedy when at least eighty lives were lost in a terrible fire. It is easy to fall prey to societal narratives that seek to demonise difference, such as those that many minority groups face (MacDonnell, 2014). Problematisation asks us as a profession to consider what such narratives seek to achieve and how it would have us respond. Essentially, problematisation is a political act, it challenges us not to give in and accept the dehumanising mechanisms that seek to subjugate but to uncover their existence and not be accomplices in their enactment.

The findings in this study show that acquiescence is a learned position for the participating students because in their early dealings with practice such as in Transcription 9, Laura is quite clearly shocked and challenging of the state of affairs she has encountered. This session is very early in the course during the student's first experience of practice. By Transcription 7, a session somewhat later in this cohort's course, there is some evidence of socialisation into acceptance of nursing environments that may have been perceived differently earlier, in Lois's accounts of practice. In Transcription 11, Peter's concerns were around highlighting what he felt may be entrenched views and attitudes towards the three women in such challenging environments. But the battle is almost lost, because revealing something the women probably knew already from their own experience as Cara reveals in Transcription 11 (lines 18, 21 and 22) does nothing to challenge the status quo of such oppression.

Rozendo, et al (2015) describe the political-pedagogical act of facilitating learning that does not view learners as receptacles (Objects) to be filled by expert others. Freire uses the concept of 'Banking' learning "in which the scope of action allowed to students extends only as far as receiving, filing

and storing deposits" (Freire, 1993, p.53). He abhors this type of teaching and advocates a different relationship between student and teacher than the vertical arrangement of gifting knowledge. Immersion in the world of nurse education as a teacher informs my understanding that no matter what progress has been made towards increasingly creative, imaginative, student centred learning, and constructivist approaches (Brandon and All, 2010), the underpinning agenda is still 'banking'. The reality is that teachers become anxious when they shift power to the student in taking responsibility for their own learning and students are not sure they want that responsibility (Rutt, 2017). As far back as Milligan (1999, p.550) there was discussion about the comfortable position student-centred approaches had adopted and whatever 'edge' they had originally had was lost. Citing Brookfield (1993) Milligan suggests that self-directed approaches frequently involve a negotiated compromise of steering the student towards particular outcomes that support social conformity and collude rather than confront the student's acquiescence to dominant discourse. However, it will be remembered that the fortunate setting of this study employs an unusual student-centred approach to course delivery that is composed of small groups working together on case studies that promotes independent thinking, problem solving and a collegial relationship with their teacher facilitators (McGarry et al, 2011; Stacey et al, 2014). The challenge for teachers is not to give in to the compulsion to 'bank' learning but to believe in our course concept of facilitating it.

5.2.5: Summary

It seems that without contextualising our own position as educators and turning our critical reflection inward to achieve conscientization, we fail to problematize the actual learning environment. If we cannot see our own

subjugation there is little hope we can facilitate emancipation in our students, and in that we fail not only them but our patients, clients and service users too. We all function in the same space; today we are the teacher, tomorrow we may be the patient. Freire sets out the relationship for teacher and student as equitable if it is to be emancipatory. Enquiry needs to be shared; the approach requires partnership. Discussion in the literature review sets out the premise of the supervision alliance between supervisor and supervisees (Proctor, 2001). Mezirow is clear that without deep critical reflection upon meaning schemes and perspectives, meaningful learning that responds to the dynamic and changing world is unlikely. If anywhere could be described as dynamic and changing it is the climate of health care in the NHS, the educational context of British Higher Education, and the wider British political upheaval encompassed by increasingly polarised political ideology and Brexit (Inglehart, Norris, 2016; Godlee, 2017). Transformative learning is facilitated by communicative learning and dialogue with others to help validate and evaluate meaning (Mezirow, 2012). The findings of this study identify areas that could be addressed through student led problematization and conscientization. Additionally, the findings show that whatever the intentionality of the supervisor, empathy and support is offered, recognised and received between group participants. The next theme will examine the topic of empathy and how that is realised in GCS.

5.3: Empathy

The findings in this study has noted a number of barriers and enablers to developing the suitably facilitative environment Rogers said was necessary to promote personal growth and development (Rogers, 1995). The barriers have been presented in terms of personal, social, cultural and organisational sources of power that impact on presentation of self, genuineness and

perceptions of empathic understanding. It has identified aspects of SIK in GCS that has negatively contributed to this position such as turn rationing, management of the supervision process and the application of counselling skills. However, the findings have also highlighted the compulsion towards maintaining a harmonious and supportive learning environment, sometimes at the expense of helpful challenge. The enabling mechanisms that have been identified so far include; the use of food, participant (as oppose to supervisory) empathic response and the value of co-narration as a part of storytelling. These mechanisms seem to help understanding around why it is that students in GCS value the supportive elements, (in particular that of peers) so highly and how that has been represented through social action in this study. Attempts to define the humanistic approach by separating out Rogers' (1957) core conditions and expanding upon each, denies that 'the whole is worth more than the sum of its parts' (Williams and Stickley, 2010, p.753). So, whilst discussion within this theme will focus upon the empathic responses noticed in the data, they are invariably in the presence (or not) of Rogers other core conditions.

Cottrell (2004) cited by Driscoll (2007) investigated the qualities of a clinical supervisor that were required to promote growth. The list includes; being insightful and consistent, with a capacity for empathy, provide both support and challenge, pay attention to their own emotions, have an affiliative working style, attending to both relationship and task. Earlier discussion has identified the additional qualities of a group supervisor as more craft than a definable list of competences (Proctor, 2008). Bond and Holland (2010) go further by suggesting that everyone who participates in group supervision needs advanced supervisee, supervisory, and group participant skills. Their point is being made to suggest there are a multiplicity of containment issues i.e. confidentiality is more threatened than in one-to-one CS, it is harder to

build a supervision alliance when everyone is everyone else's supervisor, commitment and consistency is more of a challenge etc. They infer that only those with advanced understanding of CS stand a hope of navigating these dangerous waters. However, findings in this study has uncovered something else; that it is the ordinary, everyday, uncomplicated, caring of GCS student participants for their peers that helps to provide the empathic understanding and conducive learning environment which Rogers deemed necessary. Morse et al, (2006) argued that the type of mediated empathy that is a product of communication skills teaching in nursing is not necessarily a good fit for nursing practice and rarely used in busy nursing environments. The findings in this study indicate that it can have a negative impact on capacity towards connectedness in GCS. Crawford and Brown (2010) echo this, in their work considering the fast-paced healthcare environment and conclude that ordinary, everyday short communications can have the same transformational impact of more extended, learned responses. The genuine, kindness of ordinary communication, 'Tardis' like (Crawford and Brown, 2010 p4) contains much more on the inside than its outside brevity suggests.

Returning to Morse et al (2006) they conceptualised a model of empathetic communication that described focus and response between care giver and patient. The focus was split between whether it was directed at the patient or self; the response split between spontaneous and unmediated (level one) or learned mediated (level two). Concerning patient focused responses; mediated learned responses are based upon a view of empathy borrowed from counselling and psychology. Williams and Stickley (2010, p.752) describe this view most succinctly as a process by which, using a therapist's emotional, intellectual and behavioural skills they can 'communicate both what the client is clear about but furthermore to facilitate client insight by identifying meaning which still may be confused for the client'. Morse et al

(2006) are of course concerned with the communication of nurses with their patients and recognition of the value of ordinary, heartfelt responses. These are unmediated, genuine and are naturally occurring. However, they do recognise the value of learned responses as a measure of protection against the emotional labour (Hochschild, 1983) of nursing work and are careful not to claim that there is no place for this 'therapeutic' (Morse et al, 2006, p.82) use of empathy. It is argued this use of empathy involves less (but not none) emotional involvement ensuring the interaction remains professional. This could be expanded to include the different categories of intervention proposed by Heron (2001) which are chosen by intention and mediated by underpinning supportive skills. Concerning self-focused responses; continual emotional assault can lead to withdrawal, shielding and guarded behaviour or sometimes blaming the patient by labelling and other'ing (Jackson et al, 2011) (level one) or a completion of the disengagement process leading to the objectification of patients (e.g. to a condition or bed number) and a mechanistic approach to care (level two).

The model Morse et al (2006) use, flags up some parallels in the way that empathy has emerged as a topic of interest in the findings of this study and has consequently has been adapted to demonstrate this (see Fig 2). This is not to argue that any disengagement has come about in GCS as a result of emotional labour, rather that the findings suggest aspects of skills and process in GCS are mediating empathetic responses negatively. Conversely, unmediated responses that more closely resemble naturally occurring talk contribute positively.

	Supervision focused	Supervisory focused
First level	Engaged, spontaneous, unmediated. As part of naturally occurring talk i.e. co-narration in storytelling Connected response	Emotionally unengaged, mediated by use of process i.e. managing; time, turns at talk, reflective process, group dynamics. Supervisory response
Second Level	Partially engaged, mediated by professionally learned responses i.e. counselling skills. Interaction through intention Professional response	Emotionally unengaged, focus upon inferential objectives GCS a vehicle for institutional, organisational, professional objectives Detached response

Figure 2: Empathetic Response in Group Clinical Supervision

As with Morse et al (2006) Figure 2 places its emphasis on the process of emotive engagement. This adapted table maps the areas of activity in the study directed at facilitating supervision and responses more directly related to the supervisory process. By supervision focused, it is the task of supervision that is being referred to, rather than any individual i.e. could be either supervisee or supervisor. The same is true of supervisory focus; it is the supervisory process that is being referred to and therefore could concern supervisee or supervisor. Some examples from the findings will be used to explicate these.

5.3.1: First Level Supervision Focused

Unmediated first level responses to material encountered in supervision may, over time, be replaced with learned responses that ironically create emotional distance for the purposes of analytical reflection. In Transcription 9 (lines 34 – 38) Ellen and Etta are responding to Laura;

Transcription 9

34. Ellen; You're not he:re in Denton are you?
35. Laura; yeah↑
36. Ellen; whoo↑ (incredulous noise)
37. Etta; Which ward are you on
38. Laura; Apple (2.9) It's absolutely ridiculous

It is the first time in Laura's troubled storytelling that she has received any validation for her account. Ellen and Etta's unmediated response is conceptualised in the findings as co-construction of the story; a learned response from outside of nursing to the rules of listener in storytelling. It encourages the narrative and provides a measure of empathy, which whilst non-therapeutically intended, provides just that. This finding is in accord with those of others concerning the use of storytelling in nursing (Edwards, 2014; Stacy and Hardy, 2011). Whilst some concerns are articulated about the power of messages from the stories students can tell, this seems to stem from their raw capacity to connect with listeners (Stacy and Hardy, 2011) and the skill of facilitators in containing what might come up, however, and possibly consequently, the likely hood of transformational learning is greater (Edwards, 2014).

5.3.2: Second Level Supervision Focused

Compare with Jess's mediated level two intervention.

Transcription 13

1 Jess; But if you're working with someone with a (2.00) in terms of

2 Rehabilitation errm and they what you don't want is

sweets get passed around

3 that that to ever happen again isn't it [you know]

4 Cara; [Mmmm ↓]

Cara nodding eye contact

5 Jess; = so everybody

6 Cara; Yeah↓

Nodding eye contact

7 Jess; and (5.00)

8 Cara; yeah

9 Jess; if you are (2.1) if you treat people differently then you're reinforcing

10 that and reinforcing that identity on [them]

11 Cara; [Mmm ↓]

12 Jess; =some people does that whatever it (0.9) is

This has been interpreted in the findings as Jess intuiting what Cara may be worried about and proposing a sophisticated formulation; her own peer informed 'upshot' (Heritage and Watson, 1979, p.130) of the situation Cara has described, concerning a service user that has done something which others would not be able to forgive (transcript 12, lines 16 – 17). Analysis in the findings suggests that Jess's formulation (Transcription 13) provided the 'more to it' (Jefferson, 1985, p.438) Heidi the supervisor, had been seeking in exploring the topic with Cara. This interaction has the hallmarks of a more professionally learned approach; it is calm, words are carefully chosen evidenced by pauses in lines 1, 7, 9, 12. Close eye contact and nodding throughout, evidence emphatic agreement from Cara despite interruption from the sweet round. It is a professionally mediated empathetic response, and conveys empathy in its delivery. Both actors, Jess and Cara, know the rules of this interaction and there is little overt emotional arousal;

the focus is critical reflection, analysis works with some emotional distancing. It has been argued that other actors in this transcript were seeking some mediated emotional distance (or connectedness) through the sweet sharing. Earlier discussion considered the potential relevance of this. Taylor and Cranton (2013) discuss the way that the role of empathy has been overlooked in research and discussion concerning transformative learning. Whilst Mezirow mentions its importance (Mezirow, 2003) Taylor et al (2013) feel it should be included as one of the core components because of its value in dialectical discourse in helping to understand the perspectives of others and in recognition of the changes in empathy that may occur as a result of transformational learning. The paradox here is that whilst critical reflection needs to draw on emotional facets of meaning schemes to inform what is worth noticing, consequent analysis is a more cognitive endeavour requiring some emotional distancing (Taylor et al, 2013).

5.3.3: First Level Supervisory Focused

The figure 2 delineates actions focused upon active supervision and supervisory mechanisms. In the first level supervisory focus, findings identified supervisory functions that mediated interaction. In Transcription 6, analysis identifies that the non-verbal counselling stance, and offer of time and support as a priority is incongruent (Rogers, 1961) with Pam's action of moving the turn on to the next participant. Rogers suggests that incongruence can be defined in different ways. For instance, an incongruence between one's behaviour and how one feels, is the incongruence between experience and one's awareness; the personal blind spots of understanding that we have about ourselves but is revealed to others in our behaviour, depicted by the Johari window (Luft and Ingham, 1961). Rogers (1961) also defines incongruence as between awareness and communication. This is a

more knowing, conscious incongruence; expressing the words that may seem accountable to good manners or expected social action whilst knowingly feeling different inside. It is this latter explanation that seems to fit here with Transcription 6. Rogers (1961) suggests that this type of incongruence is more likely to be experienced as fakeness or deceit by those in receipt.

Transcription 6

1	P	Err::m How are you doing Laura
2	L	umm (0.8) aw:::ful
3	P	Rig:[::ht]?
4	L	[it's Horrible] It's the worse thing that I have ever ever done
5	P	is:: it↓
6	L	It's horrible yeah↓
7	P	ok↓
8	L	It's reduced me to tears I (ve been) physically ill and (0.1) on antibiotics and all sorts
9	P	Alright↓
10	L	yeah
11	P	ok so shall we come back to [you as a priority]
12	L	[yeah? ok](hhhhh) (0.9)

Discussion highlighted the time management device as a well-recognised aspect of SIK. There is much emphasis in the literature about the importance of contract setting which is discussed in the literature review and throughout this thesis. However, whilst no transcriptions from Pam's first session with this group have been used, that is largely because much time was spent building rapport with the group and agreeing a shared GCS contract. Laura was not present at the first session and therefore missed discussion about how the group would function. Possibly, even more importantly, she did not

have an opportunity to experience the unspoken rules of the group where it is argued in the findings that talk is quasi-conversational (Drew and Heritage, 1992) constructed in a locally contextual way. Disclosing her distress under such circumstances was a measure of her need for support, but also highlights how risky GCS can be until participants become familiar with the covert rules of the environment. This calls into question how valid the time and attention spent on building group climate in the first session with a group is, if membership is likely to naturally fluctuate. Under such circumstances there is a sense that almost every session is like the first one. Phase theories in groups often identify the destabilising impact of membership change towards productive working (Tuckman and Jenson, 1977; Jaques, 2000). Whilst there is considerable research about the way groups function (Worchel, Wood, Simpson, 1992) and what might enhance that in GCS (Bond and Holland, 2010) there is little attention paid to the realities of practice where continuity and consistency might be hard to achieve. The implications for GCS where it is known that there will be some inevitable fluctuation of attendance, calls for mechanisms that can meet the needs of the group and individuals within it, flexibly.

