

Practitioner Permeability and the Resolution of
Practice Uncertainties: A Grounded Theoretical
Perspective of Supervision for Allied Health
Professionals

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Declaration of Original Authorship

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Abstract

This thesis provides a constructivist grounded theoretical perspective of supervision for three of the larger UK-registered allied health professions (AHPs): occupational therapy, physiotherapy and speech and language therapy. The third largest workforce in the UK NHS, AHPs are regulated by The Health and Care Professions' Council whose Standards of Proficiency for Practice encourage supervision. There is a lack of agreement about supervision across health and social care professions' literature and limited focus on AHP supervision.

Nineteen therapists were interviewed. They spoke about career-long practice uncertainties. Some uncertainties arise because of practice demands and others, conceptualised as 'platform for practice' uncertainties, relate to therapists' knowledge, skills, experiences and preferences. Socio-professional uncertainties may arise when a therapist compares herself with others. Uncertainties prompt therapists to share concerns, explore alternatives and adjust practice; activities regarded as practitioner recalibration.

A therapist's readiness for recalibration hinges on a constellation of behaviours and characteristics conceptualised as practitioner permeability; awareness, awareness-sharing, feedback-seeking, critical awareness, openness to alternatives and willingness to change. Supervision may be a place for recalibration, offering sanctuary for awareness-sharing and meta-practice opportunities to support learning and practice adjustments.

From Dewey (1910) to Webster-Wright (2010), there is established interest in the relationship between uncertainty and learning. Through integration with this literature, practitioner uncertainties are conceptualised as opportunities for professional learning. In common with other 21st century researchers, including Dall'Alba (2009), a phenomenological being-in-the-world perspective is also considered, recognising that epistemological practice uncertainties of knowing-that and knowing-how are interwoven with ontological knowing-how-to-be. It follows that a practitioner values

supervision which supports the resolution of both epistemological and ontological dimensions of her uncertainties.

Having heard that therapists tend to develop supervision skills vicariously, there is scope for a stronger focus on the development of practitioner permeability and on recognising practice uncertainties as an opportunity for professional learning.

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Contents

Declaration of Original Authorship	1
Abstract	2
Acknowledgements	4
Chapter 1. Allied Health Professions and Supervision: Setting the Scene	12
1.1 Introduction	12
1.2 Background	12
1.2.1 Historical context: Supervision in health and social care	12
1.2.2 Researcher interest and motivation	14
1.2.3 The Allied Health Professions	14
1.2.4 Supervision in the Allied Health Professions	16
1.2.5 Policy Context	16
1.3 Contextual Literature Review	18
1.3.1 Purpose and approach to examination of the literature	18
1.3.2 Developing a search strategy	19
1.3.3 Themes in the supervision literature: 1998 – 2014	20
1.3.5 Existing theoretical perspectives of supervision and debate	23
1.3.6 Looking beyond the supervision literature	26
1.4 Potential Contribution Aims and Objectives of this inquiry	29
1.4.1 Summarising the background	29
1.4.2 What can be gained from conducting this research?	30
1.4.3 Research Question	30
1.4.4 Aims and Objectives	31
Chapter 2. Methodology: The Journey from Philosophical Assumptions to a Grounded Theory Approach	32
2.1 Introduction to philosophical and methodological considerations	32
2.2 Sensitising Concepts	33
2.3 Identifying ontological assumptions	34
2.4 Epistemological Considerations and Methodological Decisions	38
2.5 Choosing Grounded Theory Method	41
2.5.1 Common Features of Major Versions of Grounded Theory	45
2.5.2 Divergence in major versions of grounded theory	48
2.5.2a Philosophical positions in the three major versions of grounded theory	48
2.5.2b Openness and the use of literature in the three major versions of grounded theory	51
2.5.2c Approach to coding in the three major versions of grounded theory	53

2.5.3 Alignment of this research with existing versions of grounded theory	54
2.5.3a Approach to literature	57
2.5.3b Approach to data and analysis	59
2.6 Summarising the methodological alignment for this grounded theory research.....	60
Chapter 3. Generating and collecting data in grounded theory method	62
3.1 Research Quality	62
3.2 Interviews as a source of data in grounded theory	67
3.2.1 Visual Elicitation in Grounded Theory Interviews	70
3.2.2 Recording interviews in grounded theory method.....	75
3.3 Additional Data Sources.....	77
3.4 Sampling: Participants and Strategy.....	77
3.4.1 Sample size and data saturation.....	78
3.4.2 Theoretical Sampling: Participant Characteristics and Recruitment.....	80
3.4.3 Initial data collection considerations and participant recruitment	80
3.5 Ethical Considerations.....	82
3.5.1 Ethical considerations: Pre-Data Collection	82
3.5.2 Ethical Considerations: Data Gathering and Beyond	84
3.6 Governance and Risk.....	85
3.6.1 Practical Data Management	86
3.7 Summary of methods for generating data for the grounded theory study	88
Chapter 4. Methods of Discovery: Data, coding and theory generation.....	89
4.1 Data generation and collection	91
4.2 Coding Data	91
4.2.1 Initial Coding.....	93
4.3 Memo-ing and Diagramming.....	94
4.4 Theoretical Sampling.....	95
4.5 Focused Coding: a false start, some theoretical sampling and a return to the grounded theory methods literature	100
4.5.1 Identifying the Main Concern	105
4.5.2 Refocused, 'Selective' Coding and the Saturation of Conceptual Categories.....	107
4.6 Developing a Theoretical Perspective	108
4.6.1 Theoretical Sensitivity.....	108
4.6.2 Sorting and Theoretical Coding.....	110
4.6.3 Theoretical Saturation	111
4.6.4 Theoretical integration	112
4.6.5 Presenting the theoretical perspective	113

Chapter 5: Introducing a grounded theoretical perspective of AHP supervision: a brief overview	114
5.1 Overview of the presentation of core concepts and integration with extant literature.	114
5.2 Introducing the grounded theoretical perspective	114
5.2.1 Practice Uncertainties: the practitioners' main concern	115
5.2.2 Practitioner Permeability: the core concept	116
5.2.3 Establishing the conditions for supervision	116
5.2.4 Resolving Practitioner's Concerns: Recalibration, Sanctuary and Meta-practice	116
Chapter 6: From Participant Accounts to Conceptual Foundations: Practice Uncertainties, Recalibration and Practitioner Permeability	118
6.1 Practice Uncertainties: the participants' main concern.....	118
6.1.1 Instances of socio-professional uncertainty	118
6.1.2 Platform for practice sources of uncertainty	121
6.1.3 Instances of Practice demands, Practice burden and Uncertainty.....	124
6.1.4 Combined sources of practice uncertainty: the influences of isolation and visibility	127
6.1.5 Practice uncertainty, career-long learning and professional responsibility	128
6.1.6 Summary of practice uncertainty indicated in participant accounts	128
6.2 Resolving practice uncertainties: the case for practitioner recalibration.....	129
6.2.1 Supervision: the go to place for practitioner recalibration?	131
6.3 Practitioner Permeability: the missing piece of the supervision puzzle?	133
6.3.1 Practitioner awareness of self and others	134
6.3.1a Practitioner awareness of self	134
6.3.1b Awareness of and for others	136
6.3.2 Awareness-sharing, Feedback-seeking orientations and practitioner agency	137
6.3.3 Openness to alternative ways to practice.....	139
6.3.4 Willingness to change: a learning disposition	142
6.3.5 Summarising Practitioner Permeability as a foundation for the resolution of practitioner uncertainties	144
Chapter 7. Turning to Supervision: exploring and resolving uncertainties	149
7.1 Supervision as a culturally established part of AHP practice	149
7.2 The place of supervision in practitioner recalibration: resolving uncertainties and keeping the show on the road	149
7.2.1 Supervision as a place of sanctuary.....	153
7.2.2 Supervision as a place for meta-practice	154
7.2.3 Recalibration through combining sanctuary and meta-practice	158
7.3 Creating the conditions for supervision	160

7.3.1 Establishing dialogue between supervisor and supervisee.....	161
7.3.2 Establishing trust between supervisor and supervisee	162
7.3.3 Supervisor characteristics: what supervisees look for	164
7.3.4 Achieving supervisee focus: balancing supervisee and organisational demands in supervision	166
7.4 Developing supervision skills.....	172
7.5 Navigating unfavourable supervision.....	176
7.6 Summarising supervision as a place to explore and resolve practice uncertainties	177
Chapter 8: Situating a ground theoretical perspective of supervision in the landscape of the extant literature	180
8.1 Introducing the focus for integration with extant literature.....	180
8.2 Practice Uncertainties in context: an overview of perspectives from the extant literature	182
8.2.1 Practitioner uncertainties: an inevitable feature of professional practice?	182
8.2.2 Practice uncertainties: a case of novices and experts?	186
8.2.3 Practitioner uncertainties: exceeding, falling short and the ill-defined in everyday practice	191
8.2.4 Practice uncertainties: disruptions to a system of personal constructs?	193
8.2.5 Practitioners' Uncertainties: practitioner, person and a whole life.....	197
8.2.6 Practitioner Uncertainties in knowing, becoming and being a professional: insights from a Heideggerian perspective.....	203
8.2.7 Summarising practitioner uncertainties in the context of the wider literature	211
8.3 Recalibration and the resolution of the practitioner's uncertainties: insights from the extant literature	213
8.3.1 Practice uncertainties as a prompt for practice recalibration.....	213
8.3.2 Mechanisms for practice recalibration.....	218
8.3.3 Ill-defined uncertainties and the place for awareness-sharing in recalibration	220
8.3.4 A theoretical context for sanctuary and meta-practice in recalibration.....	223
8.3.5 Summarising recalibration in the context of the wider literature	228
8.4 Practitioner permeability in the context of the extant literature	229
8.4.1 A personal construct perspective on permeability.....	229
8.4.2 A phenomenological account of practitioner permeability	231
8.4.3 Summarising Practitioner Permeability in the context of the wider literature	241
8.5 An integrated grounded theoretical perspective.....	241
Chapter 9: Advancing our understanding of AHP supervision practices: implications of an integrated constructivist grounded theoretical perspective	246
9.1 A common foundation for AHP supervision as a place to share and resolve practitioner uncertainty	247

9.2 Practitioner Permeability: Implications for supervisees and supervisors	248
9.2.1 Practitioner permeability: malleable or a fixed set of personal preferences and attributes?	249
9.2.2 Challenges to the development of practitioner permeability: busy curricula and the influence of evidence-based practice	250
9.2.3 Developing and sustaining practitioner permeability: identifying the benefits	252
9.2.4 Developing and sustaining practitioner permeability: implications for supervisors	254
9.3 Reconstructing uncertainty as a springboard for learning	258
9.4 What more is understood about AHP supervision: concluding thoughts	263
Chapter 10. Concluding thoughts: Summarising the contribution, evaluating the quality of the grounded theory research and recognising the limitations	265
10.1 An overview of the contribution of a grounded theoretical perspective of AHP supervision	265
10.1.1 Addressing the identified gaps	266
10.1.2 The search for conceptual grab	267
10.1.3 The contribution to grounded theory method research	267
10.2 Assessing the research quality	269
10.2.1 Assessing this research in terms of aspects of trustworthiness	270
10.2.2 Assessing this research in terms of grounded theory quality criteria	272
10.3 Limitations	276
10.4 Researcher Reflection	278
References	280
Appendices	295
Appendix A: Literature search terms and summary of database search	296
Appendix A <i>continued</i>: Literature search terms and summary of database search	297
Appendix B: Summary of literature supporting contextual review	298
Appendix B <i>continued</i>: Summary of literature supporting contextual review	299
Appendix C: Example participant picture elicitation comments	300
Appendix D: Ethical Approval	301
Appendix E: Risk Assessment	302
Appendix E <i>continued</i>: Risk Assessment	303
Appendix F: Participant Characteristics	304
Appendix G: Example of Initial line-by-line coding	305
Appendix H: Examples of segments from first four interviews illustrating relationship between ‘line by line’ and ‘initial code’: ‘stresses and strains of practice’	306
Appendix I: Examples of memo excerpts	307
Appendix J: Refocused Selective Codes	308

Appendix K: Example of theoretical coding mind map using Spradley’s (1979) questions as a starting point:	309
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Index of Figures

Figure 1: Summary of main themes from contextual literature review	22
Figure 2: Relationship between ontological, epistemological and methodological decisions	41
Figure 3: Summary of methodological position adopted and alignment with major versions of grounded theory	57
Figure 4: Chronology of grounded theory processes	90
Figure 5: Excerpt from Interview 8 Fieldnote	102
Figure 6: Excerpt from Interview 9 Fieldnote	103
Figure 7: Excerpt from Memo Relating to Interview 3	106
Figure 8: An overview of a grounded theoretical perspective of AHP supervision as a place of sanctuary and meta-practice for practitioner recalibration	117
Figure 9: Excerpt from researcher memo illustrating exploration of anticipated and unanticipated disruptions	126
Figure 10: Relationship between sources of disruption and practice uncertainties	129
Figure 11: Components of Practitioner Permeability	145
Figure 12: A possible spectrum of practitioner permeability	147
Figure 13: Summary of favourable conditions for supervision	172
Figure 14: A constructivist grounded theoretical perspective of permeability and the resolution of practice uncertainties	179
Figure 15: Sources of epistemological and ontological practitioner uncertainty	212
Figure 16: Integrated constructivist grounded theoretical perspective of permeability and the resolution of practitioner uncertainty	245
Figure 17: Diagram summarising relationship between concrete events and core concepts in AHP supervision	247
Figure 18: Diagram illustrating relationship between recalibrating practices and supervision for AHPs	248
Figure 19: Participant views about practice without supervision	264

Index of Tables

Table 1: Comparison of the major versions of grounded theory	45
Table 2: Aspects of quality in qualitative research, after Lincoln and Guba (1985) and Bryman (2008)	63
Table 3: A comparison of Charmaz’s (2014) criteria of grounded theory research quality with criteria from other major versions of grounded theory	66
Table 4: Theoretical sampling considerations and participant characteristics or criteria	97
Table 5: Frequent or significant codes recognised after the first four interviews	101
Table 6: Demonstrating relationship between sense of professional self,	105
Table 7: Socio-professional dimensions discovered in participant data	120
Table 8: Platform for Practice Dimensions discovered in the participant data	123
Table 9: Dimensions of practice demands	127
Table 10: Dimensions of the conceptual process of Practitioner Recalibration	131
Table 11 Dimensions of the Core Conceptual Category ‘Practitioner Permeability’	144
Table 12: Dimensions of Sanctuary in Supervision	154

Table 13: Dimensions of Meta-practice in Supervision	158
Table 14: Dimensions contributing to the creation of conducive supervision conditions	161
Table 15: Situating the core grounded theoretical concepts in the wider extant literature – an overview	181
Table 16: Summary of indicators of quality and rigour in the integrated grounded theoretical perspective in relation to Charmaz’s (2014) quality criteria	275

Chapter 1. Allied Health Professions and Supervision: Setting the Scene

1.1 Introduction

In this PhD study, a grounded theory approach has been used to explore first-hand accounts from Allied Health Professionals, (AHPs) regarding their experiences of supervision. Accounts have been gathered from three of the larger therapy professions registered with the Health and Care Professions Council (HCPC) as AHPs in the UK. The biggest employer of AHPs in the UK is the National Health Service (NHS). Motivation for this study developed from a personal and professional interest in supervision practices. A narrative contextual review of the literature spanning the period from 1998 to 2014, ahead of the data collection in this study, demonstrated that research with specific focus on supervision practice for AHPs is limited and that very little research draws on first-hand accounts, either with AHPs or other health and social care professions. Supervision is widely adopted and endorsed in both policy and professional standards. Common themes of debate and uncertainty about the practice of supervision feature in the literature. There have been few attempts to make sense of supervision in terms of wider theoretical frameworks. A grounded theory approach to data gathered from AHPs and subsequently integrated with existing theoretical frameworks provides an opportunity to gain new insights and in turn to develop a grounded theoretical perspective of supervision which may inform and guide future AHP practice.

1.2 Background

1.2.1 Historical context: Supervision in health and social care

Yegditch (1999), Lynch, Happell and Sharrock (2008) and Davys and Beddoe (2010) all provide some history of supervision practice. Davys and Beddoe (2010), note that supervision is recorded in the context of social work in the latter part of the nineteenth century. Suggesting the practice is unlikely to have emerged from nowhere, they point to texts which propose the origins of supervision may be in earlier social, cultural or spiritual elements of community and family life.

Lynch, Happell and Sharrock (2008) conducted a review of literature from 1925 to 2006 exploring the origins and definitions of clinical supervision. They describe a lack of clarity

about the origin of the practice and that discussions about supervision are most often profession-specific, concluding that it was first described in psychotherapy and counselling in the 1920s and by the middle part of the twentieth century for social workers and psychologists. Early in the history, Lynch, Happell and Sharrock (2008) note debate about definition, aim, models and purpose. Themes apparent in the early history of the practice in psychotherapy which remain debated today are the impact of personal factors on professional practice, the blurring of boundaries, subsequent difficulties distinguishing supervision from counselling and a focus on reflecting on failings in professional practice, (Davys and Beddoe, 2010).

International variation in the developmental of supervision for nurses is also apparent, (Lynch, Happell and Sharrock 2008). In the USA the practice had a professional growth, educative and collaborative focus, which Lynch and her colleagues suggest was little acknowledged in the early development of the practice in the UK. Nurses Butterworth, Faugier, Proctor and their colleagues (Butterworth, Faugier and Burnard, 1998; Cutcliffe, Butterworth, and Proctor 2001) were influential in establishing clinical supervision for nurses in the UK where Yegditch (1999) and Lynch, Happell and Sharrock (2008) also note the impact on supervision practice of governance responses to the murder of children in the care of nurse Beverly Allitt (United Kingdom, 1991). Even so, the role of supervision in the governance of healthcare practitioners has remained one of voluntary best practice with the exception of midwives in the UK for whom supervision was a statutory obligation from 1902 until 2017 (United Kingdom, 1902; UK Government 2017).

Supervision is now often described as an established part of health and social care practitioners' practice (Davys and Beddoe, 2010; Cookson et al, 2014). Davys and Beddoe also refer to renewed interest in the practice, with professions which might once have viewed supervision as more relevant to early career development increasingly promoting the practice as a career-long one. In common with Lynch, Happell and Sharrock's (2008) observations about governance drivers, Davys and Beddoe (2010) indicate that at the start of the twenty-first century, focus on accountability and risk management are again underlying influences.

1.2.2 Researcher interest and motivation

Wolcott (2010, p36) draws attention to the rights of those reading research to know what has prompted the researcher's interest in the research topic. In this case the researcher is a speech and language therapist with clinical and varied multi-professional managerial and leadership experience in a range of clinical settings. Through these clinical, managerial and leadership experiences, the researcher has managed and supervised a range of health professionals and found herself supervised by colleagues from different professions. In 2008, the researcher moved from a clinical role to that of an educator in higher education. Now contributing to the teaching of supervision and reflective practice for both pre- and post-registration health and social care students, the researcher noticed increasingly that experiences of, commitment to, and the value attached to supervision vary widely. With many AHPs now managed and supervised across professional boundaries and with scrutiny from employers of any activity which is not patient-facing, it seemed important to know what AHPs find valuable about supervision. It is in this context that this PhD study was born.

1.2.3 The Allied Health Professions

The term AHP is variously applied internationally to include a number of different, predominately graduate professions. As of 2018, in the NHS in England, where AHPs are the third largest workforce, the commissioning body, NHS England, recognises 14 AHP professions: art therapists, drama therapists, music therapists, chiropodists/podiatrists, dietitians, occupational therapists, operating department practitioners, orthoptists, osteopaths, paramedics, physiotherapists, prosthetists/orthotists, therapeutic and diagnostic radiographers, and speech and language therapists (NHS England, 2018). In Australia, social workers and psychologists are also regarded as AHPs (Lynch, Happell and Sharrock, 2008). In the UK, the majority of the AHP professions are registered through the HCPC which sets out practice standards and codes of conduct for the registered professional groups (HCPC, 2014). Most professions also have their own professional bodies such as the Chartered Society of Physiotherapists or the Royal College of Speech and Language Therapists. In the UK there are 12 such bodies listed as members of the umbrella organisation The Allied Health Professions Federation (AHPf, 2018).

Within and across these professions, the range and scope of practice is highly varied and contrasting, from generalist to highly specialist. A day in practice for a music therapist working in child and adolescent mental health services and that of a paramedic working a Friday night shift in a large metropolitan area will look very different. Equally, a speech and language therapist working in neonatal intensive care to support new-born babies with swallowing problems will have a very different day in comparison to a colleague in the same organisation who is working with adults to support the restoration of voice following a laryngectomy for throat cancer or a colleague working in the community with a person who has language loss following a stroke.

The research reported in this thesis was conducted between 2013 and 2018, an era in which the contribution of AHPs to health and social care provision has grown in prominence in the UK. The Nuffield Trust (2014) produced a paper recognising that AHPs' person-centred understanding and coordinated approaches means they are well-placed to meet many of the contemporary challenges facing the NHS, such as integration across services and sectors. AHPs are employed in a range of statutory and independent health, public health, social care, criminal justice and education services settings. By far the largest employer of AHPs in the UK is the NHS, although occupational therapists are also traditionally employed by local government social services.

At the first NHS England Chief Allied Health Professions Officer Conference in 2015, the then Chairman of NHS England called on delegates to contribute to the delivery of key NHS modernisation ambitions set out in the UK Government's 'Five Year Forward View' (NHS England, 2014). This was followed in 2017, by the publication of a strategy document for AHPs, 'Allied Health Professions into Action: Using Allied Health Professions to transform health, care and wellbeing' (NHS England, 2017). In the same year, signalling the growing recognition of AHPs' contribution to the health and care sector, the NHS regulator, 'NHS Improvement', appointed its first Clinical Director of AHPs. While these governmental arms' length bodies increasingly regard AHPs as a collective of professions, operationally they often remain organised uni-professionally or in smaller multi-professional subsets of the wider AHP family, possibly led by other

professions including clinical psychologists and ultimately reporting to NHS Trust boards via a Director of Nursing (Harding and Treadwell, 2018).

Wide-ranging practice variation is found equally in other professional groups working in health and social care; from the community nurse to the theatre nurse or the general practitioner to the accident and emergency consultant. What differs, is that for nurses or medical practitioners, each professional group shares a common pre-registration foundation while the 14 AHPs have profession-specific pre-registration beginnings. It is also the case, particularly for AHPs employed within the UK NHS, that professional leadership and organisational management or governance structures are less consistent compared with nursing and medicine, whose structures are predicated more clearly in relation to mandated board positions (Great Britain 2012, Harding and Treadwell, 2018).

1.2.4 Supervision in the Allied Health Professions

HCPC Standards of Proficiency for registrant AHPs refer to the need for the practitioner to:

‘understand the importance of participation in training, supervision, and mentoring’ (HCPC, 2014)

HCPC guidance to registrants about continuing professional development (CPD) (HCPC, 2017) also refers to supervision and to activities consistent with supervision such as reflective practice and coaching. Professional bodies such as the Royal College of Speech and Language Therapists or the Association of UK Dietitians (RCSLT, 2018; BDA, 2017), produce separate supervision guidance for their membership. The Osteopathic Practice Standards (General Osteopathic Council, 2012) do not specifically refer to supervision practices for qualified, registered practitioners.

1.2.5 Policy Context

As indicated in Section 1.2.1 there is an established UK policy position which signals a governance role for supervision in response to and as a means of preventing failures in care (United Kingdom, 1991). More recent high-profile cases of malpractice and neglect, such as at the Winterbourne View care home (Flynn, 2012) and Mid-Staffordshire NHS Trust (Great Britain, 2013) prompted renewed attention on supervision practices and publications with a focus on preventing the recurrence of such events. The vision and

strategy document for nursing, midwifery and care staff, 'Compassion in Practice' (Department of Health, 2012) is an example of such a document and demonstrates the attention policy and decision makers have assigned to the role of supervision:

'Our shared purpose will only be achieved if staff is supported to do their job well. This involves providing supervision and support within a culture of care, compassion and a recognition of the emotional labour of nursing, midwifery and care giving' (p24)

Similarly, organisations with governance oversight of health and social care provision endorse supervision as central to continuing professional development and fitness to practise. For example, also responding to the Winterbourne View Review, The Care Quality Commission, (CQC), as the independent regulator of health and adult social care services in England, produced the document, 'Supporting effective clinical supervision' (CQC, 2013), in which they suggest clinical supervision:

'can help ensure that people who use services and their carers receive high quality care at all times from staff who are able to manage the personal and emotional impact of their practice.' (p5)

However, the 1991 promotion of a governance role for supervision in response to the actions of children's nurse Beverley Allitt did not prevent subsequent untoward events at Winterbourne View or in Mid-Staffordshire. Following the investigation of NHS maternity services in Morecombe Bay during the period from January 2004 to June 2013 (Kirkup, 2015), the UK Government recommended the removal of statutory requirement for supervision for midwives, bringing midwifery, which had been the only UK profession with a legal requirement for supervision, into line with other registered health and care professions in the UK. This change signals a policy shift regarding supervision practices which separated regulatory aspects of supervision from professional development aspects and transfers the responsibility for supervision practice from statute to employer.

Although the change for midwifery signals a shift in the regulatory position of supervision, the links between registration and AHPs' participation in supervision and

other CPD activities remains, as described in the previous section 1.2.4. In the CPD guidance for AHPs (HCPC 2017, p6) registrants are informed that a failure to engage in such activities may result in a registrant's removal from the register. The HCPC role extends to individual registrants and not to employing organisations. However, in the guidance (HCPC, 2017, p5-6) they make clear that while the HCPC does not have any role in regulating employers, it is the HCPC's expectation that:

'responsible employers will want to encourage the learning and development of their employees to make sure employees stay on the Register.'

The guidance goes on to add that there is regular communication between the HCPC and employers regarding the standards and what these mean for HCPC registered employees.

As engaging in CPD and supervision activities necessarily entails time away from patient-facing practice it could be seen to be at odds with an increased policy focus in the UK NHS on improving and reducing unwarranted variation in clinician's productivity across NHS service providers (NHS England, 2014; Department of Health, 2016). This focus on productivity has led to increased scrutiny of the proportion of time spent by practitioners directly or indirectly with patients as compared with the time spent in supporting professional activities such as CPD or supervision. AHPs, in common with other health and social care professions, have been encouraged to engage in formal job planning which sets out how much time a clinician at a specified pay band is expected to apportion to clinical and non-clinical activity. The NHS regulator, NHS Improvement, has published job-planning guidance for AHPs (NHS Improvement, 2017).

1.3 Contextual Literature Review

1.3.1 Purpose and approach to examination of the literature

The role, place and timing of a literature review for a grounded theory inquiry is debated in the methodology literature and the problems this presents for PhD students are acknowledged (Dunne, 2011). Glaser and Strauss (1967), the originators of grounded theory, initially encouraged researchers adopting the method to:

'literally ignore the literature on theory and fact on the area of study in order to assure that the emergence of categories will not be contaminated' (p37)

The position adopted in this inquiry is that of a context-setting, orientating review. This approach (Bryant and Charmaz, 2007; Urquart, 2007) recognises that it is unrealistic to suggest that a researcher embarking on a given inquiry will do so as a 'blank slate' and that a balance can be struck, thus demonstrating a sufficient understanding of the extant literature as a source of orientation as opposed to creating a defining framework for the research. This is a view which is now widely described in grounded theory research with the proviso that while informed by contextual literature, the researcher remains open to her data in due course (Timonen, Foley and Conlon, 2018). Methodological considerations regarding an initial literature review are explored in chapter two and the ongoing relationship with literature in developing theoretical sensitivity throughout the grounded theory research process are further explored in chapter four. Remaining faithful to the grounded theory approach, the contextual position presented here is drawn from a review of literature which was conducted in September 2014, ahead of the collection of participant data.

1.3.2 Developing a search strategy

Hawkins and Shohet (2006) suggest that between the publication of the first and third edition of their supervision text, research and publications have 'gone from famine to flood', (p ix). However, in common with the experiences of others (Dawson, Phillips and Leggat, 2013; Pearce et al, 2013) traditional database searches for this review yielded limited results for AHP supervision. Appendix A records details of database searches conducted for this research in September 2014.

The need to adopt more flexible approaches to literature searching is recognised (Badger et al, 2000; Greenhalgh and Peacock, 2005), especially when the topic being researched is less well conceptualised (MacKay, 2007). Traditional database searching was therefore combined with more qualitative and informal approaches to literature and wider resource browsing (Greenhalgh and Peacock, 2005; Booth, 2008). This has included digital media approaches and in common with the experiences of Greenhalgh and Peacock (2005), some useful resources also came to light serendipitously, while

Google Scholar alerts have often proved more productive than traditional database and journal alerts, a phenomenon acknowledged by Grayson and Gomersall (2006). This combination of approaches is similar to that of a scoping review (Davis et al, 2009), in that it provides a sufficient contextual overview of the breadth of the literature.

Appendix B lists the twenty journal publications and five book texts which informed this review. Rationale for the inclusion of each in developing a contextual overview of the field of study is provided. Of the twenty journal publications included, nine had a non-nursing or multi-professional perspective. In each paper in which authors had undertaken a literature review, the dominance of nursing focus in the supervision literature was noted and as with Pearce et al (2013) where the primary interest was in AHP practice, search terms had to be broadened to include nursing.

1.3.3 Themes in the supervision literature: 1998 – 2014

The publications informing this review span the period from 1998, around the point when clinical supervision for nurses had become established in the UK in response to the Allitt Inquiry (United Kingdom, 1991) through to September 2014.

The literature establishes that the context is one in which there is a lack of agreement and ongoing debate about both the term, 'supervision' and the practice (Lynch, Happell and Sharrock, 2008; Dawson, Phillips and Leggat, 2013). This lack of agreement includes the scope of supervision and whether the practice extends beyond the professional to the personal (Butterworth, Faugier and Burnard, 1998; Yegditch, 1999). The relationship with line management, policy and governance are discussed, including concerns about the use of supervision as a form of surveillance and links between supervision and the management of risk (Gilbert, 2001; Clouder and Sellars, 2004; Cutcliffe and Hyrkas, 2006; Lynch, Happell, & Sharrock, 2008; Beddoe, 2010).

Supervisor characteristics and behaviours are considered and whether a supervisee should have a choice of supervisor is also debated (Cutcliffe, Butterworth and Proctor, 2001; Davys and Beddoe, 2010). Variations in practice and content, models, evaluation, barriers, perceived value and benefits are all indicated (Butterworth et al, 2008; Pearce

et al, 2013). Exploration of supervision with reference to wider sociological, psychological or philosophical theory is limited although not absent (Gilbert, 2001; Clouder and Sellars, 2004; Rolfe and Gardner, 2006). There are limited examples of research drawing on first-hand accounts of AHP supervision experiences (Clouder and Sellars, 2004; Beddoe, 2010; Paulin, 2010).

The literature establishes a sense of a phenomenon which might be experienced in different ways and mean different things to participants in different contexts. The recurrence of themes in the literature during this period is of note, with some, seemingly fundamental issues such as terminology and definition continuing to be debated. For some, Lynch, Happell and Sharrock (2008), the absence of a definition results in a lack of clarity which is further compounded by a focus on what supervision is not. There are consistent though unspecified calls for more research (Kuipers et al, 2013) and in the context of very little research with a specific focus on AHP supervision, calls for more research with a greater focus on professions other than nursing or psychology (Pearce et al, 2013).

Relevant for this PhD inquiry, is the paucity of research drawing on first-hand accounts of supervision (Paulin, 2010) and an absence of research which has sought to develop a theory of supervision from such first-hand data. Yegditch (1999) suggests that a lack of theoretical underpinning can explain some common areas of debate, such as the confusion between clinical and managerial supervision. In her opinion, without a theoretical foundation, the educative and supportive elements of supervision become vulnerable to transformation into a managerial process. The main themes identified from the review are summarised in figure 1:

- Debated terminology and definitions of supervision
- Whether the scope of supervision extends beyond the professional to the personal
- The relationship of supervision to line management, policy and governance, including surveillance and whether such surveillance is problematic
- Issues relating to the choice of supervisor and supervisor characteristics
- Variations in practice and content, including models, forms of evaluation, barriers to practice and perceived value and benefits
- Limited exploration of supervision with reference to wider sociological, psychological or philosophical theory and a lack of theoretical underpinning
- Limited research for the AHPs
- Limited first-hand accounts of supervision experiences

Figure 1: Summary of main themes from contextual literature review

Although the literature supports a context in which supervision is an established element of practice for many in health and social care, it also creates a sense of a practice which seems to have developed in varied and perhaps idiosyncratic ways across professions and environments, including in the context of specific policy and governance concerns. Absence of a unified or clearly identifiable theoretical underpinning for the practice or a strong evidence-based stands in contrast to many other aspects of established health and social care practice where, while not without critique, a mantra of evidence-based practice has become firmly established, (Greenhalgh, Howick, and Maskrey 2014). In part, the lack of clearly identifiable theoretical underpinning and tangible first-hand evidence seem consistent with views held by Gilbert (2001) that practices such as supervision and reflection have achieved hegemonic status because claims about benefits have been largely unchallenged.

Issues from the contextual review relating to definitions are considered in more depth in the discussion of methodological considerations in chapter two. For now, to support a sufficient understanding of the practice of supervision with regard to wider extant theory the debate regarding supervision and surveillance is further discussed below.

1.3.5 Existing theoretical perspectives of supervision and debate

Gilbert (2001) provides a detailed critique of supervision and the associated practice of reflection. His appraisal draws on Foucauldian ideas of Governmentality (Foucault, 1982); namely the volitional willingness of individuals to engage in their own governance. As indicated above, Gilbert is of the view that supervision and reflection have achieved hegemonic status because claims about benefits have been largely unchallenged; evidenced by the extent of support for supervision in policy and professional guidance.

Gilbert's critique is that supervision makes practitioners visible and that through supervision and reflection there is a subtle exercise of power through surveillance of practitioners. Combined with another Foucauldian notion, he suggests that via 'the confessional' nature of reflection and supervision, 'the powerful' managers ensure practitioners self-manage professional conduct. He asserts that these processes result in a form of moral regulation in health professions and that in turn this extends to wider surveillance of the public by these morally regulated professionals who act as arbiters of normality. While health professionals' adherence to process is not a result of overt managerial coercion, it is no less sinister in Gilbert's view, since it represents a subtle exercise of power and control and not the form of autonomous, emancipated practice which, he suggests, is the more dominant characterisation of supervision and reflective practice promoted in the literature.

Gilbert is concerned about an over-reliance on the potential of critical reflection as a counterbalance to organisational structures, such as health care institutions; ideas he links to the critical theory work of sociologist, Jurgen Habermas, (1972). Applying Habermas' ideas of self-determination to nursing, Gilbert describes expertise as extended beyond what nurses do and the context in which they do this, to include the ways in which the nurse thinks and feels and the meanings she¹ ascribes to events; a conflict between what is personal and what is professional. Among Gilbert's concerns

¹ In England, where this study took place, 77% of the NHS workforce is reported to identify as female (NHS Employers, 2019). To reflect the greater representation of employees identifying as female in the NHS workforce, where the majority of participants in this study were employed, this thesis adopts female personal pronouns throughout unless its deictic function is to signal male, e.g. a known male participant or known male author/researcher, in which case male personal pronouns are adopted.

is that there is an assumption about individuals' ability to engage in meaning-making and another that, as knowledge is powerful, a practice such as supervision becomes so embedded as to assume a status of 'truth'. Those who accept this truth willingly comply with supervision and those who remain sceptical probably still feel a compulsion to participate.

For Gilbert there is a risk that as reflection and supervision gradually penetrate practice, with healthcare professionals encouraged to make confessions about their practice, professional identities are morphed to fit the system. Gilbert's suggestion of visibility and its effects through supervision are not unrecognised elsewhere in the literature such as the reported use of the term 'snoopervision' by some supervisees, (Lynch, Happell and Sharrock, 2008).

Gilbert's paper prompted debate with contributions from Clouder and Sellars (2004) and from Rolfe and Gardner (2006). In both these responses there is some agreement with Gilbert's notion of surveillance coupled with further theoretical exploration of supervision and reflection, concluding with more positive constructions of the practice. Clouder and Sellars' (2004) analysis is extended with reference to wider social constructionist perspectives of social interaction and workplace performance including the work of Goffman (1959) and of contemporary impression management theorists (Schlenker & Weigold, 1992; Parker & Kosofsky Sedgwick, 1995). For Clouder and Sellars (2004) an element of surveillance is inevitable not just in supervision practice but in a range of professional social phenomena. They expand on the Foucauldian notion of 'gaze', referring to professionals being visible to patients and colleagues who are making private and public judgements. This point seems increasingly relevant given a contemporary policy focus on transparency in the context of errors and near misses as set out, for example, in the Statutory Duty of Candour, (Great Britain, 2014) and the publication by regulatory bodies of guidance following untoward events which promote the role of supervision (Department of Health, 2012; CQC, 2013). Furthermore, the scope for patient judgement of healthcare professionals is found increasingly, not only in the form of private judgement but in more public patient-led service evaluation such as The Friends and Family Test, (NHS England, 2013) or iWantGreatCare, (2014).

Clouder and Sellars (2004) agree with Gilbert that in practice, there are tensions between elements of personal and professional accountability. However, they argue that a degree of surveillance is both necessary and welcome, and if made explicit, is not at odds with opportunities for learning from supervision. While they recognise the apparent hegemonic status of supervision and reflection, Clouder and Sellars (2004) suggest Gilbert's (2001) critique has overlooked the potential for healthcare professionals to act with personal agency and perhaps even to resist participation in the practice. Drawing on the work of Weiler (1988) their view is that healthcare professionals are not acted upon by organisations and managers in an abstract sense but will develop their own meanings about phenomena such as supervision through their own interactions and negotiations. With reference to Schlenker and Weigold's (1992) idea of impression management, they suggest that counter to Gilbert's confessional interpretation, healthcare professionals might choose what they bring to supervision.

Thus, for Clouder and Sellars (2004), supervision may offer opportunities to focus on exploring alternative approaches and conceptions of practice rather than bringing practitioners into line. In turn, they suggest that a focus on alternatives can influence practitioner beliefs and practice without confession being pivotal. In part they support their counter argument with reference to findings from research they conducted with physiotherapists whose reports do not highlight any sense of threat, surveillance or regulation in their supervision experiences. Gilbert's (2001) theoretical appraisal is informed from a largely nursing perspective and Clouder and Sellars are prompted to wonder whether the perceived differences between their appraisal and Gilbert's are indicative of professional differences in the adoption of supervision and reflection.

Rolfe and Gardener (2006) further expand the theoretical discussion. Their response is more focused on reflection than supervision and responds not only to Gilbert (2001) but also to similar concerns raised by Cotton (2001). Rolfe and Gardner differentiate two strands of supervision. One strand they explore in the context of theorists of education and learning such as Dewey (1938) and Kolb (1984), suggesting that if supervision is concerned with learning about practice rather than learning about oneself, the

confessional element is not a feature or a concern. They refer to this strand of reflection as epistemological; concerned with cognitive knowledge about practice, how professionals think and what they know. Reflection dependent on an enlightened guide, such as that promoted by Johns (2004) is, Rolfe and Gardner suggest, an ontological strand concerned more with spiritual knowledge about self and more vulnerable to the negative confessional influences which bothered Gilbert (2001). Rolfe and Gardner conclude that provided supervision or reflective practice focuses on the epistemological, the confessional and surveillance risks are eliminated.

Gilbert's (2001) ideas about the 'confessional' and 'surveillance' potential of both supervision and reflective practice, continue to attract attention, (Beddoe, 2010), and there is overlap with Yegditch's, (1999) claim that a 'top down' focus on supervision has been driven by government responses to adverse events such as those highlighted earlier in this chapter, (sections 1.2.1, 1.2.4). However, judging by the literature reviewed to provide context for this research, interest in a wider theoretical exploration of supervision as seen in the surveillance and confessional debate, are in contrast with dominant critiques in the supervision literature which are more concerned with evaluating or identifying best process than with a philosophical appraisal; a pattern which might explain the sense of unresolved circularity of themes discovered in the literature reviewed.

1.3.6 Looking beyond the supervision literature

What lies behind Glaser and Strauss's (1967) original concerns about literature reviewing in advance of data collection in grounded theory research is that researcher theoretical sensitivity should not be confined to the substantive field or to the use of a specific or favourite theory. Heath (2006) reminds grounded theory researchers of this and observes that in discussions of nursing practice, Foucault's perspective of power may be regarded as representing just such a pet theory. Heath, (2006) acknowledges the practical and assumptive rationales for limiting reading to that which is preconceived as the most relevant. However, she cautions researchers that this approach carries with it the risk of narrowing focus too early in the research process, providing by way of illustration the contribution of findings from studies of airline pilots and chess players to

Benner's theoretical exploration of nursing expertise, (Benner, 1984). Similarly, the responses of Clouder and Sellars, (2004) and of Rolfe and Gardner, (2006) introduce alternatives to Gilbert's Foucauldian lens.

As others have noted, (Heath, 2006; Covan, 2007), while Glaser and Strauss (1967) discouraged novice researchers who embark on grounded theory inquiry from reading too widely in advance of data collection, they themselves were both experienced sociologists and it is hard to imagine how their own extensive knowledge of social and other theories, could not have had some influence on the sense they made of data they analysed.

Heeding Heath's (2006) advice not to narrow focus prematurely, Gilbert's (2001) paper and the subsequent responses, prompted an additional, though limited exploration of literature beyond that with a purely AHP or supervision focus. In common with other elements of the contextual literature review, at this early point, wider theoretical perspectives were included not as a guiding framework but as part of the need to gain some sense of what is already known and to develop theoretical awareness to support the subsequent data analysis phases.

Before data begin to guide the researcher in a grounded theory study, it is impossible to discern precisely where else to explore beyond the substantive area of inquiry; in this case supervision for AHPs. However, some themes raised in the contextual literature review were already prompting questions and consideration about ways in which wider theoretical perspectives might offer fresh insights into supervision practices. Of initial interest from the contextual review were the issues of practice variations, issues of surveillance and issues of personal agency. These prompted some limited exploration of street level bureaucracy (Lipsky, 2010) and reactivity mechanisms (Espeland and Sauder, 2007; McGivern and Fischer, 2012) ahead of data collection.

Lipsky (2010) first published his ideas about street level bureaucrats in 1980. Drawing on examples from public service workers in the United States, he was interested in the relative autonomy and discretion which public service workers exercise in

operationalising policy in large public institutions, often in an attempt to simplify practice routines. Adopting Lipsky's perspective, it might be that the reported variations in supervision practices have arisen as practitioners exercise personal and professional agency to ensure that prescribed approaches to supervision, as set out in policy guidance, are enacted in ways that are perceived to fit for the practitioner or within the wider practice context.

Espeland and Sauder's (2007) work on the social impact of the measurement focus which has developed in public services as a response to societal pressures for increased accountability and transparency may also offer insights. Looking at media rankings of law schools in the United States they argued that people change their behaviour as a result of being evaluated, observed and measured; a phenomenon they call 'reactivity'. Their work seems to offer an alternative to the Foucauldian lens and indeed McGivern and Fischer (2012) have drawn on the idea of reactivity mechanisms in their examination of regulatory transparency in the UK for medicine, psychotherapy and counselling. Their observations of doctors indicate that a focus on transparency as a means to improve patient care had the unintended consequences of raising anxiety about practice resulting in more defensive behaviours.

Clouder and Sellars (2004) proposed therapists may demonstrate agency in deciding what to disclose in supervision and that transparency might ensure a more ethical form of surveillance. However, adopting a reactivity mechanism perspective it might be argued that it is difficult to differentiate the agency therapists adopt from a possible behaviour change associated with practitioner concerns about punitive surveillance. In a Lipskian sense, while agency may serve the practitioner and counter surveillance concerns, it also creates a challenge for policy or regulatory positions which link supervision practices with governance (Department of Health, 2012; CQC, 2013; HCPC, 2014), since a supervisor cannot govern what is not brought before her.

While, Lipsky (2010), Espeland and Sauder, (2007) and McGivern and Fischer (2012) may offer novel theoretical insights into supervision for AHPs, in the absence of first-hand accounts, it is only possible to form an opinion and to speculate about which, if any, is

relevant in the current inquiry. Deductively applying an existing theoretical lens, a pet theory or other researcher assumptions may ultimately constrain what can be discovered in first-hand accounts of supervision; something that will be further considered in relation to methodology in chapter two, section 2.2 with regard to 'sensitising concepts'. On the other hand, hearing about the supervision experiences of AHPs might offer insights into AHPs' understanding, motivation, assumptions and expectations about supervision practice. Exploring these first-hand accounts, with an awareness of the potential insights existing theories may add to the analysis offers a valuable and as yet unexplored opportunity to develop an inductive theory of AHP supervision, grounded in first-hand experiences.

1.4 Potential Contribution Aims and Objectives of this inquiry

1.4.1 Summarising the background

This chapter has introduced the practice of supervision in health and social care, referring to the limited focus on supervision for AHPs which was found in published research literature. A contextual literature review has established that there is debate and variation in supervision practices and for some, a concern that the practice may represent a form of surveillance. Policy guidance refers to the need for supervision in health and care professions and the practice is encouraged and supported by professional bodies and regulators. Although an increased focus on supervision may follow high profile untoward events, the governance potential of supervision as a mechanism for ensuring best practice and preventing untoward events remains unproven.

Diverse AHP practice has been described in the context of a developing national policy position in the UK which increasingly regards AHPs collectively. While this diversity is not unlike other health and care professions, the lack of a common pre-registration foundation for AHPs has been highlighted. The profile of AHPs is increasing and their potential contribution to health and social service provision is recognised in emerging UK policy. However, this increased recognition is coupled with a national drive for improved and less varied productivity in health service provision; a policy position which

is scrutinising the time spent by practitioners in activities regarded as clinical compared with those with a professional support or development focus.

1.4.2 What can be gained from conducting this research?

In section 1.2.2 the researcher set out the observations which initially prompted this inquiry citing variation in experiences of, commitment to, and the value attached to supervision, variation in management and supervision arrangements and employer scrutiny of non-patient-facing activity. The additional context provided in this chapter builds on these observations, creating a clearer sense about gaps in knowledge and understanding of supervision for AHPs. The extent to which AHPs regard and experience supervision as a practice which is varied and debated is not currently known. Nor is it known if this variation and debate is a concern for AHPs. Clouder and Sellars (2004) found therapist AHPs expected some visibility and possible surveillance of practice but this did not diminish the value these therapists attached to supervision. However, it is not known what impact there may be for AHPs' understanding, engagement in or access to supervision in the context of more recent productivity-driven scrutiny. Also unknown is the impact for supervision practices of an increasingly collective approach to a group of professions whose professional beginnings are quite separate; it is not currently possible to say whether the absence of a shared, common pre-registration background is reflected in varying expectations, meaning and value of supervision. An exploration of AHP experiences may offer insights into these current unknowns and in turn, it may be possible to draw on existing theoretical perspectives to gain richer insights and explanations of AHP supervision practices.

1.4.3 Research Question

In seeking to address limits in existing knowledge and understanding about AHP supervision, it is recognised that there may be other gaps, influences and perspectives which had not occurred to the researcher as she set about designing this research study. For this reason, a broad research question was posed:

What can first-hand accounts add to knowledge and understanding of supervision practice for allied health professionals?

1.4.4 Aims and Objectives

The main aim of this research was to develop a grounded theoretical perspective of supervision for AHPs. The specific aims are summarised as follows:

- Gather detailed accounts and examples of AHP supervision practice from a range of AHPs
- Augment existing supervision literature with detailed accounts of supervision experiences and attributed meanings from a range of AHPs to contribute to an understanding of the perceived value of AHP supervision
- Conduct analysis of first-hand accounts to generate a grounded theoretical perspective of AHP supervision practices
- Integrate the grounded theoretical concepts generated from first-hand accounts with extant theoretical frameworks which have not previously been applied to AHP supervision practice
- Consider the implications of grounded theoretical insights for AHP supervision practice

The methodological considerations and subsequent methods adopted to address the research question posed are now set out in chapters two, three and four.

Chapter 2. Methodology: The Journey from Philosophical Assumptions to a Grounded Theory Approach

2.1 Introduction to philosophical and methodological considerations

The interrelatedness of methodological assumptions means that the answer to one question shapes how others can be asked and answered (Guba and Lincoln, 2008; Sarantakos, 2005; Creswell, 2013). There is agreement that these assumptions should be made explicit, but this is coupled with recognition that philosophy of methodology remains a topic of scholarly debate (Howell, 2013). In guiding methodological decision-making in this research, ontological considerations are regarded as relating to the nature of reality; what supervision is, and epistemology to be considerations of the best ways of knowing, (Sarantakos, 2005). As the researcher began to recognise her own ontological assumptions about AHP supervision practices, it became possible to explore epistemological choices and to settle on a relevant methodological approach. In this chapter, the considerations which have prompted the selection of a grounded theory approach are set out with reference to the researcher's ontological assumptions and epistemological stance.

The phrase '*grounded theory approach*' is adopted at this stage to signal the researcher's recognition that grounded theory is much debated (Kenny and Fourie, 2015; Timonen, Foley and Conlon, 2018); a variety of iterations can be differentiated in the research literature and different iterations may be aligned with differing methodological positions. Furthermore, the debate extends to whether grounded theory is a methodology, a method or both, (Birks and Mills, 2015). In sections 2.2 to 2.4 of this chapter, the researcher's philosophical position is set out. Section 2.5 is then concerned with the methodological fit of these philosophical assumptions with the most frequently encountered versions of grounded theory described in the literature at the time when this PhD was conducted; Glaser's (1978; 1998) classic, Strauss and Corbin's (1990) evolved or *Straussian*, Charmaz's (2006) constructivist. The version of grounded theory

adopted ultimately guides the grounded theory methods which are selected. The grounded theory methods used in this research are described subsequently in chapters three and four.

2.2 Sensitising Concepts

The influence of a qualitative researcher's background and motives are widely acknowledged in the research literature. In section 1.2.2, it was noted that readers will want to know what has prompted a given research endeavour (Wolcott, 2010). Charmaz (2014, p30) includes the potential effects a researcher's disciplinary perspective may also have on research. She likens this to the notion proposed by symbolic interactionist, Herbert Blumer (1969) of sensitising concepts; tentative ideas which the researcher may question or pursue in relation to her topic.

For this researcher, there are three identifiable pre-existing sources of sensitisation which contributed to the philosophical and methodological decision-making in this research:

- professional background and career path as a speech and language therapist, an AHP, a manager and an educator
- established interest in constructivist psychology stemming from an introduction to the work of George Kelly (1963) as an undergraduate therapist in training
- observations arising from the contextual review of literature undertaken at the start of this PhD.

There is interweaving of these three sources. The influence of the pragmatist philosophers such as John Dewey (1859 - 1952) and of symbolic interactionists such as Herbert Mead (1862 - 1931), have been recognised in George Kelly's work (Butt, 2008) and some suggest the same influences are apparent in grounded theory (Bryant and Charmaz, 2007; Corbin and Strauss, 2008; Pawluch and Neiterman, 2010). In turn, the researcher's professional background and constructivist influences combine with aspects of the contextual literature to inform the philosophical position adopted. The specific influence of Kelly's (1963) personal construct psychology on early

methodological considerations in this PhD has also been discussed elsewhere, (Harding, 2017).

The sources of sensitisation for this project are acknowledged here in respect of methodology and with a firm focus on Charmaz's (2014, p31) further guidance that sensitizing concepts are not an end point but a possible place to begin one's inquiry.

2.3 Identifying ontological assumptions

This inquiry is informed by a relativist, constructivist ontology; the main assumptions which inform the methodology is that supervision is a culturally-established, socio-professional phenomenon occurring in a professional context but one that individual practitioners may perceive and experience differently.

As indicated in section 1.2.2, a key motivation for this study arose from the researcher's observations as a therapist, manager, supervisor and educator, that against a background of professional expectations and commonality of purpose set out by professional bodies and regulators, (HCPC, 2014; CQC, 2013), understanding, expectations, manifestations and experiences of supervision nonetheless vary from practitioner to practitioner.

These observations of variations in individual meaning-making and interpretation are consistent with pragmatist, symbolic interactionist, constructionist and constructivist perspectives. There are social science traditions in which pragmatism, symbolic interactionism, constructivist and constructionist perspectives are closely associated, notably in the context of the current PhD, in Charmaz's (2014) constructivist grounded theory. In research practice, the distinction between constructivism and constructionism can be limited (Howell, 2013).

From both pragmatist and symbolic interactionist perspectives, AHPs' individual meanings about supervision develop through their engagement in the practice. A pragmatist perspective would be interested in how meaning-making arises from the practical ways in which supervision serves the AHP to address problems which she

encounters in her practice. A symbolic interactionist would be interested in the role language and interaction may have for the AHP's meaning-making. In research terms, a pragmatic focus would support seeking to understand AHP perspectives about what 'works' in supervision while symbolic interactionism may be interested to explore the language AHPs use to talk about supervision and the extent to which that reveals underlying meanings of supervision practices. The constructivist perspective recognises the potential for individual experience and meaning-making of supervision as a social phenomenon. A constructionist perspective attends to the role and influence of social, structural or organisational structures such as being part of a professional group, being employed in social care rather than health or practicing in a community or hospital setting.

For this research, the primary assumption is that while AHPs may have shared social constructions of supervision, the variety of individual perceptions, interpretations and experiences of the practice is consistent with a social constructivist ontology; supervision is a dynamic, subjectively experienced, socially constructed event. As a result, supervision may mean different things to different practitioners. It is relativist as practitioners' supervision experiences vary in relation to this element of health and social care practice which is culturally recognised, described and encouraged by professional bodies. Developing an understanding of the extent of individual or shared meaning-making by identifying what core constructs AHPs have for supervision seems to be an important and necessary precursor for any subsequent inquiry seeking to identify 'what works' in supervision.

This relativist, constructivist stance is further supported by aspects of the contextual literature. Variations in content, models, choice of supervisor, supervisor characteristics, evaluation, barriers, perceived value and benefits (Cutcliffe, Butterworth & Proctor, 2001; Butterworth et al, 2008; Davys and Beddoe, 2010; Pearce et al, 2013), the lack of consensus regarding whether the scope of supervision is purely professional or includes a practitioner's personal concerns (Butterworth, Faugier and Burnard 1998; Yegditch 1999) and debate about the relationship of supervision with policy, governance and line management, (Beddoe 2010; Cutcliffe and Hyrkas 2006; Gilbert 2001; Clouder

and Sellars 2004; Lynch, Happell, & Sharrock 2008) are indicative of authors' differing constructions of supervision practice. In combination with the researcher's own observations, these aspects of the literature support a sense of a phenomenon which is culturally established in the health and care professions yet experienced in different ways and with different meaning or value for participants in different contexts.

Contrasting definitions of supervision are indicative not only of the variation encountered in the supervision literature but may also be considered to reflect the underlying ontological assumptions of respective authors. Closer examination of definitions of supervision demonstrates the influence ontological assumptions may have on subsequent methodological choices. Drawing on the notion of the interrelatedness of methodological assumptions, a definition might be thought of as an ontological snapshot which, in turn, informs the researcher's epistemological perspective and so the methodology and methods for the research.

Consider, for example, Butterworth and his colleagues Cutcliffe and Proctor who all wrote about supervision around the turn of the millennium (Butterworth, Faugier and Burnard 1998; Cutcliffe, Butterworth & Proctor 2001). Their work remains influential and in their systematic review, Dawson, Phillips and Leggat (2013) found Proctor's model remains the most widely cited. One definition from this group is:

'an enabling process that allows the individual being supervised to experience professional and personal growth without penalty.' (Butterworth, Faugier and Burnard, 1998, p8)

This definition is appealing to a constructivist as it suggests a focus on the supervisee and her experiences, combined with a sense that supervision is a socially constructed phenomenon which might be experienced and interpreted differently by different practitioners. However, contrasting the Butterworth, Faugier and Burnard (1998) definition with another produced by the UK Department of Health in the same decade, illustrates how a definition-led approach to methodological decision making may be problematic:

'A formal process of support and learning which enables individual practitioners to develop their knowledge and competence. It enables them to consider accountability for their own practice and supports the protection of consumers in receipt of care in complex clinical situations.' (Department of Health 1993, p15)

In this second definition, a formal process perhaps implies the use of a model or framework in specific conditions; a certain place, defined participant characteristics or skills, optimum duration, frequency and identifiable outcomes. This definition implies a degree of uniformity; something replicable and quantifiable. So, this UK Government definition (Department of Health, 1993), would be more consistent with a realist ontological perspective for which an empirical, quantitative methodology might be suitable, as found in the research of Winstanley and White (2003), who drew on Proctor's (2001) model to develop an evaluative tool for supervision, the Manchester Clinical Supervision Scale.

In combination, a widely cited model such as Proctor's and an evaluation tool such as the Manchester Clinical Supervision Scale seem to offer a possible definitive ontological position and an obvious starting point for research in supervision. However, research guided by this ontological perspective may miss insights from a more personal perspective, constrain the questions asked in the research and ultimately serve only to reinforce or discredit a particular approach to supervision, potentially missing the possibility that supervision experiences and associated meaning may vary from practitioner to practitioner and from context to context. While constructivist psychologist George Kelly was talking more generally about individuals' differing constructions of events, his writing perhaps indicates how it is that AHPs come to talk about supervision events in a variety of ways:

'not only because there may have been differences in the events which they have sought to anticipate, but also because there are different approaches to the anticipation of the same events' (Kelly 1963, p55)

The debate regarding terminology and definitions of supervision chimes with the researcher's own observations but also illustrates that adopting a definition of the phenomenon under investigation as a useful ontological starting point from which to

guide methodological decision making is limiting. However, a relativist, constructivist stance offers a starting point from which to make sense of observed and documented variation in a widely endorsed and established element of UK AHP practice.

2.4 Epistemological Considerations and Methodological Decisions

The relativist, constructivist ontological position suggests that new insights about supervision for AHPs may be unearthed in the underlying abstracted meaning of supervision practice. Such abstracted meaning may be unearthed by inductive analysis of observations or of practitioner accounts of supervision; in epistemological terms, a subjective, interpretive, inductive qualitative inquiry. Methodological approaches consistent with this epistemological stance include ethnography, narrative inquiry, phenomenology and grounded theory, with each approach delivering the possibility of different insights into the phenomenon of AHP supervision.

If the aim in this research is to produce a rich descriptive account of what takes place in supervision then an observational ethnographic study might be suitable (Van Maanen, 1988). Aside from practical challenges, it was felt that ethnographic observation alone might not fully address the identified gaps in understanding of individual interpretations and meanings of supervision practice. An assumption on the part of the researcher, based on her own practice experiences, was that the dominant form of supervision takes place one-to-one between supervisor and supervisee. While field interviews can also be combined with participant observation, overall an ethnographic study might not provide insights into individual participant's constructions and meaning-making. Consistent with acknowledged challenges associated with participant observations (Creswell, 2013), the impact of an observer in a one-to-one practice setting seemed limiting and difficult to minimise. Constructivist Kelly (1963) illustrates the limitations of observation when he describes how drivers predict the behaviour of oncoming vehicles without having direct insights into the drivers' higher motives and complex aspirations. To understand these motives and aspirations, he suggests:

'...we must stop the traffic and get out and talk to them.' (Kelly 1963, pp95-96)

Getting out to talk to AHPs offers an opportunity to gain insights into AHPs motives and aspirations for supervision which can be achieved by gathering in-depth interviews. Gathering in-depth interviews also addresses the finding from the contextual literature review that there is a paucity of research in which individual accounts of supervision have been heard and explored.

Data from in-depth interviews can make a variety of knowledge contributions. Knowing about the extent of a shared lexicon and or shared semantics for the phenomenon of supervision across the AHPs might be found through narrative analysis (Chase, 2005). Phenomenological approaches informed by the ideas of Edmund Husserl (1859-1938) and Martin Heidegger (1889-1976) may reveal patterns of shared experiences from an in-depth interpretation of AHPs' accounts. Such approaches seemed more promising in supporting the development of new insights about the meaning of supervision for AHPs. However, an additional consideration arising from the early contextual literature review is that there is a lack of theoretical underpinning for supervision practices (Yegditch, 1999; Lynch, Happell, & Sharrock 2008) and a methodological approach which might also add theoretical insights is therefore appealing.

Kelly's (1967) constructivist perspective is that events are not exactly duplicated day after day but that there are elements which are replicated, and which can then be predicted with some confidence; by abstracting the similarity of two events it is possible to construe replications of events and in turn to anticipate what future events will be like. He also suggests:

'while there are individual differences in the construction of events, persons can find common ground through construing the experiences of their neighbors along with their own.' (Kelly 1963, p56)

This suggests that in the context of a practice such as supervision, with recognised guidance issued from professional bodies and where there are shared experiences of supervision among colleagues, it is still possible that individuals will construe supervision differently. This would support an approach with a focus on what individuals have to say about supervision. Of course, gathering first-hand accounts may give rise to an

unwieldy plethora of individual, seemingly unrelated and possibly contradictory AHP constructions of supervision. Indeed, this might be anticipated given the variety of practice which is identified in the contextual literature review. Kelly is again helpful in suggesting that it is possible to:

‘penetrate a bewildering mass of concrete events and come to grips with an orderly principle. The principle is not the aggregate of all the events; it is rather a property, so abstracted that it can be seen as pertinent to all of them.’ (Kelly 1963, p30)

Furthermore, Kelly suggests that constructs can be arranged into hierarchies of increasing abstraction. At a concrete level, supervision practices may look varied and contradictory but it might be that there is some overarching, abstracted, conceptual foundation for these differing manifestations of the practice. It would seem that to gather first-hand accounts of AHP supervision and to look for replications in the search for common ground may offer the potential to generate a theoretical perspective of supervision through inductive analysis of the participant data; something which starts to sound like the discovery of concepts in grounded theory method (Glaser and Strauss, 1967).

Since this inquiry does not aim to seek evidence in support of an established theory of supervision for AHPs, it is the theory generation aspect of grounded theory that was initially appealing and drew the researcher to explore the fit with a grounded theory approach. Essentially the development of theory is neither consistent nor inconsistent with the philosophical assumptions in this research however, the absence of agreed theoretical perspectives for supervision adds to the rationale for a grounded theory approach; an emergent theory, discovered in first-hand accounts of supervision, might provide some theoretical underpinning for supervision practices, the absence of which Yegditch (1999) has suggested contributes to the documented debates about the practice.

The relationship between the ontological, epistemological and methodological decisions in this research are summarised in figure 2:

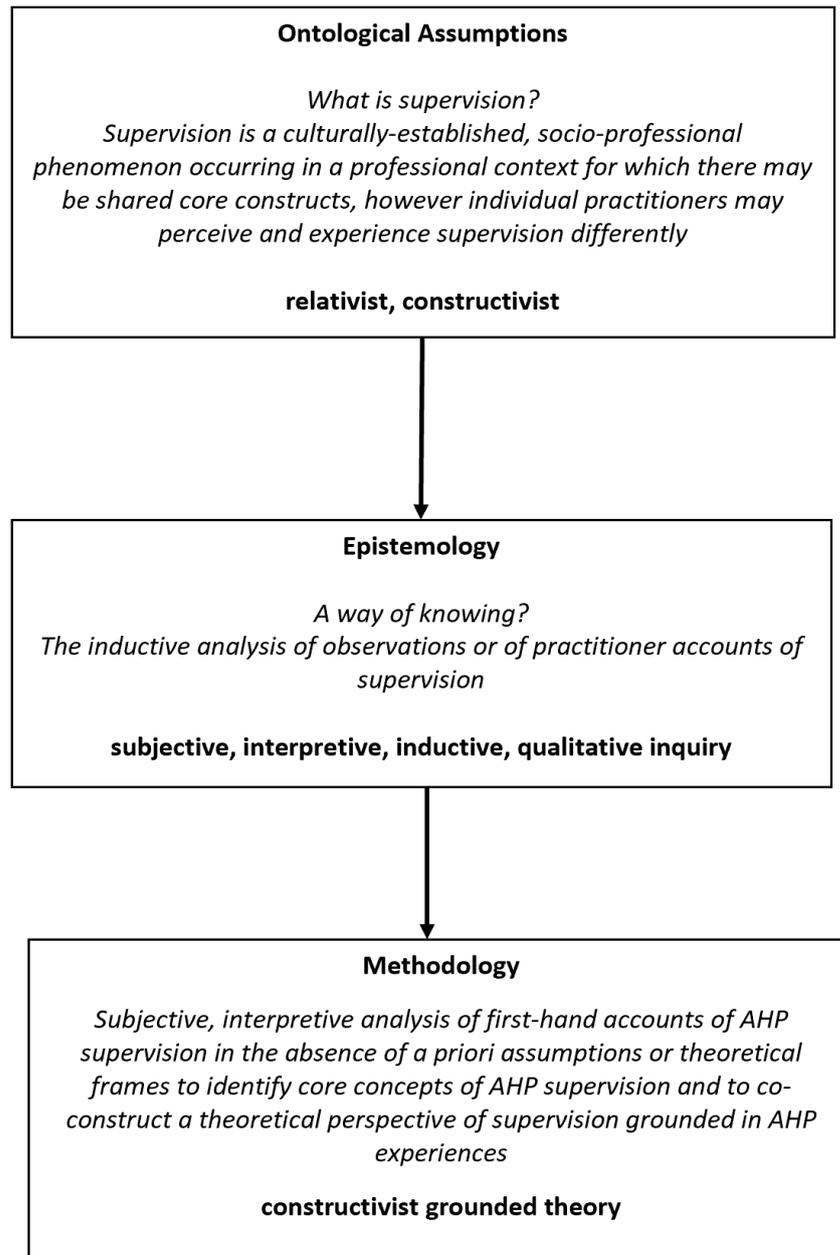


Figure 2: Relationship between ontological, epistemological and methodological decisions

2.5 Choosing Grounded Theory Method

Identifying a fit with grounded theory does not signal the end of the baffling methodological choices which Creswell (2013) has suggested are encountered by those embarking on qualitative research. Since Glaser and Strauss (1967) first wrote about their discovery of grounded theory, alternative versions have emerged and there is much debate about whether each version is justified in applying the grounded theory

label and indeed as indicated in the introduction to this chapter, whether grounded theory is a methodology, a method, a collection of methods or a theory (Birks and Mills, 2015)

Earlier, the ontological and epistemological limitations of definitions were described in relation to using a definition of supervision. The search for a definition of grounded theory proves equally inconclusive and it is often the case that the authors of explanatory grounded theory texts opt to set out key characteristics or tenets instead (Urquhart, 2013; Gibson and Hartman, 2014) or to assert what grounded theory is not (Suddaby, 2006). Urquhart (2013, p16) refers to grounded theory characteristics being theory building, an absence of preconceived theoretical ideas, analysis and conceptualisation through constant comparison and adopting theoretical sampling. Gibson and Hartman (2014, p42) set out the key tenets as openness, explanatory power, generation versus justification, theory structure and the research process. These characteristics or tenets reflect what is sometimes referred to as classic, traditional or Glaserian grounded theory.

It is suggested that Glaser and Strauss's foundational text of 1967, 'The Discovery of Grounded Theory':

'represented the first tentative steps towards the development of a new method for generating theory from data. It was just a beginning. It was written as part of a debate in social science.' (Gibson and Hartman 2014 p28)

In Gibson and Hartman's view, it is to be expected therefore that further developments of the method would be necessary, although they acknowledge that the lively debate accompanying subsequent developments complicates the task of establishing what a grounded theory should look like (Gibson and Hartman, 2014, p30). Glaser himself went on to produce further texts such as Theoretical Sensitivity (Glaser, 1978) and Doing Grounded Theory: Issues and Discussions (Glaser, 1998), which sought to build on the original ideas (Glaser and Strauss, 1967). In the grounded theory literature, the terms traditional, classic or Glaserian describe the approach as Glaser and Strauss and later Glaser advocate. In addition, two major alternative versions of grounded theory have

also developed and been widely adopted; Straussian and Constructivist. Both alternatives are linked with former students of Barney Glaser and Anselm Strauss; Juliet Corbin who collaborated with Strauss to write *Basics of Qualitative Research*, which sets out the version of grounded theory now referred to as Straussian or evolved grounded theory (Strauss and Corbin 1990, 1998; Corbin and Strauss 2008) and Kathy Charmaz who has proposed and developed constructivist grounded theory (Charmaz 2000; 2006; 2014). In a more recent review of the versions of grounded theory published after the methodological choices were made in this PhD, Timonen, Foley and Conlon (2018) also extend their discussion to 'situational analysis' (Clarke 2003; 2005) and to 'critical grounded theory' (Kempster and Parry, 2011; Oliver, 2012).

Contemporary reviews of the versions of grounded theory contend that there are recognisable elements of classic grounded theory in all, though versions differ in aspects of philosophy and method (Kenny and Fourie, 2015; Timonen, Foley and Conlon, 2018). These variations are at the core of the dispute and debate in grounded theory and have prompted Glaser to publish defences, largely focused on Straussian or constructivist versions, declaring neither can claim to be grounded theory (Glaser, 1992; 2012). Charmaz (2014, p14) acknowledges that researchers who align with different versions of grounded theory do so because of the differences in their underlying methodological assumptions. However, she refers to the major versions of grounded theory as a constellation of methods, each offering helpful strategies to support the research endeavour. During the time when this PhD research has been conducted, the greatest focus for debate has concerned the three main versions, classic, Straussian and constructivist grounded theory. For this reason, the discussion which follows regarding methodological considerations considers these three versions.

While the three main versions of grounded theory have common features, they nonetheless diverge in fundamental and ultimately interrelated ways; the differing philosophical positions of each version underpin differing views about the use of extant literature and of the approaches to coding (Kenny and Fourie, 2015). Gibson and Hartman (2014, p45) acknowledge that differing versions of grounded theory are unsettling and a source of confusion but that in adopting a version of grounded theory

the researcher should remain critically aware of the ways in which an alternate version distorts the original version. Selecting which version of grounded theory to adopt is debated and often the subject of academic papers arising from the endeavours of PhD students to identify what version to follow (Breckenridge et al, 2012; Evans, 2013; Howard-Payne, 2016). However, published research claiming to be grounded theory cannot always be readily identified as such (Suddaby, 2006) and the version of grounded theory adopted is not always clearly signalled (Goulding, 2017). Mindful not to replicate such methodological ambiguity, recognising and appreciating the fundamental similarities and differences between versions of grounded theory is considered key in identifying which is the best fit with the relativist, constructivist, symbolic interactionist, interpretivist position adopted in this inquiry.

To facilitate a critical examination of the three main versions, the comparative table 1 (see overleaf) was developed to summarise the key differences recognised in publications from the originator of each version and from wider published critique of each version. There are those who suggest that dividing grounded theory by tradition is unhelpful as it ignores subtle differences in grounded theory research design which have evolved over time (Birks and Mills, 2015). However, guided by recent critiques (Kenny and Fourie, 2015; Timonen, Foley and Conlon, 2018) this simplified summary clearly illustrates why early career researchers find the literature challenging to navigate and why developing confidence in the version of grounded theory ultimately adopted requires in-depth familiarity with the extensive and expanding grounded theory literature. Nonetheless, it remains important to recognise that there are those who consider that while the differences between versions of grounded theory should be appreciated, from a methodological standpoint there is no right or wrong approach to grounded theory research (Birks and Mills, 2015).

<i>Version</i> <i>Features</i>	Classic Grounded Theory	Straussian Grounded Theory	Constructivist Grounded Theory
Major Authors	Glaser and Strauss (1967) Glaser (e.g. 1978; 1998) Glaser and Holton (2004, 2005a, 2005b, 2007) Holton (2010) Urquhart (2013) Gibson and Hartman (2014) Holton and Walsh (2017)	Strauss (1987) Strauss and Corbin (1990, 1994, 1998) Corbin and Strauss (2008)	Charmaz (2000; 2006; 2014)
Philosophical Position	Ambiguous (e.g. Moore 2009) Neutral (e.g. Glaser and Holton, 2004; Urquhart, 2013) Positivist/Objectivist (e.g. Strauss and Corbin 1994; Charmaz 2000; Bryant 2002; Glaser 2002) Critical Realist (Moore 2009; Holton and Walsh, 2017) Soft positivist (Kenny and Fourie 2014)	Post positivist (Strauss and Corbin 1991, 1994, 1998) Critical Realist (Strauss and Corbin 1991, 1994, 1998) Symbolic Interactionist (Strauss and Corbin 1991, 1994, 1998) Pragmatist (Corbin and Strauss 2008)	Constructivist (Charmaz 2000; 2006; 2014) Post-modernist Relativist (Charmaz 2000; 2006; 2014) Symbolic Interactionist (Charmaz 2000; 2006; 2014) Pragmatist (Charmaz 2000; 2006; 2014) Interpretive (Charmaz 2000; 2006; 2014)
Approach to literature	Literature may contaminate and introduce bias therefore literally ignore literature Restrict to a <i>constant comparison</i> at the end of the study if desired	Contextual but not exhaustive prior literature review. Accepting that inevitable researcher influence - use literature at every stage – address gaps in literature, guide theoretical sampling, gain insights from existing theories and frameworks	Use literature at every stage but delay writing a literature review until after data analysis – satisfy requirements for a literature review without stifling researcher creativity and openness – post data literature review guided by data not a priori assumptions
Approach to coding	Substantive Coding (a. open; b. selective) Theoretical Coding	Open coding (a. properties; b. dimensions) Axial Coding (5 stage paradigm model) Selective Coding (5 stages) Conditional Matrix (Collates 3 previous coding stages)	Initial or open coding Refocused coding
Theory Generation	Coding leads to discovery of a grounded theory	Coding leads to creation of a grounded theory	Coding leads to co-construction of a grounded theory
Common Features	Simultaneous data and analysis, constant comparison, memo-writing, theoretical sampling; substantive rather than formal theory		

Table 1: Comparison of the major versions of grounded theory

Common features and divergences will now be discussed to provide the rationale for the grounded theory approach ultimately adopted to support the inquiry into supervision for AHPs.

2.5.1 Common Features of Major Versions of Grounded Theory

When Glaser and Strauss first shared the grounded theory method in their 1967 publication, it challenged established positivist research assumptions. The use of constant comparison and theoretical sampling are two such challenges. From a positivist stance, data collection and analysis occur separately in the interests of objectivity, however Glaser and Strauss described constant comparison which refers to the simultaneous collection and analysis of data. By adopting constant comparison, the

researcher is encouraged to use concepts emerging from the data thus far collected to guide subsequent theoretical sampling until data saturation is achieved; a point when no further concepts are discovered in the data. At the outset this approach is inductive, there is no deductive testing of a hypothesis, so the approach to sampling and analysis departs from a positivist approach where sampling decisions are made at the outset of the research, ahead of data collection, with a focus on hypothesis testing. In a faithful execution of grounded theory, the researcher could not know in advance and with certainty participant characteristics, recruitment strategies or sample size, although subsequent theoretical sampling is more directed and deductive as it follows up leads guided by what has already been noticed in the collected data.

The iterative cycling between induction and deduction has led Charmaz (2006, 2014) to characterise grounded theory reasoning as abductive, terminology she attributes to 19th Century American philosopher Charles S. Pierce. It is Pierce, she suggests, who:

'posited abduction as a type of reasoning that includes imaginative interpretations and deductions that follow inductive discoveries.' (Charmaz 2014 p 201)

While Glaser might take issue with Charmaz's reference to interpretation, he would recognise the two logics of induction and deduction applied to theoretical sampling (Gibson and Hartman 2014). The unknowns of theoretical sampling are recognised as a potential challenge for those pursuing a postgraduate research degree, as research degree committees and ethical approval processes, often traditionally informed by positivist, biomedical approaches, expect greater certainty about the researcher's approach to sampling, particularly where the research may involve working with more vulnerable populations (Corbin and Strauss 2008; Charmaz 2014). Even so, both constant comparison and theoretical sampling remain features of each of the three major versions of grounded theory.

Glaser and Strauss (1967) also urged the researcher to break off from analysis to write memos which capture the researcher's reflections and the ideas which are occurring to her as she works with the data. In due course, as the researcher begins to develop a

grounded theory, the memos serve not only as a record of the development of theoretical concepts but as an added data source which can be sorted to support further theorising. Both Strauss and Charmaz include this technique in the subsequent versions of grounded theory method which they have developed.

The controversy and dispute surrounding grounded theory research has been described in terms of misunderstanding (Suddaby, 2006), myths (Urquhart and Fernandez, 2006) and by Goulding (2017) as a Marmite² 'love it or hate it' methodology. Some of the controversy and debate can be directly linked to the common features outlined above. Urquhart (2013) notices that while some studies which claim to be grounded theory studies have adopted features such as constant comparison and memo-ing, ultimately the final step of theory generation has not occurred. Such research may produce a rich descriptive account and compelling findings about phenomena in a substantive area, but this, in itself, does not constitute a grounded theory. In grounded theory research the aim is to discover categories in the research data from a substantive area and to identify the relationships between categories using theoretical codes; in essence, the aim is to develop a theoretical perspective about the substantive area.

Aiming to generate an explanatory substantive theory about a specific phenomenon or a field of study is common to all three major versions of grounded theory, although philosophical differences influence how this is achieved and will be discussed in more detail in section 2.5.2.a.

Where the versions do agree is in the distinction between a substantive or focused theory and a formal theory which can be applied beyond the substantive area. This is a distinction, again made by Glaser and Strauss (1967), who challenged the grand or classic sociological theorising of the era, which they viewed as devoid of empirical justification (Gibson and Hartman 2014 p1). Using their grounded theory method, Glaser and Strauss instead set out to generate theory from data; the theory developed is grounded in the data from an identified substantive area. In the case of this inquiry, the substantive

² Marmite is a British food product which is marketed as a 'love it or hate it' savoury spread

focus is on supervision for UK AHPs. To apply a grounded theory about supervision for AHPs in the UK to other healthcare or wider regulated professions as a formal theory would therefore require further data collection, analysis and possible revisions before a formal theoretical status could be claimed.

2.5.2 Divergence in major versions of grounded theory

The divergence in the major versions of grounded theory is the source of greatest debate because the areas of divergence arise from the fundamental philosophical differences between the originators of each version. In turn, these fundamental philosophical differences have implications for openness in the research process, manifest in both the approach to the use of literature and to the ways in which authors advocate coding of data. These areas of divergence will now be considered before describing the alignment of the approach adopted in this inquiry with reference to the three major versions of grounded theory.

Given Gibson and Hartman's (2014) encouragement to researchers to remain critically aware of the ways in which versions of grounded theory vary the sections which follow seek to consider both the philosophical fit and detailed attention to how the aspects of grounded theory method support the inquiry and whether a particular version of grounded theory offers a closer methodological fit.

2.5.2a Philosophical positions in the three major versions of grounded theory

When Glaser and Strauss (1967) first described grounded theory, they did not make epistemological claims about the method. Urquhart (2013, p59), has suggested that it is because grounded theory is a method that *'it does not carry much philosophical baggage'* and as a result there are those who claim the approach can be successfully employed by researchers with differing assumptions about knowledge and ways of knowing (Urquhart and Fernandez, 2006). However, this ambiguity and debate about the philosophical position of grounded theory can make it difficult to be confident about philosophical and methodological congruence, something which has led to observations cited earlier about a lack of methodological rigour on the part of some researchers who

claim to employ grounded theory methods (Suddaby 2006; Goulding 2017). Suddaby (2006) stresses that adopting grounded theory is not an excuse for the researcher to ignore methodological considerations and similarly Urquhart (2013) cautions that it is important to be clear about how the method is utilised in a research endeavour, suggesting:

'While there can be flexibility in research design and data collection, it is important that the design and philosophy are consistent'. (Urquhart, 2013 p57)

Examples of contrasting ontological positions include Holton and Walsh (2017) who declare a critical realist stance in introducing their grounded theory textbook, while Charmaz (2006, 2014), in prefacing her approach to grounded theory as constructivist, signals a constructivist ontological position. Strauss and Corbin's (1990, 1998; Corbin and Strauss, 2008) evolved version of grounded theory has been characterised as post-positivist, critical realist (Kenny and Fourie, 2015). In their own writing, Strauss and Corbin (1990, 1998; Corbin and Strauss, 2008) clearly refer to the influences of symbolic interactionism and pragmatism. Key features of grounded theory, including the inductive generation of theory from data and the avoidance of prejudicial frameworks or assumptions, reflect this. Glaser's philosophical position has been characterised as objectivist, positivist and reductionist (Bryant 2002; Charmaz 2000, 2006, 2009), since Glaser asserts that observations by a neutral but expert observer generate conceptualisations which are discovered in the data. Glaser's original collaborator Strauss (Glaser and Strauss, 1967) has also acknowledged positivist nuances in the original text, (Strauss and Corbin 1994 p279). When Charmaz (2000) first differentiated objectivist and constructivist grounded theory methods, Glaser's (2002) response was not to refute objectivist claims but to suggest that the method and techniques were intended to:

'make the generated theory as objective as humanly possible' (Glaser 2002, §19)

An unequivocally less interpretive and more objective stance regarding the emergence of theory from data can be identified in Glaser's later writing in which any suggestion of constructivist underpinnings is quite firmly refuted, (Glaser, 2012).

While Corbin (2009) continued to acknowledge the pragmatist and symbolic interactionist roots of grounded theory which she and Strauss initially claimed (Strauss and Corbin, 1990) she also indicates that her own position continues to evolve in the context of the developing field of qualitative research. She extends this to the contribution of constructivist versions of grounded theory, such as Charmaz's (2006). For Corbin, there are philosophical convergences between constructivism, symbolic interactionism and pragmatism in terms of individual meaning-making and interpretations; principles Charmaz (2006) has also endorsed.

Bryman, (2008) has described Charmaz's constructivist grounded theory as a response to objectivist positions, which he suggests are characteristic not only of Glaserian grounded theory but also in the approaches of Strauss and Corbin (1990, 1998) and later Corbin and Strauss (2008), particularly with regard to coding. Charmaz (2006, 2014) is indeed unambiguously constructivist and relativist. Early in her writing, Charmaz (2006), sets out 'a' way of doing grounded theory in terms of a set of principles and practice which is not intended to be prescriptive and she supports this with reference to Glaser and Strauss's (1967) initial invitation to readers to use grounded theory strategies flexibly in their own way.

Despite Glaser's (2012) claims that Charmaz's position lacks objectivity and therefore cannot be a grounded theory, her constructivist approach is increasingly cited as a credible evolution, (Bryman, 2008; Creswell, 2013). Charmaz does not hold with Glaser's suggestion that the researcher is or can remain neutral. For Charmaz (2006; 2014) researchers inevitably come to the field with some prior knowledge and motives and in the second edition of *Constructing Grounded Theory* (Charmaz, 2014) she devotes an entire chapter to the place of symbolic interactionism in grounded theory. She highlights the dynamic perspective of symbolic interactionism with emphasis on reciprocity between individuals and the environment which recognises subjectivity and the relative nature of individual's standpoints and experiences of events. This philosophical position is reflected in Charmaz's view that a grounded theory is co-constructed between participants and researcher using grounded theory methods.

Although now regarded as an important and established approach to qualitative research inquiry (Green and Thorogood, 2009), Glaser's official website, The Grounded Theory Institute (Grounded Theory Institute, 2014) disputes popular perceptions of the method as purely qualitative. Instead, while The Grounded Theory Institute does not refute a fit with qualitative research, it describes grounded theory as an inductive methodology and a general method (Grounded Theory Institute, 2014); signalling a fit beyond purely qualitative inquiry. Citing a collaborative critical reflection paper on grounded theory to which Glaser contributed (Walsh et al, 2015), Holton and Walsh (2017, xv) propose:

'Grounded Theory (GT) is the systematic generation of theory from data that has itself been systematically obtained (Glaser, 1978, p2). GT's exploratory approach may be adopted irrespective of the researcher's philosophical positioning. It may include qualitative and quantitative data, or both.'

In summary, Glaser and Strauss's (1967) early ambiguity about the philosophical position of grounded theory has given way to philosophical division and debate. The influences of each originator's early scholarship are reflected in Glaser's more objectivist stance and Strauss's symbolic interactionist position. Charmaz's constructivist evolution of the methods can be recognised as responding to elements of both classic and Straussian versions. The philosophical positions of each version in turn influence two key methodological elements; the use of literature and the approach to coding. Kenny and Fourie (2015) have described how in combination, the philosophical position, use of literature and approach to coding influence the way in which theory is generated in each version; a classic grounded theory is discovered, a Straussian grounded theory is created and a constructivist grounded theory is co-constructed. The influence of the philosophical positions on both the use of literature and the approach to coding will now be considered in more detail.

2.5.2b Openness and the use of literature in the three major versions of grounded theory

Glaser and Strauss's (1967, p37) call to '*literally ignore the literature*' so that the researcher can set aside *a priori* knowledge about the substantive focus of the inquiry

was described in chapter one. It is in the spirit of this openness that the role, place and timing of a literature review for a grounded theory inquiry is debated in the methodology literature and is therefore revisited here in the thesis. In a later publication, Glaser has elaborated that he and Strauss encouraged researchers to adopt a blank slate approach because of the:

'concern that literature might stifle or contaminate or otherwise impede researcher's effort to generate categories' (Glaser 1992, p31)

In these later texts (Glaser 1978,1992) openness is characterised in two ways; for the researcher to remain open to the ways in which research participants see their main problem and in openness to relevant local constructs and extant theory. Glaser (1978) cautions that researcher openness during the collection and analysis of data is necessary to ensure that the generation of a theory has indeed emerged from the data and not been forced or emerged as a result of the application of ideas from pre-existing theory with which the researcher is familiar.

For Urquhart and Fernadez (2006), the notion of the researcher as a blank slate is one of a number of myths they have identified in relation to what Glaser and Strauss (1967) were advocating. Gibson and Hartman (2014) propose that the timing of a literature review is the principal area of debate and that the key issue, in terms of openness, is that the researcher should wait until the main categories of the theory have fully emerged before reading the literature or, if the researcher already has a good knowledge of the literature, to resist introducing categories from the literature until engaged in coding around the main categories. Kenny and Fourie (2015) have summarised Glaser's position as a constant comparison with literature at the end of the study and then, only if desired.

Espousing a view consistent with Dey (1993, p63), that what is required is an *'open mind not an empty head'*, Strauss and Corbin (1990) encourage the use of literature throughout the research process for validation, identification of gaps in knowledge in the substantive area and to draw on insights from existing theoretical perspectives. However, they suggest that is not necessary to conduct more than a contextual review

ahead of the research, demonstrating some accord with Glaser's view that an exhaustive review of all relevant literature might constrain and stifle the researcher's creativity. Charmaz's (2014) view is not dissimilar to Corbin and Strauss although, while warning about allowing a literature review to stifle creativity of the researcher's own grounded theory, she acknowledges that a literature review can set the stage, showing how and where the new work fits with or extends what is already known. Her position is consistent with her constructivist philosophy in recognising that research does not occur in a vacuum and that the literature will be one of a number of influences and contexts within which the researcher conducts her inquiry, as indicated in the earlier discussion of 'sensitising concepts' in section 2.2.

2.5.2c Approach to coding in the three major versions of grounded theory

Glaser and Strauss (1967) were vague about how to conduct grounded theory research. As already described, each went on to elaborate and produce texts with more specificity. Their respective approaches to coding became a major source of dispute between them. In recent years, publications from Holton (2010), Urquhart (2013), Gibson and Hartman (2014) and Holton and Walsh (2017) have usefully summarised and set out classic grounded theory coding and consistently encourage researchers to ask Glaser's (1998, p140) fundamental questions of the data; 'What is the main concern being faced by the participants?' and 'What accounts for the continual resolving of this concern?'. Glaser's collaborations with Holton appear to signal his endorsement of her account of coding procedures as being faithful to classic grounded theory and as he intended. Holton (2010) summarises two phases of coding. The researcher engages first in substantive coding which includes open coding and later selective coding before progressing to theoretical coding. Throughout, there is constant comparison of codes with codes and data with data, with the researcher encouraged to break off from analysis to memo. Coding becomes increasingly abstracted at each stage with the emerging concepts and memos ultimately integrated to generate a grounded theory which accounts for the patterns of behaviour in the data. Glaser (1992) contends that if the researcher trusts the coding process, emergence will occur and that abstaining from engaging with the literature will correct researcher bias. Charmaz (2006) and Bryant (2002) are among those who suggest Glaser's approach to coding ultimately reflects his objectivist position

although Bryant (2002) has also commented on an inconsistency in Glaser's methodology, suggesting he adopts interpretivist coding against the backdrop of an objectivist, positivist philosophical position.

Strauss's later work with Corbin, from 1990 onwards, described more detailed coding processes, which both Glaser (2012) and Charmaz (2000), criticise as too regimented and constraining. Corbin (2009) describes the 1990 collaboration with Strauss, (Strauss and Corbin, 1990) as a 'how-to' guide for students which neither she nor Strauss expected to become such a popular or controversial text. The Straussian approach sets out four clearly differentiated stages of coding, open, axial, selective and conditional matrix, which the researcher can nonetheless move back and forward through, ultimately creating a grounded theory. The appeal of a structured approach to coding is recognised in the wider grounded theory literature but is accompanied by accounts of researcher frustrations, associated with a sense that the rigid approach to coding results in unsatisfactory attempts to fit data to the coding (Urquhart 2013). This view is consistent with Glaser's concerns about the Straussian evolution (1992) and with Charmaz's (2000) view that Straussian coding has over-complicated the flexible coding guidance of Glaser and Strauss (1967).

Charmaz (2008) remains more flexible and refers to two stages of coding; initial or open coding followed by refocused coding. While there are similarities with classic grounded theory, Charmaz (2006, 2014) accepts analysis will be interpretive, and hence the theory generated is regarded as a co-construction between participants and researcher. Glaser (2002) characterises Charmaz's approach as qualitative data analysis which may faithfully describe participant experiences but will not deliver the conceptualisation which is the core objective in grounded theory.

2.5.3 Alignment of this research with existing versions of grounded theory

The researcher's constructivist orientation guided her in the first instance to adopt Charmaz's constructivist approach to grounded theory (Charmaz, 2006; 2014). The constructivist version of grounded theory recognises that as the researcher is an experienced AHP with a career's worth of experience in the substantive area of study it

is unrealistic to eliminate subjectivity and also offers the potential for researcher and participants to co-construct an interpretive understanding of AHP supervision practices. Earlier, in section 2.5.2, reference was made to Charmaz's (2014) characterisation of grounded theory as a constellation of methods each of which may offer the researcher helpful strategies for data collection, management and analysis. As this PhD research proceeded, the research challenges encountered prompted a return to the research methodology and methods literature which led the researcher to consider the ways in which elements of the other major versions in the grounded theory constellation may support progress in the research endeavour. Ultimately, while the research methods adopted are anchored in tenets of a constructivist approach, what is reported in this thesis also reflects the influence of other grounded theory research perspectives. Given the philosophical and methodological divergence which has been outlined in this chapter, the hybrid grounded theoretical approach reported here may prompt questions for purist advocates of a specific school of grounded theory. However, in the context of careful consideration of the three major versions of grounded theory most frequently documented at the time of this research, this hybrid is presented with confidence and methodological awareness of research philosophy and the implications for the methods employed. The grounded theory approach finally adopted is consistent with the selection of a variant of grounded theory which has best fit with the ontological and epistemological assumptions of the research, as described by Timonen, Foley and Conlon (2018). This is not an isolated position. Urquhart (2013) has suggested that individual researchers' preferences will guide the choice of a version of grounded theory but, as cited earlier, Urquhart also stresses that research design and philosophy should remain consistent. It is possible to interpret Urquhart's position as one that still implies aligning with one or other school of grounded theory but Charmaz's description of an objectivist-constructivist grounded theory continuum (Charmaz 2009) offers a possible way forward as she characterises grounded theory in terms of:

'a set of flexible analytic guidelines that enable researchers to focus their data collection and to build middle-range theories through successive levels of data analysis and conceptual development.' (Charmaz 2008, p204)

Kenny and Fourie (2015 p1286) provide more overt encouragement as they suggest:

'the researcher doesn't necessarily have to adopt a pure form of one tradition, and indeed, within the parameters of consistency, there is freedom to blur the boundaries between Classic, Straussian, or Constructivist GT'

Recognising that each research project is different Corbin (2009 p37) has suggested that each researcher:

'infuses the method with some aspect of the self and of the project and in doing so changes the methodology somewhat to make it more relevant. If Anselm Strauss were alive today, it is more than likely he would have changed also for he never stood still.'

Gibson and Hartman (2014, p237) also welcome methodological pluralism in grounded theory but distinguish this from an anything-goes approach and acknowledge, as others have, the risks associated with 'method slurring' (Baker, Wuest, and Stern 1992) reflecting as Suddaby (2006) and Goulding (2017) do, that many studies claiming the label bear little resemblance to grounded theory.

In this research the alignment with a version of grounded theory continued to ebb and flow during the research process as will be illustrated in the methods' chapters three and four. This was not initially anticipated but reflects the researcher's development during the research process arising from increasing acquaintance with an emerging and maturing grounded theory literature; a position consistent with Holton's (2010, p17) observation that:

'Developing one's skills as a grounded theorist takes practice; the method is best learned by cycling through the various procedures learning from each attempt and developing clarity and confidence in their application.'

The methodological approach adopted in this inquiry is summarised in figure 3 which illustrates the alignment with each of the three major versions of grounded theory.

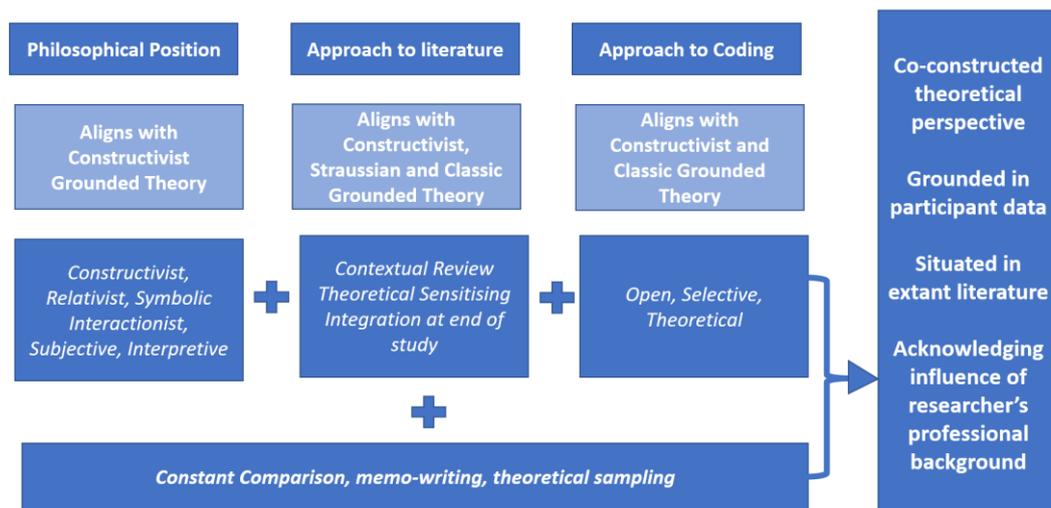


Figure 3: Summary of methodological position adopted and alignment with major versions of grounded theory

The remaining sections of this chapter will address the alignment between the ontological and epistemological assumptions in this research, the key elements of different aspects of the major versions of grounded theory adopted and their implications for this research.

2.5.3a Approach to literature

In chapter one the use of a contextual literature review ahead of the data collection in this research has been described. As a research degree student, it was necessary to find an approach which would satisfy a research degree committee while remaining faithful to a grounded theory approach. Rather than embrace the Glaser and Strauss (1967 p37) call to '*literally ignore the literature*', an approach similar to the two-phase approach suggested by Urquhart (2013) who also references the guidance of Martin (2006) was adopted.

The first phase, conducted ahead of data collection, has been that of a context-setting, orientating review of literature from the substantive area; in the case of this study, supervision for AHPs. This is consistent with a Straussian position that a contextual but not exhaustive literature review can be conducted ahead of data collection and with Charmaz's (2006, 2014) notion of sensitising concepts, as set out earlier in section 2.2 of this chapter. Engaging with the published literature in the substantive field heightens the researcher's awareness of the potential for personal biases and pet theories to shape what is discovered in the research process while providing a sufficient

understanding of the substantive area. So, while the themes arising from the contextual review would not overtly shape an interview topic guide, the researcher would remain alert to any indicators of such themes by research participants and potentially probe to explore further. Conversely, the absence of themes from the contextual literature in the participant data would also prompt the researcher to explore why this might be the case.

The second phase of engagement with the literature proposed by Urquhart (2013) is referred to as integrative. In this second phase the integration of the emergent theory with extant theories takes place:

‘to render the new theory in the context of existing knowledge and, thus, make the theory more valuable.’ (Urquhart, 2013 p30)

In the first phase the focus was on literature in the substantive field of AHP supervision with very limited consideration of wider theoretical literature. The second phase is more focused on extant theoretical perspectives. Urquhart (2013, p136) encourages the researcher to remain open-minded about what literature might be useful in this second phase, acknowledging that this approach contrasts with those where the researcher may return to literature in the substantive field to compare her findings. Instead, the data-grounded concepts guide engagement with the literature. However, the researcher cannot predict in advance of her data collection and analysis what literature will support theoretical integration and she cannot absolutely rule out that she might be guided to return to literature in the substantive field. For this reason, throughout the course of the grounded theory research, publication alerts using the contextual review search terms were left active so that should the data so direct the researcher, she had a repository of literature published beyond 2014 to hand.

In this research, extant theoretical literature was considered once the core and related categories had been identified, so that the grounded theoretical concepts could be theoretically situated and integrated. This phase of engagement with extant theoretical literature forms the focus of chapter 8 in this thesis. However, throughout the data collection the researcher also drew on extant theory to support her exploration of the

fit and relevance of tentative concepts and categories as they were identified. Engagement with the theoretical literature throughout the research process is as Charmaz (2006, 2014) advocates and again is not intended to guide data collection but to elevate the researcher's theoretical sensitivity. Ultimately, extant literature considered during data collection and analysis does not necessarily feature in the final theoretical integration and that which does has earned its place in relation to the data-grounded core and related categories, not the researcher's assumptions.

2.5.3b Approach to data and analysis

In-depth interviews were identified as the main data source and initial, open coding using gerunds was conducted as described by Charmaz (2006, 2014). In constructivist grounded theory, the researcher proceeds to a second stage of focused coding where testing the most frequent or significant codes against the data leads to the development of tentative categories (Charmaz, 2014 p343).

There is a detailed account of the methods adopted to generate interview data and conduct analysis in chapters three and four. In the context of the current discussion of methodological choices, the researcher found it proved difficult to move beyond a detailed description of supervision by refocusing coding as Charmaz describes. As a result, there was limited progress towards the more abstracted concepts which Glaser (2003, cited in Holton and Walsh 2017) suggests are necessary to construct a theoretical perspective. This lack of conceptual abstraction risked replicating Urquhart's (2013) observation and regret that many researchers fail to move beyond a rich description of a phenomenon.

Methodological blocks are acknowledged in the grounded theory literature and at such times the benefit of returning to the seminal texts is encouraged (Urquhart 2013; Gibson and Hartman 2014; Holton and Walsh, 2017). As Straussian grounded theory can be regarded to be closer philosophically to constructivist grounded theory, the first thought was to consider Corbin and Strauss's (2008) coding guidance. However, in common with Urquhart's (2013 p20) reported experiences, this too resulted in frustration arising from a sense that data were being forced to fit a coding paradigm; a criticism of Straussian grounded theory first made by Glaser (1992).

Although initially philosophically wary of classic grounded theory, it is this version's approach to data analysis which ultimately moved the analysis of participant data to a more conceptual level (Glaser 1998; Holton 2010; Holton and Walsh 2017). Glaser's (1998, p140) two questions, referred to earlier in section 2.5.2c, were central in the conceptual unlocking of the data. Focusing on the participants' main concern and what accounted for the resolution of this concern helped to shift the focus squarely back to the participant stories and clarified how the researcher's prior knowledge and experience can inadvertently limit the discoveries that can be made in the data (Glaser 1978, 1998). While ontologically there is still a constructivist focus on individual AHP meaning-making for supervision, a degree of distance, though not full-scale objectivity, provided more conceptual insights about AHPs and their relationship with the phenomenon of supervision. This position, tending to the constructivist but benefiting from a technique which refocuses on the participant data, seems reflective of the objectivist-constructivist continuum described by Charmaz (2009).

Returning to the comparative summary table 1, it would follow that adopting a classic grounded theory coding approach will generate theory which fits more closely with a discovery (Glaser and Strauss 1967). However, using Glaser's questions to overcome an analytical challenge cannot be regarded as adopting classic grounded theory and might be regarded more accurately as drawing on one of the useful strategies from the grounded theory constellation as Charmaz (2014) has described. Ultimately the theoretical perspective of AHP supervision which is presented is co-constructed between researcher and participants (Charmaz 2006, 2014) and later integrated with extant literature, as might be expected given the researcher's constructivist foundations and familiarity with the substantive field of inquiry.

2.6 Summarising the methodological alignment for this grounded theory research

This chapter has documented the progression from a constructivist ontological position to a methodological approach that is subjective, relativist, inductive and interpretive. Drawing on the researcher's own experiences and the findings of the contextual literature review, it has been assumed that AHPs may have a wide range of varied

experiences of supervision practice. While the manifestations of supervision practice may differ from AHP to AHP, it is possible that overarching conceptual underpinnings of supervision practice, common to all, may be identified. While this position would not address 'what works' in supervision as perhaps a pragmatist position would, a constructivist grounded theory approach to research design offers methods which may provide access to the variety of experiences, perceptions and meanings attributed to AHP supervision practices and the opportunity to co-construct a theoretical perspective.

Charmaz's (2014) characterisation of the various versions of grounded theory as a constellation of methods is reflected in the blurring of boundaries between purist versions of grounded theory undertaken in the context of a comprehensive critical evaluation of how elements of each version may serve the research aims. This is not a case of 'method slurring' as described by Baker, Wuest, and Stern (1992). Methods have been adopted which are consistent with the relativist, constructivist starting point of the researcher. Adopting Charmaz's (2006) initial open coding ensured a focus on the search for what is going on in the data (Timonen, Foley and Conlon 2018), not the search for *a priori* assumptions in the data. At later coding stages, questioning the data as advocated in classic grounded theory provided the necessary openness and a degree of objectivity necessary to facilitate the abstract conceptualisation required for the construction of a theoretical perspective.

The translation of these methodological decisions into the methods adopted in the research will now be set out in chapters three and four. Chapter three describes the methods adopted for the generation and collection of data, while chapter four is concerned with the coding process and will demonstrate how the theoretical perspective constructed in this research is firmly grounded in the first-hand accounts of participants.

Chapter 3. Generating and collecting data in grounded theory method

The last chapter set out the ontological and epistemological assumptions that supported the decision to adopt a subjective, interpretive methodological approach in this research with a view to developing a co-constructed, theoretical perspective of supervision using constructivist grounded theory methods. The status of grounded theory as an established, major method adopted in qualitative research was described along with Glaser's claim that grounded theory is a general method which can be used with any form of data. Over the course of the next two chapters the detail of the grounded theory methods used in the research are described. This first methods' chapter will cover the approach taken in gathering first-hand accounts with reference to relevant methodological considerations. In chapter four, the approach to coding is described.

For readers of grounded theory research to be confident of the quality and fidelity of the work, researchers must be unambiguous and transparent, not only regarding the philosophical assumptions and foundations of the research but also about the ways in which grounded theory methods have been employed and served the research endeavour. It is for this reason that two detailed methods chapters are provided and this first chapter begins with the consideration of research quality, both with respect to the wider qualitative research context and more specifically with regard to grounded theory.

3.1 Research Quality

The issue of quality in qualitative research is said to relate to both the management of the research process and to the application of rigour (Flick, 2007). There are established research quality criteria for qualitative inquiry, sometimes presented or discussed alongside a corresponding quantitative parallel; an indication of the enduring influence of positivist research positions. In comparing different approaches to qualitative inquiry, Creswell (2013, p243) indicates that across the qualitative research community there are many perspectives on validation and multiple standards for evaluation. Bryman (2008, p376) also cautions the reader that authors differ in what they mean by

the terms and criteria used in this regard, particularly in respect of validity and reliability. He suggests that trustworthiness and authenticity (Lincoln and Guba, 1985; Guba and Lincoln, 1994) offer better alternatives for the assessment of quality in qualitative research. Bryman also draws readers' attention to checklists for quality in qualitative research such as Spencer et al (2003) but calls into question the validity of such tools. The four elements of trustworthiness in qualitative data which Bryman suggests have parallels in quantitative research are set out below in table 2 below:

<i>Aspect of trustworthiness</i>	<i>Description</i>	<i>Quantitative parallel</i>
Credibility	Believability of findings	Internal validity
Transferability	Applicability of findings to other contexts	External validity
Dependability	Applicability of findings at another time	Reliability
Confirmability	Extent to which investigator's values have been allowed to intrude	Objectivity

Table 2: Aspects of quality in qualitative research, after Lincoln and Guba (1985) and Bryman (2008)

Authenticity, described as being concerned with wider research impact (Bryman, 2008), has five elements: fairness, ontological, educative, catalytic and tactical. Authenticity is concerned with whether:

- the members of a given social context are fairly represented
- the research supports a better understanding of a social context
- the perspectives of others may be better appreciated in light of the research
- the research prompts change and empowers

In Bryman's view, while these authenticity criteria are thought-provoking, they are more controversial and have had less influence.

Concerns about quality and rigour in grounded theory have already been acknowledged in chapter two; Suddaby's (2006) suggestion that research claiming to be grounded theory is not always recognisable as such and Goulding's (2017) observation that the version of grounded theory adopted is not always clear. These views are indicative of widespread critique and indeed scepticism about the quality of research which claims

to be grounded theory. Doubts about the quality of grounded theory research are somewhat ironic since the debated credibility of sociological research, particularly in the then growing field of qualitative inquiry, was a key motivation for Glaser and Strauss (1967) in their development of grounded theory and their use of rigorous methods which would ground a theory demonstrably in data (Gibson and Hartman, 2014).

The authors of the three major versions of grounded theory seldom use the word rigour and instead provide guidance about the evaluation of quality in grounded theory research. Confusion can arise because, as with other aspects of grounded theory methods' literature, the main authors use different terms and criteria when describing assessment of quality, although all essentially assert that the quality of the grounded theory finally presented is determined by the quality of the research endeavour which has been conducted. In their 'practical guide' to grounded theory, Birks and Mills (2015, p33) regard the concept of quality in research to be synonymous with rigour, claiming it is the measures adopted by the researcher to ensure quality throughout the research process which ultimately serve to demonstrate the rigour of the research conducted.

Although they did not write expressly about research quality, Glaser and Strauss (1967) first used the terms 'fit', 'understandable', 'general' and 'control'. Later, Glaser (1978) held with the notion of 'fit' but instead proposed 'work', 'relevance' and 'modifiability'. These criteria are found variously in contemporary discussions of quality in grounded theory (Charmaz, 2014; Birks and Mills, 2015; Holton and Walsh 2017). 'Fit' refers to the fit of concepts with the data and in turn the grounded theory. The theory can be judged to 'work' if the ways in which concepts are related can explain and predict how the participants' main concern is resolved. For Glaser (1978) it follows that a theory which has 'fit' and works will in turn be 'relevant' and have what he refers to as 'grab'. 'Grab' indicates that people with experience of phenomena in the substantive area which is the focus of the study will recognise the grounded theory has practical use and application; a criterial which seems to have some similarity with aspects of authenticity (Lincoln and Guba, 1985; Guba and Lincoln, 1994). Holton and Walsh (2017) have suggested that if an approximation were to be made with traditional criteria, then 'fit' approximates to internal validity or credibility and 'workability' to external validity or

transferability. However, aspects of grounded theory methods such as theoretical sampling and in a positivist sense, the propositional, non-hypothesis testing nature of a final grounded theory means these are, at best, approximations. It is in this context that Glaser (1978) refers to 'modifiability' in recognition that any theory may require review in the light of new data. Later still, Glaser (1992) added 'parsimony' and 'scope', reflecting Glaser's concern not to collect more data than is necessary to achieve saturation and to recognise that to move a grounded theory from substantive to formal requires further research endeavour beyond the original substantive field. Criteria such as modifiability and scope are challenging to map to aspects of trustworthiness such as transferability or dependability since the premise is that concepts grounded in data gathered from a specified substantive area and at a specific point in time would not be expected to be transferable or dependable more widely without further research.

While Glaser has set out categories of quality for a grounded theory, it is others (Strauss and Corbin 1990, 1998; Corbin and Strauss 2008; Charmaz 2014; Birks and Mills 2015) who have provided more concrete 'how to' guidance. Corbin and Strauss (2008, pp305-309) set out 10 basic and 13 additional criteria for the assessment of grounded theory research. Like Glaser they refer to fit but also provide more specificity against which to judge a grounded theory which includes how the original sample was selected, how subsequent sampling was conducted and how a core category was identified, while also extending to longer term considerations such as the extent to which theory has been adopted or proved useful over time. Charmaz (2014, p337-338) refers to 'credibility', 'originality', 'resonance' and 'usefulness' as the criteria against which to evaluate grounded theory studies which are described in more detail in table 3 below. Like Corbin and Strauss (2008), she provides practical guidance in the form of questions which need to be satisfied in evaluating. Table 3 proposes possible alignment between the authors of the major versions of grounded theory with regard to the evaluation of grounded research quality. As the grounded theory approach conducted in this PhD is largely a Constructivist version, the alignment of criteria is considered in relation to Charmaz's (2014, pp337-338) criteria.

<i>Charmaz (2014, pp337-338)</i>		<i>Possible Alignment with alternate grounded theory quality criteria</i>
<i>Criteria for constructivist grounded theory quality</i>	<i>Suggested indicators of quality</i>	
Credibility	Research demonstrates intimate familiarity with setting or topic and sufficient data to merit claims. There are systematic comparisons between observations and categories and the categories cover a wide range of observations. Strong logical links are made between data, argument and analysis. The reader has sufficient evidence to assess claims.	Fit, Understandable (Glaser and Strauss, 1967) Fit (Glaser, 1978) Parsimony, Scope (Glaser 1992) Concepts, Contextualisation of Concepts, Logic, Depth, Variation, Evidence of memos (Corbin and Strauss, 2008)
Originality	The categories are fresh, offering new conceptual insights. There is social and theoretical significance which challenges, extends or refines current ideas, concepts and practices.	Grab (Glaser 1978) Concepts, Contextualisation of Concepts, Creativity (Corbin and Strauss, 2008)
Resonance	Categories portray the fulness of the studied experience. Liminal or unstable taken-for-granted meanings are revealed. Where data indicates, links are made with wider social structures and individual lives. The grounded theory makes sense to participants or people who share their circumstances; offering deeper insights about their lives and lived worlds	Fit (Glaser and Strauss, 1967) Fit, Work, Relevance (Glaser, 1978) Fit, Concepts, Depth, Variation, Sensitivity (Corbin and Strauss, 2008)
Usefulness	The analysis offers interpretations that people can use in everyday worlds. The analytic categories suggest generic implications which may have been examined or may spark research in other substantive areas. The work contributes to knowledge. The work contributes to making things better.	Relevance, Modifiability, Grab (Glaser 1978) Applicability (Corbin and Strauss, 2008)

Table 3: A comparison of Charmaz's (2014) criteria of grounded theory research quality with criteria from other major versions of grounded theory

Charmaz's (2014) credibility criterion may offer some indicators relevant for the believability of findings, the aspect of trustworthiness also referred to as 'credibility' in table 2. Charmaz's other criteria bare some resemblance to the authenticity criteria which Bryman (2008) attributes to Lincoln and Guba (1985) and Guba and Lincoln (1994).

From the guidance provided by both Corbin and Strauss (2008) and by Charmaz (2014), what is apparent is that demonstrating quality in grounded theory is closely aligned with the clarity of the research process and it follows then that the grounded theory researcher must attend to and carefully account for the processes adopted in assessing or demonstrating the quality of grounded theory research since:

'it is ultimately the processes that determine the relevance and value of the data.'
Birks and Mills, (2015, p141)

With their focus on process, Birks and Mills (2015, p147) suggest three further domains of evaluation: researcher expertise, methodological congruence and procedural precision. In these criteria they are concerned, for example, with the extent to which the researcher demonstrates scholarly writing, is familiar with and has applied grounded theory methods, describes the theory's limitations, articulates her philosophical position, achieves stated aims and ultimately presents findings as a grounded theory.

Comparing approaches to research quality and rigour across different approaches to qualitative inquiry and research design, Creswell (2013) summarises that there are two benchmarks for assessing quality in grounded theory research; the process of research and that the study is grounded in the data. As process is so clearly and consistently identified as a crucial indicator of quality in grounded theory research, quality criteria will be revisited later in chapter ten, section 10.2, once a more detailed account of the processes of data analysis, coding and the co-constructed, integrated grounded theoretical perspective has been provided in the remaining sections of chapter three and subsequently in chapter four. While these factors can be subjectively assessed by the researcher, in the context of a PhD thesis, it will ultimately be the thesis' audience who will assess the extent to which such criteria have been met satisfactorily.

3.2 Interviews as a source of data in grounded theory

Glaser's (2002) declaration that 'all is data' is often cited but Charmaz (2014, p23) qualifies this, suggesting that data of good quality and relevance for the researcher's inquiry is what is required. For her this means rich data which are sufficiently full, focused and detailed to ensure both the views of participants as well as the contexts

and structures of their lives are revealed. A qualitative researcher may gather data in a number of ways and formats, though ultimately the methods chosen should aid the researcher to answer her research questions.

Gathering data from interviews is a prominent approach in social science research (Bryman, 2008). In-depth interviews are regarded as providing the meaningful access to participant realities required in the study of and theorising about social phenomena Miller and Glassner (2011, p131). In contrast to gathering data by observation, Lincoln and Guba (1985) suggest an interview allows the interviewee to move back and forward in time to provide reconstructions of the past, interpretations of the present and future projections. The use of interviews as a source of rich data in grounded theory research is widely documented and adopted (Stern, 2007; Corbin and Strauss, 2008; Urquhart, 2013; Charmaz, 2014). The opportunity interviews provide for focus on accounts of individual experiences and associated meaning is consistent with both the underpinning ontological and epistemological assumptions set out in chapter two.

Qualitative research interviews can take different forms, depending on the research aims (Arksey and Knight, 1999). Charmaz (2014) suggests intensive interviews with participants who have experiences in the substantive area of study, provide good sources of data for grounded theory researchers. She describes how gentle interviewer guidance ensures the necessary focus on interviewees' expressions of their experiences and associated meanings. In grounded theory research, interviews are conducted in tandem with data analysis, so that concepts and theoretical leads identified in the data can guide where next to gather data; the process of theoretical sampling.

An interview can be regarded in much the same way that supervision is regarded in this research; as a social phenomenon which each participant may experience in different ways. It follows that the researcher gathering data by interview must pay close attention to elements such as the interview purpose, the experience of interviewing and that of being interviewed. Silverman (2001) has cautioned that while it is appealing to regard first-hand interview accounts as authentic, the interview phenomenon is just as readily subject to the influence of wider socially constructed schema, such as the

retelling of culturally familiar tales. So, while social science terminology such as 'unstructured interview' can imply something random and unplanned, the reality is that to gather rich, valuable and authentic data, the research interviews must be carefully considered and crafted.

Bryman (2008) notes the increasing popularity of the term 'in-depth' interview, suggesting it incorporates elements that are both unstructured and semi-structured, while Charmaz (2006, 2014) prefers the idea of intensive interviews, a term attributed to Lofland and Lofland (1995) and which Charmaz refers to as a directed conversation which may either be loosely guided or be semi-structured, with the researcher using a pre-prepared topic guide. This suggestion that an intensive interview may be semi-structured appears at odds with the emphasis in grounded theory of the 'blank slate' status of the researcher, though can be recognised as consistent with the constructivist grounded theory notions of sensitising concepts and co-construction; something constructed between researcher and participants. Furthermore, when adopted in a constructivist approach, the interview can be regarded as Miller and Glassner (2011) describe; not as means to see a mirror reflection of the supervision experiences of participants, but as an approach to access the meanings AHPs attribute to the phenomenon of supervision and their experiences of it.

Lincoln and Guba (1985) have written that in an in-depth interview, the interviewer and interviewee are peers. They too stress the need for preparation in interview work and the use of structure or steps. These need not be adhered to linearly and in common with other researchers, they acknowledge the place of both recycling and reiteration of questions and ideas during research interviews. The notion of a peer relationship in interviewing is again consistent with the constructivist stance adopted in this research. For Charmaz and Bryant (2011) this means that in order to get close to the phenomenon being studied the researcher locates herself inside, acknowledging her influence on the research process, with an awareness of possible multiple realities and a need for reflexivity. In the context of the interview-interviewee relationship, this raises some ethical considerations which are considered more fully in section 3.5.

While appreciating that adopting a grounded theory approach could mean that guiding themes change in the context of the iterative process of data collection, analysis and theoretical sampling, a loosely structured topic guide was prepared ahead of the interviews in a format similar to that suggested by Charmaz (2014, p66-67) and consistent with guidance that the prepared interviewer has a better chance of gathering rich and relevant data (Lincoln and Guba 1985; Charmaz 2014). However, with a view to foregrounding participants' supervision experiences and meanings, the loose topic guide was combined with visual elicitation which was incorporated at the beginning and end of each interview and will be described in more detail in section 3.2.1.

3.2.1 Visual Elicitation in Grounded Theory Interviews

The use of visual materials has become increasingly established in social science research (Rose 2016; Banks and Zeitlyn 2015; Glaw et al 2017). Visual research methods take various forms, including the collection of photographic or video data, participant production of visual data such as photographs or drawing and also for elicitation purposes which employ visual materials as stimuli or prompts in interviews.

The most widely reported form of visual elicitation uses photographic stimuli and in its simplest form involves inserting photographs into semi-structured interviews (Harper 2002; Rose 2016), with the intention of invoking memories, discussion and comments from participants (Banks and Zeitlyn 2015). In a review of research employing visual elicitation techniques, Harper (2002) identified photographer John Collier as the first person to publish a paper using photograph elicitation in 1957. Conducting research into mental health in changing communities, Collier and colleagues were interested in categorising housing quality for one study but were unable to agree the categories. The use of a photographic catalogue enabled them to reach agreement. Harper is of the view that the potential for use of picture elicitation is huge but over a decade ago, when he conducted his review, this was largely unrecognised in academic research with, he suggested, only a small number of published studies relying on this approach. Over a decade later, as this PhD research was developed and conducted, the potential value of visual techniques, either in augmenting the interview process or as alternative data, has become more evident in health and social science research (Rose 2016; Banks and

Zeitlyn 2015; Pringle et al 2013; Bagnoli, 2009). This potential extends to grounded theory methods where the scope for multiple data sources is well established. Goulding (2017) suggests that visual grounded theory is an emerging version both in terms of data and elicitation (Brady and Loonam, 2006; Buckley and Waring, 2013; Harrison and Lawrence, 2004; Liebenberg, Didkowsky, and Ungar, 2012).

The visual method adopted in this research is photo-elicitation. The literature describes two main forms of photo-elicitation; using images provided by participants or methods using images provided by the researcher. Where participants provide photographs, these may be archive photographs belonging to the participant or photographs produced by the participant for the purposes of the research (Rose 2016; Banks and Zeitlyn 2015), with the participant photographs also forming part of the data gathered in the research. For the interviews conducted with AHPs in this research, researcher-supplied, publicly available, non-specific photographic images (NHS Education for Scotland, 2012; Stokes, 2015) are used as an additional way to stimulate conversation. Although the researcher recorded which images each participant selected using a sheet of thumbnail images, it was the verbal data generated in response to any selected image which were subsequently analysed as part of the whole interview transcript.

As well as reflecting the societal reality of increasingly visuo-centric communications and media, those who advocate the use of picture elicitation suggest it can enhance and enrich the data gathered from a standard semi-structured interview in a number of ways. Rose (2016) suggests images can prompt different kinds of talk from the interviewee, affording the interviewee a little more distance from the interview topic and in turn allowing the articulation of thoughts and feelings which may otherwise remain implicit. By evoking different sorts of participant knowledge through the use of images, there is the potential to gain different insights into the social phenomena under investigation. Banks and Zeitlyn (2015) have suggested that including images in an interview can lessen interviewee awkwardness.

Other benefits of photo-elicitation are described as encouraging the extension of conversation and the facilitation of questioning, probing and exploration of participants'

multiple subjective and wider meaning-making. Using visual elicitation can ensure a focus is maintained on the subject rather than the researcher, for example by avoiding the use of specific terminology which may or may not have shared meaning between interviewer and participant or across the whole sample (Rose 2016; Banks and Zeitlyn 2015; Matteucci, 2013; Harper, 2002). This point about participant focus and minimising the impact of terminology which the researcher might assume has taken-for-granted meaning is consistent with the researcher neutrality encouraged by Glaser and Strauss (1967). Encouraging participants to select and discuss images which the therapist associated in some sense with supervision at the start of each interview prompted greater researcher neutrality than may have been the case had researcher-led questions steered the conversation unintentionally or introduced taken-for-granted language and *a priori* assumptions. Liebenberg, Didkowsky, and Ungar (2012, p60), who adopted visual methods in the course of constructivist grounded theory research, also suggests that:

'The constructed nature of images as well as the subjective act of viewing allows participants power in representation of self or others as well as power in knowledge production.'

In the context of these stated benefits, it is unsurprising to find visual elicitation methods are often adopted to facilitate engagement in research where participants come from marginalised or vulnerable populations, (Glaw et al 2017; Bagnoli 2009; Mandelco 2013) or where the focus of the research cannot be explored adequately by verbal means alone (Crilly, Blackwell and Clarkson 2006). Neither participant vulnerability nor verbal insufficiency are obviously applicable in the context of research into AHP supervision. However, issues of research interviewer power (Kvale, 1996; Bravo-Moreno 2003) and that supervision may be open to a variety of interpretations provide added rationale for the introduction of visual elicitation. Moreover, the subjective, interpretive potential of visual stimuli is consistent with the underlying constructivist assumptions in this research.

Banks and Zeitlyn (2015) recognise that photo-elicitation is not always as straightforward as the researcher anticipates, highlighting that even seemingly basic tasks such as recording data and participant selections require attention and

preparation. At the time of this project, the photographs sourced from NHS Education for Scotland (2012) were freely available to download from the internet. There are sixty-nine random images in the set and these were printed on standard postcard-sized photographic paper. A further sixty-four images were sourced from the 'Evoke' cards (Stokes, 2015) and purchased directly from the supplier. To minimise challenges displaying, selecting and transporting the photographs, the two sets of photographs were displayed four to a page using photographic document sleeves held in a ring binder folder which participants could then freely flip through with ease. An A4 sheet with thumbnail images was created so that the researcher could mark any images which the participant selected.

The photographs used are not visual representations of supervision but a varied array of everyday images and scenes. Participants were invited to look through the folder and select any photographs that prompted them to think about supervision in some way but not to feel under any obligation to pick something if nothing jumped out for them. Matteucci, (2013) describes such use of unrelated images as projective, by which he means an approach where, in the context of visual stimuli, interviewees ascribe feelings, opinions or behaviours to a third party and thus reveal something of their own feelings and experiences of a phenomena, potentially without them being aware of doing so.

In all cases, participants selected at least one photograph, and some chose many. Only one participant commented that she did not think she was very good at '*this sort of thing*'. As with all participants, she was reminded that she did not have to pick a photograph, although ultimately, she picked several. Overall, participants seemed to enjoy the activity, engaged actively and spoke spontaneous and often animatedly about selected photographs. As participants spoke about the images chosen, the researcher was able to pick up leads that appeared fruitful to probe further during the interview thus avoiding imposing her own research biases. Inviting participants to flick through the folder of photographs at the beginning of the interview, the activity also served as an icebreaker activity and an opportunity to develop rapport with the participant. Examples of participant comments in relation to picture elicitation are provided in Appendix C.

It is not universally expected that in grounded theory the researcher conducts pilot interviews although some do advocate pilot interviews with, for example, a few trusted colleagues (Birks and Mills 2015). For this study, the primary rationale for pilot interviews was to ensure the photo-elicitation materials were assembled in an accessible and manageable way. However, pilots also provided an opportunity for the researcher to make sure she was familiar with other equipment and materials, such as the digital voice recorder and record sheets devised for data capture.

Two trusted former colleagues, one occupational therapist and one physiotherapist, were recruited. The pilot participants were provided with participant information and consented in the same way as participants recruited to the grounded theory study. Pilot participants were informed that the purpose of the pilot was to gain feedback about the use and accessibility of the photographs and for researcher familiarisation with materials and recording equipment; not for data generation. The second pilot participant commented that she would like to have another look at the photographs at the end of the interview, wondering if she might now choose different images. This feedback was incorporated in the data collection interviews and participants were asked at the end of the interview if they would be interested in having another look at the photographs. Not all participants wanted to. Some thought they would still choose the same images but others commented that they thought they might now choose different photos; and indeed, some did. Just as the use of the photographs had provided a nice icebreaker activity, so too, with the benefit of the pilot feedback, offering the photographs at the end of the interview drew the interview to a natural conclusion.