5.3.4: Second Level Supervisory Focused

Finally, the fourth domain, supervisory focused unengaged, is an inevitable potential; inferential objectives define the talk of actors in institutional talk (Heritage, 2005) replacing more ordinary or mundane talk. Their use in GCS to create emotional distance can be complete i.e. result in an absence of connectedness. In the extract from Transcription 6 above, the inferential objectives of supervisory responsibility from the supervisor led the rest of the participants in a rather unsupportive forty minutes or so for Laura. However, Pam's level of connectedness was mediated not only by her

technique but by her group facilitation responsibilities. It is argued that this is likely to be experienced as insincerity. But in this instance, that would have been a matter of perspective i.e. Laura's. The other participants were influenced by Pam's lead but were clearly engaged by Laura's trouble telling as can be seen from the snapshots for Transcription 6, (lines 2, 12 and 14). Their (the group) compliance to being steered in this instance fits theoretically with group phase theory (Tuckman and Jenson, 1977; Moreland and Levine, 2002). Laura could have been considered as a new comer and consequently enter a period of investigation and exploration to see if group and individual could accommodate each other's needs and trust each other (Moreland and Levine, 2002). Moreland and Levine (2002) theorize the impact on trust of those described as marginal members, (new or transient members) upon full members. They suggest that there are multiple ways that trust can be affected not only towards the new members but internally amongst the established full members. Limitations here include that the theory is untested and contextualised to work-groups where the temporal environment considers impacts over time. Nethertheless, it is the transient nature of membership and its impact on inter-relationships within the group that seem key and relevant to GCS. Pam as self-appointed and acknowledged leader had the power to make decisions about the way the group functioned at this early forming stage (Tuckman and Jenson, 1977). These two factors (new member impact and leadership status) supported Pam's actions and allowed her to put the group needs first without dissent. These theorised motivations do serve to distance connectedness between Laura and others but not dismiss it entirely.

Perhaps the nearest example of disengagement in the filming, is when students are distracted by inferential frameworks i.e. insist on talking about course issues. In this example, the students have been talking about

completion of course paperwork when Jane notices that Peter, their supervisor does not seem engaged with their discourse;

Transcription 10

1. Jane; are you with↑ us
2. [do yer know what we're on about]
3. Group; [everyone laughs]=
4. Peter; = [( ) should I say I] admit I haven't a clue what yer talking about
5. Group; =((*lots of people all talking animatedly at once*))
6. Sarah; we sorted it out

It is argued in the findings that Peter's disengagement is a response to the groups disengagement with the supervision task. Peter does not see the course paperwork as particularly important to the task of supervision. His subsequent lack of connectedness is a reflection of this. Factors, perceived to distract from the supervision task is a feature encountered elsewhere (Ashmore et al, 2012) which suggests that it may not be uncommon. Consequential action by Peter, not transcribed in the findings but discussed, challenges the group about when they are actually going to start 'supervision', so whilst Peter may have been disengaged for a little while, it was contextual and later used to reconnect with a more developmental focus.

However, it is possible that the perspective of relevance is what is at fault. Rather than assume that discussion is off task, it might be more enlightening to explore how the students think that it is on task. As genuine empathy and alignment is most commonly shared with peers in this study and reported as important in others in the literature review (Arvidsson, 2008; Holmlund et al, 2010; Carver et al, 2014) it seems important to uncover why they felt

the time spent discussing administrative and assessment issues related to practice was worthy of supervision time and each other's support. This finding has been mirrored elsewhere (Fabricius, 1991; Allan, 2011) and recognised in psychodynamic terms. In my experience, students discussion of course issues in relation to practice environments are usually born of anxiety; the anxiety that they will not collect the evidence they need to prove they are making sufficient progress and anxiety that their inadequacies in this regard will demonstrate they are failing, with tutors and mentors sitting in judgement. These narratives often feature mentors that are unapproachable, unhelpful, or do not understand their paperwork or placements that lack suitable learning opportunities to generate the evidence of achievement they need.

This could be understood through the work of Klein (1997) in her theory of object relations. Infants split their world into good and bad. Their emotions are experienced as good or bad i.e. contentment versus hunger. The external world is viewed through this same lens but projecting their own good or bad feelings onto objects. Klein uses the example of good breast i.e. one available to feed from leading to contentment versus bad breast, the unavailable food source representing hunger. The suggestion is that this way of splitting the world may persist into adulthood and an example might be students projecting their bad unmanageable feelings of anxiety out into the world and its objects, thereby experiencing the unapproachable, unhelpful mentor or the poor learning opportunities in a placement. Peter, risks becoming an object of projected bad feelings given his disinterest in their paperwork which for them equals their anxiety. His own positioning of the topic could represent his own splitting and projection, identifying what is and is not supervision in his view, disengaging and projecting judgement, rather than the more humanistic acceptance of their anxiety. If this psychodynamic

perspective is accepted, the implications for GCS practice are (somewhat ironically) that attempts to understand the group agenda should be paramount and more closely represents the humanistic model that much GCS claims to adopt.

5.3.5: Summary

Discussion has been related to findings in this study that concern empathic response leading to a re-examination of the assumptions of where it should be found in GCS and interestingly, where it is most commonly found. Using Rogers' (1961) core conditions to underpin discussion, it is proposed that the necessary conditions for a conducive learning environment are to a large part provided by the unmediated empathy of peers in GCS. Of key importance seems to be supervisees genuine, ordinary, everyday exchanges of caring, concurring with others about the value of these types of exchanges, but transposed from the clinical setting to that of GCS (Crawford and Brown, 2010; Morse et al, 2006). Discussion identified that these types of unmediated empathic exchanges can be powerfully received and more likely to lead to transformational learning (Taylor et al, 2013; Mezirow, 2012). However, the value of mediated empathic response in GCS is not dismissed as it allows the emotional distance required for critical reflection. It is the transition between these two states; unmediated raw connection and mediated critical reflection that transformed perspectives seem possible.

The mechanistic use of mediated empathy skills will lead to the unfortunate impact of conscious incongruence in supervisory practice and the perception of fakeness by those in receipt of it. Whilst the findings indicate that unmediated empathy that provides therapeutic properties tends to be provided by peers, the group still look to their leader for direction and validation. However, this powerful position and therefore perspective, should

not be at the expense of the participants perspectives about relevance to the supervision task given that they are supposed to set the agenda. Finally, examination of real life practice in GCS has highlighted what any supervisor of it knows, that membership is, with the best will in the world, often inconsistent and fluctuating (Blomberg and Bisholt, 2016; Ashmore et al, 2012). The impact upon trust and therefore acceptance has been discussed, in relation to disruption of internal group relationships and consequent effective working. The ramifications for GCS practice has largely been ignored in the past but its reality should influence the way supervision is conducted to mitigate its impact.

The concluding section of this thesis will bring together all of the discussion within this chapter and consider what contribution the findings of this study has for GCS, the inherent limitations of the study and recommendations for future practice.

Chapter 6: Conclusion

6.0: Introduction

This concluding chapter begins by bringing together the methodological concerns and limitations that have been highlighted by the work. It goes on to summarise the findings and the relevance they have had for practice, research and the body of knowledge as whole. It concludes by considering the impact the work has had on me personally and for the wider context going forward.

6.1: Methodological Concerns

6.1.1: Quality Issues

There is disagreement about the characteristics that define the quality of qualitative research and many different guidelines exist (Dixon-woods, Shaw, Agarwal et al, 2004). Indeed, terms that spring from positivist concerns about reliability, validity and generalisability have been challenged for their relevance to qualitative research findings (Mays and Pope, 2000). Nethertheless, if policy or practice decisions are going to be made based upon the findings of research, studies need to demonstrate a high level of integrity and trustworthiness in their manner of conduct. Some general principles have been suggested as helpful (Noble and Smith, 2015; Dixon-Woods et al, 2004, Mays and Pope, 2000, Seale, 1999) including both universal and specific concerns (Dixon–Woods et al, 2004). Specific concerns are the importance of considering the particular features of the qualitative method employed; universal concerns are best thought of as ways to highlight the various dimensions of the research being evaluated. Noble and Smith (2015, p.34) provide a comparative set of terminology and criteria to evaluate qualitative research contrasted against the terms used in

quantitative research citing their influence as Lincoln and Gruba (1985). For validity they substitute the term "truth value", reliability is reframed as "consistency" and "neutrality" and generalisability as "applicability". These terms will be used to highlight quality issues in this study.

6.1.2. I Truth Value

This concerns philosophical standpoint and methodological congruence. The stated philosophical standpoint for this study is a shared position with other ethnomethodologists and of most relevance, CA researchers i.e. social constructionism. Earlier discussion explained that this means ascribing to the view that "human beings create and sustain all social phenomena through social practice" (Hyde, 2015, p.295) and therefore is congruent with a methodology that explicates this practice by analysing social action. Nethertheless, Seedhouse (2005) explains how this is achieved from an emic perspective by attending to the details of participant's situated interactions through responses to and projected social action. To clarify further, it is emic not merely from the participants' perspective but "the perspective from within the sequential environment in which the social actions were performed" (Seedhouse, 2004, p.3). Therefore, a priori assumptions are avoided, and analysis is led by data that demonstrates actions are procedurally relevant at that moment. Indeed, this can be the only way to claim that CA provides an emic perspective. Consequentially, individual participants' recollections of their motivations after the event are of less relevance or interest than how they orient themselves during the interaction, so triangulation through post – recording analysis such as interviews, focus groups, questionnaires etc is usually avoided.

Findings in this work, provide rich minutely described transcriptions based on recognised transcribing protocols (Jefferson, 1984). It also provides

visual snapshots of non-verbal transcripted action where it is described. However, critique that can be levelled at these is highlighted in earlier discussion concerning the veracity of transcriptions (Ten Have, 2002). For instance, the use of one rather than both camera angles for each transcription where visual data has been provided could potentially be withholding additional analytical perspectives. In addition, the pixilation of faces to protect anonymity also restricts the reader's ability to judge facial expression or gaze. Ten Have (2002) makes further comment about the nature of transcriptions and what 'truth' they actually represent in the earlier discussion. This thesis has acknowledged that the relativist ontology and subsequent methodology accepts the multiple perspectives that constitute reality. It recognises that digitally recorded audio-visual data cannot be viewed as an unproblematic 'true' version of reality, unaffected by observer effect (Wickström and Bendix, 2000), semiotics (Penn-Edwards, 2012) and technological influence (Lomax and Casey, 1998). Therefore, these aspects have been declared, as the methods have been described and they have emerged in the findings, to promote confidence in the truth value of the study. Nonetheless, provision of the actual film and audio clips might have provided further data by which to judge the veracity of the transcriptions. However, the technological challenge this would have presented whilst also maintaining anonymity was beyond the scope of the study and therefore represents a compromise to the full possibilities of presenting data. A method of transcribing visual conduct is presented in Heath et al (2010) but I felt it had limited utility in supporting analysis. Nethertheless, this data may have enhanced veracity had it been provided.

An account is provided of the analytic process concerned with developing the observations into transcriptions in 3.7. 4.. This explains how data was initially interrogated, identifying collections of instances of phenomena that

emerged as interesting as per the focus established in the literature review. Analysis has been led by reference to normative procedural organisation of talk as described by CA convention (Sacks, et al, 1974, Drew and Heritage, 1992) and SIK (Peräkylä and Vehviläinen, 2003) but only the latter case, if participants' interaction was demonstrated to orient towards these theories. Critique might point out the highly selective choice of instances to analyse and ask how one can be sure that this is representative of the data. Earlier discussion defends this by citing Seedhouse (2005) when he explains how even single case analysis can reflect the social 'machinery' that produced it and therefore as has already been proposed, nothing can undo the fact that at that moment things turned out the way that they did (Schegloff, 1993). It is for the reader to discern whether they accept the evidence and the analysis as it is presented.

6.1.2 II. Consistency and Neutrality

These aspects concern the trustworthiness and reliability by which the methods have been undertaken. Noble and Smith (2015) suggest this can be judged through measures such as how auditable the description of the research process is and how open to checks and challenge it is seen to be.

Peräkylä (1997) suggests the significant factors underpinning reliability in CA are; choice of what is recorded, the quality of the recordings and adequacy of the transcriptions. These factors have been considered above but do not really address the most mysterious aspect of CA to non-practitioners which is the choice of instances of phenomena to transcribe. Tseliou (2013) agrees this is frequently not described in journal studies. Their review of the methodology described in CA and DA studies in family therapy, was disappointed to note that there was a lack of clear and specific guidelines for conducting them. The wider literature on CA continues to

reflect this particular lack of detail, making fairly general comments about how to develop analysis (Garcia, 2013). A passage attributed to Sacks in Maxwell Atkinson and Heritage (1984) perhaps illuminates this attitude;

"Now people often ask me why I choose the particular data I choose. Is it some problem that I have in mind that caused me to pick this corpus or segment? And I am insistent that I just happened to have it, it became fascinating, and I spent some time at it. Furthermore, it is not that I attack any piece of data I happen to have according to some problems I bring to it (lecture 7, spring 1967). When we start out with a piece of data the question we end up with, what kind of findings it will give, should not be a consideration. We sit down with a piece of data, make a bunch of observations and see where they will go (lecture 5, fall 1967)." (Edited by Jefferson cited in Maxwell Atkinson and Heritage, 1984, p.27).

Unfortunately, this attitude to identifying phenomena makes the process of doing so somewhat impenetrable and recognise that my own process of decision making may be difficult to replicate. In writing this I have reviewed the reflective diaries kept over the course of the study and notice the development of ideas is not systematic but organic. Initial ideas are honed and then discarded, new revelations emerging as I focus on particular phenomena, playing fragments of films over and over again to transcribe the content as faithfully as I can. However, as Freshwater (2005) observes self-declaration through reflexivity is never presenting a complete picture. In addition, whilst the process of data interrogation is provided in this study (Heath et al, 2010), it is acknowledged that it might not yield the same findings if conducted by another researcher. I concur with Ten Have (1990) that I could do no other than use my membership knowledge (for instance lecturer, supervisor, supervisee, female, white, baby boomer, nurse, English as first language, CS champion etc) which I recognise might predispose me

to certain hearings or understandings, whilst trying to restrict such knowledge to what was being said and how. I can only ever partially know how my bias has impacted upon the findings (Freshwater, 2005) but maybe some of this is revealed in what is left unexamined such as the experience of men in my data or black students or students whose first language was not English. This was not by conscious design; I just did not note any phenomena in the data review stages that addressed these aspects. However, the data is not lost and could be interrogated again with these concerns in mind at a later point although one might ask if someone who is not a member of such groups is a credible person to do so.

Triangulation with participant's accounts is not a favoured option in CA as previously discussed. However, sharing transcriptions with other analysts is a common practice (Have Ten, 1990; Seedhouse, 2004). This was somewhat problematic for me in that I did not have easy access to any other CA researchers. Nonetheless, I used my two doctoral supervisors to review transcriptions as they developed and make comment about my proposed findings. The technique of interpretation and analysis is not linear in CA requiring a good amount of cycling backwards and forwards. I checked my interpretations against the literature reviewing what others had said about turn taking, transitions and other linguistic features, using their observations as substantiation for my own findings. Ten Have (1990) explains that one uses one's membership knowledge to initially identify the social action within talk interaction that participants are engaged in (interpretation) and use this knowledge further to support explicating the sequential sequencing of utterances towards a procedural perspective (analysis). Reliability then, can be discerned through the trustworthiness I display as a stable and credible member of relevant membership groups in this context, the reflexivity I make transparent in my own decision making and analytic explications and

consideration of the procedural mechanisms I propose. Therefore, my efforts can be critiqued against my naivety as a CA researcher and the lack of access to more experienced CA colleagues. Future work would make greater efforts to seek out CA colleagues to support the development of praxis.

6.1.2. III. Applicability

Finally, Noble and Smith (2015) suggest this relates to the relevance that findings have for other settings, groups or contexts. Common criticisms of CA concern the lack of acknowledgement of the broader social and political context in which talk occurs (Wooffitt, 2005). Describing Wetherell's 1998 critique of CA, Wooffitt (2005) explains that the close attention to participants conduct is too narrow and ignores the value-laden way that language has of making sense of reality and the world. Constructionist explanation in the methodology chapter proposed that language nurtures and passes on sets of meanings and constructs that are not limited to the immediate interactional context (Hyde, 2015). However, Wooffitt goes on to defend CA in demonstrating that whilst features of a participant's talk which may be taken for evidence of some wider meaning or discourse, they are also designed to perform some sequentially relevant local action. To focus on analysis of the discourse rather than the social action may miss some important aspect of the way talk is being used.