In summary, the visual method of photo-elicitation has been used to supplement the semi-structured interviews using a projective method (Matteucci 2013). At the start of each interview, participants were presented with a folder of unrelated images and invited to select any image or images which might tell the researcher something about supervision. Participants were informed that there was no obligation to select a photograph, though all did. The activity served as an icebreaker however, comments made by participants about the selected photographs provided leads for the researcher

to probe further during the interview without introducing bias which might occur from a researcher-framed question. Following feedback from a pilot interview, participants were offered the opportunity to review the photographs at the end of each interview, again without obligation.

3.2.2 Recording interviews in grounded theory method

Holton and Walsh (2017) are among the grounded theorists who agree with Glaser (1998) that a grounded theory researcher need not record and transcribe data, working instead with fieldnotes. Glaser (1998) sets out his concerns, both methodological and practical, with a whole section of the book devoted to the limitations of taping and the benefits of a fieldnotes approach. He suggests that the practicalities associated with the need to transcribe recorded data before analysis can proceed slows the research, preventing the researcher moving swiftly to further theoretical sampling. Glaser (1998) suggests this slowing impedes the researcher in delimiting the research and runs the risk of gathering an excess of irrelevant data, thus overwhelming the researcher and stifling creativity and theoretical sensitivity.

While transcription undoubtedly slows the research process, the experience in this research, as discussed later in relation to theoretical sampling (section 3.4.2), is that it is not always possible to theoretically sample from one participant's data alone and that the researcher realised benefits associated with the pacing enforced by transcription; giving a participant a cooling off period should she wish to withdraw data from the study and giving the researcher time for developing theoretical concepts to distil before sampling further in the field. In contrast to Glaser's (1998) assertion about data overwhelm arising through recording and transcription, in this research, as a novice grounded theory researcher, the pause imposed was ultimately helpful in avoiding the unnecessary collection of data inconsistent with the developing theory. Holton and Walsh (2017) are further concerned that the use of a digital recorder will inhibit interviewees. While this is a valid concern, it seems one that the researcher needs to be alert to rather than a reason to abandon the recording of an interview. Through constant comparison of interviews and by revising the prompt questions used in the

light of developing theoretical concepts, it is possible to attend to whether interviewees appear constrained in the recorded conversation.

After the first four or so interviews in this research, the researcher was concerned that the first-hand accounts gathered remained very descriptive. However, as the researcher was transcribing the interviews herself, this immersion often supported her to think about different ways to explore concepts and alternative prompts to introduce to the interview, an aspect of theoretical sampling that will be discussed in section 3.4.2. At a practical level, by asking the participant if it was okay for the researcher to set up the digital recorder while the participant completed a demographic data collection form, the participant's attention was not overtly drawn to the recording process once the interview conversation was initiated. Furthermore, on some occasions it was the case that the participant added something which seemed useful to capture, after the interview had concluded and the recorder was switched off. In such circumstances, the participant was asked it was okay for the researcher to make a note of what had been added and this was included with the fieldnotes for that interview, an approach consistent with guidance from Arksey and Knight (1999).

Glaser (1998) acknowledges that researchers may be worried that a reliance on fieldnotes will result in the researcher losing or forgetting valuable data after the interview concludes. He reveals his huge confidence in researchers' memories suggesting that researchers need not worry about such forgetting:

'Don't worry. The mind is a sponge. It does not forget anything. The problem is to call up data by association, which generating grounded theory does automatically by coding, conceptualizing, analyzing and theoretically sampling. What is missed will be remembered when relevant. Upon remembering what was not yet noted, the researcher does more notes, then more memos and following more theoretical sampling leads. The researcher's preconscious processing calls up data through associations.' (Glaser 1998 p110)

Glaser's position on researcher memory seems ambitious and overlooks the need to produce a satisfactory thesis. Charmaz (2014, p91) refers to having followed Glaser's guidance when he was her PhD supervisor only to conclude that her fieldnotes, however

comprehensive, did not capture situational details such as pauses and tonal inflections or the construction of the interview conversation between researcher and participant. In light of these early research experiences, Charmaz (2006, 2014) is an advocate of recording and transcription and this is the position adopted in the research undertaken in this PhD Study.

3.3 Additional Data Sources

The main data source has been the first-hand accounts gathered from AHP participant interviews. Ultimately a grounded theoretical perspective of AHP supervision has been generated through constant comparison of these first-hand accounts in combination with the researcher's field notes and research memos. The value of prompt recording of fieldnotes is recognised (Birks and Mills, 2015). To facilitate the capture of fieldnotes as close to the completion of each interview as possible, these were made longhand in a notebook, often while travelling after the interview. Researcher memos were prompted not only during the researcher's engagement with participant data but also, especially in later stages of the research, through engagement with published extant theory, in response to opportunities to present developing concepts and ideas to wider audiences such as institutional research meetings or following opportunities to discuss progress with the PhD supervisors. Timonen, Foley and Conlon (2018) have recognised the importance of such later stage theory-building memos created after coding is complete. As they suggest, such memos often proved valuable in this PhD research in refining theoretical sensitivity or checking the explanatory power of the developing theoretical perspective in terms of what Glaser (1998, p19) has described as 'grab'. The contribution of these sources, beyond the more purposive collection of AHP's first-hand accounts are illustrative of Glaser's suggestion that 'all is data' and of the fruitfulness of the constant comparison method.

3.4 Sampling: Participants and Strategy

In grounded theory research, sampling is guided by the developing theory; theoretical sampling. It is acknowledged that this can create tensions for research degree students when seeking institutional research degree and ethics committee approvals, as pre-determining the participants and their characteristics too rigidly ahead of data collection is inconsistent with grounded theory methods (Corbin and Strauss, 2008; Charmaz

2014). In the context of an inquiry required to meet PhD criteria, there are other practical considerations, such as available resources and limits to the period of academic registration which necessitate a pragmatic and more defined approach, again something which is recognised in the research literature (Urquhart 2013; Charmaz 2014). Considerations about sampling in this research are set out in the following sections.

3.4.1 Sample size and data saturation

Opinion varies regarding how much data are required for a qualitative study and is not uniquely limited to grounded theory approaches. Guidance from the National Centre for Research Methods includes the suggestion that '*The best answer is simply to gather data until empirical saturation is reached*' (Adler and Adler in Baker and Edwards, 2012, p8). Whilst also acknowledging that this is not always either practical or possible, a range of sample size between 12 and 60 is suggested and that graduate students aim for a sample of around 30. Referring specifically to grounded theory research, Creswell, (2013) suggests a similar range of 20-60 with Charmaz (2006, p114) suggesting 25; a figure evident in a review of qualitative PhD theses conducted by Mason (2010) in which he compared and summarised the numbers of participants for different research methodologies. Later, Charmaz refers to a classic study of men who had experiences of heart attacks (Speedling, 1981 cited in Charmaz, 2014, p108) noting that the research involved just 8 participants. She cites this example to highlight that it is the depth and significance of the insights achieved through interviews which is of greater importance than the number of participants. Bowen (2008) has argued that the focus in qualitative research is less on sample size and more on sample adequacy in terms of depth and breadth, since the research does not aim to deliver generalisations. Similarly, Fusch and Ness (2015) guide the researcher to differentiate between rich and thick data describing richness is an indicator of quality and thickness of quantity.

The notion of saturation is central. For grounded theorists, sampling until categories are saturated trumps sample size, which may turn out to be very small (Charmaz, 2014 citing Glaser, 1992, 1998, 2001 and Stern 2007). However, difficulties remain in determining just how the researcher will recognise that saturation has been reached (Guest, Bunce and Johnson, 2006; Fusch and Ness 2015) and for some (O'Reilly and Parker 2012), the

very notion of saturation is viewed as confusing and ill-defined. Green and Thorogood (2009) point to the potential limitlessness of the quest for data saturation and the challenges this can create for researchers constrained by the practicalities and time limits of funded or academically registered research. Indeed, when Guest, Bunce and Johnson (2006) retrospectively reviewed their qualitative research consisting of 60 interviews, they concluded that their research themes were saturated after 12 interviews and that having completed 6 interviews, most of the themes could be identified. Timonen, Foley and Conlon (2018) also acknowledge the challenge in achieving saturation where grounded theory is adopted and where there are pressures to complete in a specific time scale. In their opinion, the constant comparison of grounded theory method perhaps makes achieving saturation with fewer participants more plausible as data collection and analysis occur in tandem. Furthermore, in grounded theory the developing theory guides the researcher in the extent to which categories require more or less saturation; while core categories should be saturated as completely as possible, those which are more loosely related need not and those that are unrelated may be dropped altogether (Holton and Walsh 2017).

Holton (2010) refers directly to Glaser's (2003) suggestion that employing constant comparison prevents the researcher becoming overwhelmed with data because once no new conceptual properties or dimensions of categories are emerging a category can be regarded as saturated and there is no need to continue gathering redundant data. In Holton and Walsh's (2017, p104) view:

'continuing to collect data for concepts that have saturated or for those that are not related in some way to the emerging theory's core category is a waste of researcher time and resources.'

Making unnecessary demands on the time of volunteer participants might also be added to this consideration. Even so, critically reflecting on his own grounded theory research experiences, Bowen (2008, p137) advocates that researchers should clearly support claims about saturation with a substantiated explanation of how saturation was achieved.

In this research, 21 interviews were conducted, although the first two were not used for data generation but to explore the use of the visual elicitation materials. In chapter four, a comprehensive account of the application of coding and constant comparison is provided to demonstrate how categories were discovered and saturated.

3.4.2 Theoretical Sampling: Participant Characteristics and Recruitment

Along with constant comparison, theoretical sampling is regarded as a key foundation of grounded theory (Holton, 2010). In this approach to sampling the researcher decides what data to collect next, guided by comparisons with data which have already been gathered and coded. Theoretical sampling decisions are made to support development of the developing theory. As Holton (2010) points out, this means that beyond decisions regarding initial data collection, it is not possible to plan further until a theoretical perspective begins to be generated from the analysis of initial data. This approach to sampling presents some practical challenges; uncertainty about who participants will be at the outset of the research, slowing the pace of recruitment to match the rate at which the researcher can analyse and compare data, accommodating a participant request to withdraw from the study. The methods adopted to address these challenges are now outlined and a more detailed account of the way in which theoretical sampling has been conducted in this research is described in section 4.4 of chapter four.

3.4.3 Initial data collection considerations and participant recruitment

Initially the substantive area identified as the focus for the research was HCPC registered AHPs working in the UK. In the introduction to this thesis, reference is made to the increase to fourteen of the number of professions included under the AHP umbrella in the UK which has occurred since this study commenced (NHS England, 2018). Although the PhD transfer examiners would not have known that the numbers of UK registered AHPs were going to expand in this way, they nevertheless suggested that including all AHP groups may prove problematic in the context of a research degree. As a result, the substantive field was narrowed to focus on three of the larger AHP therapy professions; physiotherapy, occupational therapy, speech and language therapy. These three professions have remained under the AHP umbrella and regulated by the HCPC for the duration of the project.

The contextual literature reviewed for this research, reveals acknowledged limitations by researchers whose studies were conducted with participants from specified employers, such as individual NHS trusts, since findings may reflect specific organisational contexts and potentially only increase knowledge about supervision practice in specific settings and organisational cultures, (Bowles and Young, 1999; Cookson et al, 2014; Kuipers et al, 2013). Recognising the varied organisational and practice contexts relevant for physiotherapists, occupational therapists and speech and language therapists, it was anticipated that participants in the PhD research would include practitioners with roles in local government such as occupational therapists working in social services, therapists working in the not-for-profit or independent healthcare sectors and those working in clinical settings in the UK NHS. In remaining open to the possibility of recruiting participants working in a range of health and social care settings there is the potential to discover connections between participants' meanings, actions and larger social structures or discourses; connections which can make valuable contributions to the constructivist researcher's theory building (Charmaz and Bryant, 2011).

To ensure a sufficient focus on the substantive area of supervision practices for AHPs in clinical practice, initial sampling decisions excluded the recruitment of HCPC registered participants working solely in roles with no direct client-facing practice such as AHPs working in higher education, governing bodies or those in a purely research role. As the research sought to understand the supervision practices for qualified, registered AHPs there were no plans to recruit pre-registration students. A further consideration was that at least initially, the researcher would not actively seek to recruit participants working clinically in settings where specific mandated governance requirements may complicate the separation of managerial and other forms of supervision; potentially therapists working with looked-after children or those working in criminal justice settings.

Participants were recruited from non-employer sources such as professional networks including on-line professional social media and via personal contacts or

recommendations. For participants whose data would be used in the study, (that is excluding the pilot interviews) the following exclusions were also applied:

- may not be current or previous colleagues of researcher
- not formerly managed by the researcher
- not current or former students
- not current or former supervisees, supervisors, mentors or mentees

Initially, four participants, a physiotherapist, a speech and language therapist and two occupational therapists were recruited. An email invitation was sent to each person which included a short outline of the research. The email invitation included a detailed participant information sheet and consent form as attachments. All documentation used with participants was subject to review as part of the research ethics approval application to the Faculty of Health and Social Care Ethics Committee, Kingston and St George's University of London, (see also section 3.5). Consenting participants were interviewed at a time and location convenient for the participant, with care taken to ensure that the location used was a quiet, private place, where the interview would not be subject to interruptions. Participants were advised that interviews would be recorded using a digital voice recorder and transcribed by the researcher. To accommodate the iteration required to support theoretical sampling, while ensuring participants' right to withdraw from the study, each participant was advised that should she change her mind about the inclusion of her data, there would be a two-week cooling-off period following the recording of the data during which the data could be withdrawn from the study. Participants were thus advised at the beginning and the end of the interview and in a follow-up 'thank you' email after the interview.

3.5 Ethical Considerations

3.5.1 Ethical considerations: Pre-Data Collection

An ontological position has been stated which regards both the practice of supervision and the research interview to be socially constructed phenomena. The researcher is therefore cognisant of ethical dimensions which apply both to the interpersonal dynamics of the research interview and to the potential content of interviews relating

to AHP supervision experiences. While it is unrealistic to anticipate all possible eventualities, some sense of each aspect was considered in the approach to this inquiry.

The need for researchers to be aware of the ethical dimensions of sensitive research in health and social care research is widely acknowledged, (Lincoln and Guba, 1985; Bryman, 2008; Dickson-Swift et al, 2008). Three dimensions from the contextual review of literature for this report seem particularly relevant for ethical consideration: the place of supervision in governance, related perceptions of supervision as either surveillance or confessional and debate regarding the extent to which supervision extends beyond professional practice to include a personal dimension.

Lincoln and Guba's (1985) notion of the peer relationship is helpful in providing a focus to consider the interpersonal dynamics of the research interview, mindful of the potential surveillance and confessional dimensions of supervision and reflective practice proposed by some, (Gilbert, 2001; Beddoe, 2010). Information to potential participants was constructed to state that the researcher is interested in experiences of supervision and associated meaning but that the research does not seek to judge good or bad practice or supervision process. However, the research undertaken in this inquiry had the potential to touch on topics which can be considered sensitive for participants; interprofessional relationships, challenging aspects of clinical practice, professional and personal wellbeing. It was conceivable that the very measures adopted to ensure the productivity of a research interview, such as developing rapport (Bryman, 2008; Dickson-Swift et al, 2008), also create an atmosphere in which unexpected disclosures are made such as a seemingly bullying supervisory relationship or instances of apparent clinical risk. Lincoln and Guba, (1985) have highlighted that the peer relationship of in-depth interviews relies on the interview being fully overt. For this research, there was a need to communicate clearly during the recruitment process how such occurrences of disclosure would be managed and where exceptions may apply to anonymity and confidentiality.

Recognising the personal and professional dimensions of supervision practice, it was also possible that topics explored during interviews have the potential to be unsettling

or distressing. Again, the recruitment process sought to indicate how such an event would be supported, with participants aware of their right to withdraw from the research should they decide to. At times, as illustrated below in section 3.5.2, it was important to restate the participant's rights during an interview, either in the context of a sensitive account shared by the participant or in reassuring the participant that there was no obligation to answer questions which the interviewer posed.

As recruitment of participants was not via a specified employer or conducted in employer time or premises, approval was sought from the Kingston and St George's, University of London Joint Faculty of Health, Social Care and Education Ethics Committee and granted on 07 May 2015 (Appendix D).

3.5.2 Ethical Considerations: Data Gathering and Beyond

As anticipated, some participants shared experiences of supervision which had been difficult either for the supervisor or the supervisee or which related to practice circumstances which had been unsettling. These instances further illustrate the importance of entering the field to gather interviews having considered the possible range of scenarios which might be shared by participants, any potential consequences or impact for either interviewer or interviewee and for the researcher/interviewer to have considered ahead of time how she would handle such circumstances. There were moments across the interviews which required sensitive and empathetic navigation by the interviewer. In some instances, a participant may begin to recount an instance or example of supervision and then hesitate to continue. In such circumstances the researcher was careful not to press the participant to continue but to encourage the participant to take her time and to remind the therapist that although anonymity would be maintained, there was also no obligation to share any information with the researcher if she, the therapist, was not happy to do so. In separate instances, having shared a sensitive or distressing account of supervision the participant sought reassurance that it would not be possible to identify her in any subsequent publication arising from the research. In such instances the therapist participant was offered reassurance and reminded of her right to withdraw, up to a week following the

interview, any part of or whole of an interview which she did not wish to have included in the study.

In due course, although in the writing up of the thesis all participant names have been changed to pseudonyms, the researcher has remained vigilant when including quotations from transcripts to ensure it would not be possible to identify the participant or a work place, regardless of how benign the researcher judged the quotation to be. It also transpired that the pseudonyms suggested by some participants matched the given names of subsequent participants. In such instances an alternate pseudonym was assigned by the researcher. Where a quotation makes sense without specifying the profession, the terms 'therapist' or 'therapy' have been used and the participant pseudonym accompanies the excerpt. If stating the specific profession is crucial for the context of the quotation, the pseudonym does not accompany the quotation to ensure anonymity of participants is preserved.

A further consideration has been that the AHP community and the subsets of professions participating in the research is a relatively small and highly networked group of professions. This has prompted two further considerations. In addition to ensuring anonymity in the writing up of this thesis, the researcher has ensured any presentations or associated public discussions have adhered to ethical principles. The need to be thoughtful in this regard has been amplified in some contexts when the researcher has recognised someone in an audience who has been a participant in the study and when, on occasion, in the course of her own clinical or education practice the researcher has subsequently encountered a participant.

3.6 Governance and Risk

Ethical review extended to the risk assessment submitted with the application. The risks to participants and researcher were considered to be limited (Appendix E). Informed consent was gained from participants who were at liberty to withdraw from the study as outlined earlier.

All interview data and any demographic or organisational data were treated confidentially and anonymised; participants were invited to choose a pseudonym and those who had no preference were assigned one. In the event that a pseudonym subsequently matched the given name of a later recruited participant, the researcher assigned an alternative pseudonym. Transcriptions and digital recordings were held securely on a password protected university server and stored in accordance with the St George's University of London data management policy applicable at the time of data collection, (SGUL, 2014). Data collection and analysis were concluded before General Data Protection Regulations (GDPR) came into force in May 2018 in the UK (Eur-Lex, 2016).

3.6.1 Practical Data Management

Recognising that the volume of data and associated analysis generated in qualitative research can become daunting to manage and navigate, the research literature abounds with guidance to researchers, especially novice ones, prompting the systematic management of this data (Bryman, 2008; Creswell, 2013; Birks and Mills, 2015). The need to be systematic is crucial from the outset; from preparation to enter the field, to data capture and on to meticulous and consistent cataloguing of data, fieldnotes, analysis and so on.

Glaser's ambivalence about technological approaches is indicated in his resistance to the taping of interviews for example as highlighted earlier in this chapter. However, since Glaser and Strauss (1967) first described grounded theory, there have been dramatic changes in the use of computer technologies to support the research process and a range of data management software solutions are available for contemporary grounded theory researchers. More recent grounded theory text books do generally make some mention of the use of such software (Corbin and Strauss, 2008; Urquhart, 2013; Birks and Mills, 2015) but debate remains regarding whether the use of such data management solutions to support grounded theory risks forcing data organisation in ways that fit the software rather than the developing theory.

Gibson and Hartman (2014, pp180-181) provide a concise overview and acknowledge that usefulness may be increasing as software advances and offers greater flexibility. Even so, they comment that there is, to date, a paucity of literature supporting the use of data management software in grounded theory research. At the time that the study reported here was conducted, the most commonly encountered position is one in which research data management software is regarded as a useful repository for research data and that while it may aid the researcher to organise her data, it does not offer an analysis short cut or a substitute for theoretical thinking (Gibson and Hartman, 2014; Birks and Mills, 2015; Holton and Walsh, 2017). Strikingly, Urquhart (2013) whose research focus has been in information technology (IT), stresses that the main contribution of software packages is in the management of data and not in analysis and she reflects that after many years in IT, she has noticed how:

'difficulties of mastering any software package can get in the way of the basic concepts.' (Urquhart, 2013, pp101-102)

In common with others (Birks and Mills, 2015; Holton and Walsh, 2017), she advocates developing familiarity with the basic concepts of coding before attempting to use data management software, which has been the approach adopted in this research.

The well-established qualitative data analysis software *NVivo* was used as a repository for files such as audio files, transcriptions, scanned fieldnotes and memos. This ensured an additional back-up and supported searching for required documents during the research process and as a way to run text queries when searching for particular codes or quotations from participants. *NVivo* also proved helpful once tentative focused codes were identified as a way of clustering the codes in relation to possible categories, as was a mind-mapping software application; *Inspiration 9* which was helpful in later stages of theoretical coding, theoretical sensitivity and integration with existing theory and literature.

There were additional problems encountered using *NVivo* remotely in conjunction with cloud-based storage solutions and remote desktop software because of synchronising issues which the researcher found were the subject of discussion threads on the *NVivo*

help pages (QSiR, 2015a; QSiR, 2015b). For the most part, the researcher returned again and again to tried and tested paper-based methods of diagramming or the physical sorting of index cards and 'post-its' to support the coding processes which are described in chapter four.

3.7 Summary of methods for generating data for the grounded theory study

This chapter has set out the methods used to gather data in this grounded theory research. The main data source is interview data gathering first-hand accounts of supervision experiences from practitioners registered in three of the larger AHP therapy professions; occupational therapy, physiotherapy and speech and language therapy. The use of visual elicitation has been described and related to grounded theory principles of openness and unbiasing in data gathering. The initial approach to sampling and recruitment has been described. Theoretical sampling processes adopted as the research progressed will be set out in chapter four. Data quality considerations have been introduced, indicating that research quality will be further considered in chapter ten. Issues of best practice in research including governance, ethical practice and the ethical committee review for this project have been outlined. The next chapter will now focus on the generation of data for the study and methods adopted in analysis of data.

Chapter 4. Methods of Discovery: Data, coding and theory generation

Qualitative grounded theory research produces an enormous amount of source material in many forms such as participant interview data, fieldnotes, line-by-line codes or memos. In writing this thesis it has been necessary to be judicious in selecting what to present to ensure sufficient transparency and illustration of grounded theory methods as applied in this research. However, having set out the fundamental relationship between process and research quality in grounded theory in section 3.1 of the previous chapter, this current chapter serves to illustrate the rigour and fidelity with which process has been followed; in essence, to quality assure the grounded theoretical perspective of AHP supervision which is ultimately proposed.

The chapter will cover how the grounded theory method was applied from the collection of AHPs' first-hand accounts through to the point at which it felt possible to begin to write up a thesis which proposed a grounded theoretical perspective of supervision for AHPs. This covered a period of 30 months for the researcher working part time from June 2015 to November 2017. A summary, illustrating the chronology of the major grounded theory processes for this research is set out in figure 4, overleaf:

4.1 Data generation and collection

The decision to gather data from interviews which included visual elicitation was described in the previous chapter. Interview transcripts from a total of nine physiotherapy, five occupational therapy and five speech and language therapy participants formed the primary data source for this research. The characteristics of participants are summarised in Appendix F. This detail has not been captured to satisfy any positivist or post-positivist requirements such as representativeness but in the context of the development of a grounded theory was helpful in supporting aspects of theoretical sampling; whether concepts might be gendered, experience-dependent or situationally influenced.

Interviews were transcribed verbatim by the researcher using *ExpressScribe* software. Following each interview and ahead of transcription, researcher fieldnotes were made in longhand to ensure spontaneous and contemporaneous capture (Birks and Mills, 2015). Further fieldnotes were gathered whenever the researcher had opportunities to present work-in-progress to a range of interested, stakeholder audiences; conferences, fellow researchers, therapists in practice. As described in section 3.3 of the previous chapter, this secondary data gathering would prove helpful at later stages in the research process as the researcher sought to settle on the important categories, to theoretically integrate categories and to check the proposed grounded theory for 'conceptual grab' Glaser (1978, p100; 1998, p19).

4.2 Coding Data

Charmaz (2006) has described grounded theory methods as a set of flexible analytic guidelines. Consistent with the constructivist assumptions set out earlier in chapter two, a constructivist grounded theory approach to coding (Charmaz 2006, 2014) has been adopted in conjunction with Glaser's (1998, p140) suggested approach to questioning of the data to identify the participants' main concern.

The constant comparison central to grounded theory research is an iterative endeavour which requires the researcher to cycle between different phases of coding as categories are refined and conceptually elevated; something which cannot be readily captured in

the linear form of a written thesis. However, the research process chronology (figure 4) illustrates the clustering of research processes which reflects, in part, the juggling required as a part-time PhD student but also the pacing of the research process which accompanies the iterative cycling between coding phases, developing theoretical sensitivity, the following of theoretical sampling leads and ultimately theoretical saturation.

Birks and Mills (2015) indicate the importance of not rushing the early stages of the research process as the researcher gets to grips with concurrent data collection and analysis, suggesting that this is helpful in developing researcher reflexivity. Figure 4 reveals the nearly 3-month gap between the collection of the first two interviews and the second two. This is indicative of a period of familiarisation with line-by-line coding and a degree of early data overwhelm. The pattern of data collection also shows how theoretical sampling leads which arose after analysing the third and fourth interviews and comparison with earlier interviews, led to a cluster of interviews being collected over a shorter period of time between August and November 2016. As data from participants five, six and seven were added, tentative focused codes began to be identified and the subsequent pause between interview eight and nine is reflective of the time spent engaged in constant comparison and memo-ing to test out these more focused codes. The tighter cluster of interviews collected between August and November 2016 is indicative of the researcher's increasing certainty about focused codes and confidence in a core category.

It was possible that theoretical saturation had been achieved after interview eighteen but as the process of constant comparison and theoretical coding progressed in early 2017, some doubts remained and hence a further participant was interviewed, after a gap of a little over four months. Adding this final interview data to the existing bank of data did not lead the researcher to identify further categories but did provide further indicators of existing categories, providing the researcher with confidence that sufficient theoretical saturation of the categories for this study had been achieved (Timonen, Foley and Conlon, 2018).

In the following sections, further detail is provided to demonstrate how analysis of the data through initial and focused coding led to the identification of the core and related categories which in turn inform the grounded theory presented in this research. The grounded theoretical perspective is then set out in chapters five, six and seven before integration with the extant literature in chapter eight.

4.2.1 Initial Coding

Transcripts were analysed in a word document using a table. An excerpt is shown in Appendix G which provides an illustration of initial coding from an early transcript. The convention of line-by-line coding was adopted as described by Charmaz (2006, 2014). Charmaz (2006) advocates the use of gerunds and later adjusts this to suggest coding for actions (2014, p116). This followed an abandoned attempt to use data management software, *NVivo*, at this early stage which, as described earlier in chapter three, proved unwieldy given the very large number of initial codes which are inevitably generated when following guidance to code everything in early research (Charmaz 2014).

A consistent approach to coding was developed, as illustrated, so that the lines of interest could be marked with reference to the time elapsed in the interview and with line-by-line codes captured in a separate column. These word-processed documents were also saved as PDF files to *NVivo*, in part as back up and in part to facilitate text searches when required in subsequent stages of the research process when looking for quotations and coding locations. Fieldnotes were also analysed in conjunction with each transcription although in the context of initial coding, those from the first cluster of interviews tended to have a focus on practical issues related to the set up and conducting the interview.

In the data from the first four participants, detailed descriptions of activities regarded as supervision seemed most salient. The participants were from different professions and working in different settings, but there was overlap between the accounts; one-to-one supervision, for example, is described by all participants as the dominant form of supervision practice. The gap between the first two and second two interviews, (see again figure 4) is indicative of the time taken for the researcher to begin to get to grips with line-by-line coding and with constant comparison. Until some confidence with data

analysis had been developed it was difficult to move forward with further data collection.

Engaging in constant comparison of incidents with incidents, from and between the first two interviews, a set of 81 possible initial codes was recorded, rising to 88 after the third and 91 after the fourth. Appendix H illustrates how line-by-line segments from the first four interviews were attributed to one such initial code. Through engaging in constant comparison with the data and memo-ing as encouraged in all grounded theory traditions, theoretical questions developed about who to speak to next about AHP supervision.

4.3 Memo-ing and Diagramming

Memo-ing is first described by Glaser and Strauss (1967) and entails the researcher breaking off from analysis to capture ideas which are occurring to her as she codes (Glaser 1978; 1998). Birks and Mills (2015) refer to memo-ing as the cornerstone of quality in grounded theory research; providing a trail of theoretical development and enhancing the researcher's theoretical sensitivity. Memos capture theoretical and conceptual development in a form that can be retained and sorted at a later stage in the research process to support the theoretical integration of saturated categories. The process of memo-ing can be highly personal (Holton and Walsh, 2017) and while they are created alongside the analysis of data, Glaser (1978) encourages the researcher to keep them separately.

In this study, the researcher kept a separate word processing document open and minimised while analysing data, so that memos could be efficiently captured by readily calling up the document from the task bar on her computer. A bank of 75 memos and diagrams recorded as word documents had been collected by the end of the project. Many contained sub-memos collected throughout the analysis of a script. There were also many handwritten notes jotted in book covers as discoveries in the data prompted engagement with extant literature to develop greater theoretical sensitivity. Excerpts from memos are provided by way of illustration in Appendix I. In the early stages of the data analysis, taking time to memo helped to clarify where it would be useful to sample

next, in order to follow theoretical leads which were developing and is described shortly in section 4.4.

In later stages of the research, diagramming and mind maps were also adopted in tandem and sometimes as an alternative to narrative memos. As described later in section 4.6.4, these proved especially useful in exploring the possible relationships between codes and later categories. Diagramming is not promoted universally in grounded theory methods' texts, perhaps because as Holton and Walsh (2017) have cautioned, it is important not to mistakenly regard a diagram as a theory. Strauss and Corbin (1990) are among those who do encourage the use diagrams in conjunction with memo-writing throughout the research process. Charmaz (2014) similarly suggests diagrams can support the researcher to identify the connections between categories and the relative power, scope and direction of these categories, also indicating that diagrams can be useful in a range of ways at all stages of analysis. Birks and Mills (2015) support the use of diagramming and suggest that as it operationalises abductive analysis it can be particularly useful to diagram when working out the properties and dimensions of categories and sub-categories.

Often diagrams were created when composing research-in-progress presentations for stakeholder audiences. In this context, diagrams served not only to communicate ideas arising in the research but also to clarify the researcher's own thinking. Encountering a challenge in diagramming the relationships between codes and categories provided insights for the researcher which helped her to distinguish between data-grounded relationships and those that might be driven by her own assumptions, in turn prompting a return to the data or indicating the need for more theoretical sampling.

4.4 Theoretical Sampling

Beyond gathering first-hand accounts from all three therapy profession groups included in the study there was limited theoretical motivation for the inclusion of the first four participants. Following the analysis of the first four interviews, theoretically motivated questions began to arise which guided the next phase of recruitment. One theoretical consideration at this stage related to gender. There is a well-established literature,

extending beyond the health and care professions, which has explored the relationship between gender and aspects of professional practice such as professional identity (Hatmaker, 2012; Ten Hoeve, Jansen and Roodbol, 2013). As the four initial participants were all female, an early theoretical sampling consideration was that male therapists should be sought so that the researcher could explore the extent to which tentative concepts identified in the data might be gendered. A second consideration was prompted by sensitising concepts to be found in published literature regarding the relationships between professional identity and status and expertise, knowledge and skills (Apker, Propp and Zabava Ford, 2005; Nancarrow and Borthwick, 2009; King et al, 2015). Therefore, a theoretical sampling question which arose was whether the extent to which a therapist regards herself as highly specialist or experienced might influence the concepts being identified.

At this stage, the practical benefits of being a researcher with a network of professional connections in the substantive area of inquiry were immediately apparent; something which reflects the co-production feature of constructivist grounded theory (Charmaz 2006, 2014). The researcher was able to put out feelers and spread the word with contacts to indicate that in the next phase of her research she was looking to talk with male therapists and, or those in highly specialist roles. The inevitable slowing of the rate of recruitment necessary when theoretical sampling can be a challenge in a research study which is required to complete within a period of academic registration, however benefiting from the professional connections described, it was possible to achieve saturation of concepts in this research from nineteen interviews gathered over a period of 22 months between June 2015 and April 2017; something which is discussed further in section 4.6.3 of this chapter.

Further theoretical sampling considerations arose as new data were added to the study, constant comparison between existing and new data undertaken, and as the researcher began to explore tentative theoretical possibilities through the process of memo-ing. New theoretical considerations were not necessarily apparent after each subsequent interview but more often after clusters of interviews were gathered and analysed. For example, after interviews five to seven, the researcher reflected that all participants to

this point had been experienced practitioners who had been qualified and practising for at least six years. This led the researcher to wonder about how a more novice practitioner might talk about supervision and whether indicators of tentative concepts identified in the first seven accounts would also be found in newly qualified practitioners' accounts. This prompted a sampling focus on recruiting newly registered therapists for the research. In addition, this theoretical consideration guided the researcher to return to earlier data to look for instances which might reveal something about early career supervision and which may, until now, have gone undiscovered.

It is only once engaged in the concurrent collection and analysis of data that the value of theoretical sampling, constant comparison and memo-ing become apparent. Table 3, overleaf, summarises the major theoretical considerations which influenced the criteria for further sampling with the considerations and associated sampling characteristics or criteria set out in the order in which they arose during the research.

Theoretical Consideration	Theoretical Sampling Participant Characteristics and Criteria
Gendered	Male Female
Related to the therapist's level of experience or expertise Possible relevant extant theory: Master and Apprentice – Marchant Vicarious skills acquisition– social cognition model– Bandura	Therapists with highly specialist roles Newly qualified, novice practitioners Therapists working in a new area or practice Therapists with emerging, non-traditional roles
Related to the therapist's actual or perceived isolation from colleagues Therapists actual or perceived visibility to others Possible relevant extant theory: Professional sense of self – Goffman: Presentation of Self Governance and surveillance – Foucault	Therapists who are physically isolated from colleagues; lone working in community services, large hospital sites, satellite services, the only member of their profession working in the setting or employer, working in rural settings Therapists whose role is unlike others in the locality; high degree of specialism, emerging, non-traditional roles Therapists who have different contractual arrangements to colleagues; secondment to a different provider e.g. health worker seconded to social services, temporary locum or bank contract, fixed term contract
Related to the practice setting Possible relevant extant theory: Governance and surveillance – Foucault	Statutory services; health, social care Non-statutory services; independent sector, not-for-profit social enterprise or charity sector Acute, community, speciality; specialist Urban, metropolitan, rural
Subject to cultural or ethnic influence	Declared ethnicity, trained outside UK, worked outside the UK

Table 4: Theoretical sampling considerations and participant characteristics or criteria

Theoretical sampling was then enacted in three interrelated ways:

- framing the characteristics of subsequent interview participants
- prompting the researcher to review collected data afresh for previously undiscovered theoretical indicators
- shaping interviewer prompts to probe for instances which may support further theory building

Taking, for example, the theoretical consideration about the extent to which actual or perceived isolation from colleagues may influence emergent tentative concepts, purposive recruitment of participants who were working in more isolated settings was undertaken. This led the researcher to talk to therapists who worked in both urban and rural community settings where the practice involves regular lone-working with patients in their homes. As with the theoretical question around novice experiences, the researcher again returned to earlier data to look for possible concerns about practitioner isolation which had not previously been noticed.

The constant comparison of new and existing data for tentative concepts supports elaboration by identifying different dimensions of each concept. The memo excerpts presented in Appendix I, illustrate this theoretical development between interviews eight and eleven in relation to a concept of 'isolation'; extending from a concrete, physical isolation to the recognition of a virtual or perceived isolation linked to practice status. The reference to other interview participants in each memo excerpt reflects the to and fro between new and earlier transcripts as the researcher seeks to saturate emergent categories.

The third way in which heightened theoretical awareness influenced data gathering was in sensitising the researcher to incidents and instances such that, during subsequent interviews, the researcher may include prompts which might not have seemed relevant before. For example, when interviewing Leanne, a therapist working in a rural community setting, the researcher asked about other settings where Leanne had worked as a therapist. It was then possible to explore with Leanne whether there were

similarities of differences in her experiences in the different settings and what might or might not account for these experiences.

The combination of constant comparison and theoretical sampling also ensures that the researcher remains alert to the possibility that some participant characteristics are aligned with multiple theoretical considerations; a newly qualified therapist working in a rural community setting might provide insights into factors including level of experience, isolation and practice setting. Accounts from Pauline and Bella, from two different therapy backgrounds, illustrate this effectively. While Bella had been qualified for slightly longer and Pauline was a novice practitioner, both practised in community settings, one in an inner city and the other in a rural context. However, both offered similar insights arising from the isolation of lone working; risk, visibility, access to role models and so on.

Through the three aspects of theoretical sampling described, the researcher can work efficiently to saturate the emerging concepts from which a theoretical perspective is ultimately constructed. Early tentative concepts serve to steer the researcher to sample and to guide the interviews to move towards the saturation of tentative selective concepts or the elimination of those which are not central to the resolution of the participants' main concern. Crucially, it is what is discovered in the data that guides this and not the researcher's interests or assumptions.

Having engaged in both constant comparison and theoretical sampling it is now much easier to grasp what Glaser is so passionate about in his ongoing defence and promotion of the methods. It is now possible to recognise how the method was instrumental in developing a theoretical perspective about supervision for AHPs and how the influence of theoretical sampling moved the interviews beyond a rich description of AHP supervision practices. With the benefit of the experience of doing grounded theory research, it is now apparent that had all nineteen interviews been collected before analysis was commenced it would have remained difficult to move beyond this rich description to the more conceptual exploration of supervision experiences presented in this thesis, not least because the interviewer may well have stuck more rigidly to and

consistently applied the same topic guide. Combining constant comparison and theoretical sampling, as experienced by this researcher, produced an evolution of interviewing which supported progress in the research from descriptive to conceptual while moving back and forward between the transcripts in the analysis.

Recognising the highly descriptive nature of some earlier accounts, (see excerpt 3 from illustrative memos in Appendix I) the researcher was prompted to ask later participants for concrete examples and illustrations from supervision to support the elaboration of tentative concepts; Can you recall what you took to your last supervision session?; Why did you take it?; What happened?; And then?; And now?; And in the future? This need for a grounded theory researcher to remain flexible as she generates data from interviews is recognised by Birks and Mills (2015) who refer to the potential evolution of any interview topic guide as a study progresses; citing as an example Fletcher and Sarkar (2012).

Benefitting from the increased theoretical awareness which develops through constant comparison of incidents in the data, the researcher becomes sensitised to look for instances which elaborate emergent concepts and in turn this builds the researcher's confidence in subsequent claims of saturation of central concepts; something that will be illustrated further in section 4.6.3 below.

4.5 Focused Coding: a false start, some theoretical sampling and a return to the grounded theory methods literature

The different coding approaches of the major versions of grounded theory were described in chapter two. As a constructivist grounded theory approach had been adopted coding proceeded from initial codes to focused codes, as described by Charmaz:

'using the most significant and/or frequent earlier codes to sift through and analyse large amounts of data. Focused coding requires decisions about which initial codes make the most analytical sense to categorise your data incisively and completely. It can also involve coding your initial codes.' (Charmaz, 2014; p138)

This idea of frequent codes does initially seem at odds with a constructivist stance. However, there is no suggestion that an objective count of codes is required and, in this study, as early as the fourth interview, some codes did appear more salient than others, as illustrated in table 4, overleaf, which provides examples of frequent or significant codes as recognised after the first four interviews.

Initial Codes from Interviews 1-4	Possible Focused Code
<i>Collaborative partnerships</i> <i>Personal and Professional Agency</i> <i>Learning activities</i> <i>Experiential learning</i> <i>Having a dialogue</i> <i>Negotiating</i> <i>Having expectations and beliefs</i> <i>Skilful social practices</i> <i>Navigating the balance of power</i> <i>Creating an atmosphere of trust</i> <i>Supporting growth</i> <i>Having a shared language</i> <i>Supporting wellbeing</i> <i>Humanising</i> <i>Following process</i> <i>Didactic processes</i>	Complex socially constructed practice
<i>Practitioner performances</i> <i>Being a supervisor</i> <i>Being a supervisee</i> <i>Having role models</i> <i>Having an aspired to self</i> <i>Having role conflicts</i> <i>Needing to do a good job</i> <i>Knowing how you are doing</i> <i>Wanting to do one's best</i> <i>Doing the best for patients</i>	Sense of professional self

Table 5: Frequent or significant codes recognised after the first four interviews

Working with the data generated from the first six interviews, eight tentative focused codes were developed which were then used to code subsequent transcripts:

- Complex socially constructed practice
- Master and apprentice dynamic
- Sense of professional self
- Knowing what to expect
- Influences of power
- Supporting wellbeing and humanising practice
- Recognising impacts and outcomes
- What happens

Through focused coding in constructivist grounded theory, Charmaz (2014) refers to the potential for the analytical level of a code to be raised and more abstracted, leading to the identification of significant theoretical categories. The tentative focused category 'sense of professional self' is an example of a more abstracted code, however, others remained more descriptive. The tentative focused code 'What Happens' was included at this point because of the wealth of description participants were providing about supervision. Through constant comparison of transcripts, the researcher noticed lots of generic description of supervision; who it was with, how often, where and for how long. However there seemed to be little to discover about what people took to supervision and why; what meanings and values AHPs assigned to supervision seemed no clearer.

Earlier, reference was made to the way in which theoretical leads guided purposive theoretical sampling not just in terms of who to interview next but that such leads also influenced the questions and prompts used during interviews. Fieldnotes can also be helpful in this regard. The excerpt below in figure 5, illustrates how after the eighth interview, the researcher recognised the need to move beyond description and was concerned with how to progress to a more conceptual level:

Excerpt from field note following interview 8

I am forming a view that the interviewer confidence comes from exposure to and experience of the interview process but also from immersion in the data which has emerged from the interviews. This underlines/reinforces for me the appeal of an iterative approach to data analysis and collection (and other way around obviously). Although maybe not that obvious because what is becoming apparent is that the iterative mindset develops/fine-tunes the researcher's data awareness and analytical antennae: data-analysis-awareness-data probing/mining - ?verification? analysis In turn there are stronger, more focused questions, but may be opportunities to ask for more examples of phenomena – illustrations going forward. I'm still a bit concerned that my data remains too superficial and generic because I am not always confident to interrupt the flow for more clarification and detail.

Figure 5: Excerpt from Interview 8 Fieldnote

Subsequently, in interview nine, when the participant, Ani referred to 'being a supervisor', she was asked if she could say something about what she had discussed with her supervisee in the most recent supervision and if she could say something about things she had taken to her own supervision. The excerpt from the fieldnotes from this

interview, figure 6, begins by describing the interview as ‘quite different’ from those collected up to that point:

Excerpts from fieldnotes following interview 9

Ani has less positive perceptions and accounts of supervision. She goes as far as saying that if she could, she wouldn't be a supervisor. She gave a detailed account of challenging supervision circumstances - because I had decided in terms of gathering less generic, descriptive data – which I think was the case in the earlier interviews. The moment I asked for more detail about her most recent supervision either as a supervisor or a supervisee she put her head in her hands.

Lots of this interview, I think, feels like it will fit with the ‘bumpy ride’ idea. But it doesn't just reveal or add to the sense that supervision can be a bumpy ride, it reveals much about the delicate dynamics of the supervision dyad, the fragility of this interaction and of professional sense of self. The skills and degrees of comfort required and consequent in supervision.

I am yet to transcribe and analyse but I am feeling this is some of the richest data so far. That's partly because of the story that emerged in this interview but it's partly the change in my questions nearer the beginning of the interview with an increased focus on telling me about a recent supervision experience in more detail.

Figure 6: Excerpt from Interview 9 Fieldnote

Asking more specifically about supervision experiences provided accounts which were less generic and descriptive about the process of supervision but which provided more insights into what issues a therapist may take to supervision, under what conditions and in what ways supervision might help the therapist to resolve these issues.

As focused coding continued the code of ‘sense of professional self’ remained conceptually salient but how this related to other tentative focused codes remained unclear. Of the three main versions of grounded theory compared in the methodology chapter two, the approach to coding in constructivist grounded theory offers the greatest flexibility. Perhaps because of this flexibility, raising codes to a more conceptual level through focused coding stalled. This led the researcher back to the research methods literature and resulted in an unexpected turn in the research process.

Charmaz (2014, p138) suggests the researcher can begin focused coding once some strong analytical directions have been established through initial coding. In classic grounded theory, coding similarly begins line-by-line but is called ‘open’ not ‘initial’

coding. In classic grounded theory, open coding is the first stage in substantive coding, the second stage being selective coding. While there are some similarities between focused and open coding, with neither being as prescriptive as Strauss and Corbin's (1990) approach, in classic grounded theory, selective coding only commences once a potential core variable has been identified. With a core concept identified, further coding is described as selective as it is:

'delimited to that which is relevant to the emerging conceptual framework (the core and those categories that relate to the core' (Holton, 2010, p9)

Although following constructivist coding convention 'sense of professional self' had prominence as a focused code, doubts remained about whether this was a core concept or variable and yet the literature suggests that the point at which selective coding occurs is:

'fairly obvious, as there are no new open codes suggesting themselves and definite themes are emerging' (Urquhart, 2013)

A number of explanatory methods' texts prompt novice grounded theory researchers to return to and trust original texts (Holton, 2010; Urquhart, 2013; Gibson and Hartman 2014). In doing so the researcher in this case followed Glaser's (1998, p140 -p141) guidance to ask the following questions of her data:

- What category does the incident indicate?
- What property of what category does this incident indicate?
- What is the participant's main concern?
- What accounts for the continual resolving of this concern?

Birks and Mills (2015) describe how using grounded theory methods, the researcher stays close to her data throughout the study with the data remaining prominent throughout analysis and theory generation. Keeping Glaser's questions to hand ensured the researcher continued to attend closely to what was being said in each interview as she moved to focused coding by looking for incidents and what these might mean for participants. Revisiting initial codes and focused codes with Glaser's (1998) questions

to hand led to the identification of a main concern and in turn provided a more conceptual focus on meaning and value around which further coding and sampling could now proceed.

4.5.1 Identifying the Main Concern

Possible initial codes from the first four interviews which indicated a tentative focused code of 'sense of professional self' were presented earlier in table 4. Table 5 below, illustrates how revisiting the data and codes and asking Glaser's (1998) question 'What is the participant's main concern?' indicated a further conceptual code, 'Practitioner Uncertainties' which had overlap with professional self.

Possible Focused Code	Initial codes	Indicators of participants' main concern	Main Concern
Sense of professional self	<i>Practitioner performances</i> <i>Being a supervisor</i> <i>Being a supervisee</i> <i>Having role models</i> <i>Having an aspired to self</i> <i>Having role conflicts</i> <i>Needing to do a good job</i> <i>Knowing how you are doing</i> <i>Wanting to do one's best</i> <i>Doing the best for patients</i> <i>Not wanting people to think you are no good</i> <i>Wondering if you have the skills</i> <i>Being a rabbit in headlights</i> <i>Being too intent on doing everything</i> <i>Thinking you have nothing to offer</i> <i>Running out of ideas in practice</i>	<i>Practitioner performances</i> <i>Having role conflicts</i> <i>Needing to do a good job</i> <i>Knowing how you are doing</i> <i>Wanting to do one's best</i> <i>Doing the best for patients</i> <i>Not wanting people to think you are no good</i> <i>Wondering if you have the skills</i> <i>Being a rabbit in headlights</i> <i>Being too intent on doing everything</i> <i>Thinking you have nothing to offer</i> <i>Running out of ideas in practice</i>	Practitioner uncertainties

Table 6: Demonstrating relationship between sense of professional self, initial codes and practitioner uncertainties

Interestingly, going back to early memos at this point, (see figure 7 below), the extent to which participants were concerned with how they were doing had already been noted but once aligned as an indicator of a sense of professional self and linked to the work of Goffman (1959), the idea of uncertainty seemed to get lost in further analysis.

Excerpt from Memo September 2015 in relation to first analysis of Interview 3

*When I was looking at Siobhan's interview (1) it set me thinking about **Goffman and presentation of self**. On p37 (transcript of interview 3), Charlotte is also concerned about how others perceive her – I'm wondering now if this is presentation of self? I also wonder about her expectations of self as a supervisor – is that about how others perceive her or about her expectations and standards – what are our benchmarks as AHPs for how we are performing? In part this is about competence but I sense there may be more to this?*

Figure 7: Excerpt from Memo Relating to Interview 3

Researcher questions arising from observations about the way a therapist thinks about herself in relation to other therapists are also captured in early field notes where the researcher had noted that when asked if there was anything further the participant wanted to ask, participants were often interested to know if other people had said similar things; whether there is a right way to do supervision or whether the participant had said what was expected or wanted by the interviewer.

Through further constant comparison of codes with codes and of incidents with incidents, the prominence of 'practitioner uncertainties' as a main concern was established with further instances of practitioner uncertainty discovered in the data: *Coming to a dead end; Not knowing what to do next; Working out the best options; Thinking you need to do a course; Wondering what someone else would do; Worrying that someone else would do something different; Worrying if what you did would stand up in court; Being concerned about a colleague; Wondering if you are doing what is expected;* and so on.

Identifying 'practitioner uncertainties' as the participants' main concern was a major turning point in the grounded theory process as the researcher realised that although supervision practices had been *her* main concern and the motivation for the research inquiry, the main concern for the therapists she had spoken to was about '*how they*

were doing'. It was now possible to proceed with coding in a re-focused way, adopting characteristics of classic grounded theory's selective coding process; delimiting the coding through analysis and subsequent data collection to saturate the core and related categories.

This coding experience is as Holton (2010, p23) describes; not a discrete process but a continuous aspect of the analytical nature of the method. It is something that also resonates with observations from Glaser (1998) about researcher motivations and getting through coding:

'What occurs is a zest to continually tell incidents of this concept in lieu of the tedious nature of constant comparisons' (p54)

'The grounded theory researcher must start out on a "need not to know" basis in order to stay open to the emergent problem and beginning set of categories and their properties. The researcher needs to tolerate two aspects of grounded theory: reverberating regression and confusion, without feeling that they are disassembling and going crazy.' (p100)

Glaser goes on to emphasise the need not to prematurely formulate and declares confusion as a powerful learning tool (Glaser, 1998 p100). Indeed, the regression and confusion experienced with discovering 'practitioner uncertainty' as a main concern for therapists engaged in this research made way for greater clarity as the research process now turned to addressing another of Glaser's (1998) questions: what accounts for continual resolving of the main concern?

4.5.2 Refocused, 'Selective' Coding and the Saturation of Conceptual Categories

Initial codes which are indicators of 'practitioner uncertainties' are diverse. In some instances, the therapist's main concern was consistent with the tentative focused code 'sense of professional self' manifest in instances indicating a relational dimension to the therapist's concern; *what others thought, how she regarded others, how others regarded her and whether others would do the same as her given the same practice scenario*. In other instances, the concern was about her knowledge and skills and/or whether she has the right experience to meet practice demands. Selective coding

sought to explore these dimensions of practitioner uncertainty by looking for positive and negative instances of *'having knowledge'*, *'having skills'* and *'having experiences'* and to continue to code for indicators of *'sense of professional self'*.

By directing focus on these instances, the researcher now recognised how practitioner uncertainties arise when therapists are self-aware. This self-awareness extends to the therapist's clinical practice, how her knowledge and skills serve her in meeting practice demands and how she perceives she is doing as a therapist in relation to others. The relationships between therapist self-awareness and other codes such as *'Awareness Triggers'*, *'Awareness-sharing'*, *Feedback-seeking'*, *'Openness to Alternatives'*, *'Appraising'* and *'Willingness to Change'*, could also now be recognised. In combination these codes were elevated to a core category of *'practitioner permeability.'* Selective coding continued around this core category until a set of forty-three selective codes, were identified and the researcher was satisfied no further new codes relating to the participants' main concern and its resolution could be identified, and that no further instances indicating the codes were being identified. The forty-three refocused, selective codes are set out in appendix J.

4.6 Developing a Theoretical Perspective

Developing a theoretical perspective from the data in grounded theory involves developing theoretical sensitivity, sorting and theoretically coding to identify relationships between categories and codes, achieving theoretical saturation of the main theoretical categories and finally integrating the grounded theoretical perspective with the wider extant literature. The methods adopted in this research are now described.

4.6.1 Theoretical Sensitivity

Although the title of Glaser's second book (Glaser 1978) is *'Theoretical Sensitivity'* not all texts cover this aspect of grounded theory research explicitly and yet for some (Birks and Mills, 2015; Holton and Walsh, 2017), it is central in the development of good grounded theories. Glaser and Strauss (1967, p46) refer to theoretical sensitivity as something which is necessary to ensure conceptualisation and the formulation of theory

from the data; something which is in continuous development. For Birks and Mills (2015) theoretical sensitivity refers to the researcher's ability to extract elements from the data which are recognised as relevant to the developing theory; something that requires the researcher to view the data from multiple stand points.

While engaging with newly encountered theoretical perspectives brings added challenges for the researcher, viewing a familiar practice through previously untried theoretical lenses has also been a source of great joy and enlightenment in this research. Examples of the way in which theoretical sensitivity can guide the research have already been outlined section 4.4 where the influence of literature regarding professional identity and status and the influence of gender, expertise, knowledge and skills were shown to have guided theoretical sampling. Theoretical sensitivity continues to play an important role as the researcher seeks to elevate categories conceptually. Furthermore, as the research proceeds, there is a reciprocity in process since theoretical questions arise from the data prompting the researcher to explore previously unconsidered perspectives and unfamiliar concepts in the wider theoretical literature. Memos capture such prompts; notions of master and apprentice and anthropological notions of knowledge making (Marchand 2010), sociological perspectives on the presentation of self (Goffman 1959) and philosophical and social theorist perspectives of governmentality, surveillance and power (Foucault 1972; Faubion 1994).

For Charmaz (2006; 2014) and for Corbin and Strauss (2008) the researcher can also increase theoretical sensitivity by drawing on personal experience (see earlier discussion about sensitising concepts in section 2.2). Birks and Mills (2015) point out that this use of personal experience is an explicit recognition of the researcher's own history and is in contrast with other qualitative approaches where the researcher might be encouraged to bracket out such personal insights. It is however consistent with the constructivist stance adopted by the researcher in this inquiry and consistent with a constructivist grounded theorist approach in which a theory is generated through co-construction between participants and researcher.

The important distinction to recognise and to maintain is that in grounded theory, theoretical sensitivity is not akin to adopting a theoretical frame which shapes analysis. The grounded theory researcher must remain alert to ensure that the purpose of engagement in sources of theoretical sensitivity is one of possibility and that ultimately, data are not forced to fit inadvertently with a given theoretical perspective, as Glaser (1992) cautions. The memo excerpts in Appendix I provide indicators of the researcher's developing theoretical sensitivity.

4.6.2 Sorting and Theoretical Coding

With categories and sub-categories increasingly saturated, (see section 4.6.3 below) the researcher moves to a stage of coding in which the relationships between codes are established and a cohesive theoretical perspective constructed. Coding for the relationships between categories is referred to by Glaser (1978) as theoretical coding. He wrote about the use of particular coding families to support the stage of coding but more recent grounded theory texts suggest other approaches can also be adopted. Urquhart (2013) for example, refers to Spradley's (1979) seven semantic relationships which the researcher in this inquiry found useful in identifying the relationships between codes: is a kind of; is a part of/a place in; is a way to; is used for; is a reason for, is a stage of; is a result/cause of, is a place for; is a characteristic of.

Charmaz (2014) also refers to theoretical codes as those which serve to integrate categories and which are drawn from prior theories. As previously indicated, the grounded theory process is not linear and in this later stage of analysis and theory construction, the researcher is drawing on early sensitising concepts and further theoretical sensitivity arising from the data and captured in memos, while continuing to ask questions of the categories.

A range of analytical activities proved useful as this point in the research process and memos were often supplemented or replaced by series of diagrams as the relationships between the codes and categories and between the core and sub categories were settled upon. Working with these approaches described, sorting and theoretical coding

of the forty-three selective codes set out in Appendix J led to the development of ten conceptual categories listed below:

- Socio-professional Factors
- Having a Platform for Practice
- Practice Demands
- Practice Anticipations
- Practitioner Uncertainty
- Practitioner Permeability
- Finding Sanctuary
- Engaging in Meta-practices
- Creating Conducive Conditions
- Recalibrating: Optimising practice/tolerating uncertainties

These ten conceptual categories can be regarded as the building blocks of the grounded theoretical perspective of supervision for AHPs presented in this thesis. The specific ways in which the categories have been related through the coding process is set out in chapters six and seven. It is in the theoretical coding phase that the relationships between these categories were gradually identified and elaborated to support the construction of a grounded theoretical perspective. To give a sense of the theoretical coding process, an example of a mind map exploring the category of 'Socio-professional Factors' using Spradley's (1979) questions as a starting point to identify the relationships between categories is provided in Appendix K.

4.6.3 Theoretical Saturation

The concept of theoretical saturation was introduced and explored in chapter three. Theoretical saturation signals the point at which a judgement is made that sufficient data have been gathered to support the construction of a theoretical perspective. In this research, as data gathered in October and November 2016 were added into the bank of data already gathered, the researcher noticed that further indicators arising from continued constant comparison did not add further theoretically (Holton and Walsh, 2017). The researcher judged that the main categories were sufficiently saturated to construct a substantive theory of supervision for AHPs; the indicator, attributed to Morse (1995, p148) and cited by Birks and Mills (2015, p96), that saturation is achieved. As confidence about the saturation of categories develops, there is a shift

to theoretical coding as discussed in section 4.6.2 and theoretical relationships between the categories can be established. Returning to figure 4, the reader will see that in April 2017, one further interview was gathered to further confirm the sufficiency of theoretical saturation.

4.6.4 Theoretical integration

Theoretical integration refers to relating the grounded theory to existing theory and literature from the substantive field. The ways in which different grounded theory researchers approach the integration of extant literature and theory has already been highlighted elsewhere in the thesis. This research sought to remain faithful to the notion of literature as a way to enhance theoretical sensitivity so as to avoid Glaser's (1992) concern about the potential for literature and extant theory to contaminate, stifle and bias grounded theoretical discovery. Excerpts from memos generated during the research process illustrate how theoretical possibilities develop throughout the data generation and analysis phases of the research, (see Appendix I). This form of engagement with literature throughout the research process which aims to heighten the researcher's theoretical sensitivity and the exploration of theoretical possibilities, has already been described in section 2.5.3a, as consistent with major versions of grounded theory (Corbin and Strauss, 2008; Charmaz 2014).

The integration of existing theory with the grounded theoretical perspective can provoke anxiety for the researcher as the many theoretical possibilities identified during the research process are too numerous to be captured in the final thesis with sufficient rigour and appraisal. In this research, it was not until the writing-up process when the core and related categories were more cemented, that it was possible to identify a theoretical focus for integration and to explore published literature and theory in relation to a delimited (Holton and Walsh, 2017), data-grounded theoretical perspective. It is at this point that the researcher can more clearly discern and appreciate the different ways in which the grounded theoretical perspective which has been constructed may be supported, elaborated and ultimately enriched by the extant literature.

While exploration of literature at the beginning of the research sought to provide a context for the substantive area of supervision for AHPs and literature considered during the process of constant comparison honed the researcher's theoretical sensitivity, searching the literature to support theoretical integration was guided by the concepts which had been discovered in the data and by the grounded theoretical perspective which was constructed.

Earlier in section 2.5.2b reference was made to Kenny and Fourie's (2015) observation that in Glaser's view a constant comparison with published literature should be withheld until the end of the study and then conducted only if desired. In this research, although as described earlier in this section there had been engagement with literature to support theoretical sensitivity throughout, a more extensive exploration of literature was also undertaken once the grounded theoretical perspective had been constructed. Figure 4 illustrates how this theoretical integration took place towards the end of the research.

4.6.5 Presenting the theoretical perspective

In the second part of the thesis, from chapters five to ten, the findings from the research, discussion of the significance and contribution of these findings to the understanding of AHP supervision practice are presented. Chapter five provides an overview of the grounded theoretical perspective. Chapters six and seven demonstrate how concepts were developed from the participant accounts and related to therapist's perspectives of supervision. Integration with extant literature is presented in chapter eight. The contribution of an integrated, constructivist grounded theoretical perspective to the understanding of AHP supervision is set out in chapter nine. Concluding thoughts are summarised in chapter ten.

Chapter 5: Introducing a grounded theoretical perspective of AHP supervision: a brief overview

5.1 Overview of the presentation of core concepts and integration with extant literature

This short chapter provides an overview of the grounded theoretical perspective of supervision developed from the therapists' accounts in this research. Two central foundational concepts of 'practice uncertainties' and 'practitioner permeability' are introduced. Subsequently, from chapters six to nine, a grounded theoretical perspective, integrated with the extant literature is iteratively constructed.

Chapter six provides detailed illustration of how the core concepts are grounded in and developed from the researcher's analysis and interpretation of the participant accounts of supervision. The relationships between these concepts and AHP accounts of supervision practices are then considered in chapter seven. In this regard, chapters six and seven provide an account of the theoretical perspective which remains close to the participant data and as such may be regarded in a similar way to chapters which set out findings or results in a more traditionally structured thesis.

As indicated in section 4.6.4 of the previous chapter, a theoretical perspective which is grounded in participant data can be further enriched and explored with regard to extant literature, theory and opinion. The reader will find this integration in chapter eight of the thesis. The contribution this integrated, co-constructed grounded theoretical perspective makes to the understanding AHP supervision practices is considered in chapter nine.

5.2 Introducing the grounded theoretical perspective

In this research, participants were concerned about practice uncertainties and their accounts have provided insights into the behaviours and characteristics which support the practitioners to recognise and address uncertainties in the course of their practice. Supervision may provide opportunities for therapists to resolve uncertainties, provided

certain conditions are established. Therapists who indicate supervision offers such opportunities have been conceptualised as permeable practitioners. Permeable practitioners display characteristics and behaviours such as awareness, feedback-seeking and willingness to change, which support the therapist not only to recognise uncertainties but also to seek to share these with others in their attempts to find resolutions. When there is a trusting, collaborative, partnership between a permeable supervisee and a permeable supervisor, supervision is regarded as a place where uncertainties can be shared and resolutions explored. Accounts indicate that therapists may be more or less permeable; a less permeable practitioner presents as less aware of practice uncertainties and less likely to regard supervision as an opportunity to explore and resolve uncertainties.

In grounded theoretical terms, the participants' main concern has been discovered as 'practice uncertainties' and the core concept which accounts for the resolution of these concerns is 'practitioner permeability'.

5.2.1 Practice Uncertainties: the practitioners' main concern

As therapists spoke about their experiences and perceptions of supervision, they also spoke about their practice uncertainties. Instances and indicators of uncertainty were found in every therapist's account. The sources of practice uncertainties were varied and, in some instances, somewhat generalised; therapists were not always able to readily define or articulate the precise nature of the concern.

Uncertainty may be associated with single or multiple factors; the therapists' knowledge and skills, her practice experience, things going on outside work, how others view her, her relationships with colleagues, an unfamiliar clinical scenario, a very poorly patient, a patient who reminds her of a relative, the busyness of practice and so on. From the newly qualified to the highly specialist, therapists at all career stages provided instances of uncertainty. Practice uncertainty is the concept which accounts for the participants' main concern. The sources of uncertainty can be conceptualised in three distinct but overlapping sub-categories as practice demands, platform for practice and socio-professional. In simple terms these sources are those related to day-to-day busyness,

those related to the therapist's knowledge, skills, experiences and personal qualities or attributes and those associated with the ways in which the therapist construes herself in relation to others and or is construed by others.

5.2.2 Practitioner Permeability: the core concept

Not only did therapists describe uncertainty but they also described ways in which they shared these uncertainties and sought feedback in their efforts to resolve concerns. Therapists presented an openness to alternative ways in which practice demands might be addressed and a willingness to consider how such alternatives might serve them in resolving concerns. When alternatives seem promising, therapists are willing to review or change aspects of practice. This combination of characteristics and behaviours is conceptualised as practitioner permeability and is the core concept in this grounded theoretical perspective of AHP supervision because it is central to the resolution of practitioner uncertainties. Permeable practitioners engage in a variety of activities when seeking to resolve uncertainties: ad hoc conversations with colleagues, looking something up in a reference book, going on a course, using an internet search engine to look for a solution and so on. Provided the conditions are favourable, supervision may be one such place where the therapist perceives she can explore and resolve her practice uncertainties.

5.2.3 Establishing the conditions for supervision

Therapists' accounts indicate that when certain conditions are established, therapists report valuable supervision experiences. Therapists seek a collaborative relationship with the supervisor in which supervisor and supervisee trust one another. A skilful supervisor is attentive to the supervisee's concerns and engages in dialogue and negotiation as both the supervisor and supervisee work in partnership to explore and resolve the presenting uncertainties.

5.2.4 Resolving Practitioner's Concerns: Recalibration, Sanctuary and Meta-practice

The resolution of practice uncertainties may require the therapist to make some adjustments to aspects of her practice in light of exploration, feedback, new knowledge

or guidance. However, adjustment is not always required. Therapists' accounts indicate it may suffice for the therapist to share and talk through a practice uncertainty. Just as checking the accuracy of a scientific instrument may or may not indicate a need for adjustment, so too for the uncertain practitioner. Drawing on this analogy, resolving practitioner uncertainties is conceptualised as a process of practitioner recalibration; a process which may or may not require the therapist to make adjustments in practice to equip her to anticipate and meet future practice demands with greater certainty.

In the context of the favourable conditions already described, therapists indicate supervision can provide both sanctuary and a place for meta-practice. That is, a safe space in which to share practice concerns and an opportunity for the therapist to engage in an exploration of possible adjustments or consolidations of current practice as she seeks to resolve her uncertainties.

Figure 8 below, summarises the grounded theoretical perspective of AHP supervision as a place of sanctuary and meta-practice which permeable practitioners use to support practitioner recalibration in response to perceived practice uncertainties.

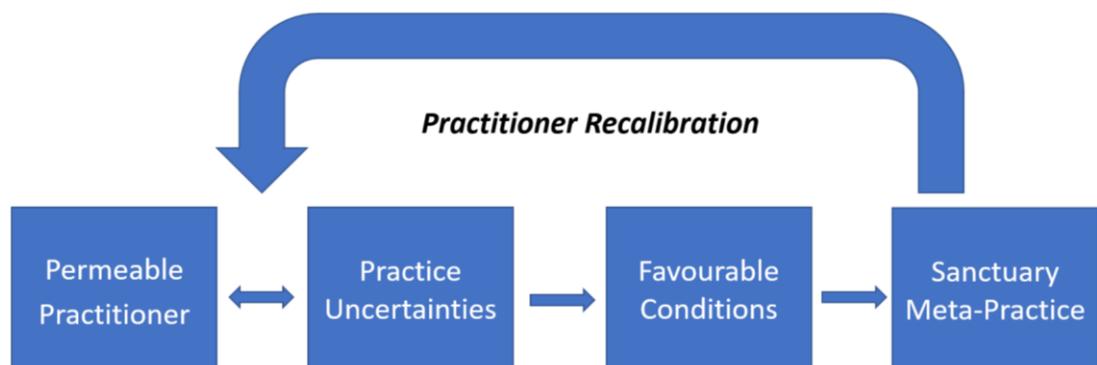


Figure 8: An overview of a grounded theoretical perspective of AHP supervision as a place of sanctuary and meta-practice for practitioner recalibration

The conceptual components of the grounded theoretical perspective will now be set out in detail with reference in the first instance to the participant data in chapters six and seven, before integration with extant theory and literature in chapter eight.

Chapter 6: From Participant Accounts to Conceptual Foundations: Practice Uncertainties, Recalibration and Practitioner Permeability

This chapter illustrates the relationship between the central grounded theoretical concepts of practice uncertainty and practitioner permeability and the instances and incidents in the therapists' accounts of supervision which are indicators of these concepts. It provides an account of the co-construction of conceptual foundations as the researcher explores instances in participant data. As practice uncertainties give rise to practitioner uncertainties, both phrases are used throughout.

6.1 Practice Uncertainties: the participants' main concern

The therapists participating in this research consistently referred to uncertainties about practice. Initially coded as '*how am I doing?*', theoretical sensitisation drawing on the presentation of self, (Goffman, 1959) led to a conceptualisation of this initial code as a 'sense of professional self'. Further constant comparison indicated that a sense of professional self was just one of several possible sources of practitioners' concerns and so a broader overarching concept of 'practice uncertainty' was developed. Practice uncertainty arises in relation to both practice anticipations and or disruptions which can be linked to socio-professional, platform for practice and practice demand factors. Sections 6.1.1 to 6.1.5 now focus on how instances in participant accounts indicate these different sources of uncertainty, providing the foundations for the integration of the grounded theoretical concept of practice uncertainty with existing theory and literature in chapter eight.

6.1.1 Instances of socio-professional uncertainty

Therapists provide many instances in which they are making assessments and judgements about self and others. These instances reveal that a therapist makes socio-professional sense of herself and others through comparisons with others. Consider this scenario from Siobhan's account about supervising a newly qualified therapist (band 5 in the UK NHS):

'I remember my first experience of supervising a band 5. He was very confident in what he did, was able to spout out things about evidence. He'd just finished his Masters to be a therapist and he was older than me. So I felt really, I felt a bit like, taken aback by him. But actually, erm, going out and doing visits, like a clinical supervision where you er go and kind've, I suppose, it's awful, assess what someone's doing or just see how they're doing things, really brought home to me that, 'No, I do have the appropriate skills. I am appropriate to be the supervisor and I can offer support and advice around different aspects of kind've clinical care.' **Siobhan**

Siobhan indicates how her colleague's apparent knowledge does not match her expectations about newly qualified therapists and as his supervisor, this disrupts how she feels about herself professionally. She worries about how she will supervise this colleague until she accompanies him to see patients and realises she does have something to offer. Siobhan's socio-professional sense of self is restored and she can feel more certain in her anticipations about supervising him.

Another therapist, Pauline, indicates there is more to 'being a therapist' than passing the exams. As a practitioner working in isolation in a community setting, she reveals how seeing her supervisor conducting an assessment resolves her own uncertainties as a newly qualified therapist; providing reassurance about her credentials and professional self. Pauline goes on to compare herself with peers in a more personal sense as she suggests others might not have needed the same reassurance as her.

'As a new therapist, and even though you know you've done it on placements and you've been and done exams and you've passed and you've got your degree, but when you're out there on your own, you know you're not seeing other people working or how they do things. So again, coming back to supervision, sometimes I've gone out and watched my supervisor do assessments. He'll watch me; I watch him. And a again that was really nice because I was able to say, 'Oh I do that' 'Oh I'm not, Oh I am doing it right.' Yeah. I think you just needed to know, maybe not everyone, some people will come straight in and they're really confident and they don't need that assurance, but I did.' **Pauline**

Bella was also concerned about how others perceive her professionally. She was concerned that others may assume she has more robust credentials than she perceives

she has as a new therapist but also reveals that it would be uncomfortable to be questioned about these credentials, citing an instance when a relative challenged her therapy colleague; something that she indicates might result in some disruption.

'you know the MDT and the patient they don't obv, so they don't know that you're a band 5. You are the therapist, so you know (laughs) you know, there isn't any distinction made I think, it's just, the patient, it's the same in a way and cos they don't necessarily know, don't they, if you come from elsewhere or if this is your first job. In fact, no one has ever asked me, you know, 'Are you?' And a colleague of mine, actually she looked very much younger, and she did the undergrad', she had one encounter with a patient who said 'Are you actually old enough to treat my mother?' And she looked at me, because we did it together as we were doing some joint working, and that was horrible. I mean it never happened to me. Erm, she needed to debrief about that one. (laughs)' **Bella***

**MDT, established abbreviation for multidisciplinary team*

These instances indicate different socio-professional dimensions; sense of self, sense of professional self, professional sense of others, expected credentials. In all, seven socio-professional dimensions are indicated in the data as seen in table 6 below:

Conceptual category	Dimensions
Socio-professional factors	Sense of self
	Aspired to professional self
	Sense of professional self
	Professional sense of others
	Credentials
	Professional status
	Professional culture

Table 7: Socio-professional dimensions discovered in participant data

Therapists have and make socio-professional anticipations about self and others in relation to these dimensions. As the data excerpts provided indicate, disruption of these socio-professional dimensions creates practitioner uncertainty; uncertainty about what one can contribute, about one's credentials and performance, about what others think about you.

6.1.2 Platform for practice sources of uncertainty

Practitioners' uncertainty is also discovered when the therapist is concerned about how she will meet practice demands; novel practice scenarios which are hard to anticipate, circumstances which cause the therapist to question how she will meet the demands or situations which do not play out as she anticipated. Instances from Jen, Charlotte and Lucy illustrate how therapists' confidence to anticipate and meet practice demands can be disrupted, even when the therapist describes being experienced. Jen, a therapist with more than 20 years' experience, concedes it is 'scary' to be joined by a colleague as she conducts a patient assessment:

'I think it's quite scary actually and, and erm, I mean before that, probably the last time I had someone watch me was maybe 12 months before, so it was quite a long time ago. And erm, the thought of actually having someone else in there, even though you might feel reasonably confident in your abilities, it's still er, 'Ooh, what if I do something terribly wrong?' Or you know, it's about knowing that you've kept up to date and you've kept up your clinical skills and you're not losing that. Particularly in the situation I'm in now, where I'm only doing such a small clinical element, erm, I think you have to constantly question that and whether that is an appropriate thing to be doing still.' **Jen**

Charlotte indicates that having worked in a clinical specialty in one place did not prevent her experiencing a loss of confidence when she moved to a job in the same specialty but a different setting.

'When I came here, erm, as a band 6, erm, I'd done a little bit of neuro' before as, as a 5 out in the community but when I came here, I came onto a neuro rotation and I'd never worked in neuro acute and I'd never worked in such a big hospital, so it was all kind've quite new and overwhelming. Um and what I tend to do when something is new and overwhelming, is I go very, very quiet, (whispered), um and lose my confidence.' **Charlotte**

Lucy's account reveals the disruption felt by a therapist who feels clinically competent in tandem with feeling less equipped to navigate the demands of a new appointment to a leadership role.

'I think a large part of the job like ours erm, competence is aligned, isn't it, with increasing independence. So, erm, there's this kind've invisible but palpable relationship with the idea that the more competent you are the more independent you are but of course there are lots of scenarios where you you, you may be a perfectly capable person but have a significant amount of learning in relation to a particular part of your job. You know, like coming into this job now, erm, I don't feel concerned about my competence as a therapist. Erm, I, I don't feel concerned about my competence in this job but I have felt like there's a huge amount of systems learning and erm, er there's lots of processes that have been not visible to me when I first started. And then you erm, it's occasionally, you know, I've felt like I shouldn't, I shouldn't have to keep asking the other people and, an then you don't want to take other people's time erm, y yeah. Erm and also sometimes I've felt like 'Gosh! I, I'm here as the team lead and I don't know everything.' (laughing) And I'm thinking, whereas where I was in my last job I was a team lead but I did feel like I knew everything at that point. So, so that's, that's, you know, a new kind've interesting little blip.' **Lucy**

In early stages of the research, uncertainties about meeting practice demands were noticed in relation to therapists' concerns about having the right knowledge and skills but as these instances from Jen, Charlotte and Lucy and earlier instances from Siobhan, Pauline and Bella indicate, experience and personal factors also influence the certainty with which the therapist anticipates practice encounters.

In combination, knowledge, skills, experiences and personal attributes are conceptualised as a platform for practice. In meeting practice demands, therapists may foreground or background different factors; a complex pathology may require foregrounding more specialist knowledge and skills, while a practice encounter with a person contending with the impact of a life-limiting condition may require the therapist to draw more on her experiences and personal qualities. As with the therapist's socio-professional anticipations, platform for practice disruptions can also result in the therapist experiencing uncertainty. In Lucy's account for example, she illustrates how anticipating meeting different practice demands requires her to foreground the leadership knowledge dimensions of her platform for practice over her clinical knowledge, skills and experiences. While Lucy is getting to grips with her new role there is a period of disruption for her, which she describes as *'a new kind've interesting little blip'*.

Four dimensions of a platform for practice were identified in the data and are set out below in table 7:

Conceptual category	Dimensions
Platform for Practice	Knowledge and Skills
	Practice Experiences
	Personal Experiences
	Personal preferences, attributes and qualities

Table 8: Platform for Practice Dimensions discovered in the participant data

Lucy’s and Charlotte’s accounts indicate uncertainty arising when an experienced practitioner meets novel practice demands. Conceptually, the practitioner will have a richly elaborated platform for practice and might reasonably anticipate she is sufficiently equipped to meet the demands in her new role. Presumably an appointing manager has made a similar assessment in recruiting the practitioner to the role. However, once in post the practitioner experiences uncertainties which can be conceptualised in terms of inadequacies in her platform for practice indicated in practitioner accounts in terms of needing more knowledge, gaining new skills and so on. Lucy’s reference to ‘*a new kind’ve interesting little blip*’ indicates the unanticipated nature of such uncertainties and is in contrast to Jen’s wholly anticipated uncertainty associated with the presence of a colleague joining her to observe a familiar practice encounter.

Without comparing indicators, the researcher may be persuaded that disruption occurs only when there is a mismatch between the therapist’s anticipations about practice and the therapist’s lived experiences. The instances from Lucy, Charlotte and Jen demonstrate how engaging in constant comparison has led to a discovery that therapists’ anticipations about practice encounters play out in expected and unexpected ways, but that both can result in practice disruptions which in turn trigger practitioner uncertainty. This discovery is central to the third source of practice disruption discovered in the data; practice demand factors and the potential for associated practice burden.

6.1.3 Instances of Practice demands, Practice burden and Uncertainty

Initially practice disruptions causing uncertainty for the practitioner were noticed when a therapist's anticipations did not match either her socio-professional perceptions and/or experience of a practice encounter. However, instances associated with experiences such as the general busyness of practice were also discovered. These were conceptualised as indicators of practice demands which could result in a practitioner experiencing practice burden. In the context of a national narrative in the UK at the time of this research concerning increasing practice demands in the NHS (Merrifield, 2018), practitioner uncertainties arising from practice demands are not wholly unexpected.

A speech and language therapist and participants Nina and Ani provide contrasting illustrations of practice burden from the data as well as providing further indicators of a platform for practice and socio-professional dimensions. The speech and language therapist draws on her platform for practice to anticipate complex practice demands but she indicates there is a mismatch between what she anticipates she will be able to offer as a therapist and what she perceives are unachievable expectations as suggested to the patient by a medical colleague. Socio-professionally, the two practitioners are not in concert. As she perceives her anticipations are not as her colleagues', this creates disruption for the therapist and a sense of burden, expressed as a weight on her shoulders about meeting the operational, clinical practice demands.

'That case was very complex. He presented with severe aphasia, dyspraxia, dysarthria initially and the consultant, I remember meeting for the first time, and the consultant was there, and he would say (hushed) 'Don't worry. You'll speak again.' And I just thought that was so wrong for him to say. And I thought (higher pitch) 'How can you make these promises?' But I guess it was a weight on my shoulders; maybe they expect me to make him talk again, you know?' **Speech and Language Therapist Participant**

Nina, on the other hand, presents as having anticipations that her practice encounters will be burdensome, *'draining and quite exhausting'*. There is an indication that she judges her platform for practice may not equip her to meet the social needs of the people referred to the service and that there are socio-professional implications linked

with working in an organisation which has a poor reputation. The role model set by her senior colleague reinforces Nina's anticipations.

*'I find it quite draining and quite exhausting. You like go home, and I'm like 'Oh my goodness'. And then you don't want to wake up in the morning. And then you're thinking about the issues that you have to go and face when you go to work and then, and the service where I work is, is, I think it has a really bad reputation. People say: 'Oh, it's not fit for purpose' or 'How can you work there?' So people just send, A&E just send a lot of social patients and all the good rehab patients go elsewhere. So you already know that the kind of patients you're getting and the kind've things that you've got to deal with and yeah, so you just kind've get on with it really. But yeah, it's draining and the manager's not really interested. I think she's just waiting for retirement. You know? One of those kind've, just going through, taking it day by day and just waiting for her time (laughs)' **Nina***

For Ani, her sources of disruption are not just work related but are also about working out the balance between life in and out of work, reflecting how a platform for practice extends beyond professional knowledge, skills and experience to personal factors such that practice demand disruptions may be influenced by life beyond the work setting.

*'I definitely felt stressed with that whole thing, that caused me stress. Erm eh I, I think with me though I think, oh I don't wanna keep banging on about having children but I just feel like that has changed so much in ways that I just didn't even consider. Erm, that is different stress. And unfortunately I think that kind've sometimes does impact or I don't know but then it's yeah it's like work related stress when it's not really. I suppose but it's may be learning to manage that so that it doesn't impact on your work I guess is the key.' **Ani***

Looking back at instances cited earlier, Charlotte's example of a loss of confidence associated with working in the same specialty but in a different practice setting and Lucy's '*interesting little blip*' reveal how operational or organisational dimensions of practice demands can also contribute to practice uncertainties. Charlotte and Lucy indicate some confidence in their specialty knowledge, skills and experiences but it is knowing how to draw on these in a novel practice setting which is unsettling.

The relationship between practice burden, successful or unsuccessful anticipations and practitioners' uncertainties took longer to unlock. Engaging in constant comparison of

instances from the data was again pivotal and revealed that sources of practice disruptions may be both anticipated and unanticipated and that both unanticipated and or anticipated events may be a source of practice burden, in turn creating practitioner uncertainty. The excerpt from the memo in figure 9 illustrates how this relationship was puzzled over until late in the research endeavour.

Except from researcher memo (15.10.17) illustrating thoughts about anticipated and unanticipated disruptions

So how does (practice burden) fit with supervision and the ideas I am persuaded about like anticipation of practice based on a platform for practice? Ruth's phrase about the 'crazy-busyness' of practice has always stuck with me and her reference to 'stepping off the train for a moment'. Ani's and Rosie's references to having to do things they didn't really want to have to do, also. It captures a lot of the sense of burden of practice. But practice burden doesn't always arise (according to these accounts) because there is a mismatch between what the therapist anticipates based on her platform for practice and what happens in practice, i.e. therapists might anticipate accurately that they lack the necessary skills to meet a scenario (Bella looking for specialist advice for an unusual clinical presentation). Although in some cases it might start as a mismatch – like Nina where jobs were not as she expected and support not as she expected but because the job and support continued in the same vein, she began to anticipate the burden and that led her to leave her job because of the stress (or practice burden). So, burden might be anticipated or unanticipated; a therapist might anticipate accurately or inaccurately with positive or less positive outcomes and all instances may cause practice burden – which is disruptive.

**notions of practice burden*

Figure 9: Excerpt from researcher memo illustrating exploration of anticipated and unanticipated disruptions

In summary, practice burden can arise from anticipated and unanticipated practice demands and in relation to both socio-professional and platform for practice concerns. Therapists know there will be practice demands but disruption occurs when the demands become burdensome and or difficult to anticipate. Emotional dimensions of practice demands are also apparent in the data excerpts provided. Additionally, Nina and the speech and language therapist cited have concerns about meeting clinical demands and for Nina, there are both operational factors, such as her disinterested manager, and organisational factors associated with working somewhere with a poor reputation; something that also suggests a governance dimension, whether actual or perceived. This governance dimension was also indicated in Jen's earlier description of

being watched by a colleague who might be assessing whether Jen has kept up-to-date with her practice. The five dimensions of practice demands discovered in participant accounts are set out in table 8:

Conceptual category	Dimensions
Practice Demands	Organisational factors
	Operational factors
	Clinical factors
	Emotional impact
	Governance factors

Table 9: Dimensions of practice demands

6.1.4 Combined sources of practice uncertainty: the influences of isolation and visibility

Instances provided so far indicate that practitioner uncertainties can arise from single sources or from a combination of sources. Practitioner reports of isolation and or visibility often featured in therapists' accounts. As good illustrations of uncertainties arising from a combination sources instances of isolation and visibility warrant further attention.

Pauline spoke about her experience of isolation when she was newly qualified in a community role which often requires lone working in a patient's home. Pauline was physically isolated from other colleagues. Although Nina was working in an in-patient setting where there would be other professionals, she feels isolated with her concerns because she perceives her manager lacks interest. Comparing these instances of isolation reveals how multi-dimensional practitioner concerns may be. Pauline's isolation is readily recognisable as a function of her physical distance from colleagues arising from lone working in a community setting, while Nina, who is not physically isolated, feels isolation arising from more socio-professional, relational factors. Pauline and Nina spoke about early career isolation but experienced practitioners also provide instances. A specialist practitioner may find she is the only person employed in her organisation with her skill set or experience and where the expertise she has developed is in an emerging field of practice; there may be very few practitioners with the same skill set within a region or indeed nationally.

Linked but conceptually different is practitioner visibility. As a newly qualified therapist, Bella feels isolated, perceiving only she knows how inexperienced she is and has socio-professional concerns about what others are thinking about her, arising because she is aware she is visible to others. As with isolation, the influence of visibility on a practitioner's concerns is not confined to the less experienced therapists, as Jen indicates when she talks about being watched by a colleague. For Siobhan, observing her less experienced colleague helps her to identify how she can support his development, yet she indicates it might not feel entirely comfortable to be going out to observe and assess how someone is doing.

6.1.5 Practice uncertainty, career-long learning and professional responsibility

While practice uncertainties can disrupt the practitioner, participants also indicate that uncertainty is a characteristic of the dynamic and changing nature of health and social care practice. Therapists have expectations that there will be new developments and new evidence about effective treatments and that therapists inevitably encounter changes in best practice, clinical guidelines and the scope of roles over the course of a career, as indicated by Jen in section 6.1.2 when she refers to keeping up to date. This dynamic practice context creates a background of expected and accepted uncertainty which may have the potential to disrupt but may also drive expectations about a professional responsibility to remain up-to-date and to engage in career-long revision and learning opportunities. This is an aspect of practice uncertainty which will be revisited in forthcoming sections in relation to recalibration, practitioner permeability and ultimately with respect to supervision and the wider literature.

6.1.6 Summary of practice uncertainty indicated in participant accounts

Practitioners experience uncertainties arising from anticipated and unanticipated socio-professional, platform for practice and practice demand sources. These sources may operate singly or in combination to create practitioner uncertainty. Practitioner isolation and visibility are examples of instances of uncertainty arising from a combination of sources. Figure 10 illustrates the relationships identified between socio-

professional, platform for practice and practice burden disruptions and practitioner uncertainties.

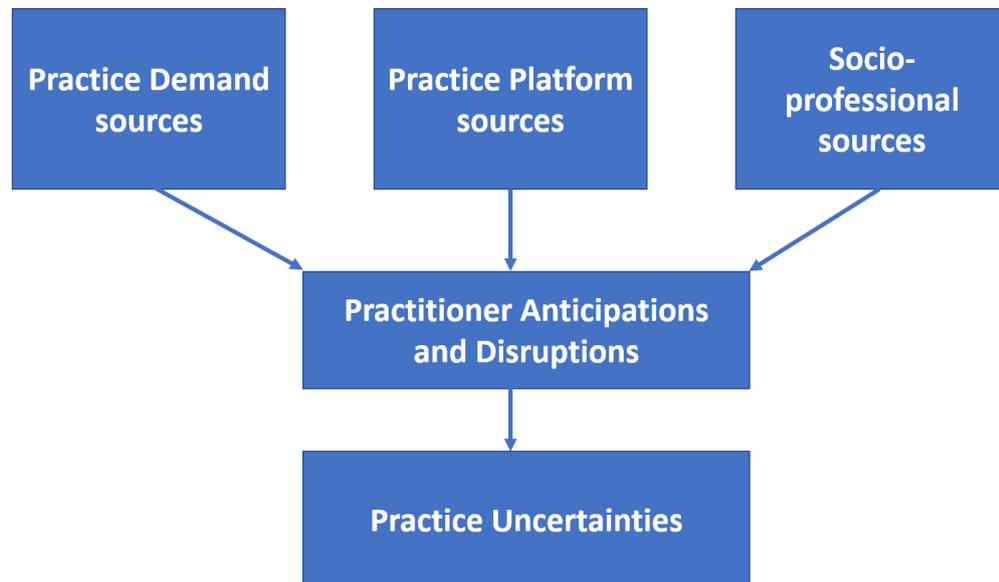


Figure 10: Relationship between sources of disruption and practice uncertainties

6.2 Resolving practice uncertainties: the case for practitioner recalibration

Therapists do not simply acknowledge practice uncertainties, shrug their shoulders and accept them as part and parcel of being an AHP. Instead, accounts contain many and varied instances of the ways in which therapists seek to address their concerns. Examples already cited in section 6.1 include the therapist comparing her practice with that of a colleague and having a debrief after an unsettling practice encounter. Further instances will be cited throughout the remaining sections of this chapter and in chapter seven where the focus turns to supervision practices. Since therapists have indicated that resolving a practice uncertainty does not always require change or revision on the part of the practitioner and may form part of the process of keeping up-to-date, the process of addressing and resolving practice concerns is conceptualised as a process of 'practitioner recalibration'.

This concept was introduced in chapter five and draws on an analogy with the conventional understanding of calibration in relation to the quality assurance of

scientific instruments. Acknowledging that no analogy is perfect, recalibration nonetheless provides a conceptual umbrella term for the range of activities which therapists have indicated can support the resolution of practice uncertainties; checking in the first instance, with follow-up adjustments if necessary.

As with instrumental calibration, a first step for the uncertain therapist is to consider herself socio-professionally in relation to others and to review whether her platform for practice will meet the anticipated practice demands. Just as calibration is often about the assessment of an instrument against agreed industry standards, therapists indicate how they assess themselves with reference to other practitioners. In the UK, such socio-professional assessment necessarily encompasses governance dimensions as registered practitioners undertake to practice in the context of the standards of practice of the regulatory body (HCPC, 2014), the policies and procedures of an employer and in many specialities, national clinical guidelines such as the National Clinical Guideline for Stroke, (Royal College of Physicians, 2016). Conceptually, practitioner recalibration can also accommodate the 'keeping-up-to-date' associated with more generalised practitioner uncertainties which are anticipated as new evidence is published or guidelines revised. In the same way that technical equipment is subject to scheduled calibration to prevent untoward events, the therapists in this research have spoken about maintaining professional knowledge and skill through ongoing engagement in professional development activities.

Also consistent with a concept of calibration, participant accounts indicate that when an uncertain practitioner assesses herself against socio-professional or governance standards, it does not necessarily follow that adjustments to aspects of her practice are required. Just such an example is found in Pauline's account when she matches her own assessments of patients to those she observes her supervisor conducting, leading her to conclude that despite her uncertainties, it seems she is doing ok.

Of course, in other instances the initial checking may indicate adjustments are required for the practitioner to resolve her uncertainties. Therapists provide a range of possible ways in which these adjustments are achieved; vicariously from observing another

colleague’s approach, through to engaging in advanced or specialist education or training. These key dimensions of practitioner recalibration are summarised below in table 10:

Conceptual Process	Dimensions
Practitioner Recalibration	Checking
	Assuring
	Adjusting

Table 10: Dimensions of the conceptual process of Practitioner Recalibration

6.2.1 Supervision: the go to place for practitioner recalibration?

Perhaps because participants were invited to share their experiences of supervision, their accounts indicate that it is culturally-established in AHP practice as part of the recalibration repertoire. So, it is tempting to propose that this is the end of the story; therapists experience practice uncertainties and resolve these through supervision. However, jumping to assert this relationship between practitioner uncertainties and supervision does not and cannot account for the variety of ways in which therapists speak about resolving uncertainties and more significantly, it is an assertion which struggles to accommodate instances of dissatisfaction with, dislike of or avoidance of supervision which are found in the data.

In Ruth’s account there are positive and not so positive accounts of supervision and from the instance provided here, it is hard to see how she might regard supervision as a place to resolve her uncertainties:

'I don't really like being supervised actually. I've only rarely, I've only had one supervisor that I felt really comfortable with and I think I'm maybe I'm a bit defensive. Um, I've often found the supervision that I've experienced has been like that person sitting there with the answer, waiting for you to give them the answer. Umm, and I don't like the, I find it quite formulaic, so that, I've been on training to be a supervisor and I know what you're supposed to say and you know, I do this with students, you know, the thing that went well and the thing that didn't go well, and I find I don't really like it when I can see a structure that's being played around me. So if I'm being supervised and someone's asking me that sort of a question, I'm feeling like they're supervising me (laughs) I can't really explain that. I just feel I'm being processed erm, and I don't really like, I think I'm just a bit defensive.' **Ruth**

Describing one of her supervisors, Lucy's experience seems to have the potential to escalate any practice uncertainty she had:

'It feels like a long time ago now. I mean she, I think, yeah, it wasn't constructive. Erm, it kind've, it, it's, it felt that there was a lack of, there was an assumption of erm, of incompetence erm potentially on, on her part. That's what it felt like, that it was kind of assumed that I would have to prove that I was capable.' **Lucy**

This excerpt from Nina's account indicates she has actively elected to keep her practice uncertainties to herself, recognising that her supervisor expresses similar and unresolved concerns.

'well the supervisor knows the issues and even the person who gives me the operational supervision she's also the same. She says oh, she drags herself out of bed. But she's like two years to retirement, so I think she's like 'Oh, I'm gonna hold on two more years.' And she says, you hear her sometimes when it's really stressful, 'Oh, I've only got two more years left. So, this is countdown. A feeling that's actually across all the layers of the service. Yeah, yeah. And it's just, I don't think it's taken anywhere because no one can do anything. I'm still going to have to go there and do what I'm doing. It's kind've, maybe I'm not a moaner. I think if I was to moan, I think it just makes it worse. I just kind've go in there, start at 8, do what I have to do and leave at 4.' **Nina**

As for the colleagues Holly refers to, she seems to indicate they might not even experience practice uncertainties and hence avoid supervision altogether:

‘I mean I think some peep, I think some people get to the point in their career, 15, 20 years in, when they actually don’t want anyth you know? I, I’ve had not that directly, I’ve seen other therapists who say ‘I know exactly what I’m doing. I’m doing it in my way’ **Holly**

Mostly, participants, including those cited above, spoke positively about supervision, so these negative instances might be viewed as outliers. However, ignoring the negative instances and privileging the positive accounts of supervision ignores the full range of challenges therapists might face in resolving uncertainties, such as when supervision is experienced less favourably. To be confident about any theoretical perspective about the resolution of practitioner uncertainties it is necessary to account for observations like Holly’s. In chapter seven, the place for supervision in resolving practice uncertainty is explored in more detail along with further discussion of recalibration. Before that is possible, a missing piece of the puzzle needs to be addressed to understand the reported variation in experiences and engagement with supervision practice found in practitioners’ accounts. It is this missing piece which is the focus of the next section, 6.3.

6.3 Practitioner Permeability: the missing piece of the supervision puzzle?

The instances from Ruth, Lucy and Nina in the previous section might indicate that therapists’ engagement with and experiences of supervision are predicated around factors such as the way in which supervision is conducted or the supervisor’s characteristics and behaviours. Indeed, throughout the research data, therapists have a lot to say about creating the right conditions for supervision and the role these conditions have in whether supervision is experienced favourably or not. However, creating favourable conditions does not help to account for Holly’s observations cited in the previous section. Holly characterises her colleagues as ‘certain’ practitioners although, recognising this is her perspective, it is impossible to conclude from Holly’s account whether these colleagues do not experience practice uncertainties at all or whether they have less awareness of uncertainties than others have indicated. Indeed, it might also be the case that such practitioners do have uncertainties of which they are aware but that the therapist elects to share elsewhere or not to share at all.

Practitioner awareness can be regarded as an important starting point in understanding practice uncertainties and how such uncertainties are resolved since, to resolve practice uncertainties, therapists must first be aware of them. Many clearly are aware of uncertainties given the very many instances of uncertainty that were found in participants' accounts, as illustrated earlier in section 6.1. However, awareness alone will not support the resolution of concerns and comparing instances of therapists' endeavours to address uncertainties has identified a cluster of behaviours and characteristics which have been conceptualised collectively as 'practitioner permeability'. This concept has been identified as the core concept in the grounded theoretical perspective in part because it forms the foundation of the resolution of practice uncertainties but also because it is practitioner permeability which can differentiate those practitioners who identify their practice uncertainties from those who do not and or elect not to share uncertainties about which they may be aware in an effort to resolve them.

In the remaining sections of this chapter, the dimensions of practitioner permeability are set out in relation to indicators from participant accounts.

6.3.1 Practitioner awareness of self and others

Practitioner awareness is the first dimension of practitioner permeability to discuss. As stated, awareness can be conceptualised as a necessary starting point in understanding practice uncertainties and therapists' efforts to resolve them. Two forms of practitioner awareness were discovered in the data. Therapists demonstrate self-awareness in identifying their own uncertainties about meeting practice demands and additionally, awareness of and for others.

6.3.1a Practitioner awareness of self

The instances supporting the discovery of practice uncertainties also indicate that to describe uncertainties requires some insight and reflection on the part of the therapist; participants who speak about uncertainties can be thought of as displaying self-awareness. This self-awareness might apply to the way in which the therapist construes herself socio-professionally, like Bella's instance where she is wondering if the

colleagues around her think she is more qualified than she is. In other instances, it might apply to how the therapist anticipates her platform for practice will serve her in meeting practice demands, as with Charlotte's and Lucy's moves into new roles. Self-awareness is also required if the therapist is to notice when practice demands are escalating or becoming burdensome, as with the speech and language therapist feeling the weight of expectation from others to restore her patient's speech.

Accounts reveal how self-awareness is an important precursor in the resolution of practitioner concerns; therapists need to recognise uncertainty in order to resolve it. Consider Bella's earlier reference to her colleague needing a debrief after being socio-professionally challenged by a patient's relative and further instances from Pauline and Leanne who recognise they might need to seek support, reassurance or development opportunities. There is a clear sense of practice uncertainty in Pauline's excerpt below coupled with the isolation and lack of visibility she experiences in a community setting, but the excerpt also signals how her awareness of increasing practice burden serves as a prompt to seek feedback or help.

'to suddenly be out there on your own doing assessments and there was no one to ask was you doing it right? And you did sometimes question yourself 'Did I do that right?' 'Was?' You know? And you kind of knew that you had done it right but there was no one to kind of, you was on your own. So it was quite a big thing for me. So, I remember going in to one of my first supervision sessions and I had a stack of patients notes like this (Gestures a big pile) 'Help!'' **Pauline**

Speaking as a more experienced therapist, Leanne recognises her knowledge and skills development needs as she moves into a new role.

'I guess I developed into a role where I felt I was having more of that sort of responsibility I sought more education on leadership skills and erm, so I recognised that in my own professional appraisal and development that, that was something I wanted to develop and tha thankfully I was supported to do that.' **Leanne**

6.3.1b Awareness of and for others

As suggested earlier, Holly's reference to colleagues who declare they know what they are doing and are doing things their own way, could be indicative of diminished self-awareness. Holly was not alone among participants in making this sort of observation about colleagues and in all cases, participants referred to not wanting to be characterised similarly. This awareness *of* others is further indicative of the socio-professional assessments therapists are making of one another as set out in section 6.1.1. In others' accounts already cited, there are further instances of awareness of others, such as Bella's awareness of other colleagues, patients and their carers or instances of practitioners who were regarded as role models.

In addition to an awareness of others, another form of socio-professional assessment is detected in accounts which can be characterised as an awareness *for* others. This awareness for others is noticed when therapists talk about being a supervisor and in this context, can be conceptualised as a form of practitioner vigilance:

*'What I have said to other team members in the past, is don't, you know unless you absolutely have one of those 3 o' clock referrals that you have to see in person, don't, you know, don't go on Friday afternoon to a referral like that erm, unless you're absolu, or unless you know, you have to check that there's somebody that you can get hold of afterwards in case you need to debrief. Erm because i in an inpatient team you obviously will see each other at the end of the day and and touch base. And you can go, erm, and I think that is really important. Erm and I also think, because we're not all seeing each other all the time in a community team, there's always a possibility that some, you know, somebody could be having a difficult time or feeling really worried and, and it's not so obvious erm, erm especially if they want to look like they're kind've doing fine erm and that is a vulnerability I think. Mmm'. **Lucy***

However, practitioners also look out for each other as peers and, as Ruth illustrates, are not oblivious of the demands senior colleagues might face:

'I think one of the things that's a little bit difficult about it, is that when you, when I'm talking to someone who's my supervisor and they're also my line manager, so they can't necessarily make things easier for me without making something harder for somebody else.' **Ruth**

Awareness of and for others are further pre-requisites for the therapist in resolving practitioner uncertainties. Furthermore, as Lucy's awareness of and for others indicates, it is not just a supervisee characteristic but also a characteristic demonstrated by supervisors. Awareness is found to operate in combination with other behaviours and characteristics, such as awareness-sharing, feedback-seeking, openness to alternatives, critical awareness and willingness to change, which will now be specified with further reference to participant accounts.

6.3.2 Awareness-sharing, Feedback-seeking orientations and practitioner agency

Initially it seemed that the therapist's awareness of her practice uncertainties served as a prompt to seek feedback about her concerns or in seeking education opportunities. However, this could not account for instances when a therapist kept the awareness of her concerns to herself. Lucy referred to the vulnerability associated with supervisees wanting to look like they are doing fine, and in other accounts therapists who are supervisors talk about feeling prompted to dig a bit more when a supervisee suggests everything is fine. Given Lucy's and Nina's supervisee experiences already described, a supervisee may choose to tell her supervisor that everything is fine because she does not feel at ease with the supervisor or does not perceive the supervisor can help to resolve the concerns and Ruth's awareness of others might mean she feels sharing a concern with the supervisor will only shift the burden to another colleague. These instances demonstrate that there are multiple factors which influence the therapist's awareness-sharing but an unwillingness to share practice uncertainties, for whatever reason, may lead to practitioner vulnerability, as Lucy described. The factors that might influence a therapist's awareness-sharing will be reconsidered further in chapter seven with reference to creating conducive conditions for supervision (section 7.3).

In introducing the idea of practitioner recalibration in chapter five, it was acknowledged that for some, awareness sharing may be as much as the practitioner requires; burden-sharing, being heard or the process of articulating her uncertainties may help her to arrive at her own resolution or consolidate a current position:

'I will sort of come to supervision with something I want to discuss and, and, I suppose pretty much say 'I just want you to listen', (laughs) and, um, 'I've got a situation. I'd like the opportunity to talk through it and you know, if you reflect that back to me in sort of, yeah. And, and mostly, actually in talking through it, I find that I come to answers and quite often I wi, wi, and this is similar in peer supervision as well with someone I know very well as well, but you know they often say 'You don't need me. You've j, you've just come up with your answer to that problem' or to, you know, I suppose, I suppose it's that, it's that way of just having space and time to talk through something I think, and in order to gain some understanding of it and then exploring options and just somebody asking questions but very open questions. Yeah.' **Holly**

However, awareness of and willingness to share practice uncertainties can also prompt feedback-seeking. Conceptually this can be characterised as the practitioner's 'feedback-seeking orientation'. From the instances already presented, feedback seeking may extend to debriefing, seeking support for or ideas about further education or training opportunities and also to less formal, ad hoc feedback such as checking-in with a colleague over a cup of tea:

'what we tend to do as we get more advanced, er certainly with my own peers, is even meeting up, not necessarily for, for specific so-called supervision but almost just to have a chat, a general chat about cert', our views about certain things. So just check, just checking our consistency in our approach and our values that we bring to what we do' **Simon**

'I just asked for some feedback as to how I was doing in the role and was I doing everything that they expected of me and was, was, had anything been fed back. And I didn't want to know by who or anything like that. Just, was there anything that I needed to do differently?' **Charlotte**

A number of participants referred to an increasing use of social media platforms such as Twitter or closed professional groups on Facebook as a mechanism for feedback with one participant suggesting that some practitioners are attracted to the anonymity such opportunities afford:

'I think sometimes because you're faceless, well you don't have that judgement of 'you really should know about that' Lisa

'I wonder if having things like the Facebook page is less official and a little bit more erm I don't know less scary for some people.' Lisa

Accounts further indicate that the feedback the practitioner gathers does not always contribute to the resolution of the practitioner's uncertainty. Therapists are found to exercise agency in appraising and in turn accepting, rejecting or ignoring feedback. Rejecting feedback can occur when the therapist lacks socio-professional or practice platform confidence in the feedback or when she deems the feedback and any alternative suggested has poor fit with her practice concern. Nina spoke about disregarding a supervisor's suggestion because the supervisor did not share Nina's professional background and because Nina judged the supervisor's suggestion to be unsafe. Siobhan spoke about a supervisor who she did not respect professionally and in the excerpt below, Lisa describes her criticality regarding opinions picked up through the previously described specialty-focused, closed group on Facebook:

'I wouldn't just go gung-ho into doing something. I'd probably look, look into that more and probably pick someone else's brain as well. So it wouldn't be a one hundred percent fool proof thing but it might be something that might make me think 'Oh I've had a patient like this before' and that's reminded me 'What did I do in this situation?' rather than taking it as gospel.' Lisa

Ultimately, even if feedback is perceived to offer a possible resolution for a practitioner's uncertainty the therapist needs to be receptive to alternatives and willing to change aspects of her own practice in response to feedback. This can be characterised as the therapist's openness to alternatives and willingness to change; characteristics which will be the focus of the next section.

6.3.3 Openness to alternative ways to practice

Instances of feedback-seeking also indicate an awareness among therapists that others may or may not practice in similar ways. Not only do therapists indicate different styles or approaches to practice, but accounts also indicate that the relative value or benefits of various approaches to practice are also appreciated; Charlotte wondering about

whether there is anything she might need to do differently or Simon checking in with his peers. This openness again signals an acceptable and beneficial background level of uncertainty. Charlotte and Simon are not disrupted by this background uncertainty but their awareness of possible alternative approaches to practice prompts them to engage in the checking step of recalibration. A therapist who lacks either awareness of or is close-minded to alternatives may remain wedded to an approach and is unlikely to consider alternative approaches, seek feedback or see the need or potential to change her practice, even when it may not be optimum in meeting practice demands; like this physiotherapist's colleague:

*'A band 5 in my previous job, erm we, I used to work in the pulmonary rehab' team. So first thing is when she walked in and I asked her to take a class for us. And she was 'Come on let's do running. Let's do this'. So rather than sticking to the old method she, all of a sudden, she adopted a new method to do more exercises. Ok. Which the patients were like 'What am I doing here?' OK, some of the patients really liked her and so that was, but the exercises were too much and they couldn't do anything for the rest of the day. So, again I had to jump in and say 'Ok, what's the aim of doing this? And she was like, 'The focus was mobility and we want to do that.' I was 'Fine. I understand but everyone has different capacity. Why don't you assess the patients on an individual basis and see how these exercises are going to work?' **Physiotherapist Participant***

Accounts indicate how some therapists are more open to alternatives than others, as in another physiotherapist's observation about colleagues at a conference and Charlotte's willingness to pick up and explore alternative practice approaches from her supervisor:

*'I was at a national conference 3 weeks ago and, so they were talking about inactivity levels and behaviour change and someone quite senior, not within my Trust, asked the question 'I do therapeutic intervention so why should I look at inactivity or cardiovascular fitness?' (Laughs) And that worried me slightly and I asked the question 'If you're not worried about someone's level of activity or, how is that not therapy?' So, I do think there is almost, there, there is a belief that maybe that could be passed on to other professionals. But personally, I feel we have a role within behaviour change.' **Physiotherapist Participant***

'having a joint session and sometimes it's just seeing how they interact with the patient and having a look at their handling. Particularly for me early on, a lot of the cognitive things, the walking wounded type patients I struggled with idio' 'I don't know what our role is here. They look fine. They're fine, you know?' And then the supervisor's like, 'Well hold on, let's think about this.' And actually having the time to sort of problem solve it and go 'Well, actually have you thought about this? Have you thought about this?' And then doing a joint session together and putting some of those things into practice I mean yeah 'It worked really well, I could use that with this other patient that I've got at the moment' And then kind've explore it that way.' **Charlotte**

A lack of openness to alternatives can create challenges for supervisors and supervisees as Ani illustrates:

'the older we get the more we think that our ways are ok and it did cross my mind that maybe, I don't feel he's listening to me because he is, he has got life experience behind him and potentially he thinks 'No, what I'm doing is fine and I don't really need to change.' Erm, and he does have good rapport with the patients, I mean I, and I have said that back to him so y, you know it's not all negative by any means, and I suppose the good part is maybe focusing on and thinking that's the bit that counts. And I can kind've see where he's coming from because that is ultimately the most important but then I feel 'Oh God! I'm dealing with the rest of it.' That's really the boring bit th that that has to be done, that maybe he sees as not being important.' **Ani**

Ani also signals the frustration that can arise when the supervisor perceives the supervisee is not listening. Ani attributes her supervisee's unwillingness to change to personal factors such as wider life experience and recognises that an unwillingness to change in this instance may reflect that the supervisee sees no need to change; an instance perhaps of an absence of practice uncertainty. So, there is a mismatch between the supervisor's uncertainties about her supervisee and the supervisee's absence of uncertainty. What this also indicates is Ani's permeability as the supervisor as she contemplates reasons for the mismatch between her own and the supervisee's perspective.

Just as indicated in the previous section with regard to the therapist's receptiveness to any feedback she receives, an openness to alternative ways to practice is not the same

as choosing to adopt the alternative approaches she encounters. As with feedback, the therapist will assess alternatives from socio-professional, practice platform and wider personal perspectives for fit in the context of the concern she seeks to resolve and exercise critically informed agency in adopting, incorporating or implementing alternatives in her own future practice encounters.

6.3.4 Willingness to change: a learning disposition

It has already been suggested that a practice uncertainty may be resolved simply through sharing the concern and consolidating practice. Some uncertainties will require more active revision of practices and in such circumstances a therapist who is aware and willing to share concerns, feedback-seeking, critically aware and open to alternative ways to practice will still come unstuck if, in the end, she is unwilling to change.

Changes may be required socio-professionally, to aspects of her platform for practice or in adjustments to her workload. The willingness of therapists to change is repeatedly discovered in participant references to learning. Therapists anticipate the need for career-long learning and also link learning to governance:

'So, our knowledge is never complete. There is, we basically, have to keep learning every day. We have to think.' **Sam**

'I don't know, isn't it awful to think that you think sometimes people who are in their jobs are just in their jobs, doing their jobs and have many different priorities going on, when actually, in these learning environments they want to enhance your learning and your development. Although, that is I'm sure embedded in our professional standards and job descriptions that we are responsible for.' **Siobhan**

A learning disposition is discovered not just a governance imperative but as a preferred position, as both Siobhan and Lisa describe:

'if they're not learning, surely, they're bored. So why would they be any good at their job? And surely that's important for, in the wider context as well, of, of carrying out your job, of the team, of the service, of the patients. Erm, so I actually think it's really important.' **Siobhan**

'I think it comes down to us being reflective practitioners. I think if we can reflect on our experiences and develop those skills it will help, but if you have an experience and just shut yourself off from it, you then won't learn from it to do to develop.' **Lisa**

This preference for continued learning is also noticeable in instances where the therapist disassociates herself from practitioners who she perceives are set in their ways, as seen earlier with Holly and also in the agency therapists demonstrate in accessing learning opportunities:

'I feel I'm not really getting any development. I just wanted a little bit more. I just want to learn things that, so, or to learn off somebody as well. Cos obviously when you work with other people you kind of learn different skills and things and so, you know, I pay for my own courses, I go on my own, cos most of my clinical courses my manager's like 'There's no money. There's no money for clinical skills.' So, like anything I'm interested in, I pay for my own courses and go and do them. So that's how I get my own development.' **Nina**

Returning again to Lucy's 'new kind've interesting little blip' as she took up a new team leader role, she signals how competence in some aspects of a role does not preclude the need for learning in others.

The accounts reveal a variety of dimensions to the therapist's learning disposition. Therapists make associations between learning, meeting standards, patient benefit, being competent and being a good practitioner, as well as remaining motivated and indicating that learning with and from others is an enjoyable aspect of practice:

'you look back and they're really rewarding, when people are asking loads of questions and appropriately, not just wanting to get all the answers from you rather than their own reading. They k, they'd be like 'I've looked at this and read this article. What d'you think about this?' And it'd be like 'Oo, umm, um, um I don't know.' (laughs) *And they're good friends now, um and actually, you know we joke and say, 'Oh you know how good that was.'* *Cos it challenges you, otherwise, it shakes you up a bit and helps you stay invigorated and learning.'* **Rosie**

6.3.5 Summarising Practitioner Permeability as a foundation for the resolution of practitioner uncertainties

A range of characteristics and behaviours which support the therapist to resolve her practice uncertainties have been co-constructed as the researcher conceptualised indicators from participant accounts. These behaviours and characteristics can be regarded as the dimensions of an overarching core category of 'practitioner permeability', (see table 11 below and figure 11 overleaf).

Core Conceptual Category	Dimensions
Practitioner Permeability	Awareness of self
	Awareness of others
	Awareness for others (Vigilance)
	Awareness-sharing disposition
	Feedback-seeking orientation
	Openness to alternatives
	Practitioner agency/ Critical awareness (appraising feedback and alternatives)
	Willingness to change / learning disposition

Table 11 Dimensions of the Core Conceptual Category 'Practitioner Permeability'

Practitioner permeability is regarded as the core category because it is foundational in the recognition of and resolution of practitioner's uncertainties.

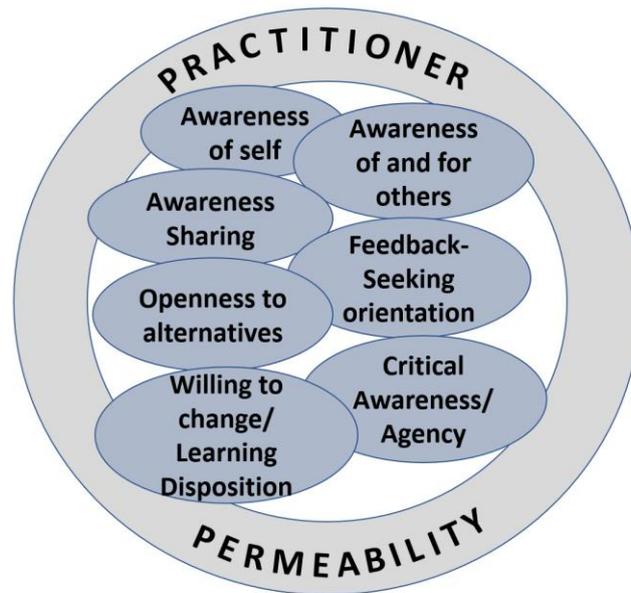


Figure 11: Components of Practitioner Permeability

As the term permeability implies, practitioner permeability is not fixed or rigid but may vary between individuals and may also vary for a given individual. In the excerpts below, Rosie indicates varying permeability in relation to career points and wider life contexts, while Leanne suggests links between experience and assumptions which could reduce permeability and Sam indicates how permeability may be restricted for novice practitioners:

'I think it's just about whether, where you're at in your own life really and I think we all get to that sometimes, when we just want to come to work 9 to 5. Quite happy. It pays the bills and that's what it's for. But I think when you're in a really um, high reputation hospital you're around people and here because you want to keep learning and you don't want to take that back seat yet, so it's you do still want that opportunity' **Rosie**

'I suppose when I first came into post, I was learning very much through my MDT and through other networks of, cos, because it's got that flavour to my job as well. Erm, so yeah, I do do that as well, but I don't know if everyone would, kind've, cos it's not, it's not as formal. So, I think, I think and particularly as you become, you know, more experienced, more confident and I think that's when you're in more danger because you're, there is some more sort of assumption that you, you're ok.' **Leanne**

*'In some places where I've worked in, band 5 have been very challenging ok. Because of, because they've been supervised by a different supervisor. That person had a different school of thought and if I try and introduce something new they're like 'Foo, rubbish! That thing don't work that way because we've got our own trust in that person, and he was the 'god', 'my therapy god'' and all that. So, they're different. And I don't think it's easy to change that unless you spend more time with them. So that was a challenge. And also, lack of information sometimes can harm, ok. So sometimes they, rather than learning, they're like 'I've done my duty. I've learned a lot. It's my time to just shine.' You know? And it was hard you know? And they're like 'All this I had from my previous,' you know? 'I'm amazing! So, let's go for it!' **Sam***

It might be anticipated that a newly qualified therapist, eager to learn and add new experiences to her novice platform for practice, will be more permeable than a more established colleague. However, Sam's instance above, the earlier instance of the newly qualified physiotherapist who was too intent on sticking to a treatment protocol or Pauline, feeling she was yet to do anything she recognised as therapy with her patient, indicate that a newly qualified therapist with fixed ideas, can also present as less permeable. Experienced Charlotte provided many instances of permeability yet the uncertainty she spoke about as an experienced therapist when applying aspects of her platform for practice in a new post is indicative, in permeability terms, of a temporary but otherwise uncharacteristic unwillingness to embrace alternative ways to apply her practice in the new setting. Furthermore, variations in permeability are apparent in the many accounts where a therapist expresses uncertainty relating to expectations of herself as a supervisor, anticipating that her supervisee might expect her to have all the answers while, in the same account, suggesting that she does not expect her own supervisor to have all the answers, only to contradict this later by expressing disappointment because her supervisor does not appear to have sufficient knowledge to help her resolve her uncertainties.

This variation in permeability did not develop into a main focus in the grounded theory research but the instances in accounts are indicative of a spectrum of permeability. This is not to say that a given practitioner could be placed at a given point on the spectrum. There is variation across professionals as well as for a given practitioner whose

permeability may also vary in the face of differing practice scenarios. Conceptually, it is proposed that between the extremities, in any given practice context, there is an optimum range of practitioner permeability which supports practice, as illustrated in figure 12 below.

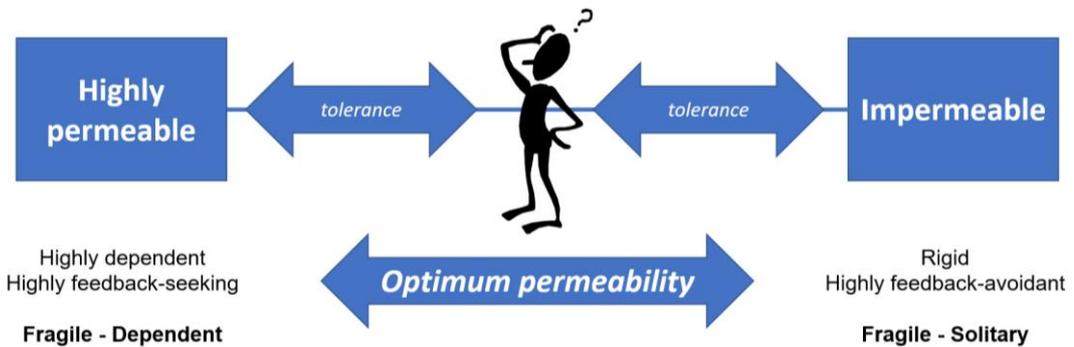


Figure 12: A possible spectrum of practitioner permeability

This notion of a spectrum supports the instances of variation in the first-hand accounts. In the face of some practice demands and or the influence of particular life events, as Rosie indicates, a practitioner may be more or less permeable. However, this spectrum implies that a practitioner who is consistently at one or other extremity may be fragile because she is less well equipped to recognise uncertainties and to engage in recalibrating practices. Conceptually, a highly permeable or porous practitioner may remain highly dependent and overly feedback-seeking, while at the other extreme the impermeable practitioner, as Leanne describes, may remain unaware of uncertainties or choose not to be awareness-sharing as with colleagues who participants regarded as feedback-avoidant.

When faced with socio-professional, practice platform or practice demand uncertainties, permeability supports the therapist to engage in activities and behaviours which facilitate the resolution of her uncertainties. Conceptually, these activities and behaviours prompt the therapist to address the socio-professional, platform for practice and practice demand factors which may be contributing to her practice uncertainties. Recalibrating activities and behaviours are many and varied and might include checking-in informally with peers as Simon described, attending a conference as a physiotherapy

participant described or going on a course as Nina indicated. Participants in this research indicate that supervision is also a culturally-established part of AHP practice in which permeable therapists engage as part of the endeavour to recalibrate and to resolve practice uncertainty concerns. The place of supervision in resolving practitioners' uncertainties, as indicated in the practitioner accounts will now be considered further in chapter seven.

Chapter 7. Turning to Supervision: exploring and resolving uncertainties

7.1 Supervision as a culturally established part of AHP practice

This chapter describes the sorts of conditions the permeable practitioner seeks for supervision to be useful and the ways in which supervision may support recalibration practices. As with chapter six, the account of supervision in this chapter stays close to the data to illustrate what it is that has been learned from the therapists' accounts.

A variety of supervision practices are described by participants. The dominant, culturally established form of supervision is regularly scheduled, one-to-one, face-to-face supervision. Lasting about an hour, this dominant form of supervision generally involves a more senior or experienced supervisor and a more junior supervisee, both from the same profession. However, therapists also referred to other supervision practices; group formats, peer-to-peer, seeing a patient together with the supervisor, remote telephone or Skype supervision and engaging with professional social media discussion forums. Alternatives to one-to-one supervision are sometimes adopted by a supervisee as a substitute or work-around when face-to-face options are unavailable, deemed unsatisfactory or as an adjunct when supervision alone cannot resolve all the therapist's concerns. Practitioner agency in seeking adjuncts and alternatives adds to the sense of the culturally established, socio-professional status of supervision and suggests therapists regard it is sufficiently valuable to warrant substitution or enhancement when what is available is regarded as lacking in some sense.

7.2 The place of supervision in practitioner recalibration: resolving uncertainties and keeping the show on the road

In the previous chapter, it was suggested that permeable practitioners seek recalibrating opportunities to address practice uncertainties. In the context of generalised background uncertainty, a checking step may suffice but where an uncertainty is causing greater disruption for the therapist, she may also identify the need for adjustments in her practice. Provided the practitioner perceives certain conditions are established,

supervision is regarded by permeable practitioners as a possible place to take, explore and resolve practice uncertainties.

Although the participants in this research were asked about their supervision experiences, they referred to a range of activities which can be regarded conceptually as contributing to practitioner recalibration; attending courses, reading research papers, observing colleagues and so on. There is no claim therefore that supervision operates in isolation nor that it can be regarded as a one-stop shop for practitioner recalibration. However, perhaps unsurprisingly given its culturally-established status, it is found in participant accounts to be a recognised, expected and anticipated place to take and explore practice uncertainties.

In section 6.2, three dimensions of practitioner recalibration were set out; checking, assuring and adjustment. While all the dimensions of recalibration can take place through a variety of activities, therapists often spoke about supervision as a place to share, discuss and address practice uncertainties indicating that checking, assuring and adjusting can all occur in supervision.

Elevated levels of practice uncertainty, such as those encountered in the transition to a new role, a novel or unusual clinical condition or burdensome levels of practice demand, may serve as a specific feedback-seeking prompt and supervision may then be regarded as a place where alternative perspectives or advice can be sought. This instance from Charlotte's account is illustrative:

'if I've got a particular issue or difficulty or whatever, then kind've getting someone someone else's kind've take on it and things. And just, it just helps to kind've puts all of the bits together. It's quite often, it's things that I wouldn't even've thought of. And just when, just sometimes when you're so kind've ingrained in something that actually, having someone who's not so involved can take that kind've objective, kind've take a step back. So, 'Have you thought about this? Have you thought about this?' And you're like, 'Oh yeah!' And then it's kind of putting all those bits together to make, to make a whole or to make the situation much better or if it's a patient thing, erm make sure that you've thought of everything that you possibly could do with that patient.' **Charlotte**

Charlotte indicates how an awareness of practice uncertainties prompts discussion with a supervisor. She presents as a permeable practitioner who is feedback-seeking and open to considering her supervisor's take on things. In turn, if Charlotte adjusts and elaborates her existing platform for practice to better support future demands, her anticipatory concerns will be reduced. Supervision will have provided a place for recalibration which involves some checking, some assurance and also possibly some practice adjustments. When the first checking step of recalibration indicates some adjustment may be required the therapist may look to supervision for answers or to be signposted to possible resources to support her practice adjustments.

From earlier excerpts supervision can be seen to be used in other ways. For example, a therapist may gain socio-professional affirmation or assurance through observing parallels between her own and the supervisor's practice as Pauline described when she saw her supervisor conducting an assessment. Holly also indicates the affirmative potential of supervision as she described that talking through concerns with the supervisor provides an opportunity to work things out and identify her own solutions.

Therapists have also indicated that practice uncertainties do not have to reach a feedback-seeking threshold or be at crisis point before engaging in supervision, highlighting that it is valuable to have a regularly scheduled place to take and explore practice concerns. Just as the owner of a motor vehicle appreciates it is good practice to service the vehicle periodically and not to wait for a breakdown to occur before calling the mechanic, so too with supervision.