The findings in this study has attempted to both attend to the local sequentially relevant talk-in-interaction and situated action, whilst later theorising about how the actions demonstrated may serve a wider discourse. This situates my analysis in the centre of any dispute about the limitations of CA or any type of discourse analysis (Wooffitt, 2005). It seems to me that accepting there are multiple ways of viewing reality allow for an analysis that bridges opposing positions without compromising a constructionist

sentiment. The relevance of such a debate to applicability is that this study has identified in small collections of single-case analyses, sequential sequences of local talk-in-interaction that demonstrate orientations towards significant aspects of GCS practice amongst its participants. The wider relevance of these actions is explored through the consideration of dominant narratives in nursing and relevance for key theoretical influences on learning and interactional practice. Therefore, I contend that the applicability of the findings applies not only to GCS in nurse education and nursing but potentially for small group interactional practice in other contexts.

6.2: Limitations

Some of the limitations in this study have been highlighted above in discussions concerning quality or previously as they have emerged throughout the work. Nethertheless, these will be further clarified by considering them under concerns about the paradigm and methods used.

Research paradigms can be defined as a set of beliefs about the world, an individual's place within that world and the range of possible relationships to the world and its parts (Guba and Lincoln, 1994). Therefore, the different relevant paradigmatic dimensions for a researcher concern the ontological, epistemological and methodological positions that they adopt (Guba, 1990; Guba and Lincoln, 1994). Characterised as overlapping and interconnected, there is no linear hierarchy (Guba and Lincoln, 1994). In this thesis they have been identified as; relativist (ontology), social constructionist (epistemology), and ethnomethodology using conversation analysis as a method. Consequently, in no particular order, limitations related to these dimensions will be considered first.

Criticisms levelled at relativist approaches concern subjectivity and consequent lack of generalisability and application of findings to wider

contexts and situations (Eusafzai, 2014). As has already been stated, CA can make no claims other than the very local accomplishment of social action relating to the very specific context in which it is set (Schegloff, 1993), although some generic rules can be applied. Nevertheless, the question "why that now" (Schegloff and Sacks, 1973) does help to explain how participants in the study oriented to each other's conduct in each analysed instance. However, to move from analysis of single case instances to generalisation is difficult and no attempt is made to infer common rules for sequential sequencing in the organisation of talk in GCS. As previous discussion has highlighted, the quasi-conversational nature of talk in GCS and the eclectic organisation of GCS in this study negates that approach anyway. Nonetheless, a case is made directly above about applicability in other ways.

Quality issues picked out other specific limitations one might level at the findings related to paradigmatic positioning. This included the way in which subjectivity is likely to have impacted upon data interrogation. When membership knowledge (Ten Have, 2002) is such an important aspect of the research process, a certain level of competence as a stable member of any given collective within a social system is paramount. Words such as 'member', 'competence' and 'collective' are taken from an ethnomethodological concern with "capacities or competencies that people have as members of society; capacities to speak, to know, to understand, to act in ways that are sensible in that society and in the situations in which they find themselves." (Ten Have, 2002 section; 3.5). The consequence of this has been noted, concerning my capacity to recognise orientations towards behaviours that are hidden in plain sight i.e. that I may not notice because they are so mundane to me, but that members of other membership groups may spot immediately. This does appear to be a somewhat ironic limitation given that recognising "common-sense knowledge" (Garfinkel and

Sacks, 1970, p.342) is the main ethnomethodological enterprise in CA. In contrast to other ethnomethodological approaches which often work to expose instances that breech ordinary expectations in order to reveal their orderly nature, CA seeks to explicate the ordinary rather than the extraordinary (Ten Have, 2002). Nethertheless, if readers of this work constitute a community of practice, Ten Have (2002) suggests that our shared membership should constitute a good enough basis for the intelligibility of research materials and explication of them. It does not however negate missing mundane practice that may be the common experience of minority groups in the data such as men.

Related to this is the accusation that CA does not acknowledge wider theoretical concerns or sociopsychopolitical influences (Wooffitt, 2005). Earlier discussion in the methodology chapter defended against this accusation by pointing out the multiple range of social, cultural and personal contexts that may come to bear on any interaction (Seedhouse, 2004). It is impossible to anticipate all of the influences that there might be in analysing talk-in-interaction, so CA avoids this and sticks to describing what can be seen to be locally procedurally relevant. However, this somehow misses the point that the enterprise of CA is being accused of being trivial and not addressing core sociological themes (such as power, class, gender etc), instead attending to matters of little wider relevance (Wooffitt, 2005). So, whilst the former point being made concerned a benign lack of intuitive understanding in the absence of membership knowledge, the point being made here is more dynamic. A serious limitation could be way in which power subjugated, dismissed or misinterpreted possible perspectives.

Another limitation highlighted within quality issues is the veracity of transcriptions. A fuller exploration of this issue is made there, nethertheless it is worth identifying that the method of presenting data is not considered

to be without limitations and a number of enhancements may have expanded readers ability to make judgements on the analysis provided. This includes; improving the readers ability to interpret the visual data provided and improving the transparency of the decision-making process.

In consideration of the methods used, there are some aspects that were not part of the original study design. These concern pragmatic decisions made to overcome difficulties that emerged during research practice. These were; choice of sample and digital filming.

An explanation is given for the way the sample was eventually constructed in the methodology chapter. However, to summarise, the first sampling intention was to develop a purposive sample (Joyce, 2008) but eventually changed to what may be described as one of convenience Polit and Beck, 2012). A robust defence of the validity still inherent in this choice is made within the explanation. Nethertheless, it was not the original intention and therefore is declared as a limitation. Patton (1999) suggests that the concern is not with the level of distortion or bias a sample may represent in qualitative research but with how clearly the purpose and limitations of the sample is described. It is acknowledged that the sampling method could have impacted upon the richness of the data by; reducing the variety of conditions from which data could be collected and restricted the sample to a self-selecting group of participants whose motivations for consenting may have impacted upon the findings.

Limitations associated with the digital filming are the impact that the very evident process of filming had on participants normal behaviour. The initial design tried to minimise the impact by keeping the cameras small and their placement discrete. However, as more and more technical enhancements became necessary to promote the quality of the sound and visual clarity, evidence of the filming became more obvious. Discussion has explained how

the situation of technical intrusion was embraced as part of the analytic process (Lomax and Casey, 1998) and the findings used to explicate aspects of social action. The key issues seem to be in relation to the overall ontological, epistemological and methodological congruence this situation held. I have declared myself comfortable with the transparency of the filming process and see no incongruence from an ontological perspective. Epistemologically, participants awareness of the process they were engaged in was heightened. At times they were struggling with alternate realities, one moment being in the 'here and now' the next, some other reality where they were not sure what was going to happen or what would happen to the product of their conversations. Nethertheless, this struggle was not necessarily constant and there were times when it seemed the cameras were forgotten. This seems likely as it has been observed by other CA researchers that participants can talk the relevance of their task (in this case GCS) in and out of being from one moment to the next (Seedhouse, 2004; Markee, 2004). Therefore, whilst the filming clearly had an impact on behaviour, I do not feel that its significance negates the validity of the findings. In fact, it may have enhanced the strangeness of the environment bringing mundane and ordinary practices into focus for its participants. This made such practices more overtly available for analysis.

A final limitation to declare that has already been inferred, is my own naivety as a researcher. There are aspects of the study that a more experienced researcher may have anticipated before they happened. These include the ethical dimensions of the study that necessitated rethinking the sampling method, the potential coercion of staff participants and the extent to which the consenting process highlighted the limits of confidentiality. It also includes my technical expertise and the level of sophistication I was able to call upon as a film maker. Finally, my lack of experience with the method of

CA and access to ongoing specialised external critical review. Some of these points required remedial action that could have been avoided. However, I would contend that the limitations they posed were largely addressed as they emerged and have not significantly impacted upon the overall findings.

6.3: Summary of findings

This study has given access to the private world of GCS and revealed how many of the positive findings reported in the literature review, are accomplished. In this inquiry, the findings demonstrate, ordinary everyday exchanges of caring between peer participants, is in large part responsible for providing the necessary conditions for a conducive learning environment (Roger, 1983). Discussion argues that it is their compassion for each other, and their co-construction of narratives from practice that is responsible for the consistent reports of how much GCS is valued for the restorative support reflected in other GCS research. Nevertheless, the supervisor remains an important figure for the participants and their control of the learning environment is critical. Recognition of the impact that supervisory duties can have on perceived emotional engagement were analysed. It is suggested that the learned mediation of empathy so useful in protecting against the emotional labour of clinical practice, provides different functions in GCS. For instance, a supervisor may find themselves enacting conscious incongruence, in order to provide the emotional space to facilitate structure and process. Interestingly, food was identified in this study as another mediating tool. For participants, mediated empathy provides cognitive space to critically reflect. It is suggested that it is the space between mediated and unmediated empathic responses that offers the opportunities for transformative learning.

A finding of the literature review highlighted that the concept of challenge was not highly valued by student participants and it was recognised this could be a significant barrier to personal and professional development. A key finding in this study is that the compulsion to maintain group harmony and conventions to promote agreement in ordinary talk makes confrontative interventions very uncomfortable. It is argued that challenge needs to be an understood expectation of GCS, and the consequent discomfort may then be better tolerated. A way to progress this agenda is positioned as part of the aspiration of GCS to provide transformative learning through critical reflection (Mezirow, 1990). The vehicles by which transformative learning can be realised is embedded in the concepts of conscientization and problematization (Freire, 1993). The argument is posited that the dialectical learning environment of GCS is perfect for questioning presuppositions and the subjugated nature of their own and their patients' experiences. The powerful outcome of this enables student nurses to practice challenging dominant narratives, and better act as advocates for patients, service users and carers through emancipatory practice.

This study also uncovered some of the covert forces that underpinned social action in GCS. Supervisors were inclined to accept the status quo and encourage student resilience; accept that practice is stressful and that staff responses to this are to be understood. Their concern for students reflected the multiplicity of their inferential frameworks and was at times predisposed towards paternalism. Discussion suggests that such actions may serve to reinforce the student's sense of powerlessness. Another key finding that is reflected in the literature review concerns the students' underlying anxiety about the function of systems that are intended as facilitative and supportive such as mentors and GCS supervisors. The findings make it clear that students are concerned about the monitoring function of such mechanisms,

and the use of filming in the study was found useful in demonstrating this concern. The theory of Foucault (1977) was used to explicate how the notion of surveillance might impact on students' behaviour, however, encouragingly his thoughts suggest that resistance is not futile but inevitable in the presence of power-over. The challenge in GCS is to address lecturer supervisor's own propensity towards disempowerment and instead, promote enablement.

6.4: Implications for practice

The implications for practice fall into two areas; recommendations for the way GCS is implemented and conducted and future research.

Earlier analysis of the findings in the literature review used the structure, process, outcome model (Donabedian, 1966). An adaptation of the sections in this model means that in this context; structure will represent all of the factors that the findings in this study suggest affect the context in which GCS is delivered, process will represent the sum of all actions that influence successful GCS and outcome will refer to the effects that successful implementation of structure and process influencing these factors will have.

6.4.1: Structure

There is an inherent conflict of role for the lecturer supervisor in GCS with student nurses. However, this can be mitigated by careful consideration of a number of structural issues that impact on the learning climate. These include;

- Negotiating clear boundaries for supervision that deal with confidentiality not only of patient material and supervisee disclosure but of when outcomes of discussion need to be taken outside of supervision.

- Transparency in recognition of inferential frameworks (for both supervisors and supervisees) and how that might impact on the supervision agenda.
- Agreement to a supervision alliance model in GCS includes creating a learning environment that provides a balance of support and challenge to promote personal growth and professional development. The weighting of both components needs to be equal but creating a safe enough learning environment for this to happen is critical

6.4.2: Process

Critical reflection is a valuable tool for transformative learning in GCS. Supervisors should be prepared to help participants achieve this by;

- Considering their own (supervisors) presuppositions and have awareness of how this may impact upon facilitation.
- Encouraging supervisees to reflect on their frames of reference and meaning schemes, to recognise how this influences their actions and those of others.
- Questioning and exploring dominant narratives about power and traditional clinical cultures in practice.
- Examining how assumptions, attitudes, and feelings impact upon self and patient advocacy and ultimately, nursing praxis.

Supervisors need to recognise that learned professional approaches to mediating empathy is likely to have a distancing effect which can impact on students' perceptions of their engagement. Styles that reflect their genuineness are preferred by students who regard their facilitation as important.

Participants' support of their peers in GCS is critical. This is the key component of providing a successful learning environment. Therefore, supporting the development of the supervision alliance within the group is vital.

In GCS settings where fluctuating attendance is an uncontrollable feature, devices need to be found to establish quick rapport at each session. Food has been found to provide a symbolic shortcut to empathy and effective working.

6.4.3: Outcome

The effects of integrating the recommendations above into GCS practice will begin to address;

- Potential participant concerns about trust versus mistrust.
- The capacity to achieve deep sustainable learning from engaging in GCS.
- Better acting for self and patient advocacy.
- Recognition of the reality of GCS practice contrasted against the theory of practice (SIK) and how to promote effectiveness despite its chosen structural limitations.

6.5: Recommendations for research

The duality of the lecturer supervisor and their conduct has been a problematic finding in this study. Future research might usefully investigate alternative structures for the educational setting that does not carry this burden such as peer led GCS. An apparent advantage of this would be retention of the best valued aspects of GCS with student nurses i.e. peer support.

The experience of men in GCS remains unexplored and yet previous research has highlighted that it could be different to that of women (Arvidsson et al, 2008c). Discussion concerning power, oppressed groups and the minority status of men in nursing (Evans, 2004; Rowlinson, 2013; O'Lynn and Krautscheid, 2014; Whiteside and Butcher, 2015) suggests that this significant topic needs more attention not only in relation to GCS but in the wider context of nursing.

Several limitations were identified above in relation to the current study. Future research could address these by; adding to the collection of case studies to further refine understanding, improve the technical sophistication of the filming method to enhance the availability of non-verbal situated data, consider how presentation and dissemination of non-verbal data can be improved.

CA methodology has proved useful in uncovering the mechanisms of talk used in GCS in nurse education. Its utility in examining social action within small groups suggests that it might have a much wider application both within and outside of healthcare. Potential contexts might include not only GCS but also action learning, mentorship, pre-ceptorship, coaching, therapy groups, support groups and more.

6.6: Contribution to Body of Knowledge of Clinical Supervision in Nursing.

With concern being raised about the invisibility of contemporary CS research and calls for an expansion of CS research agendas (White, 2016; Goodyear, 2016) this study reasserts the importance of the endeavour. It is the first study to have applied CA methodology to the setting of GCS in pre-registration nurse education. It is unique in examining both verbal and non-verbal interaction through the medium of digital filming to analyse social action in GCS. This study is unmatched in the literature in using an empirical

method to observe the accomplishment of GCS whilst maintaining an emic perspective from within the sequential environment where social actions were performed.

The value in presenting a new way of exploring the experience of participants in GCS has, as suggested by (Peräkylä & Vehviläinen, 2003) led to providing a more detailed picture of interactional practice in GCS and added new dimensions to understanding. This has been achieved by explicating a description of practices not provided by the abstraction of theory or exploration of participants experience in previous research. These practices include the following; paternalistic approaches adopted by supervisors that reinforce the students sense of inequality and disempowerment by acceptance of the status quo in practice, an orientation towards group harmony over the discomfort of appropriate challenge and the impact of learned (mediated) and natural (unmediated) empathic facilitation in supporting or undermining the supervision task.

This study identified that it is the ordinary, everyday exchanges of caring between GCS peer participants that provided the restorative support reported in the literature as being so highly valued (Lindgren et al, 2005; Holmlund et al, 2010; Carver et al, 2014). Whilst the supervisor was still a pivotal component of successful GCS, the emphasis found in literature about the importance of their empathic contribution was found to be more complicated in a group context (Rogers, 1994; Proctor, 2001). Their relationship with participants was more closely aligned with promoting the functioning of an effective working group (Bion, 1961) and accomplished through their skills of facilitating structure and process. The use of mediated methods of empathic interaction (Morse et al, 2006) between both participants and the supervisor and participants offered the cognitive space to critically reflect (Mezirow, 1990), but appeared to distance participants

from their immediate feelings and the connectedness that conveyed restorative support.

The approach to challenge was seen to be tentative and very sensitively managed. The compulsion towards accountable group harmony (Garcia, 2013) made tolerating the discomfort of challenge problematic. Confrontative interventions (Heron, 2001) need to be an expectation of engagement to be better tolerated. However, as dialectical interaction is a feature of GCS this can be harnessed to challenge dominant discourses that seek to subjugate and marginalise client groups and nursing practice (Freire, 1970; Rozendo et al, 2015). This would provide a clearer focus for the purpose of challenge.