The value assigned to scheduled supervision opportunities is further implied when therapists describe that difficulties accessing regular supervision can be a cause of distress leading some to seek substitute activities:

'I've had really great external supervision. Um, um, yeah, I've sought it a couple of times. I've forgotten one of my jobs actually. Erm, on a couple of occasions and always in response to when I've been very stressed at work. And, what, the first time I was, it was when I just did not see eye to eye with, she wasn't really my manager but she sort of was, you know what I mean? Um, we had completely different ways of working and um, I just needed to talk to somebody outside and it was just fantastic. It was just, just the first time I'd ever had external supervision and like 'Gosh! Thank goodness!' **Ruth**

Sam's instance below illustrates how supervision practice operates in two distinguishable but often interrelated ways; as sanctuary and as a place for meta-practice. Sam's supervisor created conditions such that Sam regarded supervision offered a safe place or sanctuary where he could share practice demands. By talking things through with Sam, his supervisor provided an opportunity for meta-practice; supervision as a practice about practice. In Sam's instance, from a recalibration perspective, he has engaged in some checking and assurance. The combination of sharing and the meta-practice opportunity has helped him to recognise that things he has done before in practice are ok.

'I think when you, someone's trying to give you support and then you've got full dedication towards them, that's what happened with, you know my first job and my senior, she was, as I said, she was amazing. And the first thing she said was 'Ok, this is your time to say what you want to say.' So, I just came out with 'blah, blah, blah, blah, blah' Ok. Everything was out you know? 'I'm feeling this way, that way I worked with a patient, but I don't really understand this and this and this.' And she could kind've talk me through and she helped me out but then I've, after the session, I've thought, 'It's not too bad. Fine! This is exactly the same. What you were doing in the past.' **Sam**

Of course, it might also be, as with Charlotte's earlier example, that checking suggests practice adjustments may help to resolve uncertainties and, in such circumstances, supervisor and supervisee can explore possible adjustments to practices; supervision as a place for meta-practice.

In terms of practitioner recalibration, sanctuary can be regarded as a necessary first step since to check an uncertainty with the supervisor some sharing of practice demands will

be required, while meta-practice offers opportunities for assurance and the exploration of, or guidance about possible adjustments. The sanctuary and meta-practice functions of supervision will now be explored in more detail with reference to participant data.

7.2.1 Supervision as a place of sanctuary

In section 6.1.3, practice burden was illustrated with excerpts from therapists' accounts. Recall how the newly qualified speech and language therapist felt the weight of expectation to restore the patient's speech and Nina spoke about a combination of operational and organisational factors which left her feeling drained. Therapists have indicated how supervision can offer some relief or sanctuary from such practice burden and in such circumstances, therapists indicate they are not always seeking answers as sharing uncertainties and concerns in a safe and trusting environment may suffice.

Speaking from a supervisor perspective Rob provides a sense of the place of supervision and of the supervisor's role in offering some sanctuary from practice demands, while Ruth's account provides a supervisee perspective:

'almost helping someone not work too hard cos I think we're all in, you know, in occupations where we all want to help and sometimes it's not so much trying to kick someone up the bottom, it's more about erm, 'slow down'. And certainly, I feel that within supervision as well, just, and I think the hour, is just sometimes that nice time to just relax and, and just talk, rather than going at a million miles an hour.' **Rob**

'you know, often, kind of the experiences of supervision, of being in this context of crazy busy-ness where erm, you know, sitting in that room at least gives you a moment to stop the train for a bit. And erm, almost er, you know, that's a really kind've positive thing about er all the supervision I've had. It's just that opportunity to, in fact you know, also kind've a feeling of this in most of the kind of supervision I've had as well in fact. So, you kind of, like there's just this moment, this hour or whatever, to sit down with somebody who you know, who's your, who's your manager, have their divided att, undivided attention, stop the train for a bit, sit in their hand for a bit and kind've try and work through some things together. I think that's um, that is a really nice thing about supervision. The problem is that, you know that as soon as you open the door after supervision, the train's erm, you know I'm back on the train again. (Laughs).' **Ruth**

Therapists distinguish between the sanctuary function of supervision and other services or support that might be accessed such as staff support or counselling, as Allana describes:

‘So, if it does seem that you’re struggling a bit then just talk it through in supervision. Getting it off your chest is may be not enough. Cos you can’t really do that at home cos there’s certain things you’re not supposed to say. You can’t, you know, you can’t go into too much detail and obviously you feel like your partner, your mum, your sister don’t they get it, you know? (laughs) I’m sounding like a teenager. So it’s nice to have someone who just understands what you’re going through but also, someone to say ‘Do you know what? There’s this course, or, you can go and talk to a counsellor or if that’s too much of a strain this is what’s available to you’. So, that is, is really great. I haven’t accessed anything like that at the moment but I know some of my colleagues have and they found it useful. Yeah every, the whole team really are very open about stuff like that so that’s really, really healthy I think.’ Allana

The dimensions of the sanctuary function of supervision are set out in table 12.

Conceptual Code	Dimensions of Concept
Sanctuary	Sharing Practice Demands
	Sharing Practice Burden
	Burden Dumping

Table 12: Dimensions of Sanctuary in Supervision

7.2.2 Supervision as a place for meta-practice

When Rob encourages his colleagues to ‘*slow down*’ and in the instance below in which Lisa prompts her staff to prioritise, they both illustrate how a supervisor may guide colleagues to make adjustments in the face of practice demands or burden. Rob and Lisa recognise that to resolve an uncertainty, may require supervisees to do more than simply share demands with the supervisor. These opportunities for socio-professional, platform for practice or practice demand reflections, affirmations, elaborations and learning can be conceptualised as adjustment aspects of practitioner recalibration.

'So, I think it's as well, lots of band 5s have such high expectations of themselves. I think they feel that they have to see everyone and do everything and I think a lot of the supervision's letting them know that it's ok if you don't see every single patient. we don' no one can do that. So, it's, it's guiding them with their prioritisation.'* **Lisa**

**Band 5 NHS entry level job grade*

Lisa's instance also indicates how adjustments to one source of practice uncertainty could influence another. Her encouragement to colleagues to prioritise practice demands might be accompanied by socio-professional and anticipatory adjustments for the band 5s; what my senior expects, how my senior supports my practice, having more realistic anticipations about practice events and so on. These opportunities for the practitioner to think and talk about her practice are conceptualised as the meta-practice function of supervision; supervision as a practice about practice.

Accounts indicate components of meta-practice include reflection and learning which may result in affirmations or adjustments as part of the recalibration process. In the previous chapter for example, Pauline was described taking piles of patient records to check through with her supervisor and separately observing how her supervisor conducts an assessment. She can be seen to use supervision and her supervisor to explore her socio-professional, platform for practice and practice demand uncertainties; reviewing her notes; checking in with her supervisor about her knowledge and skills comparing her approach to practice demands with that of her supervisor.

As acknowledged earlier, supervision and interactions with supervisors are not the only places that practitioner recalibration will take place but therapists, like Lucy, recognise and describe the efficacious potential of supervision for busy practitioners:

'I suppose sometimes with the clinical stuff erm, there's some, there's some stuff about reassurance, reassurance (starts to laugh) that you are transferring the right information and the right amount of information erm, and some stuff around simply making learning more efficient. You know that you could kind've quietly work it all out bit by bit and that's not the most efficient way for somebody to get on with a whacking great big caseload.' **Lucy**

Meta-practice is not confined to early career. Lisa is an experienced, specialist practitioner who seeks feedback about her uncertainties and demonstrates agency in sourcing different ways to address perceived supervision gaps.

'If I had specialty specific issues I'd be probably going to the doctors and the nurses or phoning a colleague at say the (specialist hospital*) or somewhere else because of for, for a long time I was the only specialty* therapist in the hospital as well, so I've learnt to, to have sort of informal support and supervision from people outside the Trust and, and I sort of have that kind've network, so clinical things. It tends to be more kind've managerial things actually that I would bring to supervision'* **Lisa**

**specialty not disclosed to maintain anonymity*

While managerial uncertainties might be taken to her designated supervisor, uncertainties about clinical specialist knowledge and skills' development might be addressed elsewhere, indicating how Lisa's agency extends to decisions about where different aspects of meta-practice will be conducted and with whom.

Holly is also very experienced and has identified an equally experienced peer with whom to explore socio-professional concerns about their respective emerging roles; how they are doing, whether another practitioner would do the same and what those around them think:

'an interesting thing I was talking about actually in supervision the other day, or was something my supervision peer was bringing up, was that, that, that, when, when you're the only therapist or when you're the first, we're the first people in those posts as well, that in some ways there's a bit of an element of 'Oh well, I'm not sure if people know if I'm a good therapist or a bad therapist' (laughs). I mean they've not had it so, so his expression was 'I don't know, I don't even know if they think they've got a good one or not.' (Laughs) Um, um because, because I think you know, it's very different when you are in an emerging role kind've, environment when you've, you've set up the service where there wasn't an existing service before.' **Holly**

In introducing the concept of practitioner recalibration in chapter six, section 6.2, the relationship between socio-professional checking and governance was acknowledged. Holly's uncertainty about whether her service know whether she is a good practitioner

or not hints at this. However, the governance connection is more clearly indicated in others' accounts; Jen's supervisee perspective and Simon, who as a supervisor, is looking for consistency of practice across his supervisees:

'I think with the feedback, again depending on what the feedback is, generally feedback is fairly positive, erm er, it's encouraging. It either stamps it that you're on the right track and you're doing things in the right way or that you need to look a little bit sideways at what you're doing and consider other things that perhaps you haven't considered for a long time, and I think as an experienced therapist it's very easy to do the usual thing and carry on doing what you normally do. And sometimes it makes you stop and think about your own practice and other things that you might consider. So, to me you know I think you never stop learning. You basically have to erm keep having your practice reviewed by someone else because you can't necessarily do that for yourself.' **Jen**

'as well, about checking the fidelity of the interventions and the practice of therapists and amongst the team so that you can ensure at least a level of consistency amongst the type of interventions that our patients are being offered or the messages that those patients are receiving. The therapists may have er, experienced the same level of training but they may interpret things slightly differently in those, in those different situations and will react, particularly what I find is that they can react very differently under different levels of stress or um, depending on the patients' sort of behaviours and their own anxiety being, you know people do react very differently to that. There's a different level of, you know some, some therapists are, I think as you're more experienced, you're more able and willing to roll with the punches a little bit more (laughs) where as those, those that are less experienced um have, have perhaps less confidence of their own convictions and their own instincts, um and and that can lead to sort of problems in, in that client therapist interaction. Erm, so it's, what we tend to do as we get more advanced, er certainly with my own peer, is even meeting up not necessarily for, for specific so-called supervision, but almost just to have a chat a general chat about our views about certain things so just checking our consistency in our approach and our values that we bring to what we do so so so there's something about that I guess.' **Simon**

In Jen and Simon's accounts and the many instances in which therapists spoke about using supervision to talk about juggling competing practice demands, piece together different parts of the practice picture or to explore wider contexts, the scope of meta-practice is revealed as wide reaching and recalibration can be seen to occur through one

or many of the knowledge, skills, experiences and personal elements of a therapist’s platform for practice. The dimensions of meta-practice discovered in therapists’ accounts are summarised below in table 13.

Conceptual Code	Dimensions of Concept
Meta Practices	Practice affirmation
	Consolidating practices
	Elaborative practices
	Restorative practices
	Revisioning practices
	Practice assurance/ governance
	Integrating practices

Table 13: Dimensions of Meta-practice in Supervision

7.2.3 Recalibration through combining sanctuary and meta-practice

Sanctuary and meta-practices may occur in combination. In the instance below, Lucy signals sanctuary in terms of the sense of relief a supervisee may feel in supervision and also reports that her supervisee recognises changes or adjustments in her practice resulting in an apparent resolution of practitioner uncertainty. Recognising her professional progress, the supervisee indicates a socio-professional change and in declaring that she is *‘getting the hang of it’* she seems to imply that elaboration or review of components of the platform for practice have occurred. The sanctuary of supervision has not just provided a safe place for Lucy’s supervisee to share her practice concerns but also supported revisions and elaborations of her practice platform so that the supervisee is better served in her practice anticipations for future practice demands, demands which once caused the supervisee concern and possible burden:

'I just think it's a relief sometimes to be able to talk, ask questions and learning points like that in a place which is provided for you to do it. Erm and it's confidential. So, you don't feel, you know, so that is pretty protected in a way. And also, erm, by the last time we had a supervision and she spoke about another one of these cases she said herself, 'It feels like I've had several of these and I've kind've got the hang of it a bit.' But you know she went through that conversation much faster and I think sometimes consciously bringing something to supervision helps a bit with erm, with making that learning process a bit more conscious you know, both in terms of gaining the learning but also feeling pleased that you sort of got it. (laughs) You know?' **Lucy**

Although supervision is not the only place where the supervisee might pursue practitioner recalibration, Lucy's comment about supervision making the learning process and the recognition that learning has occurred, '*a bit more conscious*', coupled with her earlier reference to the efficacy of supervision, provide insights about the possible value this culturally-established practice affords the practitioner as she seeks to address her practice uncertainties.

In addition to the scheduled hour of face-to-face supervision, participants also referred to seeing patients together with the supervisor. These opportunities to observe the supervisor in practice extend the scope of meta-practice, though not as a substitute for traditional face-to-face supervision. As Pauline signals in her comment below, the hour of supervision provides an important place to learn (meta-practice), away from the busyness of practice (sanctuary):

'Generally, I think, the sort of job I'm in, it's important that you do learn along the way and you do keep up to date with things. And there's always something to learn you know, whether it's about the body, a condition, or new evidence. So, you're so busy in the work day that it is important to use that hour, and I like to use the supervisor for their knowledge (Laughs) and that's how I've always looked on it, you know, 'What do I need to know?'' **Pauline**

Therapists have overtly signalled the positive impact that supervision can deliver for both supervisees and supervisors:

'sometimes after supervision I feel really enthused in some way, more enthusiastic about something erm, if I've pitched an idea, may be a new group I want to set up and my supervisor's on the board I think that can really drive the project forward.' **Bella**

'you'll get that supervisee that just pushes and pushes and pushes and it's really good for you, cos it makes you go and read stuff. Otherwise you get a bit static I think when you get stuck to a, in a role for long time and quite experienced and yeah that pushes you, so I like that and then they're learning all the time as well and I get that from the doctors and discussions with other consultant therapists and things.' **Rosie**

Importantly however, therapists have identified that for supervision to be a place of sanctuary and or a place for meta-practice, they look for certain conditions to be met and it is the discovery of these conditions from the data which will now be considered.

7.3 Creating the conditions for supervision

Neither sanctuary nor meta-practice would be possible through supervision without the supervisee perceiving that the conditions for supervision are supportive. These conditions were discovered through constant comparison of favourable and less favourable experiences of supervision. When these conditions are not met, supervision is viewed less positively and in some cases as destructive. Underpinning all these conditions is a need for skilful communication between supervision participants. There is a strong emphasis on the role of listening and being listened to. In less favourable accounts of supervision, participants point to communication factors contributing to unsatisfactory supervision experiences.

In identifying the favourable conditions for supervision, a complex, socio-cultural, interactive practice is discovered which is most successful when the supervisor is skilful and when both supervisor and supervisee are permeable practitioners. Supervisees are looking to supervisors to work collaboratively and in partnership; something that is only possible in the context of dialogue, negotiation, trust, honesty and openness.

Both supervisee and supervisor contribute to creating favourable conditions. However, the position of supervisor is revealed to hold some power and privilege in this respect; it is the supervisor’s skill in creating the conditions for sanctuary and meta-practice which is often perceived to determine the success of supervision. This position of power and privilege can be further complicated when the supervisor is also the supervisee’s manager.

In all, participant accounts indicate seven conditional dimensions of favourable supervision which are summarised in table 14. These conditions are now explored in more detail with reference to participant accounts.

Conceptual Category	Concept Dimensions
Creating conducive conditions for supervision	Supervisee Focus
	Trustworthiness
	Collaborative practice
	Dialogic practice
	Negotiated practice
	Partnership – attending to power
	Creating a sense of equity

Table 14: Dimensions contributing to the creation of conducive supervision conditions

7.3.1 Establishing dialogue between supervisor and supervisee

Therapists characterise supervision as a practice in which dialogue is required to establish rapport, support the development of the relationship between supervisor and supervisee and to support negotiation. This dialogue is underpinned by trust between supervisor and supervisee. Supervision is consistently referred to as a partnership or collaborative practice in which the supervisor and supervisee work together. This is typified by the selection of a postcard depicting two people rowing across a lake by two participants at the start of each respective interview. Having selected this postcard, both participants went on to talk about supervision in terms of two people working together in the same direction or for the same outcome. This working together is ultimately possible when both supervisor and supervisee are permeable practitioners.

7.3.2 Establishing trust between supervisor and supervisee

Respected and valued supervisors are described as establishing a trusting and trusted relationship predicated around openness and honesty on the part of both supervisor and supervisee. Rob, for example, said this in relation to a postcard depicting a tower of pebbles:

'I don't know why but this made me feel of trust and the building of trust (Researcher: Ok, the tower of stones) Yeah. And don't ask me why that's what came to my head. Erm almost this one made me feel, think about building something and that was the word that came into my head and then made me feel 'trust' er and the importance of trust within supervision. Er and, and I would put again, both ways. Erm being trusted by your supervisor and trusting your supervisee. Certainly, if you've got a more junior member of staff it's, it's more difficult but if you don't show trust in someone I do feel the relationship has, has a few risks there and it's the s I guess it's the same when you don't feel trusted'
Rob

Rob goes on to elaborate:

*'for some reason the word trust came into my head and I started thinking about trust and, and how, how it can be hard to make but it's easy to collapse'. **Rob***

Establishing this trust is crucial in creating a place where the supervisee feels supervision offers a sufficiently safe sanctuary to share practice demands or burden, engage in meta-practice and resolve practice uncertainties, as Lucy suggests:

*'you have to create a place where somebody feels safe to say, 'Oh, you know, I did this and I didn't think it went that well' or 'I'm not sure I made the right decision'' **Lucy***

Rob and Lucy capture something others have also referred to, sometimes less positively, as with Nina, cited below, who did not trust her management supervisor to recall conversations they had. On the other hand, Lisa wonders if she had been too trusting as a supervisor, resulting in a breakdown in the supervision relationship with her supervisee, consistent with Rob's earlier observation about the ease with which trust can collapse.

'with my manager, as well, if I don't get things in writing she'll just look in your face: 'Oh I don't recall'. So, there's another thing sort of setting you up to fail. I sort of always have to say, 'as discussed.' Every time I have a conversation I always follow up with an email 'as discussed this, this and this' cos I find she'll still 'I don't recall this conversation.' **Nina**

'I think it will change how I will supervise people in the future from the point of, if certain things come up, how I think I was probably too trusting and too, erm, open about things. So I think that's almost been thrown back in my face. So, I think that's, that will change.' **Lisa**

Nina indicates the additional measures she adopts because she does not trust her supervisor to recall conversations from supervision, while from a supervisors' perspective, Lisa's description of a breakdown in the relationship with a supervisee suggests the experiences will shape how she supervises people in the future.

Importantly, therapists have also suggested that when the supervisee does not feel trusted or if supervision is not perceived to be a safe place to share practice, a therapist may be selective about what she shares with the supervisor. For Holly, the lack of trust between her and her supervisor was a contributing factor for leaving a job:

'when you are a supervisor if you're perhaps a little bit more authoritarian and k, and erm, and you have a more, more of a belief in hierarchy, you know, in a hierarchical relationship and that 'I'm the person that knows. You're the person that doesn't and therefore I will tell you' I think that that leads to, I think that leads to a really different experience of supervision. And it led me to be very, to take different things to supervision. Um, so I would just take very practical questions. I wouldn't use supervision as an opportunity to reflect or explore or um, yeah, or to do any of those things.' **Holly**

Researcher asks: *And the impact of that?*

'I left! (laughs) I mean I li, I, I, I, I left. I um I think um, I, I, di mm, I stayed just under a year in the post. That um, and there was a high through-put of staff within the therapy t, across actually um, the therapy team. So, it's as you'd imagine, there was a physio team and a speech and language team, an OT team and a psychology team and there was a huge through-put during the time I was there. In fact, I think sort of over a year's period, the whole of ev, the whole therapy team had er, those disciplines had um yeah, they had been replaced essentially. People had left and new people in post.'* **Holly**

* Occupational Therapist generally abbreviated to OT

Ani also indicates that a positive relationship with her supervisor adds value to her working life:

'when people outside work sort of ask me about work or how's it going, or you know just chat, and one of the things I have said very often in fact, when people have asked me about work is that 'Oh yeah, I've got a really nice supervisor and that just means so much to me.' I've actually mentioned it to people and friends who you know, who don't know any of these people you know? And I have mentioned that a few times when people ask because I just feel so grateful.' **Ani**

Having supervisors who create the necessary conditions for supervision can be seen to have apparent benefits for both parties. Supervisors who do not create the conditions for a trusting dialogue with supervisees may have staff recruitment and retention challenges and seemingly deter supervisees from sharing the very practice uncertainties which, if unaddressed, could create more significant concerns. Supervisors who establish positive relationships with supervisees are clearly held in high regard.

7.3.3 Supervisor characteristics: what supervisees look for

Comparing accounts has revealed the nuances and complexities of building a trusting relationship between supervision participants and the difficulties therapists may have in describing the characteristics they seek in a supervisor. Participants who struggled to articulate these relational nuances resorted to using words with the lexical stem 'friend' as a proxy for a number of characteristics of supervisory relationships for which they were struggling to find the right word. When doing so, participants often indicated that linguistically, the word 'friend' fell short of the participant's intended meaning, both semantically and pragmatically. Instances where therapists have, for example, referred to having a friendly relationship but were quick to add that this was not the same as being friends, indicate that participants seek to signal characteristics such as trust, dialogue, partnership, respect and so on. Although some refer to becoming friends with supervisors and supervisees, participants tended to stress that this was something that could only occur after the supervision arrangements have concluded. Indeed, friendship in its commonly accepted sense is presented by some as problematic in supervision. Min for example, worried that her friendship with a colleague might cause her to miss things as his supervisor and Siobhan spoke about a colleague who she got along with outside

of work but found challenging as a supervisor because she did not respect her as a clinician:

*I think that because I get on well with that person, I think I'm the easiest way, you know, 'I haven't really seen you but you're working really hard, you're working really hard' and actually that might not necessarily be so. I think my judgement would be clouded. **Min***

*And what's also really interesting about that relationship is, I actually get on really well with her outside of the clinical setting but within the clinical setting I, I just can't cope. Like I just find, and it's really difficult because I suppose I didn't really respect her as a clinician first and foremost, erm, and there were a couple of things that I used to talk to her about and I just thought she wasn't very well informed about them. You know, for someone again, who was at that stage. She was a band 7, I was a band 6, my expect, I know it's a bit, it comes to my expect, my expectations of her were higher than what I was perceiving I was getting. **Siobhan***

Siobhan reveals that supervisees also seek socio-professional conditions to be met regarding the supervisor's credentials; something that was an increasing concern for therapists who had progressed to a very high degree of specialism and for those working in new or emerging roles, as Rosie describes:

'as a supervisee trying to get access to anybody to get clinical support now is very difficult and I rely a lot on the medics and the doctors and the consultants.' **Rosie**

As a therapist working in a specialist field, struggling to find relevant clinical support, Rosie does not seem unduly concerned socio-professionally about seeking this clinical support from another profession. However, matching the profession of the supervisee and supervisor may have more significance in early career as indicated by Charlotte who makes reference to the novice therapist's developing professional identity:

'it would be quite difficult to have a supervisor who isn't in the same profession because I think they may not quite grasp what the kind've unique role is. But I think maybe if someone was more experienced it probably could, like a more experienced 6 or a 7, it possibly could work. It could be ok. I think maybe the more junior staff, where you're still kind've trying to work out what your kind've identity is as a therapist. I think you probably need a therapist from your own profession to supervise you.' **Charlotte**

The socio-professional concerns therapists have about the supervisee indicate a paradox in AHP supervision practice since even within the same participant's account, she may claim a supervisor is not expected to have all the answers and then later speak of dissatisfaction with her own supervisor's knowledge. A similar paradox is that therapists may indicate they do not expect supervisors to have all the answers while worrying about not being able to address all of their own supervisee's concerns.

7.3.4 Achieving supervisee focus: balancing supervisee and organisational demands in supervision

In earlier discussion of recalibration activities, an inevitable governance aspect of socio-professional practice checking was recognised. However, therapists speak with greatest satisfaction about experiences of supervision when governance or operational factors do not dominate and when the focus is perceived to be on the supervisee. In his supervisor role, Simon, indicates how he seeks to attend to the supervisee's needs but with an eye on patient experience and outcomes; by attending to the supervisee he anticipates the supervisee in turn will be better equipped to meet the needs of the patient. In so doing both supervisee and governance interests may be met:

'what I try and concentrate on is, is, is the therapist and what they need, erm, with the understanding that eventually that would, will, that will lead to improvements or better outcomes for the patient and the patient management. It's, it's giving that therapist the tools and experience and ere r support in order to then give the, give the better care for their patients essentially.' **Simon**

Addressing operational or governance concerns with staff for whom a manager is responsible is a legitimate part of a line manager's role. However, there is a potential mismatch of actual and anticipated purpose between supervisee and supervisor when supervision takes place with the line manager, as Holly indicates:

'well obviously, you attach your own meaning to labels and to me, my supervisor is quite different to my line manager. And to me, supervision is different to line management. So when you move to somewhere where those two things mean the same thing, it's, it, I think, I think there was some confusion erm with that. So, and er I think, er, so to explain it more, I, I guess for me, supervision erm, is much more about that opportunity, er that I talked about with the pictures, about protected time to to reflect on your practice or your work, erm, erm, to, to explore erm, challenges or problems or erm, and obviously, and yeah to gain support, to give support, to er, and erm, and then, I think line management is probably erm, sort of those, is, is, there's an element that's much more practical to, to it. It's about giving hard information, receiving hard information, checking things, kind've moving, yeah erm, eh, er ticking kind've practical things off in terms of much more, much more tangible I suppose, elements. Yeah.' **Holly**

Ruth demonstrates a mature level of socio-professional insight about the challenges in maintaining supervisee focus when the supervisor also has line management responsibility, seeming to appreciate the paradox for the manager in meeting both the supervisee's needs and operational demands:

'I think one of the things that's a little bit difficult about it is that when you, when I'm talking to someone who's my supervisor and they're also my line manager, so, they can't necessarily make things easier for me, without making something harder for somebody else. So, they've got to kind've manage me as a resource. Erm so I, I, you, you know, you know you're working with sort of parameters and you know that they've got the service to be run and so you know they can't, you know there's only a certain amount of leeway in terms of how much I can really exercise my own interest. So, I think what I tended to find was that, you know, you go, you kind've come out with some kind of objectives erm, and you sort of mostly forget about them, erm, and then it comes to around the time when you are going to be reviewed on your objectives and you bring them back up, erm and you tick them off.' **Ruth**

'I think that what those people who come to me benefit from, is the fact that I'm not their manager and they can talk to me about their manager, (laughs) erm, and how they can manoeuvre their way around the stresses they have. And I think when you're the manager you, you're a person, so you can feel got-at you know? You can, you can feel it's very hard as the supervisee to er, to be critical of something that your manager could do differently. Erm, so it reduces, I think, the scope to have a really big open discussion about how things are and how things could be different. Erm, so, so I think it would be ideal actually, if people had their supervision from someone who wasn't their manager. But I don't think that's necessarily true at, of whatever grade you're at. I think it's definitely true if er, you've got a certain amount of, you know, your clinical skills are pretty solid and then maybe there's another way that you can actually seek out the clinical support that you need.' **Ruth**

While empathetic to the manager's position, Ruth's instances also indicate how supervision with a line manager may limit the extent to which the supervisee will find sanctuary and in turn make use of supervision to resolve her practice uncertainties, particularly if the line manager regards supervision primarily as an opportunity to address operational issues.

Not all participants' experiences of supervision with a line manager were unsatisfactory and Rosie spoke about the potential benefits of a line manager, in her case from a different profession:

'it wouldn't be about saying I'm right or wrong but it's about challenging my thinking even I was after. Someone to go 'Well justify what you're doing.' I might not know the answer but, and that's where I think having a different profession as your manager does work, eh, if you've got the right type of person who just questions what you're doing and just asks you to back it up.' **Rosie**

In some settings, the opportunity to access a non-manager supervisor can be limited, especially for a smaller profession or organisation. What is apparent is that a line manager who is also a supervisor needs to be especially attentive to the distinction between line management and supervisee focus if the supervisee is to feel that supervision offers a place of sanctuary and for meta-practice.

The nuances and complexities associated with distinguishing manager and supervisor roles is further indicated by therapists with a supervisory but not managerial relationship. For example, where therapists provide instances of supervising a colleague who is subject to governance processes, there can be disruption for the supervisor, the supervisee and their relationship. Ani's two related instances described how she was reluctant to take forward a formal process with her supervisee regarding operational matters of attendance and sickness absence, as she believed this to be a management or human resources (HR) matter.

'I'd never had to do it before and erm, I had to liaise a lot with HR and then I had to, from a purely logistical point of view it just took a lot of time, which I felt I didn't have. And it's coincided with me having a student so it kind've was just a bit of bad timing. So that er, frustrated me a little bit. Erm there was also that it was potentially going to have to be escalated which I didn't want to do. And so HR were sort of saying 'Yeah, you do need to escalate it.' I felt like sort of well, it's your decision but they sort of put it back to me and I wanted to kind've ping it to management and you know, it was my decision.' **Ani**

'I mean I suppose I was kind've thinking and even with the sickness I was sort of thinking 'Ah well you know this is' and you know then just seeing it I suppose from my point of view that 'Oh, I've got to do this now' and then my supervisor kind of said 'You know, we have to support him and you know, he's a valuable member of staff.' And I was like 'God, yeah I almost forgot that part of it' (both laugh) You know, that erm, that I do need to encourage him and like he does have his positives. So, it was almost like I was kind've forgetting that, which sounds awful I know but that's the truth. So for her to kind've say that and I was like 'Oh God yeah I really do need to balance this and not kind've come down too heavily', because I think as you can probably see I was getting quite frustrated.' **Ani**

Ani's relationship with the supervisee is described as burdensome but prompted by her own supervisor she also refers to the supervisee's strengths and indicates her concern as a supervisor about maintaining a balanced position.

Rosie spoke of the challenges for a supervisor when a supervisee rotates into a service with a history of practice concerns which have not been addressed in previous rotations:

'it was someone who was being slightly performance managed. Erm, who had erm, it wasn't in this job it was somewhere else, who had always been a challenge to the band 7, so she rotated, wasn't always aware of her knowledge limitations, scope of practice a bit but hadn't been addressed early on. And so it was starting to get addressed and obviously she was kicking, digging her heels in quite negatively. Um, then I supervised her and it was, and it was on crunch time of, it's got to, something's got to change. Unfortunately, I was the messenger um, and this other colleague of mine, my peer waded in and manipulated a little behind the scenes as well and caused quite a big conflict, um, which, there were later issues with the person that waded in. Anyways, so that was dealt with sep, that made it quite hard to supervise somebody. Already it was a hard situation cos she was a bit of a, you'd known her for years. She was a lovely girl. Just clinically, there were issues there, um that she wasn't really accepting. So I think it was, that will stay in my head forever that experience. That was probably nearly 8 years or so ago.' **Rosie**

In these circumstances, there is a mismatch of awareness between supervisor and supervisee; the supervisor perceives concerns which the supervisee is either not aware of or has not been made aware of; perhaps revealing something about the permeability of earlier supervisors and the role a supervisor may have in developing the supervisee's permeability. Rosie also refers to the interventions of a colleague which further complicated her supervisory role; indicating that while a one-to-one arrangement is the dominant model of supervision it operates in a wider socio-professional context. In Rosie's instance, the potentially enduring impact of supervision experiences are again signalled, on this occasion from a supervisor perspective.

The challenges of balancing operational, governance and supervisee focus are further discovered in accounts in which therapists refer to the tendency for supervision to focus on errors, risk and what has gone wrong, rather than on what is going well:

'So, I suppose instead of auditing us to death, (Laughs) err, maybe considering what we do, do well with our patients, individually with our patients, as a group and making maybe that part of supervision. So maybe I mean you could stick another tickbox in there but, but also just like as a prompt so that supervision is not so much about are you meeting all the mandatory requirements? Are you doing anything wrong? But maybe, what are you doing right? What are you doing right and how are you doing it?' **Siobhan**

As therapists are regulated professionals working with potentially vulnerable populations in a publicly funded and accountable system, a governance spectre provides an inevitable and necessary backdrop for supervision and supervisors' accounts point to needing to strike a balance between supervisee focus and possible governance concerns. In part this balance is achieved through supervisor vigilance; digging a bit more if the supervisor is concerned that all is not as it seems, as Min, Leanne and Lucy describe:

'it has happened a few times where you think they're doing really well because they only bring things to supervision and say 'Oh yeah, it's all going fine. Yeah my numbers are fine. Yeah, doing all the discharges.' and then they leave and you realise what was going on (laughs) when you find half written notes' **Min**

*'you know I have some people who off-load everything (Laughs) and they can end up requiring a lot of your time and then others that will come and er you know it's very quick and they don't really have anything, they haven't brought anything with them. You know you ask something 'Oh no I'm fine, I don't need' So you feel like you may have to do a bit more digging (Laughs) and just making sure is there anything you're missing?' **Leanne***

*'there's always a possibility that some, you know somebody could be having a difficult time or feeling really worried and and it's not so obvious erm erm especially if they want to look like they're kind've doing fine erm and that is a vulnerability I think' **Lucy***

For all three there is a sense of a supervisor checking that the supervisee is not concealing or withholding an uncertainty. Lucy's comment suggests this is not just a case of operational concern but also one of socio-professional concern for the supervisee's welfare.

In combination, the conditions which are considered to be conducive for supervision are summarised in figure 13 overleaf:

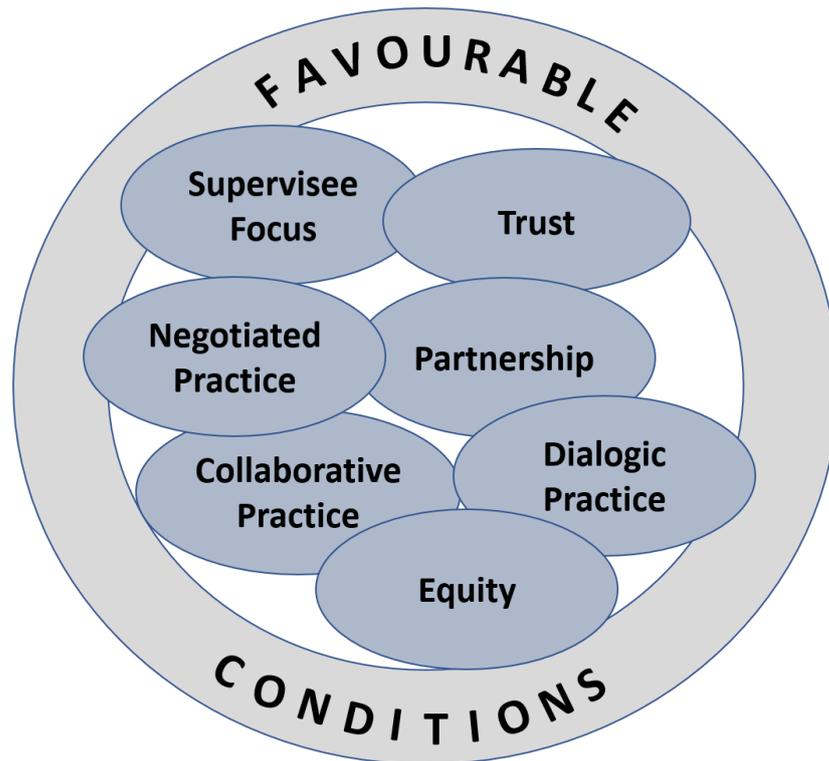


Figure 13: Summary of favourable conditions for supervision

It is apparent that creating conducive conditions for supervision and achieving a balance between supervisee focus and operational demands in supervision is subject to a range of influences and factors. Supervisors who are held in high regard by their supervisees seem to have developed a platform for practice which serves them well as supervisors, supports them to create conducive conditions and to achieve a balance between operational demands and supervisee focus. Accounts demonstrate that these skills may be developed to sophisticated levels and it is the development of supervision skills which is the focus of the next section.

7.4 Developing supervision skills

Supervisors who were perceived to create the most conducive conditions for supervision are described in glowing terms and as highly valued, inspiring and influential colleagues, as Sam and Ani indicated in earlier sections. Similarly, positive experiences can be enduring, as therapists refer back to supervisors who became role models, such as Siobhan's reference to her experiences with a practice educator supervisor from student days. Less good experiences, like Lucy's and Lisa's, are found to be equally enduring for both supervisors and supervisees. This enduring influence further adds to a sense of the

position of a supervisor as one of privilege and potential power. Given the status and value assigned to supervisors, it was of interest to see what could be discovered in the data about how therapists develop a platform for practice to support them as supervisors.

To create conducive conditions for the sharing and exploration of practice uncertainties requires knowledge, skills and experiences in combination with personal attributes and qualities. Therapists have spoken about seeking a supervisor who is a good listener, has relevant credentials, creates rapport and a trusting atmosphere. Just as anticipating and meeting other practice demands calls on varying combinations of components of the therapist's platform for practice, so too supervision, where a supervisor who is vigilant and permeable will strive to adapt to the supervisee's needs, as Simon describes:

'I've had people where I'm supervising, where they've really needed, actually they're the sort of person that perhaps would beat themselves up about little things and they need almost to be, there's the need to be helped with their confidence a little bit more. Um so definitely, that ability to change your response to the person that you're supervising is, is I think important.' **Simon**

As the conditions for successful supervision were discovered and elaborated, participants were asked about how supervisors get their skills and how approaches to supervision are informed. Although some acknowledge there may be supervision courses or publications, participants seldom spoke about attending such training or having read anything related to supervision. In contrast many of the therapists taking part in this research had completed post-registration education or engaged in research to support other aspects of professional development. Therapists supporting pre-registration students had attended a study day provided by a university for practice educators. However, this was not regarded by the participants as relevant for supervision of colleagues and therapist participants differentiated supporting a student from supervision for a qualified, registered professional.

When asked directly about developing skills as a supervisor, participants refer to drawing on their own supervision experiences; what's worked, modelling supervisors

who have been admired, not replicating supervision and supervisors which have been experienced less favourably. This vicarious approach to the development of a platform for supervision practice is discovered as the dominant developmental approach. Again, demonstrating self-awareness and awareness of others, participants acknowledge that a vicarious approach to the development of a platform for supervision practice may not be the ideal approach.

Charlotte, in the minority as she had attended some training, describes how engaging in a workshop prompted her to recognise that an approach which had worked for her might not be the right approach for her supervisees. She went on to describe how her engagement in a supervision education workshop also changed her approach in other ways, notably in respect of not feeling the need to have all the answers as a supervisor; developing her permeability as a supervising practitioner:

'I did a very useful mentoring workshop (Laughs) which actually, I found really useful because I hadn't kind've done anything around supervising and I guess for me it was that kind of, I'd modelled in terms of what had worked for me. And actually, maybe what works for me maybe doesn't work for the people that I'm supervising. So actually, some of the techniques and things that we did in the workshop I was like 'Oh, that's really interesting.' And for me the biggest things I kind've took away was the whole kind've not having to know all the answers and being able to kind've turn it round to them and 'Well what would you do, what do you think? What?' whereas before I kind've always have thought 'Wow, I must have the answer because I'm supervising them.' and I think actually it's ok to turn around and go 'What do you think? What's what's your kind've thought process? What's your clinical reasoning here? And then we could look at it together.' Just not having to have all the answers all the time.' **Charlotte**

Referring to her unsatisfactory supervision experiences, Lucy highlights that a supervisor who has developed her approach vicariously may proceed to replicate unhelpful supervisory conditions and be experienced by the supervisee as a less permeable supervisor:

*That's what it felt like, that it was kind of assumed that I would have to prove that I was capable, erm and that's really very, that's really quite a problematic premise on which to create that particular relationship, where one person has a lot more experience than, you know, a lot more erm, kind've power in a way. Erm and you know it, you have to create a place where somebody feels safe to say 'Oh you know I did this and I didn't think it went that well' or 'I'm not sure I made the right decision' Erm and that you know that wasn't the case. Erm you know, I, I suspect that she had had a very, I suspect that she'd had a very similar modelling of supervision to her as a therapist. **Lucy***

Although supervisors have emerged as pivotal in creating the conditions for supervision and in attending to the balance between supervisee, operational and governance concerns, this powerful and privileged position does not seem to be anchored in formal and targeted development of a platform for supervision practice. In contrast, participants who regarded themselves socio-professionally as clinical specialists provided instances of the elaboration of a platform for practice which involved the acquisition and maintenance of clinical competencies through a range of post-registration development and study activities.

No one in this research indicated that she regarded herself socio-professionally as a specialist in supervision practice, yet there were instances which indicated participants had sophisticated and elaborate levels of knowledge, skills, experiences and attributes which were used to support supervision practice.

Dominant indicators of supervisor credentials were hierarchically focused in terms of whether the supervisor had more clinical knowledge, skills or experience rather than more supervision-specific elements of a platform for supervisory practice. Indeed, the most consistently indicated criteria for a therapist to become a supervisor was that the supervisor would hold a higher career grade than the supervisee. In the NHS this means that once the therapist moves from the entry grade of band 5 to the next grade, band 6, it is culturally anticipated that she will be able to supervise colleagues holding the grade below. There is little apparent discretion or choice about whether a therapist becomes a supervisor. However, there is some indication that just as some areas of

clinical practice are more appealing to some therapists than others, so too with supervision, as Ani very clearly stated:

'I mean this is terrible but if I would, being brutally honest, I prefer not to have to supervise anybody.' **Ani**

7.5 Navigating unfavourable supervision

The therapists' data has indicated a role for supervision in supporting the resolution of practice uncertainties but as not all instances of supervision are described favourably, this section will briefly consider how therapists navigate unfavourable supervision.

Instances already cited indicate that when a therapist perceives supervision is suboptimal, she may be selective in what is taken to supervision or seek alternative arrangements which may include her funding her own external supervision. Some therapists have referred to dissatisfaction with supervision being a prompt to move jobs. Rosie's experience described earlier, suggests that problems with an early career supervisee might be dealt with by rotating the therapist to a new clinical area and supervisor, potentially side-stepping the concerns or passing the responsibility to the next supervisor to address. Similarly, another participant described summoning the courage as a newly qualified therapist to raise concerns about her supervisor, only to find herself moved to another team, where it became apparent that the supervisor she had been moved from had a poor reputation. In turn, the post the supervisee vacated was filled by another early career therapist on the understanding that the supervisor with a poor reputation would no longer provide supervision. From the therapist's account, there is no indication that the senior colleague's suitability as a supervisor has been addressed within the organisation:

'I don't actually really remember what I, what I said or did, but things happened really very fast then. I got kind've parachuted out to another team and another band 5 was brought in on the premise that she wasn't supervised or ever left alone with that individual. Which you know, is kind've fascinating, that everybody, everybody knew about it, you know? When I went to this other team they all knew about this this person, erm and they'd seen me looking a bit (laugh/sigh) a bit (laughs) and I just kind've thought, but yeah, anyway, it all kind've ended and I got to the end of that secondment and I resigned.' **Participant name and profession withheld**

What is striking and consistently discovered is that even in the case of therapists such as the one who provided this example, these negative instances do not subsequently cause the therapist to recoil from supervision. All those who spoke about negative experiences of supervision, continue to refer to the benefits they associate with supervision and their ongoing efforts to seek and engage in supervision. Furthermore, in a number of instances the therapist continues to display permeability in providing a rationale for the supervisor's behaviour; suggesting the supervisor picked up an unhelpful approach from her own supervisor or that the supervisor cannot offer a solution for the supervisee without impact on another team member.

7.6 Summarising supervision as a place to explore and resolve practice uncertainties

The constant comparison of incidents in the therapists' accounts has supported the development of a grounded theoretical perspective of supervision as a culturally established part of AHP practice where permeable practitioners may share and explore practice uncertainties as part of a range of activities which support practitioner recalibration. When practitioners perceive there are favourable conditions, one such place for recalibration is supervision; offering sanctuary and opportunities for meta-practice. It is the combination of permeable practitioners and favourable conditions which are discovered as central in supervision for AHPs; not the model or format of supervision on offer. A simple illustration of this theoretical perspective was provided in chapter five by way of an introduction. Having now elaborated the relationships between the grounded theoretical concepts and the participant data a more comprehensive conceptualisation is possible and set out in figure 14 on page 178.

At the start of this grounded theory research, the researcher asked what first-hand accounts of supervision might add to knowledge and understanding of AHP supervision practices? Therapists' accounts have supported the development of a conceptual understanding of supervision practices however, to fully appreciate what this conceptualisation adds to existing knowledge and understanding, it is now necessary to explore the grounded theoretical perspective in the context of the extant literature. It is this integration of the grounded theory concepts with extant theory, opinion and research which is the focus of the next chapter. It is only then that the question of the contribution of an integrated, constructivist grounded theoretical perspective for AHP supervision can then be considered in chapter nine.

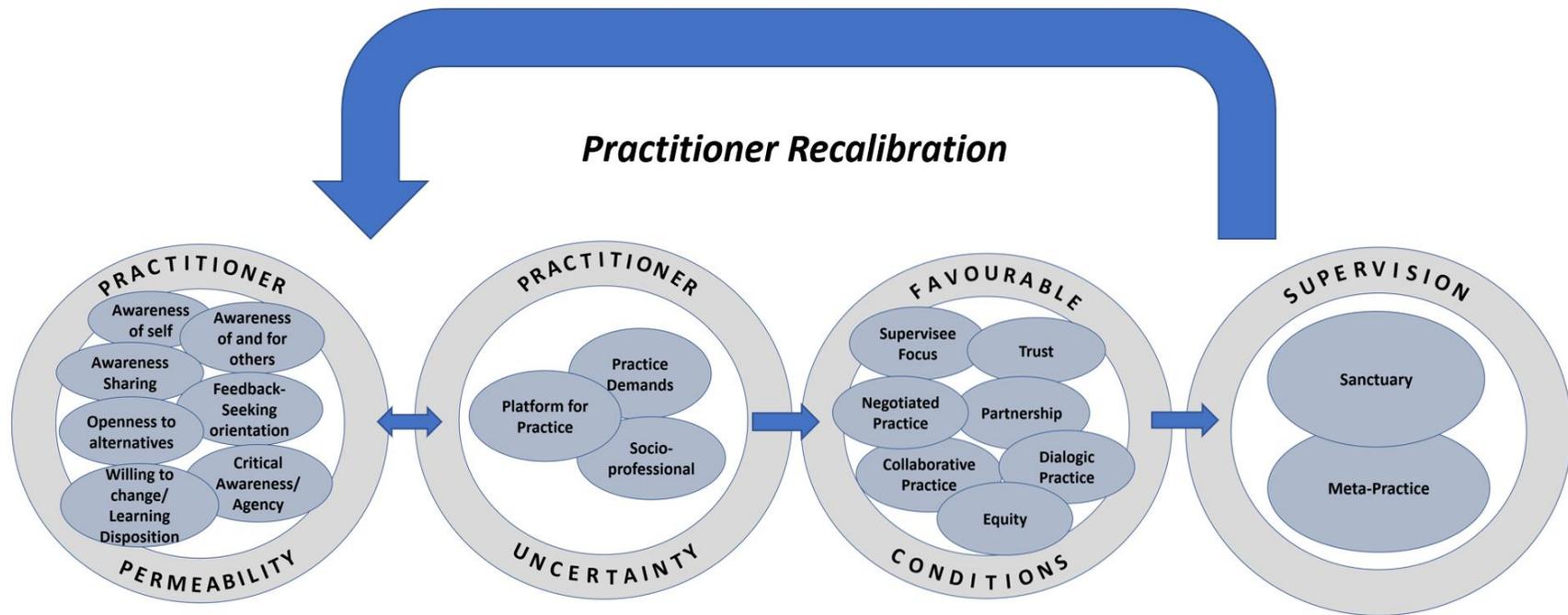


Figure 14: A constructivist grounded theoretical perspective of permeability and the resolution of practice uncertainties

Chapter 8: Situating a grounded theoretical perspective of supervision in the landscape of the extant literature

8.1 Introducing the focus for integration with extant literature

The debated relationship between a grounded theory and the extant literature has been acknowledged throughout the thesis. Glaser's stance, described in sections 2.5.3a and in 4.6.4, is that a comparison of a grounded theory with existing literature is not essential. However, while the conceptual foundations of the theoretical perspective proposed in this research are firmly grounded in the therapists' accounts it cannot be claimed that these concepts are unique, novel or previously unconsidered. By returning to the extant literature, relationships can be found between the grounded theoretical concepts and aspects of theory, research and opinion which precede this PhD study. It should be noted that the purpose in this phase is not to revisit the contextual literature review and update it but to situate the grounded theoretical concepts in the wider theoretical landscape. What distinguishes this PhD study from previous studies are the ways in which concepts have been theoretically integrated to provide insights about AHP supervision practices which are not currently in the foreground of contemporary debate or discussions about AHP supervision.

Given the existence of relevant theory, opinion and research, any assertions or appraisal of the contribution of this grounded theoretical perspective of AHP supervision would be incomplete without considering additional potential insights which may be gained from an exploration of the extant literature. It is through this exploration, that an integrated, constructivist grounded theoretical perspective which is co-constructed between researcher, participants and the researcher's engagement with the extant literature, can finally be presented.

Decisions about which theoretical avenues to explore have focused on the core theoretical concepts of practice uncertainty, the resolution of uncertainties through recalibrating practices and practitioner permeability. Inevitably there will be theoretical

stones which remain unturned but which might offer possibilities for future exploration. The possible relationships between the grounded theoretical concepts and aspects of the extant literature which have been considered in this thesis are summarised in table 15:

Grounded theoretical construct	Indicative relationships with extant literature
Practice Uncertainty	<ul style="list-style-type: none"> • Limitations of professional knowledge: <i>Fox (1957, 1980)</i> • Uncertainties about knowledge and skills: <i>Dreyfus and Dreyfus (1986); Benner (1984)</i> • Unspecified and background uncertainties: <i>Heidegger (1927/2010); Dreyfus (1995)</i> • Disruption to a system of professional constructs: <i>Kelly (1963)</i> • Ontological uncertainties 'knowing how to be', being in the world: <i>Dall'Alba (2009); Heidegger (1927/2010)</i>
Recalibration Practices	<ul style="list-style-type: none"> • Uncertainties as a prompt to reflect or learn: <i>Dewey (1910); Schön (1987); Webster-Wright (2010); D'Agnese (2017)</i> • Recalibration and everyday practices: <i>Eraut (1994); Sandberg and Dall'Alba (2009)</i> • Mechanisms for recalibration: <i>Kelly (1963); Schutz (1967)</i>
Practitioner Permeability	<ul style="list-style-type: none"> • Permeable person or permeable constructs: <i>Kelly (1963)</i> • Knowing how to be, a phenomenological account: <i>Dall'Alba (2009); Heidegger (1927/2010)</i>

Table 15: Situating the core grounded theoretical concepts in the wider extant literature – an overview

The purpose of integration with literature in sections 8.2 to 8.4 is two-fold. In the first instance, the aim is to situate the main grounded theoretical concepts in relation to existing theoretical perspectives and opinion. Secondly, it is to explore whether existing literature, theory and opinion may serve to elaborate the grounded theoretical concepts in terms of sources and mechanisms which result in practitioners' experiences of uncertainty, recalibrating activities and practitioner permeability.

8.2 Practice Uncertainties in context: an overview of perspectives from the extant literature

In this section, the nature of practitioners' uncertainties is considered with reference to existing theoretical perspectives of uncertainty and of professional knowledge and skills. Varying aspects of uncertainty from patient perspectives to professional practice are found in the health and social care literature as reflected in Han, Klein and Arora's (2011) proposed conceptual taxonomy of uncertainty in healthcare. In this grounded theory research, the focus is on uncertainty as reported and experienced by practitioners.

This is not the first research to identify or refer to practitioners and their uncertainties. For over a century, professional uncertainty has featured in academic literature which in many cases has made seminal and enduring contributions to discussions of professional practices (Dewey, 1910; Parsons, 1951; Fox, 1957; Schön, 1983; Dreyfus and Dreyfus, 1986; Bosk, 2003). The longstanding academic interest extends to uncertainty and the implications of uncertainty in healthcare (Parsons, 1951; Fox 1957; Bosk, 2003) with Maben, Cornwell and Sweeney (2010) suggesting that as far back as 1860, Florence Nightingale suggested that uncertainty may hinder compassionate nursing care.

For the participants in the grounded theory research, the sources of uncertainties are not uniquely related to professional knowledge and know-how. This has prompted consideration of contemporary and historical perspectives about being and becoming a professional and of professional practice in the context of being in the world more generally (Dall'Alba, 2009; Heidegger, 1927/2010)

8.2.1 Practitioner uncertainties: an inevitable feature of professional practice?

Renée Fox's ethnographic studies in medical education (1957) and later of innovation in medical practice (1980), have had enduring influence. In the original 1957 work, Fox proposes three basic types of uncertainty. First, Fox suggests that those in medical training experience uncertainty which arises from the trainee's awareness that her mastery of available knowledge is either incomplete or imperfect. This is accompanied

by a second source of uncertainty relating to limitations in extant medical knowledge. In combination these two sources prompt a third form of uncertainty as the practitioner wrestles with whether her practice is constrained by the limits of her own knowledge or by the limits of what is currently known in the field of medicine at any given time. In Fox's view, socialisation processes during medical training equip doctors to expect and to practice in the context of these inevitable uncertainties; part of the role of medical education is to prepare the trainee for the uncertainties that will be encountered in practice.

Fox's sources of uncertainty can be recognised in instances of AHP uncertainty relating to a platform for practice such as Pauline's uncertainties in her first post-registration job. As a newly qualified therapist, Pauline may be conceptualised as less socialised to the inevitable uncertainties in AHP practice than her experienced supervisor. The supervisor supports Pauline to recalibrate, to explore and adjust to her uncertainties. These supervisor-supervisee interactions do not take place in the course of Pauline's pre-registration training but all the same, could be conceptualised as an instance of 'training for uncertainty' as Fox (1957) has described in relation to medical training.

In the grounded theory research, it is not only newly qualified AHPs who spoke of uncertainties but also those with a great deal of experience and high levels of expertise or specialism; however much therapists are prepared for uncertainty in their pre-registration education, uncertainties reportedly persist throughout an AHP career. Fox too recognised this in work to explore aspects of medical advancement such as in the realm of organ transplantation (Fox, 1959; Fox and Swazey, 1974).

In Fox's work on uncertainty or indeed later work such as Bosk's (2003) on medical error, the currency of uncertainty experienced and accommodated by those who push the frontiers of medical and surgical innovation as they perform, for example, the first ever organ transplants, can be regarded as extreme compared to uncertainties in other arenas of healthcare. Indeed, it will also be the case that such extremes will be extreme even within the field of medicine. Some AHPs undoubtedly work in contexts which can be regarded as extreme; paramedics being an obvious example. Among the grounded

theory participants, some therapists spoke about highly specialist, niche levels of practice. This is consistent with a policy position (Health Education England, 2017) which encourages AHPs to develop the knowledge and skills to practice at the top of their professional registration licence. For the professions participating in this research examples may be a physiotherapist injecting botulinum toxin as part of her management of muscle tone or a speech and language therapist conducting assessments to monitor a patient's cognitive and communication function while the neurosurgeon conducts an awake craniotomy. Just as pioneer organ transplant surgeons are in a minority among their peers in terms of practice extremes, so these instances of AHP practice innovation represent a small subset of AHP practice experiences. Whether the practice stakes equate with those of the surgeon or the first-responder paramedic warrants some consideration. For the participants in the PhD research, the characteristics and wider societal stakes associated with both every day and pioneering AHP practice are undeniably different from those in every day and frontier medical innovation but not without the potential for complexity and accompanying uncertainty.

Accounts from specialist therapists, like Lisa, Leanne or Rosie, indicate that their experience and specialist status do not insulate them from experiences of uncertainty. As the AHP is often contributing to a multi-professional clinical endeavour, it is also possible that what is everyday for one member of the clinical team is more unusual for another creating a complex picture of uncertainty and its sources. An illustration of such complex uncertainty in frontier AHP practice might be the speech and language therapist assessing language function while the patient is conscious during brain surgery. The therapist's very highly developed expertise and professional judgement support the neurosurgeon's risk/benefit analysis of whether to resect more of the presenting brain tumour. Ultimately, it is the surgeon, not the therapist, who must navigate any uncertainty accompanying the decision about when to lay down her scalpel. However, in such intertwined, complex clinical scenarios where the stakes are high, there are multiple possible sources of uncertainty. While the surgeon is finely attending to the neuroanatomy before her, it is the speech and language therapist who is conversing with the conscious patient, listening for subtle cognitive and communication changes, maintaining eye contact and intently monitoring the patient's

face and voice for any indications of possible neuromuscular changes in the facial, oral or laryngeal musculature which might alert the surgeon that clinical risks are beginning to outweigh patient benefit.

The possible sources of uncertainties in this practice context extend beyond Fox's (1957) three sources and beyond grounded theoretical platform for practice sources to include socio-professional and practice demand sources. For example, for the surgeon, everyday practice demands are accompanied with getting into theatre scrubs and conducting her practice in a sterile theatre environment while the therapist more usually conducts assessments in a clinic room, at the patient's bedside or even, in the patient's home. She may feel confident in her platform for practice, indeed it may be that confidence which has led to her putting herself forward to engage in this innovative practice. However, foregrounding and backgrounding elements of her platform for practice in this atypical practice setting maybe a source of uncertainty. The sources of uncertainty for the therapist and the surgeon are manifestly different but the scope for both to experience uncertainties with complex and varying sources as they proceed with their intertwining practices, is nonetheless apparent. Given that the involvement of a speech and language therapist in neurosurgery is a relatively recent innovation, the therapist is unlikely to have been formally prepared for the uncertainties accompanying such a frontier practice scenario during pre-registration training. Furthermore, there will be few peers against whom to check herself socio-professionally in contrast to the surgeon who will be part of a larger, more established, socio-professional cohort.

Importantly for the exploration of the grounded theory concept, practice uncertainties are not confined to such practice extremes but reported in the course of everyday practice. While Fox and Swazey, (1974) were interested in practice frontiers, in her original work Fox (1957) it was training for the uncertainties which arise in average everyday practice which concerned her. As already suggested above, congested pre-registration curricula will aim to prepare practitioners for the most commonly encountered practice. Any training for uncertainty is unlikely to concentrate on the extremes of uncertainty and more likely to be concerned with the professional socialisation required to equip the clinician for practice in the context of more

commonplace, day-to-day practice uncertainty. Likewise, for the most part, the instances of uncertainty in the AHP accounts can be best characterised as arising in the context of more everyday practice and throughout the course of a career. It is also the case that while AHPs spoke about risk and governance, there were no indicators of uncertainty in the AHP accounts which were explicitly related to experiences of error.

Given the variety and combination of practice demand, socio-professional and platform for practice sources which can result in practice uncertainties for AHPs, it is suggested that in terms of theoretical integration, there is a need to explore beyond uncertainty or error as it has been conceptualised for medical professionals (Fox, 1980; Bosk, 2003).

8.2.2 Practice uncertainties: a case of novices and experts?

In the previous section (8.2.1) similarities were observed between Fox's (1957) sources of uncertainty and disruption of the practitioner's platform for practice which, in the grounded theoretical conceptualisation, is indicated as one possible source of uncertainty. As professional knowledge and skill are among the dimensions of a platform for practice, exploration of a professional skills' acquisition model may add further insights about platform for practice disruptions and the subsequent practitioner uncertainties.

The model of skills acquisition proposed by Dreyfus and Dreyfus (1986) and extended to nursing practice by Benner (1984)³ is a prominent and widely cited conceptualisation. The model has been explored and applied in a range of professional contexts from computer programming, to social work, to management (Dall'Alba and Sandberg, 2006). The Dreyfuses developed their model initially through research in the 1970s with chess players and with military personnel such as air force pilots and tank commanders. Although they describe a model of skills' acquisition, they also signal their focus is not solely on routine actions and practices but on skilled practitioner's perceptions and decision-making. In this regard, they acknowledge alignment with a claim they attribute to the phenomenological philosopher Maurice Merleau-Ponty (1908-1961), that human

³ Benner's 1984 publication drew on earlier unpublished manuscripts from Dreyfus and Dreyfus, ahead of their 1986 publication.

perception and understanding is predicated around flexible behaviours rather than a capacity to pick up rules (Dreyfus and Dreyfus, 1986 p5). The Dreyfuses set out five steps, beginning with 'Novice' progressing through 'Advanced Beginner', 'Competent' and 'Proficient' to conclude with 'Expert'. At each stage they describe the levels of decision-making involved in deploying skilled behaviours such that skilfulness requires know-how and not simply knowledge of facts; a distinction which is also apparent in therapists' sources of uncertainty in this grounded theory research.

The Dreyfuses' 'novice' is described as rule-bound, with limited situational perception and thus unable to exercise discretionary judgement while an 'expert' displays a greater intuitive grasp and tacit understanding of situations gained through experience in practice. A novice, like Siobhan's supervisee, will rely on abstract principles and see a practice scenario as its constituent parts, while the expert, Siobhan, has a more holistic overview and draws on experiences to focus on what is most relevant, engaging with practice demands in a more dynamic way. In the context of a grounded theoretical perspective, the expert benefits from more experiences and in light of these, may be more adept at foregrounding and backgrounding aspects of her platform for practice in response to the practice demands she encounters, something Siobhan recognised when she accompanied her supervisee to see a patient.

Drawing on the Dreyfuses' model, Benner (1984) has described how the rule-bound behaviour of novice nurses is necessarily limiting and inflexible, since rules alone cannot support the practitioner to select the most relevant task required to address the practice demands faced. In later work conducted in consultation with the Dreyfuses, Benner (2004) expands on novice-to-expert nursing behaviours as she contrasts the procedural, scientific aspects of practice with the wisdom which accompanies experience, for which she adopts Aristotle's concepts of 'techné' and of 'phronesis'.