This study contrasts interactional theory against observed practice in CS and its findings confirm certain theoretical assumptions made about the use of power (Kadushin, 1992). The debate concerning person-centred versus hierarchical approaches (Yegdich, 1998; Proctor 2001) has long been contentious. The findings confirm that when inferential contexts for supervision are put first, participants are reminded that discussion may trigger a range of different hierarchical concerns and potential actions in the supervisor. Analysis demonstrates that these can have both positive and negative consequences in line with the literature (Yegdich; Bond and Holland, 2010).

6.6.1: Methodology

The use of CA methodology (Sacks, 1964) has provided an alternative way of exploring GCS that addresses some of the methodological concerns identified in previous studies. This study provides evidence that CA offers a particularly apt method for studying an activity predicated on talk interaction. Examination of both talk and non-verbal interaction through

digital filming, increases the richness of analysis and brings the reader of research nearer to the phenomena (Pearce et al, 2010); an opportunity usually only open to those present during the activity. The method offers the flexibility to apply the rules to any CS/GCS context (Sacks et al, 1974). Therein lies a potential to build a comparable body of interactional knowledge about conduct and accomplishment in CS and GCS whatever the specific context.

6.6.2: Knowledge Transfer to Other Contexts

CA methodology has proved useful in examining the experience of participants in facilitated small group settings. Whilst no claims can be made about the generalisability of the findings (Schegloff, 1993), the literature review identified similarities between challenges, gaps in understanding and methodological limitations in the wider and more specific body of CS knowledge. As GCS is the most frequently chosen model reflected in the CS literature (Pollock et al, 2017), learning need not be limited to nurse education and might equally apply in wider practice settings that uses this approach.

In other contexts, facilitated small group settings often share similar concerns about the way power is utilised and process is managed (Tuckman and Jenson, 1972; Johnson and Johnson, 2013). CA methodology has demonstrated an effective way of contrasting interactional knowledge and practice against analysable social action in these settings. The findings in this study provide a foundation for reviewing small group practice where person-centred approaches are central to facilitation, engagement and outcomes.

The value of peer support in promoting a conducive person-centred learning environment also has implications outside the specific context of GCS and

provides evidence that supports the wider body of literature in health (Denis, 2003) and higher education (Knight et al, 2012) to name but two areas. In addition, the co-construction of narratives in the study and its impact on either distancing or increasing shared empathy may be illuminating in a range of settings where such relationships are considered critical for instance counselling, support groups and therapy groups.

6.7: Personal Reflections

I have had cause to consider in some depth how writing this thesis has had an impact upon me. It is the culmination of a full and rich professional life in health visiting, nursing and academia. It has represented something profound; an opportunity to bring what I know and have learned about the practice of clinical supervision together with my passion for seeing its utility enhanced and its implementation promoted; a legacy. But more than that I would like to share some musings about how it has impacted upon my own deep learning and sense of self.

This work has been completed part time whilst I have continued to work full time in a range of demanding roles. Engagement with the thesis has sometimes been too much and at others a source of strength. Its themes have given me cause to wonder who I am, and I have found myself constantly contrasting my own knowledge and experience of self, life and professional practice against the new perspectives I was gaining from the study. I tell you this because my writing, sense of self, life events, professional practice and work life have all become entangled. Even this disclosure is only partial, but it is disingenuous to suggest I can bracket off everything I am and everything that has happened to me when I write a piece of work that has taken so long and is as close to my heart as this. So, when I read this work it challenges me to reflect on how it came into being.

The first thing that strikes me now is the structure of the thesis. It is clearly set out in two parts; my chosen methodological approach and the discussion. My methodology focuses in on analysis of social action within the data, interpreted using linguistic mechanisms; the discussion considers the wider social context of such action. CA is simultaneously considered empirical and interpretative (Ten Have, 1990). In literature describing positivist and interpretative methods this would usually be a contradiction in terms (Hammersley, 1995) but in CA methodology, analysis is "bottom-up and data driven" empirically oriented but interpretively dependent on a credible membership knowledge to identify the contextual sensitivity (Ten Have, 1990; Seedhouse, 2004 p15). The empirical orientation and the analytic process called to my need to 'prove' the effectiveness of CS. Its orderly methods sought to reassure the reader through the transparency of the analysis. Nevertheless, earlier discussion has acknowledged its more arcane features. The wider contextualisation used to explore the findings within the discussion chapter, called on lots of theory to explicate the potential psychosociocultural drivers of social action. However, as Mezirow (2000) noted it is an epistemic distortion to mistake theoretical supposition for fact.

On reflection I feel the structure and writing was attempting to draw two dichotomous positions together; evidence about an objective truth and yet recognition that truth is a complex concept not easily objectified. I recognise the incongruence of this position, but I concur with Hammersley (1995) in that it is a position most of us take for granted in our everyday dealings with the world. We know not everyone sees the world as we do but we accept this. CA gave me a way to balance the tension of these two positions although I must admit to some cognitive dissonance even yet. I am not on my own. Some have argued that there can be no reality outside of discourse. Summarising such views in relation to constructionism, Nightingale and

Cromby (2002, p.703) describe them thus; "both language and knowledge are seen as socially constructed rather than as an unmediated reflection or 'mirror' of an objectively knowable reality". However, in a carefully constructed case study they seek to illustrate that an extra-discursive (none linguistic) subjectivity can become an embodied thing, through social and discursive practice. In this way they propose that language might not always have primacy in constructionism and that a critical realist ontology might be applied allowing for a version of reality, albeit partial and continuously revisable. I find their explanation a little tortuous and not entirely convincing referring as it does to a raft of caveats and other theoretical positions in order to achieve it. Nethertheless, I empathise with their endeavour to maintain the ability to deconstruct social practice through social constructionism whilst simultaneously believing in a material world outside of this that has influence above and beyond discourse.

Examination of the sources of power in CS is a well-trodden path and I was quick to notice it in my findings. However, musing upon power, I found myself considering the wider sources of it in Higher education (HE); the theoretical concerns of Foucault concerning the internalisation of external control were particularly resonant (Foucault, 1977, 1980). Increasingly, HE is aligning its systems and processes with those of any major corporate enterprise in an effort to ensure its 'customers' (the students) receive value for money (Deem et al, 2007, Deloitte, 2015). However, it frequently feels like 'value for money' relates more strongly to business expediency than 'scholarly worth' (Grant, 2014, p.1280) and there has been discussion about the commodification of knowledge and qualifications (Rolfe, 2012). I have felt increasingly at odds with an educational environment that frames itself in this way and concur with Grant (2014, p.1282) in locating my personal

values as rooted in "moral, communitarian and social justice rather than in business domains".

The call to resistance and emancipation through communicative practice (Freire, 1970) was stirred within me as I considered my own emancipation from the strictures of audit and control contained within the technologies of power (Foucault, 1980). However, my status as a student also felt disempowered. The conflict between work and study created internal and external dissonance; another dichotomy for me to manage. In parallel with my findings from GCS, the company of other colleagues who were also doctoral students provided the empathy and collective energy we all needed to carry on. In addition, I suspect that the process of conscientization and problematization (Freire, 1993) has also led to a new group of senior colleagues with individual agendas for change. I speculate with hope, that if this has been true for me and my colleagues it can be through GCS for student nurses.

The disorienting emotional and experiential rollercoaster of undertaking this study has left me changed as one might expect (Taylor, 1993). But then so has the accompanying journeys of life and work that have run parallel to this. Each distinct set of discourse and practices has merged and intersected. My frames of reference (Taylor, 1993) have shifted, some of them profoundly but they cannot all be attributed to one event. The embodied learning here is that there are multiple influences on our lives and these are likely to be reflected in our practices, no matter how carefully we try to understand what they are and put them aside in the service of focus or objectivity. In addition, to be critically reflective requires submitting to a personal level of vulnerability that is not always in one's own best interests at that moment in time. Blind spots sometimes work to protect us therefore

timing is critical and the space to return to issues when one is ready is paramount.

Perhaps it is apposite to conclude this reflection with the impact of considering Rogers (1961) core conditions as they ran in strands through the study. The way that empathy was accessed and made available were key findings. However, as Williams and Stickley (2010) noted it is difficult to consider empathy without also thinking about Rogers other core conditions. A significant impact of conducting this study for me was a growing sense of how important it is to be authentic and genuine in my professional role. Recognising the way that mediated versus unmediated empathy either served to distance or increase participants connection with each other has had an effect on my self-awareness. I try hard to be simultaneously authentic and professional. I have become braver at letting go and staying quiet. I am increasingly happy to relinquish my expert status and enjoy learning alongside the students. It is in such moments when we are all discovering something together that I find my job most satisfying.

6.8: Closing Thoughts

The current NHS healthcare setting is under huge pressure from changing demographics, spiralling inflationary costs, uncertainty sparked by Brexit and unprecedented organisational change (Lacobucci, 2017). Set against this student nurses are entering a rapidly changing setting for their education and practice. Expectations of their skills and competences are rising and becoming more technical (NMC, 2017) and yet, nurses have been described as being the "shock absorbers" of a service in crisis and under strain (Ford, 2017). GCS has been identified as a successful support mechanism for student nurses as they undertake personal and professional education and development for the role of registered nurse. However, it has the potential to provide so much more. It can underpin their developing

knowledge and understanding with empathic and contextual meaning. It can protect against subjugating narratives that serve to position them in defence of their practice. Findings in this study, offers a way for students and their supervisors to nurture and develop their collective voice so that they can advocate for their patients, themselves and the precious environment of UK healthcare.

References

Adelsward, V. (1989) Laughter and Dialogue. **Nordic Journal of Linguistics**. 12, 107-136.

Agélii, E., Kennergren, B., Severinsson, E., Berthold, H. (2000) Ethical dimensions of supervision: The supervisors' experiences. **Nursing Ethics.** 7 (4), 350-359.

Allan, H. T. (2011) Using psychodynamic small group work in nurse education: Closing the theory–practice gap? **Nurse Education Today** 31 (5), 521-524.

Anderson, C. (2010) Presenting and evaluating qualitative research. **American Journal of Pharmaceutical Education:** 74(8) 141, 1-7.

Arpana, G., Inman, H., Hutman, A., Pendse, L., Devdas, L., Luu, and Ellis, M. V. (2014) Current Trends Concerning Supervisors, Supervisees, and Clients in Clinical Supervision Chapter IN; Watkins Jnr, C. E., Milne, D. (2014) **The Wiley International Handbook of Clinical Supervision.** Oxford. Wiley Blackwell.

Arminen, I. (2005) Sequential order and sequence structure: the case of incommensurable studies on mobile phone calls. **Discourse Studies**, 7(6), 649-662.

Arvidsson, B., Skärsäter, I., Baigi, A., Svensson, M-L., Fridlund, B. (2008a) The development of a questionnaire for evaluating process-oriented group supervision during nursing education. **Nurse Education in Practice** 8, 88–93.

Arvidsson, B., Skärsäter, I., Fridlund, B., Svensson, M. L., Baigi, A. (2008b) Effects of Process-oriented group supervision as reported by nursing students – a pilot study. **Vård i Norden** 87(28), 32–35.

Arvidsson, B., Baigi, A., Skärsäter, I. (2008c) Changes in the effects of process-oriented group supervision as reported by female and male nursing students: a prospective longitudinal study. **Scandinavian Journal of Caring Science** 22, 437-444.

Arvidsson, B., Skärsäter, I., Öijervall, J., Fridlund, B. (2008d) Process oriented group supervision implemented during nursing education: nurse's conceptions 1 year after their nursing degree. **Journal of Nursing Management** 16, 868-875.

Ashmore, R., Carver, N. (2000) Clinical Supervision in mental health courses. **British Journal of Nursing** 9, (3).

Ashmore, R., Carver, N., Clibbens, N., Sheldon, J. (2012) Lecturers accounts of facilitating clinical supervision groups within a pre-registration mental health curriculum. **Nurse Education Today** 32, 2224-2228.

Atkinson, J. M., Drew, P. (1979) **Order in court.** Springer.

Atkinson, J. M. (1982) Understanding formality: the categorization and production of 'formal' interaction. **British Journal of Sociology** 33, 86-117.

Atkinson, J., Heritage, J. (Eds) (1984) **Structures of Social Action; studies in conversation analysis.** UK. Cambridge University Press.

Aubeeluck, A., Stacey, G., Stupple, E. J. (2016) Do graduate entry nursing student's experience 'Imposter Phenomenon'? An issue for debate**. Nurse education in practice** 19, 104-106.

Back, K.W. (1972) **Beyond words: The story of sensitivity training and the encounter movement.** New York: Russell Sage.

Baghramian, M., Carter, J. A. "Relativism", **The Stanford Encyclopaedia of Philosophy (Summer 2017 Edition)**, Edward N. Zalta (ed.) [online] URL = https://plato.stanford.edu/archives/sum2017/entries/relativism/>.

Baker, R. (2004) Patient-centred care after Shipman. **Journal of the Royal Society of Medicine** 97(4), 161-165.

Barrett-Landau, S., Henle, S. (2014) Men in Nursing: Their Influence in a Female Dominated Career. **Journal for Leadership and Instruction** 13(2), 10-13.

Baumgartner, L. M. (2012) **Mezirow's theory of transformative learning from 1975 to present. The handbook of transformative learning: Theory, research, and practice:** Jossey-Bass.

Bavelas, J. B., Coates, L., & Johnson, T. (2000) Listeners as co-narrators. **Journal of personality and social psychology** 79(6), 941.

BBC (2017) London Fire; What Happened at Grenfell Tower? [online] **BBC News. London.** July 17th**.** [online] At; http://www.bbc.co.uk/news/uk-england-london-40272168 Accessed; 28/7/17.

Beach, W. A. (1993) Transitional regularities for 'casual' "Okay" usages. **Journal of Pragmatics** 19(4), 325-352.

Beddoe, L. (2010) Surveillance or reflection: Professional supervision in 'the risk society'. **British Journal of Social Work** 40(4), 1279-1296.

Benner, P. (1982) From novice to expert. AJN **The American Journal of Nursing** 82(3), 402-407.

Bentham, J. (1995) The Panopticon Writings (edited and introduced by Miran Bozovic). London and New York: Verso, 100.

Berger, P. L., and Luckmann, T. (1967) **The social construction of reality: A treatise in the sociology of knowledge.** UK: Penguin.

Billig, M. (1999) Whose terms? Whose ordinariness? Rhetoric and Ideology in Conversation Analysis. **Discourse and Society** 10(4), 543-558.

Bion, W. R. (1961) **Experiences in groups and other papers**. New York: Basic Books.

Bishop A. H., Scudder, J. R. (1997) Nursing as a practice rather than an art or a science. **Nursing Outlook** 45, 82– 5.

Bishop, V. (2007) **Clinical Supervision in Practice. Some questions, answers and guidelines for professionals in health and social care.** Basingstoke: Palgrave Macmillan.

Blomberg, K., Bisholt, B. (2016) Clinical group supervision for integrating ethical reasoning. **Nursing Ethics** 23 (7), 761-769.

Bolden, G. (2009) Implementing incipient actions; the discourse marker 'so' in English conversation. **Journal of Pragmatics** 41 974 – 998.

Bolinger, D.L.M. (1989) **Intonation and Its Uses**. Stanford University Press. In: Ward, N. (2004) Pragmatic functions of prosodic features in non-lexical utterances. **In Speech Prosody 2004, International Conference**.

Bond, M., Holland, S. (1998) **Skills of Clinical Supervision for Nurses.** McGraw Hill Open University Press.

Bond, M., Holland, S. (2010) **Skills of Clinical Supervision for Nurses.** McGraw Hill Open University Press.

Bonham, P. (2004) **Communicating as a mental health carer**. Nelson Thornes.

Bonner, A., Tolhurst, G. (2002) Insider-outsider perspectives of participant observation. **Nurse Researcher** 9 (4), 7-19.

Borton, T. (1970) **Reach, Teach and Touch**. McGraw Hill, London.

Boud, D., Walker, D. (1998) Promoting reflection in professionals' courses: the challenge of context. **Studies in Higher Education**, 23(2), 191-206.

Bowers, L., Jones, J., Simpson, A. (2009) The demography of nurses and patients on acute psychiatric wards in England. **Journal of Clinical Nursing** 18(6), 884-892.

Brandon, A. F., All, A. C. (2010) Constructivism theory analysis and application to curricula. **Nursing Education Perspectives** 31(2), 89-92.

Brewis, J. (2014) The ethics of researching friends: On convenience sampling in qualitative management and organization studies. **British Journal of Management** 25(4), 849-862.

Brookfield, S. (1993) Self-directed learning, political clarity, and the critical practice of adult education. **Adult Education Quarterly** 43(4), 227-242.

Brown, G. I. (1990) **Human teaching for human learning; An introduction to confluent education.** New York: The Gestalt Journal.

Brown, A., Bourne, I. (1995) The social work supervisor: Supervision in community, day care, and residential settings. In: Bond, S., Holland, M. (2010) **Clinical supervision for Nurses. 2nd Edition**. UK: McGraw Hill.

Brunero, S., Stein-Parbury, J. (2008) The effectiveness of clinical supervision in nursing: an evidenced based literature review. **The Australian Journal of Advanced Nursing** 25(3), 86.

Burck, C. (2005). Comparing qualitative research methodologies for systemic research: The use of grounded theory, discourse analysis and narrative analysis. **Journal of family therapy** 27(3), 237-262.

Burrow, S. (1995) Supervision: clinical judgement or management control. **British Journal of Nursing** 4(15) 879-882.

Butterworth, T., Bell, L., Jackson, C., Pajnkihar, M. (2008) Wicked spell or magic bullet? A review of clinical supervision literature 2001 – 2007. **Nurse Education today** 28(3) 264-72.

Butterworth, T., White E., Winstanley, J. (2010) Does clinical supervision lead to better patient outcomes in mental health nursing? **Nursing Times** 106 (16), 16-18

Carper, B. A. (1978). Fundamental patterns of knowing in nursing. **Advances in nursing science**, 1(1), 13-24.

Carroll, M. (2008). Supervision and transformational learning. **Psychotherapy in Australia**, 14(3), 38.

Carvel, J. (2004) Nursing Chief criticises few "too posh to wash" UK News. **The Guardian**. 11/5/2004. [online] at; https://www.theguardian.com/uk/2004/may/11/politics.society Accessed; 26/7/17.

Carver, N., Ashmore, R., Clibbens, N. (2007) Group supervision in pre-registration nurse training: The views of mental health nursing students **Nurse Education Today** 27, 768-776.

Carver, N., Clibbens, N., Ashmore, R., Sheldon, J. (2014) Mental Health pre-registration nursing students' experiences of group clinical supervision: A UK longitudinal study. **Nurse Education in Practice** 14, 123- 129

Cassedy, P. (2010) **First Steps in Clinical Supervision. a guide for health care professionals.** McGraw Hill Open University Press.

Clarke, A., Dooher, J., Fowler, J., Phillips, A.M., North, R., Wells, A. (1998) Implementing Clinical Supervision. In: Fowler, J., ed. (1998) **The Handbook of Clinical Supervision: Your Questions Answered.** Salisbury: Quay Books Mark Allen Publishing Ltd.

Clibbens, N., Ashmore, R., Carver, N. (2007) Group clinical supervision for mental health nursing students **British Journal of Nursing** 16 (10), 594-598.

Clifford, P.G. (1992) The myth of empowerment. **Nursing Administration Quarterly** 16(3), 1–5.

Clouder, L., Sellars, J. (2004) Reflective practice and clinical supervision: an interprofessional perspective. **Journal of Advanced Nursing**. 46(3), 262-269.

Coaley, K. (2014) **An introduction to psychological assessment and psychometrics**. Sage.

Colliver, J. (2002) Constructivism: The View of Knowledge That Ended Philosophy or a Theory of Learning and Instruction? **Teaching and Learning in Medicine.** 14(1), 49-51.

Cotton, A. (2001) Private thoughts in public spheres: issues in reflection and reflective practices in nursing. **Journal of Advanced Nursing.** 36(4), 512-519.

Cottrell, S. (2004) **The influence on attachment style on clinical supervisor style in nurses and allied professionals.** Unpublished MPhil. University of Bangor.

Crawford, P., Bonham, P., Brown, B. (2006) **Foundations in Nursing and Health: Care Communication in Clinical Settings**. Nelson Thornes.

Crawford, P., Brown, B. (2010) Fast healthcare: brief communication, traps and opportunities. **Patient education and counselling.** 82 (1), 3-10.

Crocket, K. (2002) Introducing counsellors to collaborative supervision. **The International Journal of Narrative Therapy and Community Work**, 4, 19–24.

Curtis, J., Bowen, I., Reid, A. (2007) You have no credibility: Nursing students' experiences of horizontal violence. **Nurse Education in Practice**. 7(3), 156-163.

Cutcliffe J., Epling M. (1997) An exploration of the use of John Heron's confronting interventions in clinical supervision: case studies from practice. **Psychiatric Care** 4, 174–175, 178–180.

Cutcliffe, J. R., Proctor, B. (1998). An alternative training approach to clinical supervision: 2. **British Journal of Nursing** 7(6), 344-350.

Cutcliffe, J. R. (2001). An alternative training approach in clinical supervision. **Fundamental themes in clinical supervision**. London: Routledge, 47-63.

Cutcliffe, J., Hyrkäs, K., Fowler, J. (2011) **Routledge Handbook of Clinical Supervision. Fundamental International Themes.** Routledge.

Cutcliffe, J. R., Sloan, G. (2014). Towards a consensus of a competency framework for clinical supervision in nursing: Knowledge, attitudes, and skills. **The Clinical Supervisor**, 33(2), 182-203.

Cutcliffe J., Epling, M. (1997) An exploration of the use of John Heron's confronting interventions in clinical supervision: case studies from practice. **Psychiatric Care** 4, 174–175, 178–180.

Davis, A. (2008) **Celebrating 100 years of Social Work.** University of Birmingham.

Deem, R., Hillyard, S., Reed, M. (2007) **Knowledge, higher education, and the new managerialism: The changing management of UK universities**. Oxford University Press.

Dellasega, C. A. (2009). Bullying Among Nurses-Relational aggression is one form of workplace bullying that nurses engage in. What can be done about it? **American Journal of Nursing (AJN)** 52.

Deloitte. (2015) Making the Grade: **The Key Issues Facing the UK Higher Education Sector.** Deloitte.

Dennis, C. L. (2003) Peer support within a health care context: a concept analysis. **International Journal of Nursing Studies** 40(3), 321-332.

Department of Health (DoH) (1993) **A Vision for the Future; The Nursing, Midwifery and Health Visiting contribution to Health and HealthCare**. DoH. HMSO.

Department of Health (2012) **Health Visitor Teaching in Practice**. London : Department of Health.

Dewey, J. (1933). **How we think: A restatement of the reflective thinking to the educative process.** Heath.

Dilworth, S., Higgins, I., Parker, V., Kelly, B., Turner, J. (2013a) Finding a way forward: A literature review on the current debates around clinical supervision. **Contemporary nurse** 45(1), 22-32.

Dilworth, S., Higgins, I., Parker, V., Kelly, B., Turner, J. (2013b) Examining clinical supervision as a mechanism for changes in practice: A research protocol. **Journal of Advanced Nursing** 70(2) 421-430.

Dixon-woods, M., Shaw, R. L. Agarwal, S., Smith, J. A. (2004) The problem of appraising qualitative research. **Quality and Safety in Healthcare**. 13 223 – 225.

Doody, O., Noonan, M. (2016) Nursing research ethics, guidance and application in practice. **British Journal of Nursing**, 25(14), 803-807.

Drew, P., Heritage, J. (1992) **Talk at work: Interaction in institutional settings**. Cambridge University Press.

Dreyfus, H.L., Dreyfus, S.E., (1986) **Mind over Machine**. New York : Macmillan.

Dreyfus, H. L. (1991) **Being-in-the-world: A commentary on Heidegger's Being and Time, Division I**. MIT Press.

Driscoll, J. (2007) **Practising Clinical Supervision**. Edinburgh: Bailliére Tindall.

Drummond, K., Hopper, R. (1993) Back channels Revisited: Acknowledgment Tokens and Speakership Incipiency. **Research on Language and Social Interaction** 26(2) 157-177.

Dwyer, S. C., Buckle, J. L. (2009) The space between: On being an insider-outsider in qualitative research. **International journal of qualitative methods**, 8(1), 54-63.

Edwards, S. (2014) Finding a place for story: Looking beyond reflective practice. **International Practice Development Journal** 4(2) 5.

Egan, G. (1975) **The Skilled Helper: A Systematic Approach to Effective Helping**. Pacific Grove CA: Brooks/Cole.

Egan, G. (1994) **The Skilled Helper; A problem management approach to helping.** Pacific Grove: Brooks/Cole Publishing.

Egan, G. (2014) **The Skilled Helper. A Problem-Management and Opportunity-Development Approach to Helping International Edition.** Pacific Grove: Brooks/Cole Publishing.

Ekebergh, M. (2007) Lifeworld-based reflection and learning: a contribution to the reflective practice in nursing and nursing education. **Reflective Practice** 8(3), 331-343.

Ellis C, Bochner A. (2000) Autoethnography, personal narrative, reflexivity: Researcher as subject. In: Denzin NK and Lincoln YS (Eds) **Handbook of Qualitative Research.** London: Sage. 733–68

English Oxford Living Dictionaries (2017) **Definition of 'Echo Chamber'** [online] Available at; https://en.oxforddictionaries.com/definition/echo_chamber Accessed; 24/7/17

Eraut, M. (2004) Editorial: the practice of reflection. **Learning in Health and Social Care**, 3 (2), 47-52.

European Commission (2013) **Ethics for Researchers. Facilitating Research Excellence in FP7. Luxembourg**: Publications Office of the European Union

Eusafzai, H. A. K. (2014) Paradigmatic Choices for Educational Research. **Asian Journal of Social Sciences & Humanities** 3(4).

Evans, J. (2004) Men nurses: a historical and feminist perspective. **Journal of Advanced Nursing** 47(3), 321-328.

Evans, C., Marcroft, E. (2015) Clinical supervision in a community setting. **Nursing Times** 111(22), 16-18.

Fabricius, J. (1991). Learning to work with feelings—psycho dynamic understanding and small group work with junior student nurses. **Nurse Education Today** 11(2), 134-142.

Felton, A., Sheppard, F., Stacey, G. (2012) Exposing the tensions of implementing supervision in pre-registration nurse education. **Nurse Education in Practice** 12, 36-40

Fletcher, K. (2006) Beyond dualism: Leading out of oppression. **In Nursing Forum** 41(2), 50-59

Fook, J., White, S., Gardner, F. (2006) **Critical reflection in Health and Social care**. McGraw-Hill Education

Ford, S. (2017) Staff acting as "shock absorbers" for NHS 'under chronic strain'. **Nursing Times** [online] Available at; https://www.nursingtimes.net/news/workforce/staff-acting-as-shock-absorbers-for-nhs-under-chronic-strain/7020561.article?blocktitle=Most-popular&contentID=-1 Accessed; 22/7/17

Foucault, M. (1977) **Discipline and Punish. The birth of prison**. London: Penguin Books.

Foucault, M. (1980). **Power/knowledge: Selected interviews and other writings, 1972-1977.** Pantheon.

Fowler J. (1996) Clinical supervision: what to do after saying hello. **British Journal of Nursing** 5, 382-385.

Francis, R., (2013) **Report of the Mid Staffordshire NHS Foundation Trust public inquiry: executive summary** (Vol. 947). The Stationery Office.

Freire, P. (1993) **Pedagogy of the Oppressed. New revised 20th Anniversary Edition** New York. Continuum.

Freire, P. (1970) The adult literacy process as cultural action for freedom. **Harvard educational review,** 40(2), 205-225.

Freshwater, D. (2000) Crosscurrents: Against cultural narration in nursing. **Journal of Advanced Nursing**, 32(2), 481-484.

Freshwater, D. (2003) **Counselling skills for nurses, midwives and health visitors**. UK: McGraw-Hill Education.

Freshwater, D. (2005) Writing, rigour and reflexivity in nursing research. **Journal of Research in Nursing**, 10(3), 311-315.

Freshwater, D., Cahill, J., Walsh, E., Muncey, T. (2010) Qualitative research as evidence: criteria for rigour and relevance. **Journal of Research in Nursing** 15(6), 497-508.

Freshwater, D., Fisher, P., Walsh, E. (2015) Revisiting the Panopticon: professional regulation, surveillance and sousveillance. **Nursing Inquiry** 22 (1), 3-12

Gallagher, A. (2005) Too clever to care? Nurses are not best served by being precious about professionalism. **Nursing Standard** 19 (18), 14-15.

Garcia, A. (1991) Dispute resolution without disputing: How the interactional organization of mediation hearings minimizes argument. **American Sociological Review** 56(6), 818-835.

Garcia, A. (2013) **An introduction to interaction: understanding talk in formal and informal settings.** Bloomsbury

Garfinkel, H. (1967) **Studies in Ethnomethodology**. Cambridge. Polity Press.

Garfinkel, H; Sacks, H. (1970) On formal structures of practical action. In: McKinney, J., E. A. Tiryakian (Eds.), **Theoretical sociology: perspectives and developments.** New York: Appleton-Century-Crofts

Gaw, A., O'Neill, F. (2014) Ethics in research: practice and respect. **Nursing Times** 110(20), 12-13.

Gendlin, E., (2003) Beyond postmodernism: from concepts through experiencing. In: Gendlin, E.T., (1996) **Focussing-Oriented Psychotherapy**. Guilford, New York.

General Assembly of the World Medical Association. (2014) World Medical Association Declaration of Helsinki: ethical principles for medical research involving human subjects. **The Journal of the American College of Dentists** 81(3), 14.

Gergen, K. J. (1985). The social constructionist movement in modern psychology. **American psychologist** 40(3), 266.

Gervais, R., Merchant, S., (2002) The Office. **Wikipedia** [online] Available at; https://en.wikipedia.org/wiki/The_Office : Accessed 24/7/17

Gibbs, G. (1988) **Learning by doing: A guide to teaching and learning methods.** Oxford Centre for Staff and Learning Development, Oxford Brookes University.

Gibson, D. R. (2005) Taking turns and talking ties: Networks and conversational interaction. **American Journal of Sociology** 110(6), 1561-1597.

Gilbert, T. (2001) Reflective practice and clinical supervision: meticulous rituals of the confessional. **Journal of Advanced Nursing** 36(2), 199-205.

Gillon, R. (1985) Deontological foundations for medical ethics. **British Medical Journal (Clinical Research ed.)**, 290 (6478), 1331.

Glass, N., Walter, R. (2000) An experience of peer mentoring with student nurses: enhancement of personal and professional growth. **Journal of Nursing Education** 39(4), 155-160.

Goodyear, R. K., Borders, L. D., Chang, C. Y., Guiffrida, D. A., Hutman, H., Kemer, G., White, E. (2016) Prioritizing questions and methods for an international and interdisciplinary supervision research agenda: Suggestions by eight scholars. **The Clinical Supervisor**, 35(1), 117-154.

Goff, A., (2011) Stressors, academic performance, and learned resourcefulness in baccalaureate nursing students. **International Journal of Nursing Education Scholarship** 8(1), 1–20.

Goffman, E. (1959) **The Presentation of Self in Everyday Life** New York: Doubleday Anchor

Goode, D. (1994) A world without words: The social construction of children born deaf and blind. Philadelphia. Temple University Press. Cited in: Allen, D. (2004) Ethnomethodological Insights into insider-outsider relationships in nursing ethnographies of healthcare settings. **Nursing Inquiry** 11(1) 14-24

Goodwin, C. (1984) 10. Notes on story structure and the organization of participation. In: Atkinson, M., Heritage, J. (Eds) (1984) **Structures of Social Action**. Cambridge University Press

Gralewski, M. (2011) The Philosophical Underpinnings of Social Constructionist Discourse Analysis. **Lodz Papers in Pragmatics** 7.1, 155-171

Grant, A. (2014) Neoliberal higher education and nursing scholarship: Power, subjectification, threats and resistance. **Nurse Education Today** 34 (10), 1280-1282.

Gray, A. (2016). Advanced or advancing nursing practice: what is the future direction for nursing? **British Journal of Nursing** 25(1), 8-13.

Guba, E. G. (1990) The Alternative Paradigm Dialog. In: Guba, E. G., (Ed). **The Paradigm dialog.** Newbury Park, CA: Sage Publications

Guba, E. G., Lincoln, Y. S. (1994) Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), **Handbook of Qualitative Research.** Thousand Oaks, CA: Sage

Guideline, I. H. (2016) **Integrated addendum to ICH E6 (R1): Guideline for Good Clinical Practice E6 (R2)**. Current Step, 2.