No longer rule bound, the Dreyfuses' 'experts' envisage possibilities in practice situations and only need to draw on more analytical approaches when confronted with a problem or novel event. They provide an example from their original work in which a highly skilled pilot who had become an instructor recalls his responses when an engine

failed as he was flying a jet he had once been expert in handling but had not flown for some time. Describing the emergency scenario as one which an experienced aviator would have responded to effortlessly, the Dreyfuses suggest that the instructor, being out of practice in this aircraft, thought more consciously about how to correct for the engine failure resulting in a 'non-expert' execution of the landing. In consciously drawing on rules to address the emergency, Dreyfus and Dreyfus (1986, p17) suggest that the instructor '*had regressed to flying like a beginner*'. The scenario demonstrates that their model is both situational and experience-based; dimensions of the model which it is suggested, explain how a nurse who is expert in one field of practice, will be novice in her practice in an unfamiliar clinical context, (Benner, 1984).

Therapists similarly described disruptions which can be conceptualised as situational and experienced-based, for example when Charlotte moves from a community to an acute practice setting and from a medical to a neurological specialty or Lucy's '*interesting little blip*' as she moved to a new team leadership role. The situational aspect of a stage model of skills acquisition may also add to an understanding of practitioners' uncertainties arising from practice demand disruptions; not just working in an unfamiliar setting but also in instances such as managing a high level of practice demand. In addition to the situational context, there is a sense that experts and novices experience different levels of uncertainty faced with high levels of practice demand. For example, Ruth recalls being too intent on doing everything as a newly qualified therapist, while experienced specialists, like Lisa, Lucy, Rob and Rosie spoke about encouraging novice colleagues to slow down and not to attempt to do everything. In a novice-to-expert sense, the novice may feel greater practice burden and uncertainty because of a lack of discerning about which rules must be adhered to and which can be safely disregarded in order to work through a caseload more efficiently as the wise expert would.

There are however some puzzles which arise if a novice-to-expert model is applied to the grounded theoretical concept of practice uncertainties. The first puzzle can be seen in Siobhan's concerns about supervising her seemingly confident newly qualified colleague where it is expert Siobhan who reports uncertainties, not the novice.

Secondly, the novice-to-expert conceptualisation cannot fully account for instances of socio-professional disruption as discovered in expert Jen's feeling uncertain about doing an assessment with a colleague present. The presence of a colleague changes the socio-professional dimensions of the situation in which Jen conducts the assessment but the underlying clinical context is not unlike practice-as-usual. Similarly, the newly-qualified speech and language therapist cited in section 6.1.3 was not only concerned about what to draw on from her novice platform for practice to meet the needs of her patient but also describes socio-professional awareness of herself and perceived socio-professional expectations of others around her. She was concerned her colleague might think she was more expert than she felt herself to be and yet, although referring to herself as novice in one sense, the therapist found herself at odds with and conflicted about her medical consultant colleague who she perceived socio-professionally to be more experienced and expert than her.

The novice speech and language therapist's account indicates that uncertainties do not always arise at the point of a practice encounter but from therapists' practice and socio-professional anticipations; knowledge, know-how and knowing how-to-be. Benner's (1984) exploration of the Dreyfuses' model in the context of nursing practice suggests skilled nursing practice involves the interplay of several knowledge domains and in her conceptual attribution of 'phronesis' to the expert nurse, Benner indicates an integral role of emotion in skilled professional practice, accompanied by:

'a flexible fusion of thought, feeling and action' (Benner, 2004 p197)

Even so, the focus in novice-to-expert models is more firmly on the perceptions and decision-making that result in practice performance which can be recognised as novice, advanced beginner, competent, proficient or expert, rather than on the role of socio-professional perceptions of self in relation to others. Indeed, Benner (2004, p188) is clear that the purpose of her studies has been to describe the nature of skills' acquisition and with regard to expert practice, to delineate the practical knowledge embedded therein.

Benner's work from 1984 and beyond has influenced nurse education, in particular highlighting the place of experiential and situational learning. However, just as Dall'Alba and Sandberg (2006) suggest, the novice-to-expert conception seems too linear to account for the career-long nature of practice disruptions indicated by the grounded theory research participants. Drawing on the accounts gathered in this research the source of disruption is not always clearly linked to practice demands or confidence in a knowledge and skills dimensions of a platform for practice, but to a practitioner's concerns about her own and others' anticipations of her contribution in practice or to circumstances outside of the practice context.

A theoretical perspective about levels of expertise does provide some additional insights into practitioner uncertainty arising from practice disruptions associated with aspects of professional practice which might be conceptualised as epistemological 'knowing that' and 'knowing how'; namely those arising from situational practice demands and the knowledge, skills and practice experience elements of a platform for practice. Overall however, a novice-to-expert stage model provides a partial account of practice uncertainties as discovered in this grounded theory research. Furthermore, practitioners' uncertainties are not confined to situationally experienced practice encounters but are also reported when the therapist is anticipating whether she is equipped to meet forthcoming demands. Although Dreyfus and Dreyfus (1984) point to the role of human perception, understanding and flexible behaviours in skills acquisition, stage models' strength is in describing how these human phenomena manifest in varying situations with differing levels of expertise; the epistemological aspects of professional practice. Such stage models offer less in terms of the mechanisms by which skills learning, development and maintenance occur, yet, in the grounded theory research, participant accounts indicate the career-long endeavour required to sustain being a practitioner, something that will be further considered in relation to recalibration practices in section 8.3.

8.2.3 Practitioner uncertainties: exceeding, falling short and the ill-defined in everyday practice

Back in section 8.2.1 it was noted that in the grounded theory research therapists did not talk about instances of error. This is not to suggest that errors do not occur in AHP practice or that errors would not be a source of uncertainty but that in this research, uncertainties associated with practice or practitioner errors were not discovered as the participants' main concern. Instead, participants spoke about how they experience uncertainty when practice does not proceed as anticipated but also about a non-specific, or ill-defined sense of uncertainty. Where uncertainty accompanies the unexpected, the sources of uncertainty may be linked to circumstances when, conceptually, the platform for practice falls short in some regard, although this is not exclusively the case. It may also be that a therapist observes or tries for herself an approach which meets practice demands more effectively than she anticipated, as Charlotte describes when her supervisor suggests alternative approaches which she herself had not previously thought of. Nonetheless, even positive instances may be accompanied by a sense of uncertainty as the therapist considers whether platform for practice or socio-professional adjustments are required to incorporate and sustain a new approach, technique or a change in attitude.

It may be expected that practice phenomenon which plays out unexpectedly, whether positively or negatively, may prompt uncertainty for the practitioner. The ways in which the average everyday may prompt uncertainty is perhaps less evident. Aspects of the wider literature can usefully contribute to an understanding of such ill-defined, generalised uncertainty.

Hubert Dreyfus, previously cited in relation to a model of skills' acquisition (Dreyfus and Dreyfus, 1986) also produced a series of essays on 'background practices' which have been collated by (Wrathall, 2017). Dreyfus' concept of background practices draws largely on the work of continental philosopher and phenomenologist Martin Heidegger (1889-1976). In these essays, Dreyfus proposes that background practices form a backdrop against which many other practices make sense (Wrathall, 2017). In the course of an individual's engagement in a given practice, at any given moment, there

will be pressing tasks, interactions or events to which the individual must attend, such that the generalised, routine aspects of the practice fall into the background. Similarly, over a century ago, Pragmatist John Dewey (1859-1952) was also interested in the execution of everyday activities. Dewey (1910) referred to similar phenomena of background practices, suggesting that while understanding of such practices is sited outside of an individual's awareness it provides the individual with adequate knowledge to deal with the day-to-day (Polkinghorne, 2004).

This conceptualisation is consistent with the suggestion that the skilled therapist is adept in foregrounding and backgrounding aspects of her platform for practice in response to the practice demands before her. Consider a respiratory physiotherapist making her routine visits to lung cancer patients on the inpatient ward in the hospital where she practices. As she plans her time on the ward, she may have in mind what her therapeutic intervention will be with a patient she saw the day before. She has anticipated which aspects of her platform for practice will be foregrounded; perhaps some specific therapeutic techniques to help clear the patient's airways and make the patient more comfortable. She is confident in these techniques and can estimate how long she will need to be with this patient to deliver some benefit. However, when she arrives at the patients' bedside, she is minutes behind the doctors' ward round and the patient has just realised the terminal nature of her condition. While the physiotherapist may recognise the clinical benefit to be gained in proceeding with the techniques she had planned, she prioritises instead the emotional comfort that might be gained by foregrounding interpersonal dimensions of her platform for practice; to hear the patients' distress, to hold the patients' hand, to acknowledge the patients' fears, to offer to return when family visit later. The pressing need to support the patient's immediate distress backgrounds other routine aspects of her clinical work. This is not an unusual occurrence, next week there will be a similar scenario and the patients admitted to this ward are necessarily poorly and fragile. In many ways, this is an example of her average everyday practice. Back at her desk as she reviews the clinical demands of the day, she may feel uncertainty about whether she should have pressed ahead with her planned treatment or whether foregrounding the interpersonal aspects of her platform for practice was indeed the right course to follow. The encounter has not been an

exceptional clinical encounter. Practice events have played out in ways that could be anticipated but the therapist may still experience background, generalised and ill-defined sense of uncertainty about a largely day-to-day clinical encounter.

A concept of background practices can provide some insight into ill-defined or generalised practitioner uncertainty but is also, arguably, a necessary starting point for any conceptualisation of uncertainties that arise in relation to practices which do not play out as anticipated; practice experiences which stand out from average, anticipated, every day, background practices. It is this anticipatory aspect of practice uncertainty which will now be explored with reference to a system of personal constructs.

8.2.4 Practice uncertainties: disruptions to a system of personal constructs?

Given the constructivist beginnings in this research an exploration of practitioner uncertainties from a constructivist perspective will not be unexpected. In this section, the extent to which a therapist's platform for practice may be akin to a system of practice constructs will be discussed in combination with an examination of whether socio-professional concerns may be understood in terms of constructivist ideas such as Kelly's (1963) sociality corollary. Although Kelly's personal construct psychology was developed for and is widely used in clinical therapeutic settings it has been applied to diverse organisational and research contexts (Cornelius, 2005; Brocklehurst, 2010; Reed et al, 2014). In the grounded theoretical perspective, indicators of practitioner uncertainty were not exclusively linked to accounts of practice-situated experiences but also extended to therapists' anticipations of practice demands. Personal construct psychology offers some insights into the understanding of these sources of practitioner uncertainties.

In introducing his psychology of personal constructs, Kelly (1963) suggests we create transparent templates through which to look at the world and make sense of it. Without such templates Kelly suggests we would experience the world as undifferentiated and difficult to comprehend. So, in his view, while the fit of our template with worldly realities is not always very good, a poor fit is better than no template at all and there will be some events where the fit is better than others. These templates are systems of

bipolar, constructs which can be thought of as dichotomous, with each construct alike but different from others, though not in a strictly semantic sense. Each individual develops a personal system of constructs experientially; a system which varies in the light of experiences and which supports the individual's predictions and anticipations of future events. So, two therapists may both have a bipolar construct for complex practice with 'complexity' as one pole, yet each have a different contrast pole. For an expert therapist where complexity is what makes practice interesting the contrast may be something like 'repetitive' or 'standard' while a more novice therapist's contrast may be 'manageable'.

It is the anticipation of events through their replications which is central to Kelly's theory; his 'Fundamental Postulate'. So, when a therapist receives a referral, she will anticipate what she will do with the patient, based on experiences with similar previous referrals and practice encounters. There will be a range of events where the individual's system works best, something Kelly refers to as the system's 'Range of Convenience'. It follows that a routine referral will be more readily anticipated than one for a previously unencountered condition or the journey to visit a patient in a previously unvisited part of the community. As new events are encountered, the individual's predictions turn out in expected and unexpected ways, resulting in:

'consolidation of some aspects of our outlook, revision of some, and outright abandonment of others' (Kelly 1963, p14)

A psychological theory which can account for anticipation of events is helpful since instances from the grounded theory data demonstrate that practitioner uncertainties are not confined to actual, situated practice encounters but also extend to the anticipation of practice demands; the novice speech and language therapist, for example, anticipating how she will meet her patient's complex communication needs and her colleagues' expectations.

Newly qualified Pauline's experiences of having visited her patient several times without yet doing anything she would call 'therapy' have also been described elsewhere. The

reader will recall how she took a big pile of notes to her supervisor because she was not sure if she was doing the right things and was then reassured by her supervisor that she was doing what was expected and needed. In the previous section Pauline's example was considered in the context of a novice experience. In personal construct terms, Pauline's practice construct system, developed through her student encounters with knowledge and experiences such as practice placements, will have a limited 'Range of Convenience'; what she anticipates she will be doing and what she actually finds she is doing to meet the practice demands are not the same. Pauline's account demonstrates that her predictions have played out in an unexpected way leading to uncertainty which prompts her to use her time with her supervisor to check if she is doing what is expected and needed.

Pauline's uncertainties extend beyond her platform for practice to uncertainty about what others, such as her supervisor, may think about her practice; socio-professionally, uncertainty about whether she is recognisable as a member of her registered profession by her colleague. This is consistent with aspects of a personal construct system described by Kelly (1963 p104) as the Commonality Corollary and the Sociality Corollary. By Commonality, Kelly refers to the way in which two people may have similar constructions of events and Sociality refers to one person's construing of another person's constructions as part of a social process involving the other person. Pauline and her supervisor have similar constructions for events and can construe one another's practice constructions as part of a socio-professional supervision encounter. Where there are commonality and sociality disruptions, socio-professional uncertainty can occur; like the speech therapist's perception of the medical consultant's expectations about the recovery of the patient's speech as unrealistic.

Personal construct psychology extends skills' acquisition insights about uncertainty by providing a theoretical mechanism for practice disruptions which is not confined to knowledge, skills and practice encounters. The personal construct account also provides theoretical insight for uncertainties which are not confined to situated experiences; anticipations of practice encounters and the dynamic, iterative, career-long experience and expectation of uncertainties which are discovered in practitioner's accounts. For

example, Kelly's (1963) Range of Convenience is consistent with Lucy's '*interesting little blip*' relating to her move to a leadership role. Lucy's practice constructs support her anticipations of clinical demands but anticipated and encountered team leadership aspects of the practice demands lie beyond the range of convenience of her current construct system and thus result in some uncertainty.

A further illustration of the insights into practitioner uncertainty which can be gained from a personal construct psychology perspective is Siobhan's experience with her newly qualified supervisee. Siobhan's initial perception of the supervisee as more confident and knowledgeable than she expected, can be conceptualised in terms of her drawing on existing constructs about newly qualified therapists. In this instance Siobhan's supervisee did not match her anticipations. Not only is Siobhan drawing on her practice construct system to make sense of the supervisee but her constructs also inform her socio-professional expectations of herself as a supervisor; she indicates that she would expect a knowledge and confidence gradient between her as expert and the supervisee as novice which, in practice, she perceives is reversed. When Siobhan's anticipations about supervisees and being a supervisor do not play out as expected, this creates uncertainty for her about how she will supervise this colleague; her 'knowing how to be' as a supervisor. It is not until Siobhan works with her colleague in a practice setting that she recognises that his factual knowledge does not support him to meet practice demands; a distinction between 'knowing that' and 'knowing how'. At first, Siobhan's experiences of and with the supervisee seem to lie outside of the range of convenience of her supervision practice constructs, although ultimately her socio-professional anticipations are restored. Kelly's corollaries would predict some consequent variation in Siobhan's construct system in the light of these experiences such that she is less taken aback by the next seemingly confident and knowledgeable supervisee she encounters; 'knowing how to be' as the supervisor and anticipating a supervisory role in supporting the development of the supervisee's 'knowing that' into practice 'know-how'. Such variation in a construct system in response to practice encounters supports the iterative career-long endeavour to sustain practice discovered in participant accounts and is further considered in section 8.3.2 with regard to recalibrating practices.

Kelly's (1963) personal constructs are more abstracted than the dimensions of a platform for practice identified from participants' accounts but Kelly's attention to the role of anticipations informed by replications of events is nonetheless congruent with the concept of a platform for practice discovered in the grounded theory research. Practice disruptions can occur at any point in the therapist's career when actual or anticipated practice events lie outside of the Range of Convenience of the therapist's practice construct system. Kelly's psychology is, by definition, one of personal construing but this does not prevent Kelly from attending to the ways in which individuals relate to one another and in this respect the corollaries of commonality and sociality are helpful in exploring practitioner uncertainties arising from socio-professional disruptions.

Kelly (1963, p16) suggests that constructive alternativism, his psychology of personal constructs, falls within the epistemological realm of gnosiology or the study of knowledge and yet Siobhan's 'knowing that', knowing how' and 'knowing how to be' experiences as a supervisor illustrate both epistemological and ontological characteristics of practitioner uncertainties. Referring to the sometimes-surprising ways in which people develop understanding, Stolz (2015) refers to the limited explanatory power of psychological theories which cannot account for the whole person synthesis of acting, feeling, thinking and being-in-the-world. Heedful of this, practitioners' uncertainties will be discussed now with regard to the whole person and notions of becoming and being a professional.

8.2.5 Practitioners' Uncertainties: practitioner, person and a whole life

One of the three main sources of uncertainty for AHPs is conceptualised in the grounded theoretical perspective as arising in relation to disruptions of the practitioner's platform for practice. Key elements of a professional platform for practice are professional knowledge and skills. Healthcare professions' training curricula necessarily include the development of professional knowledge and skills and their ongoing, post-qualification development, has been conceptualised as described in section 8.2.2 in skills acquisition models (Dreyfus and Dreyfus 1986; Benner, 1984). In developing the grounded

theoretical perspective, the platform for practice concept also reflects what therapists said about the place of experiences, in and outside of practice and the role that the practitioner's personal qualities, attributes and preferences contribute. There is more therefore to the development of a practitioner than the development of professional knowledge and skills.

Schön (1983) too was concerned with the need for a broad conceptualisation of professional knowledge indicating how professional practice requires the application of all kinds of knowledge. What Schön (1983) and later others (Eraut, 1994; Dall'Alba and Barnacle, 2007) draw attention to is that formal professional education promotes a knowledge hierarchy which has an epistemological focus and undervalues the contribution of practice situations and phenomena. Compare this view with the practitioners in the grounded theory research whose uncertainties are not uniquely confined to perceived or actual deficits of factual knowledge or skills 'know-how'. For example, Bella, Ruth, Pauline, Lucy and others experienced uncertainties at points of transition such as from student to registered, autonomous, newly-qualified therapist or as an experienced practitioner taking up a new role. These uncertainties extend beyond platform for practice knowledge and know-how disruptions and combine with socio-professional disruptions which can be conceptualised as uncertainties about 'knowing-how-to-be'.

This weave of knowledge, know-how and knowing-how-to-be which the grounded theory research participants illustrate, is similarly observed by Dall'Alba and Sandberg (2006, p388), who propose that an integration of knowing, acting and being is the foundation of professional skills. They describe the development of professional skills as the development of '*understanding of and in practice*', such that understanding professional practice can be construed as an unfolding of professional '*ways-of-being*'. This conceptualisation is consistent with the discovery in the grounded theory research that uncertainty is experienced throughout the practitioner's career as professional ways-of-being continue to ebb and flow. Recall how Jen's 30 years of practice experience did not prevent her feeling uncomfortable about being observed by a colleague and Lucy's '*new kind've interesting little blip*' as she moved into her

managerial role after more than a decade in practice. Even therapists who described working at a highly specialist level, including Rosie, Leanne and Lisa spoke about being one of very few therapists with their level of specialisation, resulting in uncertainties which reflected combinations of socio-professional and operational isolation factors. When Siobhan comments that her supervisee seems very confident and knowledgeable, her concerns relate to her perceptions about the extent of the supervisee's factual, professional knowledge. These perceptions unsettle Siobhan and she is uncertain about 'how to be' as his supervisor. When Siobhan sees her supervisee in a practice setting however, she realises how she can support the supervisee to translate the knowledge he has acquired in his training into both practice know-how and being-a-practitioner.

Dall'Alba has further developed this perspective of being and of becoming a professional (Dall'Alba and Barnacle, 2007; Dall'Alba, 2009; Dall'Alba and Barnacle 2015; Sandberg and Dall'Alba, 2009) and the concept of 'ways-of-being' also features in the work of others with an interest in aspects of professional practice (Webster-Wright, 2010; Hörberg, Ozolins and Ekebergh, 2011; Galvin and Todres, 2013, Bjorbækmo et al, 2018). Webster-Wright (2010) suggests that a therapist's prior understanding is drawn from previous ways-of-being in practice. It follows that as a therapist goes about her day-to-day practice, deciding 'how-to-be' will require her to draw on different kinds of knowledge and experience with foregrounding of some and backgrounding others, guided by what has or has not worked before.

Dall'Alba and Barnacle (2007) have categorised professional knowledge and know-how or skills as epistemological and use ontological knowledge to refer to professional 'knowing how-to-be'. Instances which can be regarded as both epistemological and or ontological are found in the grounded theory data. In the grounded theoretical perspective, ontological aspects of professional practice are not confined to socio-professional sources of disruption. While the concept of a platform for practice has epistemological dimensions of knowledge and know-how, it also encompasses dimensions which might be construed as more ontological such as personal attributes, qualities and preferences. This conceptualisation reflects experiences like Charlotte's who reported that when faced with uncertainty, she becomes '*very, very quiet*' and loses

confidence, describing this as being what she would *'usually do'*, thus indicating that it is not just factual or technical knowledge or know-how but also personal characteristics and tendencies which contribute to 'being' a practitioner. It is as Dall'Alba (2009, p34) has suggested, that becoming a professional:

'involves integration of knowing, acting, and being in the form of professional ways of being that unfold over time.'

Such integration and unfolding are consistent with insights set out in the exploration of practitioners' uncertainties from a personal construct psychology perspective (section 8.2.4) which indicate how therapists' situated experiences and anticipations of practice events may combine to shape professional practice constructs which in turn support future practice encounters in terms of knowing-that, knowing how, and knowing how to be; a conceptualisation consistent with Kelly's (1963) Experience Corollary.

In addition to qualities and attributes, therapists' accounts also indicate the influence of wider life experience on therapists' practice and it is for this reason that the grounded theory concept of a platform for practice includes experiences both inside and outside of work or practice. Several participants spoke about their therapy career being a second career or something they had trained for as a mature student. Bella was one such mature student. She referred to looking older than colleagues who had trained straight from school and this contributed to her uncertainties that those around her may think mistakenly that she was more experienced than she perceived herself to be. Comparing himself with his colleagues, Rob attributed differences in his approach to practice to insights and experiences he brought from his previous career in teaching. Others drew on hobbies or leisure activities, including one participant who referred to ways in which aspects of his practice reflected his experiences as a sports' referee.

The influence of personal life factors was also reported. Influences and impacts associated with the balance of work and home life were found in instances where development plans were interrupted by maternity leave or the adjustments required to previously familiar routines when returning to work as a new parent. There were also observations about the impact of not being a parent, such as Rosie who perceived

herself to be more committed and engaged in her practice than some of her colleagues with family responsibilities. In other instances, practitioners spoke about drawing on personal experiences acquired through working overseas or of insights gained from first-hand experience of being a patient or living with a medical condition, as with one practitioner who spoke about her own experiences as someone with multiple sclerosis influenced aspects of her practice.

Largely instances revealed how life outside work may influence practice and contribute to a practitioner's uncertainties, but the influence of work or practice on life outside was also apparent. Allana spoke about not wanting to take work concerns home, in part so as not to burden loved-ones but also in the interests of confidentiality. Others spoke about navigating between and around friendships and professional relationships inside and outside of work.

Whether conceptually socio-professional, experiential or personal, these instances indicate therapists' practice is not detached from the whole person or conducted without influence of a whole life lived. There is an intertwining of knowing and being and it follows that uncertainties may be conceptualised as epistemological, ontological or a combination of both.

Prosser, Tuckey and Wendt (2013) highlight a tendency to present an artificial divide between the personal and the professional in published discourses of professional practice which they suggest is unhelpful in developing understanding of the complexity of the work experiences of caring professions. They propose instead that adopting a lifeworld concept which moves away from a focus on professional identities determined by competency and skills acquisition is more helpful as it accommodates the interaction and blurring that professionals experience between work, home and community lives. The phenomenological concepts of 'lifeworld' and 'being in the world' may therefore provide a theoretical extension of the entwined knowing and being which contribute to practitioner uncertainties.

Writing for a wide organisational practice audience, Sandberg and Dall'Alba (2009, p1351) refer to the relational character of practices, suggesting that attending to the ways in which the entwinement of life and world play out:

'can bring us closer to how practice is constituted through further interrogating this relational character of practice'

as a lifeworld approach

'highlights that we are always already intertwined with others and things as we engage in our activities and projects.'

Traditionally, 'lifeworld' is a philosophical perspective attributed to Edmund Husserl (1936) whose ideas were further developed by Martin Heidegger (1889-1976) with a focus on 'being-in-the-world' and Merleau-Ponty (1908-1961) whose focus is the 'lived-body'. At the time when Husserl developed his concept of '*Lebenswelt*' (Husserl's native German), it was in contrast to popular scientific opinion which positioned the person as an independent, objective observer of the world. Instead Husserl proposed that it is through our engagement with the world that we come to know. The concept of lifeworld is not confined to the concrete and the observable but includes abstractions such as feelings and ideas. While emphasising the role of individual experience, a lifeworld is nonetheless intersubjective in that it is shared with others at points in time and space, and thus, provides a mechanism through which meanings are developed through social interaction (Sandberg and Dall'Alba, 2009).

Lifeworld, being-in-the-world and lived-body are enduring phenomenological perspectives and have been adopted across contemporary academe including explorations of health, social care and education practice phenomena (Dall'Alba and Sandberg, 2006; Dahlberg, Todres and Galvin 2009; Sandberg and Dall'Alba, 2009; Hörberg, Ozolins and Ekeberg 2011; Webster-Wright, 2010; Prosser, Tuckey and Wendt, 2013; Galvin and Todres, 2013; Dall'Alba and Barnacle 2015; Bjorbækmo et al, 2018). While each researcher's primary focus may differ, patient experience for some, professional learning for others, and so on, in adopting a lifeworld, living-in-the-world or lived-body perspective, the resulting discussions reveal professional, practice and

patient/client/student experience phenomena as interwoven between the person and a taken-for-granted, everyday life lived. Viewing practitioner uncertainties from such phenomenological perspectives may provide insights into the ways in which disruptions in everyday practice and beyond may manifest as both epistemological and ontological uncertainties thus adding to an existing body of academic and research interest which has drawn on phenomenological philosophy to further understanding of professional practice phenomena.

In the conceptualisations of being and becoming a professional (Dall’Alba and Sandberg, 2006; Dall’Alba 2009; Sandberg and Dall’Alba, 2009; Dall’Alba and Barnacle 2015) Heidegger’s (1927/2010) concept of ‘being-in-the-world’ is prominent. This prompted the researcher in this PhD study to examine what a Heideggerian, ‘being-in-the-world’ perspective may add to the grounded theoretical concept of practitioner uncertainties.

8.2.6 Practitioner Uncertainties in knowing, becoming and being a professional: insights from a Heideggerian perspective

The original phenomenology literature can be challenging. Inwood (2000, p9) describes Heidegger’s central text ‘Being and Time’ (Heidegger 1927/2010), as one of the most difficult books ever written, suggesting both the overall structure and use of language pose great problems for the reader, especially those who access the text via translation, as a non-German reader. This can be disconcerting for those encountering Heidegger for the first time, glimpsing possibilities but fearful of making an unfaithful interpretation. Inwood (2000, p57) provides encouragement however that Heidegger should be treated:

‘as he treated Aristotle, Descartes, or Kant, interpreting and disentangling his work, using it as a basis for new thoughts of our own.’

Similarly, Wrathall (Dreyfus and Wrathall, 2017, p2) highlights Dreyfus’ (1995) view that Heidegger’s texts should not be frozen in the past but related to current concerns. It is absolutely in this spirit and not as a phenomenological scholar, that Heidegger’s original 1927 text of ‘Being and Time’ has been explored as part of the theoretical integration endeavour in this PhD. To ensure the focus remains on the possible additional insights

which may be gained from a Heideggerian perspective about practitioner uncertainties, this exploration is conducted, as in previous sections of this chapter, with close reference to instances and illustrations from the participant accounts.

Instances from Ani's account about one of her supervisees were cited in section 6.3.3 and section 7.3.4. Her account illustrates the entwinement and integration of epistemological and ontological professional knowing which contemporary researchers such as Dall'Alba, have conceptualised with reference to Heidegger. Ani's resulting uncertainties have many sources form within and beyond her practice world; caseload management, aspects of clinical decision making, how the supervisee sees the role of the therapist, issues with punctuality, how the supervisee regards Ani as the supervisor, challenges to Ani's own approach to clinical practice, being a parent. Ani's concerns indicate all three of the grounded theoretical dimensions of uncertainty; platform for practice, socio-professional and practice demands. Although she is an experienced practitioner, Ani also describes how the experiences with this supervisee cause her to question her own practice and whether she might be misjudging the supervisee. Indeed, Ani describes how the supervisee's patient records show a greater focus on social aspects of the patient's life at the expense of what Ani regards should be the profession-specific therapy focus. She speculates that the supervisee's approach may be influenced by previous settings he has worked in where the therapy focus may be different. Ani's observations prompt her to question whether the supervisee's approach is better than her own and she shares these uncertainties with the researcher.

As her concerns about her supervisee have grown, Ani describes how she sought guidance from human resource colleagues who advised her to begin more formal performance management with her supervisee. Ani indicates that her lack of familiarity with performance management processes creates additional burden and further uncertainty for her and she worries that having to initiate a more formal process will damage the already shaky rapport she perceives she has with this supervisee. Ani talks about trying to see the supervisee's good points and how the uncertainties arising from this supervision relationship prompted her to seek feedback from her own supervisor

about these uncertainties. She reports that her supervisor agrees with her assessment of the supervisee and is supportive.

Ani also refers to her perceptions about how being a mum has an impact on her in practice; something she indicates she had not wholly anticipated and something she is now trying to incorporate into her being-a-therapist. She describes added pressures on her time as a part-time practitioner and parent and in turn, she refers to feeling resentful about the additional practice demands she perceives the supervisee is creating for her. Elsewhere in her account, Ani spoke about the support gained from her own supervisor as a highlight of her work life and something that kept her in a job that was not in her preferred field of practice, attributing this in part to the empathy she felt from her supervisor as a fellow working mum.

Ani's account reveals how her practice uncertainties are not compartmentalised into the different parts of her life but are woven together; her practice life is part of her wider being-in-the-world. Van Manen (2007, p17) explains that for Heidegger, meaning arises through a person's actions and encounters with the inhabited world; for Ani her encounters with practice demands, as a supervisor, as a supervisee, with patients, with colleagues, with operational processes, as a parent and so on. Being a therapist, being a supervisor, being a supervisee and being a mum are all part of Ani's life experience; she is not each thing in turn, moving between the different dimensions of her life but is the synthesis of being all these things. It is this notion of 'being-in-the-world' which Heidegger suggested is core to our understanding, extending Husserl's conception of sense-making as being a product of the individual's consciousness of others and things (Inwood, 2000).

Heidegger's concerns were not just with 'being' but with 'knowing how to be', something Galvin and Todres (2013, p176) cite as central to Heidegger's philosophical contribution in their own writing about a lifeworld approach to caring and well-being:

"knowing how to be' in different situations does not primarily come from abstract or theoretical reflection, but essentially emerges out of a very practical engagement with people, things and situations as they happen.'

From a Heideggerian perspective, which attends to 'being' and 'knowing how to be', it would be expected that therapists' draw not only on technical knowledge and skills gained through training and experiences in practice but that their personal qualities, attributes and non-practice life experience also influence their practice; the therapist is not isolated from the rest of her human existence and her practice cannot be insulated from influences beyond the practice setting. Ani's uncertainties are not limited to her concerns about applying her epistemological knowing to practice demands but include socio-professional, ontological concerns about how to be.

Webster-Wright (2010), whose exploration of professional learning also draws on the phenomenological tradition, similarly describes how professional understanding brings together and integrates all aspects of the professional. It follows that practice uncertainties may arise from a variety of possible practitioner disruptions; practice demands, the various dimensions of a platform for practice and socio-professional disruptions, either singly or in combination. Experiencing practice uncertainty is conceptualised as the experience of 'something', consistent with Heidegger's (1927/2010, p149/145) conception that something has to be 'something' before a statement can be made about it and before it can be understood. Webster-Wright's (2010), similarly suggests that a therapist's prior understanding is drawn from previous practice experiences and ways of being. A practice uncertainty can therefore be conceptualised as 'something' arising from existing experiences and ways of being, which as the grounded theory research suggests, may be associated with disruptions both within and outside of the practice setting. When a close relative of a highly experienced therapist working in oncology develops cancer, the practitioner may experience uncertainties not because her knowledge, skills or decision making have deserted her, but because there are new, wider personal experiences and insights to add to her platform for practice and which shape her socio-professionally as she anticipates and encounters practice demands in the oncology ward where she works. The therapist still has specialist epistemological knowledge and know-how but weaving in the newly gained personal insights may challenge her 'knowing how to be.' It is a conceptualisation which can also add insights to the practice uncertainties of the speech and language therapist assessing language during brain surgery (section 8.2.1), who will

not only be working out how to apply her epistemological knowledge in an unfamiliar practice context but undoubtedly working out how to be as a practitioner in this unfamiliar clinical environment.

Heidegger explores the question of 'being' in his 1927 publication, 'Being and Time', a book he dedicated to Edmund Husserl. In preference to constructing his exploration of 'being' around the notion of a human being, Heidegger adopts the term 'Dasein'; a being who is situated in a particular place and time in the world. Coming from a German verb meaning 'to exist' or 'to be there, to be here', Inwood (2000, p22) describes 'Dasein' as

'Heidegger's way of referring to both the human being and to the type of being that humans have.'

Dasein is described as being mostly in a state of 'average everydayness' (1927/2010, p44/43):

'Dasein is concerned in a particular way about its being to which it is related in the mode of average everydayness' (Heidegger 1927/2010, p44/43)

In this state, the world and the entities or objects in it are inconspicuous and unnoticed as Dasein goes about average everyday activities; a conceptualisation which, as described in section 8.2.3, has interested others in the context of professional practices (Dreyfus, 1995). Dasein's being is not predicated around knowledge alone and Dasein is not simply *in* the world but exists with others and has attitude towards many other things or entities in the world:

*Being-in-the-world is always already entangled. **The average everydayness of Dasein can thus be determined as entangled-disclosed, thrown-projecting being-in-the-world, which is concerned with its ownmost potentiality in its being together with the "world" and in being-with others.***⁴ (Heidegger, 1927/2010 p181/175)

⁴ Bold font signals Heidegger's emphasis in this and subsequent quotations from Being and Time (Heidegger 1927/2010)

Much as the grounded theory participants have referred to their own visibility, Dasein's world is a public world to which Dasein and others have access (Inwood, 2000 p40). Being in the world in this way, Dasein engages with and interprets other worldly entities, concrete objects, interactions and phenomena. Dasein gets caught up in some things, exposed in others, is thrown unexpectedly into some situations, while anticipating others, all of which give rise to many possible ways of being:

'As a being, Dasein always defines itself in terms of a possibility which it is, and that means at the same time that it somehow understands itself in its being.' (Heidegger, 1927/2010, p 43/43)

Heidegger is of the view then that Dasein is not fixed or definite but experiences the possibility of multiple ways of being (Inwood, 2000 p23) and this is of interest for the grounded theory concept of practitioner uncertainties. There are parallels with the ambiguities associated with becoming a professional described by Dall'Alba (2009). Supporting her proposition, Dall'Alba (2009) draws on Heidegger as well as Merleau-Ponty's (1945/2012) later extensions to Heidegger's work in which he refers to ambiguity as the essence of human existence since there are always several possible meanings in all we do and think, just as the grounded theory participants have described.

Returning to Ani, her possible ways of being a therapist or a supervisor are not just choices about her professional knowing-that and knowing-how but also about her engagement with and interpretation of practice demands, events, patients, colleagues and her wider life and world. Webster-Wright (2010, p63) has made similar observations about the therapists she spoke with in her research about professional learning. She refers to a therapist Gina, whose understanding of being a professional has evolved through her learning in different practice encounters. Gina's understanding is said to extend beyond the cognitive to encompass all that she embodies as a professional including, Webster-Wright suggests, Gina's gut instinct and individual way of looking at things. As Ani's engagement and interpretation of events present her with multiple possible ways of being, her uncertainties can be conceptualised in respect of

choices about possible ways of being a therapist and possible ways of being a supervisor. All the time that Ani's practice world is one of average everydayness, she may have no call to contemplate other possible 'ways of being'. However, Ani's account suggests current practice events are presenting her with possibilities and choices which are disrupting average everydayness.

In Heidegger's view, Dasein's awareness is not confined to the immediate present, so as Ani engages in practice demands she will anticipate being as everyday Ani or as being in other possible ways, by looking back on past events and projecting ahead to those yet to come. Recognising and weighing up these possibilities will be accompanied by uncertainties. This Heideggerian contribution to the conceptualisation of uncertainty can also be recognised in the work of Pragmatist John Dewey (1910). As suggested in section 8.2.3, Dewey's consideration of uncertainty, thinking and knowledge in which thinking, knowing, risk and uncertainty are all related, has had enduring influence (Polkinghorne, 2004). Dewey's interest was in the ways in which everyday activities were conducted (Polkinghorne, 2004) so there is an identifiable synergy between his conceptualisation of uncertainty and the grounded theoretical concept of practitioner uncertainty, developed as it is from the instances of day-to-day practice uncertainty described by therapists. The relationship between thinking, knowing, risk and uncertainty will be further explored in section 8.3.1 where the role of uncertainty as a prompt for recalibrating practices is considered.

When Ani speaks about checking things out with human resources' colleagues or taking her concerns to her own supervisor, it can be recognised as Ani being prompted to engage in recalibrating practices but also demonstrates that she does not consider possibilities and uncertainties in isolation; further indicating the intertwining of different threads of knowing and being. These instances can be conceptualised in relation to Heidegger's conception of 'authenticity'. Heidegger proposes that Dasein is 'authentic' when true to its own self, is being its own person and doing its own thing (Inwood 2000, p26). However, Heidegger proposes that Dasein will conform to a 'they-self', an 'inauthentic self'. The potential for uncertainty to arise when the therapist is caught between choices of 'authenticity' and 'inauthenticity', as in Ani's account when she

refers to having to follow human resources' guidance and the impact this may have for the rapport between her and her supervisee. Ani is not alone among participants in referring to the need to conform within a system such as the NHS nor is this the first research to notice the impact for practitioners arising from professional and organisational factors (Maben, Latter and McCleod Clark, 2007). In the grounded theory research examples were often linked with process or governance. An example would be the constraints therapists described about electronic patient appointment systems, which led to concerns that the inflexibility of pre-programmed appointments could not accommodate making more time for a patient when this was what 'own-self practitioner' deemed clinically, 'authentically', necessary. Even so, therapists spoke about doing their best with such systems, in spite of their misgivings. Heidegger describes this tendency to succumb to tradition, often without having opportunities for sufficient appraisal, as Dasein *falling away from itself*, or '*Verfallen*' (Heidegger 1927/2010, p176/169). Heidegger's concepts of falling away, the authentic and the inauthentic, provide a conceptualisation of practitioner uncertainties arising from tensions for practitioners associated with navigating choices between the therapist's own 'authenticity' and being drawn to fall in step with an 'inauthentic' system.

Ani is not just weighing up how to be within the system but also socio-professionally with regard to others, what they think and how they elect to act. Ani's socio-professional uncertainties present as Heidegger describes:

'Being-with-one-another in the they is not at all a self-contained, indifferent side-by-sideness, but a tense, ambiguous keeping track of each other, a secretive reciprocal listening-in' (Heidegger, 1927/2010, 175/168)

However, Ani's concerns cannot be conceptualised uniquely in this way as she signals wider ranging factors too. Inwood (2000, p34) describes how Heidegger considers that

'the immediate world around us points to a larger world beyond, but a world that is still anchored in Dasein, its needs and purposes.'

When Ani refers to the influence on her practice of being a parent and of the empathy she feels from her supervisor as a fellow working mum, Ani reveals how she is navigating her practice possibilities in tandem with the world beyond the practice world; being a parent also has influence on her ways of being a therapist, a supervisor and a supervisee. Heidegger indicates how navigating possible ways of being and the balance between authentic and inauthentic are necessarily unsettling.

Heidegger's views of Dasein and being-in-the-world enhance the theoretical insights about practitioner uncertainties discovered in the grounded theory research by providing, as Prosser, Tuckey and Wendt (2013) suggest, an extension of conventional conceptualisations of professional identity in which skills acquisition and competency traditionally dominate. While a personal construct psychology perspective provides a possible mechanism for the construction of uncertainties and the therapist's anticipations, a phenomenological being-in-the-world perspective provides a context for uncertainties interwoven with wider lived experience. It is the way in which this interweaving of knowing and being can be accounted for which has led previous researchers cited earlier, to draw on ideas such as Heidegger's to understand varying aspects of being a professional. The ways in which a phenomenological extension of the grounded theory can also account for practitioner permeability and the resolution of practitioner uncertainties will be considered in sections 8.3 and 8.4.

8.2.7 Summarising practitioner uncertainties in the context of the wider literature

Practitioner uncertainties have been explored with regard to existing perspectives of professionals' uncertainty, a novice-to-expert skills progression, a system of professional psychological constructs and finally in the context of a being-in-the-world perspective. No single theoretical account accommodates all the dimensions of uncertainty discovered in participants' accounts, although additional insights help to situate the grounded theoretical perspective in relation to existing research, theory and opinion.

Theoretical perspectives which limit professional uncertainty to epistemological knowledge and know-how cannot account for the career-long average everyday practice uncertainties which therapists refer to. Nor do such perspectives account for the weave

of epistemological and ontological knowing which underpin ‘knowing how to be’ as a professional. A novice-to-expert perspective was also unable to account for career-long or anticipatory uncertainties of therapists; an observation made by other contemporary researchers in the field of continuing professional development (Dall’Alba 2009; Webster-Wright 2010). A personal construct psychology account offers a mechanism for anticipatory uncertainties but retains an epistemological focus.

Practitioners’ uncertainties display integration of knowing, acting, and being which others have indicated unfold over time to support becoming a professional (Dall’Alba, 2009). Examining practitioner uncertainty from a phenomenological perspective such as Heidegger’s ‘being in the world with others’ provides additional insights into the ontological and socio-professional dimensions of practitioner uncertainties as well as recognising the wider life influences on the practitioner’s anticipation and engagement with practice demands. The summary of practitioner uncertainties presented in figure 10, section 6.1.6 can now be revised as shown in figure 15, to illustrate the relationship with epistemological and ontological professional knowing.

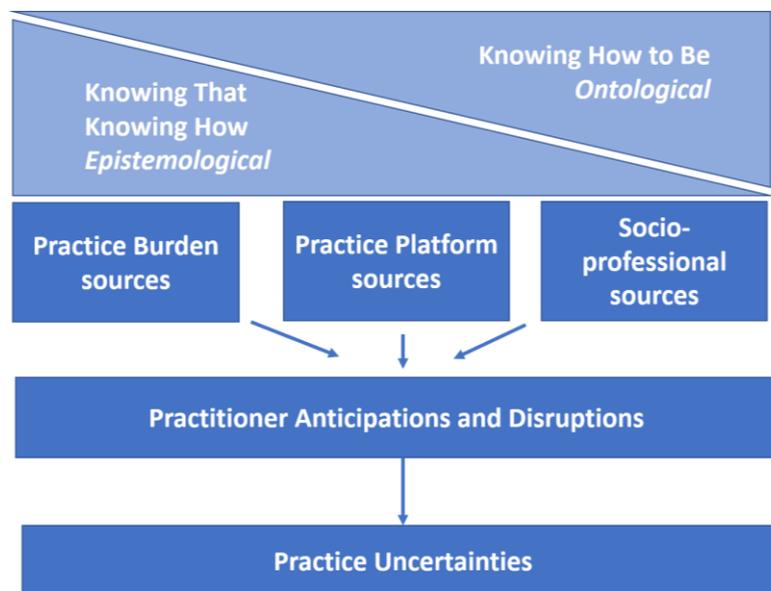


Figure 15: Sources of epistemological and ontological practitioner uncertainty

The theoretical integration will now turn to how therapists address and resolve their uncertainties by engaging in recalibrating practices of checking, assuring and adjustment

to practice. This will be followed by contextual consideration of the behaviours and characteristics that support therapists in their endeavours to address practice uncertainties; the grounded theoretical concept of practitioner permeability.

8.3 Recalibration and the resolution of the practitioner's uncertainties: insights from the extant literature

The grounded theoretical perspective proposes that permeable practitioners seek to resolve uncertainties by engaging in recalibrating practices. Therapists did not simply acknowledge and accept inevitable uncertainties but sought to address them in some way. The grounded theoretical concept of permeability will be explored in the context of wider literature in section 8.4 of this chapter. In this section, insights from the extant literature are considered in relation to the three aspects of recalibration practices. In the first instance, the discussion focuses on the way in which a practitioner's uncertainties prompt to her to engage in recalibration practices. This is followed by an exploration of possible mechanisms for rehabilitation with reference to both phenomenological and personal construct theoretical perspectives. The grounded theory participants have indicated that a therapist may also engage in recalibrating practices in the context of ill-defined and non-specific uncertainties arising in everyday practice and this is the focus of section 8.3.3.

8.3.1 Practice uncertainties as a prompt for practice recalibration

The discussion in 8.2.1 of uncertainty with reference to the work of Fox (1957) referred to the role she identified for training to socialise and prepare practitioners for the inevitable uncertainties which would be encountered once a practitioner is qualified to practice. The participants in the grounded theory research have demonstrated that uncertainties continue to be encountered once qualified and persist throughout the therapist's career, regardless of the extent of her expertise.

Therapists also indicate that the uncertainties encountered in practice are not simply tolerated or accommodated as an anticipated aspect of clinical practice. Nor do experienced therapists suggest that they revert to novice practices when faced with uncertainties, as might be predicted from a skills acquisition perspective (Dreyfus and

Dreyfus 1986; Benner 1984). Instead, when faced with a less familiar practice context, experienced therapists such as Charlotte, Lucy and others describe how they share concerns, seek feedback and engage in learning and development activities in their attempts to resolve uncertainties.

From the grounded theoretical perspective, uncertainties act as a prompt to the therapist to review and where necessary, revise her practice as she seeks to resolve her uncertainties; activities which have been conceptualised in the grounded theory as recalibrating practices. Therapists are engaged in an ongoing learning and development endeavour which, as other researchers with an interest in professional learning have observed, seems more circular than the linearity of stage models of skills acquisition (Dall’Alba and Sandberg, 2006; Webster-Wright, 2010). Indeed, the grounded theoretical perspective is more consistent with an increasingly prominent view that a consequence of focusing on skills acquisition and maintenance is that the transformative aspects of becoming a professional and associated professional ways of being risk being overlooked (Dall’Alba, 2009).

Recalibrating practices do not always entail adjustments to practice. Holly provides just such an instance when she describes that the opportunity to talk through uncertainties can be enough to lead her to her own resolutions and to a realisation that she is already equipped to meet practice demands. Similarly, Pauline’s observation of her supervisor assures her about her own practice. Dall’Alba and Sandberg (2006, p388) refer to this sort of *‘understanding of and in practice’* as the basis of professional learning. From a longitudinal study of medical students, they provide illustrations which reveal how previous practice understanding shapes the interpretation of new practice events, they suggest that variation in both experienced and inexperienced practitioners’ understanding of practice situations is at odds with a fixed, sequential model of professional skills development. Instead they propose that understanding of practice integrates knowing, acting and being, such that understanding professional practice can be construed as an unfolding of professional *‘ways-of-being’*.

As practice unfolds in the course of a career, the practice uncertainties which are encountered and the practitioner's responses to these, can be conceptualised as an important component in the practitioner's developing professional understanding. This relationship between uncertainty and the shaping of the professional has also been noticed by those interested in reflective practices and in professional learning (Dewey, 1910; Schön, 1983; Webster-Wright, 2010; D'Agnese, 2017). More recently, Bjorbækmo et al's (2018) phenomenological exploration characterises professional practices in terms of a continuous negotiation involving processes of exchange.

In his influential and much cited work on reflective practices, Donald Schön (1983) suggests that when a professional is faced with practice uncertainty or finds practice proceeds in surprising ways, the practitioner is prompted to engage in reviewing and revising activities which he conceptualises as reflection-in-practice. There are apparent parallels between Schön's observation about uncertainty and the ways in which uncertainty creates a prompt for therapists to engage in recalibration practices. This apparent relationship between uncertainty and not knowing is also described by Webster-Wright (2010) as a precursor to professional learning, a view developed from research in which she identified uncertainty as a feature of situations where professionals report that learning has taken place. For Ekebergh (2007) and for Hörberg, Ozolins and Ekebergh (2011), academics who have also considered professional practice from a life-world perspective, reflection is a crucial element in the development of deeper understandings gained through the entwining of new and existing knowledge.

While Schön's (1983) theoretical concept of reflection-in-action was informed by his examination of a diverse range of professionals' practices including architects, psychotherapists, engineers, planners and managers, Webster-Wright's (2010) position is informed by work with occupational therapists, physiotherapists and speech and language therapists, precisely the professionals who were the focus of the grounded theory research reported in this thesis. Her perspective about uncertainty and professional learning is again consistent with the grounded theoretical proposal that practitioners engage in recalibrating practices in response to practice uncertainties. The

added suggestion from the grounded theoretical perspective is that the practitioners who do so readily can be conceptualised as permeable practitioners.

D'Agnese (2017, p78) has also written about the relationship between uncertainty and development of meanings. Drawing on Dewey's (1910) analogy of thought and uncertainty with that of jumping or leaping, D'Agnese (2017) illustrates a relationship between uncertainty and learning in which uncertainty precedes growth. The analogy being that when a person jumps, she cannot be certain where or how she will land, yet ultimately, to know where and how she will land, the leap is necessary:

'Without the uncertainty entailed in jumping and leaping, we would not have the new, and we would therefore not have growth or education.' (D'Agnese, 2017 p82)

The practice context of D'Agnese's discussion is education but his analysis of Dewey's relationships between uncertainty, thought and knowledge are consistent with Webster-Wright's (2010) observations of professional learning occurring at points of uncertainty and in turn with the grounded theoretical conceptualisation of practitioner uncertainties as prompts for permeable practitioners to engage in recalibrating practices. It is also as Revans (2011) describes in the context of action learning, that learning starts with not knowing. Whether knowing that, knowing how or knowing how to be, a practitioner's uncertainty foregrounds her sense of not knowing and prompts her to engage in practices which can resolve the deficit in her knowledge.

Sandberg and Dall'Alba (2009) are of the view that knowledge and skills for a given profession are learned and then renewed over time and integrated into 'ways of being' a given professional; a conceptualisation which they align with Heidegger's 'being-in-the-world'. In other research, Dall'Alba (2009 p34) proposes that becoming a professional involves:

'not only what we know and can do, but also who we are (becoming)'.

Placing '*becoming*' in brackets, Dall'Alba (2009) signals the ongoing, career-long endeavour of professional practice; something which is apparent throughout the

participant data gathered in the grounded theory research presented in this thesis. From the perspective of the grounded theory accounts, a mechanism for this integration of knowing, acting and being is recognisable in the ways in which permeable practitioners continue to engage in recalibrating practices in response to practice uncertainties arising in relation to practice encounters, as the practitioner's career continues to unfold. Such integration and unfolding are consistent with insights set out in the exploration of practitioner uncertainty from a personal construct psychology perspective (section 8.2.4) which indicate how therapists' situated experiences and anticipations of practice events may combine to shape professional practice constructs which in turn support future practice encounters in terms of knowing-that, knowing how, and knowing how to be.

As previously discussed in section 8.2.3, in the context of this unfolding, some uncertainties are less clearly identifiable as instances when practice has played out in unexpected ways and may be conceptualised more readily as generalised or ill-defined uncertainty, as proposed in the earlier discussion of background practices in section 8.2.3 with reference to Dreyfus and Wrathall (2017), Dewey (1910) and Polkinghorne (2004). Even where the uncertainty is ill-defined or non-specific, there are clear indicators from therapists who participated in the grounded theory research that they engage in recalibrating practices, perhaps with greater emphasis on assurance than adjustment but with an awareness nonetheless that the attention paid to such background uncertainty also contributes to the practitioner's ongoing professional learning and development.

In summary, the grounded theoretical perspective of uncertainties as a prompt for the therapist to check, assure and adjust aspect of practice knowledge, know-how and knowing how to be, can be situated in a well-established and extensive field of existing theory and thought about professional uncertainty, thinking, reflecting and learning. Consideration of the wider literature extends the conceptualisation of practitioners' uncertainties to include their role as a springboard for practitioner learning. Mechanisms for practice recalibration, the potential need for scheduled opportunities

for recalibration and the possible role of sanctuary and meta-practice aspects of supervision will now be considered further.

8.3.2 Mechanisms for practice recalibration

What constitutes and is recognised as ongoing, professional learning, development and maintenance of professional expertise concerned Eraut (1994). Recognising the relative contributions to professional performance of knowing that, know-how and knowing how to be, he was concerned about the goodness-of-fit of traditional pedagogy as a means for continuing professional development. In his appraisal of professional learning, Eraut (1994), draws on Schutz (1967) whose phenomenological perspective is in turn influenced by Husserl (1859-1938). For Eraut (1994), much of our knowledge acquisition takes place, not through activities or interactions we construe overtly as learning activities but in the context of our interactions with others and in our attempts to get things done. He describes how we are:

‘embedded in a continuous flow of experience throughout our lives. Discrete experiences are distinguished from this flow and become meaningful when they are accorded attention and reflected upon.’ (Eraut, 1994, p104)

Through a process of cumulative synthesis of experiences, he suggests layers of meaning are constructed. Amid these layers will be those which have become so established as to not demand much of our attention; defined by Schutz (1967) as the taken-for-granted. Much as with Dreyfus’s (1995) conceptualisation of background practices (section 8.2.3), the taken-for-granted forms an important foundation for our wider and phenomenon-specific meaning-making.

In ways that bear similarities with Kelly’s (1963) system of constructs and with Dall’Alba and Sandberg’s (2006) observations of medical students (section 8.3.1), Schutz (1967) suggests engagement with past events and the knowledge which guides expectation of future events, are arranged into ‘schemes of experience’. For the most part, it is suggested that unless there are unexpected events, a scheme of experience is unchallenged or taken for granted but again, as with Kelly’s (1963) Experience Corollary, in the light of new information or novel encounters, the schemes are adjusted and

developed such that new experiences can be dealt with. Combining a Kellian perspective (Kelly, 1963) and the grounded theory perspective, for the therapist to extend the 'Range of Convenience' of a given set of practitioner constructs, will require some socio-professional and platform for practice recalibration. Lucy provides an illustration as she describes her efforts to recalibrate and extend the range of convenience of her practice constructs when she became a team leader by, for example, elaboration of her team leadership practitioner constructs. Kelly's (1963) proposition of an 'Experience Corollary' provides a mechanism for variation in a platform for practice arising from successive encounters with practice demands and resulting in the revision, consolidation or elaboration of practice constructs.

Although participant Pauline experienced uncertainties, the feedback from her supervisor reassures her that her novice practice constructs were nonetheless supporting her to meet practice demands in ways that the supervisor expected; socio-professionally she is recognisable as a physiotherapist by her colleague. Her recalibration through checking and reassurance can also be conceptualised in terms of aspects of a personal construct system described by Kelly (1963 p104) as the Commonality Corollary and the Sociality Corollary. In section 8.2.4 commonality and sociality were drawn on to illustrate how Pauline and her supervisor could recognise each other's experiences and practices. The same sociality and commonality corollaries can provide a mechanism for practitioner assurance; it is because her supervisor can construe Pauline's practice and practice constructs, that the supervisor is able to evaluate and reassure Pauline that she is doing what is anticipated, expected and required for her patients. This is only possible because Pauline and her supervisor also demonstrate her permeability, the concept which will be discussed more fully in section 8.4.

In terms of mechanisms, Pauline's new practice experiences and her engagement with supervision will support her to recalibrate through checking, elaborations, consolidations and revisions of socio-professional, platform for practice and practice demand constructs. From a personal construct perspective these recalibration activities extend the range of convenience of Pauline's professional practice constructs to better

equip her to meet future practice demands. This variation in Pauline's system of constructs, arising from the successive construing of replicated events, is what Kelly refers to as the 'Experience Corollary'.

Both Kelly's (1963) and Schutz's (1967) perspectives further support the conceptualisation of uncertainties as a prompt for recalibration, with both providing a conceptual proposal which supports the therapists' subsequent engagement in recalibrating activities; whether prompted by the unexpected or in the context of accumulated, everyday practice.

8.3.3 Ill-defined uncertainties and the place for awareness-sharing in recalibration

Eraut (1994) stresses the importance of reviewing and reflecting in the context of average everyday practice because of what he describes as a:

'strong tendency endemic in all of us to interpret events in accordance with our prior expectations' (Eraut 1994, p110)

Although recognising how routines are a necessary part of professional practice which contribute to efficiency and support the professional to cope with practice demands, Eraut also asserts that:

'the combination of tacit knowledge and intuitive decision-making makes them [routines] difficult to monitor and keep under critical control.' (Eraut, 1994, p111-112)

The result, in Eraut's view, is that over time, routines may become increasingly dysfunctional which can lead to a failure to adapt to new circumstances and or to the practitioner introducing short-cuts which serve to assist the professional at the expense of the clients' best interests. The grounded theoretical perspective suggests that it will be permeable practitioners who will share Eraut's concern.

These concerns are the foundations of Eraut's (1994) proposal that professional learning and the maintenance of expertise necessitate engagement by professionals in a

combination of deliberative processes such as planning, problem-solving, analysing, evaluating and decision-making and in meta-processes, by which Eraut means the thinking involved in directing one's behaviour and in controlling one's engagement in practices or processes. Eraut's (1994) position is that for the most part theories of professional expertise, among which he includes both Schön's (1983) and the Dreyfuses' (1986), regard the expert as infallible. In Eraut's view there is a tendency in such modelling to ignore the potential for expertise to both decay and or become less relevant over time. It is his view that if a professional is to retain critical control over the more intuitive aspects of his or her expertise, there is a need for the professional to adopt a learning disposition which extends to learning from colleagues and to engage in regular reflection and self-evaluation. Dall'Alba (2009) with reference to Heidegger, similarly refers to the ways in which we grow into familiar ways of interpreting ourselves, (Heidegger 1927/2010 p17/17) such that the professional may turn to familiar practices or off-the-peg solutions. The permeable therapists who participated in the grounded theory research echo this in their references to the need to remain up-to-date and as Rosie stated, that when the professional stops learning, she is missing a trick.

Schön (1983) contends that practitioners engage in reflection-in-action when faced with an unexpected turn in practice events. Encouraging the development of such reflective practice both in and on action is now widely incorporated in pre-registration AHP curricula. Eraut (1994) challenges Schön's (1983,1987) claims that an expert can reflect-in-action, suggesting that the reality of pressured professional work schedules can mean cues to reflect and review may be overlooked or missed. For Eraut (1994), engaging in regular deliberation is what is required to counter the tendency for expertise to decay, something the participants in the grounded theory research seem to recognise. The accounts gathered in the grounded theory research do not suggest that practitioners do not and cannot reflect-in-action when faced with uncertainty. However, they do indicate that reflecting-in-action may not be sufficient in itself to resolve the uncertainties practitioners encounter. Ruth's description of '*stepping off*' for a while from the '*crazy busyness*' of average everydayness to talk things through and work out what she is trying to do, is compatible with Eraut's (1994, p155) suggestion that from time-to-time it is necessary to treat:

'apparently routine cases as problematic and making time to deliberate and consult. It is partly a matter of lifelong learning and partly a wise understanding of one's own fallibility.'

Eraut's concern is consistent with more recent observations (Maben, Cornwell and Sweeney, 2010; Dall'Alba and Barnacle, 2015). For Maben and her colleagues there is a link between practitioner renewal and compassionate practice:

'Really relating to patients takes courage, humility and compassion, it requires constant renewal by practitioners and recognition, re-enforcement and support from colleagues and managers.' (Maben, Cornwell and Sweeney, 2010 p11)

While Dall'Alba and Barnacle (2015) suggest that because ongoing practice demands may play a role in preventing practitioners from recognising or addressing apparent uncertainties there is a need for practitioners to be willing to challenge the status quo in professional practice. Their observations which are not confined to the health professions, are illustrated with reference to the global financial crisis of 2008:

How could so many highly regarded, experienced professionals continue to produce and reproduce systems that were so prone to collapse? (Dall'Alba and Barnacle 2015, p1453)

Dall'Alba and Barnacle (2015) turn again to Heidegger (1927/2010 69/68) and suggest explanations can be offered in terms of our tendency to recoil from anxiety and uncertainty and to bury ourselves in our average everyday practices and routines. Eraut's (1994) call for professionals to engage in regular deliberative practices offers a counter to this natural tendency to recoil and is something the permeable practitioners in the grounded theory research appear to have grasped, recognising as Eraut (1994 p156) suggests, that a failure to engage in such regular reflective deliberation is professionally irresponsible.

Eraut (1994) observes that in his experience, professionals consistently complain about the lack of time to engage in deliberation or meta-processes in the course of busy every day practice and he therefore proposes that there is merit in consciously building in time

to engage in such ways. He encourages professionals to take time to deliberate and consult with colleagues, including, as cited earlier in this section, taking the time to focus on apparently routine cases and to regard them in a sense as problematic.

Conceptually, there is apparent similarity between Eraut's processes of deliberation and meta-processing, the grounded theoretical concept of recalibrating and the opportunities for sanctuary and meta-practice possible in supervision which therapists regard as valuable. Permeable practitioners seem to share Dall'alba's (2009) sense of an ongoing project of becoming a practitioner. Using supervision to check on average everyday practice in the absence of a specific concern is consistent with Eraut's (1994) suggestion that professionals should build-in deliberative practices and in this respect the participants demonstrate the sort of wise fallibility which Eraut (1994, p155) advocates.

This view about the opportunities for exploration of possible approaches to recalibration in supervision is consistent with Heidegger's observation of Dasein's tendency to overlook the obvious or that which is too close to be conspicuous (Inwood, 2000); the permeable therapist may have some generalised sense of uncertainty but seek guidance to unpick her concerns and explore possible ways to recalibrate and resolve practice uncertainties in ways she has not yet thought of herself. Dall'Alba (2009) describes this in terms of casting new light on familiar, everyday practice such that possibilities and other ways of being are illuminated. Such deliberative practices may be akin to functions of supervision identified in the grounded theory participant accounts; the provision of sanctuary to safely share uncertainties and through meta-practices to acquire, shape and sustain a platform for practice and socio-professional dimensions of practice in the ups, the downs and the plateaus of practice demands. These sanctuary and meta-practice functions of supervision will be reconsidered briefly with regard to aspects of the extant literature.

8.3.4 A theoretical context for sanctuary and meta-practice in recalibration

Therapists have indicated that supervision can provide two distinct but related recalibrating activities; sanctuary and meta-practice. Sanctuary is conceptualised as a

fundamental, underpinning function of supervision as a first step in recalibrating as it provides an opportunity for the therapist to share her uncertainties with a trusted person. Ruth indicates the potential sanctuary of supervision when she spoke about *'just stepping off for a moment'* and *'being held in the supervisor's hands'*.

Demands and burden can be differentiated in therapists' accounts. Practitioners do not expect an absence of demands during the course of average everyday practice and demands are not always construed negatively. While participants indicated there is a tendency, perhaps even an institutional culture in which supervision is regarded as a place to address what is not going well, practitioners also refer to supervision as a place to celebrate and build on practice success; instances where demands have been successfully met. Supervision provides time and space for a variety of recalibrating activities, checking, assuring and adjusting. Such recalibration may occur in the context of experienced and situated uncertainties as well as ill-defined everyday practice where there may be an absence of any specific uncertainty or concern and also for the acknowledgement or consolidation of successes. This use of supervision to support recalibrating practice again signals permeable practitioner's awareness of the ongoing project of becoming and being a practitioner where there are multiple possible ways to address a given practice scenario and to be a professional. This use of supervision to check on average everyday practice is consistent with Eraut's (1994, p155) concept of wise fallibility as discussed earlier in section 8.3.3.

From a Heideggerian perspective supervision between a permeable supervisor and supervisee may offer an opportunity for discourse, aimed at resolving the practitioner's uncertainties since:

'Discoursing is the "significant" structuring [Gliedern] of the intelligibility of being-in-the-world, to which being with belongs, and which maintains itself in a particular way of heedful being-with-one-another.' (Heidegger 1927/2010, pp 162/156)

'in the explicit listening to the discourse of the other we initially understand what is said; more precisely, we are already together with the other beforehand, with the being which the discourse is about.' (Heidegger 1927/2010, pp 164/158)

A heedful, being-with-one-another offers the potential for authentic supervision in which the permeable supervisee shares awareness of anticipated or experienced uncertainties and the permeable supervisor will recognise her role is one of heedful, being-with-another to explore the concern and possible resolutions; not to have or provide all the answers.

In the first-hand accounts, the participants spoke retrospectively about supervision experiences. So, it cannot be asserted from the current grounded theory research whether, as the therapist approaches a supervision encounter, she anticipates that sanctuary alone will resolve her practice uncertainties. An insight into why awareness-sharing may suffice, can be found in Heidegger's discussion of anxiety, in which he observes:

*'What crowds in upon us is not this or that, nor is it everything objectively present together as a sum, but the **possibility** of things at hand in general, that is, the world itself. When anxiety has subsided, in our everyday way of talking we are accustomed to say "it was really nothing." This way of talking, indeed, gets at **what** it is ontically. Everyday discourse aims at taking care of things at hand and talking about them.'* (Heidegger 1927/2010, p187/181)

However, the awareness-sharing and checking which are possible in sanctuary supervision may ultimately indicate that some meta-practice would also help the therapist to recalibrate in readiness for future practice encounters. Whether supervision is used for sanctuary or meta-practice, supervision can be part of a therapists' repertoire of recalibrating practices when, in a Heideggerian sense, the therapist's uncertainties are an entity which both supervisee and supervisor care about and wishes to take care of.

In Webster-Wright's (2010) work on professional learning, the therapists she spoke to signalled that although openness and sharing uncertainties can be unnerving, they valued opportunities to talk about practice uncertainties, although finding the time to do so is a challenge, something which Eraut (1994) also picked up from practitioners. Webster-Wright (2010) reports that issues of hierarchy may matter as she observed some reluctance on the part of therapists to contribute to professional development

forums when a senior therapist or manager was present. In the light of the grounded theory research, this reluctance may indicate Webster-Wright's participants did not perceive the conditions were sufficiently conducive to support the open sharing of practice uncertainties or that the supervisor was not perceived to be sufficiently permeable.

Supervision provides a culturally established and recognised forum for awareness-sharing although sanctuary opportunities with colleagues other than a designated supervisor are also reported. For one therapist participant, it was a colleague who suggested they might have lunch together who provided welcome sanctuary where the therapist could share her uncertainties *about* her supervisor.

That therapists value talking things through with others is not surprising and as has already been indicated in section 8.3.3 is established in health, care and wider professions in the shape of reflective practices following Donald Schön's influential work during the 1970s and 1980s (Argyris and Schön 1974; Schön, 1983; 1987). Schön referred to reflection which took place after a practice event as 'reflection on action' and contrasted it with 'reflection in action' in which an experienced practitioner makes adjustments during practice as problems arise. The sanctuary form of supervision discovered in the grounded theory research may be considered as reflection-on-action, for the supervisee at least, although it may be that a supervisor engages in reflection-in-action as she supervises.

When sharing alone does not resolve an uncertainty, therapists indicate that they engage in a range of meta-practices including consolidating, elaborating, restoring, revisioning, assuring and integrating practices. These, meta-practices which may occur in and beyond supervision can be conceptualised as dimensions of learning and as already explored in section 8.3.1, a relationship between uncertainty and learning is extensively discussed in the extant literature. Charlotte illustrates the relationship between uncertainty, sharing and meta-practices as she moved from one specialty to another. In the first instance, she described how she shared her uncertainties with her supervisor. Assurance from her supervisor then supports Charlotte's learning by guiding

her to integrate transferable aspects of her platform for practice and socio-professional ways of being a therapist to apply in the novel setting. Together with her supervisor, a need for specific training which might elaborate her knowledge and skills is also identified. Charlotte then described how through supervision and subsequent practice encounters new knowledge and skills were integrated into her approach to future practice demands and her knowing how to be in practice. Charlotte identifies meta-practices in supervision as an important but not an isolated part of her recalibration.

Bjorbækmo and her colleagues, whose account of health and education professional practices draws primarily on the work of phenomenologist Max Van Manen (<http://www.maxvanmanen.com/>), might recognise in Charlotte's account their characterisation of professional practice as one of continuous negotiation in which they suggest there is:

'a movement back and forth between supporting and letting oneself be supported; between confronting and being confronted; between pushing and being pushed' (Bjorbækmo et al, 2018, p18)

They might also recognise how Charlotte's uncertainties prompt her to engage in recalibration, since they propose that:

'We are stopped by surprise, rebellion, humiliation. But we are also stopped by wonder, followed perhaps by the possibility of reorientation.' (Bjorbækmo et al, 2018, p18)

Charlotte's account illustrates the interweaving of many aspects of her being in practice but also demonstrates how multiple meta-practices support her learning in ways that are consistent with the circularity of continuing, authentic professional learning as described by Dall'Alberg and Sandberg (2006) and by Webster-Wright (2010).

The meta-practices which participants spoke about support both epistemological and ontological practitioner recalibration and learning through consolidating, elaborating, restoring, revisioning, assuring and integrating knowing that, knowing how and knowing

how to be, to address uncertainties. In the speech and language therapists' account described earlier, she shared her socio-professional and platform for practice concerns about meeting both the patient's complex communication needs and the expectations of others. Like Charlotte, this speech and language therapist spoke about taking these uncertainties to her supervisor, describing how the supervisor was able to reassure her about the knowledge and skills which would support her to meet the patient's needs but also role playing the conversation she might have with the consultant in the next team meeting; knowing that, knowing how and exploring ways of being as the therapist in future encounters with the consultant colleague. Just as Webster-Wright (2010, p122) observed with the therapists she spoke to, in the speech and language therapist's account, professional understanding has changed not necessarily because her knowledge and therapeutic know-how altered, but because through dialogue in supervision, her confidence in what she knew and could do was enhanced as she explored and rehearsed how she might now 'be' in practice too.

8.3.5 Summarising recalibration in the context of the wider literature

The extant literature about learning and thinking provides insights about the ways in which uncertainties may serve as a prompt for checking and learning. Such prompts can arise from positive and negative, specific and generalised or ill-defined uncertainty. Existing theory and opinion points to professional benefits associated with engaging in deliberate, scheduled recalibrating activities as counter to the potential for professional practices to become taken-for-granted or to decay. A psychology of personal constructs and or phenomenological schemes of experience illuminate possible mechanisms for practitioner recalibration. The sanctuary and meta-practice functions of supervision are seen to combine aspects of existing perspectives on reflection and learning in and from practice.

From the grounded theory research, practitioners who readily engage in recalibration activities, such as supervision have been conceptualised as permeable practitioners and in this final section of chapter eight, this concept of practitioner permeability is explored in relation to the wider literature.

8.4 Practitioner permeability in the context of the extant literature

In section 8.3.2 it was suggested, with reference to Pauline and her supervisor, that engaging in recalibration was only possible because both were permeable practitioners; Pauline in electing to take her concerns to the supervisor and the supervisor for being able to construe relevant and appropriate elements of the novice colleague's practice, not simply expecting the supervisee to exactly replicate the supervisor's own practice. While both practitioners demonstrate permeability, Pauline's permeability is pivotal; it is Pauline who seeks feedback not the supervisor who initiates instruction. It indicates that it is not only experts who demonstrate the wisdom or 'phronesis' which Benner (2004) assigns to expert practitioners and that in actively feedback-seeking, the novice is less constrained by 'techné' and wiser than might be predicted from the sort of skills acquisition model explored in section 8.2.2.

Permeability is then the core conceptual term adopted to capture the constellation of characteristics and behaviours which underpin therapists' resolution of practice uncertainties. It is a synthesis of 'awareness of self and others', 'awareness-sharing', 'feedback-seeking', 'openness to alternatives', 'critical awareness' and 'willingness to change'. As George Kelly also adopts the term permeability as a property of personal constructs, the grounded theoretical concept of practitioner permeability will be briefly considered with reference to his conceptualisation of permeable constructs (Kelly, 1963) and then through a phenomenological lens of possible ways of being.

8.4.1 A personal construct perspective on permeability

In his psychology of personal constructs, Kelly (1963) writes about 'permeability' but for him this is a property of constructs, not of persons. Kelly describes a permeable construct as one that:

'will admit to its range of convenience new elements which are not yet construed within its framework.' (Kelly, 1963 p79)

For Kelly, there are degrees of permeability. He illustrates this with reference to the construct '*good vs bad*', describing how one person's good vs bad construct may be:

'sufficiently permeable to permit him to see many new ideas and new acquaintances as good or bad. Another person's construct of good vs bad may include many things but not be open to the inclusion of many new things; most of the good things and most of the bad things have already been labelled - and he has almost run out of labels.' (Kelly, 1967 p79)

Kelly acknowledges the influence of McGaughran (1954) who concluded from his own empirical research that highly abstracted characteristics of verbal behaviour were predictive of a person's non-verbal behaviour. McGaughran is said by Kelly (1963 p80) to have proposed the word '*permeability*' as an alternative to the conceptual dimension of abstract-concrete. Kelly himself applies permeability to a construct's plasticity, the property of the construct which provides the capacity for new elements to be embraced within the construct. Kelly's conceptualisation of permeability in terms of plasticity is similar to the grounded theoretical concept of permeability, although for Kelly this is a property of constructs not a person.

Permeable constructs could be of use to a therapist as she encounters practice uncertainties. It is possible to imagine practice scenarios where a therapist with impermeable constructs will offer a narrow range of approaches, be suspicious of those who offer alternative approaches or construe a patient who is not enthusiastic or compliant with the therapy suggested. For example, a person who is satisfied that her walking, while not perfect, is sufficiently functional following a stroke may not share her physiotherapist's desire to focus on therapy exercises to improve the quality of her gait; the physiotherapist's constructs for 'walking vs not walking' are less permeable than the patient's. In contrast, an elite athlete who has sustained a physical injury which is preventing a return to competitive sport will aspire beyond merely functional mobility and may construe the goals set by her physiotherapist to lack ambition; the permeability of the patient and therapist's constructs of 'recovery' may differ. A therapist whose behaviours and characteristics are permeable in the grounded theoretical sense, might experience some uncertainty in such practice encounters where her approach or anticipations about outcomes are at odds with the patient's. These examples illustrate how Kelly's concept of permeability as applied to constructs differs from the grounded theoretical concept of practitioner permeability as a constellation of behaviours and

characteristics. From the hypothetical physiotherapy practice illustrations provided, the practitioner may have less permeable constructs about an aspect of rehabilitation than her patient yet be sufficiently permeable to notice that she and the patient are at odds, to experience some uncertainty about this and in turn be prompted to engage in recalibrating practices.

Kelly (1963, p73) indicates that the unfolding of events provides an increased capacity to predict and make the world more manageable, since:

'the successive revelation of events invites the person to place new constructions upon them whenever something unexpected happens.'

At the core of his constructive alternativism, Kelly (1963, p15) points to the potential for persons to change and the role a person plays in doing so:

'No one needs to paint himself into a corner: no one needs to be completely hemmed in by circumstances; no one needs to be a victim of his biography.'

Kelly's focus on constructs and construing offers a possible mechanism for practitioner change but it does not readily account for the clusters of behaviours and characteristics discovered in therapists' accounts which the grounded theoretical perspective indicates are necessary for the therapist to recognise a practice uncertainty and to seek to resolve her concerns through recalibrating practices.

8.4.2 A phenomenological account of practitioner permeability

Prosser Tuckey and Wendt (2013, p321) were concerned with how human service professionals survive and thrive. For them, a lifeworld approach offers the:

'potential to uncover a rich world of personal, inter-subjective and inter-relational experience that can provide new perspectives and ways of thinking about how human service professionals survive and thrive.'

The grounded theoretical concept of practitioner permeability indicates behaviours and characteristics which might be regarded as important factors for thriving and surviving

in practice, and which can be further elaborated and understood in terms of phenomenological concepts of a lifeworld and of possible ways of being.

In sections 8.2.5 and 8.2.6 added theoretical insights were gained by reviewing the grounded theoretical concept of practice uncertainties from a 'being-in-the-world' perspective. This lens will now be applied to the core concept of practitioner permeability and its dimensions. Just as others have proposed (Dreyfus, 1995; Inwood, 2000) and as described in section 8.2.6, the intention is to explore whether ideas such as Heidegger's (1927/2010) can contribute further to the insights gained from participant accounts about practitioner permeability and not to provide a robust critique of Heideggerian philosophy.

Awareness and awareness sharing have been described as foundational dimensions of practitioner permeability. Heidegger also made observations about awareness, describing Dasein as having awareness of other things in the world and of itself (Inwood, 2000). Similarly, therapists presented as both self-aware and aware of and for others. Their accounts indicate how both awareness and awareness-sharing are necessary precursors for the resolution of practitioner uncertainty. Webster-Wright (2010, p117) made similar observations in relation to professional learning and refers to challenging or unexpected practice experiences which prompt conscious awareness on the part of therapists to '*think to make sense of situations*'; the same sorts of experiences that Schön (1983) suggests prompt reflection in action and which were previously explored in relation to recalibrating practices in section 8.3.

Dreyfus (2000) links a Heideggerian notion of anxiety with another of resoluteness, describing a resoluteness to act as arising in the context of anxiety:

'that comes with the realization that one's average understanding with its rules and standards has no intrinsic authority. Holding on to this anxiety makes possible the openness, involvement, and willingness to take risks that, in turn, make possible the acquisition of expertise' (Dreyfus, 2000, p39)

As stated in section 8.2.2, Dreyfus was interested in skills acquisition and in this later essays (Dreyfus 2000) he suggests this interpretation of Heideggerian concepts, provides possible insights into the ways in which a professional's realisations and anxieties about the extent of her understanding of practice situations, including those which are familiar or standard, prompt behaviours and engagement with activities which support the development of expertise. From the Dreyfus' (2000) account a crucial ingredient will be the professional's realisation or awareness of uncertainties. A permeable practitioner's uncertainties may not be limited to expertise but her awareness and associated anxiety and resoluteness can be seen to serve as a prompt to recalibrate.

The grounded theoretical perspective proposes that awareness alone will not be sufficient to resolve the uncertainty and that the practitioner must also decide to share uncertainties of which she has become aware. As described in section 8.2.3, these uncertainties are not confined to situated practice encounters but may be anticipated, generalised and ill-defined. Whether uncertainties are situated or generalised Heidegger's conceptualisation of anxiety as encountered through navigating possibilities and balancing the authentic and inauthentic being-in-the-world may add to an understanding of awareness-sharing as a foundational dimension of practitioner permeability, since he suggests:

'Anxiety "does not know" what it is anxious about.' (Heidegger 1927/2010, 186/180)

Ani's account illustrated how a practitioner's day-to-day practice may be a complex weave such that there are multiple sources of possible disruption and associated uncertainties. While Ani has a generalised sense of uncertainty it may be difficult for her to pinpoint the source. As a practitioner may not know precisely what she is uncertain about a first step in resolving her concerns will be sharing her awareness in an attempt to identify a possible source of disruption. Without sharing her awareness of her uncertainties, she cannot readily identify or gather feedback about which recalibrating activities will support the resolution of her uncertainty.

Both the awareness-sharing and feedback-seeking dimensions of practitioner permeability are consistent with the idea of always existing with others. Heidegger points to the way in which being with others in the world creates ambiguity:

'we encounter things that are accessible to everybody and about which everybody can say everything, we can soon no longer decide what is disclosed in genuine understanding and what is not.' (Heidegger 1927/2010, 174/167)

Feedback-seeking has been discovered as an important sense-making and perspective-gaining step for therapists' in their quests to resolve practice uncertainties. Through feedback the therapist can check her interpretation of events, her approach to practice demands and her existing knowledge and skills, by gathering others' views and perspectives. Feedback-seeking is typically discovered in instances when therapists verbally request feedback from colleagues; a sharing of practice concerns and listening to what another makes of them. This dialogic feedback-seeking can be conceptualised further with reference to Heidegger's view of words as representations of the entities and interpretations of 'the being' such that discourse *'constitutes the disclosedness of being-in-the-world'* (Heidegger 1927/2010, p161/156) and through communication:

'the articulation of being-with-one-another understandingly is constituted. It brings about the "sharing" of being attuned together and of the understanding of being-with.' (Heidegger 1927/2010, p162/156)

'the connection of discourse with understanding and intelligibility becomes clear through an existential possibility which belongs to discourse itself, listening. It is not a matter of chance that, when we have not heard "rightly", we say that we have not "understood"' (Heidegger 1927/2010, p163/157)

In feedback-seeking then, the therapist explores possible assumptions and what is taken for granted which may give rise to ambiguity. By explicitly translating her uncertainties into words and by sharing these with others in her practice world, the therapist can check her interpretations and perceptions with others before deciding on possible ways forward to resolve her practice uncertainties:

'Everything looks as if it were genuinely understood, grasped, and spoken whereas basically it is not; or it does not look that way, yet basically it is. Ambiguity not only affects the way we avail ourselves of what is accessible for use and enjoyment, and the way we manage it, but it has already established itself in understanding as a potentiality for being, and in the way Dasein projects itself and presents itself with possibilities.' (Heidegger 1927/2010, 174/167)

Practitioner uncertainties were discussed in terms of Heidegger's position on possibilities; a position which has been described by Dall'Alba (2009) as being continually in a process of becoming and seen in the grounded theory participants' expectations about career-long learning. The grounded theoretical 'openness to alternatives' dimension of permeability may be enriched through consideration of Heidegger's characterisation of Dasein in terms of possibility. Of further interest is Heidegger's notion of mood. Heidegger uses the terms *'Befindlichkeit'* and *'Stimmung'*. In German, the word *'Stimmung'* means both 'mood' and, as in the sense of a musical instrument, 'tuning'. *Befindlichkeit* is more usual and Inwood (2000, p41) suggests that while the term is often translated as 'state of mind', this is misleading, proposing instead that what is meant is *'how one finds oneself'*, *'how one is to be found'* or *'how one is doing'*. What Inwood suggests Heidegger seeks to signal with these two terms is that:

'to be in a mood is to be tuned or attuned in a certain way' (Inwood, 2000, p41)

It is mood, Heidegger proposes, which makes us aware of things that we are not aware of in our state of average everydayness. Moods:

'light up the world and our being in the world in a way that everyday business does not' (Inwood, 2000, p43)

Mood influences our interpretations and understanding of *'being-in-the-world'* at any given moment. There is a parallel between Heidegger's *'Befindlichkeit'* as a notion of *'how one is doing'* and initial instances from practitioner accounts of *'how am I doing?'* which ultimately led to the discovery of the grounded theory concepts of 'practitioner uncertainty' and of 'permeability'. Heidegger's notion of mood can extend the grounded theory concept of permeability in an important way, by providing a context in which permeability might usefully operate. In the course of practitioner average

everydayness, a mood of openness might not be in the foreground for the therapist. Indeed, a practitioner who is overly open to alternatives, highly permeable or porous, may run the risk of being indecisive or highly dependent on colleagues for support in navigating possible ways of being in practice, as illustrated in figure 12, section 6.3.5. However, when practice demands and events create uncertainty through ambiguity and alternative ways of being, therapists with a mood of openness can choose a permeable way of being which can serve them effectively in recalibrating for practice. Conversely, an absence of a mood of openness may leave a therapist continuing to practice in ways that do not meet practice demands effectively or which in her state of average every day practice she has not noticed, resulting in possible failure to address practice concerns; consistent again with participant accounts.

While therapists may share and in a mood of openness seek feedback about practice uncertainties of which they are aware, their accounts indicate that feedback is not always adopted. For permeable practitioners this is not a stubborn unwillingness to change but accounts indicate that therapists apply agency or critical appraisal in deciding whether or not to make adjustments to practice in the light of the feedback and alternative possible ways of being. A range of parameters of criticality are indicated by participants which include factors such as the credibility of the source of feedback or the fit of an alternative with the presenting uncertainty, practice demands or anticipated future demands.

This critical attuning reflects Heidegger's contrast between the authentic and inauthentic for Dasein and the concept of resoluteness to which Dreyfus (2000) also referred. Once again, as the therapist is not alone in her world, she will always be weighing up her own ways of being with those of others. In the grounded theory this was conceptualised as socio-professional concern. Drawing on Heidegger this may reflect the distinction between Dasein being true to self (authentic) or influenced and conforming to a 'they-self' (inauthentic). In weighing up possible alternative ways of being and deciding whether to recruit aspects of feedback, the therapist will critically appraise which are more closely recognisable to her as 'authentic' and those which are more or less 'inauthentic'; adopting into future ways of being only those aspects of

feedback which seem promising to her in resolving her practice concerns. However, practitioners' socio-professional uncertainties signal a tendency for a therapist to compare herself with others and to be concerned with the extent to which she differs from colleagues. Dreyfus (1995) recognises this in Heidegger's concept of 'Abständigkeit' as an:

'essential tendency to minimize the distance between ourselves and others'
(Dreyfus, 1995, p24)

It is possible that in light of this tendency, a therapist practising and existing with others in a given practice world and a wider lifeworld will necessarily experience points in practice when the adjustments she decides to adopt result in a greater or lesser sense of authenticity. Illustrative instances are found in Nina's account. She spoke of instances when she was concerned that she might be viewed as disruptive by her supervisor and therefore elected to go along with a supervisor's guidance, even though she was not sure this would resolve her concerns. On another other occasion, she described actively disregarding the supervisor's guidance because she viewed the suggested course of action as unsafe.

The notion of resoluteness, which Dreyfus (2000) regarded as a factor in the development of expertise may also be applied to the critical awareness dimension of practitioner permeability; a dimension that underpins the sort of agency practitioners such as Nina described:

*'It would be a complete misunderstanding of the phenomenon of resoluteness if one were to believe that it is simply a matter of incorporating and seizing possibilities that have been presented and suggested. **Resolution is precisely the disclosive projection and determination of the actual factual possibility'***
(Heidegger 1927/2010, 298/285)

This implies that the resolute therapist will assess the possibilities and make a decisive choice. There are similarities with Webster-Wright's research with physiotherapists, occupational therapists and speech and language therapists from which she concludes that professional learning:

'is experienced as a process that is open to possibilities yet circumscribed by the professional's particular working context.' (Webster-Wright 2010, p113)

Heidegger's influence is apparent in Webster-Wright's use of the term 'Authentic Professional Learning' which she describes:

*'as a process that is **open** to many **possibilities** because it occurs through engagement with others in the complexities of practice over time.'* (Webster-Wright, 2010 p114)

Webster-Wright's, 'Authentic Professional Learning' has no clear beginning or predetermined outcome and can therefore be experienced and regarded as open-ended. She suggests that to cope with the inherent uncertainty of the authentic professional learning process the practitioner requires openness or flexibility of attitude; behaviours and characteristics which are identified in the practitioner permeability dimension of 'openness to alternatives'. Furthermore, the practitioner permeability dimension of critical awareness is also recognisable in Webster-Wright's work when she cautions, in language reflective of Heidegger's influence, that:

*'openness is not infinite, but is **circumscribed** and shaped by the **opportunities and constraints** of the **professional's** working **context**. There are tensions between the possibilities inherent in Authentic Professional Learning and the circumscription of context. Variation in this constituent is related to the way in which different professionals **resolve these tensions**. This resolution shapes the professional's experience of Authentic Professional Learning, so that the learning of each professional has a unique quality although the structure of that experience is common to all the professionals.'* (Webster-Wright 2010 p114)

Webster-Wright declares that Authentic Professional Learning is about a change in the professional's understanding. In the grounded theory research, practitioners have indicated how practice concerns can be resolved in numerous ways, some of which will require no change in the practitioner's current way of being. Through her permeable behaviours the therapist may arrive at an understanding that her uncertainties can be tolerated or are perhaps unfounded as she discovers that others would do as she is doing if faced with the same practice demands. It is for this reason that from a grounded theoretical perspective, resolution of practice concerns has been conceptualised as

practitioner recalibration since it may entail affirming and consolidating ways of being, not only changes through elaborations and revisions. Even so, it follows that the therapist's willingness to change remains an important aspect of practitioner permeability since, as Revans observed in developing his Action Learning approach, change is ultimately mediated by practitioner volition:

'one may be cognitively aware of a need to behave differently and yet remain determined not to do so in practice.' (Revans, 2011 p5)

Willingness to change will be informed by the practitioner's critical appraisal of possibilities but in addition to Heidegger's notion of resoluteness, his concept of 'care' is also relevant. 'Care' has two senses for Heidegger. Firstly, in the sense of 'caring about or worrying about' something and secondly in the sense of 'taking care of things'; both of which can be recognised in the concept of practitioner permeability. The notion of 'caring about or worrying about' is reflected in Dall Alba's (2009, p37) work on learning professionals' ways of being in which she suggests it matters to us as professionals who we are and who we are becoming. Webster-Wright (2010) reports that professionals continue to learn through changes in professional understanding which arise in the context of different types of learning transition. Of note regarding the permeability dimension of willingness to change is Webster-Wright's (2010, p112) observation, akin to Heidegger's first sense of care, that learning transitions occur:

'when the professional is actively engaged in aspects of professional practice they care about, perceive is uncertain and see as novel'

As already described, Webster-Wright also indicates that authentic professional learning occurs when there is a change in the professional's understanding. She proposes that professional understanding encapsulates:

'all that a professional does and is, so that change in understanding alters some aspect of being a professional. But a professional is not an aggregate of parts, existing rather as a whole. All these aspects of professional understanding presuppose a prior, implicit understanding of being a professional in a particular way.' (Webster-Wright 2010, p116)

The second sense of 'taking care of things' also seems pertinent in developing the role of 'willingness to change' as:

'Taking care is guided by circumspection which discovers things at hand and preserves them in their discoveredness. Circumspection gives all our teaching and performing the route for moving forward, the means of doing something, the right opportunity, the proper moment. Taking care can come to rest in the sense of one's interrupting the performance and taking a rest or by finishing something.' (Heidegger 1927/2010, 172/165)

Taking care by 'taking a rest' or by 'finishing something' can accommodate the grounded theoretical concept of recalibration not just as change through elaboration or revision in the context of practitioner willingness to change but also through the opportunity to take a break from practice; as in Ruth's description of supervision as a place to 'step off' for a bit.

In Heidegger's view, having ceded a decision to 'they' does not make it impossible to reclaim a choice. However, as Inwood (2000, p28) indicates, this is not to imply that reclaiming the choice is straightforward. In a position that has previously been promoted by Eraut (1994), permeable therapists spoke about seeking opportunities to step back or step out of the practice world for a while, in order to see things in a new light and to explore whether there may be other ways to address presenting practice demands. It might be considered that the permeable therapist seeks a 'truth' about her practice concerns, or as Heidegger describes, an uncovering or unconcealment of the sources of practitioner uncertainties. This unconcealment may reveal inauthenticities to the therapist in her average everyday way of being in practice, or not. What has been discovered in this grounded theory research is that a permeable practitioner cares about how she is doing and displays characteristics and behaviours which facilitate the uncovering of the sources of her practice uncertainties, positioning her more favourably to address and resolve concerns ahead of future practice encounters by considering the possibilities open to her. When the conditions are favourable, the permeable practitioner may regard supervision offers the opportunity to do this.

8.4.3 Summarising Practitioner Permeability in the context of the wider literature

The grounded theory research has identified permeability as central to the resolution of practitioners' uncertainties. Kelly (1967) proposed that an individual's constructs may be more or less permeable, however in the grounded theoretical perspective of supervision it is the characteristics and behaviours of the practitioners which have been conceptualised as permeable and led to the conceptualisation of practitioner permeability. Key aspects of Heidegger's phenomenology, such as awareness and care can be mapped to the dimensions of practitioner permeability to provide a further elaboration of the grounded theoretical concepts in terms of practitioner behaviours or characteristics. Such phenomenological concepts have also been recognised by other contemporary researchers with interests in professional ways of being and authentic professional learning (Dall'Alba 2009; Webster-Wright 2010). To date, this phenomenological perspective does not appear to have been applied to an understanding of professional supervision practices.

8.5 An integrated grounded theoretical perspective

Chapter seven concluded by presenting a grounded theoretical perspective of AHP supervision which had been developed from the accounts of the therapists who contributed to this research, (section 7.6, figure 14). To recap, this perspective proposed that permeable practitioners are those who recognise the occurrence of uncertainties arising in the course of their practice and are then prompted to engage in activities which support them to resolve their concerns. Practitioners' uncertainties can be grouped into three broad categories; those arising in relation to practice demands, those which involve some disruption of the practitioner's platform for practice and those which can be regarded as socio-professional. While the sources of some uncertainties can be readily identified as arising in relation to an identifiable, situated or anticipated practice encounter, others may be less readily specified and may indeed arise in the context of unexceptional day-to-day practice. In the first instance therefore, efforts to resolve concerns involve checking, to explore and understand the nature of the uncertainties. In some cases, the exercise of checking may provide sufficient assurance for the practitioner to resolve her uncertainties but at other times, checking may

indicate some adjustment to practice is necessary. These checking, assuring and adjustment activities are conceptualised as recalibrating practices. Participants suggested that one place that may support recalibrating practices is supervision, provided the therapist perceives certain conducive conditions are created.

Chapter eight has sought to situate this grounded theoretical perspective in the context of existing theory, opinion and research. This theoretical integration with extant literature has brought additional depth and perspective to the constituent concepts of the grounded theoretical model.

The wider theoretical literature has illustrated that the phenomenon of uncertainty has been recognised in professional and practice settings for some time. In developing the grounded theoretical perspective of supervision, a phenomenological perspective of a therapist as a person existing in a wider world makes explicit the possible interaction between uncertainties in practice, events beyond practice and the ways in which permeable therapists anticipate, identify and seek to resolve practice uncertainty. Parallels have been drawn between the awareness of uncertainties as a prompt to engage in recalibration practices and both historic and contemporary perspectives about the relationships between knowledge, thinking, uncertainty and learning. In a pragmatic sense perceiving uncertainty presents a prompt for learning, while phenomenologically the uncertainty is perceived as something about which the therapist cares and cares to resolve. It has also been suggested that a theory of personal constructs can provide an account of possible experiential and anticipatory mechanisms which lead to practice uncertainties. Related personal construct and phenomenological theoretical perspectives provide possible mechanisms for the adjustment which may be necessary as a part of practice recalibration.

Exploring practitioner uncertainties in the context of historical and contemporary perspectives of uncertainty in professional practice has extended the understanding of the grounded sources of practitioner uncertainty such that practice demands, platform for practice and socio-professional concerns can be further conceptualised

epistemologically in terms of knowledge and know how, and ontologically in terms of knowing how to be.

Finally, a phenomenological perspective has supported an elaboration of the characteristics and behaviours demonstrated by permeable practitioners providing further insights about the willingness of permeable practitioners to engage in recalibrating practices throughout a career and in the absence of clearly identified practice uncertainties as a form of deliberative, volitional practice assurance.

In summary, the integrated constructivist grounded theoretical perspective of supervision for AHPs proposes that permeable practitioners anticipate and expect to encounter uncertainties throughout the course of a career. While some uncertainties will be clearly identifiable, others will be less well defined or tangible. Permeable practitioners recognise uncertainties as prompts for learning and as something the therapist cares about and cares to resolve. Resolution of concerns may not eliminate an uncertainty; through sharing a concern the therapist may resolve that an uncertainty is less concerning than first thought or can be tolerated as part of average everyday practice. As resolving a concern does not necessarily require adjustments, the practices which permeable practitioners engage in to seek to resolve uncertainties have been conceptualised as recalibrating practices. Permeable practitioners engage in a variety of recalibrating practices as part of the ongoing endeavour of becoming and being a professional. Provided the practitioner perceives the conditions are favourable, one such recalibrating practice is supervision. While permeable supervisees seek favourable conditions to be established, permeable supervisors seek to create these conditions since they too care about and care to resolve each supervisee's uncertainties.

In the grounded theoretical account, practitioner permeability and favourable conditions are more predictive of engagement in supervision, not the format or model of supervision adopted or offered. However, whether group, peer, one-to-one, telephone or other format, practitioners indicate two distinct but related dimensions of supervision; sanctuary and meta-practice. The sanctuary of supervision can provide a space to explore the knowledge, know-how and knowing how to be dimensions of the

practitioner's uncertainties. Through the meta-practice aspect of supervision, both supervisor and supervisee can consider what recalibrating practices, in and beyond supervision, offer possible ways to resolve uncertainties; courses, joint working, staff support and so on. In the absence of favourable conditions, permeable practitioners still seek to resolve practice uncertainties but therapists' accounts indicate that without supervision this recalibration may prove more complicated, lengthy and frustrating.

In section 4.3, the debate about the use of diagrams in grounded theory was highlighted. Nonetheless, provided a diagram has not been used in place of theoretical write-up, Glaser (1998, p169) acknowledges that a schematic representation can serve to aid the comprehension of the meanings and relationships between concepts proposed in the written theory. It is in this spirit that figure 16 overleaf is offered; as a summary schematic of the integrated grounded theoretical perspective of AHP supervision.

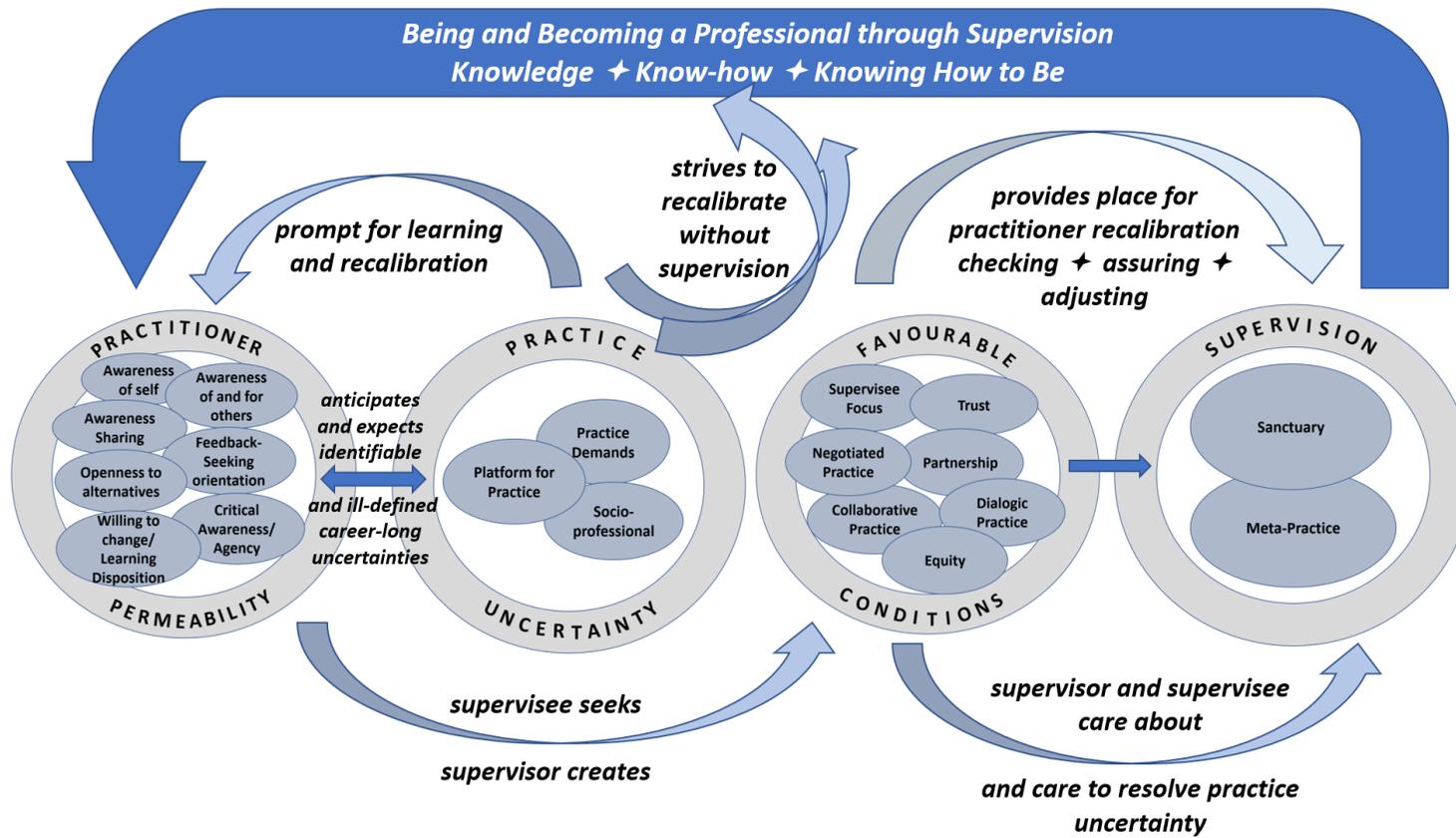


Figure 16: Integrated constructivist grounded theoretical perspective of permeability and the resolution of practitioner uncertainty

Chapter 9: Advancing our understanding of AHP supervision practices: implications of an integrated constructivist grounded theoretical perspective

“The important question is the usefulness of the theory that has been generated” Baker, Wuest and Stern (1992 p1359)

The integrated constructivist grounded theoretical perspective of supervision for AHPs proposes that permeable practitioners anticipate and expect to encounter uncertainties throughout the course of a career which they may seek to resolve in supervision. This chapter now proposed the potential future contribution to AHP practice and supervision of an integrated constructivist grounded theoretical perspective.

The research sought to gain insights into AHP supervision practices. It began with a sense gained from the researcher’s varied practice, management and education career as an AHP that, although supervision is advocated as best practice for registered professionals (HCPC 2014), there is wide variation in supervision practice, limited theoretical underpinning or rationale and a paucity of first-hand accounts. Beginning with constructivist assumptions, the research sought to gather individual experiences of supervision and associated meaning making.

Therapists have described supervision as a culturally established practice which permeable practitioners may use as a place for recalibration in response to practitioner uncertainties, provided certain conducive conditions are perceived to be in place.

It is acknowledged that accounts were gathered from a limited subset of the AHP professions. However, it is proposed that the concepts of practitioner uncertainty and practitioner permeability present possibilities for the future of AHP supervision practices which are explored in the remaining sections of this chapter. The areas selected as the focus for the consideration of implications for future AHP supervision practice are:

- A place to share and to explore the resolution of practice uncertainties: A common foundation for AHP supervision
- Practitioner Permeability: Implications for supervisees and supervisors
- Reconstructing uncertainty as a springboard for learning

9.1 A common foundation for AHP supervision as a place to share and resolve practitioner uncertainty

By abstracting from the varied concrete who, what, when, where and how of supervision, an overarching foundation is proposed which can be conceptualised as ‘resolving practitioner uncertainties’; a superordinate ‘why’ of supervision. While AHP supervision practices are reported and experienced as many and varied, at a superordinate conceptual level, supervision serves a common purpose as a practice which can support therapists to resolve practice uncertainties. This abstracted conceptualisation of a common purpose is similar to Kelly’s proposition (1963, p30) cited in section 2.4, that it may be possible to penetrate a bewildering mass of concrete events and come to grips with an orderly principle. This common purpose or orderly principle may be regarded as the fundamental function of supervision for therapists and is illustrated conceptually in figure 17 below:

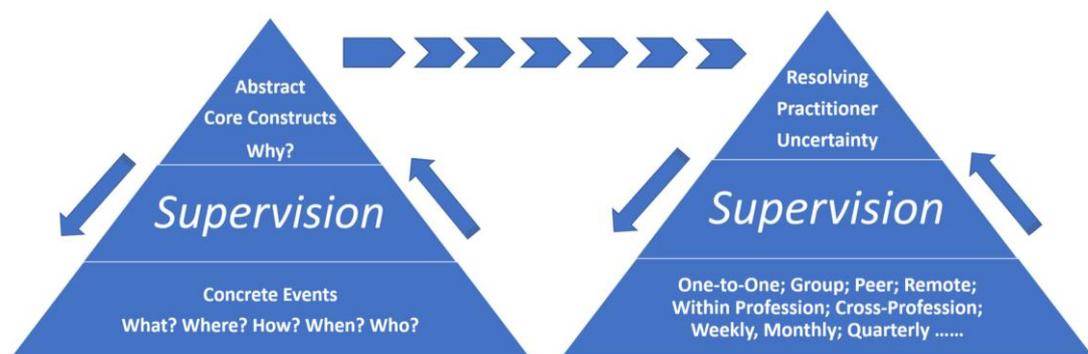


Figure 17: Diagram summarising relationship between concrete events and core concepts in AHP supervision

Supervision is not the only place for practice uncertainties to be shared or resolved. The first-hand accounts indicate that when a permeable practitioner becomes aware of practice uncertainties, she is not prompted to engage in supervision per se but in activities and practices which are conceptualised as recalibrating activities; checking,

assuring and adjusting practice as necessary. Figure 18 illustrates this relationship between recalibrating activities and supervision:

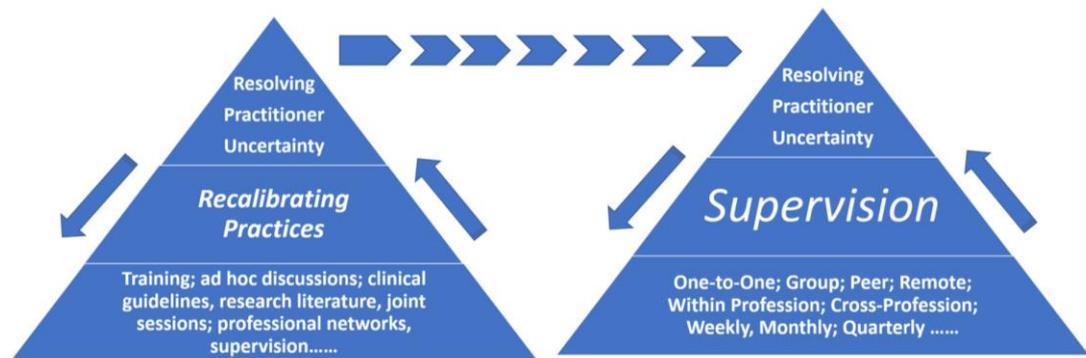


Figure 18: Diagram illustrating relationship between recalibrating practices and supervision for AHPs

Practitioners who recognise uncertainty as a prompt to engage in recalibrating activities are conceptualised as permeable because they display a combination of behaviours and characteristics which support their efforts to resolve their uncertainties. However, even a permeable therapist may opt to choose not to take uncertainties to supervision if she is not satisfied that supportive conditions are established.

A fundamental implication of this conceptualisation is that the variation in the who, what, when, where and how aspects of supervision practices need not be a concern, provided the practices are supporting the therapist’s recalibration effectively. Indeed, it may be that different approaches and configurations of supervision have better fit for different presenting uncertainties. Instead of a preoccupation with the best format for supervision, this finding of a common foundation for supervision perhaps indicates that attending to ways in which practitioner permeability might be developed and encouraged offers a fruitful focus for further exploration.

9.2 Practitioner Permeability: Implications for supervisees and supervisors

Practitioner permeability has been proposed as a central concept in the grounded theoretical perspective. Therapist participants spoke about career-long learning as an anticipated, positive and motivating aspect of professional practice. Therapists

presented with a combination of characteristics and behaviours which supported them to recognise and address the practice uncertainties they encountered. They presented as professionals who strive to meet practice demands as the best practitioners they can possibly be. In first-hand accounts, therapists distanced themselves socio-professionally, from colleagues who they perceived did not share or display these fundamental behaviours and characteristics. The descriptions of such colleagues included those who seemed stuck in their ways and those who avoided opportunities for supervision or development.

Instances of less permeable practitioners extended across the career pathway; newly qualified therapists who were intent on sticking to practices picked up in training; experienced practitioners with fixed views about practices; supervisors who were didactic and opposed to new or emergent practices. Descriptions were also accompanied in some cases with concerns about the relevance of practices adopted by less permeable colleagues and by worries about the risks associated with practitioner's who were regarded as disengaged from recalibrating practices of checking, assuring and adjusting.

The possible implications of practitioner permeability for AHP supervision could form a focus for future research endeavour but in the context of the insights gathered thus far through the grounded theory research there are some implications that can already be explored.

9.2.1 Practitioner permeability: malleable or a fixed set of personal preferences and attributes?

It is correct to acknowledge that the focus for the grounded theory research has been to identify sources of practitioners' uncertainties, the combination of behaviours and characteristics which supported practitioners to resolve uncertainties and in turn to conceptualise these as practitioner permeability. However, practitioners' accounts also indicate that there is not a stark divide between those who are permeable and those who are not and furthermore that permeability is not fixed or stable for a given

individual, as indicated in section 6.3.5 and in the proposed spectrum of permeability in figure 12 in the same section.

Just as practitioners' accounts of uncertainty do not map neatly to a linear model of skills' development such as Dreyfus and Dreyfus (1986), permeability also presents as fluctuating and may be characterised by a more circular developmental path, as Dall'Alba and Sandberg (2006) have identified in other aspects of professional learning. Furthermore, although permeability has been proposed as a conceptual umbrella for a range of behaviours and characteristics, dimensions such as awareness-sharing or willingness to change might also be conceptualised as ways-of-being. The implication is that as permeability can vary and fluctuate, the behaviour and characteristic components of permeability are not simply the manifestation of the practitioner's personal attributes or preferences but can be influenced and developed to better serve practitioners in their endeavours to recognise and address uncertainties.

If these modifiable behaviours and characteristics are central to the resolution of practitioner's concerns, it is reasonable to consider whether they are currently afforded sufficient attention in pre-registration and ongoing AHP professional development. The first-hand accounts gathered in this research would suggest there may be work to do in this regard. Even though Proctor's model (Proctor, 2001) is described as widely cited (Pearce et al, 2013) none of the therapist participants indicated they were aware of it, very few had attended training or development of any kind related to supervision and most supervisors had gained their skills vicariously.

9.2.2 Challenges to the development of practitioner permeability: busy curricula and the influence of evidence-based practice

In pre-registration curricula, trainee AHPs are encouraged to develop skills to assist them to critically appraise published literature, including guiding students to use a recognised, published critical appraisal tool (CASP, 2018). The rationale for developing this critical awareness and the skills required to navigate, interrogate and apply the vast and growing body of evidenced-based research is undeniable. Over half a century ago, Fox (1957) recognised that one of three possible sources of uncertainty for trainee doctors

arises from what is known or unknown in the field of medicine. While emerging evidence addresses some such uncertainties by filling the gaps in knowledge which Fox alluded to, conversely, the extent, complexity and nuances of the evidence-based literature (Greenhalgh, Howick and Maskrey, 2014) may have inadvertently furthered uncertainty (Harbison, 2006). It might also be that this evidence-based focus in both curriculum and practice has promoted more positivist practices with a focus on epistemological knowledge and know-how at the expense of professional knowing how-to-be, as Dall'Alba and Barnacle (2007) suggest; something Maben, Cornwell and Sweeney (2010) also note in the context of their discussion of the value of compassion in nursing care.

This is not to suggest that there is an exclusive focus on evidence-based practice. As acknowledged in section 8.3.4, AHP curricula also encourage the development of reflective practice where for example, Schön's (1983, 1987) work is influential. However, in the UK, evidence-based practice has been described as the dominant model of healthcare (Thomas, Burt and Parkes, 2010). The associated emphasis on verifiable knowledge and know-how has combined with an increased focus on risk management in health and social care which has in turn influenced practices of professional support and supervision (Beddoe, 2010). A possible insight from the grounded theory research is that this risk management response reflects and encourages less permeable responses to uncertainties, treating them not as a starting point for professional learning but as something to avoid or recoil from, as Dall'Alba and Barnacle (2015) propose in their observations of finance professionals during the 2008 financial crash. It may also be the case, as has been suggested in the earliest stages of this research, (section 1.3.6) that the very measures which seek to minimise risk can inadvertently result in practitioners exercising agency in choosing what to disclose to seniors or supervisors, as noticed by McGivern and Fisher (2012) in their discussion of reactivity measures.

Rose and Gidman (2010) claim, the concept of evidence-based practice should be and has been extended to mean the combining of scientific findings with professional expertise. If this is so, it may now be equally important to attend to the professional development of the repertoire of permeable behaviours and characteristics which this

grounded theory research suggests support practitioners to resolve practice uncertainties arising in varying dimensions of practice and professional being. There is no claim from this research that a permeable practitioner will be consistently more reflective, awareness-sharing and less prone to reactivity mechanisms but the grounded theoretical insights suggest that a less permeable practitioner may apply evidence less flexibly and be less inclined to reflect on or share uncertainties arising in the application of evidence in practice.

The grounded theoretical research does not indicate what form the development of permeable behaviours and characteristics might take and it is acknowledged that this is a potential future direction of study to pursue beyond this PhD. What this research can indicate however is the ways in which developing and sustaining permeable characteristics and behaviours could be beneficial for AHPs as they encounter and seek to resolve practice uncertainties.

9.2.3 Developing and sustaining practitioner permeability: identifying the benefits

The inevitability of uncertainty as an enduring characteristic of health and social care practice has been established from an integration of the grounded theoretical concepts with the extant literature.

To equip an AHP for practice in the context of this uncertainty, pre-registration education and training need to prepare her to join a field of practice, cognisant of the career-long project of being and becoming a professional (Dall’Alba and Sandberg, 2006; Dall’Alba, 2009; Webster-Wright, 2010). It is suggested that this preparation will require a broadening of focus in curricula where there is already congestion and a dominant evidence-based practice agenda. However, it is suggested that given the centrality of practitioner permeability as a foundation for the recognition and recalibration of practitioner uncertainties, a focus on developing the constituent characteristics and behaviours might be conceptualised as a contemporary extension of the notion of training for uncertainty (Fox, 1957).

To achieve this contemporary training for uncertainty, curricula will need to be revised to assign equivalence with the contributions of both epistemological and ontological professional knowledge. This proposition is consistent with calls from other researchers such as Dall'Alba and Barnacle (2007) who promote foregrounding the question of 'who we become' in higher education for professions. Not only will the practitioner find benefit in joining the field of practice equipped with these anticipations of uncertainties and of a career-long project of being a professional but it will equip her with a repertoire of behaviours and characteristics which can support her and those she may subsequently supervise in this career-long endeavour.

While equipping the student AHP with the essential behaviour and characteristic dimensions of practitioner permeability, programmes which embrace this focus will signal and engender an expectation for the practitioner of her own part in this ongoing professional journey. The implication is that although favourable supervision is characterised in first-hand accounts as collaborative, practitioners who have been encouraged to develop as permeable will appreciate their own responsibility for recognising presenting and potential practice uncertainties and for initiating and engaging in recalibration practices. The locus of responsibility cannot be transferred to the supervisor, the educator, the employer or indeed the system. The practitioner is acquainted with recalibration through pre-registration education as an active and ongoing endeavour, as opposed to the passive acquisition of possible solutions provided by another professional.

A further possible benefit of developing permeable practitioners might be considered with reference to the debate about surveillance which was identified in the contextual literature review for this thesis (Gilbert, 2001). In their response to Gilbert's (2001) concerns, Clouder and Sellars (2004, p264) accept a potential for surveillance and point to the inescapable visibility of healthcare practitioners, surrounded as they are by patients and colleagues. They suggest the practice context necessarily results in a constant spotlight on professional competence and that some oversight is an inevitable responsibility which accompanies the rights and power of professional status. Clouder and Sellars (2004) go on to report that their research participants seem to recognise and

indeed welcome some degree of oversight; indicative perhaps of the permeability of their AHP research participants.

Clouder and Sellars' (2004) position is consistent with the positive accounts in the grounded theory research regarding visibility and connection with others through supervision, particularly from therapists in roles and settings where practitioner isolation is a source of concern, such as in community settings or highly specialist, unique or emerging roles. It is also consistent with the grounded theory participants' recognition of the need for a governance strand in supervision and with the 'being-in-the-world' inevitability that entwines aspects of practitioner uncertainties with possible governance implications. Practitioners who have developed permeable characteristics and behaviours might anticipate some surveillance but rather than construe this negatively, regard it in ways that are in concert with the value of deliberative practices advocated by Eraut (1994); as a part of a repertoire of ongoing recalibrating experiences and activities. By engaging in such activities, the permeable practitioner can ensure professional practices remain under critical control and that she is better equipped to guard against decay and professional tendencies to turn to 'off-the-peg' solutions (Dall'Alba 2009).

9.2.4 Developing and sustaining practitioner permeability: implications for supervisors

Permeability is not the preserve of supervisees. After all, supervisors and supervisees are both practitioners; supervisors are someone else's supervisee, at least one hopes this is the case. However, specific implications for the development of permeable supervisors warrants some further consideration.

In the phenomenological sense, potentially valuable supervisor characteristics include awareness, authenticity, openness to possibilities and alternatives, being resolute and caring. It follows that a permeable supervisor hears the therapists' concerns in a mood of openness and possibility; remaining open to the possibility that while a supervisee's practice may not make immediate sense to the supervisor, it is possible a given course of practice made sense to the supervisee in the context of the demands she was facing.

In a Heideggerian sense, the permeable supervisor can support practitioner recalibration because she 'cares' about the practitioner's concern and seeks to 'take care' of the practitioner and her concern; better equipping her supervisee for future practice encounters. In her research with therapists, Webster-Wright (2010, p128) similarly reports a need to establish certain conditions such as trust between colleagues before candid exchange of uncertainties and feedback can occur.

Perhaps because supervision is culturally established for UK registered AHPs, the first-hand accounts indicate that therapists may still engage in supervision in the absence of conducive conditions or engage only to discover the conditions are not met and the supervisor is far from permeable. Nonetheless, therapists spoke about continuing to meet with that supervisor regularly, as scheduled, because the regulatory body with which she is registered sets supervision out as a best practice requirement in the profession's code of practice. Indeed, one or two participants indicated that to gain a pay increment it was their employer's policy that each therapist must provide evidence that supervision has been attended. This sense of obligation, demonstrated in continuing to engage with less than satisfactory supervision, only strengthens a case for more attention to be directed towards the development of skilled, permeable supervisors.

As a minimum, a permeable supervisor will draw on her awareness of and for others to be more attuned to the construction of conditions which will be facilitative of the resolution of supervisee uncertainties. Importantly, a permeable supervisor will be open to alternatives and while she may have options for the supervisee, will not rush to impose them, encouraging the supervisee instead to explore possible ways to resolve her uncertainties and recognising her supervisee colleagues' need to critically appraise such options in the course of recalibration. A permeable supervisor will expect partnership, collaboration, dialogue and negotiation, recognising that these behaviours will require trust to be established between supervisor and supervisee.

Currently, the need to provide opportunities for those who are expected to be supervisors to develop permeable behaviours which can support the resolution of

practitioner uncertainties seems to be taken-for-granted and subsequently overlooked in professional development. The accounts gathered in this research revealed a dominant tradition in which practitioners become supervisors, not by virtue of the match between their supervisory knowledge, skills and ways-of-being, but as a consequence of being at the pay band above the subordinate, next-in-line for supervision. Many participants agreed that something mysterious and unspoken appears to happen when, in the UK NHS, the AHP progresses from an entry level band 5 post to a band 6. Without any discernible supervisory development, it becomes socio-culturally expected and accepted that the practitioner can now supervise.

It is hard to conceive of any other form of skilful professional practice where this approach would be acceptable. What is more, in the UK at least, becoming a supervisor is the one aspect of practice which all AHPs above band 6 do. However, in nearly all first-hand accounts, those who had experience of being a supervisor indicated that supervision skills were gained vicariously, either by replicating what had been experienced positively in the past as a supervisee or resolving not to replicate negative supervision experiences. If in attending to the development of practitioner permeability in pre-registration curricula overt links are made between permeability and supervision, a first step in better preparing AHPs to be supervisors will have been achieved.

A permeable supervisor will be characteristically feedback-seeking about her own ways-of-being as a supervisor, open to alternative ways of supervising and either willing to flex her approach to supervision or suggest alternative approaches to supervision which, given her own critical awareness, she assesses for best fit for each supervisee and for the presenting practice concern. Furthermore, the permeable supervisor will also be open to possibilities in supervision, recognising the potential of supervision not just as a place to address what is challenging and unsettling but also as a place for affirmation and the celebration of practice success.

Supporting practitioners to develop a repertoire of permeable supervisory behaviours in which the supervisor should not feel a need for infinite knowledge, know-how and knowing how to be, facilitates supervision in which the supervisor should not feel

responsible for resolving every uncertainty that is brought. Permeable characteristics and behaviours help supervisors to recognise when others may be better placed to support the supervisee in the resolution of the practice concerns. This would be consistent with participants' references to a sign-posting role in supervision rather than one in which the supervisor bears the burden of responsibility, which some have expressed accompanies anticipations about resolving or knowing how to resolve all of the supervisee's presenting uncertainties. Not only does this lessen the burden of responsibility for the supervisor but also limits the possibility of a supervisor imposing her own solution, perhaps when ill-equipped to do so. Instead, the permeable supervisor encourages and empowers the supervisee to explore and pursue a range of possible meta-practices to resolve the uncertainties.

The position of a supervisor has been acknowledged elsewhere as one of possible privilege and power. This potential may be exacerbated when the line between manager and supervisor becomes blurred. This blurring may be unavoidable in the smaller professional groups or for those at elevated career levels where a choice of supervisor who is not also the line manager can be limited. Whether or not the supervisor is also the manager, the skill required by supervisors to create and maintain conducive supervisory conditions while balancing supervisee focus and operational demands should not be underestimated. However, a permeable practitioner who is both line manager and supervisor will be more attuned to the privileged position and the challenges of balance between supervisee and operational demands. Acquiring permeable characteristics can make these positions more sustainable for the supervisor since a permeable supervisor will recognise her role is to support the supervisee to address uncertainties, not to have all the answers herself as either the supervisor or manager. Supervisor permeability is further considered in section 9.3 in a further discussion of surveillance concerns which featured in the context-setting literature (Gilbert, 2001).

In making a case for the development of permeable supervisors, the risks associated with less favourable experiences of supervisors who may be conceptualised as impermeable should be acknowledged. The presence of impermeable supervisors is

not just a case of socio-professional misfortune for their supervisees but brings accompanying governance concerns about perpetuating outmoded practices, the scope for intimidation and possibly bullying, the stifling of professional development and the modelling of sub-optimal supervision practices.

The grounded theoretical perspective suggests that the time has come to afford supervision the same professional development currency as other professional and clinical specialisation attracts. Supervisory roles are positions of enormous professional privilege and power which are poorly served by their largely vicarious foundations. The development of permeable, skilful supervisors must now be seen as a priority if AHP practitioners are to practice safely and effectively in the face of the inherent uncertainties and complexities of contemporary health and social care demands.

9.3 Reconstructing uncertainty as a springboard for learning

The influential dominance of evidence-based practice in UK healthcare has already been noted including a suggestion that this influence, in combination with less permeable interpretations of practitioner uncertainties, may contribute to the focus on risk management in practice and in supervision of health and care practitioners.

Attending to the dimensions of practitioner permeability in the development of supervisors may facilitate a way of being as a supervisor which places focus on supporting the supervisee to resolve her practice uncertainties, rather than prioritising or foregrounding the supervisor's own perspective, opinion or interpretation of practice concerns. Furthermore, the most valuable supervision may occur when there is a combination of supervisor permeability and a conceptualisation of uncertainty as a necessary precursor for learning, a position widely promoted in over a century of literature and thought about learning and professional practices (Dewey, 1910; Schön 1983; Revans, 2010; Webster-Wright, 2010; D'Agnese, 2017). In this conceptualisation of supervision, permeable practitioners are curious about presenting uncertainties and engaged in collaborative learning as they seek to resolve the practice concerns.

In section 8.4.2 the willingness of a practitioner to resolve a practice uncertainty was discussed in respect of caring about and caring to resolve. This Heideggerian distinction has also been highlighted in the context of contemporary research with a focus on professional learning (Webster-Wright 2010; Dall’Alba, 2009). In caring to resolve, a practitioner presents as caring to learn about and from the uncertainty. To establish the trusting relationship that permeable practitioners seek, it is fundamental that the supervisee perceives that her practice uncertainty is also something that the supervisor cares about and cares to support the supervisee to resolve. In effect, the supervisee’s uncertainty is regarded as an entity, albeit a multidimensional one, about which both the supervisee and supervisor care and care to resolve. In parallel, as a fellow professional, the supervisor has a duty of care to support the supervisee to resolve her uncertainty, to be and become the most effective professional she can be by remaining receptive to the possible authentic professional learning which can accompany experiences of practice uncertainty (Webster-Wright 2010).

Notice how, in contrast to some concerns about supervision and reflection as forms of surveillance highlighted in the contextual review at the start of the thesis (Gilbert, 2001), this conceptualisation proposes that supervision is as a place to share, explore and resolve uncertainties in a collaborative learning endeavour between supervisor and supervisee. This conceptualisation of supervision, possible in the context of the grounded theoretical insights, is not about the supervisor judging the supervisee’s practice. The supervisee is sharing her uncertainties in the sanctuary of supervision, not confessing. In turn, through a range of meta-practices, the supervisor and supervisee are collaborating to learn about and from the uncertainty as a first step in seeking to resolve it. Even so, it is appropriate to acknowledge Gilbert’s (2001) concerns about the misappropriation of power in reflection and supervision. As this PhD study drew to a conclusion, a high-profile case in UK NHS medicine provided an illustration which Gilbert would no doubt recognise as matching his concerns, serving as a reminder that his concerns cannot be dismissed out of hand.