Guillemin, M., Gillam, L. (2004) Ethics, reflexivity, and "ethically important moments" in research. **Qualitative Inquiry** 10(2), 261-280.

Guterman, J. T., Leite, N. (2006) Solution-Focused Counselling for Clients with Religious and Spiritual Concerns. **Counselling and Values** 51(1), 39-52.

Haakana, M. (2002) Laughter in medical interaction: From quantification to analysis and back. **Journal of Sociolinguistics** 6(2), 207-235

Hak, T., De Boer, F. (1996) Formulations in first encounters. **Journal of pragmatics** 25(1), 83-99.

Hammersley, M. (1990) What's wrong with ethnography? The myth of theoretical description. **Sociology** 24, 597 – 615

Hammersley, M. (1995) Theory and evidence in qualitative research. **Quality and quantity** 29(1), 55-66.

Hawkins, P., Shohet, R. (2000) **Supervision in the helping professions** (2nd ed.). Philadelphia, PA: Open University.

Heath, C., Hindmarsh, J., Luff, P. (2010) **Video in Qualitative Research. Analysing social interaction in everyday life.** Los Angles: Sage.

Heath, H., Freshwater, D. (2000) Clinical supervision as an emancipatory process: avoiding inappropriate intent. **Journal of Advanced Nursing** 32 (5), 1298-1306.

Heidegger, M., Macquarrie, J., Robinson, E. S. (1962) **Being and Time**. Translated by John Macquarrie & Edward Robinson. (First English Edition.). London.

Heritage, J., Watson, D. R. (1979) Formulations as conversational objects. Everyday language: **Studies in Ethnomethodology.** New York: Irvington Press.

Heritage, J. (2005) Conversation analysis and institutional talk In: Sanders, R., Fitch, K. (eds) **Handbook of Language and Social Interaction**. Mahwah New Jersey: Erlbaum.

Heritage, J. (1997) Conversation analysis and institutional talk. In: Silverman, D. (Ed.), **Qualitative Research: Theory, Method and Practice.** Thousand Oaks: Sage.

Heritage, J. (1998) Conversation analysis and institutional talk: Analyzing distinctive turn-taking systems. In: Cmejrková, S. Hoffmannová, J. Müllerová, O. Svetlá, J. (1998) (eds.) **Proceedings of the 6th International Congresss of IADA (International Association for Dialog Analysis), Tubingen: Niemeyer**.

Heron J. (1989) **Six-Category Intervention Analysis**, (3rd edn). Human Potential Resource Group, University of Surrey, Surrey, UK.

Heron, J. (2001). **Helping the client: A creative practical guide**. (5th edn) Sage.

Hill, C. (1989) **Therapist Techniques and Client Outcomes**. Newbury Park. CA: Sage.

Hochschild, A. (1983) **The Managed Heart.** University of California Press.

Hochschild A. (2012) **The managed heart: commercialization of human feeling.** University of California Press.

Hoel, H., Giga, S. I., Davidson, M. J. (2007) Expectations and realities of student nurses' experiences of negative behaviour and bullying in clinical placement and the influences of socialization processes. **Health Services Management Research**, 20(4), 270-278.

Hoggan, C. (2016) A typology of transformation: Reviewing the transformative learning literature. **Studies in the Education of Adults** 48 (1), 65-82.

Hoggan, C., Mälkki, K., & Finnegan, F. (2017) Developing the Theory of Perspective Transformation: Continuity, Intersubjectivity, and Emancipatory Praxis. **Adult Education Quarterly** 67(1), 48-64.

Holm, I. Lantz and E. Severinsson. (1998) Nursing students' experiences of the effects of continual process-oriented group supervision. **Journal of Nursing Management**, 6(2), 105–113.

Holman, D., Pavlica, K., & Thorpe, R. (1997) Rethinking Kolb's theory of experiential learning in management education: The contribution of social constructionism and activity theory. **Management Learning** 28(2), 135-148.

Holmlund, K., Lindgren, B., Athlin, E. (2010) Group supervision for Nursing students during their clinical placements: its content and meaning. **Journal of Nursing Management** 18, 678-688.

Hutchby, I. (1996) **Confrontation Talk: Arguments, Asymmetries and Power on Talk Radio.** Mahwah, NJ: Lawrence Erlbaum Associates Inc.

Inglehart, R., Norris, P. (2016) **Trump, Brexit, and the Rise of Populism: Economic Have-Nots and Cultural Backlash. HKS Working Paper No. RWP16-026.** SSRN [online] Available at; https://ssrn.com/abstract=2818659 Accessed; 28/7/17

Inqscribe. (2017) Technical data. **Inqscribe** [online] Available at; https://www.inqscribe.com/ Accessed; 24/7/17

Jackson, D., Hutchinson, M., Everett, B., Mannix, J., Peters, K., Weaver, R., & Salamonson, Y. (2011) Struggling for legitimacy: Nursing students' stories of organisational aggression, resilience and resistance. **Nursing Inquiry,** 18(2), 102-110.

Janis, I. L. (1982) **Groupthink**. 2nd ed. Boston: Houghton Mifflin.

Jaques, D. (2000) **Learning in groups: A handbook for improving group work**. Psychology Press.

Jefferson, G. (1984) Transcript Notation In: Atkinson, J. M., & Heritage, J. (Eds.). (1984) **Structures of social action**. Cambridge University Press.

Jefferson, G. (1985) On the interactional unpackaging of a 'gloss'. **Language in society** 14(4), 435-466.

Jefferson, G. (1988) On the sequential organization of troubles-talk in ordinary conversation. **Social problems**, 35(4), 418-441.

Jewitt, C. (2012) **An introduction for using video for research**. London: National Centre for Research Methods. Institute of Education.

Johns, C. (2001) Reflective practice: Revealing the art of caring. **International Journal of Nursing Practice** 7(4), 237-245.

Johnson, D., Johnson, F. (2008) **Joining together; Group therapy and group skills. International Edition**. 10th Ed. London: Pearson.

Johnson, D. Johnson, F. (2013) **Joining Together: Group Theory and Group Skills 11th Edition Pearson New International Edition** PDF eBook. [online] Available at: Pearson. https://sites.google.com/site/gfjhftg57ff/f13j7t10. Accessed 3rd May 2018.

Jones, A. (2006) Clinical Supervision: What do we know what do we need to know. A review and commentary. **Journal of Nursing Management**. 14 (8) 577-585.

Jokinen, K. (2011, November) Turn taking, utterance density, and gaze patterns as cues to conversational activity. In: **Proceedings of ICMI 2011 Workshop Multimodal Corpora for Machine Learning: Taking Stock and Road mapping the Future, Alicante, Spain**.

Joyce, P. (2008) Focus Groups. Chapter in: Watson, R., McKenna, H., Cowman, S., Keady, J. (2008) **Nursing Research Designs and Methods**. Churchill Livingstone Elsevier.

Kadushin, A. (1992) What's wrong, what's right with social work supervision. **The Clinical Supervisor,** 10(1), 3-19.

Kane, D., Thomas, B. (2000) Nursing and the "F" word. **Nursing Forum,** 35(2), 17–24.

Kerstan, F. (1983) Translation. Husserl, E. Ideas pertaining to a pure Phenomenology and a pure phenomenological philosophy. The Hague. Nijhoff. In: Moran, D., Mooney, T. (2002) (Eds) **The Phenomenology Reader**. London: Routledge.

Kirkup, B. (2015) **The Report of Morecambe Bay Investigation**. The Stationary Office.

Kitchenham, A. (2008) The evolution of John Mezirow's transformative learning theory. **Journal of transformative education**, 6(2), 104-123.

Klein, M. (1959) Our adult world and its roots in infancy. **Human Relations** 12, 291-303.

Klein, M. (1997) **Envy and Gratitude: And Other Works**. 1946-1963. Random House.

Knight, J., Corbett, A., Smith, C., Watkins, R., Hardy-Jones, G. (2012) "What made me stay" A review of the reasons student nurses enrolled in a Bachelor of Nursing programme completed their studies: A descriptive phenomenological study. **Nurse Education Today.** 32 e62-e65 [online] Science Direct: Available at; http://www.sciencedirect.com/science/article/pii/S0260691712000895?via%3Dihub. Accessed: 24/7/17

Kolb, D. (1984). **Experiential Learning as the Science of Learning and Development**. Prentice Hall.

Korobov, N, (2001) Reconciling Theory with Method: From Conversation Analysis and Critical Discourse Analysis to Positioning Analysis. **Forum: Qualitative Social Research**, 2(3), Art.

Lacobucci, G. (2017) A service under pressure. **BMJ: British Medical Journal** [Online] Available at; http://www.bmj.com/content/356/bmj.i6691 Accessed 20/2/17.

Le Bon, G. (1920) **The crowd: A study of the popular mind**. London: Fisher Unwin.

Levett-Jones, T., Lathlean, J., Higgins, I., McMillan, M. (2009) Staff-student relationships and their impact on nursing students' belongingness and learning, **Journal of Advanced Nursing** 65(2) 316-324.

Lincoln, Y. S., Guba, E. G. (1985) Naturalistic Inquiry. Newburry Park.

Lindgren, B., Brulin, C., Holmlund, K., Athlin, E. (2005) Nursing students' perception of group supervision during clinical training. **Journal of Clinical Nursing** 14, 822–829.

Lindgren., B., Athlin, E (2010) Nurse Lecturers perceptions of what baccalaureate nursing students could gain from clinical group supervision. **Nurse Education Today** 30, 360-364.

Lindquist, I., Johansson, I., Severinsson, E. (2012). Evaluation of process-oriented supervision of student nurses: A Swedish case study. **Nursing & Health Sciences** 14(1), 2-7.

Locher, J. L., Yoels, W. C., Maurer, D., Van Ells, J. (2005) Comfort foods: an exploratory journey into the social and emotional significance of food. **Food and Foodways** 13(4), 273-297.

Lomax, H., and Casey, N. (1998) 'Recording Social Life: Reflexivity and Video Methodology'. **Sociological Research Online** 3 (2), [online] Available at; http://www.socresonline.org.uk/3/2/1.html Accessed: 28.01.11

Longhurst, C., Munn, F. (2016) Call for Front Line Nurses to replace A&E doctors **Nursing Standard.** 30(52), 7- 8 [online]. Available at; http://dx.doi.org.ezproxy.nottingham.ac.uk/10.7748/ns.30.52.7.s3 Accessed; 12/6/17

Luft, J. and Ingham, H., (1961) The Johari Window: a graphic model of awareness in interpersonal relations. **Human relations training news**, 5 (9), 6-7.

Lupton, D. (1992) Discourse analysis: A new methodology for understanding the ideologies of health and illness. **Australian and New Zealand Journal of Public Health** 16(2), 145-150.

Lynch, L., Hancox, K., Happell, B., Parker, J. (2008) **Clinical Supervision for Nurses**. Chichester. Wiley Blackwell.

Lyth, G. (2000) Clinical supervision; A concept analysis**. Journal of Advance Nursing** 31, 722-729.

MacDonnell, J. A. (2014). Enhancing our understanding of emancipatory nursing: A reflection on the use of critical feminist methodologies. **Advances in Nursing Science** 37(3), 271-280.

MacWilliams, B. R., Schmidt, B., Bleich, M. R. (2013) Men in nursing. AJN **The American Journal of Nursing**, 113(1), 38-44.

Maltby, J., Williams, G., McGarry, J., Day, L. (2010) **Research methods for Nursing and Healthcare**. Edinburgh Gate. Pearson.

Markee, N. (2004) Zones of interactional transition in ESL classes. **The Modern Language Journal**, 88(4), 583-596.

Markham, L., Chiu, J. (2011) Exposing operations of power in supervisory relationships. **Family process**, 50(4), 503-515.

Marshall, M. N. (1996) Sampling for qualitative research. Family Practice, 13(6), 522-526.

Matheson, L. K., Bobay, K. (2007) Validation of oppressed group behaviors in nursing. **Journal of professional nursing**, 23(4), 226-234.

Maxwell, J. A. (2012). **Qualitative research design: An interactive approach (Vol. 41)**. Sage publications.

Maykut, P., Maykut, P. S., Morehouse, R. (1994) **Beginning qualitative research: A philosophic and practical guide (Vol. 6)**. Psychology Press.

Maynard, D. W. (1980) Placement of topic changes in conversation. **Semiotica,** 30(3-4), 263-290.

Mays, N., Pope, C. (2000) Qualitative research in health care: Assessing quality in qualitative research. **BMJ: British Medical Journal** 320 (7226), 50.

McDougall, W. (1922). **The Group Mind**. Cambridge, England: Cambridge University Press.

McGarry, J., Aubeeluck, A., James, V., Hinsliff-Smith, K. (2011) Maximising graduate status in pre-registration nursing programmes: Utilising problem based learning. **Nurse Education in Practice** 11(6) 342 – 344.

McGee, P. (Ed.). (2009) **Advanced practice in nursing and the allied health professions.** John Wiley & Sons.

McIntosh, A., Gidman, J., Smith, D. (2013) Mentors perceptions and experiences of supporting student nurses in practice. **International Journal of Nursing Practice**. 20, 360-365.

McKendry, S., Wright, M., Stevenson, K. (2014) Why here and Why stay? Students' voices on the retention strategies of a widening participation university. **Nurse Education Today.** 34, 872-877.

Mcleod, P. L., Kettner-Polley, R. B. (2004) Contributions of psychodynamic theories to understanding small groups. **Small Group Research**, 35(3), 333-361.

McSherry, R., Kell, J., Pearce, P., (2002) Clinical supervision and clinical governance. **Nursing Times**, 98(23), pp.30-32.

Mead, G. H. (1934) **Mind, Self, and Society**. Chicago: University of Chicago Press.

Merriam, Sharan B. (2009) **Qualitative research: A guide to design and implementation (3rd ed.).** Hoboken, NJ: Jossey-Bass.

Mezirow, J. (1990) **Fostering Critical Reflection in Adulthood: A Guide to Transformative and Emancipatory learning.** San Francisco, USA: Jossey-Bass.

Mezirow, J. (1991) **Transformative Dimensions of Adult Learning.** San Francisco: Jossey-Bass.

Mezirow, J. (1996) Beyond Freire and Habermas: Confusion. A response to Bruce Pietrykowski. **Adult Education Quarterly** 46, 237-239.

Mezirow, J. (1997) Transformative Learning: Theory to Practice. In P. Cranton (ed.), Transformative Learning in Action: Insights from Practice. **New Directions for Adult and Continuing Education,** no. 74. San Francisco: Jossey-Bass.

Mezirow, J., and Associates (eds.) (2000) **Learning as Transformation**. San Francisco: Jossey Bass.

Mezirow, J. (2003) Transformative learning as discourse. **Journal of Transformative Education** 1(1), 5863.

Mezirow, J. (2012) Learning to Think Like an Adult. Core concepts of Transformation Theory. Chapter five In: Taylor, E., Cranton, P. (2012) **Handbook of Transformative Learning.** John Wiley and Sons.

Miettinen, R. (1998) About the legacy of experiential learning. **Lifelong Learning in Europe** 3, 165-171.

Miettinen, R. (2000) The concept of experiential learning and John Dewey's theory of reflective thought and action. **International Journal of Lifelong Education**. 19, 54-72.

Milligan, F. (1999) Beyond the rhetoric of problem-based learning: emancipatory limits and links with andragogy. **Nurse Education Today** 19 (7), 548-555.

Mills, S. (2003) **Michel Foucault**. London: Routledge.

Moffat, R. (1994) **The Allitt inquiry**: London : HMSO.

Moon, J. (1999) **Reflection in Learning and Professional Development: theory and practice.** London: Kogan Page.

Moreland, R. L., Levine, J. M. (2002) Socialization and trust in work groups. **Group processes & intergroup relations,** 5(3), 185-201.

Morris, M. W., Leung, K., Ames, D., Lickel, B. (1999) Views from inside and outside: Integrating emic and etic insights about culture and justice judgment. **Academy of Management Review** 24(4), 781-796

Morse, J, Bottorff, J, Anderson, G, O'Brien, B, Solberg, S, (1992, 2006) Beyond Empathy: expanding expressions of caring. **Journal of Advance Nursing**. (1992) 17, 809-821 (2006) 53 (1), 75-90.

Mulhall, A (2003) In the field. Notes on observation in qualitative research. **Journal of Advanced Nursing** 41, 306 – 313.

Muntigl, P., Zabala, L. H. (2008) Expandable responses: How clients get prompted to say more during psychotherapy. **Research on Language and Social Interaction** 41(2), 187-226.

Murray, R. (2017) Falling number of nurses in the NHS paints a worrying picture. **Kings Fund**. [online] at ;

https://www.kingsfund.org.uk/blog/2017/10/falling-number-nurses-nhs-paints-worrying-picture accessed; 8/4/18

Myrick, F., Tamlyn, D. (2007) Teaching can never be innocent: Fostering an enlightening educational experience. **Journal of Nursing Education** 46 (7).

Nairn, S., Chambers, D., Thompson, S., McGarry, J., & Chambers, K. (2012) Reflexivity and habitus: opportunities and constraints on transformative learning. **Nursing Philosophy** 13(3), 189-201.

NHS England. (2017) Next steps on the NHS five year forward view. [online] **NHS England.** Available at; https://www.england.nhs.uk/five-year-forward-view/next-steps-on-the-nhs-five-year-forward-view/ Accessed; 10/9/17.

NICE. (National Institute for Health and Care Excellence) (2014) Health Visiting. Local Government Briefing 22. **NICE** [online] Available at; https://www.nice.org.uk/advice/lgb22/chapter/Introduction Accessed; 10/3/17.

Nicol, J., S., Dosser, I. (2016). Understanding reflective practice. Nursing Standard 30(36), 34-42.

Nightingale, D., Cromby, J. (1999) **Social constructionist psychology: A critical analysis of theory and practice.** McGraw-Hill Education (UK).

Nightingale, D. J., Cromby, J. (2002). Social constructionism as ontology: Exposition and example. **Theory & Psychology**, 12(5), 701-713.

Noble, H, Smith, J. (2015) Issues of validity and reliability in qualitative research. **Evidence Based Nursing**. 18(2), 34 – 35.

Nofsinger, R. E. (1991) **Everyday conversation**. Sage Publications, Inc.

Nuremberg Code. (1947) **Trials of War criminals before the Nuremberg military tribunals under control council law No. 10 Vol 2 pp181 – 182.** US government Printing Office. Washington DC.

Nursing and Midwifery Council. (2010a) Standards for Pre-Registration Nursing Education. **NMC.**

Nursing and Midwifery Council. (2010b) Nurse Education: now and in the future **NMC** [online] Available at; http://www.nmc-uk.org/Get-involved/Consultations/Past-consultations/By-year/Pre-registration-nursing-education-Phase-2/Nurse-education-Now-and-in-the-future-/ Accessed: 15/01/12 updated 20/4/10.

Nursing and Midwifery Council. (2015) The code for nurses and midwives. **NMC.** [online] Available at; https://www.nmc.org.uk/standards/code/ accessed; 23/7/17.

Nursing and Midwifery Council. (2016) b Revalidation/what you need to do; Reflective Discussion. **NMC** [online] Available at; http://revalidation.nmc.org.uk/what-you-need-to-do/reflective-discussion/ Accessed; 13/4/16.

Nursing and Midwifery Council. (2016) NMC responds to midwifery supervision report. **NMC** [online] Available at; https://www.nmc.org.uk/news/news-and-updates/nmc-responds-to-midwifery-supervision-report/ Accessed; 13/4/16.

Nursing and Midwifery Council. (NMC), (2016) Annual Equality and Diversity Report. **NMC.**

Nursing and Midwifery Council. (2017) NMC announces radical overhaul of nursing education. **NMC** [online] Available at;

https://www.nmc.org.uk/news/news-and-updates/nmc-announces-radical-overhaul-of-nursing-education/ Accessed; 22/7/17.

Olive, J. L. (2014) Reflecting on the tensions between emic and etic perspectives in life history research: Lessons learned. In: **Forum qualitative sozialforschung/forum: qualitative social research** (Vol. 15, No. 2).

O'Lynn, C., Krautscheid, L. (2014) Evaluating the effects of intimate touch instruction: Facilitating professional and respectful touch by male nursing students. **Journal of Nursing Education** 53(3), 126-135.

Orton, S. (2011) Re-thinking attrition in student nurses. **Journal of Health and Social Care Improvement**, 1(1), 1-7.

Paley, J. (2002) Caring as a slave morality: Nietzschean themes in nursing ethics. **Journal of Advanced Nursing**, 40(1), 25-35.

Parahoo, K. (1997) **Nursing research: principles, process and issues**. Basingstoke: Macmillan.

Patterson, M. L., Kelly, C. E., Kondracki, B. A., Wulf, L. J. (1979) Effects of seating arrangement on small-group behavior. **Social Psychology Quarterly** 42(2) 180-185.

Patton, M. Q. (1999) Enhancing the quality and credibility of qualitative analysis. **Health Services Research** 34(5 Pt 2), 1189.

Paunonen, M. Hyrkäs, K. (2001) Clinical Supervision in Finland – history, education, research and theory. In; Cutcliffe, J., Butterworth, T., Proctor, B. (2001) Fundamental **Themes in Clinical Supervision**. London, UK: Routledge.

Pearce, C., Arnold, M., Phillips, C., Dwan, K. (2010) Methodological considerations of digital video observation: beyond conversation

analysis. **International Journal of Multiple Research Approaches**, 4(2), 90-99.

Pearce, P., Phillips, B., Dawson, M., Leggat, S.G. (2013) Content of clinical supervision sessions for nurses and allied health professionals: A systematic review", **Clinical Governance: An International Journal**, 18 (2), 139-154.

Penn-Edwards, S. (2012) Human factors affecting the use of video recording methodology in qualitative research. **International Journal of Multiple Research Approaches**, 6(2), 150-159.

Peräkylä, A. (1995) **AIDS counselling: Institutional interaction and clinical practice (Vol. 11)**. Cambridge University Press.

Peräkylä, A., Vehviläinen, S. (2003) Conversation analysis and the professional stocks of interactional knowledge. **Discourse & Society** 14(6), 727-750.

Peräkylä, A. (2011) After interpretation: third-position utterances in psychoanalysis. **Research on Language & Social Interaction**, 44(3), 288-316.

Polit, D., Beck, C. (2012). **Essentials of nursing research**. Ethics, 23(2).

Pollock, A., Campbell, P., Deery, R., Fleming, M., Rankin, J., Sloan, G., Cheyne, H. (2017). A systematic review of evidence relating to clinical supervision for nurses, midwives and allied health professionals. **Journal of Advanced Nursing**. 73(8), 1825–1837.

Pontin, D. (2000) Observation. In; Cormack, D (Ed) (2000) **The research process in Nursing. (4th Ed)** Berlin. Blackwell Science.

Potter, J., Wetherell, M. (1987) **Discourse and social psychology: Beyond attitudes and behaviour.** Sage.

Proctor, B. (1986) Supervision: a co-operative exercise in accountability. In: Marken, M., Payne, M. (Eds) **Enabling and Ensuring**. Leicester. National youth Bureau for Education in Youth and Community Work.

Proctor, B., Inskipp, F. (2001) Group supervision. In: Scaife, J (ed) **Supervision in the Mental Health Professions. A Practitioners guide** Hove. Brunner Routledge.

Proctor, B. (Eds) (2001) **Fundamental Themes in Clinical Supervision**. London: Routledge.

Proctor, B., (2008) **Group Supervision: A guide to Creative Practice (counselling supervision series).** Sage.

Proctor, B. (2011) Training for the supervision alliance; attitudes skills and intention In: Cutcliffe, J., Hyrkas, K., Fowler, J. (2011) **Routledge Handbook of Clinical Supervision: Fundamental International Themes**. London: Routledge.

Randle, J. (2003) Changes in self-esteem during a 3-year pre-registration diploma in higher education (nursing) programme. **Learning in Health and Social Care** 2(1), 51-60.

Reeve, K., Shumaker, C., Yearwood, E., (2013) Perceived stress and social support in undergraduate nursing students' educational experiences. **Nurse Education Today** 33, 419-424.

Reynolds, M. (1998) Reflection and Critical Reflection in Management Learning. **Management Learning**, 29(2), 183-200.

Reynolds, M. (1999) Critical reflection and management education: Rehabilitating less hierarchical approaches. **Journal of Management Education**, 23, 537-553.

Roberts, S. J. (1983) Oppressed group behavior: implications for nursing. **Advances in Nursing Science**, 5(4), 21-30.

Roberts, S. J. (2000) Development of a positive professional identity: Liberating oneself from the oppressor within. **Advances in Nursing Science**, 22(4), 71-82.

Roberts, S. J., Demarco, R., Griffin, M. (2009) The effect of oppressed group behaviours on the culture of the nursing workplace: a review of the evidence and interventions for change. **Journal of nursing management**, 17(3), 288-293.

Robson, C. (2002) **Real World Research**. Oxford. Blackwell publishers.

Rogers, C. R. (1957) **On becoming a person.** Boston: Houghton Mifflin.

Rogers, C. R. (1957a) The necessary and sufficient conditions of therapeutic personality change. **Journal of Counselling Psychology** 2, 95–103.

Rogers, C. R. (1959) A theory of therapy, personality, and interpersonal relationships as developed in the client-centered framework. In Koch, S. (Ed.) Psychology: **A study of a science, (Vol. 3, Formulations of the person and the social context)**. New York: McGraw Hill.

Rogers, C. R. (1961) **On becoming a person,** Boston: Houghton Mifflin.

Rogers, C. R. (1980) **A way of being: the latest thinking on a person-centered approach to life.** Boston: Houghton.

Rogers, C.R., Freiberg, H.J., (1994). **Freedom to learn 3rd ed**. Columbus, OH: Merrill-MacMillan.

Rogers, C. (1995). **A way of being**. Houghton Mifflin Harcourt.

Rolfe, G., Freshwater, D., Jasper, M., (2001) **Critical Reflection for Nursing and the Helping Professions: A User's Guide.** Second Edition. Basingstoke: **Palgrave**.

Rolfe, G. (2013) Thinking as a subversive activity: doing philosophy in the corporate university. **Nursing Philosophy**, 14(1), 28-37.

Ross, D. (2017) Challenges for Men in a Female Dominated Environment. **Links to Health and Social Care** 2(1), 4 -20.

Rounds, L, (2001) A North American perspective on clinical supervision. In; Cutcliffe, J; Butterworth, T; Proctor, B, (2001) **Fundamental Themes in Clinical Supervision**. London, UK: Routledge.

Rowlinson, L. (2013) Lived experience of being a nurse from a male and female perspective. **British Journal of Nursing** 22(4), 218-222.

Rozendo, C. A., Salas, A. S., Cameron, B. (2015) Problematizing in nursing education: Freire's contribution to transformative practice. **Nurse Education Today.** 51, 120-123.

Rutt, J. (2017) Pre-registration clinical skills development and curriculum change. **British Journal of Nursing**, 26(2).

Sacks, H. (1964) Lecture 1 In: Jefferson, G, Schegloff, E, (Editors) (1995) **Harvey Sacks: Lectures on conversation. Volumes Ị and ỊỊ.** Blackwell.

Sacks, H., Schegloff, E. A., Jefferson, G. (1974) A simplest systematics for the organization of turn-taking for conversation. **Language**, 696-735.

Sacks, H. (1984) Notes on methodology. In: Atkinson, M., Heritage, J. (eds) (1984) **Structures of social action: Studies in conversation analysis**. London: Cambridge University Press.

Sacks, H. (1995) **Lectures on Conversation**. Cambridge, Massachusetts: Blackwell.

Saltiel, D. (2006) Judgement, narrative and discourse: Critiquing reflective practice. **In conference: Professional Lifelong Learning: Beyond Reflective Practice** (3).

Schegloff, E. A., Sacks, H. (1973) Opening up closings. **Semiotica** 8(4), 289-327.

Schegloff, E. A. (1993) Reflections on quantification in the study of conversation. **Research on language and social interaction**, 26(1), 99-128.

Schegloff, Emanuel A. (1997) Whose text? Whose context? **Discourse & Society** 8, 165-187.

Schegloff, Emanuel A. (1999) Schegloff's texts' as Billig's data: A critical reply. **Discourse and Society** 10(4), 558-572.

Schegloff, E. A. (2000) When 'others' initiate repair. **Applied linguistics**, 21(2), 205-243.

Schon, D. A. (1984) **The Reflective Practitioner: How professionals think in action** (5126). Basic books.

Schön, D. A. (1987). **Educating the reflective practitioner: Toward a new design for teaching and learning in the professions.** Jossey-Bass.

Schwandt, T. A. (1997) **Qualitative inquiry: A dictionary of terms**. Sage Publications, Inc.

Scott, J. (1990) **Domination and the Arts of Resistance: Hidden Transcripts.** Yale University Press.

Scott-Findlay, S., Pollock, C. (2004). Evidence, research, knowledge: a call for conceptual clarity. **Worldviews on Evidence-Based Nursing** 1(2), 92-97.

Seale, C. (1999) Quality in qualitative research. **Qualitative inquiry** 5(4), 465-478.

Seedhouse, P. (2004) Conversation Analysis Methodology. Language Learning. **A Journal of Language in Research Studies**. 54(S1), 1-54.

Seedhouse, P. (2005) Conversation analysis as research methodology. In: **Applying Conversation Analysis.** Palgrave Macmillan, London.

Severinsson, E. (1998) Bridging the gap between theory and practice: A supervision programme for Nursing students. **Journal of Advance Nursing** 27(6) 1269 – 1277.

Severinsson, E., Johansson, I., Lindquist, I. (2014) Effects of process-oriented group supervision–a comparison of three groups of student nurses. **Journal of nursing management** 22(4), 443-451.

Sloan, G., Watson, H. (2001) John Heron's six-category intervention analysis: towards understanding interpersonal relations and progressing the delivery of clinical supervision for mental health nursing in the United Kingdom. **Journal of Advanced Nursing**, 36(2), 206-214.

Sloan, G., Watson, H. (2002) Clinical supervision models for nursing: structure, research and limitations. **Nursing Standard** 17(4), 41–46.

Smyth, J. (1989) A critical pedagogy of classroom practice. **Journal of Curriculum Studies** 21(6), 483-502.

Sommers-Flanagan, J., Sommers-Flanagan, R. (2015) **Counselling and psychotherapy theories in context and practice: Skills, strategies, and techniques**. John Wiley & Sons.

Stacey, G., Hardy, P. (2011) Challenging the shock of reality through digital storytelling. **Nurse Education in Practice** 11(2), 159-164.

Stacey, G., McGarry, J., Aubeeluck, A., Bull, H., Simpson, C., Sheppard, F., Thompson, S. (2014) an integrated educational model for graduate entry nursing curriculum design. **Nurse Education Today** 34(1), 145 – 149.

Stacey, G., Pollock, K., Crawford, P. (2016) The rules of the game in graduate entry nursing: a longitudinal case study. **Nurse Education Today** 36, 184-189.

Stickley, T. (2011) From SOLER to SURETY for effective non-verbal communication. **Nurse Education in Practice**, 11(6), 395-398.

Tangwa, G. B. (2009) Ethical principles in health research and review process. **Acta tropica** 112, S2-S7.

Tarlier, D. (2005) Mediating the meaning of evidence through epistemological diversity. **Nursing Inquiry** 12(2), 126–134.

Taylor F. (1911) **The Principles of Scientific Management**. New York (NY): Harper & Brothers.

Taylor, E. (1993) A **Learning Model of Becoming Interculturally Competent. A transformative Process**. Unpublished doctoral dissertation. Athens. University of Georgia.

Taylor, B. (1994) **Being Human: ordinariness in nursing**. Churchill Livingstone.

Taylor, E. W. (2002) **Transformative Learning Theory: An overview**. [online] Available at: < www.calpro-online.org/eric/docs/taylor/taylor_02.pdf> Accessed: 27/7/17).

Taylor, E. W. (2008) Transformative learning theory. **New directions for adult and continuing education** 119, 5-15.

Taylor, E. W., Cranton, P. (2013) A theory in progress? Issues in transformative learning theory. **European journal for research on the education and learning of adults** 4(1), 35-47.

Ten Have, P. (1990) Methodological Issues in Conversation Analysis1. **Bulletin of Sociological Methodology/Bulletin de Méthodologie Sociologique**, 27(1), 23-51.

Ten Have, P. (2002) The Notion of Member is the Heart of the Matter: On the Role of Membership Knowledge in Ethnomethodological Inquiry. [Online] Forum **Qualitative Sozialforschung / Forum: Qualitative Social Research, 3(3**). [online] at; http://dx.doi.org/10.17169/fqs-3.3.834 Found @; http://www.qualitative-research.net/index.php/fqs/article/view/834/1812/#g35 Accessed; 5/4/18

Ten Have, P. (2002) Reflections on transcription. **Cahiers de praxématique**, (39), 21-43.

Ten Have, P. (2007) **Doing Conversation Analysis**. Sage.

Thomas, S. P. (2008) **Transforming nurses' stress and anger: Steps toward healing.** Springer Publishing Company.

Todd, G., Freshwater, D. (1999) Reflective practice and guided discovery: clinical supervision. **British Journal of Nursing** 8(20), 1383-1389.

Triggle, N. (2018) [online] Women in NHS paid 23% less than men. **BBC News** [online] At; http://www.bbc.co.uk/news/health-43659119 Accessed; 8/4/18.

Tseliou, E. (2013). A critical methodological review of discourse and conversation analysis studies of family therapy. **Family Process** 52(4), 653-672.

Tuckman, B. W., Jensen, M. A. C. (1977) Stages of small-group development revisited. **Group & Organization Studies** 2(4), 419-427.

Turnbull, A. (2016) NHS gender imbalance; women are still disadvantaged in nursing. Independent Nurse [online] at; http://www.independentnurse.co.uk/news/the-nhs-gender-imbalance-women-are-still-disadvantaged-in-nursing/142298 accessed; 8/4/18.

UKCC. (1996) **Position statement on Clinical Supervision for Nursing and Health Visiting**. London: UKCC for Nursing Midwifery and Health Visiting.

Universities UK. (2012) **The concordat to support research integrity**. Universities UK.

University of Nottingham. (2016) Code of Research conduct and Research Ethics. **University of Nottingham**. [online] at; http://workspace.nottingham.ac.uk/pages/viewpage.action?spaceKey=ResEth&title=Code+of+Research+Conduct+and+Research+Ethics. Accessed 10/3/18.

Usher R., Bryant I., Johnston, R. (1997) **Adult Education and the Postmodern Challenge. Learning Beyond the Limits.** London: Routledge.

Vere-Jones, E. (2008) Why are there so few men in nursing? Nursing Times 104(9), 18.

Vinales, J. J. (2015) Mentorship part 1: the role in the learning environment**. British Journal of Nursing** 24 (1).

Vince, R. (1998), Behind and beyond Kolb's learning cycle. **Journal of Management Education** 22(3), 304-319.

Walker, S., Dwyer, T., Broadbent, M., Moxham, L., Sander, T., Edwards, K. (2014) Constructing a nursing identity within the clinical environment: The Student Nurse Experience. **Contemporary Nurse** 49(1), 103-112.

Ward, N. (2004) Pragmatic functions of prosodic features in non-lexical utterances. **In Speech Prosody 2004, International Conference**.

Warelow, P. J. (2013) Changing philosophies: a paradigmatic nursing shift from Nightingale. Australian **Journal of Advanced Nursing** 31(1), 36.

Waskett, C. (2009) An integrated approach to introducing and maintaining supervision: the 4S model. **Nursing Times**. 105(17), 24-26.

Watson, R. (2006) Is there a role for higher education in preparing nurses. **Nurse Education Today** 26, 622–626.

Watson, R., MCKenna, H., Cowman, S., Keady, J. (2008) **Nursing Research Designs and Methods**. Churchill Livingstone Elsevier.

White, E., Butterworth, T., Bishop, V., Carson, J., Jeacock, J., Clements, A., (1998) Clinical Supervision: insider reports from a private world. **Journal of Advanced Nursing**. 28(1), 185-192.

Whittemore, R., Knafl, K. (2005) The integrative review: updated methodology. **Journal of Advanced Nursing.** 52(5), 546-553.

Whiteside, J., Butcher, D. (2015) 'Not a job for a man': factors in the use of touch by male nursing staff. **British Journal of Nursing**, 24(6), 335-341.

Wickström, G., Bendix, T. (2000) The "Hawthorne effect"—what did the original Hawthorne studies actually show? Scandinavian **Journal of Work, Environment & Health** 26(4), 363-367.

Wilkins, P. (2000) Unconditional Positive Regard Reconsidered. **British Journal of Guidance and Counselling** 28(1), 23-36.

Williams, A. (2008) Ethnography in; Watson, R., McKenna, H., Cowman, S., Keady, J. (2008) **Nursing Research Designs and Methods.** Churchill Livingstone Elsevier.

Williams, J., Stickley, T. (2010) Empathy and Nurse Education. **Nurse Education Today.** 30, 753-755.

Williamson, G., Health, V., Proctor-Childs, T. (2013) Vocation, Friendship and Resilience: A study Exploring Nursing student and Staff Views on Retention and Attrition. **The Open Nursing Journal.** 7, 149-156.

Willis, P. (2015) **Raising the bar: Shape of caring: A review of the future education and training of registered nurses and care assistants.** Health Education England.

Winnicott, D. W. (1960) The theory of the parent-infant relationship. **The International journal of psycho-analysis** 41, 585-595.

Winnicott, D (1984) **Deprivation and Delinquency** edited by Winnicott, C, Shepherd, R, Davis, M. London and New York: Tavistock.

Winstanley, J. (2001) Developing methods for evaluating clinical supervision In: Cutcliffe, J., Butterworth, T., Proctor, B. (2001) **Fundamental Themes in Clinical Supervision.** London: Routledge.

Winstanley, J., White, E. (2003) Clinical supervision: models, measures and best practice. **Nurse Researcher** 10(4), 7-38.

White, E., Winstanley, J. (2010) A randomised controlled trial of clinical supervision: selected findings from a novel Australian attempt to establish the evidence base for causal relationships with quality of care and patient

outcomes, as an informed contribution to mental health nursing practice development. **Journal of Research in Nursing** 15(2), 151-167.

White, E. (2017) Clinical supervision: Invisibility on the contemporary nursing and midwifery policy agenda. **Journal of Advanced Nursing** 73 (6), 1251-1254.

White, E. (2017a) Claims to the benefits of clinical supervision: A critique of the policy development process and outcomes in New South Wales, Australia. **International Journal of Mental Health Nursing**, 26(1), 65-76.

Wooffitt, R. (2005) **Conversation analysis and discourse analysis: A comparative and critical introduction.** Sage.

Worchel, S., Wood, W., & Simpson, J. A. (1992) **Group process and Productivity**. Sage Publications, Inc.

Wright, J. (2012) Clinical supervision: a review of the evidence base. **Nursing Standard** 27(3), 44-49.

Xin, J. (2017). Understanding social signals from nonverbal behaviors in a mobile setting (**Master's thesis, University of Twente**).

Yegdich, T. (1998) How not to do clinical supervision. **Journal of Advanced Nursing.** 28(1), 193-202.

Yegdich, T. (2001) An Australian perspective on clinical supervision. Fundamental themes in clinical supervision. In; Cutcliffe, J., Butterworth, T., Proctor, B., (2001) Fundamental **Themes in Clinical Supervision**. London, UK: Routledge.

Yngve, V. (1970) On getting a word in edgewise**. Chicago Linguistic Society** 6, 567-578.

Zhavi, D. (2010) Empathy, Embodiment and Interpersonal Understanding: From Lipps to Schutz. **Inquiry.** 53(3), 285-306.

Zimmerman, D. H. (1993) Acknowledgment Tokens and Speakership Incipi ency Revisited. **Research on Language and Social Interaction** 26, 179-194.

Appendices

Appendix 1: Approval letter from internal medical ethics committee

Direct line/e-mail
+44 (0) 115 8231063
Louise.Sabir@nottingham.ac.uk

The University of Nottingham
Faculty of Medicine and Health Sciences

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27th June 2012

Fiona Sheppard
Lecturer
School of Nursing, Physiotherapy & Midwifery
Division of Nursing
Derby Education Centre
Royal Derby Hospital
Uttoexter Road
Derby
DE22 3NE

Dear Fiona

Ethics Reference No: F26062012 SNMP
Study Title: Exploring how Clinical Supervision is Accomplished in Group Supervision with Pre-registration Student Nurses.
Lead Investigator: Fiona Sheppard, Lecturer, Nursing, School of Nursing Midwifery and Physiotherapy.
Chief Investigators: Dr Stephen Timmons, Associate Professor, Julie McGarry, Associate Professor, School of Nursing Midwifery and Physiotherapy.
Duration of Study: 06/12-09/15 3yrs No of Subjects: 60

Thank you for submitting the above application which was considered at the Medical School Research Ethics Committee at its meeting on 26th June 2012. The following documents were reviewed:

- Application form 6/1/2012
- Project Proposal 6/1/2012
- Consent Form Version 1 08/05/2012
- Information sheet version 1: 8.05.2012

The study was approved.

Approval is given on the understanding that the Conditions of Approval set out below are followed.

Conditions of Approval

You must follow the protocol agreed and any changes to the protocol will require prior Ethics' Committee approval.

This study is approved for the period of active recruitment requested. The Committee also provides a further 5 year approval for any necessary work to be performed on the study which may arise in the process of publication and peer review.

You promptly inform the Chairman of the Research Ethics Committee of

(i) Deviations from or changes to the protocol which are made to eliminate immediate hazards to the research subjects.

(ii) Any changes that increase the risk to subjects and/or affect significantly the conduct of the research.

(iii) All adverse drug reactions that are both serious and unexpected.

(iv) New information that may affect adversely the safety of the subjects or the conduct of the study.

(v) The attached End of Project Progress Report is completed and returned when the study has finished.

Yours sincerely



Dr Clodagh Dugdale
Chair, Nottingham University Medical School Research Ethics Committee

Appendix 2: Information sheet given to participants

University of Nottingham

School of Nursing, Physiotherapy and Midwifery,

Division of Nursing

Derby Education Centre

Royal Derby Hospital
Uttoxeter Road
Derby

DE22 3NE

Exploring how Clinical Supervision is Accomplished in Group Supervision with Pre-registration Student Nurses.

Name of Investigators*:* Fiona Sheppard, Stephen Timmons, Julie, McGarry

Information Sheet

Invitation

You have been invited to take part in a research study. Before you decide whether to take part it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Ask if there is anything that is not clear or if you would like more information. If you decide to take part you may keep this leaflet. Thank you for reading this.

Background

Clinical Supervision in Nursing within the United Kingdom is identified as an important way of meeting the demands of providing safe, high quality health care and individual professional development and support. The Nursing and Midwifery Council have stated that every nurse should have access to clinical supervision and that the 'principles and relevance' should be included in both pre and post registration training programmes.

This activity can occur either one-to-one or in groups. In this study it is proposed that pre-established group supervision of pre-registration student nurses will be scrutinised by observing the procedural accomplishment of this task i.e. how turn taking in group discussion evolves, the role and impact of the facilitator and group dynamics in influencing this, behavioural

responses to the group supervision environment etc, This is an area of enquiry that has not been investigated in the context of group clinical supervision and potentially could lead to further theory development, a better understanding of the best use of structure and processes in organising group clinical supervision in pre-registration nursing and consequently in the preparation of students and facilitators participating in the activity.

This study will take place and be written up over a three-year period commencing summer 2012.

What does the study involve?

If you decide to participate in this study, you will not be required to do anything else other than complete a consent form. Your participation constitutes being filmed whilst attending/facilitating your usual group clinical supervision session.

The focus of the filming is on group processes and interactions. It will be captured by two small static video cameras angled and positioned to film the usual activity that occurs within the session.

The filming will capture the whole of a group supervision session.

Your participation will be as part of a purposive sample of pre-registration student nurses and their facilitators engaged in group clinical supervision. We have used this method of participant selection in order to ensure the widest combinations of group compositions with particular qualities.

Why have you been chosen?

The aim is to recruit around six supervision groups from across the span of the pre-registration nursing programme. Groups will be at different points in their course, may bring different issues and will have had incrementally different levels of exposure to participating in clinical supervision which may impact upon their contribution to supervision. Using different supervisors also provides a variety of data concerning different personal styles of supervision.

Do you have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. However, you are still free to withdraw at any time and without giving a reason.

If you decide not to take part, you may be asked whether you would like to join a supervision group that is not involved in the study. This is a free choice and you retain the option to remain with your current group.

What are the possible disadvantages of taking part?

There should be no risks or disadvantages from taking part in this study. All personal information will be kept confidential. All filmed discussed will maintain personal and client anonymity. All decision making and action

planning in sessions will be restricted to the usual participation, discussion and facilitation between group members and their facilitators. Filming will not be used to monitor the quality or focus of sessions, judge the performance of participants, or alter any actions or decisions decided within a group session.

What if something goes wrong? /Who can I complain to.

In case you have a complaint on your treatment by a member of staff or anything to do with the study, you can initially approach the lead investigator. If this achieves no satisfactory outcome, you should then contact the Ethics Committee Secretary, Mrs Louise Sabir, Division of Therapeutics and Molecular Medicine, D Floor, South Block, Queen's Medical Centre, Nottingham, NG7 2UH. Telephone 0115 8231063. E-mail louise.sabir@nottingham.ac.uk."

Will my taking part in this study be kept confidential?

All information which is collected about you during the course of the research will be kept on a password protected database and is strictly confidential. Any information about you which leaves the research unit will have your name and address removed so that you cannot be recognised from it.

What will happen to the results of the research study?

The final results of the study will be published at the end of the three year study period. However, periodically emerging findings may provide the basis of published work in professional journals. Your personal details and participation will not be identifiable in any report/publication. The principle investigator should be contacted to identify how published findings can be viewed.

Who is organising and funding the research?

This study is being undertaken as part of the principle researcher's doctoral studies and is supported by the academic institution sponsoring these which is the University of Nottingham. There is no other funding for this research.

Who has reviewed the study?

The study has been reviewed and approved by the University of Nottingham Medical School Ethics Committee.

Contact for Further Information

Fiona Sheppard, Lecturer

University of Nottingham

School of Nursing, Physiotherapy and Midwifery,

Division of Nursing

Derby Education Centre

Royal Derby Hospital
Uttoxeter Road
Derby

DE22 3NE

Thanks

Thank you for reading this sheet and considering participation in this study. Should you decide to go ahead you will be given a copy of this sheet and a signed consent form to keep.

Appendix 3: Example consent form

UNIVERSITY OF NOTTINGHAM

MEDICAL SCHOOL ETHICS COMMITTEE

Consent Form

University of Nottingham

School of Nursing, Physiotherapy and Midwifery,

Division of Nursing

Derby Education Centre

Royal Derby Hospital
Uttoxeter Road
Derby

DE22 3NE

Title of Project:

Exploring how Clinical Supervision is Accomplished in Group Supervision with Pre-registration Student Nurses.

Name of Investigators:

Fiona Sheppard, MA, BSc (Hon), HV, RN, PGCPP

Lecturer (Adult Health), Division of Nursing, University of Nottingham,

Stephen Timmons, MA, MA, MSc, PhD, PGCAP, FHEA

Associate Professor (Senior Lecturer) Division of Nursing, University of Nottingham

Julie McGarry, DHSci, MMedSci, PGDip (Medical Ethics), BA (Hon) RN (adult), RN (mental health), PGCHE , Associate Professor, Division of Nursing, University of Nottingham

Consent Form

Please read this form and sign it once the above named or their designated representative, has explained fully the aims and procedures of the study to you

- I voluntarily agree to take part in this study.

- I confirm that I have been given a full explanation by the above named and that I have read and understand the information sheet given to me which is attached.

- I have been given the opportunity to ask questions and discuss the study with one of the above investigators or their deputies on all aspects of the study and have understood the advice and information given as a result.

- I authorise the investigators to disclose the results of my participation in the study but not my name.

- I understand that information about me recorded during the study will be kept in a secure database. If data is transferred to others it will be made anonymous. Data will be kept for 7 years after the results of this study have been published.

- I understand that I can ask for further instructions or explanations at any time.

- I understand that I am free to withdraw from the study at any time, without having to give a reason for withdrawing.

Name: ……

Address: ……..

Telephone number: …….

Signature: ……. **Date:** …….

I confirm that I have fully explained the purpose of the study and what is involved to:

…….

I have given the above named a copy of this form together with the information sheet.

Investigators Signature: …….. **Date**: ……

Investigators Name:……

Study Volunteer Number: ……..