The case concerned a trainee paediatrician who the High Court in England and Wales ruled should be struck off the UK medical register following a conviction of gross

negligence manslaughter over the death of a child (Dyer, 2018). Confusion arose regarding whether the practitioner's reflective journal entries were used as evidence in her conviction (Bradshaw, 2018). Although the doctor's written reflections were not used in court evidence, media reporting left some health practitioners under the impression that evidence from her reflective journal had been used to judge her case, as social media at the time and since documents (Royal College of Physicians, 2018). There was outcry and unease among medical colleagues and a call in the UK House of Commons from the then Secretary of State for Health and Social Care for a review of the application of gross negligence manslaughter in the NHS. The former President of the Royal College of Surgeons appointed to lead the review stressed the need for a focus on protecting reflective learning, openness, and transparency in medicine, thus ensuring that "*mistakes are learnt from and not covered up,*" (Icaobucci, 2018); concern that resembles McGivern and Fischer's (2012) observations of the reactivity mechanisms among professionals in the face of regulation.

For some, Gilbert's (2001) anticipated concerns about the exercise of power in supervision and reflective practices will seem to be reflected in events such as the case of the paediatrician and the accompanying regulated and unregulated media attention. However, the official review lead's opinion supports accounts from participants in the grounded theory research which suggest that the value of such practices should not be sacrificed in the face of such concerns. Clouder and Sellars (2004) propose that confessional and surveillance concerns can be countered by disambiguating the purpose of the supervision encounter and by recognising that therapists also exercise personal agency in deciding what is shared in supervision. Later views about the potential relationship between regulatory processes and reactivity mechanisms (Espland and Sauder, 2007; McGivern and Fischer 2012) might caution that skilful disambiguating will be required to avoid inadvertently leading to selective disclosure of practitioner uncertainties in supervision, such that concerns go unresolved and are potentially left to escalate or become embedded in practice. A possible way forward, drawing on the grounded theory research, could be for disambiguation to take the form of developing practitioner permeability in conjunction with a more explicit focus on practice uncertainties as an opportunity for authentic professional learning (Webster-Wright,

2010) and vitally, as set out in the previous section (9.2.4) that the development of the skills, characteristics and behaviours required to support supervision are not trusted for the most part to vicarious mechanisms or equated with a position of next level seniority.

Through integration with the wider literature practitioner uncertainties have been understood as a possible combination of practice demand, socio-professional and platform for practice dimensions interwoven with the phenomenon of being-in-the-world; a combination of epistemological knowledge and know-how with ontological knowing how to be and being-in-the-world. This provides a challenge for the proposal that potential confessional and surveillance concerns in reflective practice and supervision can be countered by maintaining an epistemological focus (Rolfe and Gardner 2006). Rolfe and Gardener (2006) agreed that when reflection is conducted, as in supervision, with the guidance of an experienced or senior practitioner, there is a risk, as Gilbert (2001, p200) contends, of *'a subtle but persuasive exercise of power'*. If on the other hand, reflective practices and supervision address the practitioner's knowledge and thought processes, what Rolfe and Gardener (2006) refer to as an epistemological focus, then the risk of confession and surveillance is not only eliminated but supervision and reflection are truly emancipatory in that the maintenance and development of professional knowing that and knowing how are practitioner-centred. This position is hard to reconcile in the context of the grounded theory research in which ontological and epistemological aspects of professional practice are discovered as intertwined such that professional practices, including those contributing to supervision practices, need to account for and address both ontological and epistemological aspects of the practitioner's uncertainties.

If supervision is limited to the resolution of epistemological uncertainties, its full value and usefulness would seem to be unrealised. What is more, the participant accounts have indicated that therapists do indeed use supervision for both epistemological and ontological recalibration, provided they find conducive conditions. Not only would a focus on the epistemological neglect the intertwined lived experience of being-in-practice but it seems to let the supervisor off the hook in terms of developing and drawing on her own permeability to create conducive conditions in which supervisee

colleagues are supported to resolve their practice uncertainties by regarding them as a springboard for professional learning. In their critique, Rolfe and Gardener (2006) do not overtly reject the possibility that there may be both epistemological and ontological aspects in professional practice but in suggesting that supervision focus is restricted to the epistemological they do not offer any guidance about where ontological concerns and learning may be explored. Arguably an epistemological solution for supervision leads to an incomplete supervision practice which will leave practitioners ontologically adrift in the face of practice demands.

Ultimately an approach to supervision which encourages supervisors to embrace their own practitioner permeability and take seriously their role and responsibility in creating conducive supervision conditions offers a way forward for contemporary supervision practices which can support the resolution of both epistemological and ontological practitioner concerns by learning about and from presenting uncertainties. What is more, as the concluding comments from participants about life without supervision suggest (figure 19, p263), those engaged in the training and ongoing professional development of AHPs have a duty of care to equip these professionals to engage in and provide effective supervision.

With greater focus on the uncertainty which the supervisee brings and on permeable behaviours in the supervisory dynamic, concerns about the misappropriation of power such as in the confusion between line management and clinical supervision can be more authentically navigated and resolved. In contrast to a confessional, attending to the concern at hand and its implications for practice, ensures the supervisor can support the exploration of epistemological knowledge and skills as well as ontological possible ways of being-in-practice. Again, this is not about the subtle exercise of power to achieve self-regulation of the professional or of confessing one's practice short-comings. Instead, supervision serves as part of a repertoire of practices which support an ongoing, career-long learning project of being-in-practice and of recalibration in preparation to meet future and evolving contemporary AHP practice demands.

This focus on the supervisee's uncertainty does not mean that concerns about risk or governance will slip through the supervision net unnoticed and unresolved. A focus on resolving the practitioner's concerns necessarily means exploring and resolving the full extent of the practice uncertainties which may include or have implications for governance dimensions. The permeable supervisor will not assume to be the person who is optimally equipped or placed to resolve every aspect of the uncertainty at hand, but in the context of her awareness of and for others is motivated by her duty of care to the supervisee, a wider team and crucially, to patients and clients.

9.4 What more is understood about AHP supervision: concluding thoughts

Face-to-face, one-to-one supervision is a commonly encountered format of supervision practice for UK AHPs. Other forms of supervision are also reported and perceived to be useful. These varying forms of supervision have a common foundation as a place where permeable practitioners may seek to recalibrate when faced with uncertainties. It is not the only way in which practitioners check, assure and adjust practice and can be regarded as part of a repertoire of recalibrating practices.

Ultimately an approach to supervision which regards uncertainties as a springboard for learning and is underpinned by supervisor and supervisee permeability, provides a way forward for contemporary supervision practices which can support the collaborative resolution of both epistemological and ontological practitioner concerns by learning about and from presenting uncertainties in an atmosphere of trust. Creating this atmosphere and remaining permeable as a supervisor requires a good deal of skill and yet, for the most part, AHPs report that supervision skills are developed vicariously.

As interviews with participants drew to a close, they were asked what would be noticed if there was no supervision. In the context of a constructivist grounded theoretical perspective, it feels right to leave the last words about supervision to them. Their comments, in figure 19 overleaf, suggest those engaged in the training and ongoing professional development of AHPs have an irrefutable duty of care to heed these words

and to attend to the ways in which they may equip future and current colleagues to engage in and provide effective supervision:

What would be lost without supervision: Participant views:

*It would be difficult. I would feel I am not growing as much erm, cos yes, I'm trying to read outside work. I mean, in work, impossible. I'm trying whenever the journal comes in to at least read the journal or the relevant bits. Erm, I think it would feel as if I'm plateauing with my skills erm, cos I feel I take away a lot from my supervisions, an opportunity to grow. Erm of course, you're just gaining experience doing the job that's great and you know, next time I have a case, and we've talked about a few challenging cases or complex cases, just the fact of having been exposed to it and dealt with it once, you know, you deal with it differently or more confidently the next time around, but still erm, yah I would worry, I think, about my professional development, clinical development erm a lot. **Bella***

*I personally think quality would, would change. I think that you, you it would be very difficult from a kind of er governance point of view as well cause we're looking kind've, as well at safe practice issues. Erm, erm and I think people's feelings about being valued and erm, you know, enjoying their work and all of that as well would be a factor. **Leanne***

*I suppose you'd notice the lack (laughs), you'd notice the lack of support. I think that's what it comes down to. And er, you know, a lot of people aren't very confident underneath it and they're often questioning what they're doing and, and that's more so in the community because the structure isn't there so it's back to the isolation. So, I think it's more important for those people who are in community services almost. **Mel***

*I think you'd instantly see a drop in morale. I think you'd feel less valued and I think there would be that fear about quality of care dropping as well because there wouldn't be that, you need the forum to be able to develop staff and I worry if more competence issues and professionalism issues might arise because there's no, there's no check point. So people might be just left to it and I, I, yeah it would be a sad day. **Lisa***

*I guess yes, cos there would be no discussion, there'd be no communication, so people would be doing different things. Erm, you know supervision is there for the experience to filter down in many ways, for the evidence to be shared and for best practice to be shared and if you're a maverick doing your own thing erm, and in some ways there are probably some areas of therapy where there are a few people who go and do their own thing and define themselves as specialists and if the patient is getting disjointed care or getting one thing and expecting another, they would, they would notice. **Rob***

*Erm, I th, well I think you'd notice from the staff's perspective a lot more stress. Erm because as I said, particularly as therapists on a usual rotation or clinical area, you know, that can be quite a stressful, stressful time for those people and having that ability to talk things through is so important, otherwise they just sort of burn out if they're left to their own devices all the time. And then I think, as a consequence of that, also you would see it would present a massive clinical risk to the patients because as much as the supervisee needs that time to talk to the supervisor, that supervisor also needs time to make sure that person's doing things correctly. **Simon***

Figure 19: Participant views about practice without supervision

Chapter 10. Concluding thoughts: Summarising the contribution, evaluating the quality of the grounded theory research and recognising the limitations

This chapter will provide a concise overview of the original contribution made by this research to the field of AHP supervision. It will then provide an evaluation of research quality with reference to grounded theory research quality criteria. Limitations in this research will be acknowledged. The chapter concludes with the researcher's personal reflection on the research experience.

10.1 An overview of the contribution of a grounded theoretical perspective of AHP supervision

At the end of the opening chapter of the thesis this broad research question was posed:

What can first-hand accounts add to knowledge and understanding of supervision practice for allied health professionals?

As the thesis concludes, the potential contribution of this constructivist grounded theoretical perspective to knowledge and understanding of AHP supervision can now be summarised. AHP's first-hand accounts of supervision have:

- provided insights into AHPs' career-long anticipations and experiences of practice uncertainties; uncertainties which may be characterised in terms of the AHP's platform for practice, socio-professional factors and the practice demands she faces in day-to-day practice
- introduced a concept of practitioner permeability: a conceptualisation of the behaviours and characteristics which support AHPs to recognise and address practice uncertainties
- indicated that permeable practitioners both recognise and seek to resolve concerns through a range of recalibrating practices, of which supervision may be one

- provided a conceptual foundation for AHP supervision as a place to share and resolve practitioner uncertainty in which practitioner permeability and favourable conditions are important factors, regardless of the format or model of supervision

Exploring these concepts in the context the wider theoretical literature has provided opportunities to review the extent to which the training and ongoing professional development of AHPs:

- prepares practitioners for career-long practice uncertainties
- achieves a balance between developing evidence-informed knowledge and know-how and aspects of knowing how to be as a practitioner
- actively encourages 'permeable' behaviours and characteristics
- encourages practitioners to recognise the uncertainty as an opportunity for learning and not just a marker of error or risk
- attends to the development of supervisors; affording supervisor development adequate career development currency and value

The extent to which identified gaps in knowledge have been addressed by the research, the measures undertaken to explore conceptual grab and the contribution the research makes in the application of grounded theory methods are now briefly considered.

10.1.1 Addressing the identified gaps

In the opening chapter of this thesis, in section 1.4, gaps in what was known about supervision were proposed. While the research has contributed insights about these knowledge gaps, the grounded theoretical approach has taken the research endeavour on a more extensive journey and the resulting contribution to knowledge and understanding of AHP supervision practices has been demonstrated to extend beyond these initially identified gaps.

The research has provided detailed accounts and examples of AHP supervision practice from a range of AHPs have been gathered as anticipated. Through future dissemination

of the PhD, these accounts can further augment the existing literature providing insights about AHP supervision experiences and attributed meanings.

The fresh insights about the place of supervision in the resolution of practitioner uncertainties which are now possible require further dissemination and as indicated in relation to the quality of this research, (section 10.2), will necessitate further analytical challenge.

10.1.2 The search for conceptual grab

Opportunities to share preliminary theoretical concepts in the later stages of the research have been valuable in developing a sense of the conceptual grab. As a practising AHP and supervisor, there have been opportunities to begin to try aspects of the theoretical perspective for fit in practice. However, this has not formed a formal part of the research but is part of the future aspirations for dissemination and application of insights from the research. Early indications are that practitioners recognise the concept of practitioner uncertainty. They are receptive to the notion of permeability and recognise a spectrum of permeability for self and among others. The idea of a focus for supervision as a place for recalibration appears to have appeal, as does the treatment of a practice uncertainty as something to learn about and from.

10.1.3 The contribution to grounded theory method research

The researcher sought to conduct rigorous grounded theory research paying close attention to the alignment of philosophical position, methodological decisions and the methods adopted. Ultimately a mainly constructivist approach was adopted but a blend of methods from the major versions of grounded theory was used. Heeding these views, a thorough account of the alignment of this research with the major versions of grounded theory research was provided in chapter two and the quality of the research is considered in section 10.2. It cannot be claimed that it is novel to select from the constellation of grounded theory methods (Charmaz 2014), however, the inclusion of visual elicitation in the data collection phase and its alignment with the methodological philosophy to limit *a priori* assumptions can be regarded as original. The use of visual elicitation methods was explored in section 3.2.1 where it was suggested that one way

in which this technique supported the grounded theory method was that it limited any influence the words used by the interviewer may have on the participant's responses. Much as Banks and Zeitlyn (2015) have suggested, participants seemed to talk freely about supervision experiences in response to the images selected, sometimes for several minutes without the need for additional prompting from the researcher. Indeed, the response to one image often prompted a participant to search for further images as a point was elaborated; a participant-sourced visual prompt which was free from any researcher interpretation or bias. The use of visual elicitation in grounded theory interviews can therefore provide additional assurance that the researcher is adopting an approach which limits the influence of her own *a priori* assumptions; an important factor in evaluating grounded theory research quality. Those who read the research can have greater confidence that the participant was at liberty to tell a personally informed story about supervision and not one that was constrained by the questions the researcher selected from a topic guide constructed ahead of the interview. An illustration of this is that when invited at the beginning of an interview to select pictures that might tell the interviewer about supervision, participants sometimes asked whether the researcher was interested in supervision from a supervisor or supervisee perspective. With the pictures to hand, it was easier for the researcher not to inadvertently garden-path the participant to talk about one or other perspective but to gently suggest: 'Anything you think might tell me something about supervision.' This excerpt from Rob's transcript accompanied a picture of hands cupped to catch a cricket ball and illustrates how the response to a single picture can reveal something about both supervisors and supervisees:

'and this made me again think of think of trust, erm and, and also the relationship that you're not doing things for people or you're not having things done for you. And yet I guess the idea that someone is throwing you a ball, they still have to catch it and do something with it. So, so yeah the responsibility almost, not, not being passed on but a direction given or some support given but then ultimately the person, the supervisee has to get, them, and actually perform or do or succeed or whatever that may be.' **Rob**

Rob returned to the idea of trust throughout his interview as reported in chapter seven. The images he chose and the things the image prompted him to say, provided insights into different dimensions of trust in supervision; for example, his comments about building trust and the fragility of trust in response to the image of a pile of pebbles (section 7.3.2). The image prompted Rob to talk about trust and in turn this prompted the researcher to look for instances about 'trust' in the course of constant comparison with previous and subsequent data as the dimensions of a concept of 'favourable conditions' were constructed.

Although the interview transcripts did not isolate responses in relation to the images selected by participants, there is some indication, as Rose (2016) has suggested, that images prompt different kinds of talk and that in turn the researcher accesses different sorts of participant knowledge and insights into the social phenomena under investigation.

10.2 Assessing the research quality

The criteria for the evaluation of rigour and quality in qualitative and in grounded theory research were set out in chapter three, section 3.1. Table 3, section 3.1 suggested the possible alignment between Charmaz's (2014) criteria for the evaluation of constructivist grounded theory research and the criteria adopted in other major versions of grounded theory. These criteria refer in part to the relationship between the theoretical concepts generated and the original data, and to the contribution the theory makes to understanding in the substantive field in which the theory was developed. Some overlap with more usual qualitative research quality criteria of trustworthiness and authenticity (Bryman, 2008; Lincoln and Guba, 1985; Guba and Lincoln, 1994) was suggested, although challenges also acknowledged. Birks and Mills (2015, p33) suggestion that the concepts of quality and rigour may be regarded as synonymous was cited in relation to a tendency in the grounded theory literature to find discussion about assessment of quality and not expressly about rigour. As cited at the opening of chapter nine, theory has been said to stand or fall in the context of its usefulness (Baker, Wuest and Stern, 1992) and for Glaser (1978, p100) a grounded theory which is built on weak

foundations will lack credibility and fail to have conceptual grab. Prompted by Birks and Mills' (2015) claim that by ensuring quality in the research process, rigour can be demonstrated, this section highlights the aspects of the research process which evidence the rigour and quality of both the research and of the theoretical position proposed. It will begin by considering the research from the perspective of trustworthiness as previously described in section 3.1, before turning to grounded theory research quality criteria.

10.2.1 Assessing this research in terms of aspects of trustworthiness

The credibility criterion recognises that in qualitative social research there will be multiple possible accounts of the phenomenon which is the focus of the study. Qualitative researchers are therefore encouraged to demonstrate credibility in their research by adopting confirmatory techniques; the researcher checking her understanding of accounts through respondent validation or triangulation of data gathered using different methods or sources. In grounded theory there are two aspects of the research process which serve a similar purpose; constant comparison and memo-ing. Constant comparison has been discussed in relation to coding processes in sections 4.2 and 4.5, in relation to theoretical sampling in section 4.4 and in relation to theoretical saturation in section 4.6. Memo-ing is described in section 4.3. Constant comparison contributes to the credibility of the research by ensuring the researcher stays close to and guided by her participants' accounts as she codes and that by constantly comparing codes with codes and data with data categories are built that are grounded in the data as opposed to forcing the data to fit with the researcher's assumptions or preferred theoretical perspectives. Memos capture this development and provide a sort of audit trail of the iteration of categories and concepts, (see appendix I). For an illustration of the way in which constant comparison can ensure rigour in grounded theory research, refer back to the last paragraph of section 6.1.2 where comparing instances of disruption in supervision led the researcher to recognise that therapist's anticipations about practice play out in expected and unexpected ways but that both create disruption and both can trigger uncertainty. With constant comparison, the researcher is pressed to account for exceptions in the data, going back to check if this is something that had been less prominent and previously unnoticed in earlier analysis and looking actively for

instances in future data. Without the constant comparison, uncertainty may have only been noted in the context of negative practice experiences and practices that have gone better than expected could have been disregarded as less relevant.

In section 3.1 challenges in assessing transferability and dependability in grounded theory research have already been highlighted. Transferability is particularly problematic as a grounded theory is not assumed to be applicable to other contexts. So, the grounded theoretical perspective presented in this research does not claim to apply beyond the sub-group of AHPs who participated in this study or to contexts outside of England. Dependability is problematic in similar ways if it is focused on the applicability of findings to other points in time, although there are aspects of dependability as set out by Bryman (2008) for which evidence of process and rigour can be provided. Bryman (2008) suggests this aspect of trustworthiness can be evidenced through systematic record-keeping during the research process. Examples to support the dependability of the research might include obtaining ethical approval, obtaining consent from participants, the systematic cataloguing of transcripts, documenting of theoretical sampling decisions, examples of coding, memo-ing and diagramming as part of theory development. It is not possible to provide examples of all these possible records in the final thesis although some examples of the procedures and processes adopted can be found in the appendices.

The final aspect of trustworthiness to consider is that of confirmability. When aligned with a quantitative equivalent, confirmability is sometimes conceptualised as objectivity but as Bryman (2008) asserts, in social research, this indicator is more about being satisfied that the researcher has acted in good faith and been attentive to possible influence of personal biases or assumptions. In grounded theory, this attention to the possible influence or interference is at the heart of Glaser and Strauss's (1967) call to ignore '*a priori*' assumptions and as was discussed in section 2.5 table 1, why Glaser's philosophical position is sometimes characterised as positivist, objectivist or soft-positivist. The constructivist grounded theory approach adopted in this study clearly expects some forms of researcher influence but these have been documented and declared throughout the thesis; the sensitising concepts set out in section 2.2 which acknowledge the researcher's professional background, interest in constructivist

psychology and potential influences from the contextual literature. The influence of these sensitising concepts during the research process are again captured in memos, excerpts of which can be found in appendix I. Adopting a line-by-line approach in the initial phase of coding also encourages the researcher to focus on the search for incidents in the data, rather than coding the data to fit with researcher preconceptions. The most powerful illustration of this is described in section 4.5 when the researcher had been struggling to make progress with coding. Using Glaser's (1998 p140-141) question 'What is the participant's main concern?' prompted a realisation that while the researcher's main concern was supervision practices, the participants' main concern was their practice uncertainties.

10.2.2 Assessing this research in terms of grounded theory quality criteria

In this research, a largely constructivist approach has been adopted. At each stage of the research process, careful consideration has been given to methodological choices and where approaches have been employed which might be associated more readily with other versions of grounded theory, such as the more classic approach to selective coding, these have been clearly documented and justified, as in section 4.5. Indicators of grounded theory research quality are now discussed and summarised in table 16 at the end of this section by aligning indicators from the research against Charmaz's (2014) constructivist grounded theory research quality criteria.

To satisfy the credibility criteria as described by Charmaz (2014) the researcher must demonstrate familiarity with the setting and topic. In this thesis these aspects are described in chapters one and two in particular providing a contextual review of the literature and setting out wider sensitising concepts. A further aspect of credibility which Charmaz (2014) seeks is that there are sufficient data and systematic comparisons of observations and categories. In the previous section the reader was directed to instances of constant comparison. In chapter 2 it was suggested that Glaser's (1978) criteria of fit and workability relate to Charmaz's (2014) credibility criterion. Chapters three and four, provide detailed description of methods applied in this research, demonstrating the journey from data to concepts so that the reader can have confidence in the theory's fit. That is to say, that the concepts generated adequately

express the patterns discovered in the participant data and criteria met to suggest that theoretical saturation has achieved. The issues of how much data are required and of decisions regarding data saturation, have been discussed in chapters three and four with theoretical saturation specifically addressed in section 4.6.3. Chapters five, six and seven described how the relationships between concepts can account theoretically for the resolution of therapists' practice uncertainties through recalibrating practices such as supervision; in Glaser's (1992) terms, the workability of the theory. Practitioner permeability has been identified as a core concept because of its centrality in the recognition and resolution of uncertainties.

Charmaz's (2014) criteria of originality resonance and usefulness are reflected in Glaser's (1978) concept of 'grab'. In part the resonance and originality aspects are informed by the place of the grounded theory in relation to what is already known and understood about the substantive area, in this case supervision, and the relationship of this constructivist grounded theoretical perspective to extant theory. In chapter eight the relationships with extant literature and theory have been explored, resulting in an elaboration of the grounded theoretical concepts of uncertainty, recalibration and permeability. A theoretical perspective has been constructed in which practitioner uncertainties may be conceptualised as opportunities for learning and a prompt for permeable practitioners to engage in recalibrating practices. Supervision, a culturally established AHP practice, is part of this repertoire of recalibrating practices. It can offer sanctuary for the sharing of practice uncertainties and opportunities for meta-practices to support collaborative learning about and from uncertainties between a permeable supervisee and permeable supervisor. The true test of 'grab' for this research will be realised as the researcher completes this PhD and begins to disseminate findings more widely. Early indicators of this conceptual grab were briefly considered in section 10.1.2.

Aspects of this theoretical perspective, such as learning from epistemological and ontological uncertainty have been applied to other aspects of professional practice (Dall'Alba, 2009; Webster-Wright, 2010; D'Agnesse, 2017) but this is not commonly encountered in current AHP supervision narrative. This constructivist grounded theory perspective provides original insights into AHP supervision practices and challenges the

suggestion that supervision might be best applied and restricted to the resolution of practice concerns of an epistemological nature, (Rolfe and Gardner 2006).

Finally, it is important to recognise Glaser's modifiability and scope criteria by which Glaser means that a grounded theory is neither right nor wrong. It is, if the other criteria can be satisfied, a theoretical perspective of the discoveries from the data collected in a given substantive field at a given point in time. While Glaser would continue to claim a substantive theory has been generated, the modifiability and scope criteria are consistent with contemporary perspectives on grounded theory that would not always make a bold claim to theory generation. Timonen, Foley and Conlon (2018) suggest that more often a grounded theory study will deliver greater conceptual clarity about the researched phenomenon. This is not to say, in their view, that the researcher should not set out with theory-building aspirations but be mindful of the research practicalities and obstacles which may limit the production of a fully elaborated theory. It is therefore recognised that if the theoretical perspective proposed from this research is to travel further to contribute to wider AHP practice and other professional supervision arenas, the concepts developed from these first-hand accounts will require further analytical challenge with new data drawn from other areas of professional practice. In this regard, it is not yet possible to fully satisfy Charmaz's (2014) criteria of resonance and usefulness.

<p>Constructivist grounded theory quality criteria Charmaz (2014, pp337-338)</p>	<p>Indicators of quality and rigour in this research</p>
<p>Credibility</p>	<p>Familiarity with topic and population: <i>experiential, literature, policy dimensions of theoretical sensitivity characteristics of theoretical sample</i></p> <p>Data sufficiency: <i>characteristics of theoretical sample account of data saturation</i></p> <p>Systematic comparisons: <i>detailed description of methods adopted including approach to constant comparison and use of memos</i></p> <p>Logical links: <i>constant comparison and use of memos to illustrate journey from data to concepts and to demonstrate concepts generated express the patterns discovered in the participant data</i></p>
<p>Originality</p>	<p>New conceptual insights/social and theoretical significance: <i>Relationships between concepts account theoretically for the resolution of practice uncertainties through recalibrating practices such as supervision</i> <i>Theoretical elaboration of the grounded theoretical concepts of uncertainty, recalibration and permeability</i> <i>Practitioner permeability as a core concept central in the recognition and resolution of uncertainties</i> <i>Aspects of this theoretical perspective, such as learning from epistemological and ontological uncertainty not commonly encountered in current AHP supervision narrative</i></p>
<p>Resonance</p>	<p>Liminal or unstable taken-for-granted meanings are revealed. <i>Theoretical perspective challenges proposals to limit supervision to epistemological concerns</i> <i>Raises questions about whether practitioners are adequately prepared for practice uncertainty</i> <i>Raises questions about current preparation of supervisors for practice</i></p> <p>Where data indicates, links are made with wider social structures and individual lives. <i>Supervision recognised as a culturally established AHP practice and part of this repertoire of recalibrating practices</i></p> <p>The grounded theory makes sense <i>As yet limited testing – requires dissemination of findings</i></p>
<p>Usefulness</p>	<p>Everyday applicability <i>Not yet untested – potential to influence practice and professional development</i></p> <p>Contributes to knowledge <i>Provides greater conceptual clarity about supervision for AHPs</i></p> <p>May spark further research <i>Application to wider AHP practice and other professional supervision arenas</i></p>

Table 16: Summary of indicators of quality and rigour in the integrated grounded theoretical perspective in relation to Charmaz's (2014) quality criteria

10.3 Limitations

Those who are persuaded by a grounded theory approach might claim, as this researcher does, that a grounded theory study, conducted in the context of clear methodological considerations and with a well-documented account of the methods adopted, wears its limitations on its sleeve. What has been presented in this thesis does not seek to make grand theoretical claims. It offers a theoretical conceptualisation, which the researcher feels has been made possible by adopting a grounded theory approach. The researcher is confident in the methodological considerations and execution of the methods. However, confidence in the methodological considerations and execution of the methods in this study does not preclude conducting future studies differently given the benefit of the experience gained in this inquiry.

The approach to engagement with the extant literature in this research has been documented throughout the thesis; section 1.1, Table 1, section 2.5.3a, chapter 8. Engagement with wider theoretical literature, beyond the immediate substantive field, enriches the theoretical insights gained from participant data and extends insights beyond what might have been possible had the focus remained in the substantive field. However, the fact that there is no imperative in a grounded theory to return to the substantive literature can also be regarded as a potential limitation. Given the technologically facilitated pace of publication of academic literature at the time of this study, the potential for growth in the substantive field of AHP supervision cannot be ignored. At the outset of the study, having completed the contextual review, it was not possible for the researcher to exclude the possibility that she would ultimately return to the substantive literature if thus guided by the grounded theoretical categories. For this reason, an active feed of publication alerts, delineated by the context review search terms was filed, though not consulted, throughout the study. This ensured the researcher could ultimately review subsequent publications from the substantive field if grounded theoretical categories directed theoretical integration in this way. Ultimately the theoretical integration focused elsewhere; uncertainty, learning and phenomenological perspectives of being in the world. Once theoretical integration was completed, substantive field publication alerts were reviewed but no grounded theoretical perspective of AHP supervision was found in these feeds. Given the four or

so years that have elapsed since the context review, a more rigorous exploration of the literature in the substantive field would situate the resolution of practice uncertainties by permeable practitioners more confidently in the wider supervision literature and could now provide a useful focus for future research endeavour.

While the researcher was satisfied with the saturation of the core concepts from the data gathered, it remains the case that this is a co-constructed theoretical perspective developed from the researcher's engagement with the detailed first-hand accounts of a very small number of therapists from just three of the larger AHP professions. It will necessarily reflect a UK perspective at a particular point in time. It is a theoretical perspective which offers insights into behaviours and characteristics which therapists have indicated facilitate the resolution of practice uncertainties. The theoretical perspective developed cannot answer questions about the impact of supervision practices for AHPs and did not set out to answer questions of impact. In the context of the grounded theory approach adopted, the first-hand accounts did not guide the researcher to explore questions of impact further through aspects of theoretical sampling. Tentatively, the value which therapists attach to supervision, as summarised in figure 19, points to benefits in terms of aspects of professional being such as well-being, resilience and coping, as others have suggested in reviewing practices in wider health and social care professions (McCann et al, 2013). To understand if there is indeed impact in this regard, further research would be required.

It is also acknowledged that there has been no attempt to gain a wider patient or public perspective about supervision for AHPs, as is increasingly advocated in health and social care research (NIHR, 2018). Instances are found in therapists' accounts where the practitioner refers to doing her best for the patient and links have been acknowledged and described between supervision and practice governance, again apparent in the summaries offered in figure 19. When asked about what would be noticed if there was no supervision, Holly referred to the wider public saying that she did not think patients make links between a therapist's supervision and experiences of therapy with that practitioner, but she did say that she thought patients and the public '*know if they've got a good one*', meaning a good therapist and in her view, a good therapist is one who

engages in supervision. Of course, this is her view and to establish any link with phenomena such as patient experiences of, satisfaction with or efficacy of therapy would require further exploration which seeks to capture wider patient and public perceptions.

In chapter nine, suggestions have been made about the scope for stronger focus on uncertainties as opportunities for learning and on the development of practitioner permeability. Again, this research cannot say how this might be enacted. The development of pre-registration and continuing professional development to encourage practitioner permeability offers opportunities for implementation and for further research.

As with any research endeavour this study is subject to methodological and practical limits; a specified period of registration, a small subset of AHP participants and so on. Nonetheless, the perspective developed from this research can inform future AHP supervision practice, providing a previously under-explored theoretical context in which supervision may be better understood, developed and practiced in the resolution of practitioner knowledge, know-how and knowing how to be uncertainties.

10.4 Researcher Reflection

This research degree has been an invaluable developmental experience, providing scholarly and personal challenge which it is hard to imagine being possible in any other way. It seems most appropriate to capture some sense of this by writing in the first person.

From the outset, engaging in the methodological literature had immediate influence on my higher education teaching and in particular my support for student research projects. I am excited by a newfound confidence to support students to explore their ontological assumptions and to work out what methodology may have best fit for their research questions. This interest in ontology and epistemology has extended into my practice world and in clinical supervision also informs learning about and from my own

and others' practice uncertainties; what works or does not work for patients and the role of my own and colleagues' beliefs.

Having developed a wider appreciation of myself and others in terms of our knowing, know-how and knowing how to be, I am constantly curious about my own and others' permeability, including in the context of my own PhD supervision. There is no doubt that my supervisors have created the conditions for me to share my work and my concerns about it, yet there have been times when I have struggled to work out quite what my own uncertainties are, how to articulate them, when to be more or less permeable about the developing theoretical ideas and ultimately how this is expressed through the thesis.

As I embarked on this PhD, I expected to end up feeling more sceptical about supervision and concerned about issues of power, privilege and surveillance. Instead I am more persuaded about the value of the practice and encouraged about the extent of helpful and valued supervision encounters that my colleagues shared. Above all, I am eager to share the ideas of uncertainty, recalibration and permeability that have developed from the therapists' accounts and to see where these ideas may take supervision practices in the future.

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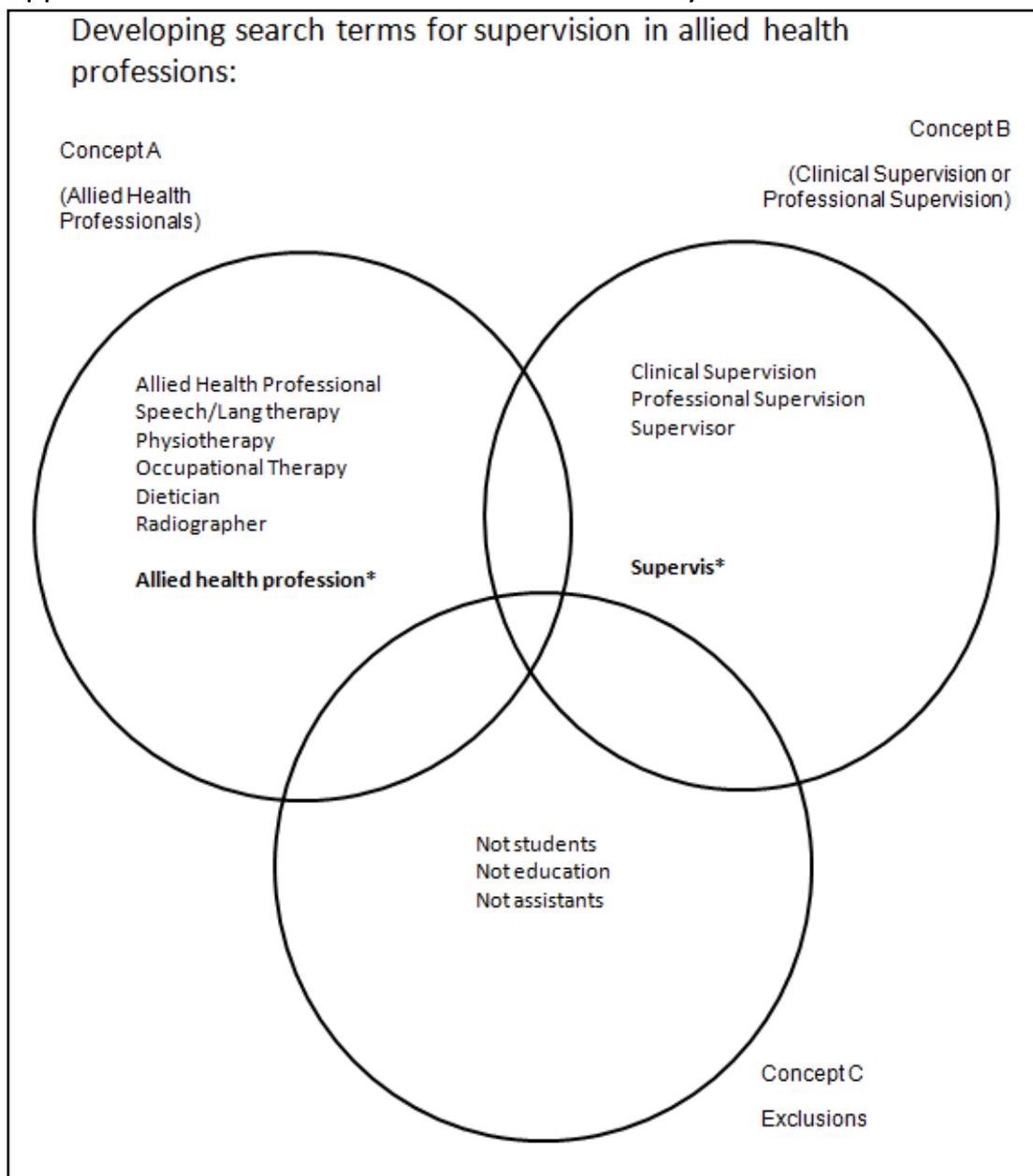
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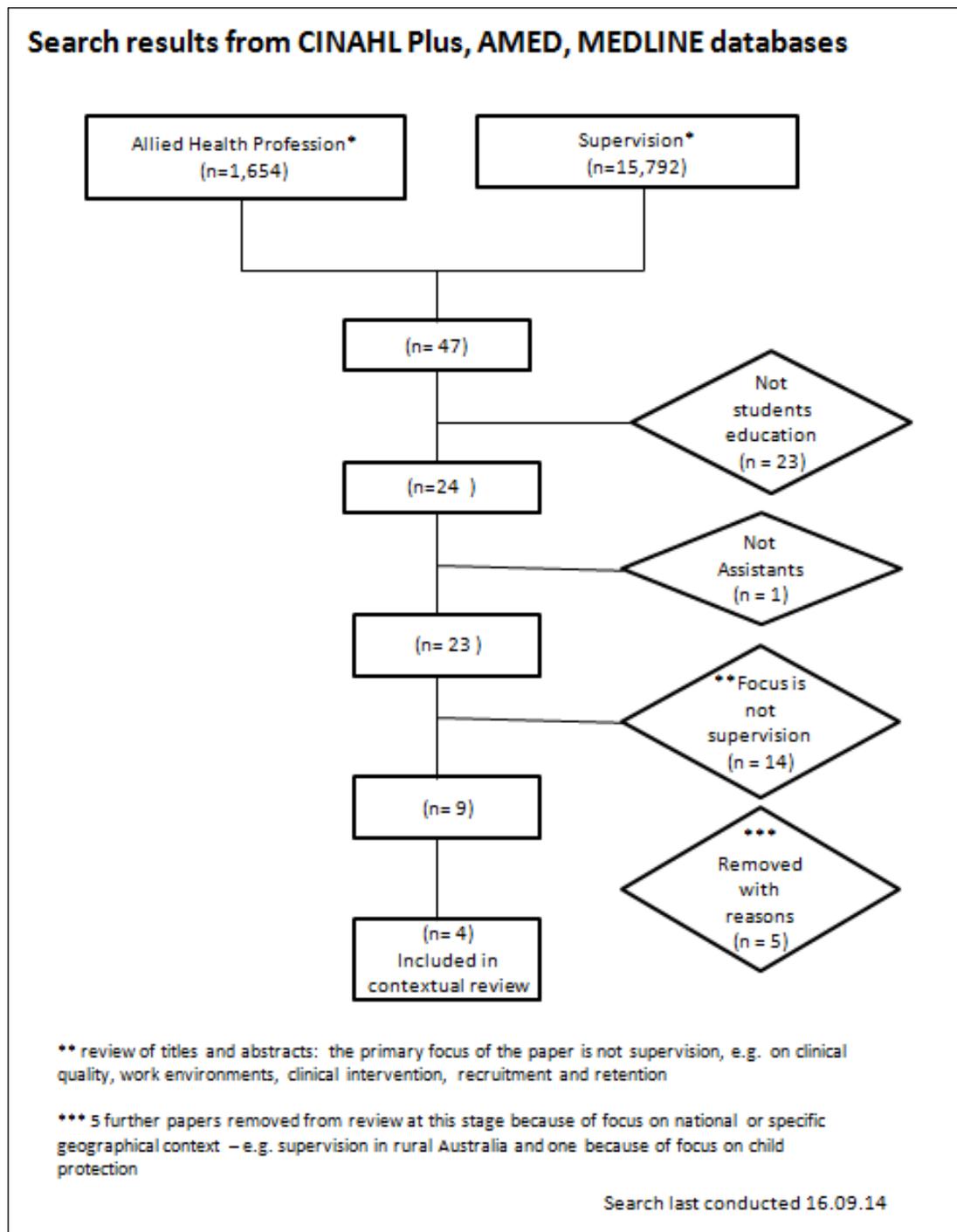
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Appendices

Appendix A: Literature search terms and summary of database search



Appendix A *continued*: Literature search terms and summary of database search



Appendix B: Summary of literature supporting contextual review

Contextual Review Journal texts:	
Reference	Reason for inclusion in contextual review:
Beddoe, L. (2010) Surveillance or Reflection: Professional Supervision in 'the risk society'. <i>British Journal of Social Work</i> . 40: 1279-1296	Small scale study includes firsthand perspectives Focus other than nursing Author has written extensively in field
Begat, I. & Severinsson, E. (2006) Reflection on how clinical nursing supervision enhances nurses' experiences of wellbeing related to their psychosocial work environment. <i>J. of Nursing Management</i> . 14: 610-616	Interpretation of nursing experiences Focus on experiences Seeks to identify 'importance' of practice for nurses
Bowles, N. and Young, C. (1999) An evaluative study of clinical supervision based on Proctor's three functional interactive model. <i>J Advanced Nursing</i> 30(4): 958 -964	Proctor's Model cited widely in literature. Focus on evaluation of this model may offer insights which are not apparent in more descriptive accounts of the model
Butterworth, T., Bell, L. Jackson, C. And Pajnikihar, M. (2008). Wicked Spell or magic bullet? A review of the clinical supervision literature 2001-2007. <i>Nurse Education Today</i> . 28, 264-272	Recent literature review Lead author is established in field of supervision – especially nursing perspective – cited as influential in establishing clinical supervision in UK
Clouder, L. And Sellars, J (2004) Reflective practice and clinical supervision: an interprofessional perspective. <i>Journal of Advanced Nursing</i> , 46(3):262-269	Interprofessional perspective included students which was an exclusion for this study but also included qualified PT Response to Gilbert 2001 Critique of practice and Foucauldian interpretation
*Cookson, J., Sloan, G., Dafters, R., & Jahoda, A. (2014). Provision of clinical supervision for staff working in mental health services. <i>Mental Health Practice</i> , 17(7), 29-34.	Multiprofessional context Recent study
Cutcliffe, J.R. and Hyrkas, K. (2006) Multidisciplinary attitudinal positions regarding clinical supervision: a cross-sectional study. <i>Journal of Nursing Management</i> . 14 : 617-627	Sample surveyed included AHPs
Davey, B., Desousa, C., Robinson, S. and Murrells, T. (2006) The policy-practice divide: Who has clinical supervision in nursing? <i>J of Research in Nursing</i> 11(3) : 237 -248	Draws on Proctor's model but not an evaluation DoH Commissioned One element involved indepth interviews
*Dawson, M., Phillips, B., Leggat, S. (2013) Clinical supervision for allied health professionals: A systematic review <i>Journal of Allied Health</i> , 42 (2):65-73.	Recent systematic review Focus on Allied Health
Gilbert, T. (2001) Reflective practice and clinical supervision: meticulous rituals of the confessional. <i>J. of Advanced Nursing</i> . 36, 199-205	Paper often cited critique of supervision practice
Jones, A. (2006) Clinical supervision: what do we know and what do we need to know? A review and commentary. <i>J.of Nursing Management</i> 14:577-585	Focus on content and possible reasons for resistance to practice in nursing
Kuipers, P., Pager, S., Bell, K. Hall, F. & Kendall, M. (2013) Do structured arrangements for multidisciplinary peer group supervision make a difference for allied health professional outcomes? <i>J multidisciplinary healthcare</i> . 6 391-7	Looks at a specific approach to supervision – peer group Multidisciplinary
*Lynch, L., Happell, B., & Sharrock, J. (2008). Clinical supervision: an exploration of its origins and definitions. <i>International Journal of Psychiatric Nursing Research</i> , 13(2)	Comprehensive historical overview
Lyth G. M. (2000) Clinical supervision: a concept analysis. <i>Journal of Advanced Nursing</i> ,31(3): 722-729	Seeks to identify concepts of supervision and subsequently propose definition
Martin, P., Copley, J. & Tyack, Z. (2014) Twelve tips for effective clinical supervision based on a narrative literature review and expert opinion. <i>Medical Teacher Early Online</i> 1-7	narrative review summary represents accessible publication which may inform practising clinicians

*indicates literature identified through initial literature search (see Appendix A)

Appendix B *continued*: Summary of literature supporting contextual review

Contextual Review Journal texts: <i>continued</i>	
Reference	Reason for inclusion in contextual review:
Paulin, V. (2010) Professional supervision in dietetics: A focus group study investigating New Zealand dieticians' understanding and experience of professional supervision and their perception of its value in dietetic practice. <i>Nutrition and Dietetics</i> 67(2): 106-111	First hand opinions from AHP group This paper seems not to appear in recent systematic reviews?
*Pearce, P., Phillips, B., Dawson, M. and Leggat, S.G. (2013) Content of clinical supervision sessions for nurses and allied health professionals. A Systematic Review. <i>International Journal of Clinical Governance</i> . 18 (2): 139-154	Recent Systematic review includes AHPs
Rolfe, G. And Gardener, L. (2006) 'Do not ask who I am ...': confession, emancipation and (self)-management through reflection. <i>Journal of Nursing Management</i> . 14 (593 – 600)	Contributes to the surveillance debate Responds to Gilbert (2001)
Winstanley, J. & White, E. (2003) Clinical Supervision: models, measures and best practice. <i>Nurse Researcher</i> 10(4) 7-38	Authors developed only validated measurement scale – links with Proctor's model – often cited
Yegdich, T., (1999) Clinical supervision and managerial supervision: some historical and conceptual considerations. <i>J Adv Nurs</i> 30: 1195–204.	Narrative review Comparison of clinical and managerial Historical overview examining differences between clinical and managerial supervision

**indicates literature identified through initial literature search (see Appendix A)*

Contextual Review Book texts:	
Reference	Rationale for Inclusion
Butterworth, T., Faugier, J. and Burnard, P. (1998) <i>Clinical supervision and mentorship in nursing</i> . (2 nd Edn) Cheltenham: Stanley Thornes	Although focus is nursing, this second edition is a frequently cited and influential text.
Cutcliffe, J.R., Butterworth, T. and Proctor, B. Eds (2001) <i>Fundamental Themes in Clinical Supervision</i> . London: Routledge	Influential text including contributions from Proctor, whose 1986 model is most cited in literature.
Davys A and Beddoe L. (2010) <i>Best practice in professional supervision: A guide for the helping professions</i> . London: Jessica Kingsley	Most recent text Includes focus beyond nursing professions Refers to supervision as professional rather than clinical
Hawkins, P. and Shohet, R. (2006). <i>Supervision in the Helping Professions</i> . 3 rd Edition. Berkshire: Open University Press	3 rd edition of earliest text looking beyond nursing. Refers to supervision in more generic terms – no clinical pre-fix
Rose, M. And Best, D. (2005) <i>Transforming Practice through Clinical Education, Professional Supervision and Mentoring</i> . London: Churchill Livingstone	Text addressing supervision across professions and in the context of other related elements of practice such as mentoring or clinical education

**indicates literature identified through initial literature search (see Appendix A)*

Appendix C: Example participant picture elicitation comments

<p align="center"><i>Picture</i> (NHS Education for Scotland ,2012)</p>	<p align="center">Participant comments</p>
	<p>Ruth: And this one actually, the train, um you know often kind of the experiences of supervision of being in this context of crazy busy-ness where erm you know sitting in that room at least gives you a moment to stop the train for a bit and erm almost er you know that's a really kind've positive thing about er all the supervision I've had. It's just that opportunity to, in fact you know, also kind've a feeling of this (<i>points to tree in hand picture</i>) in most of the kind of supervision I've had as well in fact. So you kind of, like there's just this moment, this hour or whatever to sit down with somebody who you know who's your who's your manager, have their divided att undivided attention, stop the train for a bit, sit in their hand for a bit and kind've try and work through some things together. I think that's um that is a really nice thing about supervision. The problem is that you know that as soon as you open the door after supervision the trains erm you know I'm back on the train again.</p>
	<p>Rosie: (<i>First picture selected after flicking through the book</i>) OK. I quite like the flower because I think it's about nurturing people's knowledge. I think it's always your knowledge is from doing the supervision is always a two-way process and I really strongly believe in that. So I think it's about building somebody rather than dictating to somebody. So I like that one.</p> <p>DH: OK so are you speaking there from the supervisor perspective?</p> <p>R: Yeah. The plant one or flower one? I guess it's in both being supervised and supervising but it's more about my approach that I take.</p> <p>(<i>Selects the train picture</i>) Erm that one links to the first one really quite nicely and definitely it's a journey, and the minute you say you've stopped learning I think you're missing a trick.</p>

Appendix D: Ethical Approval



**GREATER
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Kingston and St George's Joint Faculty

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Deborah Harding
Senior Lecturer/ PHD Student
School of Rehabilitation Sciences
Faculty of Health, Social Care and Education

7th May 2015

Dear Deborah,

Ethical Approval of Proposed Study

I am writing to confirm that the Faculty Research Ethics Committee considered your proposed study "What can firsthand accounts add to our knowledge and understanding of supervision for allied health professionals?" at a recent meeting. Resulting from this consideration, several amendments and points of clarification required your attention; these were satisfactorily addressed in your subsequent emails. Consequently, your proposal was approved by chairs action on 24th April 2015 and this outcome will be reported to the committee and recorded in the minutes.

I trust that you will enjoy undertaking this work and that it will help add to your understanding of the topic. I wish you every success with this proposed research.

Yours Sincerely,

A handwritten signature in black ink, appearing to read 'Nigel Rogers', with a small 'pp.' written to the left of the signature.

Nigel Rogers

Chair Faculty Research Ethics Committee

Appendix E: Risk Assessment

Recruitment:		
Anticipated Risk:	Level of risk	Measures to reduce risk:
Failure to recruit	low	Variety of recruitment sources considered
Interview process:		
Technical problems with recording of interviews	low	<p>Researcher to ensure familiarity with recording equipment</p> <p>Have back-up plan for recording</p> <p>Maintain comprehensive field notes</p> <p>Keep time frame between write up and interview short</p>
<p>Disclosures which raise concern and conflict for agreed confidentiality: The subject of this inquiry may mean participants will discuss practice related issues and/or those regarding relationships with colleagues. There is a possibility that participants may disclose information which the researcher considers raises concerns such as professional malpractice or workplace bullying and harassment.</p>	low	Participant information sheet and consent will need to include statement indicating when information disclosed during interview cannot remain confidential
<p>Participant distress: As some conceptualisations of supervision can include addressing the personal as well as the professional, there is a possibility of a participant becoming distressed if interview content uncovers a personal, distressing issue.</p>		<p>Participant information sheet and consent will need to include statement clearly describing the purpose of the interview and to suggest relevant support in the unlikely event that the interview process causes distress</p> <p>Consent to include right to withdraw from research</p>
Lone working	low	<p>Participants represent low risk group</p> <p>Researcher to ensure whereabouts is known to significant other</p>

Appendix E *continued*: Risk Assessment

Anticipated Risk:	Level of risk	Measures to reduce risk:
Data:		
Confidentiality	low	All data to be anonymised using pseudonyms Digitally held data to be password protected
Loss of data	low	All digitally held data to be backed up with backup having similar level of password protection
Participant withdrawal	Low	Implications for participant withdrawal will vary according to the timing of the withdrawal. To minimise risks to disruption of the constant comparison analysis, participants are to be advised that there is a 'cooling off' period of a week following the interview during which time it will be possible to withdraw the participant's data from the study. Participants are provided with the researcher's contact details so that she can be contacted in the event that the data are to be withdrawn.

Appendix F: Participant Characteristics

Profession			Gender			Age/years	
Physiotherapy	Occupational Therapy	Speech and Language Therapy	Male	Female	Not Stated	Range	Mean
9	5	5	3	15	1	27-53	37

Current employment setting			
Acute	Community		
NHS	NHS	Local Government	Not-for-profit
5	12	1	1

Stated Ethnicity	Number of participants
British White	14
British Irish/Indian	1
British Welsh	1
British Black Caribbean	1
German	1
Indian	1

length of practice		Whole time equivalent	
Range	Mean	Full time	Part time
8 months – 30 years	11 years	13	6

Pre-registration training			Education in a non-health field		Post Registration health education	
Undergraduate Pre-registration First Degree	Undergraduate Pre-registration Second Degree	Pre-registration AHP Masters or Post-Graduate Diploma	Non-Health Masters before AHP registration	Non-health Degree gained before AHP registration	Post-registration Masters or Post-Graduate Diploma	Post-registration PhD
13	1	5	1	6	8	2

Pre-registration qualifying education institution	participants
Brunel University	4
City University, London	2
Keele University	1
Leeds Metropolitan University,	1
London Southbank University	2
Prince of Wales School of Physiotherapy, London	1
St George's University of London	2
Sheffield Hallam University	1
University of Birmingham	1
University of East London	1
University of Newcastle	1
University of Reading	1
Non-UK pre-registration training	1

Appendix G: Example of Initial line-by-line coding

Time elapsed (mins)	Interview Transcript	Coding
40	<p>DH: Yeah and then how, whether there's any, how that might link to the patient.</p> <p>S: Yes. Erm. You often have talk or there's usually an expectation that you could bring up problem patients. So problem patients being the difficult patients or the things that you're not quite sure of and how you might manage those and you seek advice from your supervisor about you know things you might do for example with these patients. And I think that again that's only useful if your supervisor has the skills to err talk about clinical problems (DH Mm hm) on a level erm yeah that's suitable for that patient so you</p>	<p>Discussing 'problem' or 'difficult' patients (how are such patients defined?)</p> <p>Seeking advice about how to manage a patient</p> <p>Not being sure</p> <p>Importance of supervisor having the skills</p>
41	<p>so you yeah you might go and and talk to them and say 'Oh I don't know what I'm doing here' or this is really difficult or this family, I'm having particular difficulties with this. And it might be around how long you do things for, how much you try for example pursuing one particular path and then based on what they say erm I mean you can either decide to take on board what they say and implement it or not I suppose. I definitely find that I find that really useful for so again in my last job where I had err responsibility for band 5s I mean, in the community err I can't keep an eye on what everybody's doing and neither should I need to. Unlike in a hospital where they see 20 patients a day but they're the same 20 where we might see 25 patients a week but they're a different 25 every single week. So therefore the accumulation of patients that</p>	<p>Seeking advice when you are uncertain or clinical settings where you are less experienced 'how to' 'second opinion'</p> <p>Deciding to take advice on board or not</p> <p>When you can't keep an eye on what all your supervisees are doing (Surveillance?) though suggesting that keeping an eye is neither possible or desirable</p> <p>Contrasting work environments – acute hospital and community settings – referring to size of caseload and potential isolation of professionals</p> <p>It's not Big Brother</p>
42	<p>my juniors and I'm seeing is huge. But I can't, I mean, it's not Big Brother. I'm not going to send out a camera to check what they're doing so the idea is that they bring to me any difficulties and issues they have. And I think that that has been really useful for er I see like learn you know the band 5s kind've learning about erm, (laughs) you the use of outcome measures for example or asking the patients, you often have people coming in and saying, 'Well er I've given them these exercises and they're not doing them but actually then you ask them 'Well ok have you explored whether the patient would like to do exercises' and it's never even thought of 'Well why would I ask what the patient wants.' I've often found anyway with some, maybe more junior erm therapists. Do, I would hope that supervision would have an impact on patients erm and I think depending on how you supervise or how you how your sup or what's embedded I suppose within the culture of the organisation, will also have an impact on how one</p>	<p>Supervision as a place for early career practitioners to bring concerns</p> <p>Using supervision to encourage more patient focus for less experienced colleagues</p> <p>Talking about the impact of organisational culture on clinical practice and process</p> <p>Discussing case studies in supervision and preparing these to present at the end of a rotation</p> <p>Informing case studies with evidence, clinical reasoning, justifying decision-making</p>
43		

Appendix H: Examples of segments from first four interviews illustrating relationship between ‘line by line’ and ‘initial code’: ‘stresses and strains of practice’

Example Line-by-line segments	Initial Code
<ul style="list-style-type: none"> • it can be kind’ve up and down and not always predictable how it’s going to go (Siobhan) • I suppose I even mean the wider NHS even. Not just AHPs but I think we are so terrified of er litigation and being accused of malpractice you know. I mean it’s drummed into us from our professional bodies, our standards that we have to adhere to, err that actually it’s so important that we do things right. May be not effectively, as long as they’re right that seems to be more important and, and that’s, and I mean things like err you know the terrible things that come up from like the Mid Staffordshire Inquiry, the Francis Report, I mean it kind’ve, it definitely makes me worried err about, well not necessarily my practice but you know you just end up investing so much time ensuring that notes are in the correct format and that you’ve written everything down and that, so you know, if anything were to ever go wrong, I mean that’s why I write my notes; if anything were to ever go wrong would this stand up in court? That’s how I write my notes because I’m so terrified that, that I would bring the profession into dis, disrepute. (Siobhan) • um you know often kind of the experiences of supervision, of being in this context of crazy busy-ness where erm, you know sitting in that room at least gives you a moment to stop the train for a bit and erm, almost er you know that’s a really kind’ve positive thing about er all the supervision I’ve had. It’s just that opportunity to, in fact you know also kind’ve a feeling of this in most of the kind of supervision I’ve had as well in fact. So you kind of, like there’s just this moment, this hour or whatever to sit down with somebody who you know, who’s your, who’s your manager, have their undivided attention, stop the train for a bit, sit in their hand for a bit and kind’ve try and work through some things together. I think that’s um that is a really nice thing about supervision. The problem is that you know that as soon as you open the door after supervision, the train’s erm, you know, I’m back on the train again. (Ruth) • that’s actually, so that’s er wh, that’s particularly my, I think I seek supervision when when I’m feeling eh er um so I don’t necessarily have regular supervision but seek it well just use, I seek it when I get to that point. When, when I, not necessarily pre that point but the point when I am just snowed under, feel like I’m drowning in things and just need to go ‘Argh’ (laughs) to somebody and be heard (keeps laughing) (Holly) • So, I was staying late. I was writing reports at the weekends. I was, you know, trying to get through all these kids and adults in all these different places I was working in. (Ruth) • when I came here I came onto a neuro’ rotation and I’d never worked in neuro acute and I’d never worked in such a big hospital. So it was all kind’ve quite new and overwhelming um and what I tend to do when something is new and overwhelming is I go very, very quiet, (Whispered) um and lose my confidence (Charlotte) 	<p>stresses and strains of practice</p>

Appendix I: Examples of memo excerpts

Instances of isolation:

Memo February 2016 during analysis of Interview 8

Pauline talks about some of the particular considerations of community work and raises some similar issues that both Rob and Rosie raised about the relative isolation in community settings. I feel like this could be a line of theoretical sampling but am concerned this might take me off in another direction – it's almost another study. But it does feel like there are some special considerations about the community setting in the context of supervision with challenges apparent for both supervisor and supervisee. So, a supervisee who may feel isolated from support and a supervisor who may worry about practice they cannot readily oversee. So, there are links again here with governance and possibly surveillance but certainly visibility. As Pauline also highlights there are issues of relationship building too. Pauline extends this relationship building challenge to building rapport with her own peers. It would seem that this could add further to the sense of isolation. Holly, Charlotte and Ruth spoke about the need for early career supervision being with someone from your own profession. While Pauline is describing that she has supervision from someone from her own profession, she also indicates that in the community she may be working with another professional. What might this mean for the development of professional identity? Maybe there is a point here about **'professional belonging'** and **'practice isolation'**. Pauline suggests that this places a greater importance on supervision in a community context. So I am wondering about a notion of **'supervision as an anchor'** or **'supervision as a professional compass'**. Pauline also talks about being out in practice on your own and not seeing other people working or how they do things (p48). Something again here about the **Master and Apprentice** perhaps and the role of **vicarious learning**.

Memo August 2016 during analysis of Interview 11

I think this is something that Rosie may have highlighted – interview 5 or 6 – about being highly specialist and being the only one doing her role. Leanne is also highlighting this – it's a sort of sense of otherness in a professional sense – in being so specialist and there being very few people in the same role this seems to result in a sense of isolation which is illustrated through instances from supervision – there is something in Leanne's interview about the isolation she feels from her supervisees and from her own supervisor. The first place I am noticing this is around 10 minutes when Leanne is talking about juggling. Later, as with Rosie, Leanne speaks about the challenges of finding someone from her own profession to have clinical discussions with – it seems to be an instance of **personal and professional agency** – and also perhaps **personal self-awareness**.

So with my proposed sections – there definitely needs to be one about isolation from a supervisor/supervisee – and one instance of this which recurs in the data is the circumstances of working in the community – which so many of the participants have referred to that I think it must be important in some way and should be highlighted in the thesis in due course.

Prompting revision of questions or topic guide

Memo December 2015 during analysis of Interview 7

Simon, like others I have interviewed seems to struggle to provide concrete examples of things taken to supervision and the impact supervision has then had on practice. This really is fascinating. Perhaps I need to completely review what I am asking in the interviews. Might it be more revealing now to ask only about examples from supervision?

Appendix J: Refocused Selective Codes

Selective Codes
Aspired to professional self
Sense of professional self
Professional sense of others
Professional status
Professional culture
Formative Knowledge and Skills
Practice Experiences
Personal Experiences
Personal preferences, attributes and qualities
Organisational factors
Operational factors
Emotional impact
Governance factors
Practice that goes to plan
Practice that doesn't go to plan
Awareness of self
Awareness of others
Awareness triggers
Awareness-sharing disposition
Feedback-seeking orientation
Openness to alternatives (Professional Flexibility)
Practitioner agency (appraising feedback and alternatives)
Willingness to change (Professional Agility)
Sharing Practice Demands
Sharing Practice Burden
Burden Dumping
Practice affirmation
Consolidating practices
Elaborative practices
Restorative practices
Revisioning practices
Practice assurance
Integrating practices
Supervisee Focus
Trustworthiness
Collaborative practice
Dialogic practice
Negotiated practice
Partnership – attending to power
Creating a sense of equity
Optimal practice anticipations
Making the best possible practice contribution
Balancing practice uncertainties and certainties

Appendix K: Example of theoretical coding mind map using Spradley's (1979) questions as a starting point:

