UNIVERSITY OF SOUTHAMPTON

The Analysis and Understanding of Cross European Project Work Towards a Grounded Theory of Collaboration

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Table of Contents   **Page**

(* in separate volume)

Yvonne Anderson 2003

OVERVIEW

Summary: I was commissioned in 1994 by the European Commission to lead a project that would produce distance learning materials on cancer education for post-basic nurses across the European Union. In facilitating the process with a group representing eleven countries I adopted an approach based on democracy, participation and experiential learning. The process was researched using grounded theory and aimed to discover the conditions required for collaborative working within the EU and with applications to other settings.

The early chapters reflect both the concerns for the project and the interrelated but separate issues of research method and methodology. Regarding the former the original aims and commitments are set against the constraints imposed by funding and budgeting issues, translation difficulties and the challenges presented by dissemination. The context in which the research arose is given within a brief history of the project, set against the background in which this and similar projects were being funded by the Commission during the early 1990s. A review of the technical literature focuses on the Commission's own evaluations of public health projects in the first two action phases 1990 – 2000 and the subsequent adaptations to funding criteria from lessons learned.

The embeddedness of the research within the project implementation creates complexities that are addressed first by a number of narratives that seek to elucidate antecedents. Brief auto/biographies underpin and provide a rationale for the development of the methodology that informed the implementation of the project. Narratives provide the platform for the ensuing exploration of foreshadowed problems that led to theoretical sensitivity.

The case is made for the adoption of grounded theory methodology, acknowledging the procedural as well as epistemological challenges this poses. Later chapters track the development of the emerging theory by providing thick description about the data, its collection and analysis, as the techniques progress from open coding to explicit theory formation. Early themes deriving from theoretical sensitivity are re-assessed and some original concepts earn their way into the theory whilst others are rejected or transformed.

The formal expression of the necessary conditions for collaborative project working in the EU is synthesised in chapter 12 in which the proposition is made for a theory of Facilitative Leadership. The case is made for a substantive theory that approaches multi area formality through its wider applicability across similar settings.

The dissonance created for the social scientist in choosing to adopt the original model of grounded theory in its entirety is pervasive throughout the thesis. This theme is addressed explicitly in the closing chapter, in which the major elements of both the project and the research are re-assessed.

Index of Tables, Figures and Boxes   **Page**

Glossary and terminology

Commission	The European Commission, which administers all project funding for the EU has been referred to as "the Commission" throughout this document, to distinguish it from the EC, the earlier incarnation of the EU.
Core Curriculum	The European Oncology Nursing Society produced a core curriculum for post basic cancer nurses in Europe. It covered cancer prevention and education as well as screening, symptom control and palliative care.
Core Curriculum Distance Learning Project	This refers to the project that was conducted and researched here. It was the development of teaching and learning materials to support the prevention and education sections of the core curriculum above. Referred to throughout as "the project".
Group	This is the group of twelve people, including facilitators, who worked together between 1994-6 to produce the materials. Referred to throughout the document as "the group" or "the workshop group", they are distinguished from the loose confederation of others who were involved at different times.
Stakeholders	Used in the document to refer exclusively to external stakeholders: ie any person or, usually, organisation, with an investment in the project, but not including the group. Includes the Commission, European Oncology Nursing Society and the University of Southampton.
Project	Refers exclusively to the Core Curriculum Distance Learning Project and is used throughout to delineate the funded piece of work, as distinct from the research process.

Abbreviations

BSA	British Sociological Association
CECG	Cancer Education Coordinating Group
EAC	Europe Against Cancer
EC	European Community
EEC	European Economic Community
EONS	European Oncology Nursing Society
EU	European Union
UKCCCR	United Kingdom Coordinating Committee on Cancer Research

CHAPTER 1. CANCER EDUCATION AND PUBLIC HEALTH IN THE EUROPEAN UNION

EUROPE AGAINST CANCER
CANCER PROGRAMMES PRE 1994
CANCER PROGRAMMES POST 1994
1996-2000 ACTION PLAN AGAINST CANCER
SIGNIFICANCE
SUMMARY

EUROPE AGAINST CANCER

Cancer is a significant cause of morbidity and mortality across the European Union (EU). In 1987 a committee of twelve cancer experts agreed the points that became the European Code Against Cancer, known commonly as "the ten point code" and the campaign, Europe Against Cancer, (EAC) was launched with the aim of reducing premature deaths from cancer by 15 percent by 2000 (Commission of the European Communities 1994a). The Code provides a simple set of messages covering all aspects of risk pertaining to preventable cancers, including tobacco, diet, alcohol, health and safety and screening. Before its advent cancer prevention programmes were non-existent in many member states, although tobacco control and lifestyle programmes were well established in some countries, representing the efforts of health agencies to reduce premature deaths from heart disease. The co-incidence of many risk factors and preventive measures for cancer and heart disease is reflected in the following statement, introducing one of the Commission themes of "consistency and complementarity".

> Whereas cancer is a major disease associated with lifestyles; whereas the risk factors inherent in them need to be reduced, especially tobacco consumption, which will also have an effect on combating other diseases, in particular cardiovascular diseases.

(Commission of the European Communities 1996a: 2)

Early social and policy measures supporting the recommendations of the Code included the harmonisation across member states of the ban on television advertising of tobacco and directives on the labelling of tobacco products. Food labelling was harmonised and Health and Safety regulations concerning the protection of workers from carcinogenic agents were put in place across the EU (Anderson 1999).

It is difficult to assess the success of the Code, particularly as it serves mainly as a focal point for a vast range of complex and disparate interventions and programmes, but also because it cannot be known what changes to cancer incidence, or even cancer awareness, would have occurred in its absence. Also germane is that the 1987 committee of experts comprised eminent practising oncologists and medical researchers whose understanding of communication and education would have been limited. Medical training in the UK (which is not known to differ greatly from other EU countries) has only recently begun to include health promotion and even now this is subsumed within "preventive medicine", which suggests the preclusion of a holistic approach including education, communication and policy (General Medical Council 1993, Weare 1998, Toon and Jolly 1999). On its own the Code represents an approach to health known as "lifestylism", which crudely put, places the

onus upon individuals for reducing their risk of disease but fails to account for powerful social, political and environmental factors over which people often have little control (Tones and Tilford 1996).

CANCER PROGRAMMES PRE 1994

Before 1994 the Commission funded cancer projects, including those based in the UK for example, had been awarded grants for innovative work based solely in that country and the results then disseminated to colleagues from other member states. In implementing the second phase of activity, 1990-1994, the Commission "cooperated closely with national or European organisations and bodies concerned with the fight against cancer", (Commission of the European Communities 1994b) these were cancer leagues and associations and anti-smoking groups for example.

This translated into certain mechanisms by which cancer education projects were implemented; an overview of the procedures adopted in the UK is given below.

UK networks

The major statutory and voluntary organisations with a remit for cancer education belonged to a UK network, the Cancer Education Co-ordinating Group (CECG). Voluntary agency members included national organisations such as the (then) Cancer Research Campaign and Imperial Fund for Cancer Research and those more regionally based including the Ulster Cancer Foundation and Tenovus (Wales). Statutory membership included the (then) Health Education Authority, a national body, in addition to localised NHS organisations such as the (then) South West Thames Health Authority, which had a particular interest in cancer. Single interest groups such as Action on Smoking for Health and the highly specialised Marie Curie Cancer Care were also represented. [1]

Submission of bids

The CECG had links to the Commission's office in London, whose representative also sat on the group. Project outlines were debated and refined at committee meetings and member organisations often submitted bids for projects and programmes in partnership with one another.

Once a bid had been prepared it would be subject to filtering through the United Kingdom Co-ordinating Committee for Cancer Research (UKCCCR) for approval, before being forwarded officially to the Commission as a tender. The members of the UKCCCR were almost exclusively medical or scientific experts.

Coordination

The connection between all of these organisations and networks was made possible by the appointment in 1992 of the EAC co-ordinator for the UK, who sat on all the committees and not only served as a crucial link between them, but also happened to be the only member of the UKCCCR with a background in education and health promotion. This became important as the emphasis of

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[1] In the intervening years many of these organisations have altered their names to reflect changes in their remit, whilst some simply ceased to exist, such as the South West Thames Health Authority - both the NHS and voluntary sector have re-organised the delivery of health care significantly since then.

programmes considered by the UKCCCR shifted from medical and scientific research to include those concerned with public information and professional education.

Dissemination

The CECG organised conferences and study days as well as inviting feedback about completed projects at its annual general meeting. Sharing information with other European colleagues occurred through networks, such as the European Cancer Leagues (ECL), the European School of Oncology (ESO) and the European Oncology Nursing Society (EONS), but in contrast to the highly structured networks within the UK, dissemination across the EU was more *ad hoc*. The Commission's evaluation endorsed this

> Although these means of dissemination are certainly appropriate, they are undoubtedly not sufficient to ensure involvement of the general public or even of a majority of health professionals. However, a greater amount of innovation would be welcome, especially in some actions.
>
> (Commission of the European Communities 1999: 5)

The Maastricht Treaty

Changes in approach to cancer education programmes stem from the adoption of the Maastricht Treaty of 1993 when public health became a legitimate area of EU activity for the first time. Contained within Article 129 were aspects detailing efforts that would contribute not only to prevention of disease but also to a "high level of health" (Commission of the European Communities 1996a: 1). This was significant in its emphasis upon health promotion, rather than a reliance on the so-called "medical model" alluded to above, which has focused traditionally upon disease. The treaty also promotes co-operation among Member States, with the use of incentives, although no harmonisation was included of laws and regulations.

This marked the beginning of the Commission's Frameworks for Action in the Field of Public Health. Eight discrete public health programmes, including an action plan for cancer, were established and together made up the first framework. Following the Maastricht Treaty, EAC (formed by the committee of experts in 1987) became subsumed into the public health action plan against cancer. Furthermore the resolution of 19 November 1993 on public health policy after Maastricht states that the European Parliament asked that activities against cancer be intensified (Commission of the European Communities 1996).

The 1990-1994 cancer programme was evaluated by external consultants and is summarised in the Commission's official documentation (Commission of the European Communities 1999). Whilst the overall evaluation was found to be "very positive", certain limitations were noted, principally the need to redefine the objectives and priorities of the action plan and to carry out evaluations at the beginning and mid-term, making the programme more able to respond quickly and adaptively to recommendations. Significant progress was noted in particular areas including the training of health-care personnel. A UK Parliamentary Select Committee report on European Scrutiny elaborates, asserting that a breakdown of the taboos associated with cancer had resulted from the EAC campaign and that the focus on tobacco consumption had contributed to raising awareness of cancer

and prevention activities. The Committee noted the difficulty of assessing the impact of the programme on the health of the EU population, raising more specific concerns such as "fragmentation and lack of coherence of training; poor reporting, monitoring and record keeping by project leaders; and a failure to build appropriate performance measures into the funding process." (UK Parliamentary Select Committee 1999: 1).

1996-2000 ACTION PLAN AGAINST CANCER

The first action plan against cancer set within the public health framework was in fact the third such plan if the pre-Maastricht EAC programmes are included. It contained twenty-two elements including public information, education, cancer training for health professionals, early detection and systematic screening.

By 1995 the EU had grown to fifteen Member States and nearly 370 million citizens, having granted membership to Austria, Finland and Sweden. The new Commission began its five-year term of office led by Jacques Santer. In preparation for the 1996 Intergovernmental Conference the Commission concentrated, *inter alia*, on "improving the quality of life through initiatives relating to public health" (Commission of the European Communities 1995a) as well as on trans-European networks which were seen as a key component of the EU's strategy for growth and development.

SIGNIFICANCE

For cancer prevention and education programmes taking place within member states the consolidation of previous initiatives into the new action plans was important. Key elements of the documentation stress health promotion, public information and training of health professionals; all areas that had been addressed previously under EAC programmes but were now under greater control by the Commission. New regulations covered design, implementation, monitoring and evaluation for all projects and programmes.

Central to the design and implementation of programmes was the requirement under the Maastricht Treaty for states to work in partnership. Tenders would not be accepted unless partnership working was identified clearly. A key recommendation following the evaluation of 1990-1994 states:

> Finally, in terms of European added value, the evaluation identified some contributions and some room for improvement. A significant majority of the projects is multi-national. The tendency to finance multi-national projects should be maintained and encouraged. However, multi-nationality does not automatically guarantee an acceptable level of European added value, for which a rigorous methodology, a sufficient degree of innovation and a good dissemination of results are also needed.
>
> (Commission of the European Communities 1999: 6)

The need for "European added value" encapsulates the salient problem with previously funded projects discussed above. However frequent and thorough the dissemination conferences and publications, the former approach to projects had tended to be ethnocentric. Each country has its unique infrastructure and highly developed work cultures and these must inevitably permeate project methodology so that outcomes remain to a large extent peculiar to that country. Early partnerships

barely extended the scope for wider applicability, as countries tended to work with neighbours; the UK with Eire and the Netherlands with Luxembourg being instances of this. Doubtless proximity was convenient in providing simpler and cheaper options for travelling to meetings and common language in some cases removed the need for translation and interpreting services.

Despite the distinctiveness that pertains to individual countries the documentation produced by the Commission during the period 1992-2000 demonstrates the aspiration to coherence and implies the need for joint ownership from the inception of a project through to its conclusion.

The action plan against cancer adopted for the period of 1 January 1996 to 31 December 2000 specified:
- setting common objectives;
- standardisation and collection of comparable,
- compatible data in the health field;
- programmes for the exchange of experience and of health-care professionals, and programmes for disseminating the most effective practices;
- creating information networks;
- carrying out European-level studies and disseminating the results;
- exchange of experience as regards quality control in respect of early detection of the disease and prevention of its development;
- assistance in establishing priorities for cancer research and the transfer of basic research findings in clinical trials.

(Commission of the European Communities 1996b: 1)

This represents a substantial development from the more limited aims of the 1990-1994 programme that were described as promoting "information on cancer prevention and possible methods of early detection and treatment", (Commission of the European Communities, 1995b) in covering the three major new areas that may be summarised as:

- cancer prevention, with priority given to anti-smoking measures;
- early detection and systematic screening of cancers;
- quality assurance for cancer treatment.

(Commission of the European Communities 1996b)

The criteria for 1996-2000 make it clear that projects based within one member state and without application across a wider number of countries would not be successful in attracting funding. Data had to be standardised, comparable and compatible; information would be shared through networks and studies carried out at a "European" level rather than in one country. Additionally projects were to demonstrate consistency and complementarity.

Following directly from the evaluation of 1990-1994, the 1996-2000 plan also specifies certain actions for the education and training of health staff, which may be summarised as:

- exchanges of experience and dissemination of conference recommendations for a consensus on good practice

- preparation of teaching materials on cancer prevention of pan-European interest, particularly making use of new technologies

- support for European studies and dissemination of their conclusions, specifically European-level meetings and exchanges of experience, especially those focusing on psycho-social issues including quality of life.

(Commission of the European Communities 1996b)

By 1997 the direction for projects receiving funding under the action plan against cancer within the public health framework was unequivocal. In one of its implementation papers the Commission outlined the criteria for the selection and funding of projects as follows:

1. Priority will be given to large-scale projects which are relevant, methodologically sound, innovative where appropriate and therefore likely to have considerable impact, and which involve as far as possible governmental and non-governmental organisations able to demonstrate sufficient proof of competence in the respective fields.

2. Projects will be considered only if they are in line with the Commission's list of actions in section 3 above[2] and only if they provide real added value for the European Community. The following are deemed to yield such added value: activities involving participation by at least three Member States; activities conducted jointly in several Member States; activities capable of being applied in other Member States if adapted to their conditions and cultures (pilot projects).

3. Applicants must state the main medium and long-term objectives and the specific aims of the project, indicating how the project is relevant to the health field. They must describe concisely the research design and methods for achieving these goals.

4. The context and significance of the action with respect to other actions already conducted in the field must be explained.

5. Preliminary studies and/or progress reports are considered essential information and should be annexed to the application.

6. The procedures for evaluating and monitoring the project and for exploiting and disseminating the results must be detailed in the project proposal. Ideally, the results should be published in an international journal/magazine.

(Commission of the European Communities 1997a)

In addition to a general tightening of procedures, the lack of "European added value" identified in the evaluation of 1990-1994 has been addressed forcibly here, by specifying a minimum of three partner countries. The interim report on health promotion from the Commission to the European Parliament went even further in adding as a crucial objective a strategy for "enhanced networking of applicants to

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[2] PRIORITY AREAS OF ACTION. The Annex to the Decision listed twenty-two actions which would be covered during the five years of the action plan. For 1997, priority was be given to the following actions: A) Data collection and epidemiological research; B) Prevention and Health education; C) Early detection and screening; D) Training and quality control; specifically collaboration with GPs, promotion of training for trainers, because of their "multiplier effect", and projects for nurses provided they were aimed at trainers, were of "exceptional quality" and proposed by established, recognised teams.

ensure better cross-border co-operation", elsewhere making the general point that "Evidence of genuine collaboration between Member States must be demonstrated." (Commission of The European Communities 2000). The guidelines for projects were revised in this document to state:

(a) Projects with all fifteen Member States will receive highest priority;

(b) Under normal circumstances, projects with fewer than eight Member States will not be considered for funding, pilot projects investigating transfer of specific, innovative methods to other Member States will be supported if they have fewer than eight participants.

(Commission of The European Communities 2000: 6)

SUMMARY

The foregoing analysis of key documents from the field of cancer prevention tracks the development of programmes and projects from their beginnings as single country entities, employing *ad hoc* or opportunistic methods of dissemination, to an ideal of trans-national initiatives with much wider impact upon the health of EU citizens. This development cannot be viewed in isolation. The Maastricht Treaty was a turning point in European development and maturation. The changes to programme and project criteria described above were not simply the result of internal evaluation within the sphere of public health, but may also be seen within the wider context of subsidiarity and greater cohesion enshrined at Maastricht. The formation of the European Union, as the name suggests, embraced a more unified arrangement than the European Community that preceded it.

In 1993 discussions were held between the UK coordinator for EAC and the academic committee of EONS, about the development of teaching and learning materials to support the cancer prevention component of the core curriculum for post-basic cancer nurses. The resultant bid led to the establishment of a project that would use collaborative methods to produce distance learning materials for application across the EU. Awareness of the new controls emerging from the Commission offices was evident in the commitment to real partnership between participating countries and the aim to involve as many members of the EU and EONS as possible.[3]

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[3] The catchment for EONS was not co-terminal with the EU and included the whole of Scandinavia.

CHAPTER 2. THE FUNDED PROJECT

In 1992 EONS, in co-operation with Marie Curie Cancer Care, published a core curriculum for post-basic cancer nurses, funded by the European Commission. The collaborative project that forms the basis of this thesis was the result of a bid to the Commission to develop distance learning materials for the core curriculum in the area of cancer prevention (Anderson 1994). The central commitments were to collaborative working, involvement of as many EU countries as possible, joint writing and design of the materials and a flexible and useful end product. The countries represented in the project group were Belgium, England, France, Germany, Holland, Ireland, Luxembourg, Norway, Portugal and Scotland.

The evolution of the project, as the group itself developed, but also as external events had an influence, meant that whilst fundamental goals and principles originally set out were adhered to, there were a number of unexpected outcomes and developments.

MAIN OUTCOMES

A distance learning resource and a teaching pack in cancer prevention for use with oncology nurses, post registration nurses and allied health professionals were produced. Accompanying the two packs was a set of papers pertaining to the project, including the project history and antecedents, an overview of distance learning and promotional material comprising overhead transparencies and posters.

The materials use an experiential learning approach, based on prevailing ideas in adult education (Kolb 1984, Warner Weil and McGill 1996, Rogers C, 1967, Rogers, A, 1996) to explore attitudes, knowledge and skill (Bloom 1965).

The topics in relation to cancer prevention are: Self Awareness; Body Awareness; Professional Ethics; Communication; Health Promotion; Reducing Cancer Risk; Building a Picture of Cancer; Examining the Evidence; The Life Cycle.

A rating scale was developed to assess attitudes to cancer and cancer prevention, pre and post learning.

SUMMARY OF PROJECT ACTIVITY

The project may be understood within three temporal frames. Table 1 shows the sequence of events during the first two phases, including the activities of the group as a whole and my work as the UK

based project officer. As shown in the table, significant delays were caused by breaks in funding. The phasing of the project into three distinct stages was also a product of funding mechanisms and does not reflect the more evolutionary nature of the work as it progressed.

In Table 2 the final stage is represented, in which the focus shifted from production to dissemination and evaluation.

Table 1 Project activity, phases 1 and 2

Date	Activity	Outcomes/intentions
June 94	Attend EONS education committee. Identify group members and recruit. Plan writing workshop.	Article published in European Journal of Cancer Care.
Sept 94	Writing workshop in Winchester, UK	Team building First draft of pack
Oct 94	Collective writings collated, modified and edited by project officer.	Workshop report in EJCC Second draft of pack
Feb 95	Proposed 2nd workshop postponed - funding delayed from EC	
May 95	2nd workshop, Leiden, Netherlands Change of grantholder	Team maintenance Third draft of pack
June 95	Revisions and additions by project officer.	Fourth draft of pack
Sept 95	Paper presented at EAC Dissemination Conference, London	Conference proceedings published.
Oct 95	3rd workshop, Lisbon	Fifth draft of pack. Graphics, design and layout
Nov 95	Final revisions.	Final draft sent to group
Dec 95	Financial crisis - project cannot continue	Cancellation of Oslo meeting scheduled for February 96
Jan 96	Critical readers approached in each country	Piloting/formative evaluation
Mar 96	New bid sent to EC to fund continuation of project	Funding granted for one year, starting October 96
June 96	Attend EONS education committee	Progress report

Table 2 Project activity, phase 3

Date	Activity	Outcomes/intentions
Nov 96	Project restarts	Contact re-established
Jan 97	Meeting in Reading, UK	Collated results of critical reading. Dissemination plans Evaluation plans
Feb 97	Modifications by project officer	Teaching pack prepared for dissemination
Mar 97	Paper presented at EONS General Assembly	Look to strengthen links to improve dissemination and evaluation
Apr 97	Attend EONS education committee	Discuss dissemination, conferences, publicity, etc.
July 97	Posters and papers produced and presented at conferences	Publicity, dissemination
Nov 97	Final meeting at Windsor	Dissemination strategy for each country. Translation problems.
Jan 98	Negotiations with University.	Incorporate materials into existing CAES Cancer Health Education.
July 98	Distance learning materials written into CAES Cancer Health Education (University of Southampton)	Integrate project material into existing course. Apply lessons learned about distance learning.
Sept 98	New CAES offered as distance learning to post graduate students. Final report to EC.	Market across Europe.

ORIGINAL CONCEPT

Enshrined in our first bid to the EU was the commitment to distance learning. This was seen as innovative, exciting and a flexible response to the need for a pan-European approach to cancer education. In retrospect, these ideas need to be challenged. Although distance learning is more widespread in the EU than is often believed, with France, Germany, Holland, Spain and the UK advanced in this method of teaching, there has been little analysis of the nature of provision in these countries (Keegan 1997).

Investigations by the project group indicated that, even in countries where distance learning was well established, it had not penetrated professional and vocational education in health, except in the UK. In recognition of this the project group went on to produce a teaching pack, covering the same material as the distance learning, but in a format to be used by a trainer or facilitator with learning groups.

Initially the project followed an "Open University model" that focuses on freedom of time, place and pace for the learner (Lewis 1995: 52). Later, as the knowledge base and experience of group members widened, the scope expanded into open (as opposed to purely distance) learning, in which issues of content and method were also made more flexible. The question remains of whether so much time should have been spent on developing a European resource which eventually benefited the UK more than other countries, or if more careful consideration should first have been devoted to establishing the acceptability of distance learning in this field.

FUNDING

As the summary of project activity shows, there were two periods when funding effectively ceased. Breaks in funding are highly disruptive to any project, but all the more so to one that relied entirely on goodwill by people living long distances apart. It was difficult to maintain momentum and enthusiasm during long periods in which lack of finance dictated minimal activity.

Breaks in funding were disruptive in other ways by adding to the overall length of the project, increasing the likelihood of participants' moving on, changing jobs, or experiencing transitional periods in their personal lives. However, although professional and personal changes did occur, commitment to the project by the group remained high.

BUDGETING

A major difficulty was in budgetary needs changing as the project evolved. A feature of externally funded projects is that they consist of categories to which allotted amounts of finance are specified and these are fixed from the start: only minimal movement between budget headings is permitted. It was impossible for example to say in 1994 precisely what the stationery costs would be two years later when the materials were being printed and distributed. The experience of this project was that some budget estimates fell woefully short of what was eventually required (translation costs for example), whilst others were overstated.

In common with other similar projects I (and the two grant holders) had undertaken, the actual amounts requested under some of the headings were often determined by guesswork in the absence of clear guidelines from the funding body itself.

TRANSLATION

It became clear that the costs of translating into more than two languages would be prohibitive, but cost was not the only issue. On what basis should languages for translation be chosen? Proposals for dissemination seemed most advanced in Norway, but the limited application of a Norwegian translation aside, Norway's inclusion in the project had been on the basis of its membership of EONS, not as a member state of the EU. An additional concern was to make every effort not to disadvantage Portugal, as it was the only southern European country represented. Finally the materials were translated into French and Portuguese. French was selected because of its obvious wide applicability. (German would have been appropriate for similar reasons, but the German participant was no longer

with the group at this time and it proved impossible to locate another volunteer.) A Portuguese translation was commissioned, as this participant's dissemination plans were well advanced and were dependent upon translated materials. Participants from other countries either used English to promote the packs, or investigated sponsorship to finance their own translations.

In addition to the above, a set of promotional materials was provided for each group member, translated into their own language. Although native speaking translators were used, most with an understanding of health, none of the translations was suitable for use. Despite the best efforts of the translators, the language used was inappropriate, over formal, archaic, or nonsensical. In every case the group members had to translate the translations. This problem was one with which they were all familiar: accurate translation being such a rarity that they found it easier to work in English.

It is beyond the scope of the project to enter into complex debates about socio-linguistics. The findings however concur with the cultural-anthropological proposition that translation requires interpretation and that interpretation in turn needs behavioural cues and contextual understanding to enable the translator to reconstruct meaning (Young 1996). Translators should have worked within the project during its development, immersed in the shared meanings and able to check their translations with other native speakers. Whilst the cost of this would have been prohibitive it would have allowed translators to discover subtlety and nuance in a way that was not possible when reading unfamiliar text removed from the conditions in which it was produced.

The question of language and translation has significant implications for future collaborations of this nature. In the absence of a common European language there is often a default to English, for historical and geographical reasons, yet many EU citizens neither wish nor are able to speak English. Accurate translation is necessary for collaborative endeavours and, if it is to involve more than a simple conversion of codes, must involve translators from the outset, as full members of the project team. If not, then translation becomes a shadow of the reality (Clyne 1994).

DISSEMINATION

Problems with achieving adequate reach and penetration of the materials across the EU were never resolved satisfactorily and are common to many other similar projects (Commission of the European Communities 1999). The final phase of the project had received adequate funding with which to support the original participants and their colleagues to disseminate and publicise in their own countries. The intention was to use their intimate knowledge and enthusiasm to promote the materials through their own networks and the commitment to translation was a structural support for that process. In retrospect this was an unreal expectation; the participants had already given freely of their own time and were asked to take a significant responsibility for dissemination. The issue cannot be resolved quickly or simply; the entire project had operated on the foundations of democratic working and mutual valuing and respect. I was careful not to place undue stress on participants, nor to use group loyalty or felt obligation as a lever. It was, however, a very large task for those who were able to

attempt it and raised questions for me, as the only salaried participant, about the appropriateness of roles and responsibilities.

Papers and poster presentations were given at a number of conferences and meetings. At these events, large numbers of leaflets were taken away and in some cases materials ordered. In the months following there was a small but steady flow of requests arriving at the project office. It seems the take-up of a new product, such as the materials developed by this project, does not just rely on good publicity and promotion, but is determined by outside factors, which include the readiness of the "market" to incorporate the product into their existing and planned work. Cancer prevention may not be the priority for an organisation at the time it receives promotional information, so reliance has to be placed on the information having sufficient impact that, when cancer prevention does become priority, staff know who to contact and where to obtain the materials.

Aside from being unpredictable, dissemination and promotion take time, but projects are finite; funding ceases and teams disband, moving on to other work. Thus without some self-maintaining mechanism, dissemination will always be less than fully effective. Evident in the Commission's later reports is a move to base more projects within existing networks, thus ensuring continuity.

This project pre-dated the current developments in electronic communication and consequently no budget was ever requested for the purpose of dissemination via the Internet. A web site would have been a suitable means of enabling continued access to information, overcoming the problem of the project office having closed. Future projects will no doubt use electronic facilities as a major element of dissemination and the EU web site *Europa*, now provides details of the commitment to wider and more accessible information for all EU citizens.

Until 1997 dissemination of funded projects was not uniform and this had been cited as a problem by many project officers. As a result an advisory pamphlet was produced to help projects with dissemination, both of the processes and the products of their work (European Commission 1997).

EVALUATION

Closely linked with the success or failure of dissemination is evaluation. Evaluation of any health education is a difficult issue:

- how to determine whether a programme has been effective and valuable;

- if external indicators be used and if so, can controls be built into the pre and post test design to establish validity and if external indicators are not appropriate or feasible, what self-report measures should be used;

- can learner outcomes be a sufficient assessment of the product's value, or should wider outcomes be assessed, such as reduced rates of cancer incidence, better quality of patient care and so on

(Kar and Berkanovic 1987)

Clearly, most educational projects do not have the lifespan required to assess broad changes in health and so are confined to learner outcomes. The assumption always has to be that better educated and informed health professionals will *ipso facto* improve public health. Even so, evaluation is difficult to conduct well.

Formative evaluation was conducted by the group itself, in which every activity and piece of text was peer reviewed in the writing workshops. Outside the group, colleagues in all the participating countries acted as critical readers, working through the materials to a structured evaluation questionnaire and also commenting more generally about language, pace and tone.

Summative evaluation proved elusive. A follow-up letter with evaluation questionnaire was sent to all those in receipt of a teaching pack, but response rates were predictably low. Subsequently the distance learning materials were incorporated into the University of Southampton's Certificate of Advanced Educational Studies (CAES) in Cancer Health Education, one third of the taught element of the MSc in Health Education/Health Promotion and a course in its own right. The course was subject to the University's procedures for evaluation and quality assurance in addition to the usual requirement of students to be examined.

THE COLLABORATIVE PROCESS

The above represents the efforts taken to demonstrate value for money by accounting for project activity and outcomes; however the Commission also became increasingly interested in methodology. The learning from the educational process used during the writing workshops, which was designed to facilitate team working, joint creativity and a true sense of collaboration, is the subject of this thesis, posing the following main questions:

- What is collaboration and why is it desirable?
- How does this fit into Europe *Sans Frontières*?
- What are the ingredients for collaboration across boundaries of culture and language?
- How did it work?

My experience, with that of others encountered formally and informally at conferences and committees over the five years, suggests the successes and difficulties described above are not unique. Documents produced by the Commission during that period substantiate this view and point clearly to a need for more determined efforts in collaboration and networking between organisations, across professional boundaries and particularly between those who carry out projects and those who fund them. Project officers and grant holders need to demonstrate not only that they have used their funds wisely and well but also that what they have produced is useful and relevant, providing "European added value".

Consequently the purpose of this thesis is to produce an emergent theory of collaboration, with particular application to cross-cultural working. The initial thrust of the research was to generate a substantive theory of collaboration that would be applicable to future, similar initiatives. Given that differences in language and culture represent additional challenges to those normally present in efforts to collaborate and work in partnership, it seems likely that the learning could equally be applied across other situations, hence the formulation of formal theory became a subsidiary aim.

CHAPTER 3. AUTO/BIOGRAPHY OF THE PROJECT: CHRONOLOGY, NARRATIVE

SELF STORY 1: THE DEVELOPMENT OF A TEACHING STYLE

In 1990 I was working as a part time lecturer in a further education college. I had kept in touch with a former colleague, Ros Weston (RW), who had left us to become course director at another further education institute and who was in the process of leaving to head a new national cancer education project at the then Health Education Authority (HEA). I was contacted early in 1990 by RW, inviting me to join her at the HEA, in a self-employed capacity, to work on the EAC campaign in the United Kingdom. She explained that she needed someone who could "keep a cool head", working autonomously in delivering results and had thought of me immediately. The invitation was tantamount to being head hunted and I was flattered, if surprised, as I was not involved in health promotion at that time, but was teaching psychology and social care. Aside from some personal experience I had no knowledge of cancer, but RW did not see this as an impediment and invited me to Glasgow at the beginning of May to a meeting of the CECG.

From being a 'jobbing' lecturer to taking the breakfast flight from Heathrow was a seductive proposition. Following the meeting in Glasgow, I was sufficiently convinced to resign my part-time job and become self-employed. By July 1990 I was spending three days a week at the HEA, working with RW to organise the first national conference on cancer prevention in the UK: *Is cancer on your agenda?* We used the conference as a means, not just of raising awareness of cancer prevention, but also of assessing the readiness of those involved in health promotion to take this work on and discovering what they would need to put cancer "on the agenda". Following a *90% return on* conference evaluations (approximately 250 had attended, representing the range of cancer organisations across the UK) we were able to establish a need for resources and training for cancer prevention to become a recognised part of health promotion.

RW at this time was the UK national coordinator for EAC and I functioned as consultant. Our working relationship developed through our complementary skills and styles in conceptualising and implementing a range of educational programmes. In 1991 we launched the first training pack for health professionals involved in cancer prevention and cancer education for Europe Against Cancer Week, entitled *Cancer is on the agenda!* RW and I led a number of regional workshops, training a range of health staff in cancer awareness, attitudes and knowledge of causation and prevention. The success of our approach shaped the EAC programmes in the UK in subsequent years.

THE CANCER PREVENTION STORY IN BRIEF

The wider context for the self-story is the extensive campaign throughout the EU to raise awareness and increase knowledge of cancer prevention. Epidemiological studies had identified cancer as the *second biggest cause of premature death in EU citizens after heart disease.* (Department of Health 1993) Campaigns to prevent and educate about heart disease were already well established, particularly in the UK where the HEA was running the multi million pound *Look After Your Heart* (LAYH) campaign, encompassing *Look After Yourself* (LAY), Smoking Cessation, Healthy Eating and the Alcohol programme. Many of the issues covered in the education components of these programmes overlapped with the important messages in cancer education, though there were subtle differences between them. The establishment of EAC in the UK served to integrate the LAYH activities with the education arms of a large number of national cancer charities. For RW and myself this entailed negotiating our way into existing health promotion initiatives and persuading organisations to incorporate cancer education into their work.

In order to carry out the work it was necessary to identify areas of need and develop projects that would then be the subject of bids for funding from the Commission. RW, as national coordinator, prepared these bids and was a key figure in influencing the nature and style of cancer education from its embryonic beginnings to a full-scale national programme.

GENESIS OF THE PROJECT

During my first two years with the programme I designed and delivered training and development in cancer education to a range of organisations and audiences. Meanwhile one of the partnerships RW had formed on behalf of EAC was with EONS, whose core curriculum for cancer nurses covered three main areas:

Primary prevention

Education and lifestyle change for people who may be at risk of certain preventable cancers. This would include information and advice about smoking, diet, alcohol, exposure to sunlight, exposure to toxins in the workplace and in some cases, risk attaching to certain virus infections.

Secondary prevention

Information about and encouragement to participate in screening programmes, including population screening for breast and cervical cancer and elective screening for those who, for familial or environmental reasons are at risk of particular cancers.

Tertiary care

Symptom and pain relief, curative processes, palliative care.

We were interested specifically in the potential for developing curriculum materials in primary prevention. Our experience of working with nurses, as well as other health professionals, was that they were already well versed in secondary and tertiary prevention and care, but their training and work culture had not prepared them in many cases for the more educational approach of primary

prevention. A colleague was piloting a related piece of work under the EAC programme at that time, investigating the attitudes of primary health care staff towards cancer. This was later developed into a nationwide focus group study (Box and Anderson 1997) and revealed certain fatalistic attitudes and misconceptions about cancer. This supported our view that educational materials for health professionals had to challenge attitudes and beliefs and acknowledge personal experience, preparing staff to provide accurate and helpful information and support within cancer education programmes. This seemed inevitably to lead us to design programmes with a strong component of experiential learning.

The bid to the Commission was accepted for funding and in March 1994, in my capacity as project lead, I met representatives from the academic committee of EONS to discuss possible ways forward. Having worked on the EAC programme for four years, on a variety of diverse projects, I had developed certain views about the effectiveness of some initiatives. I found that at every event attended in the UK and continental Europe, the same senior members of cancer organisations were in evidence, who appeared to spend a significant amount of time at conferences and in meetings. I was unconvinced that attending conferences would lead to service improvement and became sceptical about the number of planning meetings that took place outside the UK. New initiatives were flourishing but many seemed to fall into oblivion once funding from the Commission had ceased. Subsequent documents by the Commission indicated that this was a wider issue, as dissemination had not been a feature of funded projects, a problem cited by many project officers (Commission of the European Communities 1998).

Through our training programmes and accompanying materials we felt able to effect positive change, but we lacked the infrastructure required to make change sustainable. In the core curriculum project I now saw the potential to approach cancer education in a more sustainable way. Following various meetings, including one with EONS mentioned above, I realised that though the project was described in the bid as collaborative, the expectation was that it would be carried out using what would better be termed *a consultative approach*. There is a fundamental and significant conceptual difference between collaboration and consultation.

By that time I had earned a reputation for producing high quality educational material and perceived that I was expected to produce a draft curriculum pack, then arrange a consensus conference with representatives from various EU countries in which the draft could be amended and revised. Those representatives would be, as I saw it, the usual familiar faces.

I began to think about the project in a fresh way. RW and I had made our reputations by developing innovative, creative education and training programmes based on participative methods. How would it be, I wondered, if a truly participative approach were used to develop curriculum materials and gave up the presumption of authorship and instead used a collective, collaborative approach to producing the materials as a group. In June 1994 I was invited to a full meeting of the academic committee of EONS in Brussels. I presented the committee with three simple criteria required for

participation in the core curriculum project writing group, stressing that as the curriculum was intended for practising nurses, participants should be close to practice and perhaps at an earlier stage in their careers than the committee members themselves. The criteria were:

> Experience as a nurse, or in nurse education (recent or current practice on the ground essential)
>
> Knowledge of cancer education and or health promotion
>
> Reasonable ability to use English

Each member of the group agreed to supply the names of people they would identify from their country. Two of the group were unable to nominate a colleague who could meet the criteria, so they nominated themselves instead. These were the delegates from France and Norway. Participants were nominated from Ireland, Belgium, Luxembourg, Germany, Portugal, The Netherlands and Scotland (this to be the UK representative excluding myself). Despite strenuous efforts, I failed to attract delegates from other EU members, reflecting the importance of identifying 'gatekeepers' in working across networks.

STORY OF THE METHODOLOGY 1

During the summer of 1994 I planned the first writing workshop and communicated with the nominated participants. The workshop took place over five days in September. The first writing workshop was the point at which I decided what the nature of this doctoral research would be. I had thought from the start that the project should be researched, as the results would potentially be of interest to a wide audience across the EU. However the likely methodology had seemed at the time to be that of a standard evaluation, probably describing the impact of distance learning and assessing pre and post course learning outcomes. Possibly I had a limited view of what kind of research would be acceptable for a PhD study. As the first workshop unfolded it transpired that the more productive focus was not the *what* of the results but the *how* of what was happening.

Torbert (1981) has inquired why educational research is so uneducational and why it tends to show up deficiencies. There is little purpose to research in a professional domain such as education, if it does not in some way inform and improve practice. Simply investigating educational problems is insufficient, since at best it provides suggestions for improving on failure. The initial intention to conduct evaluation of pre and post learning reflects the influence of the prevailing cultures in education and health, which persist to the present day: greater accountability in public service, demonstrated by the demand for statistical analysis, in conjunction with the rejection of traditional procedures in favour of evidence based practice. I began to question however whether research focused on outcomes would yield results that would improve educational practice, or if it would simply highlight successes and failures in a somewhat reductionist way. Torbert asserts that educational research should tell us what education ought to do, how to do it and what to change in order to do it. How to do it and what to change became more important than what education should do.

This was not however a simple matter of changing methodological direction; the outcomes of the distance learning resource could have been evaluated and assessed on a number of different levels. Nonetheless I did produce a Likert type scale to assess pre and post course awareness and attitude change, but in the event it was not feasible within the confines of the final project phase to implement the post course measurement. By that time the focus of the study had long since changed and in choosing to study the *processes* of collaboration I therefore excluded the possibility of judging the effectiveness of the *product*. Given that the aim of EAC was to reduce premature deaths from cancer in EU citizens this was not a decision to be taken lightly. Choosing the outcomes emphasis would have provided some evidence of whether the project had given value for money, through improving the practice of cancer health education by professionals and thereby adding to the quality of life for many people.

Changing the focus of the research was a risky decision: part of the subject of the investigation would include studying myself and this would pose a considerable challenge in ensuring methods were rigorous. It also required a subtle shift in workshop facilitation; I had always used a variety of media to enhance educational activities and record results for the group, but everything produced by the group would now be transformed into data and used as research material.

During the workshop I explained that I wished to research the project for my doctorate and asked for the permission of the group. Hardly having formulated my own thoughts coherently I nonetheless explained the sort of research I thought it would be. The Luxembourg participant summarised my explanation for the benefit of the others as, "*récherche action*", or action research. Although it was subsequently re-framed as grounded theory, it seemed throughout that there were important elements of both action research and democratic evaluation within the scope of this research.

SELF STORY 2: DEVELOPING A TEACHING STYLE

The action research dimension was present in the desire to test methods and approaches that I had found helpful in facilitating and teaching a range of adult learners. Having been introduced to action research as a postgraduate student, I was attracted to the idea of reflective practice as a way of developing my teaching. I had been a fairly conventional teacher in my first post qualifying job, but following a year spent travelling and four years working in residential care with troubled adolescents I approached my second teaching job, in further education, with fresh ideas. This was appropriate given that the post had been created to deal with a new type of student being accepted by a highly orthodox department that covered vocational subjects including hairdressing, beauty therapy, cookery and social care. The new intake, attending the Certificate of Pre-Vocational Education (CPVE), comprised mainly low achievers with poor examination results and a history of school difficulties. Following my experience with some of the most disaffected young people in the care system, the CPVE students did not appear as shockingly different, difficult and unruly as they did to other staff. In our new professional relationship RW and I developed an approach and style that was more student centred, less formal and more flexible than the practices we had adopted in school teaching.

I was interested to find that difficult or (then) unconventional students were not the only ones to respond well to more innovative methods. As my portfolio extended to adult students, whether in vocational day release courses, evening classes or full time Access[1], I found that adopting a variety of methods that created diverse learning environments kept them engaged, involved and more responsible for their own learning. Conscious that for many students any teaching that did not involve long periods of telling (by me) and note taking (by them) was novel and possibly suspect, I introduced continuous evaluation, in which I invited groups to give me feedback on my teaching, both anonymously and in situations where we could engage in dialogue. This was not action research, as I was not rigorous in recording the "self-reflective spiral of cycles of planning, acting, observing, and reflecting" that are central to the method. (Kemmis 1993) Conversely, aspects of my approach did reflect the original tenets proposed by Lewin (1944) in the commitment to purposeful action, not just behaviour, the striving for democracy and the aim of improving practice.

In self-reflection I discovered an element of my teaching style that I did not find palatable. A natural extravert, I realised that holding centre stage in a classroom was something I excelled at and found exhilarating. The ability to hold the attention of a group is not necessarily detrimental and indeed can promote learning in certain situations, but what concerned me about this self discovery was that it was motivated by self interest rather than creating the best learning environment for students. I also began to introspect on the nature of power relations in the classroom and how easy it would be to exploit that and create dependency cultures.

STORY OF THE METHODOLOGY 2

As the time for the first writing workshop approached I was actively reflecting on how to create a learning environment for the participants, including myself, that would enable us to collaborate in writing our distance learning materials. I had met three of the group members and noticed a marked disparity in their level of spoken English. I surmised that notwithstanding the requirement of participants to be able to communicate in English, there would be differing degrees of confidence and ability and that even those with good verbal skills might balk at the idea of writing in a foreign language. Similarly I considered the cultural differences that had already been apparent at various pan European conferences and meetings I had attended. At one of these meetings I encountered the person who was to be the representative from Portugal, who with colleagues had expressed concern that EAC activities were predisposed to "Northern" culture, at the expense of southern Europeans. Furthermore, based on what I already knew about the group members it was evident that there was diversity both in professional background and current job status. The programme for the first workshop grew out of my reflections and shaped the rest of the project. This will be explored in later chapters. Table 3 gives an example of the activities used during the workshop by showing the programme for the first evening.

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[1] Access to higher education courses was introduced to enable mature students to enter undergraduate programmes using an alternative route to A levels.

Table 3 Induction Programme

Activity	Description	Purpose
Introduction to venue	Information about meals, times & rooms.	Hospitality, checking comfort, arrangements.
Introductions	Learn each other's names and how to pronounce them.	
My country, Your country.	Allocation of gapped handouts, each representing an EU country. Draw the country's flag and fill in the quadrants with pictures or words: sport, food, landscape, people.	Examine perceptions of one another's countries; create opportunity to talk about own country. Begin to use language in a relaxed, familiar way.
Shield.	Every participant has a shield template which they fill in with words or pictures showing areas of their lives that are important to them.	Self-affirmation, starting to get to know others in group. Promote tolerance and respect.
Group rules	As whole group set ground rules, discuss and record concerns.	Promote concept of common purpose and collective ownership.

All completed worksheets and shields, along with flip chart records of the group discussions were displayed on the walls and this became the pattern for the following days and subsequent workshops. The analysis will show that participants thought this a useful way to keep track of their learning and discussions, but also that they found it affirming. Some group members were more at home in such groups than others. The whole group was apprehensive about the project and their part in it; six had never before visited another country for professional purposes. There was also scepticism about my ambitions for this piece of work. Later it would transpire that the commitment to distance learning enshrined in the first bid to the Commission had pre-supposed a familiarity with distance learning and a readiness to adopt it, which was almost certainly not the case.

The walls of the workshop room by the end of the first evening were beginning to reveal the emerging identity of the group, or that is how I understood it at the time. On reflection I now question the face validity of that understanding and consider that it could be framed in a different way. The words and images may be seen as the active construction of our emergent identity. This is an important distinction, in understanding the identity of the group, not as something accidental or even incidental to the activities, but as a performance. Sartre (1957) suggested that once we make statements about who or what we are, we become that entity. On the evening that began the first workshop, amidst all our uncertainties and apprehension, we made statements that collectively began our performance as a group. The evidence displayed on the walls can be understood not as telling the story, which implies its pre-existence – it was the story being written. From nothingness a group came into being, by telling itself "that is this group, this is what it is like."

In the drawings and words that resulted from the first activities, the group's learning outcomes had already begun to appear to me as data. Thus the inextricable link between educational approach and research methodology began and the roles of facilitator and researcher began to merge. Over the coming days I would find myself grappling with this dual role and purpose, whilst simultaneously considering how reflective practice may become reflexive practice when,

> ...the observer, with the co-operation of the other, constitutes himself as part of the field of study, while studying the field he and the other constitute.

> (Esterson, 1972, cited in Rowan 1981: 167)

Later, Esterson's work also resonated strongly in that its description of the process of reflexivity seemed closely to mirror my experience at every stage, in trying to reconcile the tasks of leading, participating and researching the group. This involved "a new mental stance of dialectic rationality" that invoked a cycle of "reciprocity, nihilating withdrawal and a return to reciprocity" (Rowan 1981: 168).

On the occasions when RW attended the workshops and acted as co-facilitator, we held de-briefings at the end of each day. Her feedback to me, independent of Esterson's ideas, indicated that she had observed this state of nihilation and that at times its physical manifestations were so profound it had caused her concern for my well being. We both felt that the project had become something that would change us permanently.

> Here the observer relates primarily to himself, comparing and discriminating between his experience of himself and his experience of the system, between events in the system, and events in himself. Successful discrimination is followed by a change in the observer's experience of himself, reflecting an inner movement. This change may be termed self-realisation.

> (Rowan 1981: 168)

Reflexivity would help prepare me for what Rowan has called truthful interpretation, intuitive flashes, surprising insights and revelation.

CHAPTER 4. FORESHADOWED PROBLEMS: THEORETICAL SENSITIVITY

A RATIONALE
THE GORDIAN KNOT
THEORETICAL SAMPLING

A RATIONALE

Grounded theory requires the researcher to begin analysis as soon as, or even before data start being collected. Necessarily this entails a fresh approach to the writing and compiling of the research report. Rather than beginning with a comprehensive literature review the report must open with a more general record of the broad areas of concern at the outset, developing these into more substantive concepts as the ideas begin to take shape.

The previous chapters have provided an overview and historical development of the project being researched. I became aware of the theoretical and practical possibilities from the time the Commission agreed the funding. Retrospectively therefore it is possible to see that theoretical sensitivity had begun at the first meetings of the steering group, before the project group had been recruited. The first meetings and my reflections on them provided sparse but important data that guided certain choices in the first step of identifying and recruiting a group to carry out the work of the project. Recruitment was in itself the first, crucial instance of theoretical sampling.

The evolutionary nature of a grounded theory investigation demands that the report reflect to a large extent the stages of its evolution, hence this thesis begins by describing the background to the funded project, then goes on to highlight the concepts and suggestive theory fragments as they emerged from the project's initial phases. This proceeds to a wider discussion of those concepts that in turn contributed to the substantive analysis and resultant theory.

THE GORDIAN KNOT [1]

Such is the nature of research that in attempting to answer the questions posed by the investigation, it is necessary to question the questioning process itself; hence methodology. The experimenter knows that in order to achieve internal validity it is necessary to control the dependent variables. But, having established the necessity of this procedure, the next step is surely to ask what the dependent variables are. The potential number of variables in any situation is infinite. On what basis does a researcher select variables; indeed, can it ever be known what all the possibilities were? Because there is no solution to this problem, statistical procedures are used on experimental research data to indicate the degree of certainty that may be attributed to the results. Sampling poses the survey designer with similarly puzzling problems, whilst the subjective element of most qualitative approaches means questioning the

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[1] Gordius fastened his wagon to a beam with a knot of such complexity it could not be undone and proclaimed that whoever undid it would reign over the East. Alexander the Great cut the knot in two with one stroke of his sword and thus resolved the seemingly impossible situation with alternative action. (Brewer's, 1995)

questioning becomes a spiral of self-scrutiny. In grounded theory the researcher does not even have the security of a literature review to provide the parameters for analysis and interpretation. It is not possible to use the ideas and theories of other researchers and writers as the foundation for the investigation. Rather, as ideas suggest themselves from the data, the researcher, generally well versed in social sciences, will make links to other ideas from the field. As Glaser (1978: 8) states,

> Good ideas must *earn* their way into the theory through emergence or emergent fit; they cannot be imposed because of learning or because of its extreme form: doctrinairism.

Inevitably this leads to parity of ideas - a radical departure from the norms of social science that require the slavish acknowledgement of others on the basis of their pre-eminence in the field, never more clearly illustrated than in the abuse of Harvard referencing, in which strings of worthy names are added as a *faux* substantiation of the writer's assertions. Grounded theory requires that ideas have relevance and that they fit the data. The contrast between this and the more orthodox social scientific approach has been described by Glaser (1978: 9) as the difference between scholarship and analysis.

> In developing the idea, the analyst needs only footnote another sociologist who also *used* the idea and place this person's meaning in the context of the newer meaning and its transcending use in the generated theory. Thus the analyst does not deify another sociologist; he de-deifies "great men" to their rightly portion of recognition and does not lose his own valuable contribution.

Most researchers are unaccustomed to regarding their own ideas and theories as equal in merit to those of greater theorists. Nonetheless this is what the grounded theorist has elected to do. There is an argument, however, that in de-deifying the great theories, the grounded theorist is simply indulging a different form of monotheism: the data are all.

If immersion in the data is to cut through the perplexing questions that are the methodological Gordian knot, then that immersion must be accompanied by attendant rigour. How were data elicited, was the setting as naturalised as possible, does the reflexive account convince that the researcher had a reasonable level of disinterest.

THEORETICAL SAMPLING

Theoretical sampling was described in the original work as,

> the process of data collection for generating theory whereby the analyst jointly collects, codes, and analyzes his data and decides what data to collect next and where to find them, in order to develop his theory as it emerges.
>
> (Glaser and Strauss 1967: 20)

In the later text Glaser (1978) describes this more fully as a dynamic, multi-tasking approach to data collection, in which theories start to be developed from the very early stages of the research and are recorded by footnoting and memoing. The crux of the question is how impartial theory generation can possibly be when the researcher is immersed in the action of

data collection? The rigour of matching every idea with the data and searching for fit is redundant if the data themselves are not valid.

In this project I was required both to facilitate the process of producing the distance learning materials and to conduct the research, creating competing demands and particular sorts of pressure. The success or failure of a group activity could conceivably have had a bearing on the recording of data; on that which was selected or rejected. Whilst Glaser's notion of parity of ideas is legitimate, it is questionable whether there can be parity of data. A scribbled footnote by the researcher may not be of equal value to an interview transcript. Similarly, the difference between witting and unwitting testimony is that greater value may be placed on one over the other, depending on the circumstance.

It is necessary to appreciate the emergent theories as they developed out of the first stages of the project, since these informed the ways in which the data were collected as it progressed. In the early stages concepts were organised as dichotomous constructs, seen as either enabling or disabling the collaborative process, perhaps reflecting my concerns and preoccupations.

The main sources of data at this time were the related areas of social science, namely theories about groups, specifically teams, as well as experiential learning. As the project evolved, emergent concepts were linked more to the data generated from the group activity and became uni-dimensional. The ideas generated from these early stages are shown in Figures 1 and 2 below.

Figure 1 First stages of theoretical sampling

First phase: original ideas

ENABLING	DISABLING
Closeness to practice	Distance from practice
Experience of teaching	Job in policy and administration
New to European work	Over-used to European work

Second phase: planning first workshop, recruiting group.

ENABLING	DISABLING
Team development	Group dynamics left to chance
Inter cultural awareness	Lack of cultural awareness
Democratic style leadership	Autocratic or laissez-faire leader
Strong personal identity	Loss of identity
Common working language	Unfamiliarity with language
Varied pace and style	Monotony

The concepts described in phase 1 above can be traced back to my own experience and preferences, described earlier. It was recorded at the time that it would not be productive to use the people who had usually been involved in European projects in cancer. I saw these as a fairly cohesive group of senior staff from cancer charities and government departments, managers and policy makers who were uninvolved in the day-to-day work of a nurse, say. Instead participants were sought who would be closer to the interface between professional and client. Much of the work in which I had previously been involved in this area had been based in committees, using an information-giving or consultative approach rather than full participation. Furthermore most of those influential in pan-European cancer education projects were not themselves teachers and it was important to recruit participants with knowledge and some experience of teaching others.

Figure 2 Second stages of theoretical sampling

Third phase: during first workshop

Previous educational experience

North-South divide

Tolerance and mutual valuing

Personal confidence

Group identity

Power and influence

Self-fulfilment

It was discovered early in the first workshop that many participants were unfamiliar with experiential learning, feeling apprehensive about it and its possible value. With one exception all were qualified nurses and elements of their nurse education appeared to conflict with the approach being used here. An incident early on in the workshop led to unguarded comments about the differences in attitude and work practice between Northern and Southern Europeans. These differences seemed to become more evident as the workshop progressed. The earlier concept of cultural awareness became linked to the more general area of tolerance and valuing: the extent to which these were evident seemed to affect the educational outcomes for individuals. The ability to produce ideas and written material for the distance learning resource was related to personal confidence and self esteem and these also affected group interaction.

The notion of group identity is nebulous and after full analysis this concept may be amended to a more accurate description. There was a strong inter-dependence within the group, but overlaying that there were certain individuals with more influence than others. On many occasions participants referred to their growing self-awareness and feelings of self-fulfilment through being in the group.

Later chapters will provide a fuller analysis of these concepts. The fragmentary concepts presented here reflect the emergent theory as it stood at that time. The following two chapters discuss the two areas of European unity and experiential learning more widely, relating them to other literature and different arenas. From the resultant theoretical sensitivity the subsequent stages of data collection were organised and implemented.

CHAPTER 5. COLLABORATION: EUROPE *SANS FRONTIERES*?

A HISTORICAL PERSPECTIVE
VISIONS AND VISIONARIES
PARALLELS IN PARTICIPATION

A HISTORICAL PERSPECTIVE

From the outset the major commitment of the project was to democratic working so that the product would be the result of true collaboration. By the second round of funding, EAC was awarding money explicitly only to those projects which could demonstrate both joint working between at least two member states and outcomes with wide European application. Collaborative working and working in partnership had become the epitome of good practice in the UK health field, evidenced in major documents such as *the Health of the Nation*, (Department of Health 1993) *Healthy Alliances*, (Department of Health 1994) and *Our Healthier Nation* (Department of Health 1999). Most recently, in *The New NHS* it was stated that, in rejection both of the old centralised bureaucracies and also the divisive internal markets that replaced them, there would be, "a 'third way' of running the NHS - a system based on partnership and driven by performance" (Department of Health 1998: 2:2). Britain's third way, the mantra of the incoming Labour government of May 1997 has been described by Giddens (1998) as part of a wider democratisation of Western Europe; countries with centre left parties in power in 1998 included the UK, France, Italy, Austria, Greece and Scandinavia. The third way has been interpreted as an attempt to transcend the old social democracy and subsequent neo-liberalism and may be seen as a response to a changing world of globalisation, technological advancement, ecological concerns and the reconstruction of socialism predicated on wealth redistribution and the collapse of communism. Giddens' view is that for Western Europeans the desire for economic rewards has, to a large extent, been supplanted by the need for self-expression and job satisfaction. Where the former encourages competition, the latter promotes greater participation, co-operation and democracy. The new individualism is part of a moral transition between self-fulfilment and responsibility to others (Giddens 1998: 36). The third way in the NHS may be more pragmatic, in encompassing both the moral principles of the Old Left and the more pragmatic practice of the neo-liberals, or New Right. The Public Private Partnership (PPP) and Private Funding Initiative (PFI) may be seen as mainstays of this approach (Department of Health 2000).

The origins of a united Europe date back at least to the beginning of the nineteenth century, following the French Revolution, the series of wars that followed and the settlements brought about in 1815 to establish a "congress system that was intended to embody and perpetuate the idea of a 'Concert of Europe'". (Thomson 1957:92) An influential figure was Thomas Paine who in 1791 in *The Rights of Man* was arguing for democracy in Britain, on the grounds that the distinction between monarch and subjects was "romantic and barbarous". The participants of 1815 were not to accept the form of social reform advocated by Paine, but the Napoleonic wars had changed the map of Europe and the aspirations of the disenfranchised. There was simply no turning the clock back. Change had happened and now needed to be codified in terms of the relationships between states old and new (Paine 1967:

165). Earlier still, Henri IV of France had in 1610 proposed to abolish war by forming a European Congress, also known as a Pacific Republic. There is little doubt, however, that the impetus for the formal organisation of a more unified Europe was driven by the ravages of two world wars in the twentieth century, which led to a fervent desire for peace.

Nelson and Stubb (1994) offer nine key texts that trace the development of "Visions of a United Europe". These have been used as the basis for the overview given below and in which the context and antecedents of cross European collaboration can begin to be appreciated. The following section takes an analytical approach to the historical context provided by Nelson and Stubb, summarising the visions by suggesting the perspective each had upon a united Europe.

VISIONS AND VISIONARIES

Churchill

In 1946 Winston Churchill in a speech given at Zurich University, identified the "tragedy of Europe" and expressed despair at the sheer waste that conflict had created. He emphasised the supremacy of European culture, citizenship, arts, climate and philosophy; a view that would not go unchallenged today. In another speech the same year at Fulton, Missouri Churchill first used the phrase 'an iron curtain has descended across Europe'. This can be viewed as a statement about the role of the US *vis a vis* Europe.

Churchill advocated a "family of Europe", which would be like a United States of Europe and in which there would be justice, mercy and freedom from war. Paradoxically, he did not see Britain as an active member of this family of nations, stating that "Great Britain, the British Commonwealth of Nations, mighty America and I trust Soviet Russia" would be friends and champions of the new united Europe. Thus was the British legacy of ambivalence towards Europe epitomised by Churchill, whose perspective could be said to have been paternalistic and ethnocentric.

Schuman

Four years later France's foreign minister, Robert Schuman described a plan to unite the huge coal and steel industries of France and Germany as a first step towards unity. In identifying positive relations between France and Germany he was in agreement with Churchill, but his plans moved beyond rhetoric to more practical steps.

His view was that economic integration served the dual purpose of diverting manufacturing efforts away from war and munitions as well as being the starting point for peace and unification. Schuman's argument was that economic solidarity made war between France and Germany impossible and was therefore the means to an end. Hence Schuman's view could be described as economic pragmatism.

Preamble to the Treaty of Rome

Seven years later the preamble to the treaty was published. The then six members of the European Economic Community (EEC) signed three separate agreements. The member states at that time were France, Germany, Italy, Belgium, Luxembourg and the Netherlands.

The three sets of documents show a shift in emphasis from peace and liberty, as characterised by Churchill and Schuman, to economic prosperity. Concepts embraced included the merging of business interests, removal of internal competition, removal of obstacles to wealth and the pooling of resources. At the same time as the formation of the EEC, the European Atomic Energy Community (EXEC) was also formed to promote self-preservation and a cheap energy source for all members.

The common term for the EEC in Britain at the time was the Common Market and as the names would suggest, the perspective revealed by this document was that of economic determinism.

Monnet

Known as 'the father of Europe', Jean Monnet's thinking was highly influential. A French diplomat, he managed to enlarge the EEC by adding the United Kingdom, Ireland and Denmark in 1973.

In 1962 he published a paper called "Ferment of Change", in which he foretold the future of "mass consumption, mass education and even mass culture" (Monnet 1962 cited in Nelson and Stubbs 1994: 17). He saw science as a double edged sword, which has the capacity to increase wealth and mastery over the world at the same time as developing ever more means of destruction. Monnet's view of the threat to the European peoples was, unlike that of his predecessors, not from war, but from development and advancement.

Monnet's paper stressed the need for change through joint working and common institutions. He wanted Europe to become a great, unified civilisation. His view of the Europe of the future was one that promoted integration of all systems, namely functionalism.

de Gaulle

In contrast to the ideals of Monnet and despite being a fellow countryman, de Gaulle refused to give way on France's right to control its own affairs. In a paper written in 1965, *A Concert of European States*, he expressed views which led directly to the decision by the European parliament that every member state should have the right of veto.

de Gaulle was anxious to preserve the identity that his nation had so nearly lost during the world wars. He was opposed to supranationalism: "France's submission to a law that was not her own" (de Gaulle 1971 cited in Nelson and Stubbs 1994: 25). His vision was of a Europe united by natural commonality of race, religion, politics and art, rather than "arbitrary centralisation". His perspective has become known as intergovernmentality.

Preamble to the Single European Act.

The twelve members of the re-named European Community (EC) implemented the Single European Act in 1987. The preamble, published in 1986, marked a turning point in the evolving united Europe. It emphasised solidarity, common interest, democracy and human rights. Member countries were to "exercise their powers under conditions most in keeping with community interests."

In a departure from intergovernmentality, the preamble enshrined the concepts of the Community's sovereignty.

Thatcher

Echoes of both Churchill and de Gaulle can be found in Margaret Thatcher's 1988 speech at the College of Europe in Bruges. Thatcher was in favour of a family of nations in which member states would retain their identity, rather than assume a European "identikit" personality. She was opposed to centralised power and feared the homogenisation of peoples and cultures. Thatcher's proposal for economic liberty and personal endeavour rather than central control can be described as anti-federalism.

Delors

A year after Thatcher's speech, Jacques Delors gave a speech at the same place, in which he argued vigorously against much of what she had said. His speech differed significantly from that given the previous year, in that it focused on the positive outcomes of federalism, rather than on the negative aspects. Delors stated that federalism should not be feared, but could be made to work by subsidiarity. His perspective was thus one of subsidiarised federalism.

Preamble to the Maastricht Treaty

Delors' energetic and positive proposals were carried forward in the preamble to the treaty, published in 1991. It stressed greater participation, democracy and accountability, in the newly named European Union (EU).

A key sentiment expressed in the preamble states it is:

> RESOLVED to continue the process of creating an ever closer union among the peoples of Europe, in which decisions are taken as closely as possible to the citizen in accordance with the principle of subsidiarity.
>
> (Commission of the European Communities 1991)

This would appear to reflect a view of democratic diversity.

A summary of the changing perspectives as described above is given in Table 4

Table 4 Changing perspectives on European unity.

Date	Reference	The vision	Nomenclature
1946	Churchill	Paternalistic ethnocentrism	A family of nations
1950	Schuman	Economic pragmatism	
1957	Preamble *	Economic determinism	The European Economic Community
1962	Monnet	Functionalism	The European Community
1965	de Gaulle	Intergovernmentality	
1986	Preamble**	European sovereignty	
1988	Thatcher	Anti federalism	
1989	Delors	Subsidiarity	
1991	Preamble ***	Democratic diversity	The European Union

Preambles: * to the Treaty of Rome

** to the Single European Act

*** to the Maastricht Treaty

PARALLELS IN PARTICIPATION

The above account illustrates the reluctance with which two British leaders of the twentieth century have subscribed to membership of the EU. Churchill must be seen in the context of the time; Morgan (1984), writing about the post-war Labour government, describes the prevailing view of that period as one that favoured the Commonwealth as a kind of intermediary in world affairs. (No doubt the same retrospection will be afforded to Thatcher at a later date.) Both Churchill and later Thatcher, had grave misgivings about full membership, fearing the loss of national identity. In this they were in agreement with de Gaulle, whose paper led to the right of every member state to have power of veto. The essential difference between functionalism and federalism is that the former defines the general interest and seeks common solutions, whilst the latter seeks joint action in order to promote more effective central institutions (Chryssochoou 2001: 41). In contrast to the sceptics, both Monnet then later Delors, saw no such threat, believing in commonality and the integration of systems, though not at the expense of nationality. Paradoxically the very foundations of war - territoriality, nationalistic intolerance and hostile protectionism - which were the momentum behind the desire for unity, may also have formed the basis for fears about integration.

In order to serve the interests of its citizens the EU must function using a model of participation. This involves all member states in electing representatives to take a full and active part in decision making. Necessarily inclusive practices also require respect and understanding of cultural and linguistic difference, mutual tolerance and valuing and the ability to negotiate and compromise. Whether the processes at work are truly reflective of a voting democracy, or if in fact they represent a "working democracy" will continue to provoke debate between the member states. The latter, whereby representatives work together because of shared technical knowledge leads inevitably to problems of public accountability (Chryssochoou 2001: 39) .

This is all in the nature of collaborative working and led to the proposition, early in the development of this thesis, of whether what happens at the macro level of European governmental committees is mirrored in the processes involved in much smaller projects at the micro level. As stated by the Commission,

> The creation of the EU - or rather the different Communities which preceded it in the 1950s - was principally motivated by the quest for peace and prosperity after the destruction caused by the Second World War. Over the years it became necessary to cooperate in more and more different areas in order to address the common problems that countries are no longer in a position to solve alone.
>
> (Commission of the European Communities 1997)

Not everyone sees the EU in a wholly positive light. Close (1995:189) suggests that the centralism espoused by the EU is in fact a threat to its citizens' freedom. He asks,

> Is 'welfarism', in particular of the kind to which the Community tends to subscribe, a threat to individualism and capitalism? How far does the Community adopt a 'collectivist' and 'welfarist' approach to policies, legislation, and therefore citizenship?

This concern applies equally to many areas of national concern, including education, social policy, welfare and justice. The Eurobarometer survey, which periodically reviews public opinion in and about the European Union, found in 1997 that three quarters of respondents were in favour of the EU's taking decisions about the developing world, and over half were in agreement with EU decision making about immigration, political asylum and defence. In terms of decisions that affect citizens more directly day to day, such as health and education, the position was reversed, with respondents more in favour of decision making at a national level (Commission of the European Communities 1997b). Citizens of the EU apparently accord greater power to the Commission in instances of less direct importance to them as individuals. According to the report for the 1996 Intergovernmental Conference,

> The Maastricht Treaty ratification debate revealed that there was still a degree of scepticism about European integration.
>
> (Commission of the European Communities 1996c: 3)

The misgivings and concerns expressed by Thatcher and de Gaulle may be seen as a return to the self-interest that had characterised early thinking about Europe. Alternatively parochialism may have been present at all stages of the Union's development and persisting today; on the one side a desire for peace and freedom from conflict, on the other a fear of loss of identity. For individual citizens this dilemma is expressed in the attitudes reported by the Eurobarometer survey above. It is less problematic for people to accord power to the Commission in areas that do not touch them directly but more so regarding issues that seem to shape and define the national culture and characteristics they view with pride. The wider question about collaboration between individuals who represent an organisation, in this case a country, is how to achieve commonality that is not at the expense of individual or national identity. Coulby and Jones (1195: 126) assert, "The imposition of homogeneity on diversity is part of the failed enterprise of modernism."

An associated dilemma had been expressed in an early paper about this project, that asked, how can a resource be developed that is applicable across the EU, without becoming bland and overly generic (Anderson 1994), what has been referred to as "institutionalised pluralism" (Bauman 1992: 188). Arguments for collaborative working in health and education usually cite the desirability of agreed, common standards as well as the need to minimise duplication. Underlying such arguments are two separate strands of thought. The need for common standards is based upon the notion that there are fundamentals of service and care that all citizens have a right to receive, regardless of location, race, social status, occupation, age or gender. This is the ethical standpoint that underpins all statements of human rights, from the United Nations declaration, to the United Kingdom's citizens' charter. Conversely the need to minimise duplication is based on economics, in that it espouses the need to avoid waste by pooling resources.

In the table above a process of change is charted that provided the setting for the participative working of the EU today. Deriving from those visions and perspectives a further abstraction is offered in Figure 5 below. The early views of Churchill and Schuman are presented as first level collaboration, narrow in scope and leading the way for the second level of pragmatism and functionalism that characterised Monnet's thinking. From here it can be seen that de Gaulle's speech was a return to first level, in being motivated by individualism and protectionism. The rise to a third level continues after de Gaulle in the shape of the preamble to the Single European Act, espousing the notion of full co-operation between member states, but again is side-tracked when Thatcher marks a return to parochial national interests. Fourth level collaboration is achieved by the preamble to the Maastricht Treaty, demonstrating the scope for global, inclusive thinking.

The stages of collaboration are suggestive only and derive entirely from analysis of the key turning points in European collaboration provided by Nelson and Stubb (1994). The concept of progression is clear, however, from narrow, self-interested perspectives to inclusive, integrated approaches. Churchill's position might be considered a corollary of the age of empire, but the roles of both de Gaulle and Thatcher require scrutiny. It may not be sufficient to explain their positions by the fact that they were leaders with nationalist leanings. A wider view of de Gaulle and Thatcher might construe their roles in the shaping of European unity as essential in providing a check against idealism. Taking collaboration back to its first level may provide a useful space in which critical analysis can take place, assumptions be questioned and decisions either rejected or strengthened.

In team development theory an essential team member is the "plant", a person who raises unusual questions and ideas and acts as a foil against "groupthink" - the tendency of group members to follow each other in a general spirit of camaraderie (Woodcock 1989, Adair 1986, Brown 1988). Far from being damaging or backward looking, the views of de Gaulle and Thatcher may be seen by history as an essential part of the collaborative process, a foil against the tendency of a group to be less cautious and take more chances, the process known as "risky shift" (Stoner 1968).

The sideways movement, seen in Figure 3, from the main collaborative process, back to the first level, may be seen as an essential feedback loop, in halting the *progression* it therefore prevents unthinking *progressivism*. An alternative model might show these feedback loops forming a spiral, akin to the proposition that learning is most effective when issues and ideas are revisited (Bruner 1966). The process is of course not circular – the spiral structure indicates that each time an area is revisited, it occurs at a higher level than previously, so that knowledge and experience become refined and expanded.

Figure 3 Stages of collaboration: a proposed model
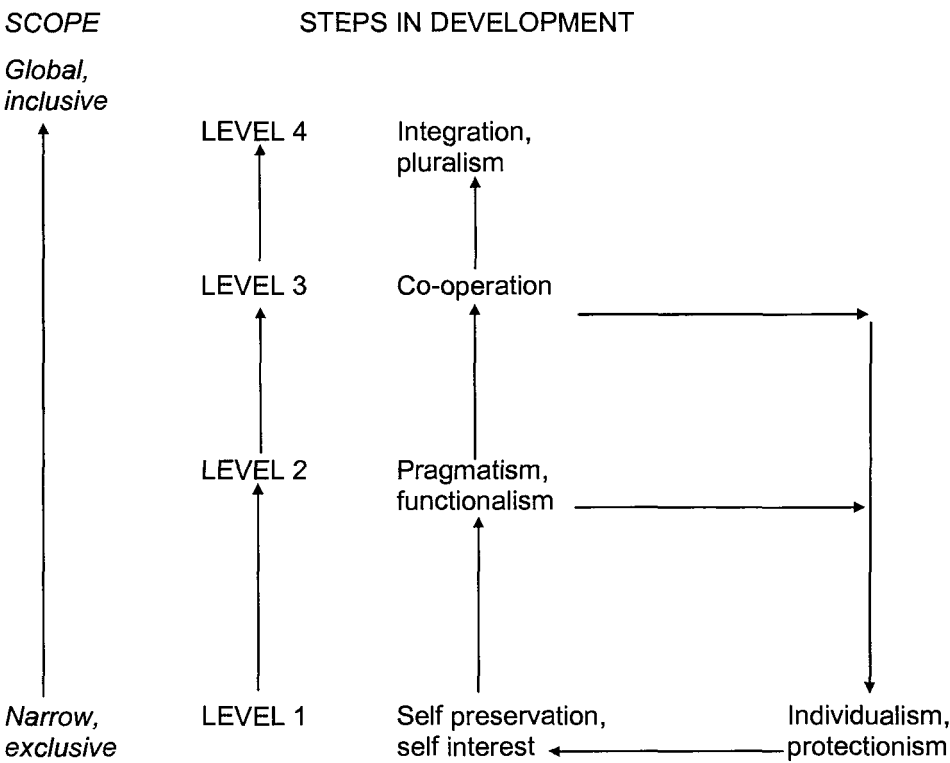
The notion of parallel processes at the macro and micro levels became part of theoretical sensitivity. The North-South tension that was a concept grounded in the data from the first workshop is echoed here, in that the shapers of European unity were also from Northern countries. This was in fact part of a wider concept of ownership, power and influence and raises questions about inclusion and exclusion. The role of plant had been adopted by at least one group member and created tensions and conflict in situations where there had been consensus, arguably resulting from groupthink and compliance. Bound up in both the above concepts was the importance of identity - personal and national, but also in the "sovereignty" of the group.

As theoretical sensitivity to issues of collaboration developed, an appreciation of the wider problems within the EU became a useful foil. The project had begun with the notion that collaboration was both desirable (ethically right) and possible (using my own tested methods and approaches). At times it was

clear that a more pragmatic approach, if adopted, would have made the project run more smoothly and more quickly. Despite the group's cohesion and its collective ideals, a major preoccupation of participants was how to introduce their ideas back in their own country and what problems this would raise. The exploration of self-interest, nationhood and cultural identity, set against collectivity and participation became key themes in the search for a theory of collaboration.

CHAPTER 6. EXPERIENTIAL LEARNING

THEORY AND PRACTICE

It has been an underlying assumption of the project that educational practice cannot be divorced from theory, if education is to be understood as a process that is intrinsically meaningful and worthwhile. Were education to be considered as the simple transmission of knowledge and skill, then it would be reasonable to argue for practice without theory; indeed, in very limited training programmes this may be what happens. However the view put forward here is that education is inherently worthwhile and that educational theory is pointless and irrelevant if not rooted in the context of improving practice. Likewise, educational practice is restricted and restricting in the absence of underpinning theory, since practice should be informed by ideas and, in its turn, should challenge and modify them, sometimes being the catalyst for new theory.

Praxis is seen by Freire (1972) as a combination of the reflection and action that are part of the lexicon of adult educationalists. He argues that as long as traditionalist theories continue to be promoted, particularly by government agencies, praxis amounts to no more than rhetoric. Gitlin, *et al*, (1993) have pointed out that praxis has a number of meanings, and is hence an elusive notion that can be (ab)used to serve diverse purposes and vested interests. They do however support the idea that educational praxis is emancipatory for both theorists and practitioners and are in agreement with Bernstein (1983) that it is truly reciprocal and mutually beneficial.

Current developments in some areas of education seek to integrate theory and practice in new ways, evidenced by the surge of interest, by practitioners across a number of professions, in reflective practice and action research. It has been suggested that the integration of theory and practice creates a dynamism resulting in praxis.

Carr (1993) has stated that there is a view that educational practice has supremacy over theory, that theory is remote and irrelevant. Even without subscribing to this view there are nevertheless stereotypical notions of theory and practice, in which they are viewed as mutually exclusive. Theory can be perceived as universal, generalised, abstract and cerebral, whilst practice is seen as specific, concrete and rooted in everyday life. Such distinctions are not helpful in education, where the questions of what to teach and how to teach it, though obviously practical, are also theoretical, in that the practical decision relies upon some held theoretical notions. In fact theory lies behind the most straightforward of educational questions. However, educational practice is not guided by theory alone.

As Carr states, it is because theory is always a set of beliefs, whether implicit or explicit, whereas practice always involves taking action in a given context. Likewise, educational theory is not guided solely by practice.

Ryle (1949) has suggested that all theory is logically preceded by practice and that theorising is in itself no more than a practice, but this may preclude the most important dimension of education, that of its being inherently worthwhile. Educational praxis in these terms, for Carr, becomes morally committed action. He contrasts morally committed action, or praxis, where the ends are reviewed and revised, with technical learning, or *poiesis*, where the ends are fixed.

The purpose here is to integrate educational theories and practice within the context of the Core Curriculum Distance Learning project. The group taking part in the writing workshops was engaging in education that informed and would potentially improve their practice, whilst their practice formed the context and basis for generating new theory, thereby presenting a case for praxis. It was not the case that the facilitators were the theorists, leading the other group members, who were practitioners. The reality was that the lines were more blurred. All participants, whether in the role of facilitator or participant, brought with them a collection of practical experience and a portfolio of theories and ideas.

Work by Rogers (1969) proposes that, to develop self-confidence and to become independent, learners need a conducive atmosphere in the classroom and a say in what is learnt. This is based on a counselling model deriving from humanistic theory and is exemplified in, though not exclusive to, awareness raising approaches. Experiential learning, with its commitment to process as well as product and the emphasis on student centredness and self-growth, is a useful example of educational praxis. The participative methods used in the writing workshops were a fitting choice for an educational process that needed to make use of and benefit from the experiences of the group members in order to make the subject meaningful and real. However, as an educational concept and approach that is evolving, experiential learning has several different, if inter-connected meanings. These are discussed below.

THE LEARNING CYCLE

The main contribution to the theory of experiential learning has been that of Kolb (1984), whose ideas and models have been widely quoted and used as experiential learning has developed in recent years. Whilst Kolb's theory has had its critics, it has served as a foundation for understanding experiential learning. According to the theory there are three broad stages of development:

i)   acquisition, spanning birth to adolescence, refers to the acquiring of basic learning and cognitive structures by concrete, reflective, abstract and active modes of learning;

ii)   specialisation, from adolescence to early adulthood, refers to the narrowing of focus which takes place within formal education and early career development and in which one or more of the learning modes is developed at the expense of others;

iii)   integration, lasting throughout middle to late adulthood, refers to the process by which the tension and conflict between the different modes is explored and understood, promoting creativity.

It is clear from the above brief summary that our statutory education system as it stands embraces specialisation in the way that it defines subject boundaries and maintains them. Many people will finish compulsory education in Kolb's second stage without ever achieving integration. Praxis cannot take place in the absence of an ability to integrate. Only training of the simplest, most mechanistic kind can remain so insularly categorised and even then it is questionable. If knowledge and understanding are to develop and new insights to be gained, then integration between subjects is necessary, for it gives a breadth of view not afforded by a very specialised approach.

CLASSIFICATION AND FRAMING

Bernstein (1971) offers an explanation of the way in which the curriculum is classified and framed, within a framework of power and social control. This explanation states that formal educational knowledge is transmitted vie three message systems, the curriculum, pedagogy and evaluation. Curricula are arranged in units (of time) and content (the way the units of time are used). Bernstein asserts that the number of units given to a particular content reflects its importance. When units are well differentiated from each other, there is a closed relationship between them and when the boundaries between units are less obvious and more blurred, they exist in an open relationship.

Developments in primary schools in the UK, prior to the 1988 Education Act, featured the open relationship of units through the use of topic work. Topics could be conceptual, such as "Colour" or "Travel", or more concrete, such as "The Tudors", or "Ancient Egypt". The skills of numeracy, literacy, creativity and science were learned through the mediator of the topic. Bernstein refers to this type of approach as a focused, rather than an integrated curriculum; the different subjects all focus upon a common issue or idea. Coulby and Jones propose that this development was as close to a *postmodern curriculum as could be found.* They state,

> Whilst the extent of this has often been overstated, many schools had gone some way to eroding modernist subject boundaries through what had become known as the topic approach or the integrated curriculum.

(Coulby and Jones 1995: 37)

An exposition and exploration of (post)modernism is not intended here, but the reference to it is important in understanding the commitment of a postmodern approach to pluralism and the notion of multiple truths. A major criticism of "high modernity" has been in its underlying assumption of immutable truths, evident in this instance in Hirst's assertion of the indisputable logic and rationality underpinning the delineation of subjects (Coulby and Jones 1995).

The strength of subject boundaries is known as classification, whilst the context within which knowledge transmission takes place is framing (Bernstein 1971). When classification is strong, the curriculum is typically a collection type and the power resides within the curriculum board, which in turn

is influenced by the political system in which it sits. Coulby and Jones (1995: 38) refer to the "state enforcement of modernist and nationalist knowledge" and propose that the National Curriculum of England and Wales (in Bernstein's terms strongly classified and weakly framed) is the most politically controlled in Europe.

In the instance of strong framing, power lies with the teacher, who decides what is to be taught and how. Strong classification in general reduces the power of the teacher, as seen in the National Curriculum. Weak framing permits wider options for teaching, but reduces student choice in learning. The English tradition in formal education has been for a collection type curriculum with extremely strong classification and weak framing. Coulby and Jones refer to Hirsts's promotion of this, which he frames persuasively as "a unique expression of man's rationality" (cited in Coulby and Jones 1995: 24). They go on to assert,

> So hegemonic is the epistemology of subject disciplines that for many graduates and academics it is the only way they can perceive human knowledge to be organised.

(Coulby and Jones 1995: 24)

Since Bernstein's text was published in 1971 there have been significant changes in compulsory education in England and Wales, particularly with the introduction of the National Curriculum. Under the new system classification has remained strong and teacher autonomy has weakened in the choice of what to teach and how to teach it, also eliminating the choice of pace, since pupils must sit attainments tests at given ages and stages.

It may be inferred from Bernstein's theory that among the many reasons for the strong classification of subjects, a salient rationale is the socialisation of subject specialists, a point made emphatically by Coulby and Jones. By selecting arts or sciences, choosing languages over mathematics, the student is developing a social identity. Furthermore, within the stated preference there is a status implication. At its simplest level, English will have higher status as a subject choice than will Drama, based on the time allocated to each in the curriculum. (Bernstein does not mention instances in which subjects share equal time, for example, English and Mathematics. In such cases, subject status is assigned by other means, perhaps by perceived level of difficulty.)

Having begun a process of specialisation at GCSE, the student normally narrows the field further into three A level subjects, after which an undergraduate programme is followed. (Systems in other European countries vary in the degree of specialisation and the stage at which it is introduced – the French *Baccalaureate* has been cited as a preferred alternative to A level on the grounds of its breadth.) Bernstein's claim is that during this process the student is developing subject loyalty and a social identity based on difference from, rather than communality with others. He states,

> A sense of the sacred, the 'otherness' of educational knowledge, I submit does not arise so much out of an ethic of knowledge for its own sake, but is more a function of socialisation into subject loyalty: for it is the subject which becomes the linchpin of the identity.

(Bernstein 1971: 56)

Bernstein's argument for a move to an integrated curriculum is that the relational ideas that connect and integrate subjects exist at a deep level. The example he gives is of the relational ideas within biology and sociology being those of order and change: biology would use genetic codes of explanation and sociology would use cultural codes. Additionally the inference to be drawn from his work is that the emphasis of an integrated curriculum would be to seek commonality instead of preserving difference.

The above indicates that rigid subject differentiation is arbitrary in that there are no intrinsic reasons for it and restrictive in that it prohibits the students from making meaningful links between subjects. This cannot be a useful grounding for life, particularly adult working life, in which such links need to be made all the time. Furthermore later theorists have challenged strong classification on political grounds through analysis from a postmodern perspective (Coulby and Jones 1995, Usher and Edwards 1994). Given the validity of Kolb's theory of the stages of educational development, in itself strongly associated with the propositions of both Dewey and Piaget, adult education within an integrated or focused curriculum must therefore have weak classification so that teachers and learners can make decisions about time allocation, timing of learning and how units relate to each other (Dewey 1938, Piaget 1970). Furthermore, adult education in particular needs weak framing, so there can be negotiation about the content of a course, about the methods of learning and facilitation and fully participative evaluation.

Kolb's theory has the advantage of being sufficiently broad to encompass a range of approaches to experiential learning. However, it can be criticised for being a general theory of learning rather than specifically of experiential learning. The Kolb learning cycle, for example, describes a circular process of concrete experience, reflective observation, active experimentation and abstract conceptualisation. The cycle could describe any mode of education; there is nothing in it that belongs exclusively to experiential learning.

A FRAMEWORK FOR EXPERIENTIAL LEARNING

The learning cycle can however be used as a framework for experiential learning. At the point of concrete experience the participants' own experiences may be used as the basis for learning, or activities such as case study, role play, and simulation, can be used to create experiences within the learning environment. The activity can then be structured to encourage reflective observation and thought and during this stage participants can compare and contrast experiences, searching for both commonality and difference. The underlying themes that emerge from the reflective phase are then identified through a process that must involve challenge and debate if it is to be productive; this is active experimentation.

Finally, by comparing the findings of the group with research literature and theory, the more generalised abstract conceptualisation can take pace. Learning activities such as this were used in the writing workshops and became part of theoretical sampling. Evidently the whole process requires considerable facilitation skill, which relates to the foreshadowed problems around facilitation.

Four types of experiential learning

There are particular features of experiential learning that set it apart from other methods. The use of experiential learning in this project was informed by a number of theories and themes from outside conventional educational literature, including particularly, the humanist approach (Rogers 1969), construct theory, (Kelly 1955), reflectivity (Schon 1991), reflexivity (Usher 1993).

Within contemporary educational theory, Warner Weil and McGill (1996) provide a framework for understanding experiential learning, as well as giving concrete examples of its application in various settings. In describing and defining the various approaches they comment:

> Across such diversity, however, we discern four emphases for experiential learning. Each emphasis forms the basis for a cluster of interrelated ideas and concerns about experiential learning. Associated with each cluster are people who share aims and values that are more common than different. We have chosen to refer to these clusters of people and ideas as 'villages'.
>
> (Warner and McGill 1996: 3)

The authors identify four such villages, or clusters. The first is experiential learning which is concerned with accrediting prior (experiential) learning, known usually by the acronyms, APL and APEL. This accreditation has come about partly to address equality of opportunity and access to higher education in particular, the system having varying degrees of success according to the context in which it is used. The second village has the aim of effecting change in the structures and procedures of post compulsory education. Adherents to this approach to experiential learning tend to emphasise the importance of process over product; in itself a fairly radical idea for many educational establishments. Village three sees experiential learning as the focus for social change, through collective action and raising group awareness. This approach emphasises the contexts, social, political, historical, in which experiential learning takes place and is concerned with ideas about power.

It is in the fourth village that the application of experiential learning to this project is most apposite. This approach is concerned with personal and interpersonal experience and self-awareness leading to personal growth. As the authors state,

> Personal development is seen by this village as providing opportunities to explore new ways of being in the world; to recognise unproductive patterns in our ways of responding; to learn how what we say we do may be contradicted by our behaviour; to change old ways of responding to interpersonal situations, and to affirm aspects of ourselves which we have perhaps undervalued. These aims are usually pursued in a group or a one-to-one counselling relationship, where there is a shared commitment to these meanings for personal development and growth. Empathy, risk taking, constructive feedback, creative and co-operative problem solving, and support are key concerns in such encounters. Reflection on prior experience, as well as the 'here and now experience' within the group or the relationship itself, provides a basis for insight and change.
>
> (Warner Weil and McGill 1996: 16)

Tough (1979) showed normal adults are motivated to keep growing and developing provided their minds are not blocked by negative self-concept, inaccessibility of opportunities or resources and time constraints and programmes that violate principles of adult learning.

A reading in more detail of the four villages reveals certain general principles to which experiential learning, whatever its particular emphasis, would seem to adhere. Experiential learning is as concerned, perhaps more so, with the process, as with the product of education. Students are asked to pay attention to the moment and to consider what is happening to them as individuals as well as to the group. A degree of reflectivity is required in order for the students to do this and particular activities can be designed to promote it. Unlike traditional education, which is outcome focused, there are generally no right or wrong answers in experiential learning. Reflectivity is also a requisite of the development of self-awareness, a fundamental concern of experiential learning. A composite part of paying attention to the process rather than the product is self-awareness, described by Goleman (1996), as a simple stepping back from experience, involving a stream of consciousness that he calls "meta". This meta awareness permits a hovering above the main flow, rather than becoming engulfed within it.

Goleman also suggests that the roots of empathy are in self-awareness; if we cannot tune in to the pains and pleasures of our own lives, how can we begin to put them to one side in order to put ourselves in the place of another? Self-awareness is necessary for those in cancer health education to do their jobs sensitively and well. Rogers describes empathy as,

> To sense the client's inner world of private meanings as if it were your own, but without ever losing the 'as if' quality...
>
> (Rogers and Stevens 1967: 92-3)

The aim, according to Rogers, is to sense the client's uncertainty, anger, or rage, without experiencing your own at the same time.

STUDENT CENTREDNESS

A central commitment of experiential learning is to be student centred. As stated earlier, much education is driven by external syllabi and does not always reflect the concerns or needs of students. Strongly classified and framed external curricula encompass examinations that assess specialist knowledge, rather than ways of knowing (Bernstein 1971). Experiential learning, conversely, is responsive to the needs of the students. At its extreme, student centredness is manifested in democratic or co-operative groups where there is no external facilitator and no formal syllabus other than that which emerges through group discussions. More often, though, there is a tension between the commitment to being student centred and the constraints put in place by the demands of educational institutions. The delineation of funded projects may mean there are certain requirements of study time, assessment criteria and didactic content that create a dilemma in being wholly student centred. The compromise reached here was probably typical of most experiential learning taking place in similar settings. The workshops started with stated aims and objectives and suggested topics. These were discussed, negotiated and reviewed, within the limits of timing, rooming and outside speakers. Framing was weak, permitting learner participation and joint decision making. Classification itself became the focus of much debate; within the group there were varying levels of experience and knowledge in subjects as diverse as medicine and nursing to psychology and communication studies.

The diversity was unified by the common focus of cancer health education; to what extent this occurred will be revealed by analysis of the data.

The workshops were developmental and had emanated from the facilitators' experience in statutory and voluntary organisations. During each session, the activity and focus would change according to the outcomes of particular exercises, or to the interests, talents and needs within the group.

In a subject such as cancer, it is inevitable that some of the teaching and learning will contain sensitive material. Inviting people to talk about their own experiences of the disease poses a risk both to the speaker and to the audience. By adopting an experiential approach, there was the threat that people would leave the room after a session feeling tearful or having unresolved feelings. In keeping with previous experience it was found that participants were anxious on the first day of the workshop.

Activities were designed to alleviate the tension and to promote a relaxed, supportive atmosphere within which to learn and work. It was important to develop the right climate from the start. 'Ice-breaker' activities were used to help people relax and learn each other's names, but activities which seemed frivolous or patronising were thought to be counter productive. At the beginning it was also necessary to clarify the purpose of the content and methods and to review and monitor these throughout. This formative evaluation was extremely helpful in capturing the moment. Also important, was the need to structure activities appropriately. Bernstein (1971) has stated that the timing and pacing of secondary education is modelled on a middle class norm of development; in this project it was particularly important not to hold preconceived ideas of normative standards and it was central to everyone's sense of well-being that the timing and order of activities could be negotiated. Participants needed the freedom to say when they had reached saturation, or when a topic was worthy of more coverage. Likewise, it was incumbent upon us as facilitators to respond to the level of interest and the investment of feeling from the group and suggest changes to the programme as it ensued. Grouping participants together for activities was considered carefully, with a certain amount of leading from the facilitators. It had been our experience that without guidance, people will usually stay in the same small groups for the entire programme. Changing the formation of small groups was a way of maximising the potential for learning from one another and avoiding factions.

The foregoing discussion highlights the dual role of facilitator-researcher. Most of the literature on grounded theory implies the conventional model of researcher in control of data collection, so a procedure such as theoretical sampling is assumed to be the result of an exclusive interaction between the researcher and the data. In this case, changes to the programme were also on the basis of educational need and negotiation with the group. This led to those processes themselves becoming part of the data set.

FACILITATION

Facilitator style, whilst it can undoubtedly be to some extent learned and developed, has its roots in the motivations and needs of the facilitator (Rogers and Stevens, 1969, Rogers 1980). Experiential learning shares many of the tenets of Rogerian therapy and of humanistic approaches in general. The facilitators have the same requirements as Rogerian therapists, to develop empathy, unconditional acceptance and genuineness, partly by a process of improving self-awareness. A major aim is to strive for empathy by paying careful attention to what others say, by acknowledging prejudices and by investigating perceptions with the other person. Unconditional acceptance refers to the ability of the facilitator to be non-judgmental about the members of a group and to accept each person in their own right. The facilitator may disagree with ideas expressed by individuals, whilst still demonstrating unconditional acceptance of that person, according the same respect to her or him as to all participants. If there is consistency in showing empathy, respect and acceptance, it is more likely group members will perceive the facilitator as genuine. If facilitators are seen as genuine they are more likely to be trusted. This student centred approach promotes what Rogers calls 'congruence' - an integrated, self aware, honest practitioner. An example of lack of congruence for the unwary is provided by Stevens in the example of a child who asked his teacher, "Mr T-, how do you reconcile your teaching of democracy with the way that you conduct this class?" (Rogers and Stevens 1969: 83).

If facilitators are to encourage participants in adopting a client centred approach in their practice, it follows their own methods must allow students to learn at their own pace and in their own way.

LEVELS OF INVOLVEMENT

The question of the level of involvement with the group is often one that becomes salient. When protracted periods of time are spent with a small group of people and personal experiences are divulged and exchanged, strong emotional bonds can form. Facilitators are not exempt from this. In other situations, where the teaching is more formal, perhaps didactic, the facilitator involvement tends to be low. Table 5 below provides a summary of the characteristics of three levels of facilitator involvement.

The aim of effective facilitation would be to adopt the medium position whenever possible, whilst accepting that different circumstances would also dictate the level of involvement - the nature of the subject, methods used, types of student, for example. Veering continually to one side or another would bring disadvantages. Maintaining a high involvement with a student group can lead to over familiarity, which becomes a problem when the facilitator needs to take some formal action, like giving criticism about a piece of work. High involvement may invite students to view the facilitator as one of the group, leading to a loss of credibility.

Prolonged low involvement, however, can lead to a perception of the facilitator as detached and remote. This perceived aloofness means students may be afraid to approach the facilitator for help and may not be able to challenge and question.

The characteristics presented in Table 5 were generated from the processes of theoretical sensitivity (informed by professional experience within education and social care) and early stages of theoretical sampling. References to key texts that had informed my own practice over the years are provided, whilst the theoretical underpinning of the whole, that is to aim for the middle position where possible, is drawn from the work of Dewey (Center for Dewey Studies 1990a). As a philosopher of education, Dewey was concerned to reconcile the bi-polar extremes of a dichotomy where subject centred teaching was at one end of the spectrum and student centred learning at the other. His dictum could be summarised briefly as an emphasis upon moderation and a counter argument to the practice of adopting an extreme position.

Table 5 Characteristics of facilitator involvement at different levels

LOW	MEDIUM	HIGH	REFERENCE
Retain more control	Share control, consultatively and democratically	Retain less control	Lippit and White (1960) Sotto (1999)
Formal approach	Approach has a balance of structure and spontaneity	Informal approach	Freire (1972)
Aloofness	Maintain some detachment whilst also participating	Over familiarity	Heron (1999) Rogers (1996)
Take the overview	Show empathy, both to the group and the individual	Identify with individuals	Goleman (1996) Heron (1990)
Viewed as expert	Develop congruence, be seen as knowledgeable but human	Viewed as more real	Rogers and Stevens (1969)

AN ILLUSTRATION

The following activity was used in the first workshop as a means of helping individuals to understand the effects of personal experience upon their professional practice, to promote understanding and tolerance for the needs of patients and clients.

The participants were asked to find a place in the room in which to relax - they could sit, lie down, and have their eyes open or closed. They were asked to breathe deeply and slowly. The facilitator then asked the participants to think back to their earliest or most vivid recollection of cancer. They were requested to spend two or three minutes silently remembering the experience. After several minutes participants were asked to form groups of three to exchange thoughts and feelings arising from the activity.

In the triad there was a speaker, a listener and a recorder, who jotted the general features on to flip chart paper. Having rotated the roles so that each had related their experience within the threesome, the main group re-formed and all participants were invited to contribute their ideas in the larger group format. Within this setting elements of personal experience were compared and contrasted and

concepts were abstracted to form a collective view that in turn was considered in relation to extracts from the literature on professional attitudes to cancer.

This activity fits the model of experiential learning adopted for the project and described earlier. It encourages personal development and gives opportunities for sharing and for finding commonality as well as uniqueness. By trying to understand their own feelings and memories the group members were sensitising themselves prior to writing educational material for others.

Facilitator involvement is crucial in activities of this type, where participants look to the group leader(s) to maintain levels of containment and safety. Sharing control was achieved by suggesting to participants that they should be aware of the strong feelings that would arise and to take care in divulging only as much as was comfortable for them. At the point of highest emotion, when experiences were being shared within the three person groups, control of the process was devolved to the triads. The activity was structured, to ensure that everyone could express their points and be heard, but the structure was flexible and allowed for divergence. The facilitators sat some distance away from the groups of three, available but not intrusive. During the collective phase active listening and asking clarifying questions demonstrated facilitator empathy, or checking what to record by reflecting back to a contributor what they had said. Active listening had to subscribe to Egan's edict of paying attention and responding to all, including non verbal, communication and not lapsing into the "shadow side of listening", which is simultaneously judging, evaluating and sympathising. (Egan 1975: 96) This is in keeping with the notion of being a temporary visitor in the other person's life, "moving about in it without making judgements" (Rogers 1980: 142).

It is also possible to locate this activity within Kolb's learning cycle, described earlier. The exercise required participants to start with *concrete experience* and to spend time re-thinking it first internally and alone, but later with the assistance of a learning partner; a process of *reflective observation*. Within the larger group discussion, an element of *active experimentation* took place, which would be continued later, in the professional situation. During active experimentation participants could debate the various tensions uncovered by comparing and contrasting each other's experiences. Finally, the facilitator could encourage the group to draw tentative conclusions, based on the commonality of experience and related to relevant literature and research findings. With skilful and empathic facilitation, participants could integrate theory and practice through the mediator of experience. In this way, Kolb's fourth element of the learning cycle, *abstract conceptualisation,* could begin. Participants were able, through this type of activity, to locate their collective experience within the findings from technical and theoretical literature.

Throughout, process and product remained interconnected, whereby the participants developed a *greater sense of their own feelings* and beliefs and could therefore empathise with the future readers of the distance learning pack.

CHAPTER 7. METHODOLOGY

PHILOSOPHICAL UNDERPINNINGS
THE LANGUAGE OF METHODOLOGY: PROBLEMS AND IMPLICATIONS
WHY GROUNDED THEORY?
AN OUTLINE OF THE ORIGINAL THEORY
METHODS AND TECHNIQUES
GENERALISABILITY

PHILOSOPHICAL UNDERPINNINGS

The axis of methodological debate revolves on the question of whether the positivist/anti positivist dichotomy is redundant. Increasingly, research projects in health and social sciences use a combination of methods. There has been a shift in emphasis from strict adherence to preferred paradigms to approaches that try to fit the method to the problem; this often leads to an investigation making use of both qualitative and quantitative methods. The combination of these methods seems to follow a certain pattern. Whilst there are still many pieces of research conducted by single methods, quantitative or qualitative, those which combine usually use the more qualitative techniques in the exploratory stage only. The 'soft' data collected by these techniques is used to gain an understanding of the research problem and to guide the design of the quantitative techniques that institute the main part of the research.

This may reflect a stereotypical view of the methodologies and leads to the question of whether the divide between positivist and anti positivist has really been bridged. The debate is reminiscent of the nature-nurture question that has exercised social scientists for many years. In psychology for example studies were conducted on monozygotic twins who, when separated and reared separately, could then be compared by a number of measures. The 'nature' theorists found evidence of fixed characteristics shared by the twins despite separate upbringings. The nurture theorists often challenged these findings, asserting that the environment could be seen to have been the major influence on such factors as personality or intelligence.

The comparison is not a spurious one. The nature-nurture debate polarised psychologists and other social scientists for much of the twentieth century. In the case of gender differences, adherents to the nature school would argue the observed differences in attitudes, temperament, and achievement, say, between boys and girls are caused by biologically fixed determinants. The nurture theorists would counter claim that gender roles are learned from parents, schools, mass media images and other agents of social influence. Both of these explanations could and arguably have had profound effects on education, employment and social welfare.

The nature part of the debate is scientific, favouring biological explanations and experimental methods. In contrast the nurture argument is supported by ideas which are not susceptible to objective measurement and raises, for example, the question of how can good quality parenting be quantified. The similarity to the qualitative *vs* quantitative approaches to research is clear. On one side there is science, precision, cause and effect; on the other subjectivity, imprecise data which is difficult to manage and more questions than answers. Given the precedence of the

technical-rational model that held sway over the professions from the mid nineteenth century for over a hundred years, it is not difficult to see that traditionally greater value has been placed on science and nature (Schon 1991).

The salient question is whether and to what extent that divisive valuing still applies in the area of social research. A recent approach to the nature-nurture question is to adopt an interactionist approach. Many contemporary theorists give equal emphasis to both biological and environmental factors.[1] The important dimension in interactionist theory is the way in which the biological and the environmental impact upon one another in a cyclical way throughout life.

In attempting to resolve the polarity of two competing paradigms it may be suggested that method and approaches be viewed as a spectrum. The purpose of connecting bi-polar extremes with a line is that methods and approaches can be assigned to a point according to the *degree* to which they reflect the one paradigm or the other. By according methods a degree of positivism or anti positivism the extreme position of opposition may be avoided.

Figure 4 Example of the research spectrum

Experiment~survey~structured interview~openended interview~ethnographic observation~action research

← —— →

POSITIVISM   NON-POSITIVISM
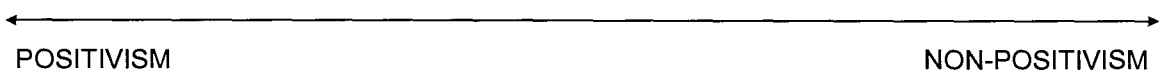
The research spectrum is not however an interactionist approach to the problem of opposing ideologies. It provides the researcher with a well organised array of methodological choices. This is at best an over-simplification of the sometimes subtle differences in method and at worst a cosmetic masking of an underlying problem which will not go away. The problem is that some disciplines favour and have a tradition of positivism. Much psychology is founded on the experimental method, explicitly in the realms of cognition and behaviourism but also notably in social psychology, such as in the classic field experiments that prevailed in the 1950s and 60s. Similarly medicine has traditionally relied upon experimental and survey techniques exemplified in randomised control trials and epidemiology.

During the last hundred years of health and social science research the dominance of the technical-rational model has meant that positivistic approaches have taken precedence. This means that anti positivism or post positivism will tend to be seen as new, different and challenging of the *status quo,* as the terminology would suggest. Given inherent conservatism and resistance to change (Maris 1986) coupled with the dominance of science and rationality it is

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[1] It may not be as recent as all that. "The interaction of nature and circumstances is very close, and it is impossible to separate them with precision.... We need not, however, be hypercritical about distinctions; we know that the bulk of the respective provinces of nature and nurture are totally different, although the frontier between them may be uncertain, and we are perfectly justified in attempting to appraise their relative importance." (Francis Galton 1883)

not surprising that qualitative approaches are viewed with suspicion, even derision. The research spectrum does not resolve this dilemma at a conceptual level. Furthermore, the design of research projects to incorporate a range of methods does not necessarily resolve it an operational level either.

At some point on the spectrum positivism gives way to anti positivism, objectivity to subjectivity, nomothetic to idiographic, because logically it is not possible to be both at once. Examination of the terms used to describe positivist and anti positivist approaches reveals that they are mutually exclusive, leading inevitably to polarity and opposition. This is hardly surprising given the nature of the underlying epistemologies. It is difficult to imagine how the debate can be resolved when each side is founded on a set of completely different beliefs about the nature of knowledge and truth. For the researcher the fundamental question is epistemological – what is the nature of knowledge, is it fixed and absolute or constructed and relative?

The dichotomy could be dynamic: opposing views can ideally offer stimulus and challenge. But that cannot happen in the debate of the two research paradigms, because they are *competing*. Positivism has held sway for so long that many never even question its supremacy. Everything of value in our world is rational, scientific, factual, providing us with universal truths. The old professions of medicine and law are founded upon positivistic principles, whilst others, such as nursing and social work have grown up in a post positivist era and are developing alternative knowledge bases, based on new approaches outside the dominant paradigm. *The discovery of grounded theory* itself originates from two colleagues working in a school of nursing (Glaser and Strauss 1967).

Elsewhere, these issues have been the subject of critique, characterised within feminist writing as a masculinisation process: that which gives precedence to the rational and scientific is masculine and highly prized, whilst that which is intuitive and subjective is feminised and considered second rate (Spender 1980, Hekman 1990).

In the debates that centre on research methodology, it is the anti positivists who have commonly challenged the positivists, countering amongst others, claims to objectivity (Kuhn 1970). The meaning of this is clear: positivists do not write at length about anti or post positivistic research, because they do not need to and it does not occur to them to do so functioning as they do from a position of superiority. Conversely, the anti positivist is compelled to understand, analyse and criticise the positivist paradigm, *in order to justify the rejection of it* in favour of a different approach.

Some qualitative researchers have been tempted to pursue a course in defiance of convention in rejecting concepts of quantitative research such as validity and reliability in favour of a new terminology reflecting different commitments. Such researchers are inclined to employ concepts of fallibility, credibility and authenticity. By adopting new ways specific to the paradigm in assessing the value of qualitative data, anti positivists are attempting to demonstrate a new way of thinking about research, independent of the old methodology for its terms of reference.

Others, commonly in the health sphere, use qualitative techniques in which concepts of validity and reliability are considered as they relate to sampling, design and replicability, as central issues. They may also even in the most qualitative research, such as an open ended interview, strive for objectivity as a standard. Additionally it has been observed that many qualitative research projects actually make more use of quantitative techniques than might be imagined. Frequency of response is often a feature of qualitative work and,

> Even 'saturation', so central to grounded theory research, is as much quantitative as qualitative in the sense that new participants are interviewed until no new themes are reported. We then assume we have captured the *quality* of themes that adequately describe the phenomenon being studied.

> (Dehrer 1994: 284)

Dehrer also asserts that reliability and validity are not "irrelevant in interpretive research" (1994 286).

There is a tension to be explored, if not resolved, before embarking on a qualitative research project in that the researcher must decide at the outset on key concepts and theories that will underpin the work and facilitate understanding. Much methodological writing stresses the differences in epistemology between varying approaches to research. Broadly, positivistic research is founded upon a theory of knowledge which acknowledges universal and general truths, of a fixed objective reality and awaiting discovery. Conversely, anti and post positivistic research is based upon a theory of knowledge which rests on multiple truths and relativity. Positivism seeks cause and effect in order to formulate law like statements that create ontological certainty.

THE LANGUAGE OF METHODOLOGY: PROBLEMS AND IMPLICATIONS

The case for a new language for qualitative research is founded on the notion that, since there are fundamental differences in epistemology, the use of terminology and technical language should reflect it. This may be problematic: Chambers (1994) defines validity as to be sound, fulfil all necessary conditions, be well based, applicable and strong. Traditionally quantitative research has claimed almost exclusive rights to these concepts. Yet equally, they appear to apply to any research, in whatever paradigm. The argument is not just about finding the most suitable way of expressing certain concepts; it also has political overtones that relate to the preceding discussion about valuing one paradigm over another. Terms such as validity and reliability are seen to have been usurped by quantitative researchers. When qualitative researchers employ such language, they may appear to be attempting to conform to a dogma accepted as valuable by those favouring the positivistic paradigm. The decision to use new language for what are essentially similar concepts, is more to do with the claim of qualitative researchers to something new and different, yet possessing equal merit, not as a poor substitute for the 'real thing'. If however, new language in research reflects concern with new ideas, it is worthy of inclusion.

A researcher embarking on a qualitative investigation is making therefore political, as well as epistemological, decisions when selecting a theoretical framework within which to describe and

analyse methods and findings. In so doing the nature of the audience and the character of the settings into which the final reports will be received, is determined from the very beginning. This has significant implications. In the field of health research, findings are increasingly well disseminated through professional journals, other publications and conferences and underpin evidence based practice. Whilst qualitative research has been accepted in many areas of health service, at least in principle, there exist bastions of positivism, particularly in medicine. Many health professionals conducting predominantly quantitative research may be open to the possibilities of qualitative research, but feel alienated by unfamiliar language suspected of jargon?

WHY GROUNDED THEORY?

It seems inevitable that the personal, philosophical stance of an individual researcher will determine the methodology to a large extent.

Furthermore, in "real world research" methods and approach are often dictated by the funding body, steering group, or policy committee that commissioned the work (Robson 1993) and also a requirement of the researcher to select methods suited to the purpose of answering research questions, employing techniques and approaches that fit. This is relatively straightforward when seeking to establish evidence, or cause and effect. Here an experimental approach will be adopted, using random sampling, blind testing and maximum control over variables. The randomised control trial favoured in medicine is a good example of this approach. Similarly, if large scale trends are the nature of information required, (with some element of predictive power), then questionnaire surveys are an obvious choice, providing scope for statistical analysis of large amounts of data.

Qualitative research is rarely so unambiguous at the early design stage, since by its very nature it is more exploratory in nature and evolutionary in scope. It is less a question of what the researcher is seeking to find out, more one of the kinds of explanation sought. 'Finding out' clearly implies there is something there to be discovered, whilst qualitative research will rarely make the assumption of factual reality, leaning more towards the ways in which sense is made of the world and how it is imbued with meaning.

Grounded theory, embracing methods that are a counterpoint to the hypothetico-deductive approach, can be argued as exemplifying the anti positivistic paradigm. The ontological certainty of realism, on which the positivistic paradigm is based, logically can only produce a hypothetico-deductive method. Positivistic research starts with formal or informal theory from which a hypothesis can be formulated. The hypothesis must then be operationalised with data collected and analysed in order to test it. Hypotheses are predictive and this quality must withstand rigorous testing or be rejected. This makes objectivity a prime goal of the positivistic researcher.

By contrast, grounded theory is inductive. Theory becomes the process and the product, rather than a fixed starting point. Data are not used as a means of verification for pre-existing theory, but are the foundations of theory: theory is generated from the data. That the function of data is entirely different from that of the hypothetico-deductive approach has implications for the ways in which data are collected, or indeed, constructed and re-constructed. Notably, however, Glaser and Strauss (1967) did not see grounded theory in conflict with positivistic methods in their original work,

> Although our emphasis is on generating theory rather than verifying it, we take special pains not to divorce these two activities, both necessary to the scientific enterprise.

> (Glaser and Strauss 1967: vii)

Today it is unlikely that grounded theorists would ally themselves to "scientific enterprise" and in later texts, the originators of grounded theory appear to depart somewhat from this original stance. The underlying principle remains worthy of investigation, and seems to point to a paradox. Since the basis of grounded theory is that theory must emerge from the data, it follows that the researcher must not begin by holding to any particular theory, as to do so would influence or even pre-determine the outcome. Hence it is incumbent upon the grounded theorist to approach the data impartially. The paradox lies in the notion of objectivity, normally associated with scientific approaches and eschewed by many qualitative researchers.

The original grounded theory may be summarised as a process of theoretical sampling, the development of *in vivo* categories and constant comparison within and between data, aided by induction and insight (Glaser and Strauss 1967). Later theorists have modified the original approach and the originators themselves have developed separate, more specialised versions. Perhaps because it was so innovative when introduced, grounded theory has been employed and applied or interpreted in a variety of ways. This diversity of interpretation points to a need to examine the original tenets, in order that an informed decision can be made on the precise approach to be applied for this research.

AN OUTLINE OF THE ORIGINAL THEORY

Induction

As indicated above, the central tenet and perhaps paradox, of grounded theory is induction. Glaser and Strauss (1967) advocate a purely inductive approach, in which the researcher enters the field open and unprejudiced. There are a number of implicit tensions in this. The rationale for induction is to guard against pre-conceived notions that might cloud the researcher's understanding of what is emerging from the data. This is a similar rationale to that advocated by Popper (1965) of demonstrating rigour by strenuously seeking to overturn the hypothesis. Popper's approach to hypotheses testing is a way of preventing scientific researchers from being tempted (wittingly or unwittingly) to seek only that evidence which confirms their existing beliefs. Similarly Glaser and Strauss advocate that the researcher starts by being a *tabula rasa.*

In a discipline where subjectivity is acknowledged and often prized, in providing more naturalistic, real life analysis, this similarity between the positivistic notion of objectivity and the open mind required for grounded theory may seem contradictory. Again there is a difficulty with language; it may be more appropriate to think of the grounded theorist as disinterested, rather than objective.

A second set of tensions arises from the apparent rejection of the need for a preliminary literature review (Glaser and Strauss 1967). This contradicts all accepted practice in research, which is to evaluate the contribution of key theorists as part of the research design. The literature review acknowledges major contributors to the field, reviews existing theory and evidence and provides the context within which the new research will sit. Against this standard of accepted practice Glaser and Strauss' original notion of dispensing with the literature review does not appear to compare well. Later work by Strauss (1987) has modified this earlier position by stressing the need for "theoretical sensitivity". Briefly this refers to the process of reading and reviewing a wide range of literature, whilst at the same time keeping an open mind. The inevitable tension that this produces may either be seen as an inherent contradiction (and therefore unworkable) or as part of the dynamic, changing approach that grounded theory demands of a researcher. The tension exists between the need on one hand, for impartiality and lack of dominant theory and on the other, for some awareness of the theoretical possibilities. Without the latter a kind of extreme objectivity would mean the researcher would be working in a conceptual vacuum. It was later suggested that in the original book Glaser and Strauss had "overplayed the inductive aspect" and consequently underplayed the need for theoretical awareness (Strauss and Corbin 1990: 27).

Procedures

The phases are discussed here in the order in which they first appeared.

Data collection

Grounded theory may be understood to derive from symbolic interactionism, which postulates that people make sense of the world through the shared meanings developed in social interaction. (Mead 1934) Consequently the settings in which data are collected must be those offering rich potential for interaction between people. It seems strange therefore, that the main method advocated by the original theorists is that of the open ended interview and although they state that grounded theory can be used with any textual data, they offer very little further help (Glaser and Strauss 1967).

The open ended interview is a mainstay for the qualitative researcher and creates the possibility of a wealth of data. It is however, by any definition, a contrivance and whilst any research setting might be said to be artificial, the interview is more contrived than say, observation, or other so called naturalistic methods. Dehrer (1994: 290-291) asserts there is too much reliance upon verbal reports and suggests three sources of data:

> what people tell us, what we observe, and the products of human activity, such as documents, records, buildings, television programs and literature.

This project, because of its structure and funding, created a problem of possible paucity of data. The occasions on which the group met were few and the duration of each meeting was geared to the demands of the project itself, not to the research process. It was therefore necessary to use every opportunity for generating and collecting material. When planning the writing workshops, the activities for each day were designed with two primary functions in mind:

- the experiential learning aspect that would promote team working and creativity;
- the research aspect that would generate data about what was happening.

Necessarily the requirement of the researcher to function also as project leader and facilitator of the workshops, led to competing and conflicting demands upon time and attention. The use of a co-facilitator for many of the workshop activities enabled me to observe and record the action as well as to be outside of the action and reflect upon it. During this process the research was already generating the tentative theories referred to earlier that shaped subsequent activities. As Strauss (1987: 23) states,

> the essential procedures for discovering, verifying and formulating a grounded theory are in operation all through the research project and go in close relationship to each other

Transcription

Both Glaser and Strauss and later Strauss and Corbin (1990) state that all data should be transcribed. This insistence perhaps derives from the assumption that the main method of data collection will be the in-depth interview. Oral data, including journal entries on audiotape, conversation, as well as interviews, are difficult, perhaps impossible, to organise unless written down. However, when data are generated from means other than the interview, full transcription may be less desirable. In this project large amounts of data were constructed during the workshops and required analysis in their raw state.

It was important to consider not just the written words for their semantic content, but also arrangement on the page, size of the paper used and even the quality of handwriting. Perhaps there were doodles or sketches, or text written in colour that could not adequately be transcribed. There is a parallel here with the transcription of interview data, which, if it fails to record the accompanying non-verbal communication, loses some of the meaning.

The diversity of data generated in this research meant that, although full transcription incurred the risk of loss of meaning and degradation, conversely analysis of the material in its raw state would be unmanageable. The compromise was to transcribe all data and enable cutting and pasting between categories, whilst retaining the raw material for constant comparison and cross checking.

Categorisation and theoretical sampling

The process of categorisation begins early in the research process and in its embryonic state informs the development of further data collection. Categories are developed by reading and re-reading the data and by breaking them down into single segments, each representing a concept.

Concepts are the smallest possible discrete items, each of which can stand in isolation from the rest of the text. A concept may be a category in its own right, or groups of related concepts may form categories. The process of allocating these concepts is known as open coding, where "open" denotes impartiality. This may be problematic for the qualitative researcher, for whom subjectivity is a necessary and acknowledged part of the research process. The difficulty for the researcher, immersed in the field, is how to remove, deny or diminish the effects of subjectivity, predisposition and prejudice and so perform open coding.

In counselling and therapy the therapist is often encouraged to enter the helping process without preferred theories and preconceptions. Wyatt (1987: 199) has described this as "unprejudiced to the point of self denial". A good therapist will always cross check the interpretation of a story with the storyteller, or client, through the process of reflection (Rogers and Stevens 1969, Heron 1990). Additionally, the therapist will normally be supervised by a colleague who will also act as a sounding board and a check against bias. Checking with informants is also considered good practice in many areas of research, but it may not be as straightforward as in the therapeutic situation where it happens contemporaneously. Checking with informants for accuracy of events and credibility of interpretation can be problematic. Depending on the methods used, informants may not have been aware at every stage that they were being observed and recorded and objections raised at a later stage could threaten validity.

Furthermore, the inevitable time lapse between the recorded events and subsequent writing up may pose at least two problems; firstly that in the interim the informant might have second thoughts about involvement in the research, or come to regret areas of self disclosure. Secondly memory decays with time and recall is affected by other factors, such as an idealised version of events or a desire to revise and so on. In addition to these problems there are bound to be disagreements between informants and between informant and researcher over the interpretation of data and explanations offered. Whilst these ideally can be seen as healthy challenges to the researcher and the cause for lively debate, in reality they pose a difficult question: on what basis is any one interpretation more valid than another.

Although many qualitative researchers democratically involve their informants in analysis, it is never straightforward and needs to be thought through carefully in order to be constructive (Simons 1994). Additionally, in parallel to the supervision of therapists, it is a mark of good research practice to consult colleagues and other researchers to check the reliability, credibility and plausibility of analysis. If, as Strauss (1987: 27) suggests, "the excellence of research rests in large part on the excellence of coding" then it is essential that the researcher, in the absence of predisposing theory and belief, is able to think analytically, and produce concepts and categories capable of checking and verification by another researcher or supervisor.

An additional check that can be employed is triangulation of method. Glaser and Strauss advocate many levels of analysis, all designed to validate and verify the interpretations being made. Given that these techniques fall within the overall method of grounded theory, they are nevertheless

examples of method triangulation and include cross-referencing, comparison, the 'flip-flop' technique and memoing. The techniques of grounded theory will be described more fully within the context of data analysis.

At the end of this phase the researcher will have a series perhaps in hundreds of abstract codes all explicitly connected to chunks of data.

Category saturation

A point is reached at which analysis is neither generating new categories nor adding to existing ones. This is known as saturation, when to continue would be to include redundant detail to the work and add "bulk to the coded data and nothing to the theory" (Glaser and Strauss 1967: 111).

Abstract definition

Constant comparison within and between categories, with cross checking to the data, should permit the researcher to form abstracted definitions. In moving from the concrete quality of the data into the less tangible description of a category's nature and properties, abstract definitions may be difficult to achieve. This requires confidence on the part of the researcher, but the removal of a category one step away from the data is a necessary stage in the development of theory.

Theoretical sampling

It was indicated earlier that theoretical sampling actually takes place throughout the entire research process and should not be seen as a fixed stage. As the researcher records and reflects upon the data, certain questions are raised that influence the kind of data to be collected on the next occasion, which participants to use in that process and what comparisons are to be made.

Axial coding

At this stage there will be a large number of abstract categories, all of which should be saturated. The task then is to organise the categories by linking them through use of a coding paradigm that investigates possible relationships. This is achieved by the same techniques that were used to generate the first categories from the data, namely those of questioning and comparison. The researcher asks: 'is category x related to category y and if so, how?' If an association is suggested between x and y, the task is to return to the data to look for verification through actions and events. The technique of memoing, employed throughout, then becomes a useful linking device.

Theoretical integration

The preceding stages serve to shrink the data to their essence and compress categories by linkage, all making the information more amenable to be managed holistically. Looking critically at the whole picture should enable the researcher to establish which of the categories is core and those that are subsidiary

METHODS AND TECHNIQUES

Grounded theory may be thought of as a method that can encompass a range of data collection techniques. Here, Morse's stages of planning funded qualitative research have been used broadly as a framework within which to consider the ways the project was researched. (Morse 1994)

Selecting sites for the research

Selecting a site for the research did not happen in a conventional sense. This became important when considering issues of generalisability, since site selection largely determines the extent to which the research findings can be transferred to other settings (Schofield 1989). When selecting sites for research purposes, issues of typicality *vs* uniqueness will be of paramount concern; in the case of this research, the sites were selected primarily to fulfil the purposes of the project, which in turn had as a major outcome a tangible product, namely the distance learning resource.

The sites for the writing workshops were not predetermined, though certain requisites were. The key features were:

- the settings, which had to be in hotels or conference centres. These had to be at a price the project could afford, in locations which all participants could reach by public transport;
- the nature of the settings: from the outset the settings had to be conducive to the creative process. Typical conference style, larger hotels, which cater for business clientele, were eschewed and smaller establishments set in modest grounds were sought instead;
- a commitment to sites not confined to Britain.

The settings

Early September 1994

The first site was a hotel in Winchester, southern England. Private transport was arranged from Heathrow. The hotel was in a quiet street. It was an older style establishment, housed in an ancient timbered building, with a rambling garden and spacious lounges. The city itself was chosen for its ambience and historical interest.

May 1995

The second setting was a hotel in Leiden, Holland. Leiden is a university town about twenty minutes journey from Amsterdam. It is a pleasant environment with open spaces criss-crossed with waterways and many fine buildings. The hotel was in a quiet setting, with space inside and out for working in.

October 1996

The third setting was a hotel in Estoril, Portugal. Estoril is within easy reach of Lisbon and is a coastal town popular with the Portuguese, rather than foreign tourists, who tend to head south. The hotel was in a leafy street close to the town and the beach.

The above descriptions, whilst redolent of holiday brochures, are a necessary part of the contextualisation of the project and research process, forming part of the thick description necessary for the fittingness of the findings (Guba and Lincoln 1981). Ball (1990: 38) describes a process of naturalistic sampling, which refers to the expenditure of researcher energy in determining "places, persons and times".

It was felt that the setting would be an important component of a successful outcome to the project. Since the participants were engaged in a creative activity, it was essential that the environment be conducive to the process. The standard type of business hotel, designed for conferences and meetings, would not have been appropriate. The group required different sorts of space; spaces in which to be contained together and work collectively, but also more open, less bounded space in which to think, reflect, work alone and in small groups. The settings were purposely selected to meet these criteria. This notion of space became a feature of theoretical sampling.

As Ball (1990: 38) states,

> If we accept the imperatives of symbolic interactionism, then we must expect that settings affect and influence social actions

Morse (1994: 222) advises that researchers should visit sites and 'sound-out' the personnel in case anyone should feel threatened by research being conducted. This project had no need of such forewarning, since the research conducted in the setting had no direct bearing upon anyone outside of the project group. Hotel staff were given the minimum of information about the purpose of the meetings, affording a degree of anonymity which, it was anticipated, would assist group cohesion and productivity.

Considering alternatives.

The nature of this project imposed certain practical constraints, including the prevailing dilemma of fulfilling the aims of the project as well as of the research. Morse debates the problems of being investigator and employer, stating that the two are incompatible and "may place the researcher in an untenable position" (1994: 222). In this endeavour the researcher was the project leader, responsible for designing the structure of the project, meeting the funding body's deadlines and managing the process to ensure the outcomes. This clearly had implications for the research. Morse states, it becomes difficult for the researcher to break off and take notes when there are other, more pressing expectations.

The nature of the writing workshops meant that there were frequent opportunities to record data. These occurred contemporaneously, when participants were engaged in a task and I was not actively involved in leading or facilitating.

Recording was also conducted in a reflective way, during the times immediately after a session, such as refreshment breaks, in the evenings and in the days after the workshop had ended. This

meant that the researcher's observations and journal were recorded on audiotape as well as on scraps of paper. The recording itself took place in a variety of places, including hotel bedrooms, airports, trains and restaurants.

Despite such opportunism, it was not always possible to record data fully and the dual role of researcher and project leader created competing demands. For this reason a variety of techniques was devised which served the purposes both of fulfilling the educational, developmental needs of the group and of providing different forms of data. There were, however, some advantages to being worker-researcher. The main benefit was that the researcher role was embedded in the culture and processes being investigated, so that inter-subjective understanding was enhanced. This, in its turn, led to methodological tensions arising out of subjectivity, which had to be resolved.

Selecting a strategy

The research always had to mirror the project; the two were inextricably entwined. Having been charged with running a collaborative project, the immediate research question seemed to be, "What makes it happen: what is the nature of collaboration?" Underlying these questions lies the assumption that collaboration is in itself desirable. The vision of a new Europe had seemed, in the early 1990s, to be nearer to becoming a reality within the world of public health and particularly cancer education. There were and remain, many partnerships of cancer health professionals attempting to work across boundaries and borders. These include the European School of Oncology, (ESO) the European Cancer Leagues, (ECL) and the European Oncology Nursing Society, (EONS) initiator of the core curriculum for post basic cancer nurses, upon which this project was predicated.

On a macro level, cheaper and better air travel and the then newly opened Channel Tunnel, as well as advances in electronic communication, all appeared to make the possibility of working in partnership with other Europeans feasible. The European Commission's stated commitment to fund only those projects which actively involved more than one member state, was a move away from ethnocentric programmes tending to benefit only one country or region.

Yet experience of a number of collaborative projects seemed to indicate that true collaboration rarely, if ever, occurred. It seemed that informing and consulting were taking place, rather than truly shared decision making and ownership.

There appeared to be additional problems in negotiating boundaries of language and culture. How could collaboration work with such additional constraints? The desire to provide an answer to this question guided the choice of strategy, though the strategy itself was modified by more practical considerations. Morse (1994: 224) suggests that process questions inevitably determine a grounded theory approach:

the technique of grounded theory incorporates other sources of data (such as document review and observational data alongside unstructured interviews) and aims to develop a basic social process and a more abstract, wide range theory.

The techniques of data collection being described here are also in keeping with Morse's typology of qualitative approaches, including interviews, participant observation, memoing and diary keeping. However, as mentioned above, since suitable occasions for data collection were limited, other more opportunistic devices were used as well. Whether these additional techniques can be seen as a useful adjunct to the strategies of grounded theory, or whether they compromised the research, will also be considered.

Triangulation

The use of different perspectives can, as Morse states, give the researcher "a more holistic view of the data" (1994: 224). It can also resolve issues arising out of the subjectivity of single researcher investigations. Typically triangulation involves the use of different methods of data collection, different approaches to analysis, or the use of more than one researcher. The nature of this project was such that a single simple triangulation was not possible, although a commitment to multiple perspectives was essential. More in the tradition of emancipatory research, the participants themselves were asked to check, refine and challenge the data analysis. This was not wholly emancipatory, nor democratic, since its primary purpose was to enable me to see through different "lenses" (Morse 1994: 224) and which my own subjectivity might in some way have distorted.

Investigator preparation.

The analysis of data from researcher journals and observations will reveal the various techniques used to gain the acceptance and trust of the participants. Again the distinction between project and research becomes so blurred as to merge: the group had to be founded on trust, mutual understanding and tolerance, in order to produce its outcomes. Therefore the very strategies designed for a successful project were likely to have engendered the kind of climate conducive to qualitative research.

Having had a varied academic and professional background in education and social and community work, with an interest in psychology I felt adequately conversant with social science theory. Working within social interactionism can lead to ambiguity and uncertainty, demanding of the researcher, not only background knowledge and theoretical sensitivity, but also temperamental predisposition. It was important to be able to work with uncertainty and a certain amount of self doubt and, as Morse states, to "thrive on living with information, on being haunted by the puzzle of data" (1994: 226). Evidence of these features will emerge in the ensuing reflexive accounts.

The stage of entry.

The funding granted by the European Commission was for the fulfilment of a project by means of a product, namely the distance learning resource. Consequently it was not required that research questions and strategies were to be formally described to an external body at the point of entry in the field. From the outset, participants were aware that the project officer would be acting also as researcher. As the data analysis will reveal, there was a great deal of uncertainty and confusion about the nature of the project itself in its early stages, so it is unlikely that the participants had a clear idea of the nature of the research process or of what it would entail. It was important for the researcher role to remain open at the early stage, so that ideas could emerge from the group and its setting. This meant that data collection was "necessarily unfocused" (Morse 1994: 228). Stern further comments,

> The grounded theorist, though, enters the scene bereft of performed theory; observation and questioning are guided by hypotheses generated in the field.
>
> (Stern 1993: 215-6)

Sampling.

The use of the word sampling here refers in its classical sense to selection of people. As indicated above, the participants were selected according to criteria produced for the purposes of project outcomes rather than as a research sample. This led to an interesting puzzle in which the group, whilst newly formed for the project, could be understood as an existing group in terms of the research. Yet, being newly formed, there were none of the established norms that would normally be encountered in an established group. As researcher therefore, I was not the outsider looking in, nor playing the part of ingénue but an integral part of the process which formed the group and created its identity.

Participants were drawn from nine countries, including Britain. I had approached the Education Committee of EONS, a group which also acted in an informal steering role, requesting names from the member countries of people who:

- could use English as the working language
- had an understanding of cancer prevention or health education or both
- were involved in nurse education

(Anderson 1994)

The nature of this approach to the education committee cast the members in the role of gatekeepers, which effectively avoided the problem of members themselves wishing to form the project group. Rather, the project required fresh ideas from people in less senior positions, who would be closer to the patients and consumers of health services and also closer to the basic grade nurses who deliver such care. The resulting group thus reflected the needs of the project rather than being selected for representativeness or some other research strategy.

The stage of productive data collection.

Most of the data were collected in the settings described above. In the first setting, I was the lone facilitator and researcher for most of the workshop. Three sessions were run by invited speakers, releasing the researcher to observe and record group interaction. When the second workshop was conducted, one of the invited speakers from the first meeting, and financial manager of the project, co-facilitated the sessions, freeing the researcher for a longer period. During the third workshop the co-facilitation continued, enabling the researcher to withdraw participants individually for in depth interviews.

Morse states, "As the study progresses, theoretical insights and linkages between categories increase, making the process exciting as 'what is going on' finally becomes clearer and more obvious." (1994: 230). In this study what was going on did not become clear in any temporal way. Rather, understandings were often shadowy, interspersed by occasional insights, then once again obscured by contradictory findings and self doubt. During those times when understanding was clouded, there were necessarily long periods of reflection, followed by checking and verifying with group members and the co-facilitator.

GENERALISABILITY

A principle of this research was that, whilst acknowledging multiple perspectives, there was nonetheless a commitment to truth. This was a fundamental part of my philosophical stance and perhaps influenced the decision to use grounded theory, described as a qualitative method firmly rooted in "the old paradigm" (Reason and Rowan 1981). A decision was taken to discuss issues of validity, if not in the very formalised way that this concept is used in, say, questionnaire design. The issue of external validity was considered to be particularly pertinent and the next section will address the problems of uniqueness in relation to generalisability.

Grounded theory as case study

Grounded theory according to its parameters will always use small groups or cases and as such, many of the issues arising out of case study research are also relevant to grounded theory investigations.

Cohen and Manion (1989) in their chapter on case study research state explicitly that the case study is to be seen in direct contrast to the "scientific, experimental paradigm" and is instead, "interpretative and subjective, a focus, we hasten to add, that should be seen as complementing, rather than competing with the experimental stance." Journalist Nigel Hawkes (1995), in an erudite review of a publication by Oliver Sacks, has written,

> The individual case study, once the mainstay of the medical journals, has tended to fade away under the assault of the double blind trial. Today we are disinclined to believe that truth can emerge from a single patient: we demand hundreds, or thousands, treated by doctors who, like justice, must don the blindfold in order to be impartial.

The two statements above present a fairly limiting view of case study method. Hammersley (1993) has argued for a case selection strategy, in which there is no inference of a particular approach, such as observation, nor of a certain kind of data, such as qualitative. The choice of case study, in

preference to an experiment or survey, say, is influenced by a set of compromises. For example, the trade-off between survey and case study is between the generalisability of the findings and the level of accuracy and detail. The degree of trade-off will depend to a large extent on the number of cases selected, since the smaller the number the greater scope for detail and the larger the number the greater opportunity to select representative cases. Elsewhere it has been observed "case study is not a methodological choice, but a choice of object to be studied" (Stake 1978: 236).

Within this explanation the idea of using grounded theory is not incompatible with the notion of the research also being a case study. As Stake goes on to suggest, it is the epistemological question which is vital: "What can be learned from a single case?" In the positivistic paradigm this question relates to external validity. Within that paradigm, where the key to internal validity is objectivity, the key to external validity is representativeness. However, as Stake argues, the orthodox methods of probability and stratified sampling are not necessarily the most appropriate ways to achieve representativeness. In case study method cases are selected which offer the most opportunity for learning. Case studies can be used to relate to broader events. Walton (1992) argues that cases are constructed via theory, either in advance of the research, or as a result of it.

This research began with an eclectic view of how groups function, the ways in which group processes and leadership qualities affect outcomes, as well as an over-arching personal ethic of deontology. To some extent the research was a way of testing the ideas - not in the same way in which an experimental tool would test a hypothesis, but by scrutinising, comparing the theory to the emergent data and refining, modifying and adding to it. This process involved reflection, reflexivity, checking and cross-checking; necessary prerequisites of grounded theory.

Walton argues that the very term case study is ambiguous. In one sense it conveys particularity and uniqueness - the common view of case studies. Conversely, a case is not simply a one-off event, existing in a vacuum, but, "alleges that the particular is a case of something else" (Walton 1992: 121).

Here, a medical analogy may illuminate: when it is said of a patient that she is an interesting case, it means she is a case of some wider set of cases. If a physician describes someone as having the worst case of acne he has ever seen, it is clearly understood that, whilst that particular case of acne may be unique to the patient and is certainly quite particular in being the most extreme case seen by the doctor, it is nevertheless an example of all cases of acne. A cause of much recent criticism has been that medicine has tended towards over-generalisation and that doctors do not treat patients holistically, but adopt instead a reductionist approach to a set of signs and symptoms.

However, medicine does seem to have grasped well the maxim proposed by Allport (1924), that every man is in certain respects:

a) like all other men (universal norms)

b) like some other men (group norms)

c) like no other men (idiosyncratic norms)

If cases are to be seen as part of a universe of cases, then perhaps the important question is not whether the general can be inferred from the particular, but more specifically, what is the universe from which the case is drawn? In essence this question is little different from the ones asked by quantitative researchers when attempting to define the population for the purpose of sampling. Whatever the paradigm, the methodological concerns are broadly the same: how generalisable are the results and what, if any, are the wider claims that can be made?

According to Schofield (1989: 92),

> In contrast to the interest shown in external validity among quantitatively oriented researchers, the methodological literature on qualitative research has paid little attention to this issue, at least until quite recently.

He proceeds to assert that there is a widely held view within qualitative research that external validity is either unimportant, unachievable, or both. Consequently it is little regarded by qualitative researchers who, like Denzin (1997), for example, favour thick description - depth in favour of breadth. Schofield goes on to suggest that this disregard stems from that qualitative research which has grown out of cultural anthropology; the study of remote and exotic cultures which are valued for their difference. This notion is worthy of further exploration.

The goal of anthropologists has been to describe and explain activities and events within a group, particularly when those activities and events were different from those in the "home" culture (Mead 1928). Even cultural anthropology and sociological fieldwork, whilst not seeking alien tribes in remote places, nevertheless have had a tradition of researching the foreign, deviant, or glamorous (see Whyte 1943). It is equally plausible that children growing up in Samoa and the disaffected youth of American street corner society actually shared many universal and group norms with other societies and cultures. Equally perhaps some case studies describe and analyse people and situations that are deviant and unique, *because the researchers were only looking for difference.*

Perhaps it is part of the shared European legacy of Empire and exploration, or some inherent xenophobia that we like to imagine how different others are from ourselves. This question is *particularly significant in the context of the case under study, given its multi-national membership* and underlying ideals.

Schofield suggests there has been a recent shift in educational research, away from study of the tribal or deviant, towards the seeking of universal principles through evaluation. The collaborative group researched in this project was not deviant, though arguably it was exotic. It is difficult to imagine the purpose of purely describing the intra-group processes and activities in themselves. Like Peshkin, who entitled his research "Growing up in America", rather than "Growing up in

Mansfield", the object of this study was to try to move beyond the unique and particular to some, albeit modest, general principles.

Generalisability therefore demands to be re-conceptualised. It will normally be impossible or inappropriate to attempt to devise a sampling strategy in the way that a quantitative researcher would seek to do. Instead it is necessary to transform and redefine the concept of external validity so that it is also useful and appropriate to qualitative work. Guba and Lincoln (1981) state that human behaviour is always mediated by its context, so that only limited transferability is possible. The task, then, is to establish the extent of influence the setting has exerted over the individuals. If detailed description of the setting is given, then transfer can be made to other settings that share all or some of the variables, though which variables are important will always be difficult. Others have referred to similar notions of "naturalistic generalisation" (Stake 1978) and "translatability and comparability" (Goetz and LeCompte 1980).

Theories like those cited above fail to account for the fact that a setting is not a static entity, but something which is in part created by individuals and groups, then continuously re-shaped by them as the action ensues. Individuals interact with their environments in a dynamic relationship; therefore knowledge of settings in itself is not sufficient for fittingness, or transferability of findings. The group itself, composed of the individuals, is a major component of the setting and therefore partly mediates itself.

There are areas of consensus among qualitative researchers regarding the generalisability of findings. These are:

1. It is not appropriate to formulate universal laws.
2. However, transferability of findings can be generalised to specified, similar settings.
3. Thick description is essential, both of the site being studied and of those to which transfer is to be made - looking for similarity and difference.

(Schofield 1989: 97)

Findings from one study provide a working hypothesis for another; results may be generalised to three domains, what is, what may be and what could be. There may in fact be instances in which the findings should be compared to results from quite different settings, where the underlying themes are the same, such as the grounded theory technique of comparison (Glaser 1978). For example, the theme of this study was collaboration: before seeking to generalise the findings to other similar settings, it will be necessary to compare the results with those on the same theme, in quite different settings. Should this process reveal any similarities, then the case for having established general principles will be strengthened. The case in question comprised a group of nurse educators from different EU countries. If the findings were compared to a study into collaboration in the setting of a commercial organisation in the United States, for example, any similarities might be said to be about the nature of collaborative work, more than just a context bound instance.

Figure 5 below shows spatial relationships between this case and the different domains to which findings could be generalised. These relationships have been shown as ellipses, rather than, say, concentric circles. If an ellipse represents the whole of a domain, then members of that domain might be placed on the outer right hand edge, or much closer to the case, on the left. This assumes that the further to the right, the more attenuated the relevance of the case to those domain members. The closest domain to the case is that of cancer nurse education. The grounded theory of collaboration, when formulated, can be generalised to all elements of this group reasonably evenly, since cancer nurse education was the context of the project itself. The generalisability becomes more attenuated as one moves to the right of the diagram, so the validity of the theory for the domain of professions is generally weak. However, the case will have more relevance for some elements of the professions domain and these can be visualised closer to the left of the ellipse.

Figure 5 Universe of cases: ellipses of extrapolation
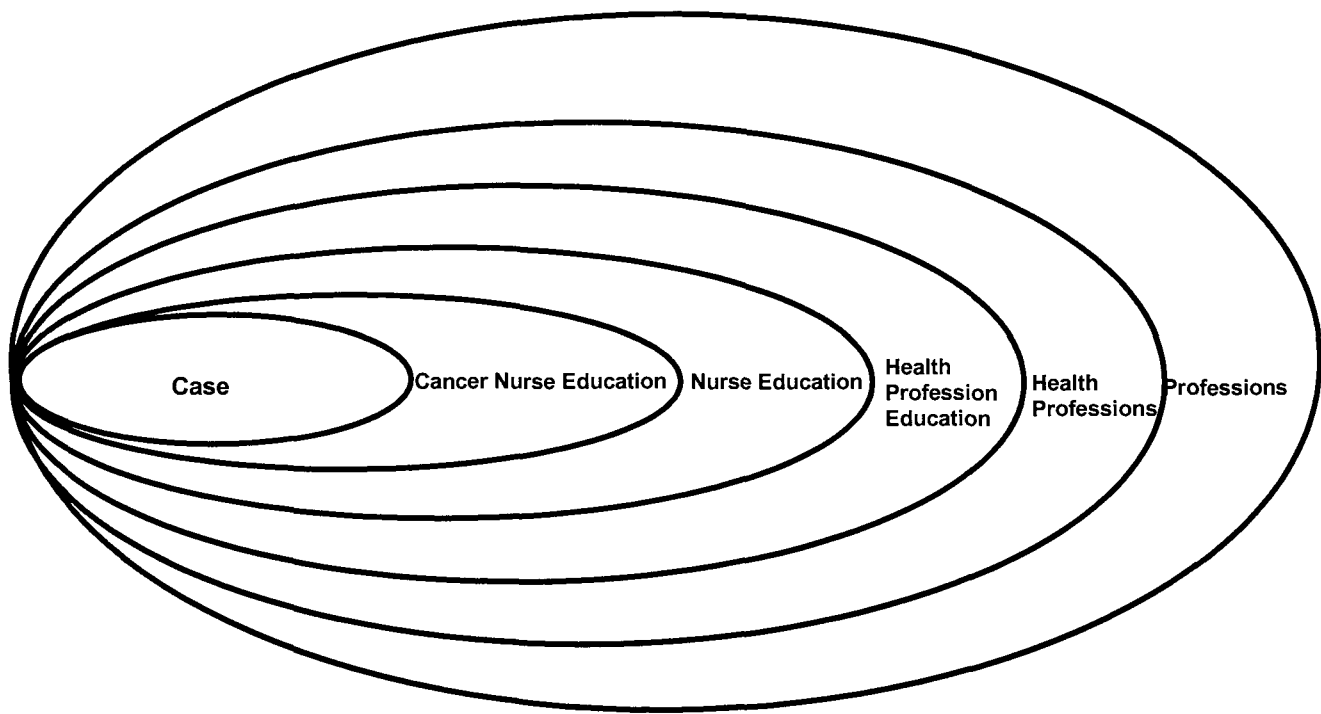
CHAPTER 8. DATA COLLECTION

This chapter describes the methods of collecting and using data from a variety of disparate sources. To assist understanding of these, which in some cases are unorthodox, illustrations have been provided for each technique. Examples are given with sample responses; the codes later ascribed to them are provided in emboldened text.

Data sources have been categorised as primary, deriving from the project itself (particularly the workshops), or secondary, obtained from other sources, documentary and experiential.

PRIMARY SOURCES

Primary sources of data were those related directly to the writing workshops and other interactions with the participants, including my own researcher journals. Later, as coding began to reveal more defined categories, secondary sources, mostly documentary, were used as part of the comparative approach, in order to achieve saturation.

WITTING AND UNWITTING TESTIMONY

The concept of witting or unwitting testimony has been borrowed from historical veridicality, where the validity of historical sources may be established by questioning how aware archivists, diarists, or letter writers were at the time of production, of the future uses to which their documents could be put. There is a significant difference between witting testimony provided knowingly by an informant and unwitting, which is that collected without the informant's conscious awareness (or indeed their informed consent for future use). This might be the difference between private letters never intended for wider consumption and diaries kept by public figures for the purposes of constructing memoirs. The underlying assumption is that awareness of future use in the practice of making history will inevitably colour the information being recorded.

Similarly, in social sciences research, it is widely held that knowledge of the aims and intent of a study is very likely to influence the responses and actions of research participants, both researchers and researched (Orne 1962). Quantitative researchers have addressed these concerns by introducing blind and double blind techniques into experimental studies and by randomising allocation to sample groups in order to equalise out the interfering variables. In qualitative research the tension lies in whether to deceive in order to minimise the "placebo"

effect of being part of the study, or to inform participants fully at every stage so as to proceed ethically and preserve rights to choice and privacy. Elsewhere this has been described as a trade-off between artifact (*sic*) and ethics (Rosnow and Rosenthal 1997). Rosnow and Rosenthal provide a summary of major studies into the factors that influence or bias research findings. These include the effect of knowing one is part of a study, expectancy of the researcher, self-fulfilling prophecies and effects of gender, class and situation. The techniques for minimising these effects or artefacts, including that of deception, bring with it inevitable ethical concerns about beneficence, respect and justice (Rosnow and Rosenthal 1997: 126).

It is debatable whether group members in this study were fully conscious of actively providing data. Although they were accustomed to my collecting and storing all materials we produced – however small or insignificant they might appear – it was not made explicit on every occasion that these would be analysed as part of the data set. This inevitably implied my ownership of such materials and no claim could be made to democratic research practice, despite the understanding that a form of *récherche action* was taking place. The perception of what was meant by research and therefore of the implications of participation, varied greatly between participants. Some had only scant experience of research methods, being familiar mostly with the more positivistic approaches favoured in medicine and health sciences.

The table below shows the different sources of witting and unwitting information obtained.

Table 6 Witting and unwitting sources

Witting	Unwitting
Evaluative statements	Results of experiential learning activities
Open ended questionnaires	Photographs
Researcher reflective journal notes	Letters and faxes
In depth interviews	Written drafts of learning activities

Given that all information yielded knowingly by participants, or informants, may be seen to a greater or lesser extent as an artefact of the research process, certain techniques were employed to minimise the effects of undue influence. Evaluative statements were collected within the learning activities of the writing workshops and whilst participants were aware that they were providing evaluative material, it is unlikely they were cognisant that the data would be used in theory formation. Although this may be seen as a threat to ethical integrity it was also the factor that minimised reactivity to the research process and produced the researcher's classic double bind common within debates about certain methods in social psychology. Milgram's famous, arguably infamous, study into conformity (Milgram 1963) has

received harsh criticism for the levels of deception employed in depriving the "subjects" of the opportunity to give informed consent to processes that might damage self esteem (Baumrind 1964). Alternatively Aronson (1988) defended Milgram in arguing that without employing deception the results would not have reflected the ways in which people behave in normal situations, i.e., situations in which they are unaware of being studied. Further complexity is introduced into this debate such as the added effects of the artificiality of the experimental setting is beyond the scope of this discussion. The principle is clear however, that deceiving research participants may be considered necessary to produce naturalistic results, but this choice brings with it ethical considerations that must be addressed.

In contrast to the material collected during workshops, the participants were undoubtedly alerted by open-ended, self completion, postal design questionnaires as a hallmark of conventional research and that this information would be used in the study. It is implausible that I could have written reflective journal entries without knowing on some level of consciousness that these would be analysed later. This is arguably true of all diary data. Similarly the use of the standard research technique of interviewing inevitably prepared participants for inferring that what they said would be recorded and analysed. Here the technique was to minimise the influence of demand effects by the use of indirect questioning described below.

ETHICAL TENSIONS

The ethical dilemmas have been alluded to above. Early in the proceedings the participants in the writing group had given their written consent to the research and were fully aware that this would be for the purpose of my thesis. I was careful to explain the nature of the methodology I would be likely to use, but it is doubtful that individuals were aware of every piece of information they were imparting. Furthermore, the ethos of the workshops was democratic and this may have created an expectation that the research would be similarly participative. It is known that in certain situations in which people feel safe they become unguarded and reveal more than they would normally and that increasing intimacy leads inexorably to greater reciprocal self disclosure (Fiske and Taylor 1991). The very nature of many of the learning activities was to build trust and promote self disclosure, in order to enhance the collaborative process. The collection and use of the data created within that context was in essence deceptive and raised questions about informed consent and the use of researcher power.

The tenets for informed consent derive from the Nuremburg war crimes trials of 1946 and have been accepted widely in research communities to include competence, voluntarism, full information and comprehension (Reynolds 1970). There is no doubt that the workshop

participants were competent and took part voluntarily. Reynolds proposes that comprehension requires that full information embraces the purpose of the research, understanding of roles and procedures and awareness of likely risks and benefits. Specifically there is a requirement for the researcher to be honest about what will be revealed subsequently. The compromise has to be to minimise the disruption caused by knowledge and expectation whilst concurrently adhering to scruples of honesty and information giving.

In its code of ethical practice the British Sociological Society (2002) states,

> Sociologists, in carrying out their work, inevitably face ethical, and sometimes legal, dilemmas which arise out of competing obligations and conflicts of interest.

Anonymity also gave cause for concern. However stringent the attempts to disguise identities, the group was so small that some readers would be able to identify individuals where direct quotes or descriptions of actual events had been recorded. Very little of what occurred during the project was divulged to me confidentially by workshop participants. Where private conversations were held, these were not included in the data set, except for those concerning issues that became open to the group and dealt with collectively (see chapter 10).

Reynolds concludes that the end may justify the means where there are no long term ill effects such as embarrassment and shame and where confidentiality and anonymity have been respected. Gross (1996: 856) reports a number of studies in which both lay people and research participants expressed less worry about minor deception and greater concern for the quality of the research. This was also found to be the case for the participants in this study. When the progress of the research and its methodology was discussed participants were unconcerned about the ownership of information they imparted, but instead were very interested in the positive use to which the results would be put. Ultimately the reflexive researcher has to make a balanced judgement and,

> The integrity of the investigators may be considered as a suitable guarantee that the participants have not been, and will not be, injured.
>
> (Reynolds 1970: 95)

OVERVIEW OF METHODS USED TO COLLECT PRIMARY DATA

Much of the data was obtained from material produced by learning activity in the writing workshops. Sessions designed for team building and group development revealed rich information about individual participants and their/our interactions with each other. The nature of the workshops was that expressive activities, for the purpose of creating and maintaining the group ethos, were interspersed with task focused learning. Workshops were designed to move between task focused learning and the expressive activities which served the creation

and maintenance of a group ethos. The production of drafts for the distance learning pack manifested other facets of the participants, particularly in their experience and knowledge of adult learning and in differences in attitude towards, and knowledge about, cancer prevention.

All workshop activity was recorded routinely. As a practitioner of experiential learning the primary function of recording the process and outcomes of experiential learning is to enable the learning group to reflect and review and provide evidence of collective or individual decisions. Additionally I have used such records as a means of displaying the achievements of the group, to provide affirmation and celebrate success. When courses develop over a period of time, the display of these records becomes the narrative of the group and its experiences.

There is as yet no literature dealing specifically with the methodological, epistemological and ethical issues arising out of the use of such material for research data. Certain tentative links may be established however with the literature on the use of games and simulations for research purposes. Abelson defines simulation as:

> The exercise of a flexible imitation of processes and outcomes for the purpose of clarifying or explaining the underlying mechanisms involved.
>
> (Abelson 1968: 275)

Similarity exists between simulation as research and the types of activity used in experiential learning: both are concerned with observing and analysing process, understanding role and problem solving. Many experiential learning activities involve the use of simulations and games and whilst these do not share all the concerns of simulations for research, they have similar functions regarding the adoption and following of rules and role analysis and may be equally contrived. The example below summarises an experiential learning activity used in the first workshop (described fully in chapter 6). It demonstrates the requirement to adopt different roles, follow rules and analyse the findings.

Box 1 Experience of cancer

<u>Aims:</u>
Promote understanding of the ways in which one's personal experience of cancer may influence professional beliefs and practices

Identify common themes and experiences and challenge erroneous beliefs about aetiology.

<u>Method:</u>
Participants form groups of three. In each group one is speaker, one actively listens, one observes and records. The roles are rotated so that each person plays all three roles in turn.

Speakers are asked to recall and describe their first experience of cancer. Listeners are instructed to employ active listening by paying full attention, adopting appropriate posture and reflecting or summarising what the speaker has said to check they have understood. The observer records only the salient points.

When all triads have completed the task the purpose of the plenary is to extract the themes and issues, without re-telling each experience again.

The data produced by this activity added concepts to the categories of *diversity: previous experience*, showing how beliefs and attitudes from previous experience influenced the ability to participate, as well as developing empathy between participants.

On the use of such an activity to provide research data it may finally be noted that certain games and simulations are commonly used for either or both purposes. An example of this is the "Prisoner's Dilemma" (Dawkins 1989: 205).

Glaser (2002) has addressed concerns expressed by Charmaz (2000) regarding the notion that anything may legitimately be regarded as data:

> "All is Data" is a GT statement, NOT applicable to Qualitative Data Analysis (QDA) and its worrisome accuracy abiding concern. Data is discovered for conceptualization to be what it is—theory. The data is what it is and the researcher collects, codes and analyzes exactly what he has whether baseline data, properline 1 data or objective data or misinterpreted data. It is what the researcher is receiving, as a pattern, and as a human being (which is inescapable). It just depends on the research.
>
> (Glaser 2002: 1)

Another less common source of data used in this project was photographs and although this is not novel it has a history of use in both sociology and anthropology. Similarly, the in-depth interview is the subject of much discussion in research methodology and this provides a context and framework within which to consider its use here.

The use of disparate sources and methods of generating data may be seen as part of the qualitative researcher's quest, in "seeking to create a space for those studied" and attempting to "capture and re-present, through photographs, transcribed interviews, and audio tapes, the authentic, original voices, heard, seen, and felt in the field setting." (Denzin 1997: 32).

The illustrations provided here give brief summaries of the methods, with sample responses, quoted *verbatim*. The codes later identified and ascribed to the data are emboldened in square brackets to show the categories as they were emerging.

Evaluative statements

Written and verbal feedback about the workshops was gathered routinely using a variety of techniques in encouraging participants to reflect critically and make constructive suggestions for change.

Box 2 Formative evaluation

At the first workshop participants were handed three different coloured cards on which to record evaluative statements on:
- their feelings
- strengths of the workshop
- concerns and suggestions for improvement

Responses

Feeling: Encouraged that together we can make a difference. [**collective purpose, unity**]

Strength: Freedom and acceptability (to express) of all/any ideas that we offered. [**facilitation**] There was no feeling that one's ideas were not good or workable. [**ethos: mutual value and respect**]

Concern and improvement: The fact that not all countries were not represented (I know this was outside your control, Yvonne, but obviously might mean the pack is not applicable in these countries. [**cultural difference**] Hopefully they will look at and comment on the pack). [**representation**] That our pack will suffer the same fate as the OU one, but I hope our awareness of its failure will enhance that. [**context**]

Open ended questionnaires

Between the Leiden and Lisbon workshops, each participant received a self completion postal questionnaire. This was semi-structured, requiring open ended answers and posed questions

about learning and development, what the experience of working in the group was like and any difficulties they may have had.

Box 3 Sample questionnaire responses

What have you learned by being involved in this project?

Respondent 1:

> a lot more about politics [**context**]
> got to know more about what is happening behind the scenes on a international level, too [**context, stakeholders**]

Respondent 2:

> That a small group of very different people [**diversity**] can achieve a lot of work and create friendship. [**group ethos**]

Respondent 3:

> I learned everybody of the working group is necessary to involve this project, because everyone brought his differences of culture, [**cultural difference**] behaviours. [**diversity**] The most important thing was to work like a different manner when I'm teaching. [**experiential learning, facilitator as exemplar**] To think about the construction of a country about different manners. [**cultural difference**]

Written drafts of learning activities

The tangible results of each writing workshop were the respective drafts of learning activities, produced by the participants alone or together in small groups. These were presented in a variety of formats, dependent upon the type of learning activity in which the group had been involved, but were mostly on flip chart paper normally displayed and used to facilitate peer evaluation at the end of each session. The challenge in editing the pack was to preserve the originality of each activity or section of text, whilst also unifying all the disparate styles and approaches so that the finished result had coherence. Most of the written drafts were completed during the first workshop with the second and third workshops focused more on linking together, unifying and revising the whole document.

Box 4 Extract from the first draft of a learning activity by a workshop participant

<u>Own experience of cancer</u>
On the next page we draw a lobster/crab. That's the sign which is connected to cancer because of his tentacles. The tentacles stays for the uncontrolled growing of the tumour in the body.[**previous experience and knowledge: cancer is uncontrollable**]
In this activity the tentacles stays for something else.
Think about your first confrontation with cancer.
Use the tentacles to write out the next subjects
- what was the situation
- what were you thinking
- what were you feeling
- what did you do
- what did you need
- what did you want to know about it [**previous experience and knowledge: holistic approach**]

<u>In depth interviews</u>

These occurred near the end of the third workshop, in Lisbon, when the group was well established. A non-directive approach was used to guard against any tendency to influence what people said. Simons asserts that discussions about interview methodology rarely move beyond conceptual and theoretical concerns. In an attempt to "circumvent debate at the theoretical level" Simons (1981: 28) focuses on the premises or assumptions that underpin the methodology of the non-directive interview. These may be summarised thus:

Unstructured questions are desirable when the researcher does not have pre-conceptions, but is sensitised to recognising significant data

Open ended interviewing is most useful in situations of greater complexity

Unstructured interviewing provides more opportunity for involvement of the interviewee

The interviews were all conducted on the same day, the order being decided by participants themselves. RW continued to facilitate the group's work in a large room as people came individually to a private room for their interview.

I told each person at the beginning of the encounter that I was interested in exploring ideas about the ways we had worked together. They were then asked to look through a large collection of photographs that different group members had taken and forwarded to me. Participants were to select any images that struck them as important and write down a word or phrase to describe it. They were requested to arrange the words and or the images on to a

large sheet of paper, linking or ordering them if they wished. The interview then progressed with the participant providing a narrative prompted by the images and words with only minor probing on my part. This procedure was designed to guard against the situation that Simons suggests is common, where the interview is perceived as a one way process in which "the interviewer asks the questions and the interviewee 'gives' the answers." (Simons 1981: 33). The purpose of using the photographs as a 'trigger' was to gain understanding of the participants' understanding and perspective.

Box 5 Extract from interview

> One respondent had selected a photograph that prompted the statement:
>
>> Perhaps initially none of us realised or perhaps you didn't even realise the role that Ros was going to play. [**facilitation, co-facilitation**] It's quite useful to have two different personalities dealing with the group, and again it kind of stops the dependence on either of you. [**relationships with and between facilitators**]

Reflective journal entries

These had to be made at any opportunity. I kept a hardback notebook in which to jot ideas, musings and observations. In addition, I took a Dictaphone to the second and third workshops, as it was less obtrusive than note taking.

Whenever possible I discussed my reflections with the co-facilitator RW, often continuing the reflective process some weeks after a workshop.

Box 6 Journal entry made at Lisbon workshop

> NVC – all legs crossed, mirroring postures, except: P – legs apart, body forward and down, making the point again with gestures. Ros – controlled, open crossed leg (my mind is made up?). T – critical of anti-positivism, used words like "hard" "soft". Quote "holistic achieves nothing, get nothing done, just looking" (We would say navel gazing) [**diversity, conflict, tension, leadership style**]
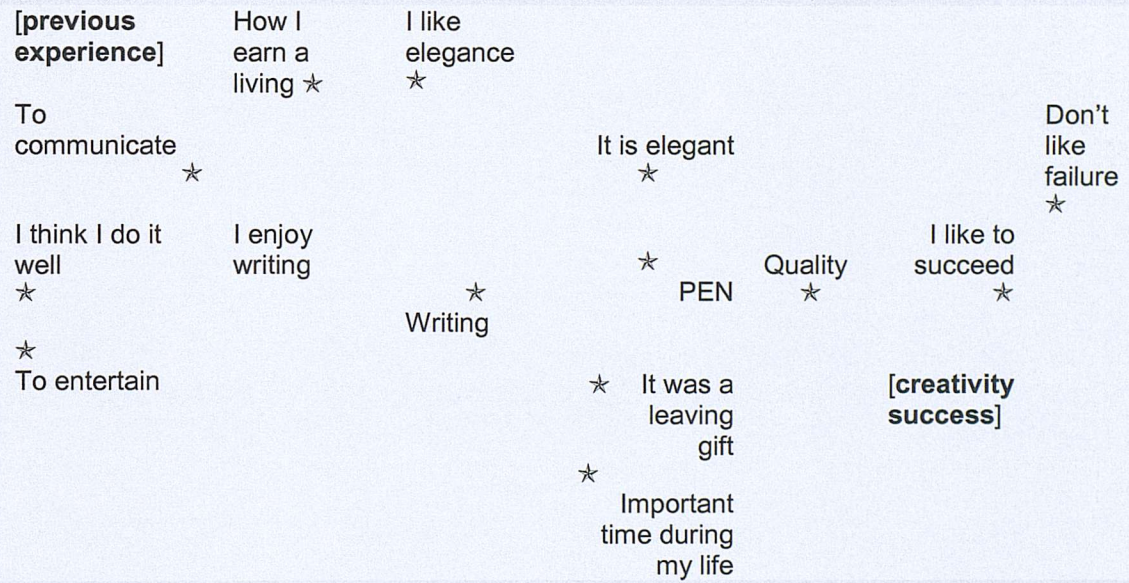
Results of experiential learning activities

All group discussions and decision making processes were recorded on flip charts and later transcribed. For some learning activities I provided special proformas or particular techniques for recording. The example given below was designed to promote self awareness and develop trust within the group by sharing self-disclosures. Trust was a pre-requisite for giving and receiving criticism.

Box 7 Constellations

Each participant received a large piece of paper in the middle of which was a star. The instructions were:
Find from among your possessions an object that is important to you. (Not a photograph). Place it on the star and say, "What does it mean to me?" Draw lines out from the points of the star and write what it means to you. For each statement, say again, "What does that mean to me?" until your page looks like a constellation. Share your results with a partner.

[**previous**   How I   I like
experience]   earn a   elegance
                       living ✶   ✶
To   Don't
communicate   It is elegant   like
          ✶   ✶   failure
                                                                                       ✶
I think I do it   I enjoy   I like to
well   writing   ✶   Quality   succeed
✶   PEN   ✶   ✶
                                       ✶
✶   Writing
To entertain   It was a   [**creativity
                                       ✶   leaving   success**]
                                                gift
                              ✶
                              Important
                              time during
                              my life

Letters and faxes

As a matter of course all letters and faxes were saved as potential sources of data, although it was not always apparent at the time precisely what these would contribute, since they focused mostly on administrative matters such as re-imbursement of expenses and travel arrangements.

Some, however, produced a rich source of data that might not otherwise have been apparent. Towards the end of the project the use of e-mail became more common and these exchanges

were also included in the data set. The example below shows how almost incidental data obtained late in the project could give rise to new categories and a fresh perspective on theory generation. A category labelled *Ownership* had until that point focused upon the collective and individual ownership by the writing group, but there were other stakeholders in this initiative, who had played an important role. My initial neglect of the stakeholder group as an important aspect of theory generation is in keeping with Brown's assertion that intra-group considerations are often considered at the expense of inter-group issues. (Brown 1998: 41)

Box 8 E-mail extract

> Dated 3.10.97 from a member of one of the partner organisations (the manager of one of the participants) following receipt of the final draft of the pack:
>
> Dear Yvonne.......ownership of the copyright of the pack is not clear **[context, stakeholders, ownership]**

Photographs

The collection of photographs in my possession had been sent to me by various members of the group at different times. Their decision to take them was entirely personal and I interpreted people's action in sending me copies as a friendly gesture reflecting the ethos of the group.

From the beginnings of *daguerreotype* photography, the idea that photographs can be used as scientific evidence has been current, popularised by the cliché that 'the camera never lies'. Quite apart from the technology that enables a photograph to be manipulated and altered, the idea that photographs inevitably represent the truth is of course flawed. The selection of subject, at a certain time, in a given place, in a particular style, are wholly subjective decisions, which Winston describes as offering "evidence of the real world but in a way more akin to the evidence provided by painting or writing." (Winston 1998: 67).

Harper cites Bateson and Mead relating how aspects of Balinese culture that eluded written description could be conveyed by photography. These aspects might be described as "ethos". Bateson and Mead used photographs to illustrate the "intangible relationships" that were an integral part of the culture they were studying (Harper 1998: 25). Their work integrated photographs with written text for the first time, using over 700 images in the final report. Significantly these were images deliberately photographed for the purpose.

George and Louise Spindler (Harper 1998: 27) comment that usually an anthropologist would take a photograph to confirm an interpretation, "as a very selective sample of 'reality'". Harper sees this as part of the inherent problem of the "realist tale", an anthropological method that privileges the researcher over the researched.

Visual sociology, unlike visual anthropology, has focused upon documentary photographs, in which the photographers were not sociologists. Many studies have used documentary photographs taken by "insiders", with a deep personal knowledge of the subjects. Becker (1998) notes that photography and sociology started at about the same time but whilst sociology has moved towards science, photography is seen largely as art. Becker sees the photograph as a reflection of the photographer's view, whilst Cronin (1998: 70) challenges the "taken for granted myths regarding the nature of photography", constructing the challenge as a necessary precursor to the formulation of valid research questions.

The photographs used in this study were taken by the participants and form part of the unwitting testimony, since at no time was it ever stated or implied that the images would be used for any purpose other than as keepsakes. Not all participants chose to take photographs – it was spontaneous action on the part of four members of the group, who then decided, independently of one another, to send copies to me.

The spontaneity of the photography was not random. Those who chose to photograph felt a need to record events related to the project and what they chose to photograph is important. Some images are contrived and clearly have the purpose of showing enjoyment and companionship. These are pictures of the group on a social outing, looking at camera, poised and smiling. Such images are reminiscent of Bourdieu's (1965) notion of family photographs as portraying and preserving family unity through the recording of important festivals and rituals. One might perceive the posed group photographs as "family snaps", the function of which was to reinforce group unity and provide a means by which to *effect that unity* (Cronin 1998: 78). Most of the photographs are of a different nature however and are taken of group members at work, whether presenting ideas from the front of the room or working in a small group, absorbed in the task. These action photographs characteristically do not show individuals looking directly at the photographer, but appear uncontrived. Some images show inanimate objects or surroundings. One portrays empty chairs on the hotel terrace, others convey the day's work pasted on the wall.

Use of the photographic data

The photographs were used to initiate discussion about the project in individual interviews (see above). A similar technique is used by some psychotherapists to stimulate discussion

within the therapeutic interview (Fryrear 1980) Prosser (1998: 123-4). also describes the commonly used method of "photo-elicitation" as an interview device, in which photographs are selected by the interviewer on the assumption they have significance for the interviewees.

In addition to their use in stimulating the interview process, the entire set of photographs was analysed by treating them as text and isolating concepts in the same way as for written data. I approached this task by asking of every image; what is happening, what does it mean, what does it relate to? Inevitably I had to draw upon my own experience and memory in interpretation, as the first example below demonstrates.

Box 9 Photographic interpretation

> Image 1: Winchester. The group is posing together admiring the food.
>
> Interpretation: The food is highly thought of. It was surprising to some that British food could be good. [**cultural difference, expectations**] It shows they are being well looked after. [**leisure, hospitality, ethos**]
>
> Image 2: RW leading the session, with Y close at hand. They are separated by the flip chart. There are lots of books, pens and paper around the floor. Y and RW are sitting upright, looking pensive, but T is slouched and smiling.
>
> Interpretation: Y is leading, so sits at the front with the invited speaker [*later co-facilitator*]. [**facilitation, co-facilitation**] T holds a senior position at work, has travelled extensively and often takes part in international conferences. [**previous experience**] The group has been busy. [**productivity**]

Theoretical sampling

In chapter 4 the context of theoretical sensitivity is described, showing how certain ideas and personal experiences led to the first step in theoretical sampling in selecting the writing group according to particular criteria. I had set out specifically to choose participants who were close to practice, had experience of teaching and were relatively new to European projects. I saw these as "enabling" factors. Disabling factors, or those which would not have promoted the aims of the project, were conversely, distance from practice, working in policy and administration and being very accustomed to European working. It should be re-stated here that at this time the research was not framed within grounded theory, so the term "theoretical sampling" was not used until later.

Based on previous experience of leading and developing teams and cooperative groups, I went on to describe, (for my own purposes in designing the programme), a further series of enabling and disabling factors that would be important during the writing workshops. The

programmes for all three workshops, but especially for the first one, were designed to incorporate the following enabling factors: team development techniques that helped participants express personal identity, promotion of inter cultural awareness, democratic style of leadership, varied pace and style to learning and assistance in communicating in the common language of English. These ideas were contrasted with factors I felt would militate against a successful outcome, both for process and product. These were: group dynamics left to chance, resulting in a lack of cultural awareness and loss of identity, failure to address unfamiliarity with the language and an autocratic or laissez-faire style of leadership.

Whilst these pre-conditions inevitably shaped the programme that in turn influenced data yielded by the first workshop, they became refined during the procedures of coding, in the field as well as later during data analysis. Reflecting in and on action led to revisions, additions and to some categories subsuming others.

As stated by Glaser and Strauss "the process of data collection is *controlled* by the emerging theory", since the researcher has not started with a "preconceived theoretical framework." (Glaser and Strauss 1967: 45). Grounded theory is a process as much as a finished product.

After the first workshop the emergent concepts were identified as: previous educational experience, North-South divide, tolerance and mutual valuing, personal confidence, group identity, power and influence, and self fulfilment. These did not survive in the same form, but *became absorbed into new categories as more data were analysed, initially from primary but later from secondary sources.* My reflective journal from this time contains comments on the importance of leisure time, observations of alliances and group dynamics and some early tensions. A particular source of tension relates to the initial concept of a North-South divide. One of the participants had discussed this with me at length, giving examples of the *predominance of Northern countries in all EC projects and citing instances of venues in* Southern countries being ignored consistently in favour of France, Germany, and the UK. At the very first meeting of the writing group a participant from a southern country arrived late, retired without greeting others and came very late to the first workshop activity the next day. This was interpreted by some as behaving like a *"prima donna"* and by others as the *"mañana"* syndrome.

Whether a North-South divide was an important element of the group processes came to be questioned later. How representative could any of us be of our home culture? Was I employing cultural stereotypes that made a North-South dimension more plausible? At that time I was using a "partial framework" (Glaser and Strauss 1968: 45), not knowing what the relevance of any of these ideas would turn out to be. Later, when analysing larger sets of data and revising categories in seeking "fit", the concept of *North-South divide* was insufficient to

describe fully the processes at work and was subsumed into *cultural difference* and *diversity*. Glaser and Strauss suggest that lower level categories emerge at the beginning but higher level concepts and categories suggest themselves later. These later refinements are over-riding and integrating (Glaser and Strauss 1967: 36).

Following the end of the third writing workshop, some categories had reached saturation from analysis of primary data. At that time these were *leadership, methods, experiential learning* and *facilitation.* Mindful of my own dual role of facilitator and researcher and the influence this could have on interpretive analysis, I turned next to secondary sources.

> The adequate theoretical sample is judged on the basis of how widely and diversely the analyst chose his groups for saturating categories according to the type of theory he wished to develop.

(Glaser and Strauss 1968: 63)

From the use of data generated outside of the project the aim was to create more analytic and sensitising concepts.

SECONDARY SOURCES

Comparative approach

When selecting comparison groups the criterion was to use theoretical questions as a guide, termed "the next question technique" (Glaser and Strauss 1967: 59). The originators of grounded theory suggest that one way of looking creatively at other sources when theory building is to look for a substantively dissimilar comparison group.

> The non-comparable type of group comparison can greatly aid [the researcher] in transcending substantive descriptions of time and place as he tries to achieve a general, formal theory.

(Glaser and Strauss 1967: 55)

The employment of the *next question* technique led inexorably in the direction of non-comparable groups. A category that appeared to be saturated following analysis of data from primary sources was that of *Leadership*, containing properties about personal style and approach of leaders, as well as aspects of facilitation skill. The *next question* technique led me to question what could be learned about leadership from an examination of an anarchic situation, in which there was no clear leader. I turned to Golding's *Lord of the Flies*. Similarly I asked whether the qualities of leadership identified from this analysis were similar to or different from those found in far more extreme circumstances. To address this issue I consulted accounts of the Antarctic explorers, Scott and Shackleton. Glaser and Strauss recommend both fiction and non-fictional accounts, including diaries, as useful secondary sources, provided the researcher has approached their use by considering their relevance to the theory.

OTHER DOCUMENTARY DATA

Data slices

Different views of the theory can be obtained from a wide variety of sources and there are "no limits to the techniques of data collection" (Glaser and Strauss 1968: 65). This notion seems to contradict all the rules of social science research, which continuously seeks verification and has stringent rules on what may count as evidence. They sanction:

> But it must be remembered that this comparative analysis of different slices of data should be based on the researcher's theoretical understanding of the category under diverse conditions, not on methodological differences and on standard problems of the diverse techniques he has used.
>
> (Glaser and Strauss 1967: 66)

Data slices can include what the authors call anecdotal comparison; the original Glaser and Strauss text has been cited extensively throughout this thesis, reflecting a commitment to its founding principles. Inherent in their work however is the problem posed by the contexts – temporal, personal, cultural and socio-political – in which their ideas were being developed. (One issue is that of gender: the two male authors refer to the researcher/theorist throughout as "he".) The term anecdotal has connotations of the trivial and overly subjective, which could undermine the integrity of the final theory. Perhaps American-English of the 1960s attached a different meaning to the word, or the authors were using the term in its strictest definition of personal narrative (Chambers); for the purposes of my own theory construction I have chosen to refer to such data slices as "experiential".

Experientially based data

Over the period of this thesis I was engaged in a number of other projects that were explicitly inter-professional and implicitly aimed at promoting collaborative working. Inevitably these shaped my interpretation of the data and I drew upon them as additional comparison sources. These included:

- As a senior research fellow, running projects in inter-professional working in a cross-University collaboration on the provision of health related postgraduate courses.

- As a lecturer, co-facilitating a residential course on Bereavement and Loss.

- In health service management, leading reforms and modernisation with a multidisciplinary team

All of these experiences provided valuable comparative material, details of which are analysed in chapter 11.

PRACTICAL ASPECTS

<u>Data handling</u>

There was a vast amount of data to be transcribed and analysed and it was necessary for the purpose of concept formation to isolate ideas from their context in order to build categories. The risk of this exercise was that data might decay. Simons (1981: 45) notes "Distortions and omissions in transcribing data must be legion." Interview data from participants whose first language was not English was a particular example of how much meaning could be lost, first in transcribing, then in isolating, concepts. It was frequently necessary to return to the audiotape and listen to a piece of speech again, to remind myself of the context and the way in which that participant used spoken English in order to re-assess the meaning. Most of the participants were using a limited vocabulary and adjectives employed to describe a range of situations and events were limited, so that words like "nice" "good" and "horrible" occurred time and again.

It was important therefore, on re-playing the tapes, to become absorbed once again in their cadences and pauses, tone and emphases. The skills of an interviewer in asking clarifying questions and reflecting and summarising what the respondent had said were paramount and repeated listening to the tapes also enabled me to check that these tasks had been performed adequately. The following extract from an interview shows different interviewer techniques.

Box 10 Interview fragment 1

Y	How do you feel about the cultural differences, you have [spoken about] different backgrounds culturally and different personalities, is it possible to tease them out or are they just so interwoven?
T	I don't think they are interwoven at all.
Y	They are completely separate ideas.
T	Yes I mean I must say I am quite familiar obviously with British people, and I am quite familiar with people from Scandinavia and I suppose from Belgium...

This participant spoke English as a second language, but had worked in the UK for some years, so was more proficient than others. The first interviewer technique was to pick up on something disclosed earlier and probe further. Following the reply, the next approach was to check the meaning by re-stating and reflecting what the respondent had said. In many cases a more proactive kind of clarifying and reflecting had to be used, where the use of English was more difficult for the respondent, as this example shows.

Box 11 Interview fragment 2

P	I just emphasised that you and Ros work very hardly together a good group, so you tried to get it a group I don't know how you done to do this, but I think because most of the times groups likes these are only key persons in the institutions, and sometimes they don't have very much to say about things like that, they are superficial knowledge and things like that so this is a different group, and I think it goes very much with you and Ros.
YA	So except one person nobody is a sort of key international figure in this group and that is a good thing

Here the use of a summary statement reflected to the interviewee is shown to be essential in enabling later analysis to be meaningful.

<u>Technical matters</u>

The handling of such a large amount of disparate sources of data posed a challenge. Glaser and Strauss, in the original text, offer no assistance on the more practical aspects of analysis and since their work pre-dates the advent of personal computing; one imagines they would have used an elaborate card indexing system with which to organise chunks of data. This would have been a useful way in which to catalogue the array of scraps, flip chart papers and hand-written notes, using, literally, cutting and pasting. The modern day equivalent is to enter all data into an electronic spreadsheet, in which it can be cross-referenced and identified from its source. The programme used was Microsoft Excel. As the categories enlarged and became saturated, however, it became an increasingly complex task to keep track of relationships between them.

A point was reached where it became evident that a web based spreadsheet would have been the ideal solution, using hyper-links between cross referenced ideas as a means of locating linked concepts quickly and efficiently. My skills in web design were insufficient for the task and I had to resort periodically to printing the spreadsheets and laying them out on a large surface, enabling the entire contents to be scanned and items re-arranged using the old method of cutting and pasting, before re-entering data on the computer.

CHAPTER 9. INTERNAL COMPARISON AND THICK DESCRIPTION

THEORETICAL SENSITIVITY RE-EXAMINED
PARALLELS TO EUROPEAN UNITY RE-EVALUATED
EXPERIENTIAL LEARNING AND ITS INFLUENCE UPON FINAL CONCEPTS

In grounded theory the apparent paradox for the researcher is the attempt to rid oneself of pre-conceptions, whilst also recognising it is not possible to do so (Rennie *et al* 1988: 141). Allowing data to drive theory, rather than the other way around, requires "a receptive and unprejudiced frame of mind" (Boston 1977: 23), or "a mind that is open but not empty" (Anderson 2001). Given that the mind is not empty, it is important to acknowledge the guiding principles upon which the research is predicated. These are described as theoretical sensitivity.

As data analysis progressed and categories were being refined and reaching saturation, preparation for comparison with secondary sources necessarily involved a re-evaluation of the concepts identified in the early stages of theoretical sensitivity. At this stage links between concepts were cautious and categories were named tentatively, hence the use of thick description is necessary to convey the richness and diversity of the findings (Geertz 1973). The tension between the goal of an over-arching, abstracted theory and the need for a richly descriptive account has been described by Charmaz (1995), who suggests that many published reports do not provide substantive or formalised theory, but analyses of social experience and lived worlds.

It has also been asserted that many published reports do not address explicitly the question of theoretical sensitivity. Yet it is surely at the point of reflecting upon early sensitising to theoretical possibility that the research undergoes the critical shift from inductive to deductive reasoning. Chamberlain (1999: 184) states:

> As analysis proceeds, the researcher actively seeks to develop understandings and hypotheses as to what is going on and how it is ordered. This stage is essential in developing a theory of the phenomenon. These ideas are then tested deductively through further data collection and analysis.

As analysis proceeded from descriptive categories to more abstracted forms, it was necessary to re-examine the conceptual framework in which earlier data collection and coding had taken place.

THEORETICAL SENSITIVITY RE-EXAMINED

To what extent did the concepts expressed as theoretical sensitivity provide a framework for entry into the field and in what form did they survive? The following three tables, with brief narrative, summarise the transformation of the early ideas into final categories or concepts.

Table 7 Transformation of first phase theoretical concepts to final categories/concepts

Early concepts	Application	Transformation
ENABLING: Closeness to practice Experience of teaching New to European work DISABLING: Distance from practice Job in policy and administration Over-used to European work	Used as theoretical framework for recruitment of participants to project group.	• *Diversity: previous experience*

The second phase of theoretical sensitivity was also organised into enabling and disabling factors. These informed the planning of the first workshop, including administrative arrangements and the design of experiential learning and team building activities.

Table 8 Transformation of second phase theoretical framework to final categories/concepts

Early concepts	Application	Transformation
ENABLING: Team development Inter cultural awareness Democratic style leadership Strong personal identity Common working language Varied pace and style DISABLING: Group dynamics left to chance Lack of cultural awareness Autocratic or laissez-faire leader Loss of identity Unfamiliarity with language Monotony	Used to underpin the nature and tone of the workshop activities	• *Team development* • *Diversity: cultural, language* • *Facilitation*

The process of refining the early concepts continued during the first workshop, where initial data analysis guided further data collection. It became clear that previous experience was an influence on ability to participate but also upon the power and influence within the group. There was disparity between the levels at which participants had previously worked: from one who was a ward nurse, to another with wide experience of operating at an international level; this, alongside proficiency in spoken and written English, affected their confidence. The idea of *North-South divide*, as discussed in the previous chapter, became insufficiently convincing as a category in its own right, but formed part of the wider *Diversity: cultural.*

Table 9 Transformation of third phase theoretical concepts to final categories/concepts

Early concepts	Application	Transformation
Previous educational experience North-South divide	Refine process and start data collection, reflecting in and on action	• *Diversity: previous experience, cultural* • *Ethos* • *Team development*
Tolerance and mutual valuing Personal confidence		
Group identity		
Power and influence		
Self fulfilment		

It became clear that none of the original concepts had survived intact but that all had been subsumed into wider categories. This was to be expected: grounded theory involves continual questioning and refinement of concepts, since these represent the conceptualisation of data, not extracts from the data themselves. As Corbin and Strauss (1990: 7) state:

> Theories can't be built with actual incidents or activities as observed or reported; that is, from "raw data." The incidents, events, happenings are taken as, or analysed as, potential indicators of phenomena, which are thereby given conceptual labels.

The next step was to consider the broader ideas contained within chapters 5 and 6, which had provided both a rationale for the general approach to the project and some foreshadowed problems and ideas that might develop throughout the research into the unfolding theory.

PARALLELS TO EUROPEAN UNITY RE-EVALUATED

In chapter 5 a partial and suggestive philosophy underpinning the European Union was presented within a summary of significant historical events. This section was written at an early stage of my own thinking and before systematic data analysis had begun. The development of the EU was the context for the project and I hypothesised that certain processes and events that had characterised its formation at the macro level might be mirrored at a micro level in this project. The temptation, which had to be avoided, was to allow that idea to influence unduly the formation and naming of categories from primary data sources. It is of course impossible for the researcher to be empty of ideas, but there is a tension between the proper use of knowledge to guide in the field and the holding of fixed, pre-emptive ideas that may blind the researcher to other possibilities (Chamberlain 1999).

Once analysis of primary data yielded no further concepts and use of secondary sources had begun, chapter 5 was used as part of the comparative analysis. I had proposed a simple (perhaps over-simplified) model of collaboration, deriving from turning points in the history of the EU. The model offers a staged process for collaborating, where the starting point is self interest and self preservation. In the case of European integration, this parochialism was well founded, being a desire for renewed peace and prosperity following the physical and psychological ravages of the Second World War. No

parallel was found in the concepts formed from analysis of the primary data, where involvement in the project had been motivated by curiosity, or instigated by a participant's manager. This did beg the question of whether, if data collection had begun at the earlier stage of my initial involvement in the project (from the point of being offered the work), a certain level of self interest on my part would have been evident. Although it is possible to reflect upon my drivers and motives of the time, there is no documentation available and it would be difficult to construct a narrative untainted with the knowledge of everything that subsequently unfolded.

Awareness of the European dimension was however apparent from the primary data, illustrated by the following responses where participants were asked what, if anything, had changed about them during the first two workshops.

> I think I contribute to work for writing, realising the spirit of Europe, and now Europe is a concrete thing in my head, not a concept.

The notion of a united Europe had become real for this person, through making a contribution to, or participating in, the group. This was coded initially both as *participation* and *personal contribution*. Neither of these concepts however could explain adequately the reference to the "spirit of Europe". An essential element of coding is the writing of memos, of which at least three types may be differentiated: code, theoretical and operational. The first are involved in open coding and thus focus on conceptual labelling. Theoretical memos tend to be used in axial coding and thus concentrate on paradigm features and indications of process. Operational memos contain directions relating to the evolving research design (Corbin and Strauss 1990: 10).

The coding memo used here queried what was significance of Europe? Through making a personal contribution to a European project, the abstract idea of Europe had become real and the participant was making a contribution to what may be termed *the* European project. Personal involvement created a link between the micro and macro level of European collaboration.

The following responses refer to a European dimension but in the context of diversity and difference, as opposed to that of unity.

> It was the first time I went to work with a European group and I found it very interesting. The first day I didn't really understood where we were going. I'm not an educationalist, in that way it was important for me to follow others model than the scientific one and to meet people from other countries.

> I think it was important to contribute with the different sensibility and cultural approaches of the South countries of Europe

> I liked working with everyone, but working with Portugal and French was more difficult. For me they are less concrete, more philosophic. Their approach is different from the view of most nurses in Holland. But it was very interesting listening to other views and ideas.

These statements encompass notions of diversity as both a positive aspect of unity as well as a source of difficulty. Shared learning and awareness of the limitations and potentials of previous experience are also evident.

A significant feature in European collaborative processes was identified as functionalism. Chryssochoou (2000: 40) has stated that a key concept of the functionalist approach to European unity is the perception of common interest alongside cooperative problem solving. Data analysis did not yield a concept of functionalism as such, although that may simply be an artifice created by the naming of codes, since certain concepts and categories identified from primary data shared common features with those of functionalism. Functionalism is also described as defining the general interest and seeking common solutions, in contrast to federalism which seeks joint action in order to promote more effective central institutions (Chryssochoou 2000: 41.) One participant explained that something of significance had been:

> Finding a common meaning for the cultures involved. That also is about us working together and trying to work through what are commonalities, which is different because we want the pack to have the same application in all the countries.

This was coded under *ownership: collective*, indicating that collective ownership and the importance attaching to it shared important principles with the functionalist view.

It was necessary to conclude that whilst the exploration of European unity had provided the context for this study, it was not sufficient as a basis for the development of concepts leading to theory development. The expectation that there would be parallels between the macro and micro levels of European collaboration was not borne out. I resisted the temptation to limit concepts that were emerging during analysis of primary data by adhering rigidly to the frame constructed by theoretical sensitivity. Glaser and Strauss (1967: 46) state:

> Potential theoretical sensitivity is lost when the sociologist commits himself exclusively to one preconceived theory…for then he becomes doctrinaire and can no longer "see around" either his pet theory or any other.

Thus the theoretical framework used to sensitise myself to the possibilities of mirroring, between macro and micro European collaborative events, was modified substantially and some elements were rejected. Conversely the ideas pertaining to experiential learning served the purpose of heightening my awareness and increasing theoretical sensitivity, without becoming a constraining influence upon the unfolding theory.

EXPERIENTIAL LEARNING AND ITS INFLUENCE UPON FINAL CONCEPTS

The self stories at the beginning of the thesis described briefly my development as a teacher and facilitator and my adoption of experiential learning methods. In chapter 6 the process of theoretical sensitivity continued by exploring the ideas behind experiential and adult learning that had influenced my approach to facilitating the workshops. Again this provided a framework within which to enter the field and during the major part of data analysis I used the underpinning ideas in theoretical sampling. The concepts associated with experiential learning, as identified in chapter 5, have been reproduced below, where their transformation into final categories and concepts is illustrated.

Table 10   Experiential learning: theoretical sensitivity compared with final categories/concepts

Original concepts	Application/prediction	Transformation
Praxis, or morally committed action (Carr, Bernstein)	Learning activity would be inherently worthwhile and mutually beneficial. Theory and practice would be indivisible	Diffused across a range of concepts
Classification and framing (Bernstein)	The workshops would be weakly framed and weakly classified to promote negotiation and inclusivity	Subsumed within • *Facilitation* • *Collaborating environments*
Integration leads to creativity (Kolb)	Subject boundaries would be blurred and diverse learning styles and approaches used	Identified from primary data as • *Creativity*
The experiential learning cycle leads to more meaningful learning	Experience would be used as the basis for arriving at abstracted conceptualisations	Diffused across a range of concepts
Self awareness is a requisite for cancer educators (Schon, Rogers)	Some learning activity would promote greater self awareness	Identified from primary data as • *Personal growth*
Facilitator involvement at the appropriate level is key (Lippin and White, Freire)	There would be tension in the dual role of facilitator-researcher.	Subsumed within • *Leadership* • *Facilitation*

Carr's (1987) exposition of *praxis* is concerned with the notion that in education particularly, theory and practice are indivisible. Furthermore that in adopting *praxis* rather than *poiesis*, educators commit themselves to a process of learning that is inherently worthwhile. *Poiesis* is education focused exclusively on practice, or skill, in which the means of learning are dictated largely by the intended outcomes, rather than on the felt or expressed needs of the learners.

The rationale underpinning the workshops was broadly twofold. First there was a range of activities aimed at preparing us for the task of writing the pack and these were designed with general aims, such as to enhance self awareness, promote creativity, or develop the group as a team; learning outcomes or objectives were not specified. Participants were not acquiring pre-determined skills or knowledge, but allowing their/our own inner resources to develop. The other broad set of activities was intended to increase knowledge and understanding of health promotion and cancer prevention, which had specified learning outcomes. The former activities predominated, both in the amount of time devoted to them and in their significance for the group and comprised what may be understood as *praxis.*

In attempting to understand the relationship between the theoretically sensitising concept of *praxis* and later emergent categories and codes, a sample learning activity is given below, followed by extracts from the data.

Box 12 Sample learning activity: unlock your creativity

Aims: Help participants release imaginative and creative powers and increase confidence in writing.

Method: An arbitrary selection of objects is placed on a tabletop, tray, or other accessible surface. (E.g. a box of artist pastels, an apple, an old mirror, a key etc)

Participants are asked to approach the objects in their own time and to examine each one by look, touch, smell, taste. They need to focus on each object to the exclusion of everything else, until the point is reached where ideas begin to suggest themselves.

At this stage the participant finds a comfortable and private spot in which to write. Any form of writing is acceptable. Spelling and syntax are not important.

When everyone has finished the group re-forms and is de-briefed about the activity. *What happened to you? How did it feel? Were there any surprises?* Each person is invited to read out their piece of writing and may choose freely whether to do so or not.

This was a powerful exercise for the group; at the beginning participants were apprehensive and very unsure about what they could possibly achieve and how it could be at all related to the main task. By the end everyone chose to share their writing with the others and reported their surprise and pleasure at being successful in communicating in written English. The styles ranged from quite accomplished poetry to 'stream of consciousness' writing. My journal entry reads:

> Clear that everyone proud of their first piece of writing, decided not to ask to keep them. Will I regret it?

This was a rare instance in which I did not collect people's work for data analysis, but references made later indicated the exercise was both useful and inherently meaningful:

> An important moment for me was on writing exercise. I don't write many often in English and I know that I make many faults. But I realise that it doesn't really matter. The important thing was to work with the others and to participate.

> the writing exercise. So many of us have our thoughts channelled from an early stage of training - it's good to rediscover some creativity again the group worked together well and everybody was able to contribute something.

Open coding of these extracts produced the following labels, *language: difficulty, language: confidence/skill, participation*. On their own the concepts revealed little, but as analysis developed the

link between them emerged as the design and facilitation of the learning activities that had created the environments in which collaboration was made possible.

The workshop design has been described above as twofold in its purpose, embracing the development of awareness of self and others as well as fundamental knowledge in health promotion and cancer prevention. From previous experience of working with health professionals I suspected that participants would have been accustomed to a strongly classified curriculum, in which scientific subjects held a privileged place. As cited earlier, Bernstein (1971: 56) asserts that people develop subject loyalty as part of their own identity and subjects become imbued with "a sense of the sacred". The next extract shows the novelty of the tasks the participants were asked to complete.

> The first day I didn't really understood where we were going. I'm not an educationalist, in that way it was important for me to follow others model than the scientific one.

The workshop "curriculum" was developed using weak framing and weak classification. Whilst there was scientific knowledge to be gained and understood (for example in the epidemiology and aetiology of cancers), this was framed within an experiential context. An example is provided below, in which experience and existing knowledge was the starting point for the acquisition of more scientifically based information.

Box 13 Sample learning activity: Cancers around the world

Aims: Develop understanding of the role of epidemiology in understanding global trends in cancer incidence.

Objectives:
Distinguish between incidence and prevalence
Discriminate between correlation and causation
Identify risk factors for specific cancers based on epidemiology

Method:
The group of participants is seated around a map of the world in which each country or region is given a colour. Participants have a list of cancers and are invited to match each country with its most commonly occurring cancer, speculating on risk factors. Participants may challenge one another and discuss levels of un/certainty.

A set of cards, colour coded to match the countries/regions, is shuffled and distributed. Each participant reads to the group what is on their card/s and the cards are placed on the appropriate area of the map. The completed map of global cancer incidence is then reinforced by a summary provided by the facilitator and participants are invited to reflect on any erroneous beliefs they held, any surprises it held for them and to ask for further clarification or references.

A strongly classified approach would have been reflected perhaps in a more didactic approach to conveying the essential information. Didacticism has not been found to be effective in health education and health promotion (Tones and Tilford 1996) and the over-arching aim of the project was to produce a pack that would not only be applicable across different countries and cultures, but

ultimately would contribute to reducing people's risks of developing cancer. The "hidden agenda", or para-curriculum, for the educational methods used in the workshops was that they would be exemplary. In encouraging participants to reflect on and use their existing knowledge and beliefs, not only would their understanding of themselves would become richer, but also their approach to writing the pack would be more empathic to the learner or reader.

> First of all I have learned a lot about cancer prevention. I have also learned about the group-process and how important it is that experienced nurses sharing their experiences. Being involved in the project have raised my interest for the topic. And I am surprised how much the facilitators have been able to get out the group.

> Group activities not related to work, by that I mean you know, all the things we do, which is the hidden curriculum.

The following extract shows a participant struggling to express a similar sentiment:

> so you want we were giving from inside and so, I think I discovered freedom to really work and to really say that I had to say and give what I had inside, which was apart of me because where I work I have to be to follow a strict mother, [manager] and I always have we haven't any freedom, we always have to be 'as we have to do to be'

The impact of diversity in educational methods is illustrated in the following two extracts:

> I learned a new way (process) of developing learning material. I learned also of the new sort of learning material. I didn't know anything about distance learning. Everyone was very creative. I also learned a lot of you (Yvonne). I was especially interested in your leadership because of my own function as a teacher.

> I liked the way you lead the workshop. All the exercises you did with us to warm up and to focus on the next activity.

Whilst the preceding sections provide illustrations of theoretical sensitising at work, it was not assumed there were pre-existing themes, into which concepts could be made to fit. Approaching the data with an open mind meant that the concepts generated from these extracts became re-categorised under *Leadership, Facilitation, Personal growth, Creativity*. A new category began to emerge that was about the creation of environments in which collaboration could take place. As the process of questioning the data led to further links and refinements, original concepts grew into more sophisticated and explanatory categories that could be developed in comparative analysis.

One of the strongest categories to develop was that of *Facilitation*. Facilitator involvement had been identified within theoretical sensitivity and in chapter 6 a model is proposed of levels of facilitator involvement as a framework for understanding the tensions that might be created by the dual function of facilitator-researcher. My own reflections and journal entries show a recurrent pre-occupation with this tension, as might be expected. Participants perceived that the role of facilitator could be stressful and commented also on the support offered by co-facilitation:

> Sometimes it's interesting because we have a different approach and times you seem more like a brush when you erase yourself

> there is always something has to miss out or something comes up you have forgotten about or haven't prioritised that needs dealing with and that is quite stressful for you particularly and Ros

> it generally does work and partly because we care about you, nice to see someone else there
> to share the burden with, all the administration and all those type of issues that we can't help
> you with

The *foregoing* has been a consideration of the extent to which the ideas known collectively as theoretical sensitivity did in fact prepare for entry into the field. This has necessitated the use of extracts from the primary data as illustrations, resulting in thick description of what took place. It may be concluded that the concepts around European collaboration and unity served to sensitise my thinking in a generalised way about collaborative processes, but that none of the themes survived intact into the final categories and codes. The ideas around experiential and adult learning were more fully formed and rounded, deriving from my own experience and *praxis*. The themes embraced within experiential learning did survive, sometimes re-ordered and re-named, into the final categories. What emerged from the analysis of primary data was a number of concepts many of which seemed to be connected with one of two over-arching categories. The predominant categories were *Leadership and Facilitation*.

How these were linked and what relationships existed between the sub-categories within them were the questions that guided the next step of making theoretical connections, where the aim became a quest for the organising principles that would contain and cohere the concepts within a meaningful framework.

CHAPTER 10. THE SEARCH FOR ORGANISING PRINCIPLES

SHRINKING THE DATA
THEORETICAL MEMOS
RE-CONSTRUCTION

This chapter provides an account of the discriminate sampling of data during the final analytical stages of the primary data, in which the super-ordinate principle, or core category is identified. Grounded theory development progresses from concept formation through constant comparative method, to incremental steps of abstraction. Following theoretical sampling and sensitivity, open coding gives way to axial coding. Although this later stage has been called focused coding (Charmaz 1995) the term axial is central to understanding the process. The axis of the developing theory is the fixed line or reference that provides the main stem or root from which all other categories will emanate. Memo questions from earlier analytical phases have asked, what does this mean, what is being revealed, how does it link with other events/codes? These give way in axial coding to a more abstracted interrogation, such as, what are the properties of a category, what are the relationships between these categories, what hypotheses will explain the connections? Synthesis and separation characterise axial coding as the strands of the emergent theory are mapped, in order to identify the organising principles.

SHRINKING THE DATA

Open coding identified sub-categories that could be grouped together under the suggestive category headings of, *The Group, The Process* and *The Product*, as shown below.

Table 11 Sub-categories identified by open coding

The Group	The Process	The Product
Diversity	Facilitation	
previous experience	creating collaborating	ownership, individual and
knowledge and familiarity	environments	collective
language	co-facilitation	applicability
cultural	space and venue	stakeholders
	team building	
Relationships	creativity	
	organisation	
alliances		
conflict	Leadership	
cultural		
difference/assumptions	approach and style	
	vision	
	ethos	
	Task	
	novelty	
	scope	

A temporal dimension was evident; concepts belonging to *The Group* had become saturated early and data relating to them were abundant during the first phases of data collection. Initially the formation of the group was heavily influenced by the diversity of the participants, their backgrounds and attributes. The concepts generated at the time influenced theoretical sampling and helped to refine the design of workshop activities, hence the sub-categories within *The Process* reflect a chronological development as the leadership and facilitation functions began to take effect. Chronology was also salient in the category *The Product*, in which the collaborative process came to fruition. Tracing events over time integrated the categories within a single theme of maturation, illustrated below.

Table 12 Temporal aspects of category formation

Maturation	Features	Stages of data analysis	Predominant categories
Pre-conception	Anticipation, planning	Theoretical sensitivity	The Group
Infancy	Discovery	Theoretical sampling	
Early development	Ethos setting	Open coding	The Process
Later development	Creativity, generativity	Axial coding	
Maturity	Finished product		The Product

The main features of the first stage of activity were anticipation and planning, where the pre-occupation was with the group – establishing its membership and ensuring attendance. Anticipation was salient in the case of my own planning and thinking for the project, but also, as became evident later, for the other group members, who held certain pre-conceptions about the project; what it could and could not achieve and how likely it was to succeed. The concepts *previous experience* and *knowledge and familiarity* were evident from of the early work and sensitivity to these aspects was crucial in helping participants understand the vision but also in encouraging them to believe we would achieve it. The anticipations of the group members proved later to be an important aspect of their readiness and ability to collaborate and participate. My own pre-conceptions have been recorded in earlier chapters as the beginning of theoretical sensitivity. All our pre-conceptions were subject to scrutiny as events progressed.

The infancy of the project was characterised by discovery. For all of us there was the new knowledge of one another and during the first workshop everyone made discoveries about their own potential for creativity as well as coming to challenge (or be challenged about) their pre-conceptions. The infancy of the research process was the period of theoretical sampling, deciding what data would be collected and how that would happen. Theoretical sampling was oriented towards individual differences, such as *language* and *cultural diversity,* as well as intra-group relationships, *alliances* and *conflicts*. It was also the period where the original methodological stance shifted from action research to grounded theory, but where most of the data yielded concepts about the group.

As the project moved into its early developmental stage, the ethos set at the first workshop was reinforced by the distribution of the first draft of the learning materials and the planning of the second workshop. At this point in the research a sizeable amount of data had been collected for open coding. This in turn guided the continuing theoretical sampling, which progressed to encompass more concepts about process and fewer about the group. Major conceptual threads included *creating environments for collaborating* (including *space* and *venue*), *team building* and *leadership* (*approach and style* and *vision*).

Later workshops were focused on honing the materials, using editorial techniques and thinking strategically about dissemination and marketing. Whilst the early work of the group had been particularly imaginative, the later workshops tapped into a kind of productive creativity that may be termed generative. Sufficient data had been analysed by that time for some categories to become saturated and axial coding was the predominant analytical method. The "what if?" scrutiny of the data began to link concepts together in meaningful ways.

As the project approached maturity the data generated more concepts about the product, where completion became the focus of activity. Issues of *individual and collective ownership* and *applicability* were emergent, specifically in relation to *stakeholders.*

Whilst it might be expected that pre-occupations and concerns, within both the practical execution of the project and the process of the research, would be in a state of flux and change over time, the salient question is whether temporality as a concept should be included within the theory formulation. The plotting of events and category development over time may in itself have been an act of axial coding, although it had initially been used as a frame within which certain elements of the research and its attendant results could be contained. Using time as a way to organise the emerging theory suggests that chronology and temporality were perhaps aspects of a new category about the life cycle of the group.

The notion of a group process analogous to life cycle theory would imply that the group does not just end on completion of the task and achievement of the product. In addition to being "born" it forms an identity and character and is able to die. If the group's "life tasks" (after Erikson 1980 and Levinson 1986) have been achieved, it will be able to face its demise with wisdom and integrity. Despite the intuitive appeal of this parallel process there are insufficient theoretical links for a coherent addition to the theory, though broadly the concept of time continues to be important in tracking the development of categories and their relative importance over the period of the research, as well as investigating the notion of epiphanies.

THEORETICAL MEMOS

The use of memos as part of theoretical sampling was a way of recording and tracking research ideas and tentative category formation. An early memo highlights the role of turning points in shaping histories or charting developments and in the questionnaire sent to participants between the first and second workshops, one item addressed the issue of personal epiphanies. The response was mixed – some had recently been promoted or given extra responsibilities at work and two had experienced personal distress prior to joining the group. There was however no theoretical connection between life events and the collaborative process upon which we embarked, as the following response indicates:

> 1994 have been a very difficult year for me and my family. My mother have been considered as dead for many days in April. The father of my husband died suddenly the 1st May and my husband have been depressed for many months. My father gets hernia too. When I came in Winchester in September, I was uncertain about what I wanted for my private life and had some problems at work. Because I was so nervous I began to have many difficulties to concentrate and organise my work. It have been important for me to be out of this during 5 days.

Another participant wrote:

> At present, I can't remember any personal or professional event around the time of our first workshop in Winchester. The only thing I can remember is that it was a very busy time at work, and that I was worrying about my contribution to the workshop because cancer prevention is not my work field.

Significant life events had occurred for some of the participants and not for others; there were insufficient data to create a meaningful category. Conversely becoming part of the project group may have been an epiphany in itself. Chapter 3 states of RW and myself, "We both felt that the project had become something that would change us permanently." Later analysis showed that for many participants this had become a life changing event. In evaluating the first workshop some responses were,

> I am looking forward to our next "Euro Crab" Summit meeting. Not having been involved in any workshops or working with people from other European Countries. This weekend has been a very exciting experience.

> Fulfilled at participating in my most stimulating educational experience in a long time.

> But I feel also some sadness, and I don't know exactly why, perhaps I'll miss a lot several moments I pass here, and work, and the calm, quietness and the river at night, it was wonderful.

As the data were compared and subjected to questioning, two sub-categories of *leadership* and *facilitation* of *The Process* emerged as over-arching. In fact, since the research question had centred on the development of collaboration, the umbrella term *collaboration* became redundant and *leadership* and *facilitation* became categories in their own right, to which all other concepts and categories were linked.

Necessarily the data had been shrunk by open coding in order to make them more manageable. Corbin and Strauss (1990: 7) provide an example of open coding:

> If a respondent says to the researcher, "Each day I spread my activities over the morning, resting between shaving and bathing," then the researcher might label this phenomenon as "pacing." As the researcher encounters other incidents, and when after comparison to the first, they appear to resemble the same phenomena, then these, too, can be labelled as "pacing." Only by comparing incidents and naming like phenomena with the same term can the theorist accumulate the basic units for theory.

In parallel to the above, the data extract, "although some of us are weaker or stronger in particular areas than others, to make the whole thing work it has to be a group effort" was labelled *diversity*.

Whilst open coding splinters the data into concepts and categories, axial coding reconstructs the data by making explanatory links. Corbin and Strauss (1990: 7) elaborate further:

> We can show how the grouping of concepts forms categories by continuing with the example presented above. In addition to the concept of "pacing," the analyst might generate the concepts of "self-medicating," "resting," and "watching one's diet." While coding, the analyst may note that, although these concepts are different in form, they seem to represent activities directed toward a similar process: keeping an illness under control. They could be grouped under a more abstract heading, the category: "Self Strategies for Controlling Illness."

Correspondingly in addition to the above concept of *diversity* those of *participation* and *mutual valuing* were added. These were grouped under the abstracted category of *facilitation: team building*. Continual refinement and linking of the fragmented data was guided initially by the questions:

- Why was this important?
- In what ways is it linked to which other concepts?

Taking the example of *diversity: previous experience*, this sub-category included the concepts of *level of confidence, awareness of project aims, ability to participate, prior expectations* and *personal and professional identity*. Reproduced below are examples of theoretical memos produced in response to the questions given above. The first asks why each concept within the sub category of *diversity: previous experience* was important.

> **Box 14 Theoretical memo – why was this important? Theoretical memo: sub-category, *diversity: previous experience* –**
>
> *level of confidence*
> Directly affected ability to participate. E.g. from data: "all that fear of not being able to contribute what I was expected of me, I thought God I mean do I deserve this"
>
> *awareness of project aims*
> Less experience meant more difficulty in understanding the task, scope and vision. E.g. from data: "don't know enough about health education to have any ideas how things should be"
>
> *ability to participate*
> Was the *raison d'être*!
>
> *prior expectations*
> Affected readiness to take part, understanding of the process and meaning of collaboration. E.g. from data: "I'd probably some ideas which were more, I suppose the images one gets of conferences, it's long tables you sitting down doing hard work, somebody standing up and lecturing guiding much more."
>
> *personal and professional identity*
> Influenced perceived abilities and characteristics. E.g. from data: "being nurses probably comes into it, because we do care about one another, but that is not necessarily a helpful thing full time"

In the illustration below the links between concepts are made explicit. In this example each concept within *diversity: previous experience* is linked theoretically to a concept within *facilitation* and *leadership*.

Table 13 Theoretical memo – links between categories

Theoretical memo: sub-category, *diversity: previous experience* - in what ways is it linked to which other categories?		
Category	Linked to	How linked
level of confidence	*facilitation*	Results of confidence building activity facilitated within workshops
awareness of project aims	*leadership*	Leadership involved explaining the vision and engaging the group with it
ability to participate	*facilitation: creating collaborating environments*	The creation of environments that enabled participation, workshop activity
prior expectations	*leadership: ethos*	Setting the tone and climate for the project
personal and professional identity	*facilitation: team building*	Workshop activities that promoted mutual valuing and tolerance and intra-group understanding

RE-CONSTRUCTION

The questioning route described above led inexorably to concepts, categories and sub-categories being connected to *facilitation* and *leadership*. Conversely whilst all concepts, categories and sub-categories were linked to at least one other, only *facilitation* and *leadership* were found to link in theoretically meaningful ways to all other groupings of analysed data. The process <u>was</u> *facilitation* and *leadership*, since every element of the *group* and the *product* had depended to a greater or lesser extent upon *facilitation* and *leadership* in order to cohere. Without the organising principles embodied within *facilitation* and *leadership*, the concepts contained within the *group* and the *product* were insufficient to elucidate the central concern of what is required to make collaboration work.

The importance of integration with the two over-arching categories can be illustrated by closer examination of the grouping, *relationships*, including *alliances, conflict* and *cultural difference/assumptions*. It leads to the theoretical question: in what ways did these influence the process of collaboration?

It was apposite at this juncture to introduce the practice of "flip-flop" – turning concepts on their head. Flip-flop asks if no alliances had been formed, how would this have affected collaborative working; without conflict what would have occurred or been absent; if cultural differences and assumptions were minimal, how would the process be different?

<u>Alliances and conflict</u>

Alliances are interesting, as they shifted over time. Could it ever occur that within a group there would be no alliances? This is doubtful, given that people will seek affirmation and reciprocity from others. It would however be possible to adopt a form of leadership that would minimise the forming of alliances by controlling interactions between group members. The strength of alliances was in the mutual valuing engendered and the industriousness created in the pairs and small groups electing to work together. The constraints posed by alliances occurred when conflicts arose, deriving either from personal, or professional and paradigmatic differences. Even these difficulties though sparked debates that ultimately improved the products, by provoking criticism leading to modifications and improvements.

One heated debate occurred at the first workshop, when participants had formed groups of personal choosing and selected topics on which to devise learning activities. The method of sharing learning was to gather at an appointed time in the garden and present our designs to the rest of the group, for peer evaluation. The alliance in question formed around the presentation of an activity that required the use of a paper cut-out model with parcel tags and pieces of string. The activity itself was felt by all to be useful and would be ideal to achieve the necessary learning outcomes for that topic. It was also thought by some participants to be impractical in its current form for inclusion into a mass produced learning pack. Two factions formed, divided by the desire on one side to preserve the activity in its original form and the aspiration on the other, to modify it so that it would fit with the constraints posed by the format of the end product.

Without a strong alliance behind it, the activity might have been rejected simply because of its impracticability and without the conflict there would not have been the creative impetus that eventually found the way to modify the design, whilst preserving its special features and impact.

Again the linking factors are facilitation and leadership. The process of conflict has to be managed so that it does not become personalised and destructive and thereby counter productive. This involves chairing and guiding the debate so that all views can be expressed and heard, as well as asking questions to clarify issues or help the protagonists to re-frame their arguments. The facilitation of conflict also involves leadership, in helping the group remain focused on the vision, to wit, in this case, the end product to which we all aspired.

A tension that was present from the start was not managed well by facilitation or leadership and its conceptualisation demonstrates flip-flop well. The paradigm differences in the group could be divided approximately into those who preferred a technical-rational model of learning and those favouring experiential methods, particularly reflexivity. Whilst the predominant mode for the workshops was experiential, there were also important elements that were more didactic, technical and scientific. In a short space of time, participants preferring positivistic methods came to appreciate and value experiential work, but one participant who was particularly anti-positivistic consistently failed to ascribe any value to those elements that were founded on scientific principles (for instance the epidemiological basis for cancer risk, or experimental work into the causes of cancer). The individual was continually at odds with others and was often in the centre of professional debate, but the conflict began eventually to spill over into personal relationships. Other participants started to say they found it hard to work with this person and matters came to a head over an incident occurring during our free time resulting in a miserable and strained evening.

Because I failed to take responsibility in addressing the problem, the group allowed the issue to became personalised rather than be spurred into creative debate and challenge. The workshop session of the following day was uncharacteristic in starting badly. The atmosphere was gloomy and downbeat and the customary spark and enthusiasm was absent. In the event RW was facilitating that day and she took the decision to open up the sources of tension in a structured and fairly controlling way. Afterwards participants said they felt relieved, purged even. By taking control, RW had adopted an undemocratic form of leadership, but in that situation, it helped the group feel safe and permitted them to disclose their feelings and achieve resolution.

What did these events reveal about creating collaborating environments – a category linking facilitation and leadership? The leadership and facilitation used in resolving the first example of splinter groups was the epitome of a management strategy used for conflict resolution to achieve a "win-win" outcome (Johnson and Johnson, 1975). Also known as integrative bargaining, the win-win approach assumes that one or more possibilities exist that will be beneficial to both parties. Thomas (1977), appropriately, called this the collaboration approach to conflict resolution – to be used when the concerns on both sides are too valuable to be conceded.

The second example, in which I failed to take action in dealing with a mounting concern within the group, demonstrates what happened in the absence of either facilitation or leadership. Whetton and Cameron (1991) describe this as the avoidance style of conflict resolution, which they predict is the most likely method to cause long term frustrations and problems. It is clear that by assuming a leadership position where she took control, RW created the necessary collaborating environment in which she and the group solved the problems together. A more authoritarian or directive style of leadership is effective where it reflects and is a response to an accurate diagnosis of the situation. The situations in which participants, or followers, may require more direction will include those where there is a perceived risk to themselves and their relationships with others.

Cultural differences and assumptions

It was no coincidence that the frustrations voiced about the pervasive conflict described above were expressed in terms of North-South differences. Each "side" held stereotypical views of the other, North being characterised as rigid, rule bound and controlling, South exemplified as too laid-back, laissez-faire and uninhibited. Brislin (1981: 91) refers to this as the "trait-situation" distinction; the tendency in cross-cultural groups to underestimate situational effects on a person's behaviour and to over-emphasise their personal attributes. In other words, since trait attributions imply intent, we tend to blame others by positioning them within our own prejudices. Brislin (1981: 91) cites Ross (1977) in describing this as the "fundamental attribution error." People are tangible objects that we think we understand because we also are persons, but a situation is a nebulous, abstract concept.

Participants experienced this dilemma as they began to question, "Are these problems about the reality of trying to reconcile cultural strands that are apparently incompatible, or are they simply caused by individual personalities?" It raised issues about the extent to which any of us could claim to represent our country and its culture(s). More important, the deliberate process of collaborative conflict resolution allowed participants to question and explore one another's cultural assumptions, building upon an early workshop activity that had sought to do precisely that. It was evident that (potentially damaging) assumptions about the culture and background of others would go unchecked without purposive action to create and maintain an environment in which trust and mutual value would develop and enable collaboration to take place. Brislin (1981, 1986) asserts that contact within a cross-cultural group is no guarantee in itself that misperceptions and stereotypes will change. Cooperation on tasks that aim to achieving a collective super-ordinate goal combined with increased self esteem, are more likely to break down cultural barriers.

Creating collaborating environments

The data pointed to an inextricable linking of facilitation and leadership, where neither of these two dominant categories could conceivably subsume the other. The answer appeared to be in the use of both leadership and facilitation skills in creating settings, initially through the choice and arrangement of physical space and later in enriching these by developing a conducive climate. Work by Kolb and Fry (1975) has led to an embryonic theory that there are four learning environments to which any educational programme or course may be orientated described below:

Box 15 Features of learning environments (adapted from Kolb and Fry 1975)

Affective
Concerned with process as well as product. Involves value judgements.
Uses concrete experience and encourages reflection.

Perceptual
The goal is the understanding of concepts and the emphasis on
problem solving. Uses value free exploration and review.

Symbolic
Concerned with establishing the correct answer or solution to a
problem. Uses abstracted ideas and learning is guided by the teacher.

Behavioural
Active learning where knowledge and skill are applied practically.
Concerned exclusively with task and not process.

The theory is based upon studies of postgraduates, which showed that students with a preference for a specific learning environment followed particular types of course (Fry 1978; Kolb 1976). Similarly, analysis of the project data showed that the foremost type of environment in which to enhance the ability to collaborate was, predictably, the affective environment. Notwithstanding that, elements of all four domains were shown to have contributed overall. Despite the fact that all workshop activity, even when entitled "team building", or "creative working", was based on experiential learning, the focus of the research was upon collaboration. The function of all the learning activity was not just the learning in itself, even if inherently meaningful, nor the learning as a means to an end, though that was also important. Specifically the end was a product that had to be collectively owned and widely applicable. The significance of the learning and collaborating milieu, identified in primary data analysis, was identified and categorised as *collaborating environments*, sharing certain aspects in common with the learning environments described above. The sub-category *affective environment* was predominant and, reaching saturation was further divided, producing *affective environment (process)* concerned with developing relationships and addressing anxiety, stress and expectations and *affective environment (product),* involving team building, planning and structure, educational method, space and venue. The former was part of setting the tone and preparing the group for the task to come, whilst the latter was focused upon achieving the result.

Physical aspects of collaborating environments

Much of the literature deriving from both educational research and management studies (teams and leadership) pays scant attention to the physical aspects of the settings in which groups perform, though psychological theories in the realm of non-verbal communication describe the importance of the way in which space is organised. A notable exception to the general lack of consideration to physical aspects has been provided by *World Café* methods, in which the creation by the "host/ess" of "hospitable space" has primacy in promoting "new ways of being and new ways of doing" (World Café

Community Foundation 2003). Primary analysis provided strong theoretical possibilities for the influence of physical factors upon the collaborative effort, including the location and type of setting, as well as aspects of the organisation of space. To attempt to delineate the precise nature of a setting that will promote a collaborative ethos is redundant in the sense that it will provide "an over-supply of meaning, and a certain inefficiency" (Nicholson 1996). Nicholson, a journalist writing about the countryside, bemoans the use of indicators to assess the worth of rural environments, claiming that efforts to increase clarity only serve to produce clumsiness. To reduce the data about settings to a set of indicators for collaboration is tempting, since it would give concreteness and specificity to the theory, but ultimately it would be clumsy. Nicholson goes on to assert that sometimes we attempt to measure the unmeasurable,

> What about the soft, subtle, pervasive, apparently inessential things which constitute so much that is so important to so many people, but which can't be measured, or anyway not easily?

Again facilitation and leadership are the linking principles. A checklist of factors against which to rate an establishment as the setting for a collaborative group could not replace a preliminary visit by the facilitator, to ascertain the ambience, establish a relationship with the staff and make subjective judgments about those subtle pervasive elements that will signal the ethos for the participants on arrival. Indicators could not provide the same information as local knowledge or a recommendation. Settings will be conducive when they are selected by the leader-facilitator(s), who are embedded within the process and imbued with genuine concern for the comfort and treatment of the participants.

During the planning of the first workshop we tried to empathise with our future group members – what might they want to do in England, apart from participating in the project? 'Sojourners', as Brislin (1981) refers to them, want to understand what the host country is all about. To fly into a country and spend all your time in an anonymous hotel close to the airport and distant from the real life of the people is to miss an opportunity and presents a limited view. Analysis in the field during the first workshop showed how much value had been placed on the location and setting and consequently a vote was taken within the group to select the host country for the next event (a process that was repeated.) Sensitivity to the situation and the needs of the group was a leadership function whilst the facilitation task was in providing the means of meeting those needs.

The arrangement of the space within workshop rooms was also key. Certain arrangements and embellishments within conference accommodation are common throughout Europe and may be taken as symbolic of a cultural understanding of conferencing and meetings. On arrival a day ahead of the rest of the group, my first task would be to inspect the workshop room and in each case it conformed to a type encountered on numerous other occasions. Very large tables were the standard if a committee style arrangement had been requested, always draped in cloth, normally white starched linen over blue. At the head of the table there would be a flipchart and an overhead projector, whilst a serried rank of bottles of water and bowls of sweets would run down the length. An impression of the importance of the occasion was being formed by careful presentation of the front (Goffman 1956: 13-14). This impression was reinforced by sharpened pencils and pads of paper for each person. The

heaviness of the furniture militated against interaction and the arrangement projected the notion that all eyes and ears would be focused to the front. An alternative would be to request theatre style, in which chairs often with inbuilt swing-top tables, would be arranged in a horseshoe. The tables would be arranged at the edges of the room, still swathed in their respectable cloths and the orientation would remain towards the front. The importance of the speaker would be reinforced by a flower arrangement on the front desk. The ways in which space is organised to define the situation for the "audience" has been described elsewhere as "rhetoric of legitimization" (Ball 1978: 202).

The facilitation task is to create an effect more attuned to the purpose and nature of the group, designed for everyone to feel of equal merit and to denote collectivity and cooperation. Here it involved rearranging furniture, removing some of the totems that seemed more the rhetoric of international commerce and replacing them with more appropriate items. As the workshop progressed, new items replaced the old ones, work appeared on the walls and personal belongings such as clocks, pens, or pillows were added to the increasingly informal space. Thus the space came to belong to the group.

The organising principles

A temporal quality was found to be significant in understanding how the elements of the group contributed to and were affected by the process and the way that these in combination influenced the product. Some theoretical meaning was found, analogous to Erikson's life cycle, in which the group may have had a definable lifetime, with life tasks to be performed and virtues to be gained, the final virtue being wisdom.

All sub-categories and concepts were found to link to both facilitation and leadership. In every case that the theoretical meaning of a concept was considered, it was found to be a function of one or both of those over-arching sub-categories. Leadership and facilitation were found to be co-dependent and in the process of collaboration one could not exist without the other. It is likely therefore that they are dual aspects of one organising principle.

It is necessary next to consider what related theories exist and the extent to which a notion of facilitative leadership conforms to known theories of leadership and facilitation and the extent to which it is discrete and contains new ideas that will add to and not duplicate knowledge in the field.

CHAPTER 11 EXTERNAL COMPARISON AND CATEGORY SATURATION

LITERAL COMPARISON
DIFFERENTIAL COMPARISON
EXPERIENTIAL COMPARISON
FACILITATIVE LEADERSHIP
SYNOPSIS

The conceptual threads running throughout the preceding analysis were those of facilitation and leadership. As internal comparison progressed it became increasingly clear that these two categories were linked and perhaps inseparable. The emergent theory seemed to link leadership and facilitation to all aspects of the collaborative process and neither had precedence over the other.

The search for external association therefore commenced with literal comparison against established studies and theories about both leadership and facilitation. When literal sources were exhausted in respect of their potential for cohering the theoretical possibilities, the categories were in most cases saturated. The danger in relying entirely upon literal comparison is that the theorist is seeking similarity in order to strengthen the categories and the links between them. This is by definition selective and may be viewed as partial. The rigour of grounded theory demands that as well as seeking similarity the theorist must also search for difference. Differential comparison followed a questioning route that asked "what if?" In this case what if leadership is not crucial to collaboration. In order to address that possibility examples were required in which there was an absence of leadership. A second possibility was that where leadership can be shown to be necessary, what if it is of a different nature. In that case instances were needed that would exemplify different settings and contexts. The theorist is not a *tabula rasa*; in addition to literal and differential comparison grounded theory permits the use of other data slices, as discussed earlier.

During this final phase of synthesis, in which the theory crystallised and was able to be expressed in a coherent way, the sequencing of events within theoretical comparison also became a significant dimension.

Comparative theoretical sampling requires only "collecting data on categories, for the generation of properties and hypotheses." (Glaser and Strauss 1967: 68). Consequently available information from a number of sources has been used. This includes theories of leadership and facilitation, comprising literal comparison, texts both contemporaneous and retrospective about the Antarctic expeditions of Scott and Shackleton, a fictional account of anarchy in Golding's *Lord of the Flies* and data slices from my own leadership of other collaborative initiatives.

This stage of the research represents a culmination of analysis, in which the comparative method permits a sharpened view of the theory. The focus provided by this sanctions more assertive theoretical statements and these will be provided as a summary to each section.

LITERAL COMPARISON

Leadership

Research into what makes a good leader has been inconclusive:

> Discussion of leadership is so overloaded with vague but emotive ideas that one is hard pushed to it to nail the concept down.
>
> Dickson (1976: 214-215)

Studies have not found convincing evidence that enduring or fixed elements of personality explain how certain individuals become leaders, identifying instead that personal qualities and attributes are less important than the functions of leadership (Buchanan and Huczynski 1997, Brown 1988). Leadership may be seen as an event, not as an attribute of a personality (Hodgkinson 1983). It is plausible that certain personality types are more able than others to perform leadership functions, but there is little to support this view.

Adair (1988) states that explanations of leadership favouring personal traits or qualities are limited. He suggests this may in part be caused by a publication bias that reflects the egalitarian nature of many social scientists, who presumably do not favour theories about charisma and personality. Adair proposes that despite the lack of evidence to support a theory of leaders, it is not advisable to disregard personal traits and qualities altogether, stating, "Leaders tend to possess and exemplify the qualities expected or required in their working groups." (Adair 1988: 9). This suggests that leaders need to be attuned to the situation and adaptable to the needs of followers, signalling the importance of context and followership when considering theories of leadership.

Buchanan and Huczynski (1997: 60) reproduce the following from *A Book of Business Ballads*, by Bertie Ramsbottom

> So might it not be best to say
> That leaders, too, have feet of clay
> And any claim to lead is hollow
> Unless the troops consent to follow?

The salient question is not whether certain individual *traits* create a leader, but rather whether there are particular characteristics without which it is not possible to lead. Adair (1998: 9) gives the example: "Physical courage will not make you a leader in battle, but you cannot be one without it."

Attempts to qualify and quantify the attributes of leaders have been inconclusive and contradictory. When qualities indicated by research as desirable for leadership were tested against a sample of leaders, many were found to be absent and furthermore the least desirable attributes were present in over a quarter of the sample (Buchanan and Huczynski 1997: 604). This perhaps indicates that the attributes required to attain a position of power are not necessarily the same as those that distinguish effective leaders. McLelland and colleagues tested the stereotypical notion that top managers are manipulative and controlling and use coercive power. He found that those driven by the need to

achieve tend not to reach high office whereas those promoted to the highest positions often turn out to have been motivated by the desire for power (McLelland and Boyatziz 1982).

Dickson (1976: 215) finds the most important aspects of a leader are an understanding of context, timing and the needs of followers;

> Hitler, who was neither omniscient, trustworthy nor sincere, whose stature was unremarkable and appearance verged on the repellent, understood these rules and exploited them to full advantage.

Given that leaders in themselves possess few or no enduring traits that are consistent across case, time, or geography, this leads inexorably to the importance of context or situation. Jenkins, cited in Adair (1998: 15), summarising seventy-two texts on military leadership, concluded that leadership is specific to the situation under investigation.

> Leadership is a process, not a product. Thus the characteristics of individuals may contribute to or enhance qualities of leadership but do not define it.

Situational and functional leadership

Leadership that is appropriate in one situation may not be effective in another. Leaders who can adapt themselves to different contexts and assess correctly the needs of followers and the nature of the task, may ultimately be the most effective. This is evidenced by Buchanan and Huczynski (1997: 614) who state,

> This suggests that a leader must be able to 'diagnose' the human and organizational context in which he or she is working and be able to decide what behaviour will best 'fit' the situation.

This is known as the contingency or situational theory of leadership, favoured by Fiedler (1967, 1974), House (1971) and Hersey and Blanchard (1988). The idea may be developed further: one significant way in which situational leadership can be made more effective is not simply to recognise the situation, but having done so, to manipulate or re-organise it. Elements of the categories of *leadership* and *facilitation* identified from primary data analysis showed that we (co-facilitators) had both diagnosed the human context and manipulated the organisational setting.

The manipulation of the situation or context was a significant element of the category *facilitation* and was identified as the important sub category, *creating collaborating environments*.

> Effective leadership requires the ability both to diagnose the situation and to re-organise it in order for followership to occur.

Strategic leadership

Adair (1990) proposes a theory of strategic leadership that requires:

- Direction
- Team building
- Creativity

These are congruent with concepts grounded in the primary data, which included *direction* within *leadership* and *team building* and *creativity* within *facilitation*. Adair's theory is also related to the work of Egan (1994) on strategic management in organisations, in which highly developed political awareness, specifically in identifying and working with key stakeholders, is described as essential. This points to a deficiency in the primary data. Working with stakeholders was not systematic until late in the project, so not only was the potential lost for including them in the data set, but furthermore the project itself suffered as a consequence. Attention had been focused inward upon the group and the process of collaboration, at the expense of considering the issue of the longer term outcomes for the product. Whilst tenure within the group was considered paramount, ownership by key players outside the group had been neglected.

> Strategic leadership includes political awareness of the role of stakeholders, who may not affect the collaborative process, but will influence the adoption and spread of the collaborative product.

Transformational leadership

In 1985 Bass proposed a theory of transformational leadership later refined by Bass and Avolio (1994). The constituents of transformational leadership are:

- Idealised influence. The leader functions as a role model, earning credit by placing the needs of others above their own and demonstrating a consistent and ethical stance.
- Inspirational motivation. The leader provides meaning and challenge for followers, using enthusiasm and optimism to foster a team spirit.
- Intellectual stimulation. Followers are encouraged to try new ideas in a climate created by the leader, which is non-judgmental, creative and with clarity of purpose.
- Individualised consideration. The leader, who listens and supports, adopts the roles of coach and mentor.

All the above are concepts present in the developing grounded theory though they may be coded variously and differ essentially in the priority accorded to them. The grounded theory is emerging with a strong emphasis on climate, the creation of which must make collaboration possible. As a function of facilitative leadership the creation of collaborating environments includes paying close attention to physical aspects such as location and organisation of space inside the venue, as well as to emotional and intellectual tone.

> The potential for collaboration will be enhanced by the creation of a climate or ethos that will be known as the collaborating environment.

Followership

Where leadership is seen as a process, it is also necessary to consider followership, since the process denotes negotiation between leader and follower (Brown 1988: 52). To understand leadership is also to comprehend, leaving aside coercion, why and how people allow themselves to be led. One aspect of a leader-follower condition is the power relationship. A leader is someone with power. It may be coercive, endowed as legitimate from a formal source, deriving from the ability to reward or punish, or based upon the perception of the leader as an expert (French and Raven 1958). A further form of influence is that of referent power, in which the leader is seen by followers as imbued with desirable attributes that should be adopted; the leader as exemplar. Buchanan and Huczynski (1997: 606) assert, "We give the title 'leader' to those who seem to be able to motivate us ordinary people to behave in extraordinary ways."

Significant follower variables identified by House (1971) include:

- Perceptions of their level of ability
- Their feeling of self direction, or an internal locus of control
- How they view those in control

In comparative analysis the primary data were found to be congruent with these ideas: participants' perceptions of their own ability improved during the process of the workshops and dramatically so following the first. This is attributed to manipulation of the environment through purposively designed exercises and activities. Early on participants showed little sense of internal control, needing to be led by the facilitators, but as the project developed, they demonstrated a greater self determination. Again this development was organised deliberately and may be conceptualised as the need for participants to make a valid contribution to the end product in order to feel a sense of ownership. The group responses across time show admiration for and warmth towards, the co-facilitators. We were aware of our role as exemplars, both in a consultative/democratic style of leading and as expert practitioners of experiential learning.

Further contingent variables within the leader-follower context include:

- The nature and clarity of the task
- The extent to which formal authority is defined
- Intra group relationships

(House 1971)

The task was not well understood by participants at the beginning until it became clearer and as a consequence they grew anxious about its scope and the sheer scale and ambition of the enterprise. This was addressed in the first workshop by familiarising the group with similar initiatives and inviting external speakers to provide the wider context for the project. Formal authority was conferred upon

me as the project leader. One of the issues that exercised me continually was that I was the only paid member of the group and in my journal entries it is evident this created a burden of responsibility. Authority also rested as legitimate power in RW, who had been the initiator of the whole enterprise. Intra-group relationships were the focus of team building activities and data yielded from participants illustrates their awareness of the effects these had upon their ability to work together.

Early in data analysis the group members had been referred to as participants, reflecting the democratic ideal. As the categories were refined during comparative analysis and it became clear that facilitation was inextricably bound up with leadership, the term participant-followers was adopted. This indicates a move away from the conventional leader-follower premise signalling a significant theoretical shift in which group members participate in the collaborative process and joint task as well as follow the authoritative figure who transmits the vision.

> The integration of facilitation with leadership also denotes a spectrum of participation through to followership for the collaborating group.

Facilitation

Concepts grounded in the primary data had formed two inter-linked major categories; those forming *leadership* were congruent with the external theories of leadership described above. However the inter-linked category was *facilitation*, embracing concepts extending beyond leadership alone. Leadership can be understood as creating a vision and inspiring and influencing others to reach it (Bryman 1986: 6). Facilitation is to make possible and a theory of facilitation may provide the conceptual basis for the empowerment and enablement of participant-followers.

Heron (1999) has produced a catalogue of principles to guide the facilitation of learning, proposing six dimensions across which the facilitator must function continually:

- Planning
- Meaning
- Confronting
- Feeling
- Structuring
- Valuing

The dimensions may be operationalised by answering:

- How shall the group acquire its objectives and its programme
- How shall meaning be given to and found in the experiences and actions of participants
- How shall the group's consciousness be raised regarding resistance and avoidance
- How shall the life of feeling and emotion within the group be handled
- How can the group's learning be structured
- How to create a climate of personal value, integrity and respect.

(Heron 1999: 6)

Concepts categorised within *facilitation* concur with Rogers (1996) and Nelson-Jones (1990) and mirror the concerns expressed in the questions above. In the formation of the theory a dilemma expressed itself as a tension between different ways of using power. Heron (1999: 8) proposes three power modalities: direct, negotiable and delegated. Direct power is exercised in a hierarchical manner to direct and influence decision making in an authoritarian way. Its benefits are that the group has structure and decisions can be made quickly and efficiently but this can lead to group passivity, dependence and possibly, hostility. Delegated power may be seen as the antithesis in encouraging autonomy of group members. This method is characterised by respect for the group and freedom of members to be self directing. Its limitations are that facilitation can be seen as laissez-faire and processes appear chaotic. Flanked by the two extremes, negotiated power is expressed though co-operation, in which influence and control are shared between facilitator and group and the facilitator acts as guide and enabler, a third way it might be said in the use of power in facilitation (Giddens 1998). Negotiated power can be limited by what Heron (1999: 8) refers to as a tendency toward "nurturing oppression".

A tension in theory formation converged around the sub-category *democracy*. Concepts within this included *democracy: unity* and *democracy: ownership*. Coded data indicated that participative working and collective decision making leads to feelings of joint ownership and equality. Elsewhere, other data chunks produced concepts that apparently contradicted the primacy of democracy within facilitation style. One participant had questioned whether democratic working was really the only way to achieve all goals:

> what I don't like in the same way is maybe I think sometimes, especially this time it's a little bit too democratic in organising the whole thing

This referred to an occasion in which agreement could not be reached on how to spend a free evening resulting in an insoluble conflict. The participant continued:

> the way we have worked together and you being democratic and letting us be a part of the process and decision making, I think that has been balanced

But:

> Saturday it could have ended up in another way if you had taken control of that bit

Journal entries contemporaneous with this event (at the third workshop in Lisbon) demonstrate my questioning of whether I had sometimes impeded progress in a determination to share power in every circumstance. This suggested that the group had indeed experienced Heron's nurturing oppression.

> Whilst collaboration implies democracy, facilitation and leadership both involve the appropriate use of power, based on accurate understanding and responding to the situation.

<u>Cultural, linguistic and experiential diversity</u>

Heron proceeds to suggest that chronology provides a framework for understanding the shifts between the three modalities of power. He proposes a time-line in which facilitation begins with hierarchical control, moving to negotiation and ending with power residing in group autonomy. The primary data support this framework to an extent. However as illustrated earlier, there were occasions, including late in the chronology, when participants looked to the facilitators for direction and leadership as they were resistant or unable to act with group autonomy. The contention is that this happens because people generally lack skill in self-direction and collective action, as a result of oppression by traditional educational methods (Heron 1999, Bourdieu 1967). The sub-categories *previous experience* and *expectations* within *diversity* provide a meaningful association with this idea; most participants had anticipated that didactic teaching would be the predominant method, since this had been their prior experience of education. Furthermore, their expectation was that acquiring scientific information from the workshop leaders would increase their knowledge of cancer and cancer prevention.

Bourdieu (1967) states that the major transmitter of culture is the school and that the culture thus transmitted shapes not only language and gesture, but thought processes, mental maps and world view:

> The function of the school is to transform the collective heritage into a common individual unconscious.
>
> (Bourdieu 1967: 193)

Where Bourdieu comments upon what is, Dewey (1938) the pragmatist holds a similar view, but is exercised by what could or should be. Concomitant with Bourdieu's view is Dewey's assertion that education will vary in effectiveness according to quality of life prevailing in the group (Center for Dewey Studies 1990). However he also proposes that education systems will vary in standards and methods according to whether they are aimed at preserving the status quo, or, preferably, promoting ideals of change (Center for Dewey Studies 1990).

Bourdieu appears to bemoan the school as socialising agent, whereas Dewey is looking forward and daring education to be different. In Dewey's philosophy the underlying principles of the educational approach to the workshops are enshrined.

The cultural and linguistic differences within the group were pronounced and a necessary function of facilitation was to find commonality within these pluralisms, without losing the uniqueness of contributions. The actual techniques of questioning, clarifying and checking out interpretations have been described earlier. More pertinently Bourdieu here points to the importance of reflexivity,

> The essential point is probably that the patterns which have become second nature are generally apprehended only through a reflective turning back.
>
> (Bordieu 1967: 190)

This highlights the significance of experiential learning and team building activities, which encourage self reflection and scrutiny and promote the sharing of ideas and building of relationships.

> In order to maximise the collaborative potential within the group the cultural, linguistic and experiential diversity must be addressed explicitly so that mutual valuing and respect may be fostered.

Authority and power

The notions of leadership and facilitation become conceptually entwined. If facilitation is to make possible and leadership is dependent upon understanding and working within the situation, then there may be a greater connection between the two roles than the separate strands of literature might suggest. In the right circumstances the facilitator must also be prepared to function as a leader, or more specifically as an authority and likewise the leader should also consider a facilitative approach to achieving the vision.

As Heron (1999: 21) points out, authority is the necessary foundation for all teaching and learning; without it everything would have to be learned from scratch. Hodgkinson (1983: 228) proposes that "authority is legitimised power" and "the legitimacy of authority rests on its connection with organisational purpose". Authority may be political, expressed in the ability to make decisions, charismatic, in presence and manner, and/or tutelary, in being a guardian of the needs of the group and competent in exercising responsibility (Heron 1999: 19-20) .

This raises the issue of whether a consultative-democratic approach to facilitation can co-exist with leadership through authority. Hodgkinson (1983: 271) is in agreement with Bourdieu, suggesting that the answer lies in reflexivity:

> Leadership, more than any other kind of human activity, must demand of its practitioners a willingness to open themselves to critique.

The primary data generated concepts within the sub-category *facilitator* that suggested a level of self analysis required of the facilitator, which within theoretical sensitivity had been understood as nihilating withdrawal. Hodgkinson does not specify whether opening oneself to critique refers solely to self scrutiny, or additionally to the ability to be criticised by others. Both forms of examination were found to be important from the primary data, in which peer review within the workshops was an important element in building trust as well as confidence in self and achievement of the task. The co-supervision between RW and me was also a significant factor in the development of our roles as effective facilitators and leaders.

Political power, or the ability to make decisions, was my prerogative during the writing and editing phases between workshops and the primary data shows that the group members had sufficient faith in the process and did not see it as a threat to the individuality of their contributions. Similarly power and concomitant responsibility was executed through communication with the funding body by reporting mechanisms. The workshops however were predominantly democratic in seeking consensus. That we were able to maintain democracy was due in part to our ability to self scrutinise,

without which there would have been a danger of developing "...fixed ideas and certainties and use (our) power to promulgate them" (Hodgkinson 1983: 271). Conversely decision making power was used in the political and tutelary sense by the "hidden" decisions that took place in the planning and ordering of workshop activities.

> The authority conferred upon the facilitator is concomitant with responsibility for the guardianship of the collaborating group and the product.

DIFFERENTIAL COMPARISON

Absence of leadership or authority

Golding's novel *The Lord of the Flies* is an allegory on the necessity for an ordered society, without which people would revert to savagery and immorality. The book was written in a time of prevailing National Socialism, around the Second World War and is heavily imbued with symbolism. An appreciation of the text requires analysis both of the narrative, with the characters and events as well as of the symbolism and imagery inherent within it.

Initially, following the shipwreck upon the island of a party of young boys with no adults, a leader (Ralph) is elected, an older, charismatic boy with a pronounced sense of right and wrong. Piggy, an unfortunate child whose chronic asthma and myopia prevent his taking part in the more adventurous pursuits that interest his peers, aids Ralph in the leadership role to some degree. Ralph exhibits all the attributes of transformational leadership in striving for justice and behaving in an exemplary way as he attempts to bring the group along with him in realising the vision of civilised society. Piggy provides him with that vision, symbolically by use of his spectacles, which are the only means of creating fire and tangibly, by being outside of the group and advising from a distance. They can neither co-facilitate nor co-lead due in part to some mutual antipathy and because neither together nor alone are they able to effect real power.

The challenge for power comes from Jack, who from the start embodies anger and savagery. Ultimately Jack is better able to secure the authority needed to lead the boys than Ralph, by telling them what they want to hear and appealing to their baser drives.

Throughout the novel Ralph is driven by the desire for democracy and collaboration and in truth, it is only by collaborating to maintain a fire that the boys are likely to be rescued. Nonetheless, he is unable to create the conditions in which collaboration may take place. The group has been formed by chance and cannot be united by a common purpose, albeit that in the beginning all the boys share the desire to be rescued. Their shared desire cannot be translated into a unifying purpose as the possibility of rescue becomes increasingly remote. Hence the vision, epitomised by Ralph's leadership of the group in working together to keep a fire burning at all times, becomes less and less attractive. As their interest wanes in the task as understood by Ralph and Piggy, Jack exploits the

uncertainty of the younger boys to attain his own ends. One is reminded forcefully of Dickson's earlier description of Hitler, neither attractive nor omniscient, but adept at diagnosing the social situation and using it to his own advantage.

> Understanding and responding to the needs of followers is an essential pre-requisite for leadership.

Collaborating environments

The analysis of primary data indicated that attention to venue and location is essential in creating the collaborating environment. This accords with Maslow's hierarchy of human needs, in which the lower order, physiological requirements for food, safety, shelter and warmth, must be satisfied before those of intellectual stimulation and creativity can be addressed. (Maslow 1954) The island boys are fighting for survival and building shelter and seeking food drive the agenda for each day. After a diet of fruits and berries the group is attracted naturally by Jack's promise of roast pig. Furthermore, as hopes of rescue fade, life on the island becomes meaningless for the older boys and frightening for the young ones; they are ripe for the goals that Jack appears to set for them of adventure, hunting and hot food.

Ralph's leadership begins to look irrelevant, based on idealism and whereas Jack offers adventure, belonging and food Ralph's steadfast insistence upon just rules and democratic involvement are the very aspects that permit Jack to take over. Ralph fails to address the needs of the group, whereas Jack senses them only too well. Ultimately Golding's tale is not about an absence of leadership, but about the potential for exploitative leadership, given the right conditions. For the purposes of differential analysis it highlights the importance for collaboration of physical aspects of the setting and location, the means by which the group is formed and the importance of shared goals in promoting joint working towards a collectively owned objective. Again the requirement for leaders to understand both the situation and the followers within it is demonstrated.

> Groups will not collaborate in striving for a collective ideal where the environment is hostile.

Stakeholders

Inevitably the island boys inhabit an insular, isolated environment, literally set apart from the outside world. In the absence of significant others they are accountable neither to an outside body nor to figures of legitimate authority. The presence of external stakeholders was an important, but underplayed element identified from the primary data. Here in Golding's novel the significance of accountability to stakeholders outside the group is shown in sharp relief by its absence.

> Involvement of external stakeholders will guard against the insularity of the group.

Leadership in extreme conditions

In selecting the accounts of Robert Falcon Scott and Ernest Shackleton's Antarctic exploratory expeditions, the rigour of the what-if question must be employed. Both men have been hailed as national heroes, though the reputation of Scott has suffered, with the arguably dubious benefit of hindsight. Inevitably in considering their heroic ventures some consideration must also be paid to Amundsen, who confounded British expectations by planting the Norwegian flag at the South Pole and his countryman Nansen, who, "if Scott is the Father of Antarctic sledge travelling so Nansen may be considered the modern Father of it all." (Cherry-Garrard 1994).

Scott and Shackleton may be seen as the last heroes of a fading golden age of British exploration and the examination of their feats may serve to identify those essential features of leadership that must endure, even in the most extreme of conditions. Moreover, given the almost total loyalty and devotion of the men serving in the Antarctic missions, both Scott's ill-fated *Terra Nova* expedition (1910-13) and Shackleton's *Endurance* voyage (1914-16), aspects of adherence, as well as of rebellion manifest in adversity, may crystallise the theoretical possibilities for followership.

Alternatively the very act of selecting examples of collaborative endeavour *in extremis* serve to reveal aspects of leadership and followership that do not apply to situations in everyday life. This is a methodological strength that enables categories to be refined and tested rigorously. According to Glaser and Strauss in their original text, a common failing of the theorist is to lapse into the "rhetoric of verification" when comparison throws up contradictory or conflicting concepts (Glaser and Strauss 1967: 68). If comparative analysis highlights particular aspects of the concepts derived from primary sources that do not match or fit, this will strengthen the theory by defining its limits and contingencies and may determine the extent to which it should be either substantive or formal.

A rationale has been set out earlier (chapter 7) for the use of the unique case, the particular instance, from which to learn about the general. The unique and the extreme provide vantage points from which to consider ideas from a new perspective. But here the selection of special cases is also important on another level, which is that these were leaders not of nations or armed forces or commercial enterprises, but of teams – groups of men whose hopes of success and ultimately of survival, hinged upon collaborative effort.

The Leaders

In both men a quality observed in their leadership was that of the exemplar. Cherry-Garrard, a member of the *Terra Nova* expedition, writes,

> Scott, who always amazed me by the amount of work he got through without any apparent effort, was essentially the driving force of the expedition
>
> (Cherry-Garrard 1994: 204)

Sledging was the most arduous and exhausting activity, in which Scott invariably took the lead, working harder and for longer than his team. Cherry-Garrard continues,

> It was our simple job to follow, to get up when we were roused, to pull our hardest, to do our special work as thoroughly and quickly as possible
>
> (Cherry-Garrard 1994: 205)

But Scott was no Titan; he was known to be physically less strong than many members of his team. He had been a sickly child who suffered digestive problems and in adulthood had neither great physical stature nor bodily strength. To this may be added Scott's bouts of misery and depression and he could quite easily be moved to tears. In Cherry-Garrard's analysis, Scott's greatest triumph was in overcoming his inherent tendencies and the constraints they placed upon him, whereby he,

> Conquered his weaker self, and became the strong leader whom we went to follow and came to love.
>
> (Cherry-Garrard 1994: 207)

Shackleton, who had been a member of Scott's first southern polar journey in 1903, was an entirely different character. His motivations were at variance with those of Scott, whose purpose was scientific, and in many senses altruistic. For Scott the conquest of the South Pole was partly a means of securing public and political interest in a largely scholarly endeavour. Shackleton however wrote of his own plans,

> From the sentimental point of view, it is the last great Polar journey that can be made. It will be a greater journey than the journey to the Pole and back, and I feel it is up to the British nation to accomplish this, for we have been beaten at the conquest of the North Pole and beaten at the first conquest of the South Pole. There now remains the largest and most striking of all journeys – the crossing of the continent.
>
> (Lansing 1959: 9)

The proposals were thought audacious and few doubted that the primary aim of Ernest Shackleton was his own self promotion. In contrast to Scott, the dutiful, family loving, quiet gentleman of breeding, Shackleton was an adventurer in the romantic sense, whose ambitions, like his actions, were bold and daring. Yet it was said of him that:

> he had a talent – a genius even – that he shared with only a handful of men throughout history – genuine leadership.
>
> (Lansing 1959: 12)

Both led teams through unimaginable privations to, despite the tragedy that befell Scott and two companions, ultimate success.

Exemplary behaviour is required within leadership.

The Group

Diversity of background is most striking in the Scott expedition, where men were divided on that basis into officers and crew. Much has been made of this in subsequent writings, that the hut, in which a

proportion of the team was stranded for some time, had a chalk line to separate the two ranks of men. In this sense cultural or social background may be seen to have had as much bearing as the perceived difference between North and South that emerged from analysis of the primary data. In addition to this apparent schism, the men came from a variety of professional and technical settings. They varied from seasoned polar explorers to those with no related experience whatsoever. Scott had selected his team by stringent criteria reflecting the roles and tasks that would be carried out. Shackleton also constructed a core team along similar lines, but was quixotic in his selection of additional members. In both cases there was no shortage of volunteers from which to choose. The dozens of men coming forward to volunteer in both cases implies a high degree of motivation and whilst volunteers had their own drivers, the vision was undoubtedly a unifying element.

Creating collaborating environments

A brief description of differences in style between the two expeditionary leaders has been provided above. What they shared in common was a pre-requisite of leadership: the ability to inspire and motivate others to act in extraordinary ways (Buchanan and Huczynski 1997). The earlier discussion of Golding's novel, which concludes that collaboration is not possible in a hostile environment, can be modified here. Testimony provided in the intervening years demonstrates high levels of collegiality and cooperation within both expeditionary teams (Smith 2002, Worsley 1931, Cherry-Garrard 1994, Lansing 1956). Despite the external conditions, which could not have been more harsh, Scott and Shackleton each created environments, both physical and emotional, in which collaboration could be fostered (Cherry-Garrard 1994, Lansing 1956).

> Where the setting and context are hostile it will be possible to create a collaborating environment through effective leadership and facilitation.

EXPERIENTIAL COMPARISON

CAES Bereavement and Loss

The post graduate certificate of advanced educational studies (CAES) in Bereavement and Loss has been selected as another example of co-facilitation, in which the same two individuals, RW and I, collaborated. Rather like the selection of Antarctic exploration, the CAES Bereavement and Loss may be seen as an extreme, though completely different case. The course was directed to practising health professionals whose jobs involved working with people experiencing loss. At its core was an eight day residential summer school - an intensive educational experience and an intense emotional event, where experiential learning and shared experiences of loss and grief were the foundation for understanding theoretical perspectives and developing professional practice.

Co-facilitation

In choosing to work in this intensified atmosphere there was a calculated risk that participants would find the experience so distressing that they would leave the course or suffer harmful effects afterwards, or both. Accordingly RW and I chose to work as a cohesive unit, taking care to brief and

de-brief thoroughly and support one another in sharing the burden of responsibility and being jointly responsible for the well being of the group. It has been stated before that we had worked together in this way in a number of situations, often in similar settings, where the affective environment was critical to learning outcomes as well as to the group processes.

The model was based upon work cited earlier by Rogers, Goleman and Egan, where in order to empathise, it is necessary to attune oneself fully to the emotional climate and be sensitive to verbal and non-verbal messages. A lone facilitator can of course practise these skills, except that in situations of potential high stress it creates too many simultaneous tasks for one individual. In co-facilitation, agreement is reached at the beginning of each session that one will lead on task and content, so that the other can pay attention to process. Process issues are dealt with in action or saved for co-supervision, where decisions are made about how to proceed. Effective co-facilitation relies upon trust and honesty and both parties require confidence and self doubt in roughly equal measure. On a practical level the presence of two facilitators at all times permits one to leave the room if a participant requires privacy and affords the group variation of style, pace and approach.

> Co-facilitation assists in fulfilling the facilitative function and enables variety of tone, pace and style.

Cross University Project in Post Graduate Health Courses

In 1996 I led a piece of work (contemporaneous with the core curriculum project.) within the university in which I was employed, to promote better collaboration between departments and faculties providing post graduate education in health related subjects. (Weare and Anderson 1996) The scheme was initiated and funded by the university planning department and was backed by the senate. It was a response by the organisation's senior management team to internal factors brought to their attention through academic registry and influences from the wider context in which the university in particular and higher education in general was then situated [1] (Dearing 1997).

Internally it was evident that the organisational structure, in which faculties and to some extent the smaller departments within them created discrete units, with their own procedures and processes and a budgetary arrangement that made them cost centres in their own right. Inevitably, in seeking new student markets, departments working in isolation from one another had developed post graduate courses for health professionals that were broadly very similar, thereby creating internal competition.[2] From the potential student's point of view, this created confusion and choice of the most suitable

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[1] Whilst the Dearing report was not published until 1997, its likely intent was well known even before the formation of the committee on 10 May 1996, to make recommendations on higher education, including wider access, flexibility and choice for students.

[2] At the time there were twenty health related post graduate courses, five more planned and eight being actively considered.

course was arbitrary, based upon which faculty happened to be contacted for information. Furthermore once a student enrolled the courses were organised in such disparate ways that movement between them was not possible, contrary to the general move in higher education towards greater flexibility.

External influences included a drive from government and policymakers to make courses more accessible and flexible, meaning that much of the higher education sector had to consider modularising their courses and making arrangements for the accreditation of prior (experiential) learning (APL/APEL). A further external influence in this instance was the establishment of a number of new universities in the local area, posing a threat to recruitment and student numbers. The aims of the cross university project were to effect greater collaboration between course directors, including sharing information more widely and readily, promoting increased movement between courses by means of a common accreditation system and working together to teach core modules, such as research methodology, common to all the courses.

Physical aspects of the setting and absence of authority

Through a process of semi-structured interviews and stakeholder meetings it became evident that whilst people were happy to agree with the project in principle, it was very difficult to secure any commitment to real change and for many participants the project never moved beyond its own rhetoric. The data were analysed by identifying themes inductively and these provided clues for why the project did not fully achieve its aims. (There were some modest achievements.) One important aspect was the sheer scale of the enterprise. Physically and geographically it was not possible to bring the protagonists together face-to-face. As the project leader I had insufficient power to persuade, medical professors for example, if they were determined to stay with the *status quo*. Their position was also understandable – the organisational structure of the university did not encourage a culture of collaboration, indeed it fostered competition, epitomised in the public rating of each faculty and department following the research assessment exercise (RAE).

The initiative was led by members of the senate and the senior management team, but no clear vision emanated from that quarter. How then were people with vested interests in competing to be persuaded of the desirability of collaborating? As the project leader my role was handicapped in a number of ways. First my own status was that of senior research fellow in a small department. This meant that those of the course directors who were employed as senior lecturers were my peers, but professors were senior to me. Additionally, whilst the position of the department in which I was employed had the advantage of being relatively neutral and without vested interests in the outcomes of the project, it was almost certainly seen too as a minor player, simply in terms of its size when compared with the other faculties involved. Without power and authority I had to rely upon persuasive communication and adopt a style of charismatic leadership. The course directors themselves were accountable to their deans and these individuals were key stakeholders, whose interests did not necessarily reflect entirely those of the university senior management team.

> Authority needs to be conferred upon the leader through legitimate as well as referent power.

(Non) Collaborating environments, cultural diversity, conflict

The potential for creating a collaborating environment could not be achieved, since I lacked the influence and authority to bring all the parties together in one space. This meant that the diversity of the group could not be addressed. Here too there were cultural differences, albeit of the kind that is based upon disciplinary and professional interests, but none of the work was possible that aims to reconcile difference and break down barriers. Conflict had to be dealt with at a distance, since protagonists were lodged within their departments and faculties – conceptually in the sense of their disciplinary interests and backgrounds, but also physically – the project took place over five sites and a number of geographical locations. Statements made by informants about inter professional barriers included "medicine wants to colonise, rather than accept disciplines which fall outside" and "there is a difficulty with collaboration because often without wishing to stereotype doctors want to be the leaders of teamwork" (Weare and Anderson 1996: 3). It was further thought that some disciplines would be seen as "too theoretical" and prone to "using jargon" (Weare and Anderson 1996: 12).

> Cultural diversity can only be addressed explicitly within a collaborating environment where participants have face to face interaction.

The crux of the project's failure of collaboration lay in the fact that none of the participants had volunteered to take part; the initiative had been driven entirely by the top down. Consequently there could be no sense of a collective vision and within an environment in which competition was the norm, no participation in a shared task, since that would have been counter to the context. Forty three staff were interviewed formally and many others contributed informally. Over half the informants felt the most important criterion for success would be to manage inter-cultural tensions across the departments. It is significant that key players were aware of these tensions. Several were keen that the initiative should adopt a bottom up approach and should not be simply "rhetoric or the political flavour of the month" or a "cost cutting exercise which is financially motivated rather than motivated by a desire to develop and preserve high academic standards" (Weare and Anderson 1996: 3).

Bulger and Bulger (1990) note that barriers to what they term collegiality in the health sector of higher education (in the USA) derives from competing goals and lack of training in collaboration. Additionally inconsistent accreditation systems are a major contributory factor. Later work by Bulger (1995) finds higher education organisations being driven towards similar reforms to those in the UK, but progress being impeded by fragmentation, inflexibility and "turf issues". The conclusion is that universities should develop networks committed to interdisciplinary approaches, creating student centred systems.

The product

The cross University project did have limited achievements. The most significant of these was that two of the faculties harmonised their course accreditation and validation schemes. The refusal or failure of the third major faculty to adapt to this scheme was regrettable in contributing to the lack of a common approach across the whole organisation and shows that there was not a collective purpose and vision, but also perhaps that the task was too novel and wide in scope. Where novelty and scope pose problems for the collaborating group there is a need for leadership that inspires confidence and facilitation of group members to become competent in achieving the task.

A secondary but important achievement was the production of a joint marketing document, in which details of every post graduate course in health related subjects were presented in a standardised format, thus creating the impression of a coherent approach across the institution. The course details were printed on high quality paper and contained within a glossy folder in contemporary design. The popularity of this successful outcome is attributed to the fact that it was a tangible product of the endeavour, which points to the need for material outcomes that become the emblems of success.

Team Development in the NHS

Child and adolescent mental health services (CAMHS) was the setting for a post in which I was required to make service improvements. CAMHS teams are something of an anomaly, being focused upon the needs of children, yet often, as in this case, situated alongside adult mental health services, which afford an essentially different approach. Developments are often designed that do not take account of the special requirements of young people and hence CAMHS teams have become notoriously resistant to change, particularly when imposed from above.

Co facilitation

In order to effect change in this environment it is necessary to first win the trust of the multidisciplinary team. In this case I had been known to the team for some time and had secured their goodwill. They recognised that there were changes to be made that required them to work more collaboratively and felt that this was a process that would be best managed by two facilitators, one external and objective, the other with internal knowledge of the issues. The external facilitator and I met and felt we could work together, being similar in our approach and ideas. However we were not attuned to one another and my colleague's lack of inside knowledge proved to be a considerable impediment, leading to a loss of credibility with the participants. I went on at the team's request to lead the rest of the programme and together we were able to introduce a number of significant changes that benefited both the staff and their clients through improvements to relationships and service delivery.

Conflict

This piece of work occurred some time after the core curriculum project, from which I had learned that my avoidance of managing conflict had been detrimental. Consequently as conflicts and tensions

arose within the team I used the authority granted to me to facilitate openness and to work towards resolution by seeking win-win style agreements.

> Authority and power will be granted to the facilitator by the group according to the ability to understand and empathise with the participants and the possession of expert knowledge.

Collaborating environments and situational factors

Addressing conflict and issues of power within the team were a significant step in establishing the affective dimension of the environment. In addition we took care to book venues that were neutral to the usual place of work and provided refreshments and recreational opportunities that helped staff feel valued and met their needs for comfort. Understanding the situation was paramount, as the team members were wary of too much process activity, since the nature of the therapeutic work in which they are engaged involves close attention to process at all times. Staff expressed a desire to resolve some of their group relationship issues by working jointly on tasks.

The function of the leader in this situation is to adjust the developmental activity accordingly and introduce tasks that are achievable in the available time. The facilitation of the task performance ensures that success may be achieved and that it is recognised and celebrated.

Participant observation of interdisciplinary working

The context and rationale given here will be concise – the nature of the methodology and the findings was sensitive and the commissioners of the research chose not to circulate the report. Subsequently I did however present a paper about the methodology and brief synopsis of (anonymised) findings at a national conference of qualitative health research.

I was approached to help evaluate a long-term project aimed at promoting interdisciplinary, collaborative working in the health field. The project leaders felt that standard evaluation techniques were not providing them with a true picture of the extent to which collaboration was or was not happening. We agreed that I would conduct a piece of participant observation, in which I would pass as a member of the meetings and record my field notes surreptitiously. (Hammersley and Atkinson 1983)

Observations were qualitative, in describing interactions and turn taking or seeking patterns of behaviour, as well as quantitative, in measuring the time used by different participants in speaking within the groups and contributing to the more formal plenary sessions. The employment of deception enabled private conversations at the "back of house" (Goffman 1990) to be overheard and recorded, leading to the discovery that the rhetoric of interdisciplinary working was not borne out by participants' actions. Recording of verbal and non-verbal interactions revealed that there were significant status differentials between people of different professional backgrounds, particularly but not exclusively,

between doctors and others. Collaborating groups were not facilitated formally, but given tasks in which one aspect was to agree upon and elect a leader or coordinator.

In brief the findings were that professions differentiated themselves through presentational fronts such as clothing and speech patterns/use of language and that those more likely both to speak and be responded to were male, medically trained and white British. This group was also over-represented among those chosen as leaders or to present feedback.

Collaboration, in which all contributions are valued equally, was not in evidence, yet comments on the evaluation forms indicated that participants felt interdisciplinary, collaborative working was taking place.

> Diversity within the group can only be a strength if it addressed explicitly through facilitative leadership, where the effects of differences in background and status will be minimised.

SYNOPSIS

The refinement of categories during external comparison occurred only within those categories where a meaningful association could be made between primary and secondary concepts. In the case of transformational leadership, for example, several aspects of the model concurred with primary concepts, including *leader as exemplar* and *vision*. In other cases the absence of a concept that had been important in primary analysis nonetheless supported the category overall. Specifically, the consequences of the absence of legitimate authority in Golding's novel demonstrated the importance of this concept in creating collaborating environments. In some instances the absence of similarity or the presence of a different concept led the category to be refined. The significance of *stakeholders* had emerged from primary analysis, but was an under-developed category due to the lack of data. This in itself suggests that insufficient attention had been paid during the project to the importance of stakeholders. Whilst elements of strategic leadership were found to be congruent with primary concepts, awareness of and communication with stakeholders as pre-requisites of a strategic approach were not. The absence of a developed category of stakeholders was due to a deficiency of data collection and for a more rounded and comprehensive theory the different concepts identified from external sources were used to augment this. Finally there were cases in which concepts from external sources were broadly similar but gave variation and these provided a honing device to refine the primary categories. The case for aspects of contingency leadership that followed literal comparison was strengthened on examination of the Antarctic chronicles, where circumstances could be seen to determine a leadership style and approach that, whilst different from that described in primary analysis, was similarly dependent upon diagnosing situational factors.

The nature of fit between externally generated concepts and those derived from the primary data is coded A to D, reflecting the examples above and shown in figure 6.

Figure 6 Refining categories: nature of fit

	EXTERNAL SOURCES		
	Similarity/positive example	Difference/negative example	
Supportive	A	B	
Refining	C	D	PRIMARY CATEGORY

The process of comparative method and nature of fit is shown below in tables 14 to 16 using the above codes and arranged sequentially to reflect the preceding analysis.

Table 14 Literal comparison

External reference		Relationship to grounded categories	
Source/s	Theory/ideas	Concepts	Fit
Bass and Avioli	Transformational leadership	leader as exemplar	A
		vision	A
		novelty and scope	A
Hersey and Blanchard	Functional or situational leadership	understanding followers	C
		collaborating environments	C
Adair	Strategic leadership	stakeholders	D
Adair	Followership	participant-followers	C
Kolb and Fry	Learning environments	collaborating environments	C
Heron, Nelson-Jones	Facilitation	facilitative leadership	C
	Authority, power	authority	C

Table 15 Differential comparison

External reference		Relationship to grounded categories	
Source/s	Theory/ideas		
Golding *Lord of the Flies*	Absence of leadership or authority	authority	C
		collaborating environments	C
		setting, location	C
		stakeholders	C
Antarctic chronicles, Shackleton Scott	Leadership in extreme conditions	authority	C
		leader as exemplar	A
		vision	A
		understanding followers	A
		diversity	C
		collaborating environments	C

Table 16 Experiential comparison

External reference Source/s	Theory/ideas	Relationship to grounded categories	
Bereavement and Loss CAES 1995-8	Co-facilitation of course involving sensitive matter	co-facilitation	A
Cross university project 1996-7	Striving for collaboration in a counter-cultural setting	context or situation	B
		cultural diversity and conflict	A
		leadership and authority	B
Team development CAMHS 2000-2	Co-facilitation and leadership of a multi disciplinary team development	co-facilitation	B
		authority	A,B
		conflict	C
		collaborative task and product	A
Ethnographic observation	Lack of facilitation Rhetoric of collaboration	Failure to address diversity	B

FACILITATIVE LEADERSHIP

The inter-relationship between facilitation and leadership is apparent from the scrutiny of the categories and their linking concepts as well as from the comparison with external sources. Theoretical memoing questioned whether they were in fact so intertwined as to be two facets of the same theory, to be called facilitative leadership.

The concepts generated by the primary data show strong associations with the main elements of various different external theories. A theory in which facilitation and leadership are integrated embraces but also extends a number of related theories of leadership, experiential learning, facilitation and learning environments.

CHAPTER 12 TOWARDS A GROUNDED THEORY OF COLLABORATION:

A SUBSTANTIVE THEORY OF FACILITATIVE LEADERSHIP

> SELECTING THE SUBSTANTIVE OPTION
> THE THEORY
> ELABORATION
> PERSONAL QUALITY AND ETHIC

SELECTING THE SUBSTANTIVE OPTION

Glaser and Strauss (1969) differentiate between substantive and formal theory. Essentially the grounded theorist, upon surveying the final analysis and integration of the cohering categories, must decide to what extent these relate specifically to the setting of the research, or, alternatively, whether comparative analysis in particular has enabled a result of much greater abstraction. Where the latter is found to be the case a formal theory can be proposed, with application across a wide number of settings.

The notions of substantive and formal require further scrutiny. In chapter 7 the case is made for "universes of extrapolation", referring to the degree of generalisability to which the outcomes of the research could legitimately lay claim. Figure 5 (page 68) shows spatial relationships between this research, or case, and the different domains to which its findings could be generalised. The spatial relationships are depicted as ellipses, a deliberate choice over concentric circles. The figure reflects the assertion that these research findings may be generalised across different settings, but the generalisability is concentrated or attenuated according to how close a setting is to the one in which the research took place.

The foregoing analysis and theoretical structuring of primary data and comparative method, do not, in combination, suggest a formal theory. There is little, for instance, to support the central idea of collaborating environments, when applied across diverse settings such as those in the commercial or military fields. Additionally the differential comparison with Antarctic exploration teams and their leaders highlighted significant differences in leadership techniques that were largely a product of uniquely demanding and hostile circumstances and to a lesser extent the personality and disposition of the leaders. Conversely, comparison with literal sources, including my own related professional experience, does indicate that extrapolation to broadly similar settings is legitimate.

The presumption therefore is for a substantive theory that is not confined to this case alone, but may be generalised elliptically, as described above, across settings within the health sphere, in which multi professional collaboration is required to effect a jointly owned outcome.

THE THEORY

An approach called facilitative leadership is the necessary prerequisite for a group to collaborate effectively in performing joint tasks that will fulfil the aim of achieving a collectively owned product. The facilitative leader has a dual concern for the process and the product, combining them equally in a single vision of both how, broadly, the collaboration will take place and what will be, essentially, the features of the outcome(s).

ELABORATION

Collaboration

Collaboration is a process that can only occur in a group. The more cohesive the group the more effective the collaboration will be. It requires that each group member, known here as participant-follower, has an understanding of their role in the group and a sense that their individual contribution is valued and has worth. Cohesiveness does not imply that all members must be in agreement at all times. Where appropriate leadership style is accompanied by skilful facilitation, disagreements and conflict may be taken as a sign that commitment and investment in the project are high and furthermore, will often lead to more creative problem solving. Addressing conflict can also be seen as a way of bleeding off the tension that can arise out of the diversity within the group.

It should also be noted that a unified structure does not connote sameness. The very essence of collaboration is to capture the diversity of skills and knowledge that exist in the group and this is predicated on the assumption that in a Gestalt way collaboration will result in better outcomes than the collected endeavours of a number of individuals.

Collaboration can occur within teams and will often be focus of team development. Whilst teams can be collaborating groups, teams will normally have a longer lifespan and more stability than what will be known here as a collaborating group

Facilitative leadership

Most studies of leadership *per se* have emanated from business and management theory, whilst theories of facilitation have tended to be located within the sphere of education. Here the separate but related concepts combine in an integrated theory that elaborates and extends contemporary ideas about both leadership and facilitation.

Facilitative leadership shares the main principles of theories of functional-situational, strategic and *transformational leadership*. It *elaborates and extends these theories* by focusing additionally and explicitly on the creation of collaborating environments by the use of facilitative understanding and technique. It may be understood as a synergistic linking of transformational leadership with the facilitation of experiential learning.

- Facilitator/s as leader; leader as facilitator

Facilitative leadership requires one or more people to (co)function as both facilitator(s) of experiential learning and leader(s) of the group. In order to fulfil this dual role the facilitative requirements are the use of a range of suitable educational methods, including experiential learning and the ability to create collaborating environments across physical, affective, perceptual and behavioural dimensions. The leadership functions are to develop authority through reflexivity and to provide the vision and direction for participant-followers. The range of skills and techniques within the duality may be conceptualised as a spectrum and the extent to which either leadership or facilitation skills and functions are applied will be dependent wholly upon sensitivity to the needs of participant-followers and diagnosis of the situation. In each circumstance the facilitative leader will make a judgement about the extent to which the situation demands participation or direction and this will not be a choice made on the basis of personal preference or style.

To enhance the ability to respond appropriately to the needs of the group and in reconciling these with the task, the facilitative leadership role may be shared so that co-working can take place, also providing checks and balances in decisions made.

Collaborating environments

The facilitative leader creates an integrated, four dimensional environment within which participant-followers are enabled to collaborate. Within these collaborating environments the characteristics of the group that might militate against joint working are addressed and minimised or resolved. Such characteristics are contained within diversity of language, culture (in the broadest sense), expectations, experience and self confidence. Those elements within the group that would be favourable to the collaborative effort are maximised and drawn out and involve creativity, commitment or belief in the product and sharing of the ideal or vision.

- Physical

The physical space in which the group processes take place must be conducive to participation and promote creativity. The locations of the physical environment will be selected to function as neutral spaces, away from participant-followers' places of work and geographically placed to permit easy access for all. They will afford convenience and comfort and include the potentials for both intimacy and privacy. The manner in which the group's working space is organised will be flexible, to encompass the range of different activities in which the group will participate.

Attention paid to the physical environment will be an early symbolic step in establishing the emotional tone of the collaboration and group members will perceive their value and worth from the choice and arrangement of their immediate surroundings.

- Affective

At the beginning of the collaborative process the facilitative leader will be concerned with putting people at ease and making them feel welcome. This will help in addressing anxiety and stress in those whose background or status is perceived by them as in some way a disadvantage. Given the diversity of background and experience such feelings will always be present to a greater or lesser extent. The aim will be for everyone to be clear about their role, what they can contribute, how they will participate and what the outcomes of those processes will look like in the collaborative product. The affective environment will begin to be established before the first meeting, reflected within the communication between facilitative leader and participant-follower.

Purposive activities will be facilitated at the start of the first meeting that help individuals appreciate their own and one another's value and contribution to the group.

As the climate of mutual trust and value is being developed the additional purpose will be to help the group focus its energies upon the task. The facilitative leader will have a clear vision and will be able to communicate it effectively so that participant-followers feel inspired and motivated. This will involve techniques of team building, planning and structuring, and presentation.

Developmental activities such as teambuilding exercises and experiential learning will result in an emotional climate in which group members will feel valued and empowered to contribute. Constant evaluation, using a range of techniques, will provide the facilitative leader with continuous feedback and the ability to adjust to the needs of participant-followers. Peer feedback will be facilitated so that criticism can be given and received freely and without destructiveness.

- Perceptual

The leader facilitator must be seen to hold knowledge that is desired and valued by the group and necessary to perform the tasks. Knowledge and understanding will be developed through the use of experiential learning as well as more formal methods where appropriate. Experiential activities will be designed to build confidence, extend concrete ideas into abstractions and promote creativity. Practical learning will be related to theory and theory will be assessed for its application to practice.

Evidence of learning and achievement by individuals and groups will be marked and celebrated by the display and dissemination of all the work produced. Success as well as failure is shared and owned by the group through the use of peer review. Decisions will be recorded and displayed for the purpose of scrutiny and revision as well as a check that agreements really have been reached and represent the collective view.

- Behavioural

Through the affective devices stated above the conduct of the facilitative leader will be exemplary. The facilitative leader will demonstrate congruence by showing acceptance of difference and diversity and being empathic towards individuals and processes. Rules will be agreed between the facilitative

leader and participant-followers that govern the manner of working together, including how criticism is given and received, achievement recognised and celebrated and conflicts dealt with.

Authority

In order to communicate the vision and enable group members to realise it the facilitative leader must be imbued with authority. This will not be the conventional authority that comes with title or position, but will be granted by the group only if it stems from evident knowledge and understanding of the relevant subject(s) and skill in facilitating the necessary processes (referent power). Guardianship of individual and group needs and the ability to be reflexive will enhance the facilitative leader's authority and the facility to exercise it.

The extent to which power can be shared within the group will rely upon the facilitative-leader's diagnosis of each situation. In challenging and difficult circumstances leadership will be more directive, but where the collective ownership of a decision is vital to the outcome the style will be more participative and democratic. Where collaboration is working well the role of facilitative leadership may be shared within the group, according to the way in which expert knowledge is distributed.

The collaborative group

In the same way that conducting a collaborative group involves integration of the dual functions of facilitation and leadership, so the involvement as a group member requires a combination of participation and followership. The ability of group members to move along the spectrum between following and participating echoes the similar process of facilitating and leading described above.

Diversity

A pan European and or multi disciplinary group will always be to a greater or lesser extent culturally diverse, indeed this diversity will be one of the criteria for being part of the collaboration, which requires multiple perspectives. Diversity will be expressed through differences in language that in turn reflect thought systems and mental mapping or world view. Given that cultural transmission is largely through formal education systems the extent of diversity will also vary according to the differentials between group members' experience of schooling. This will be greater between people from different countries, but will also be present between members of one country, in which schooling has varied according to variables including income and occupational class, geography and religion.

- Language

Language differences will be greater among group members who do not share the same native tongue. Imposing a common language will differentiate between members in respect of disparities in familiarity and confidence in using the second language. Language differences will also be present between speakers of the same native tongue, where there are disciplinary, professional or academic differences. Where the tasks involve the production of written communication the diversity will be more pronounced. Facilitative leadership involves responsiveness to and empathy with the participant-followers. The absence of a shared language (usually English) will naturally dictate the use

of interpreters, whereas the matter of confidence in using a second/common tongue will be addressed through the use of experiential activities designed to promote self efficacy.

Language differences emanating from diverse disciplinary and professional backgrounds are approached by the use of team building and group development activities that promote valuing and tolerance of others. The purpose of these activities will be for participant-followers to feel secure in temporarily suspending their membership of the disciplinary or professional group in order to create the new world of the collaborative group.

- Culture

Cultural norms and values will differ both between countries but also across profession, age, sex and religion. Given that the aim of collaboration will be a jointly owned and widely applicable product, cultural diversity is a significant strength where all the differences can be reconciled to ensure a more generalisable product and where shared learning can widen horizons and alert participant-followers to new possibilities.

- Expectations and previous experience

Diversity of culture, professional perspective and experience of education will determine a level of difference in expectations, over and above the general differences in culture. Expectations in turn will influence the readiness of group members to engage in novel tasks and their confidence in the scope of the collaboration project.

Facilitative leadership deals with this area by first discovering and acknowledging the group's different expectations and the sources of these. Through participation in a variety of experiential activities participant-followers will become able to question their beliefs and confirm, modify or crystallise them as well as becoming alert to new possibilities. The valuing of diversity will be made explicit by the actions of the leader-facilitator in demonstrating the equal worth of all contributions.

Product
The purpose of a collaborative project is to achieve a set of outcomes. The outcomes include both process and product. Process outcomes relate to increased self worth, competence and efficacy, as well as the development of shared learning new perspectives and a group identity leading to feelings of belonging and unity.

Product outcomes are dependent upon process and relate to the achievement of tangible, meaningful results that will meet the requirements and aspirations of external stakeholders, such as the commissioning or funding agency, or bodies that will benefit directly from the product.

Stakeholders
Those individuals or agencies with a specific interest in the collaborative project will be known as the stakeholders. Participant-followers and facilitative leaders are stakeholders, but are treated discretely, to separate them from those outside of the collaborating process. Those referred to explicitly as

stakeholders will include the funding body or external commissioning group, the employers of those engaged in the collaboration and indirectly, the individuals or groups who will be influenced by the collaborative outcomes.

The role of the facilitative leader is to develop two-way information flows with stakeholders and maintain their support for the project. There is also an obligation within facilitative leadership to be held accountable to stakeholders for the process and outcomes of the collaboration, demonstrating effective use of resources.

The expectations and needs of external stakeholders are part of the context of the collaboration and their importance to the project will be great. Here the functions of leadership subsume those of facilitation, in that the responsibility and integrity deriving from authority must be exercised. The facilitative leader must inspire confidence in stakeholders and balance their needs against the guardianship of the participant-followers. It is vital that the collaborating group is aware at all times of the potentials and constraints posed by the external stakeholder context, to guard against insularity – the focus of the group cannot be entirely inward if their product is to be accepted and owned in the wider world.

Participant-followers will also have a responsibility to communicate with stakeholders, where these are employers and other leaders (i.e. of professional groups). The facilitative leader will support the group members by involving them fully in the production of statements about the project; these include progress reports, monitoring information and evaluations.

PERSONAL QUALITY AND ETHIC

Whilst facilitative leadership may be understood as a process, the role will be occupied substantively by one or two individuals. Individual attributes leading to a preferred style and approach will be less important than authenticity of beliefs and values. The ability to be reflexive and commitment to congruence rely upon an underpinning virtue of moral responsibility. A sincere conviction in the ability of the group to achieve the task and the competence to inspire participant followers are the pre-requisites of the facilitative leaders.

The theory is presented spatially in figure 7 below, showing stakeholders and context as the parameters in which the chronological process takes place. Facilitative leadership, operating across a number of dimensions, first determines the group, and then creates the environments in which the collaborative task will take place, leading to the product.

Figure 7 Facilitative leadership

THE COLLABORATIVE PROCESS

Facilitative Leadership

Leadership   Facilitation

create vision   collaborating environments
communicate vision   setting, location
develop ethos   co-facilitation
understand followers   Chronology   team building
adaptive style   creativity
authority   organisation

Context   Context

THE COLLABORATIVE GROUP

diversity
previous experience
knowledge and familiarity
language and culture

relationships
alliances
conflict
cultural difference/assumptions

Stakeholders   Stakeholders

THE COLLABORATIVE TASK

novelty
scope

THE COLLABORATIVE PRODUCT

individual ownership
collective ownership
applicability

Stakeholders

CHAPTER 13 REFLECTIVE EVALUATION

THE PROJECT
THE RESEARCH
THE THEORY
THE METHODOLOGY

The key evaluative task is to assess value, significance and merit. It is not the intention however to attempt a *bona fide* evaluation, but to reflect critically on

> ..how the hermeneutic process operates to enable what is learned in practice to be tested theoretically and then tried in practice.
>
> (Scott and Weston 1998: 3)

The closing chapter addresses the worth of the project through outcomes and products, the usefulness of the research and the value of grounded theory as a methodology.

The embeddedness of the researcher role within project implementation provided scope to convey the reported experiences of the group and its individual members and depict the setting and context. In considering the authenticity of the account this may be considered strength, since,

> A great deal of knowledge is produced by researchers and evaluators by means of techniques and procedures which are difficult to understand,
>
> (McDonald 1993)

In addressing the significance of the various elements however, the intense involvement entailed in the duality of role poses constraints: much of the business of evaluation requires a distance and impartiality that is not possible here. One is reminded of Wilde's Lord Henry, asserting,

> The value of an idea has nothing whatsoever to do with the sincerity of the man who expresses it. Indeed, the probabilities are that the more insincere the man is, the more purely intellectual will the idea be, as in that case it will not be coloured by either his wants, his desires, or his prejudices. [1]

THE PROJECT

The outcomes for each discrete group are considered below.

<u>The project group</u>

The consequences for the group, including the facilitative leaders, have emerged from data analysis and may be summarised here within the embracing concept of praxis, as proposed by Bernstein, (1983) in being truly reciprocal and mutually beneficial as well as Hodgkinson (1984: 220) a "reciprocation of the mind and the will". Outcomes include:

Involvement in a worthwhile experience

A broadening of experience that led to changes to practice

An understanding of the ways in which a diverse group can collaborate to achieve its end product

---

[1] Oscar Wilde The Picture of Dorian Gray (1891)

A feeling of having contributed to <u>the</u> European project

Satisfaction with the collectively owned product and the ability to use it in their own workplace

For the facilitative leaders in particular there were feelings of having achieved a positive result following the decision not to play safe, but claiming that a culturally diverse group could be led and facilitated in producing a collectively owned and widely applicable product. We also experienced an affirming and satisfying synergy, created of complementary styles but a similar ethic.

Further outcomes could include disappointment at the failure of the products to be used as widely as anticipated and hoped. The lack of political and strategic awareness in respect of external stakeholders is regrettable and was the result jointly of factors within and outside my control.

<u>The external stakeholding bodies</u>

Interim monitoring reports were obligatory throughout the project and funding was granted on condition of satisfactory outputs at each phase. The final report of the project was submitted to the Commission in September 1998. Given the absence at the time of any mechanisms within the scope of European projects to evaluate in the mid to long term it can be stated confidently the initiative succeeded in its aims and value for money was assured. Later refinements to the Commission's funding criteria, as well as the guidance on dissemination, would, had they been applied at the time, have assessed the sustainability and spread of the product (Commission of the European Communities 1998). This in turn might have enabled EONS to work as a more active partner in adopting the materials and using its own networks to disseminate them.

The impetus for the project had arisen out of EONS, from which the core curriculum for cancer nurses had emanated. Over the course of the project and the research, significant organisational changes occurred at EONS and it transpired that the distance learning project had initially been championed by only one or two people, who subsequently lost their positions in a series of management changes. The loss of our EONS "allies" did not happen abruptly, but was quite protracted and it seems interest in this project waned during that time and the new management was for a while ignorant of our existence, as well as being keen to proceed with its own initiatives.

All of this is unfortunate as in order to secure the dissemination and continued use of the materials we produced it was essential that we could make use of a network that had privileged access to our main target group.

Health professionals

The strategy deficit leading to the failure of the materials to be disseminated widely and systematically had inexorable effects upon the outcomes for health professionals. In the annexe to the acceptance of the second action plan, the Commission had specified that projects focusing on training for trainers would be funded because of their "multiplier effect". The profusion of dissemination activity implied by that did not occur over a sustained period, despite a great deal of interest shown in the materials following dissemination events.

The materials, including both the distance learning pack and a teaching resource, were promoted at a number of conferences and meetings in the participating countries, as described in chapter 2. Without the explicit support of external stakeholders, however, there was no infrastructure within which to promote, disseminate, monitor and evaluate over time. My appointment at the university was funded solely by grant income and once the Commission funding ceased, it was incumbent upon me to locate other projects and alternative funding, in order to remain employed. The lack of longevity to EU projects was recognised and has been addressed in new criteria for project funding, referred to above. Organisations now have to demonstrate from the outset they are using networks that will continue to be effective beyond the lifetime of the project.

In appreciation of these difficulties a final step was taken in trying to ensure a longer lifetime for the distance learning materials. A small team including myself incorporated the materials into a new distance learning course accredited by the university. The strategic thinking behind this was to use the university's established networks and recruitment programmes to attract students. Inevitably this resulted in a different product, expanded both physically and intellectually, but retaining the elements of the original pack intact. Another advantage to the new course was that it was accredited at postgraduate level and could be studied as part of a Masters degree.

Again, over time circumstances changed and although the course was popular for a time, including students from overseas, the exodus of a number of staff qualified to teach and supervise the programme led to a failure to recruit in later years.

The public

The problems of evaluating the effects of health education and health promotion are legion (Dines 1994, Duncan and Cribb 1996, Tones and Tilford 1996). The risks of developing a cancer and of suffering chronic ill health or dying prematurely are multiple and interlinked. The lead time between a health promotion initiative and (assuming it actually did change a person's risk related health behaviour) the onset of a disease such as cancer, is measured in years. Clearly the history and maturation effects are impossible to assess. Even the concepts of "chronic ill health" and "dying prematurely" have a multiplicity of definitions and are difficult to operationalise, despite their commonsense appeal. Moreover the purpose of the project

was to educate post qualifying cancer nurses so that they in turn would be better equipped in delivering cancer health education to their patients or clients. Tones (1998: 65) refers to this as an indirect indicator, one that makes "a relatively distal but essential contribution to outcomes."

In Tones' model, the greater the proximality of an indicator the more amenable it is to measurement, thus it would be rash even to speculate on the effect the pack had or might have had on the EU public, even with greater reach and penetration.

In summary, despite the possibilities presented by the project and notwithstanding the considerable efforts of group members, the outcomes ultimately fell short of expectation. Regardless of the explanations for this failure and however convincing the rationale it was of course a personal disappointment and cause for frustration. Experience suggests numerous innovations that have followed the same path – so much is dependent upon the fortuitous combination of interested people and supportive systems within an advantageous context.

THE RESEARCH

Ethical considerations

Questions of ethics have been raised at various points earlier. As an associate member of the British Sociological Association (BSA) relevant aspects have been addressed of its Statement of Ethical Practice as a means of judging the conduct of the research.

> Members have a responsibility both to safeguard the proper interests of those involved in or affected by their work, and to report their findings accurately and truthfully. They need to consider the effects of their involvements and the consequences of their work or its misuse for those they study and other interested parties.
>
> (British Sociological Association 2002)

The participants have been identified and acknowledged. The confidentiality of their individual contributions has been preserved and although it is possible in some cases to identify them by association, all of the extracts quoted were part of the shared experience of the group.

The consequences of the work at this point are indirect, in the sense that the thesis will be held in both the host university and the British Library and thereby available to members of the research community. Any future uses for the elements contained within it will be considered only if beneficial both to the participants in particular and health promotion in general. Such future uses could conceivably include the presentation of the theory at meetings or conferences or the production of a separate publication on the theory of Facilitative Leadership. It is my intention to credit all participants and stakeholders fully in any subsequent usage.

> Clarification should also be given to research participants regarding the degree to which they will be consulted prior to publication. Where possible, participants should be offered feedback on findings, for example in the form of a summary report.

(British Sociological Association 2002)

Last contact with the group was in September 1997, when the final dissemination workshop took place. Progress in data analysis was provided at that event, though at that stage categories and codes were still embryonic. All participants were enthusiastic about the publication of the project and its research. Attempts have been made more recently to locate the group members, with varied success, perhaps reflecting the transient nature of such collaborative endeavours as this. Those I have located have received a CD copy of this document.

> A common interest exists between sponsor, funder and sociologist as long as the aim of the social inquiry is to advance knowledge, although such knowledge may only be of limited benefit to the sponsor and the funder. That relationship is best served if the atmosphere is conducive to high professional standards.

(British Sociological Association 2002)

As the chronologies in chapter 2 demonstrate, reporting to both EONS and the Commission was undertaken in the form of verbal presentations and written reports. Three journal pieces were also published as part of a commitment to information sharing and wider accountability. These occurred some time ago and now, on completion attention may be given to consulting with the Brussels office on the production of a practice guide to Facilitative Leadership. The project and attendant research were a significant undertaking, so this action may afford closure for me, in addition to providing "an acceptable level of European added value", through "a sufficient degree of innovation and a good dissemination of results" (Commission of the European Communities 1999: 6).

THE THEORY

The product of the research is the theory, which has been presented both textually and diagrammatically. Its formulation has been described by the use of thick description of the data and its settings, in order to verify the propositions made within it. A salient consideration is the extent to which the density of description and narrative provides a convincing rationale for the theory. The danger in richly descriptive material is the tendency identified by Charmaz (1995) of researchers to produce a naturalistic account of a social setting and the interactions within it, rather than a genuine grounded theory. The question of whether the theoretical statements in later chapters are sufficiently abstracted is echoed here:

> Theoretical statements must be independent. They must not be reducible to the explanations participants themselves offer for their own behaviour."

(Waters 1994: 3)

Waters' proposition poses a considerable challenge to grounded theory, since whilst accepting that theoretical statements must be couched in abstract language, they must also be traceable in some way to their source(s). Glaser and Strauss (1967: 230) state that readers should be enabled to understand how events became codified. Herein lies the tension between the veracity and authenticity of the theory and its expression in suitably non-figurative terms. The tension exists because the danger of non-figurative expression is that it may become "verbiage fit for manuals" which only comes alive when it is "converted into a machine for research" Bourdieu (1993: 29).

The theoretical statements must be sufficiently generalised to be defined as theory, yet retain the potential for conversion into research propositions, making them testable. Moreover theories must be "specified sufficiently clearly to distinguish their own from the explanatory mechanisms of potential rival theories." (Goldthorpe 1977 cited in Pawson 1993: 27). Employment of constant comparative method has been the means to effect this, where the theory of Facilitative Leadership has been demonstrated to be similar to but essentially different from previous theories of both facilitation and leadership.

The notion that theory should be amenable to testing echoes ideas explored in early chapters and again relates to praxis: theory is meaningless unless it relates to practice. In the case of Facilitative Leadership the theory derives from practice. But crucially its worth will be measured in future by testing it in practice. This will occur both in the practice of facilitative leadership and that of grounded theory. Hence the theory should be "couched in a form possible for others to use in studying a similar area." (Glaser and Strauss 1967: 224).

Mays and Pope (2000) suggest the criteria for determining validity of a qualitative investigation should include the extent to which it explains why people behave as they do, its comprehensibility to a thinking person and the extent to which its findings cohere with what is already known. Sapsford and Abbott (1992: 163) conclude,

> Good research is the product of a clear analysis of problems, clear specification of goals, careful design of fieldwork and thoughtful analysis and exposition afterwards.

It is difficult to assess the credibility of the research and resultant theory from my subjective vantage point and here the time taken in completion of the thesis is a drawback. Regular contact with participants and others who could comment knowledgeably ceased some time ago and the additional layer of triangulation they would have afforded is no longer possible. In part compensation for that I have employed reflexivity throughout the chapters, in which the tensions and dilemmas posed by the process have been made explicit.

The proposal by Glaser and Strauss is that the theorist attends to two sub-problems. In addressing the first the task is for the reader to understand the theoretical framework by,

> Abstract presentation of the overall framework and its associated theoretical statements, usually at the beginning and/or end of the publication and also in segments throughout it.

Reflecting on the structure and content of the thesis reveals this indeed to be the case and that the theoretical statements begin tentatively and progress through greater degrees of abstraction to confident assertions. The second sub-problem is that of providing the social world of the research so vividly that;

> The reader, like the researchers, can almost literally see and hear its people

> (Glaser and Strauss 1967: 228)

Certainly there is a plethora of data extracts and descriptions aiming to bring the workshops to life. The difficulty is in striking the right balance between the two; Chamberlain (1999) highlights the problem of precipitate closure, where researchers fail to move beyond an explication of interactions and setting. Conversely Becker (1993) notes that a common failing is to fail to ground the theory sufficiently in the data. The latter may be avoided by adherence to the tenet of delaying the review and integration of literature, though this in itself presents a new dilemma, discussed below.

The foregoing represents the ways in which the theory may be judged and may be summarised in the criteria set out by Hammersley (1990: 64),

- Extent to which it is formal and generic
- Degree to which it has been developed
- Its novelty
- Consistency between claims made and empirical data
- Credibility to the reader
- Transferability to other settings
- Extent of reflexivity within the whole account

THE METHODOLOGY

The decision to adopt grounded theory should arise both out of the epistemological position of the researcher and the nature of the research questions. Annells (1996) proposes that among the various types of grounded theory in practice, the "classic" version (Glaser and Strauss 1967) should be viewed as post positivistic, in that it adopts a critical realist approach, assuming that although reality or truth exist, they can only be apprehended in approximation. Others, notably Charmaz (1990) have suggested grounded theory, particularly in later Straussian elaborations, is set within a social constructivist paradigm. Conversely Glaser has produced subsequently a number of texts in which he has challenged the work of Strauss and Strauss and Corbin, accusing them of distorting the method (Glaser 1978, 1992, 2002). This strongly indicates a split between Glaser and Strauss in their ensuing separate writings, but Chamberlain has stated they were divided from the start, by,

> Glaser's strong empirical background and Strauss's preference for symbolic interactionsim.

> (Chamberlain 1999: 192)

An alternative view is that Glaser and Strauss, setting aside later differences arising out of their respective elaborations, created a synergy of different, complementary perspectives. The methodology is able to be both inductive and deductive, for example, without compromising its integrity. The early stages of theoretical sampling and open coding are clearly inductive and driven by preliminary analysis of the data from a relatively impartial standpoint. But as analysis progresses propositions and formulations are tested deductively and this is what allows the more formal theoretical statements to be made.

Induction is of course related to the question of objectivity; the degree to which it is possible and the extent to which it is desirable. The former seems unlikely and earlier it has been suggested that the researcher should be aware of preconceptions and prejudices, rather than assume they do not exist. As to the desirability of being objective, it is a strength to be able to enter the field as impartially as possible, whilst simultaneously acknowledging that in order to be well versed in social science and therefore qualified to undertake the investigation, it is also necessary to know and understand a range of relevant theories.

A key element of the aspiration to impartiality is to delay the integration of literature until some coding has been performed and led to embryonic theory formulation. This places the grounded theorist in the position of going against all established research practice. It also seems to lead inevitably to an eclecticism that would be unacceptable in other methodologies or paradigms.

My own position was clear from the outset and may be stated here in conclusion. I was attracted, temperamentally and intellectually, to a methodology in which some approximation of truth would be discovered. Whilst acknowledging the role of interpretation my epistemological starting point was post, rather than anti positivistic. A cursory reading of the chapters describing data collection and analysis suffices to reveal a post positivist discourse, evident in the prolific use of visual metaphors that describe *unfolding, revealing, clouding, obscuring, clarity, emergent*, a tendency that Lakoff and Johnson (1981) refer to as metaphorical consistency. Little in the preceding chapters would point to a constructivist perspective.

There is little doubt that the original theory was pioneering and broke with every research tradition. I was intrigued by it and committed to following its complex procedures in their entirety, discovering the requirement for self-confidence and self-doubt in equal measure. This uneasy and delicate balance is stated more eloquently in the opening pages of the original text,

> Not everyone can be equally skilled at discovering theory, but neither do they need to be a genius to generate useful theory.
>
> (Glaser and Strauss 1967: vii)

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CANCER HEALTH EDUCATION

SELF STUDY PACK

A EUROPEAN CORE CURRICULUM
FOR POST-BASIC NURSES

CANCER HEALTH EDUCATION

In order to study this course in cancer health education, you need to have both documents, the self study pack and the course reader.

You will see that the self study pack has been presented so that you can use it in a ring binder. There are several reasons for this. Firstly, it means you can study the sections in any order. The writing team has presented the sections in the way which makes sense to us, but please think about them and study them in the order which best suits you. Moreover, any additional material you find, which is related to the course and to your own interests, can be added to the file for your convenience. Finally, any material you need to photocopy can be easily removed and replaced, without spoiling the pack.

Learning on this course uses two main approaches; in the self study pack you are asked to use your own experience, both personal and professional, through structured activities. The self study pack is organised in ten sections and we strongly advise you to study each section in its entirety, from start to finish. Related to each section are readings from contemporary literature, so you can relate your experiential learning to research findings and theory. The readings are contained within the course reader and activities which help you gain maximum benefit from them are also provided in the self study pack.

If you are using this course to study for an award, you should also be in possession of an assignments booklet, giving details of the work you will need to produce for assessment.

The entire course represents the equivalent of 60 hours of the time you might expect to spend in a classroom on a taught course. In addition you must allow time for tutorials, assignment preparation, literatures searching and extra reading.

CONTENTS

ACTIVITIES

Section 6: Reducing the cancer risk

Section 7 : Building the picture

Section 8 : Examining the evidence

Section 9 : The Life Cycle and Targeting Health Education

Section 10 : Consolidating

Health Education, of which cancer prevention is one part, has the potential to improve the quality of life for everyone, if approached sensitively.

The value of Health Education can sometimes be forgotten by health professionals, yet we all influence our clients and patients, with all of our words and actions. Out interactions with clients and patients affect them, positively or negatively, in ways that are physical, mental, emotional or spiritual.

If we acknowledge these effects we have on others (and they on us) we need to participate in education which leads to greater self awareness and improved communication. In this way we can develop respect for the feelings, beliefs and values of others in such a way that promotes greater understanding of the contexts in which they live.

It will not always be easy for health professionals to adopt the approach described above as many of us have been trained using an educational style which is bio-medical, scientific, or objectively factual. Health Education, conversely, uses many techniques and approaches originating from social studies, is less objective and more person-centred, humanistic. The two approaches often appear to be contradictory, since the scientific, analytical perspective is essentially reductionist, isolating each element and seeking to validate it using experimental methods. Health education, however, being inter-disciplinary, has adopted approaches which are holistic, in which the whole person is understood within the context of her/his social and environmental surroundings. There has been a move away from the over simplified emphasis on lifestyle and health behaviours, since these concepts imply a reductionist analysis which is not helpful when we try to understand people as a whole. Health cannot be viewed, simplistically, as a fixed reality, but as a resource which people need and use constantly to adapt to the demands of daily life. It is the balance and equilibrium between many factors which determine health, genetics, personality, actions (health-related or otherwise), knowledge, feeling, attitudes, values.

This is not to say that information about tobacco use, alcohol use, diet and skin care in the sun, etc. is not important - it is. However education around these lifestyle issues must be integrated and sensitively offered in the context of an individual's life.

Central to health education is effective communication and as health educators we must attach importance to the feedback we receive from the people we work with. In order to receive that feedback we need to make ourselves approachable. It is important not to judge the actions of others as 'good' or 'bad', but to accept the reasons for people's actions as valid, even when those actions are considered by us to be unhealthy. We need to resist the temptation to think that, as professionals, we know best and we have all the answers, as this would lead us to persuade and coerce the people we work with. Rather, we must develop ways of working which facilitate in others the development of self-esteem and life-skills so that they are able to take their own decisions in a meaningful way.

1

This study pack aims to stimulate interest in cancer prevention knowledge, but more than that, it will take you on a journey of self-discovery of feelings, beliefs, values and practical ethics. We hope that, at the end of the pack you will have developed your self-awareness and communication skills so that the people you work with will benefit most greatly from your increased empathy, genuineness and sensitivity.

We hope you enjoy studying this pack.

Yvonne Anderson	England
Catheline Devleeshouwer	Belgium
Florence Guillet	France
Dorothea Helberg	Germany
Maryse Hirsch-Goedert	Luxembourg
Joan Kelly	Ireland
Gaye McPhail	Scotland
Conny van de Meer	Holland
Tore Schjolberg	Norway
Pedro da Silva	Portugal
Ros Weston	England

SECTION 1
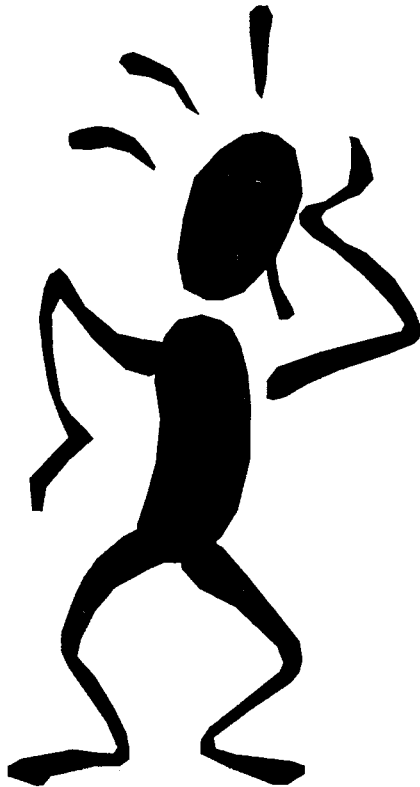
SELF AWARENESS

ACTIVITY 1. Personal Profile

How well do you know yourself? How much do you already know about cancer prevention? How do you feel about cancer? In what ways do these factors all contribute to your professional development?

This, the first activity in the pack, asks you to be completely honest in assessing your knowledge, skills, feelings and beliefs about cancer prevention. You will need a coloured pen, some scissors and an envelope to complete the profile.

For each statement on the profile, you rate yourself from number 1 through to 5, where 1 is low and 5 is high - you must be honest in your appraisal of yourself. When you have rated yourself on each of the items, join up the numbers you have circled, to make a zig zag shape down the page.

Finally, cut out the profile, place it in an envelope and seal it, attaching it to the back cover of this pack. You will return to it at the end of the course, when it will provide you with a useful way of assessing your own progress.

For each of the following items, score yourself with a number from 1 to 4,
1 = Strongly disagree, 2 = Disagree, 3 = Agree, 4 = Strongly agree

BE HONEST WITH YOURSELF!

1.My outlook on cancer is generally positive.   ①   ②   ③   ④

2.I have some fear about cancer.   ①   ②   ③   ④

3.I fully understand cancer prevention issues.   ①   ②   ③   ④

4.I communicate well with patients/clients.   ①   ②   ③   ④

5.I know my personal philosophy.   ①   ②   ③   ④

6.My understanding of ethics is good.   ①   ②   ③   ④

7.I know the EAC 10 point code.   ①   ②   ③   ④

8.My belief is that cancer risk can be reduced.   ①   ②   ③   ④

9.I am aware of my own body and its changes.   ①   ②   ③   ④

10.I know what health promotion involves.   ①   ②   ③   ④

Now take a thick pen and join up the numbers you have circled. Cut out this profile and put it in an envelope where it will stay until you reach the end of the pack.

ACTIVITY 2. Personal Shield

Each of us is unique - so why not acknowledge and celebrate that fact. This activity is for you to think about some of the parts of your life that make you who you are. The drawing below is your personal shield.
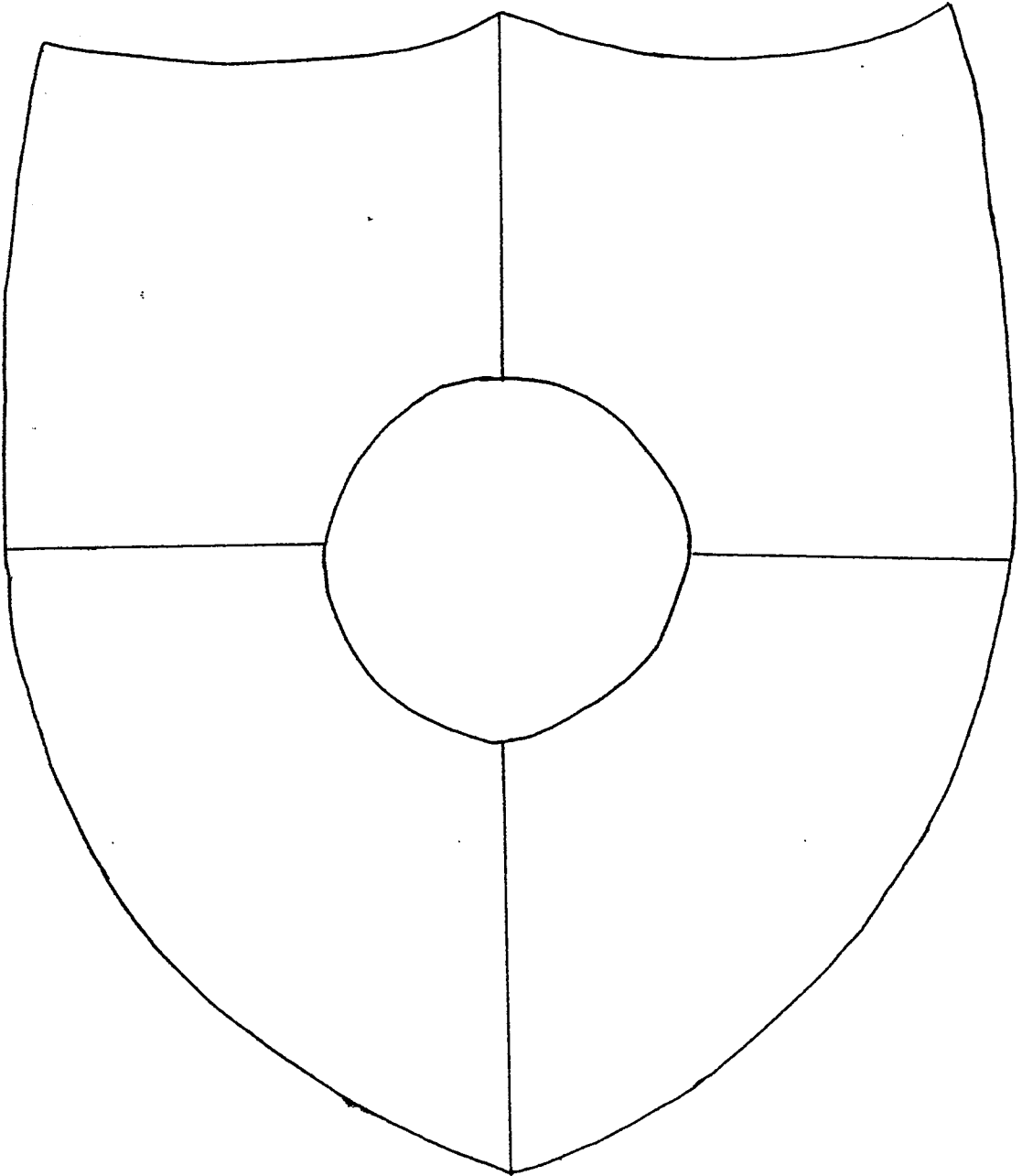
In the circle in the middle write your name, then, in each of the quadrants draw and write four different designs or pictures which reflect the important parts of your life - your interests, hobbies, things you really like to cherish. Use paint, crayon, colour paper; anything you like to make your shield attractive and unique.

Feedback for Activity 2.

Before you continue, have a good look at your completed shield. Does it represent you and who you are, or does it show as much as you are prepared to reveal to yourself at this stage? Just pause to think for a moment about how much of yourself you give in your professional life.   If you are working through this pack with a friend or colleague, you could both complete a shield and share them - you could be surprised to learn something new about each other.

Some people feel uncomfortable about activities such as this one; they are more accustomed to didactic teaching methods and to handling factual knowledge. Perhaps we can all be a little more adventurous in the ways in which we approach learning, in order to develop in a more rounded way. Give it some thought.

ACTIVITY 3. How do others see you?

For this activity you will need a mirror, a hand mirror would work well. Usually when we look in a mirror, we compose our features and strike a pose for the mirror, so that the face we see is not the one that others see when we are less on guard. At other times we use a mirror to check some detail - making sure we have shaved properly, or that lipstick is not smudged, and so on. Sometimes, though, we catch an unexpected sight of ourselves when passing a reflective glass, or when glancing momentarily into a shop window. These sudden glimpses can be quite surprising, giving as they do, some idea of the way in which others might see us.

Pick up your mirror and try to look at your face without posing for the reflection. Concentrate, focus. Perhaps speak to the reflection. What do you see? Who is that person?

Think of three qualities you can see in your mirror and write them, along with your thoughts below:

Write your responses in here:

Feedback for Activity 3

One of the writing team did this activity and gave the following feedback:

I think I look quite serious and self contained, so others might see me as less approachable, but when I think about something funny and I smile at the mirror, I see my face soften and my eyes look kinder. I think my face looks quite capable and strong.

This activity did not take very long but it was difficult. I would like to check out my thoughts with someone who does not know me well.

How does this description compare with yours? Were you able to identify three positive qualities?

ACTIVITY 4. Checking out your perceptions

Find a willing friend or colleague, show that person the result of the last activity and compare your perceptions with her/him. You could also compare your perceptions with others who know you, family members or friends. This is a beginning to seeing yourself as others see you and is an important part of your development as an effective communicator. If you are honest, neither you nor your colleagues and friends will necessarily find this activity easy, but you may see yourself in a new light, which is a step towards greater self awareness.

ACTIVITY 5. Learning about yourself helps patient care.

Read the article by Smith **(in the course reader)** and then answer the questions in the boxes provided, without consulting the text.

What reactions did the student nurses report most frequently?

What methods does the writer suggest for developing self awareness?

Summarise the main points of the article.

Now turn to the article to check your answers.

SECTION 2
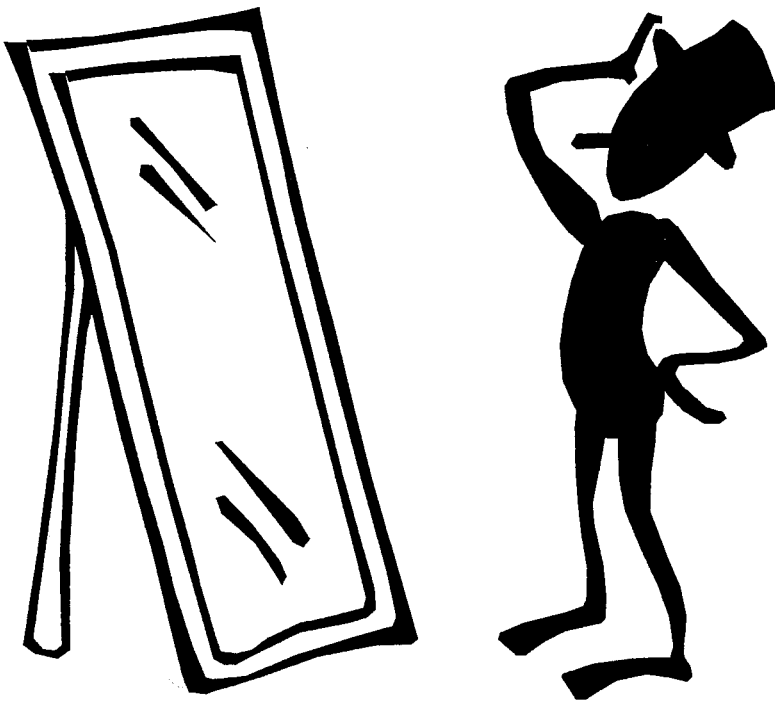
BODY AWARENESS

In reducing the risk of cancers, primary prevention methods are preferable. However, it is also vitally important that, when a cancer has begun to develop, people are able to recognise that something is wrong and can report it to a doctor for prompt treatment. Early treatment can improve both the survival chances for that individual and the quality of life which s/he can expect.

ACTIVITY 1. When to see a doctor about bodily changes

In the Europe Against Cancer 10 point code, it states, "See a doctor if you notice any unexplained change." and "See a doctor if you have persistent problems."

In the box below, state all the bodily changes and persistent problems which you would encourage patients or clients to report to a doctor without delay.

Unexplained bodily changes.

Persistent health problems.

Feedback for Activity 1

Here is the list we came up with:

Unexplained changes.

Any lump or swelling, especially in the breasts or testes.
A sort that does not heal, including a mouth ulcer.
Any abnormal bleeding.
A mole which changes in size, shape, colour or texture.

Persistent problems.

A persistent cough.
Hoarseness and sore throat which will not go.
A change in bowel habit.
A change in urinary habit.
Unexplained weight loss.

ACTIVITY 2. Are you Body Aware?

Answer the questions in the box provided below. Be as honest as you can by answering immediately and without checking by looking at your skin, or weighing yourself.

1.   I pass water about _____ times a day.

2.   I have a bowel motion _____ times per day/_____ times per week.

3.   I have about _____ moles.

4.   I weigh _____ kilos.

Feedback for Activity 2

In a sense, it does not matter what your answers were to those questions, but what is important is whether you could answer them. The point is that we cannot note any changes in our bodies and bodily functions until we have some awareness of what is normal and usual for our bodies. One of the problems in promoting early detection is that many people are unaware of what their bodies are normally like and when changes occur they fail to notice them soon enough. Often such changes are gradual anyway.

Do the next activity next time you take a bath or shower.

ACTIVITY 3. Self Examination

After drying yourself, look in the mirror. Take note of your shape. Would you notice if you lost weight without meaning to? Do you often stand in front of the mirror without clothes and take a good look? If you have a partner, would s/he notice your weight loss?

Now look closely at your skin. Are there any areas of pigmentation including moles? Have these pigmentations grown since you last looked? Are any of the moles larger than the blunt end of a pencil?

How long have they been like that? Do any of your moles have an irregular outline or a crusty texture. Have they ever oozed or bled?
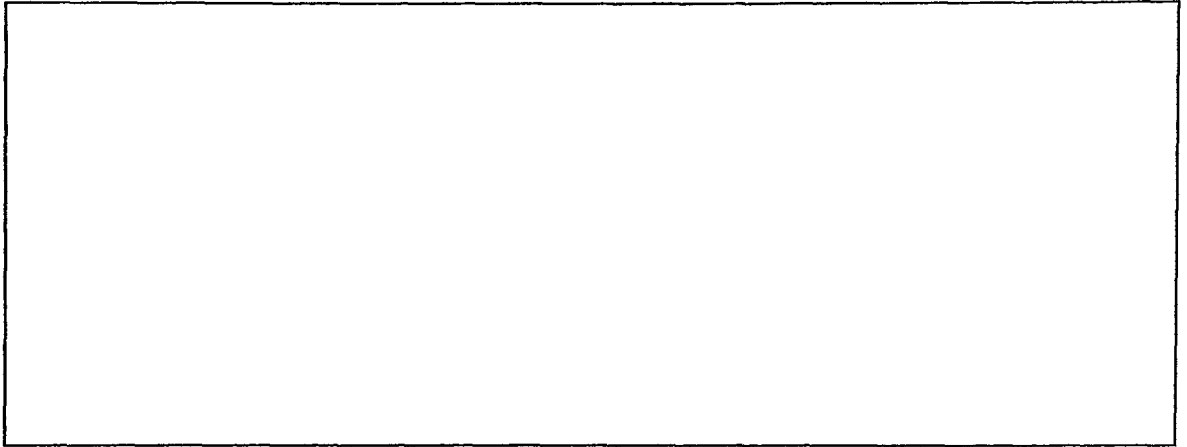
Women: Look at your breasts. Is that what they always look like? Is that their normal shape? Are they roughly symmetrical? Is the skin quite smooth, or is there any puckering? Using the flat part of your fingers, feel each breast with your arm on that side raised above your head. Are there any lumps which are not usually there? Is it close to your menstrual period?

Men: Look at your testicles. Are they the same as before in size and shape? Take each one and feel it carefully with thumb and forefinger. Are there any lumps or swellings there? Is there any tenderness?

Record your thoughts and feelings about doing the activity.

Feedback for Activity 3

It may be that you are already in the habit of examining your body and your bodily habits for signs of change. Some changes occur naturally, as part of ageing and some changes, in women, may be cyclical, such as a swelling and change in texture of the breasts around the time of menstruation. These natural changes, combined with a lack of awareness in many of us, may contribute to a delay in reporting worrying symptoms to a doctor. You may have been surprised at yourself when you did the last activity. If you are not in the habit of looking at and feeling your body, perhaps changes have taken place which you did not notice before. If, as health professionals, we are not always "Body Aware", how can we know how best to advise our clients and patients about early detection of disease and about seeking prompt treatment?

We have also to remember that some of our patients, for personal, religious, or cultural reasons, may not feel able to examine their own naked bodies. This is an area which requires great sensitivity on the part of the health professional.

14

ACTIVITY 4. Issues Around Language

In the previous activities we have used words quite familiar to us, but words which some people may find it difficult to use. Using friends and acquaintances if you need to, write down as many words as you can which people use to describe the following:

BREAST	TESTICLE	MENSTRUATION

Feedback for Activity 4

If you know any young people or adolescents, you could ask them to help with this activity.

We need to be aware that our clients may not be familiar with, or happy to use words and terms about their bodies which are medical or "correct". Because many people are unfamiliar with anatomy and feel embarrassed about parts of their bodies, they invent informal words and phrases to describe them. We need to be aware of this informal language, both to encourage people to talk about embarrassing topics and to be sure we can communicate clearly.

Think about ways you can gently introduce the clinical terms for parts of the body and bodily function, without embarrassing the patient.

ACTIVITY 5. Guidelines for promoting breast care awareness.

Read the article by Burton **(in the course reader)** and then answer the questions in the box provided below:

What did Sir Donald Acheson point out and how did Kenneth Calman clarify the situation?

What are the arguments for and against breast self examination?

SECTION 3

ETHICS

ACTIVITY 1. Personal Philosophy

In our professional lives we often thought of as experts by the people we deal with; our clients, or patients. Do you sense any danger in this? This exercise is about certainty and possibility. The idea is for you to explore your personal philosophy and the way it affects any claims to knowledge that you might make and the extent to which you act cautiously or with certainty in regard to those claims. This is important because when we give advice or information about cancer prevention we are cast in the role of expert and therefore any claims we make will be seen as incontrovertible. The actions people take as a result of our claims will be influential on their lives.

European partnerships have the potential to unite something deep and essential within us all, whilst acknowledging the differences on the surface. The drawing below is adapted from an idea of the psychologist, Jung. The mountain tops are the visible bits of us - similar but each one unique when you look closely. The mountain tops are separated by water, powerful and strong, but it is this same water which flows over the bedrock. The bedrock is the basis of all land and unites us all under the water. This activity asks you to start by looking at your own bedrock, the basis of your ethical beliefs. Label each of the elements of your bedrock with the beliefs and philosophies which are the foundation stone of your ethical approach towards others.

At each arrow in the diagram below label your bedrock of ethical beliefs:
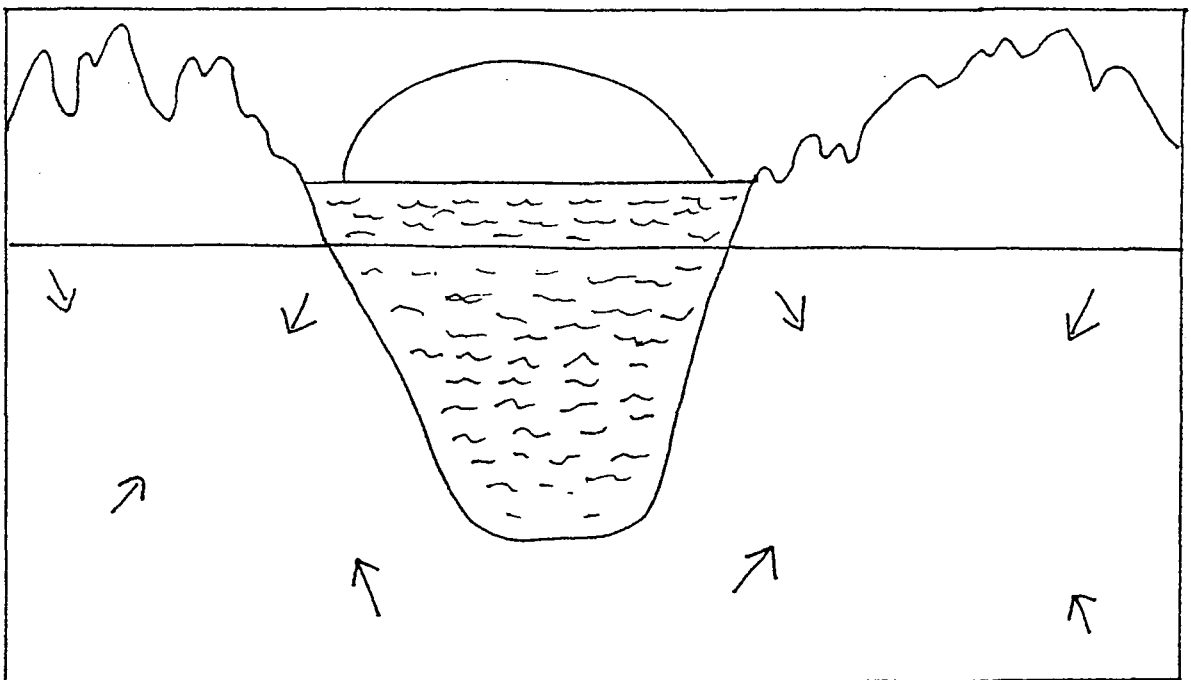
Feedback for Activity 1.

Here is an example from the work we did in our team on this activity, showing the similarities and differences in approach of two people. Use these to compare with your own.

PERSON 1	PERSON 2
ELEMENTS:	ELEMENTS:
Choice	Equality
Respect	Self knowledge
Self esteem	Honesty
Justice	Confidentiality
Accountability	Trust
Responsibility	Truth telling
Equality	Accountability

The similarities are in the areas of equality and accountability. The two team members who took part felt that being women contributed to their strong views about all disadvantaged groups having equal opportunity and equality of access to a range of life options. They both thought that accountability was important and each had worked in situations in which those in positions of authority had not accounted for their actions, where this had resulted in ill feeling and lack of trust.

Person 1 felt that without self esteem it cannot be possible to hold others in esteem. Person 2 thought it was more fundamental to develop a knowledge of oneself, to understand our own motives and drives, in order to promote honesty, which in its turn would encourage others to trust us.

The ways in which these two people approach their lives are similar, but essentially different. One placed more emphasis on confidentiality, whilst the other took a pragmatic view that sometimes it is justifiable, in the interests of the greater good, to share information in an appropriate, sensitive way.

Decisions like these, which are fundamental about ourselves, are difficult to make, and require a certain level of self-honesty. You will probably continue to ponder these issues over the next few days or weeks, as you think about your ethics.

ACTIVITY 2. Certainty and Risk

Let us move the activity on. We will stay with the images of water and rocks, the natural elements, but we will move away from the bedrock, to the surface hills and mountains. These are the rocks which visibly differ from each other, in many ways. Think about environmental influences on rock and the ways in which the form, colour and texture of rock can be changed. In the boxes below you will see a list of headings. Under each heading state the ways in which rocks can be changed.

Write down the ways rock can be changed by the following elements:

AIR

EARTH

FIRE

WATER

Feedback for Activity 2.

Compare your answers to these:

AIR

Wind blows sand and changes rocks texture.
Pollution eats into rock.
Rock is eroded by salty air.
Damp air makes rocks surface moist.

EARTH

Earthquakes crack and split rock.
Shifting soil moves rock and rearranges it.
Minerals colour rock.

FIRE

Volcanic action makes rock liquid.
Fossil fuels are removed to leave holes in rock.

WATER

Water makes channels through rock.
Seas wear away rock and make sand.
Polluted water eats into rock.
Dripping water creates new shapes of rock.

How many of these forces are within our control? Perhaps only those connected with pollution. We live in a world of uncertainty, yet the history of humankind shows us that we have always sought to find certainty. Maybe we, as health professionals, have mixed up our priorities. We need to be more certain about our bedrock of ethics and morals and this will involve self-scrutiny and (sometimes painful) self-honesty, Conversely, those factors over which we can have less control we need to accept as being less certain. In respect of cancer prevention, there are known risk factors for many cancers, but there is less certainty about some of these than we might imagine. Furthermore, individuals often have far less control over these risk factors than we think and this includes ourselves. Risk is an integral part of our lives, of the choices we make daily about how we can live in the situations in which we find ourselves. Think about yourself - have you ever enjoyed a big box of chocolates, drunk far too much alcohol, used drugs recreationally? If you have done these things, they were part of your life at the time, they made sense when linked to other events that were happening in your life, they made you feel good, or satisfied a longing you had. For some people these behaviours become a normal part of life - can we sit in judgement?.

You may well be asking yourself by now why we bother to become involved in cancer prevention at all! Yet many of us who have been involved in cancer prevention for a long time feel there is much good work to be done, provided we are honest with clients about the extent of our knowledge and as long as we do not become zealous over issues which concern us. In order to be honest and committed to truth telling, we need to have a high enough self-esteem to be able to admit that we do not have all the answers, but, so that our clients have some faith in our credibility, we must be able to present facts about cancer prevention with caution. The difficulty we face as practitioners in health education is in defining guidelines to the question of ethics. These are never as clearly defined as in the field of medical and nursing care. The outcomes of health education are much less directly linked to 'life and

death' outcomes; this does not make the ethics of health education any less important, rather it emphasis the subtlety of approach. In the previous activities you have been thinking about your personal philosophy and its influence upon your work.

ACTIVITY 3

Bear in mind your ethical principles when considering the following.

a)A recently widowed woman who has been a smoker for thirty years is referred by her doctor to you because she has complained of pains in her chest. What is the nature of the health education you will offer? How is that governed by ethical concerns?

Feedback for Activity 3(a).
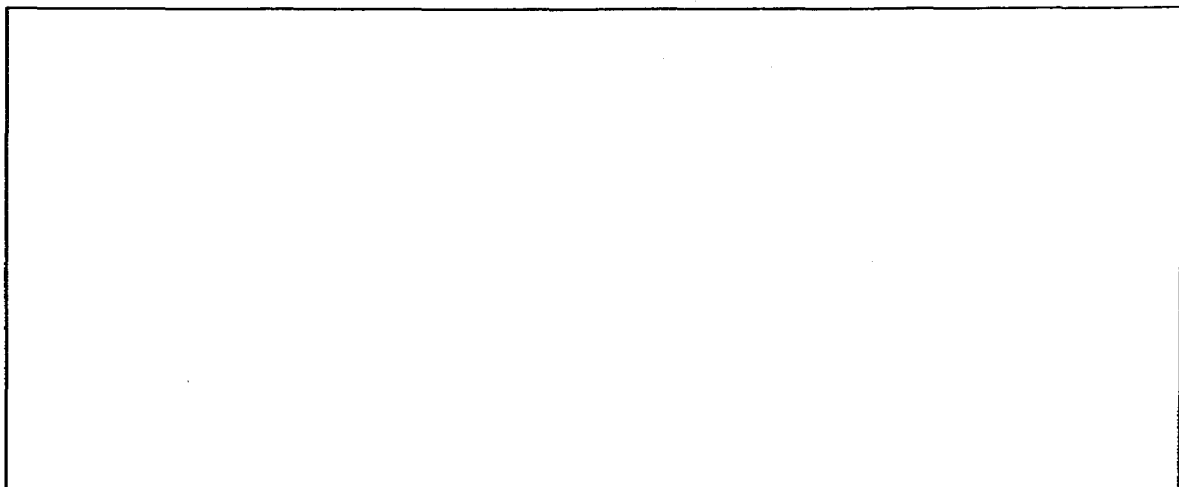
It would be too simple to assume that this woman's chest pains have been caused by her smoking and then to urge her to stop. Bereaved people experience a number of physical symptoms including chest pain. At this pont in her life smoking may be providing this woman with her only solace. Before giving any advice the following would need to be considered;

victim blaming
certainty regarding cause and effect
patient involvement in decision making

b)A man approaches you at a cancer prevention exhibition you have produced. He has discovered small lumps in his testicles and wants reassurance that these are unlikely to be malignant. What is the nature of the health education you will offer? How is that governed by ethical concerns? Please fill in the box on the next page.
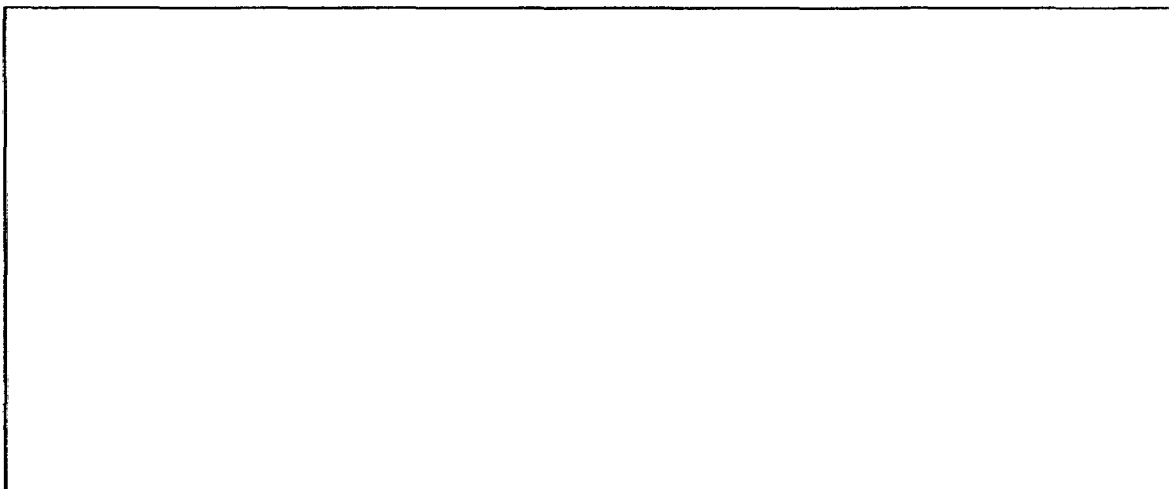
Feedback for Activity 3 (b).

It is important that this man report his symptoms to a doctor without delay. Whilst conveying the urgency it is also necessary to not alarm him unduly. Before giving any advice the following would need to be considered;

truth telling
accountability

c) You meet a young person at a party, who knows you are involved in cancer prevention. He tells you that his mother has a breast lump which she has not reported to a doctor. The young man has reason to believe the lump is ulcerated and he is worried because his mother is in obvious pain. He asks you to intervene, because his mother will not approach her doctor, but asks that you do not mention that he approached you. What can you do?

Feedback for Activity 3 (c).

This is a dilemma on a number of issues. First of all., you are at a party for social purposes, not as a professional. This raises questions about the lines to be drawn between private and public life. Secondly, the environment itself is not conducive for health advice or health education; there will be background noise, people listening close by and you may have been consuming alcohol. An important consideration is that. Whatever you choose to do, you must ask yourself whose interests you are serving - the young man's or his mother's? What about the mother's rights? Before acting, you would need to consider:

confidentiality
privacy, choice, dignity
professional boundaries

Thinking about your personal ethics is not something that happens overnight, for many of us it is a lifelong process of reassessing, modifying and adapting our ideas and beliefs about how we should treat other people. As you have seen from the activity, ethics is not just a process of rationality, but is a partnership between rational thought, moral development and sensitivity. By making a conscious, active choice about the ethical foundation to your own professional approach to cancer prevention, you are enabling clients, in turn, to make their own choices too, but choices which are better informed, perhaps, because of your role as a health educator.

ACTIVITY 4. What is right?

Read the article by Rumbold **(in the course reader)** and answer the question below.

Explain utilitarianism.

SECTION 3.   ETHICS.

What is natural law?

Explain the principle of double effect.

SECTION 4

COMMUNICATION
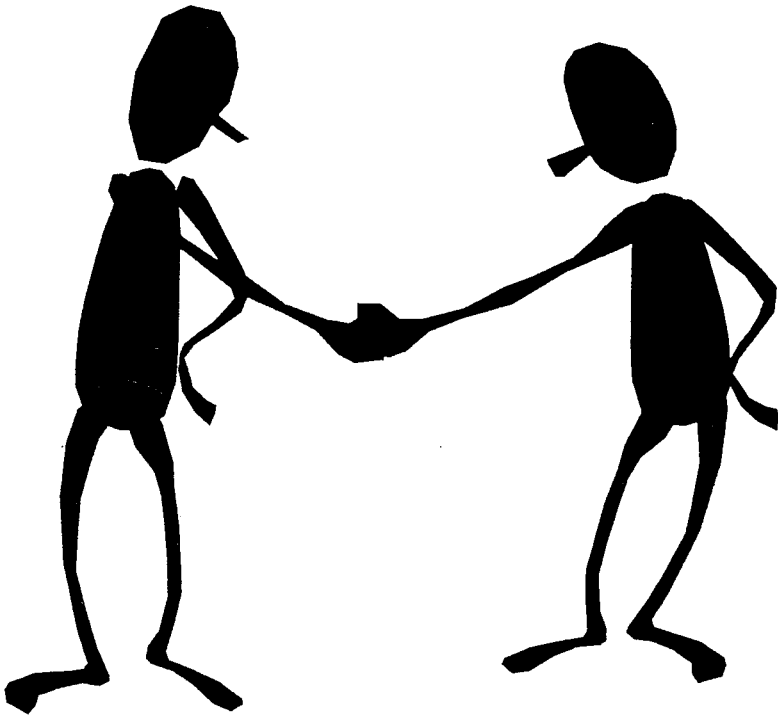
ACTIVITY 1. Health Interview with an Adult

How effective are your communication skills? We can benefit from the feedback given by trusted colleagues, as they see us in a way we cannot see ourselves. This activity uses feedback in peer review as a way of helping you to identify your strengths and limitations in communicating about cancer prevention.

1. Identify a friend, acquaintance or colleague who is willing to take part in an interview of about one hour.

2. Find a trusted colleague who is willing to observe the interview and is able to provide you with useful feedback. You can give your colleague feedback sheet no 1 as a framework for the feedback.

3. Make an appointment with your interviewee and trusted colleague at a time convenient for all of you

4. Before the interview, think carefully about the activities you have so far completed in this study pack. Reflect on your preferred approach to health education and on your personal philosophy and ethical stance.

5. During the interview, use the Risk Factor Questionnaire (sheet no 2), to help you and your interviewee identify any risk factors which need attention. Then discuss with your interviewee the possibilities for any change to her/his lifestyle.

6. After the interview, ask your colleague for feedback.

7. Finally, send feedback sheet no 3 to your interviewee enclosing a stamped addressed envelope for return. This will give you a different perspective on your communication skills.

It is generally accepted that lifestyle factors can contribute to the development of cancers, as well as to other diseases. Part of health education is to help people to understand their own risky behaviour and to move towards healthier lifestyles. In practice this can be difficult, as you will discover from the process of conducting this interview. Study the feedback carefully and think about your strengths and limitations in communication.

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SHEET NO 2
RISK FACTOR QUESTIONNAIRE

This questionnaire is to be used as the basis for discussion about reducing the risk of cancers; it is not intended to frighten or alarm, but to indicate areas in which an individual may wish to make changes. *Tick the appropriate statements for each question.*

1. Describe your smoking habits.

I have never smoked	( )
I have given up smoking	( )
I smoke very occasionally	( )
I smoke regularly	( )

Would you like to change this behaviour? YES NO

2. Describe your usual diet.

High in fruits and vegetables	( )
Low in fats	( )
Low in fruits and vegetables	( )
High in fats	( )

Would you like to change your diet? YES NO

3. Describe your weight.

I am about the right weight	( )
I am slightly overweight	( )
I am very overweight	( )

Would you like to lose weight? YES NO

4. Describe your alcohol consumption.

I do not drink alcoholic drinks	( )
I drink very few alcoholic drinks	( )
I drink in moderation ( )	
I drink heavily	( )

Would you like to change this behaviour? YES NO

5. Describe what you normally do in strong sunshine.

I stay inside or in the shade	( )
I wear protective clothing	( )
I always use sun screens	( )
I sometimes use sun screens	( )
I do not use any protection	( )

Would you like to change this behaviour? YES NO

FEEDBACK SHEET NO 3

HEALTH INTERVIEW - INTERVIEWER FEEDBACK

Please answer these questions as fully and as honestly as you can, continuing on fresh paper if you need to.

1. Did the interviewer help you to feel at ease? In what ways did s/he achieve this?

2. Did you learn anything new about reducing your risk of developing certain cancers? Please say what.

3. Did you feel the interviewer had some understanding of you and your lifestyle?

4. Did the interviewer offer encouragement and support? Please say what and how.

5. Are you likely to change any aspects of your lifestyle as a result of this interview, if so, what?

6. How could the interview have been improved?

ACTIVITY 2. Developing Interviewing Skills

1.   Find someone you know, a friend or family member who feels that s/he has a risk
        factor of cancer, such as smoking, heavy drinking, being overweight, having a poor
        diet. Discuss this with the person to encourage her/him to make a positive change
        to that lifestyle factor.

2.   Two or three days after doing the first part of the activity, reflect on the conversation
        you had:

        -       what difficulties did you experience?
        -       how did your relationship with that person affect the process?
        -       what points did your friend make that were difficult for you to answer?
        -       in your judgement, which types of argument would work best with your
                friend - cognitive, bio-medical, supportive, emotional or fear messages?

Write your responses in the box provided below:

Feedback for Activity 2

It can be problematic to offer someone health advice - it puts us in a position of authority,
so we need to be very sure of our facts. Perhaps something in your friend's non-verbal
communication led you to believe s/he was uncomfortable, hostile even. Possibly you began
to question what right we have as health professionals to seek to persuade others? These,
and other concerns you might have had, relate to wider debates within health promotion,
which we have touched on earlier. Of course, your conversation could have been very
positive and problem-free!

The relationship you have with your friend affected your conversation. It might have made it easier for you to be more relaxed and informal and you could have used it to be more persuasive than with a stranger. Conversely, knowing someone does not always make it easier to give health information or advice. A friend or family member is used to seeing you in a certain role and might resent it if you adopt a professional manner.

Did your friend pose any arguments that were difficult for you to answer? Sometimes we feel as health professionals that we must have all the answers, but that is not necessarily the case. If we begin to regard each interaction with a client or group of clients as a two-way process, in which we learn as much as we tell, then our practice takes on a new dimension. If your friend was overweight and told you that s/he had tried dieting and exercise with no real effect, what would you be thinking? "S/he is lying, must have tried the wrong diet, s/he is kidding her/himself.....?" None of these thoughts is really useful in the helping process is it?

We are all different, responding to a variety of arguments for health promotion. What you may have asked yourself, though, was whether your friend, if eventually persuaded of the desirability of change, had the necessary motivation, skill and social supports with which to initiate the change and maintain it long term.

SUMMARY

1.   Communicating about cancer is a two way process, in which the health professional has something to learn, as well as the client.

2.   The relationship between the client and the health professional has an effect on the process.

3.   We, as health professionals, cannot have all the answers. In cancer education the answers are not always straight forward anyway - cancer prevention knowledge is not always certain and much is still unknown about the precise nature of risk factors.

4.   There are many different approaches to choose from when planning cancer education. The approach selected should reflect the skill of the practitioner, a knowledge of the target group and should be suited to the topic.

ACTIVITY 3. Communicating with a Child

The previous activity asked you to talk with a friend on the topic of cancer prevention. In this activity a different type of communication process will be examined. You need to have access to a child between 6 and 10 years old. It is advisable to seek parental permission for the activity. Having made contact try to think about the most suitable methods you can think of to explore what 'health' means to the child.

Before you begin, think about the following points:

-       Do you have enough skill to perform the task?

-       Can you explain facts clearly and unambiguously and do you need any resources to help you?

In order to start with what the child already knows, you could ask her/him to name someone, real or fictional, who best represents what is healthy: *"the healthiest person you know about."* You could then go on to ask the child to identify what it is that makes that person particularly healthy. Or, with an older child, say of about ten, you could ask her or him to write down 5 words connected with the word "health".

After the interview, write your immediate thoughts:

Feedback for Activity 3

In starting with what the child already knows or believes, you can assess more accurately the level at which to pitch your explanations. By working with the child in this manner, you can also find out in a non-direct, discreet way, whether there is any recent or difficult experience which you need to take into account when structuring what you say and how you say it.

Did you feel skilled enough to carry out this task? You may be used to dealing with children, but if you are not, it can be difficult to find the right words, which explain clearly and do not baffle the child. Did you use any resources to help you? You could have chosen from games, video, books, or perhaps you were really creative and gave the child some art materials so s/he could make a picture of health.

Reflect on the process you went through with the child; did you observe her/his non-verbal communications? Maybe you were too engrossed in your explanations, or perhaps it did not occur to you to pay attention to this aspect of the interaction. If you did observe non-verbal communication, though, collect your thoughts about the following:

- Was the child comfortable in the surroundings? If so, posture would have been relaxed, s/he would relax into the seat and be able to meet your gaze. If not, s/he would be perched in the edge of the seat and look fidgety (Beware, though, there can be for restlessness, simple explanations, such as the need to use the toilet!).

- Was the child interested in the topic? If so s/he would be leaning towards you and keeping eye contact. S/he would ask several questions. Perhaps the child looked away from you most of the time. How did you interpret that? Sometimes people seem uncomfortable in talking about sensitive topics. There could have been a recent difficult experience for that child, or possibly you had pitched the discussion at the wrong level.

- What feelings did the child appear to have? Sometimes people show distress by blinking a lot, or fiddling with their fingers. Some people tense their bodies and clench their fists. Often a person can control their upper body movements but betray their real feelings by certain posture, orientation and movement of their legs and feet. If the child was animated and smiling you probably concluded that s/he felt positive. Remember, though, that levels of concentration can vary greatly between individual children and between children of different ages.

- You also learned something about the ways in which a child views the idea of health. How did these ideas differ from those of an adult?

SUMMARY

When considering the following points, bear in mind that they are equally to interaction with adult clients.

1.   If you start with the child's existing knowledge, feelings and beliefs you can implement your health education more effectively as well as affirming to the child that his/her views are valuable.

2.   Resources can help you to explain ideas and concepts and to explore feelings and beliefs, but they need to be chosen with care. You are the best resource of all.

3.   Be sensitive to non-verbal communication as it will give you valuable feedback on the process.

ACTIVITY 4.   Non-Verbal Communication in a Health Care Setting.

Read the article by Hall & Lloyd (in the course reader) and then answer the question in the boxes provided below:

What two definitions are thought by the authors to be helpful?

List Argyles ten dimensions.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

What are the implications noted by the authors?

SECTION 5

HEALTH EDUCATION AND

HEALTH PROMOTION

ACTIVITY 1. Health promotion. What is it? What will it become?

Read the article by Green and Raeburn (**in the course reader**). It is a long piece of writing which expresses some complex ideas, so set aside plenty of time to read it.

After reading, use the boxes below to summarise the main points of each section.

What are the key concepts of the introduction?

What do the authors state are the problems of defining health promotion?

What are the key concepts of health, health behaviour and social context?

What are the "threads from the past" which have gone into "weaving the present fabric of health promotion"?

What are the purpose and goals of health promotion as described by these authors?

What conclusions are drawn?

ACTIVITY 2. Approaches to Health Promotion

Using the definition of health promotion given in the article by Green and Raeburn, think of a health promotion activity you have experienced, either as a professional, or as an individual.

1. What was the purpose of the activity?

2. Which group(s) were targeted for the activity?

3. Do you think the aims of the activity were fulfilled?

Answer these questions in the box below:

1. Purpose:

2. Target group:

3. Aims fulfilled?

Feedback for Activity 2

Not just as professionals, but as individuals we experience a wide range of health promotion activity. Here are some we thought of - you probably added more. The table below shows a summary of types of activity, with the aims and the target group.

Activity	Aims	Target groups
Immunisation	Reduce infectious disease, raising awareness and increasing uptake.	Parents and young children
Smoking and pregnancy	Reduce smoking in pregnancy, to improve birth weight and foetal health.	Pregnant women
Health eating	Reduce morbidity and mortality from chronic disease	Whole population
Smoking policy	Eliminate smoking in public places.	Smokers
Safe sex, safer drug use	Reduce risks of HIV infection, and AIDS, and other diseases, reduce teenage pregnancies.	Sexually active young people drug users.

It may be that you were unsure of the aims of the programme you had experienced - is that important? Also, when you stopped to think about the target group you may have noticed that it had not been explicitly stated - again, ask yourself if that is important?

It is important for health professionals to be clear about their aims, which may sound obvious, but it is all too easy to lose sight of the aims when you are deeply involved in the detail of a project. Some health professionals would argue that the client, or consumer does not however, need to be made aware of the aims of a health promotion activity. This does beg the question, though, of the ethics involved in our work. If we wish to work in a collaborative way with people, in which they are enabled to take control of their lives and make real choices based on a range of options, then we should give those people as much information as possible, including information about the aims of a programme. However, the aims of some health programmes are too far-reaching to make sense. Some have argued that the Europe Against Cancer target of reducing premature deaths from cancer by 15% by the year 2000 is not achievable in a short amount of time. A further point is that, even if the target figures are reached in 2000, how can we ever know the extent to which cancer prevention programmes influenced that reduction and how much was due to unknown factors? Conversely, the aims of some programmes do not seem to go far enough. Evaluation of many HIV/AIDS campaigns has shown that, although awareness and understanding of safer sex practices has increased to quite a high level among young adults, many of them report that they do not practise safer sex, because they do not see themselves at risk!

SUMMARY

So what about the aims of the health promotion activity you have been thinking about? What lessons can you learn when setting aims for your own health promotion activity?

Education about cancer, especially cancer prevention, cannot be achieved in isolation - in other words it is part of general health promotion. There are many different ideas about health promotion and there are various approaches to it. Is any one approach right, or can they all be used according to the situation?

You can begin by thinking more carefully about your own philosophy of health. To help you do this the activities below take the example of different approaches to skin care in the sun.

ACTIVITY 3. Medical Approach

When you visit your doctor s/he can check your body for any suspicious areas of pigmentation, or for moles which are large and of an irregular shape and texture. In this way you can be screened for skin cancers, which can then be treated at an early stage.

1.   How do you feel about the effectiveness of this method of preventing skin cancers?

2.   What advantages would there be to this approach?

3.   What limitations would there be to this approach?

Write your responses in here

---

1. Effectiveness:

2. Advantages:

3. Limitations:

Feedback for Activity 3.

1.   You may have said that this is quite an effective method of cancer prevention, because doctors are well-trained and qualified to detect any abnormalities of your skin. You could not do that for yourself.

This method of cancer prevention is actually **secondary prevention**, that is, the cancer may be detected at an early stage. Another approach might be to prevent the disease from ever starting, which would be an example of **primary prevention**.

2.   The advantages of this approach are:
   -    large numbers of people can be screened.
   -    early treatment can be given
   -    medical staff are well informed and qualified to do this job.

3. The limitations to this approach are:
    - the "patient" does not play an active part in the process
    - the cancer has already started to grow
    - there is a danger that a "dependency culture" can be created, in which people place too much faith in the medical profession and fail to take responsibility for themselves.

You probably thought of some different points, too.

There would be considerable limitations to relying too much on the approach described above. A different approach is given below.

ACTIVITY 4. Social Change

At government level it is decided that, as the incidence of skin cancers is rising, it will be for the good of the nation to implement policy and legislation relating to behaviour in the sun. Therefore, new stringent guidelines are issued to manufacturers of sun screen products to standardise the Sun Protection Factor numbers (SPF). This is reinforced by a nationwide TV campaign about staying safe in the sun.

1. How do you feel about the effectiveness of this method of preventing skin cancers.

2. What advantages would there be to this approach?

3. What limitations would there be to this approach?

Write your responses in here:

---

1. Effectiveness.

2. Advantages.

3. Limitations.

Feedback for Activity 4.

1.   You might have said that this is an effective method of cancer prevention, as it works towards creating an environment in which people are better able to protect themselves. It also shows that the government cares about the health of its citizens, by protecting them in this way. Using TV is an effective way of reaching large numbers of people.

2.   The advantages of this approach are:
   - large numbers of people can be reached
   - there is potential for widespread change in health-related behaviour
   - public awareness is increased.

3.   The limitations of this approach are:
   - again the control is taken away from the individual
   - although TV reaches a wide audience, it can only increase awareness and may not help people develop the skills for change.

This approach uses policy and guidelines to create environments in which people are more likely to change their health-related behaviours.

Did you think of any other points?

We have looked at two quite different approaches to preventing skin cancers and these reflect more general ways of working in health promotion. If your work involves health education, you may recognise the next example:

ACTIVITY 5. Health Education

As part of a healthy lifestyle programme aimed at young adults, a health education specialist designs a half day course on skin cancer and skin care in the sun. The course offers accurate information about the relationship between exposure to the sun and the incidence of skin cancers. Course participants take away a resource pack with information leaflets, useful addresses and posters.

1.   How do you feel about the effectiveness of this method of preventing skin cancers?

2.   What advantages would there be to this approach?

3.   What limitations would there be to this approach?

Write your responses in here:

1. Effectiveness.

2. Advantages.

3. Limitations.

Feedback for Activity 5.

1.   This is an example of health education which is targeted at a particular group. Targeting is useful, as it enables the educator to find the most suitable style and approach for that particular group. For example, elderly people might require quite different education about the sun from young people. Offering information about health issues is a way of helping people to become more knowledgeable, but also allows them a free choice to change their behaviour. Nowadays more health education programmes include skills teaching, helping people with practical ways to change their health-related behaviours.

2.   The advantages of this approach are:
-      accurate information can be offered in an educational setting
-      certain groups can be targeted and an appropriate educational style and content can be designed.
-      the choice of whether or not to change health-related behaviour is left to the individual.

3.   The limitations of this approach are:
-      it is very difficult to simply offer information in an educational setting, without trying to influence people
-      therefore, the idea of free choice is questionable
-      even when individuals do want to change health related behaviours, they may not be able to change for a number of reasons.

Most of our work in cancer prevention uses this approach.

You will probably see similarities between the approach described above and the one about to be described.

ACTIVITY 6. Behaviour Change

A cancer charity launches a national campaign designed to persuade people to stop sunbathing at the beach. The campaign includes large billboard posters of sunburnt men and women, with a very wrinkled, dark skinned woman saying, ("Tanning now will make great leather later".) Another aspect of the campaign is the presence of "sun spies" on major beaches and riversides. These spies patrol the area on hot days and warn people who are sunbathing to cover up.

1. How do you feel about the effectiveness of this method of preventing skin cancers?

2. What advantages would there be to this approach?

3. What limitations would there be to this approach?

Write your responses in here:

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1. Effectiveness.


2. Advantages.


3. Limitations.
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Feedback for Activity 6.

1. Perhaps you have mixed feelings about this approach. You could, for example, feel that it might be very useful for a responsible person to alert you to the danger of sunburn on the beach, or at any other summer leisure place. However, maybe you also wonder whether you would feel quite angry at being treated like a child, being told off, and having your freedom of choice challenged in this way. Might this make you want to do the opposite?

2.   The advantages of this approach are:
-       it can provide a short, sharp shock, necessary to alert people to danger
-       public awareness can be raised when a campaign becomes quite well known
-       powerful images can be used to convey the required message.

3.   The limitations of this approach are:
-       shock and scare tactics have been shown to be less successful than other methods; sometimes they have the opposite effect
-       as the message is a strong one, people can be made to feel very guilty or inadequate if they are not following advice
-       there is little or no freedom of choice for the individual.

You can probably recognise health promotion campaigns which have used this approach.

ACTIVITY 7. Client Centred

Some health professionals concerned about skin cancers occurring in young adults decide to work with school children on cancer prevention. The approach involves going into schools and negotiating with students what the most relevant health issues are for them. Top of the students' concerns are relationships, stress and sexuality, whilst skin care in the sun is given very low priority. The health professionals decide to work with the issues which the students feel are important.

1.   How do you feel about the effectiveness of this method of preventing skin cancers?

2.   What advantages would there be to this approach?

3.   What limitations would there be to this approach?

Write your responses in here:

1. Effectiveness.

2. Advantages.

3. Limitations.

Feedback for Activity 7.

1.   It does not look like a very successful cancer prevention programme, if it is focusing on relationships, stress and sexuality. If you are going to work with groups of people on a negotiated basis, it is not really worth having firm ideas about what the important health issues are going to be, because they will often be different from those of the clients. This is because the concerns of a health professional are often based upon epidemiological evidence, and policy, whereas the concerns of members of the public are more likely to be relevant to immediate personal experience. However, once a good relationship has been established it may be possible to introduce new topics, including, in this case, skin care in the sun and prevention of skin cancer.

2.   The advantages of this method are:
      -    a good working relationship can be built up with the group
      -    small scale, local projects can be developed, which have relevance and meaning for people
      -    cancer prevention can be integrated with other health concerns of the group.

3.   The limitations of this approach are:
        -       the concerns of the health professional often do not match those of the group.
        -       small scale projects are not always well resourced and financed

ACTIVITY 8.   Boundaries and horizons, the role of health education within health promotion.

Read the article by French **(in the course reader)**. Then answer the questions in the boxes provided, without consulting the text.

How does French view community participation?

In what way does Figure 1 make reference to the preceeding activities you have just completed?

What is the distinction being made between health education and health promotion?

What are the seven points offered as the worrying principles of health education?

Now return to the article to check your answers.

SECTION 6
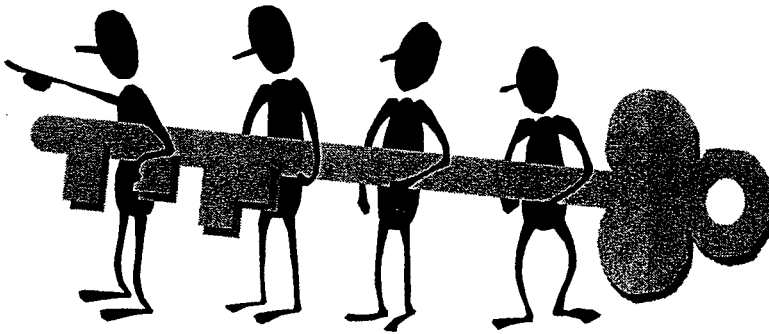
REDUCING THE CANCER RISK

The previous section looked at some examples of the ways in which health promotion can be approached. The emphasis of this study pack is on the health education approach. We will now move on, to consider more specifically cancer prevention as part of health education.

ACTIVITY 1. The Scope and Limitations of Cancer Prevention

What do we understand by the term cancer prevention? In the box for this activity, write down five thoughts you have when you see the words, CANCER PREVENTION.

Write your responses here:

```
1.


2.


3.


4.


5.
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Feedback for Activity 1

Just by using the words cancer prevention, we are making the statement that cancers can be prevented. That certain cancers can be prevented is indisputable, but where some of us might disagree is on the **extent** to which cancers can be prevented, which particular cancers are preventable and the extent to which individuals are able to take control of preventing cancers.

It has been stated that up to 80% of all cancers could be prevented by changes to lifestyle and environment. What do the words "up to" mean? And what happens when the figure is turned upside down? We then have the statement that at least 20% of all cancers could **not** be prevented by changes to lifestyle and environment. That is at least one fifth of all cancers. It is important for us to remember that not all cancers can be prevented, because *it is easy to get carried away with optimism* about prevention and to overlook the fact that for those people who have cancer, or whose friend or relative has cancer, it is not helpful to feel somehow as if they are to blame for not having prevented it.

Let us also consider cancers which are universally accepted to be almost wholly preventable, lung cancer, for example, or skin cancers. Even in the case of preventable cancers, it is not *possible to predict which individuals in a group of smokers will go on to develop cancer of the lung.* We can only speak confidently about probability. If you are a lifelong smoker, your chances of developing lung cancer are about 25%, or 1 in 4. Nobody can predict which individual out of a group of four smokers will be the one to develop lung cancer.

Does any of this discussion relate to the five points you identified? Perhaps you wrote words like *optimism, taking control, positive,* or perhaps you were more doubtful and wrote words like, *chance, fate, lack of knowledge.* You might have noted particular lifestyle factors which are associated with cancer prevention, such as, tobacco use, alcohol, diet, behaviour in the sun, or did you write particular cancers which you associate with preventability, such as, lung, skin, mouth, bowel?

ACTIVITY 2. Levels of Prevention

Prevention can be described on three levels, primary, secondary and tertiary. What are the main activities which would take place at each level?

Write your responses here:

PRIMARY
SECONDARY
TERTIARY

Feedback for Activity 2

Primary prevention

Primary prevention is aimed at people who are apparently well and encourages them to stay well. Clearly a part of being well and healthy is to prevent the onset of disease where that is possible, so in terms of cancer prevention, primary prevention techniques might include education for school children about healthy eating, or the introduction of smoking policies at places of work, to name just two. Much primary prevention focuses on health behaviours and lifestyle change and is often been criticised for being too reductionist; in other words, for looking at discrete lifestyle behaviours in isolation from each other. This approach carries an underlying assumption that people can and will take control of their lives and take full responsibility for their health. For many reasons a lot of people cannot change their lifestyles, yet such is the power of the message that some people, on becoming ill, blame themselves and feel very guilty, for having caused their own sickness. We should use lifestyle cancer education with caution, so that we do not end by blaming the victim.

Secondary prevention

At a secondary level of cancer prevention, the target group consists of people who already have early stages of disease. The aim is to prevent this disease, or condition, progressing to the stage where it becomes irreversible and leads to disability. Secondary cancer prevention takes place when people are encouraged to examine their bodies for unusual or worrying changes. An example could be a programme encouraging older people to be aware of changes in bowel habit so conditions leading to colo-rectal cancers can be detected and treated early. Another example of secondary cancer prevention is a screening programme, which detects the disease early, again allowing for prompt, early treatment.

Tertiary prevention

The tertiary level of health promotion is aimed at people who already have a long term illness. Traditionally this group was seen as needing care, rather than health promotion, but the thinking has changed. In the cancer field this change has probably come about because the views of the person with cancer are much more frequently heard now. In cancer prevention the tertiary level is aimed at those who have had cancer for some time. In addition to the medical and nursing care needed by people with cancer, there is a great deal of information that people want and need. Patient information can help someone take an informed decision about their treatment, or can equip another person with the skill and knowledge required to do something practical, such as obtain a mobility allowance, make a will, or take a holiday! It is, of course, quite possible to live with cancer, yet to be otherwise healthy. We can think this way today because we have moved from a simple view of health as the absence of physical disease, to embracing a more holistic approach to health, including dimensions of physical, psychological, spiritual, social and sexual health. All these areas are important, no less so for someone with long term disease such as cancer.

ACTIVITY 3. Cancer Risk Factors.

It can be difficult to talk of avoiding cancer, or preventing cancer, because not all cancers are preventable and estimates of preventability vary. Also, there may be some people who are born with a genetic predisposition towards developing a certain cancer. At present we have little idea as to who these people might be, nor how to identify them.

However, we do know that for particular cancers there are known risk factors. You may feel that some of these risk factors are not within the control of certain individuals and that we are in danger of creating anxiety, rather than allowing people to take control of their lives.

Look at your existing knowledge of cancer risk factors.

There are 8 boxes below.

1.   Into each box write one risk factor for cancer.

2.   Now, take all 8 risk factors and rank them in order of importance for you, labelling the most important with number 1, through to number 8 for the least important.

Feedback for Activity 3

Compare your risk factors with the table given on the next page, which is taken from the work of Sir Richard Doll.   Note that risk factors are listed in order of the **number of preventable cancer** deaths associated with each.   For each risk factor two figures are given, the first is the certain number of preventable deaths, the second is the possible number of preventable deaths.   As more research projects into cancer aetiology are evaluated, the figures in the second column may change considerably.   Look at the margin of error for diet and compare it with the near certainty for tobacco.

PERCENTAGE OF PREVENTABLE CANCER DEATHS

	Certain	Possible
TOBACCO	33%	35%
DIET	10%	20-60%
GEOPHYSICAL (UV light, radiation)	4%	4%
ALCOHOL	3%	4%
NATURAL HORMONES	2%	20%
OCCUPATION	2%	6%
VIRUSES	2%	5%
POLLUTION	<1%	5%
MEDICAL	<1%	1%

Source: Conference paper, Cancer in the workplace, 15.10.92, London Sir Richard Doll

There were probably areas in which your risk factors did not match up to those given in the table on the previous page. How do you feel about that? Are you convinced by the figures or not? You probably agreed with the high priority given to tobacco and it is quite likely you included alcohol, sun and diet in your list.

The figures give certain and possible percentages. The certainty relates to what we know from research evidence currently available, whilst the possibility is that, as more evidence comes to light, the position for some factors will change quite dramatically, whilst for others it will hardly change at all. So in the case of tobacco, even as new research findings become known, the figures will not change significantly. The same cannot be said, however, of diet, where the margin of error is very large, reflecting both the extent of uncertainty and disagreement about diet and cancer, but also the fact that research into this area is still quite new. Diet is notoriously difficult to research because it is composed of so many different items, each inter-related with one another and with other factors.

Geophysical factors include all kinds of natural radiation, including radon, but especially ultra violet light from sunshine. People are often surprised to find that their exposure to naturally occurring radiation is far greater than to man-made sources. On the table **alcohol** is shown as causing 3-4% of preventable cancer deaths. However, alcohol is known to have a synergistic relationship with tobacco, which means that people who both smoke and drink large amounts of alcohol, have multiplied risks of developing certain cancers.

A large degree of uncertainty is seen in the role of **natural hormones**, again reflecting that research into this area is in its relative infancy. There is considerable interest in the role of naturally occurring oestrogen in the development of breast cancer, for example.

Occupation-related cancers are far less common today, now that stringent health and safety requirements are in force at the workplace, though workers in other parts of the world may not be so well protected. Many work-related cancers occurring today are the consequence of exposure to carcinogens 20 to 30 years ago, the most notable being men who worked years ago with asbestos now developing mesothelioma - a particular type of lung cancer.

Viruses which interact with other factors to promote certain cancers are a particular problem in other parts of the world, rather than here. However, there is research interest in the connection between Human Papilloma Virus, which causes genital warts and certain cancers, including cancer of the cervix.

Pollution at present is thought to account for less than 1% of all preventable cancer deaths, but in heavily polluted areas, people who smoke may be at even greater risk. **Medical procedures** refers mainly to high dose x-rays which were used in the past. Today x-rays, which are, of course, a form of radiation, are used in much smaller doses and far less often than before.

Many people, though, feel that issues such as human made radiation, pollution, stress and food additives must be significant cancer risk factors. Perhaps you included one or more of these.

STRESS

Stress is very subjective - stressors and stress reactions vary greatly between individuals. For this reason stress cannot readily be measured. All of us experience stress at some point, but by no means all of us go on to develop cancer.

However, something we do know is that after suffering a traumatic life event, such as the death of a child or partner, a person becomes more likely to develop a number of chronic conditions and more likely to have an accident.

FOOD ADDITIVES

Many of us are concerned about additives in food, but you may be surprised to know that fruits and vegetables all contain natural amounts of carcinogenic substances, often in larger quantities than the small amounts of additives. Also, many additives derive from natural food sources.

In recent years the incidence of stomach cancer has fallen in many countries and is thought to be because of the addition of preservatives to some foods. So some additives might have a preventive role. It is good that we all continue to question the use of unnecessary chemicals in our food, but in cancer prevention it is more important to promote a healthy diet than to focus on food additives.

POLLUTION

In extremely heavily polluted areas of the world it may be that cancers will increase in the future. However, current research findings have not found air pollution to be a significant risk factor for cancers, except where exposed individuals also smoke. This is not to say that we should not be concerned about pollution - of course many of us worry about long term effects of pollution and for some people there are added risks of all sorts of conditions and diseases and a threat to quality of life.

One way in which pollution may have made a significant, but indirect contribution to cancer incidence is in the destruction of the ozone layer, which is now exposing people in some parts of the world to much higher doses of UV light than before.

HUMAN MADE RADIATION

Of all the radiation we are exposed to in a lifetime, only a very tiny amount is made by humans. Most radiation comes from the sun and some is emitted by certain rocks. These natural sources of radiation are potentially as dangerous as anything produced in a power station.

ACTIVITY 4. The 10 Point Code Against Cancer

There are ten boxes below:

1.   Into each box write one way in which an individual can reduce her/his risk of cancer.

2.   Then put each box in priority order, starting with 1 for the most important, through to 10 for the least important.

Write your responses here:

Feedback for Activity 4

Compare your answers with the Europe Against Cancer 10 point code for living, reproduced below. Look at the similarities and differences.

EUROPEAN CODE AGAINST CANCER

1.   DO NOT SMOKE. Smokers stop as quickly as possible and do not smoke in the presence of others.

2.   EAT PLENTY OF VEGETABLES AND FRUIT EVERY DAY, and include cereals with a high fibre content.

3.   AVOID BECOMING OVERWEIGHT, increase physical exercise and limit intake of fatty foods.

4.   IF YOU DRINK ALCOHOL, beer, wine or spirits, MODERATE YOUR CONSUMPTION.

5.   AVOID EXCESSIVE EXPOSURE TO THE SUN. This is especially important for children.

6.   STRICTLY APPLY MEASURES AIMED AT PREVENTING ALL EXPOSURE TO CARCINOGENIC MATERIALS IN THE WORKPLACE.

7.   SEE A DOCTOR IF YOU NOTICE AN UNEXPLAINED CHANGE: a lump, especially in the breasts or testes, a sore which does not heal, including a mouth ulcer, a mole which changes in shape, size or colour, or any abnormal bleeding.

8.   SEE A DOCTOR IF YOU HAVE PERSISTENT PROBLEMS, such as a persistent cough, persistent hoarseness, a change in bowel or urinary habit, an unexplained weight loss.

For women:

9.   HAVE A CERVICAL SMEAR REGULARLY. Participate in early detection programmes for cervical cancer where they exist.

10.   CHECK YOUR BREASTS REGULARLY AND, IF POSSIBLE, UNDERGO MAMMOGRAPHY AT REGULAR INTERVALS OVER THE AGE OF 50.
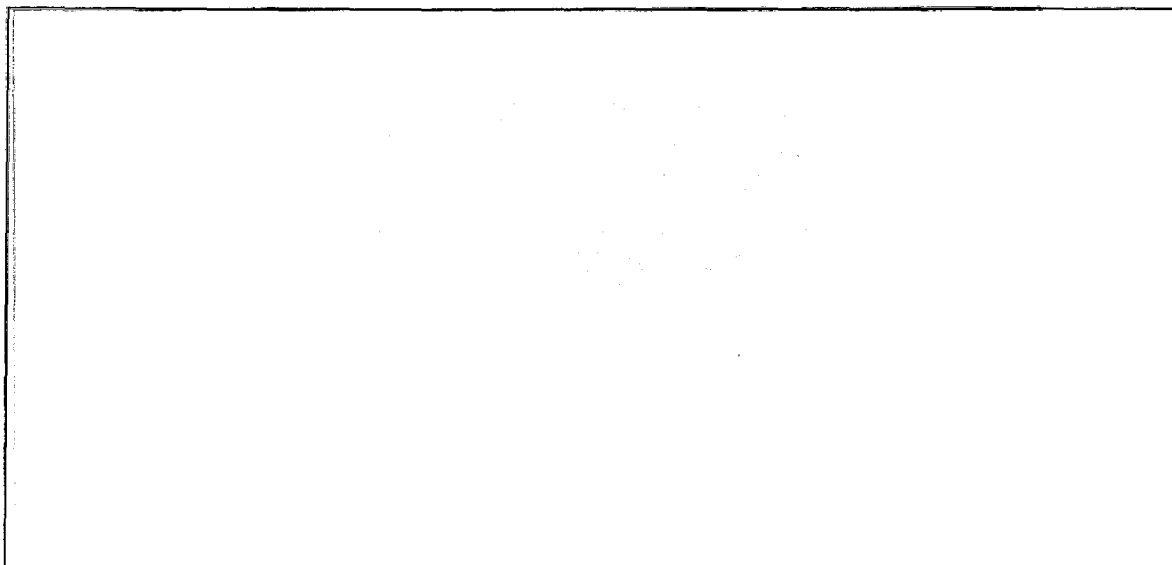
ACTIVITY 5. Limitations of Cancer Prevention Advice

If everyone in the EU received a copy of the 10 point code, would cancer incidence be significantly reduced? Write your thoughts in the box below.

Write your thoughts here:

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Feedback for Activity 5:

If everyone in EU received a copy of the 10 point code, cancer incidence might be reduced, but it is more likely that significant reductions in cancer incidence would not result. Why not? Some people would not read it; some of those would not be able to read it. Of those people who would read the leaflet, some would be sceptical about the contents and dismiss them as irrelevant or untrue; propaganda.

There would probably be large number of people however who would read and understand the leaflet, seeing the relevance. Most of us are interested in our health and most of us would probably like to prevent cancer.

The problem for some people would be that, even if they believed the messages in the 10 point code, there could be many reasons why they might be unable to follow the recommendations.

Europe Against Cancer (EAC) has taken many different approaches to cancer prevention in the EU. The EAC 10 point code is a simple message directed at adult citizens of the EU. Its wording and content have been carefully thought out and agreed by a committee of experts from member states. EAC also funds a number of projects and initiatives in member states, aimed both at public and professional education. All projects from 1995, in the third action plan, will have to be joint ventures between two or more countries of the Union, in addition to fulfilling other stringent criteria, if they are to secure funding. The materials you are using now are an example of such a project.

EAC has been active in promoting policy and passing laws which create environments in which people are enabled to make healthy choices. For example, by banning TV advertising of tobacco, we are enabling young people to choose not to smoke. They can make that choice without media pressures which seek to persuade them by using dubious tactics.

The summary which follows illustrates the ways in which EAC has worked at an environmental and societal level to reduce cancer risk.

EUROPE AGAINST CANCER ACTION PLANS

TOBACCO

1987 - 89 (1st action plan)

member states agreed to:

* harmonise labelling on cigarette packs
* reduce tar content in higher tar brands
* ban TV advertising
* ban smoking in public places

1990 - 94 (2nd action plan)

aims were to:

* regulate tobacco advertising, including clandestine methods such as product placement.
* increase taxes to raise prices, especially in Southern Europe.
* eliminate duty free tobacco sales within the community.

DIET

continuing aims are to:

* protect consumers by regulating food labelling
* sponsor more detailed research in Europe
* fully support healthy eating campaigns in member states

PROTECTION AGAINST CARCINOGENS

continuing aims are to:

*   produce in all member states inventories of carcinogenic chemicals
*   provide new directives for the protection of workers (as with asbestos)
*   protect the public from ionising radiation, including guidelines on the irradiation of food
*   overall consumer protection through regulation

ACTIVITY 6.   Lung Cancer: is there an association with socioeconomic status in The Netherlands?

Read the article by Jeanne et al **(in the course reader)** and then answer the questions below.

What strange fact did the researchers discover early on in the study?

How was socioeconomic status (SES) measured for the purpose of the study?

Summarise the results

i.

ACTIVITY 7.   Cancer risk and prognosis in Norway: comparing women in their first marriage with women who have never married.

Read the abstract by Kvikstad and Vatten **(in the course reader)** and then answer the questions below.

Give the possible reasons for married women having a lower incidence of and better prognosis for, cancers.

For which cancers did unmarried women have an increased risk?

For which cancers did unmarried women have a lower risk?

What explanations do the authors put forward for the differences - Cancer incidence between married and unmarried women?

SECTION 7
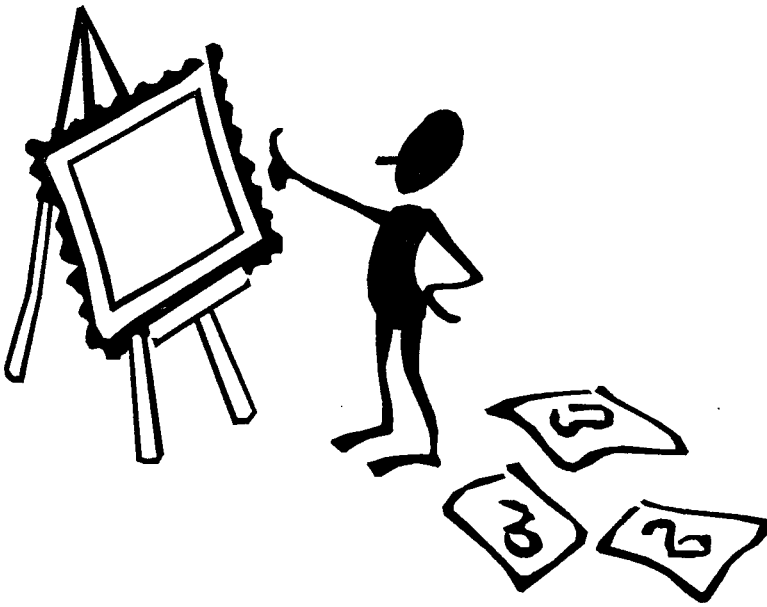
BUILDING THE PICTURE

ACTIVITY 1. Visualising Cancer

How do people "see" cancer? It is important to consider the image of cancer, for, if the image is negative it may act as a barrier to receiving positive messages about prevention. If, in your work, you have to talk with people about cancer, you will find it helps to promote empathy if you can try to visualise cancer in a similar way to the client or patient.

Try this activity for yourself, then, if you have access to an older child or adolescent, try doing it with that person. Young people tend to be less inhibited about expressing themselves in art work than adults. Prepare for the activity by having pens and pencils ready.

Close your eyes and take several deep breaths. Try to empty your mind of its current concerns. Ask yourself, "What do I see when I think of cancer?" Take up your pen or pencil and try to represent this image in the box provided below:
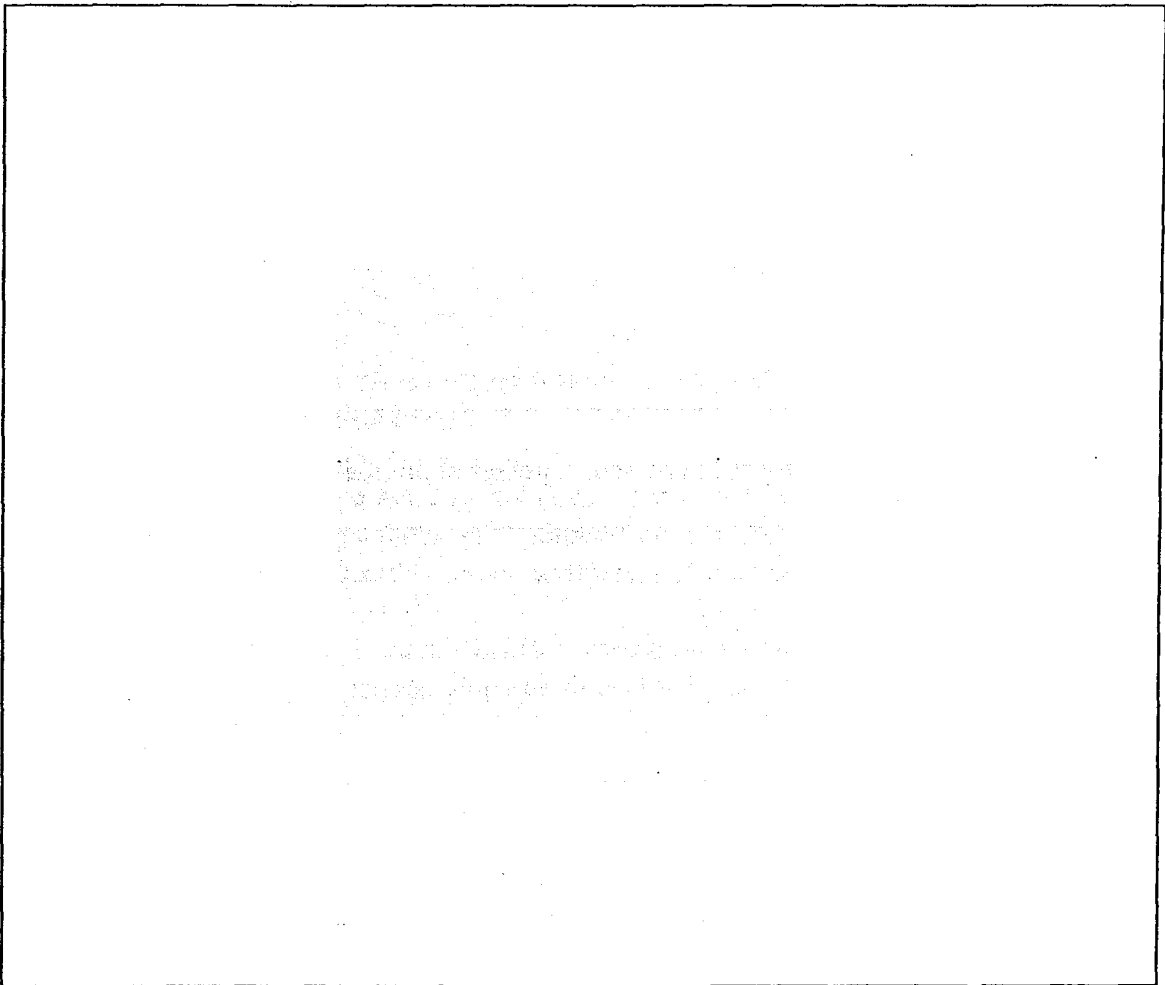
Feedback for Activity 1

How do you feel about your image? Is it positive or negative? Does it represent any feelings or beliefs you have. As professionals we so often become over-familiar and desensitised to issues which, for clients and patients are very important. Think about the images your patients or clients may have of cancer.

As you work through the case studies, which are about lifestyle factors and cancer prevention, try not to lose sight of the image people have of cancer.

ACTIVITY 2. Picture Building Case Study Outdoor Worker

Build your case study in the boxes provided below, then read the case study options we came up with, in the feedback section.

1.   A man who works outside goes to see his doctor. Why has he gone there?

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2.   In the waiting room he sees a poster about skin cancer. What does he think?

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3.   What skin conditions might the doctor look for on the man?

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4.   What information could the doctor give about skin care in the sun?

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Feedback for Activity 2

The picture case study you have created is unique. The following discussion may include some points you have not thought of.

1.   The man could have gone to his doctor for a wide variety of reasons. Outdoor workers can develop a range of conditions and illnesses some related to occupation, others more general and common to the rest of the populace.

2.   Perhaps it is the first time this man has ever thought about skin cancer. He may not think of himself as at risk, since he does not lie on the beach and sunbathe. But maybe this man is sitting in the waiting room because he has noticed some change in skin pigmentation and wants to have them checked. Hopefully the poster will not scare him off!

3.   As an outdoor worker, this man is probably quite tanned and weather beaten. Even if he has visited the doctor for something unconnected to his skin, the doctor might usefully take the opportunity to examine him for skin lesions. If the doctor is concerned about the possibility of skin cancer, there are a number of particular conditions she may have detected including:

Solar keratoses
Squamous cell carcinoma
Basal cell carcinoma (rodent ulcer)
Malignant melanoma

4.   The information given to outdoor workers in the sun should be:

wear a wide brimmed hat
wear cool, loose clothing
where the sun does come into contact with the skin, use a sun screen with an SPF of 15+
try to stay out of the midday sun

ACTIVITY 3. Picture Building Case Study, Schoolchildren

Build your case study in the space provided below, then read the case study options we came up with, in the feedback section.

1.   A primary school teacher has chosen food as a learning topic. Why?

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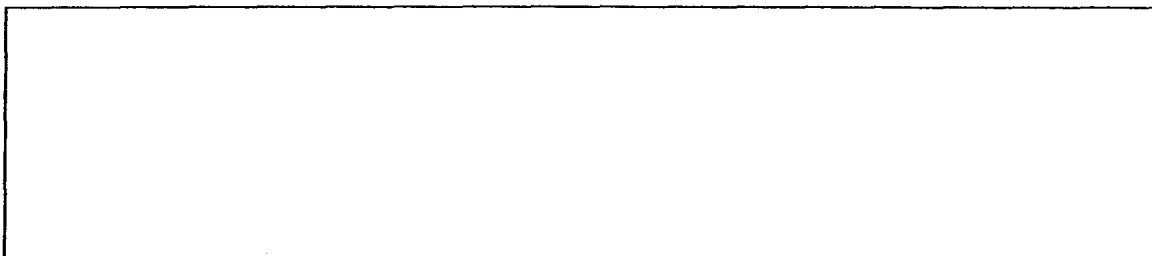
2.   What concerns might the teacher have about the childrens eating habit?

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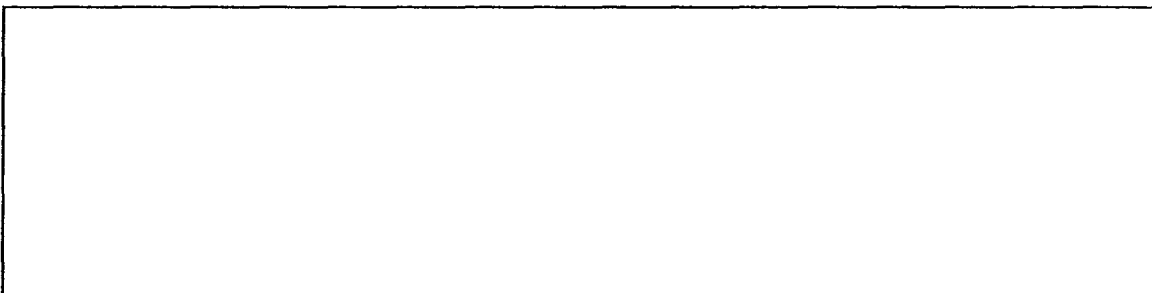
3.   What healthy eating information will the teacher offer to the children?

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4.   How could the children make the healthy eating topic interesting and relevant?

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Feedback for Activity 3.

You have created another picture case study. See how it compares with the following points.

1.   Teachers often choose food as a topic, because it lends itself so well to a variety of learning processes. Food can be used in mathematics work, in counting, sharing or dividing, weight and shape. In art work, food is a wonderful topic, because of the variety of forms, colours and textures. Food is a useful stimulus for creative writing, as it is so important yet so familiar to children and they have definite likes and dislikes. A scientific approach to food creates scope for a variety of work looking at the effects of cooking, watching the process of decomposition and testing for the presence of salt, starch or sugar, including blind tasting.

As a topic in health education, food is important, as it is central to the life of a child. Children of quite a young age have already acquired habits and preferences in their dietary choices.

2.   In many countries of the EU there are concerns that the diet of children is deteriorating. The teacher might be concerned to find that the children eat a lot of processed food and little vegetable or fruit. Perhaps the children eat a lot of sugary food and snacks. If most of them appear to have a balanced diet, the teacher might feel satisfied.

3.   The kind of information offered to the children would obviously vary according to the exact age group. However, whatever the age, information about a balanced diet would include the following:

   *   Eat fruits and vegetables every day, 5 helpings if you can.
   *   Try to have a fried food (like chips) only once or twice a week
   *   Limit sweets and cakes to once or twice a week, as a treat
   *   Drink plenty of milk
   *   Eat lots of bread, rice, pasta and potatoes.

Ideally, the information would be accompanied by the opportunity for children to talk about the food they eat at home and for them to have practical experience of preparing some healthy options and tasting them in the classroom. The teacher might also take steps to restrict the sale of snacks and ice creams in or around the school. She might give the children some leaflets for parents, giving ideas for healthy snack foods. The teacher in this situation needs to be very sensitive and tactful - some children come from impoverished backgrounds, where there is less possibility of eating good quality food.

4.   The ways in which children respond to health education again depend to quite an extent on the age group. Younger children tend to view anything the teacher says as correct, whilst older children may be more challenging. All ages are more likely to act upon healthy eating information if they have the opportunity to taste some of the healthy options for themselves. The teacher would need to choose ingredients appropriate to the home lives of the children, so that the foods prepared were both affordable and relevant to lifestyle.

The dietary habits and knowledge acquired by children may last into their adult lives and significantly affect their chances of developing chronic disease, including certain cancers.

ACTIVITY 4. Picture Building Case Study, Teenager.

In the space below build your case study, then read the case study options we came up with, in the feedback section.

1.   A teenage girl is at a youth club, holding a cigarette packet. What will she do next?

2.   She picks up a health education leaflet about smoking. How does it make her feel?

3.   What are the girl's feelings about others around her who smoke?

4.   A video about smoking is shown at the youth club. What does it focus on?

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Feedback for Activity 4.

The following points are just suggestions; you might have painted a very different picture, based on your own ideas and experience.

1.   This girl is at a vulnerable age? Perhaps she found an empty cigarette carton and is idly glancing at it. She might be looking after some cigarettes for a friend. Or is this girl about to take out a cigarette and light it? Maybe she will read the health warning.

2.   If the girl is smoking, the leaflet might maker her feel guilty. She might feel anxious about her parents, or other family members who smoke. Perhaps she feels that, at 15 years old, with the world at her feet, health messages are irrelevant. Even if this girl already smokes, she feels quite healthy. Maybe she is opposed to smoking and is pleased to see the leaflet there.

3.   As a non-smoker the girl might find the smell and fumes very offensive. In her circle of friends it could be difficult to be assertive about this. Perhaps the girl has not yet tried smoking, but is feeling self-conscious and conspicuous - what can she find to do with her hands and how can she appear more confident? At 15 she might already be a regular smoker, so she feels part of the group. There can be tremendous peer pressure exerted on your people to take up smoking, as well as to experiment with other substances.

4.   The video might focus on smoking related disease and might mention numbers of details from such diseases. Alternatively it might emphasise the anti-social nature of smoking - the offensive smell of other people's smoke, the unpleasantness of dirty ashtrays and smokers' breath. Perhaps, considering the age group, the video includes quotes from young people about the undesirability of kissing a smoker! The economic costs of smoking could be highlighted. There may have been a section on giving up smoking, or the whole programme might have focused on the pharmacological effects of smoking.

ACTIVITY 5. Lifestyle Change

By now you will have given quite a lot of thought to the complexity of cancer prevention certainly you would probably agree that it is not straightforward. In this activity you need to focus on each point of the 10 point code, identifying the constraints which might prevent someone taking the appropriate action. The first example has been completed, to give you an idea of what to do.

Example:

Cancer prevention advice   Constraints against action

1.   Do not smoke. Smokers   Physical addition
      stop as soon as possible.   Psychological dependence
                                          Stressful life
                                          Peer pressure
                                          Social pressure

As you can see, we have put a very small selection of constraints in the right hand column and it was not difficult. Feel free to fill yours up in the space provided on the next page.

10 pt code: CANCER PREVENTION ADVICE	CONSTRAINTS AGAINST ACTION
1	
2	
3	
4	
5	
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7	
8	
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10	

Feedback for Activity 5.

When we, as health professionals, try to inform and help people in adopting a healthy lifestyle, we often make the assumption that people are capable of change. In fact, as you will have seen from this activity, there are many reasons why people are not able to act upon healthy lifestyle information. If we take the example given on smoking, we can see that constraints to action fall into different spheres of life.

Someone who finds it impossible to give up smoking might be physically addicted to nicotine, s/he might also be psychologically dependent. These constraints are factors within the individual. A smoker may feel s/he has a very stressful life, in which smoking is a welcome relief and pleasure. A young person could feel pressurised by friends and peers to smoke in order to be part of a group. These are constraints within a person's lifestyle. Some smokers would find cutting down and giving up difficult because everyone else smokes at the workplace, or within the working group smoking is considered a norm. Some people may belong to a social or cultural group in which smoking is considered acceptable and in which giving up smoking would be seen as strange. These constraints would belong to the wider societal sphere.

ACTIVITY 6. Tobacco and health education.

Read the article by Roberts and Piha (in the course reader) and answer the questions below?

What are the three phases of the authors' model?

Summarise what happens in Phase A.

Summarise what happens in Phase B.

Summarise what happens in Phase C.

In what way did early advice on smoking differ from that given today?

What are the resources which control tobacco consumption?

SECTION 8
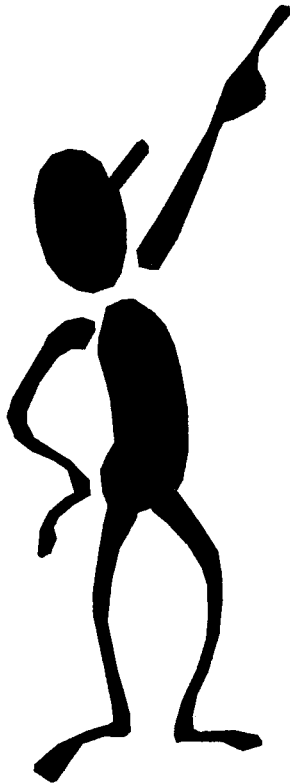
EXAMINING THE EVIDENCE

Previous activities have focused on known cancer risk factors, as well as beginning to consider more doubtful or contentious risk, such as food additives and pollution. The potentials and constraints posed by the EAC 10 point code have also been explored.

In order to be convinced that certain lifestyle and environmental factors are responsible for preventable cancer deaths, we need to examine the evidence. Some of the evidence for cancer risk comes from investigating the incidence rates of different cancers around the world.

ACTIVITY 1. Cancers around the world.

In the boxes below are the names of different cancer sites. State the country or countries in which each site represents the most commonly occurring cancer and give the risk factors for that cancer.

The first box has been filled in as an example.

SKIN		LUNG	
Country	*Risk factors*	*Countries*	*Risk factors*
Australia	Exposure to UV light		
STOMACH		**LARGE BOWEL**	
Country	*Risk factors*	*Country*	*Risk factors*
BREAST		**BLADDER**	
Countries	*Risk factors*	*Countries*	*Risk factors*
OESOPHAGUS		**CERVIX**	
Countries	*Risk factors*	*Countries*	*Risk factors*

82

Feedback for Activity 1.   Cancers around the world.

Your completed boxes should look something like this:

SKIN		LUNG	
Country	*Risk factors*	*Countries*	*Risk factors*
Australia	Exposure to UV light	Northern Europe North America	Smoking

STOMACH		LARGE BOWEL	
Country	*Risk factors*	*Country*	*Risk factors*
Japan	Diet	USA	Diet

BREAST		BURKITTS LYMPHOMA	
Countries	*Risk factors*	*Countries*	*Risk factors*
Northern Europe North America Australia	Hormonal Diet	Equatorial Africa	Epstein Barr Virus

MOUTH		CERVIX	
Countries	*Risk factors*	*Countries*	*Risk factors*
South East Asia	Chewing tobacco Betel nut Diet	Latin America	Human Papilloma Virus

More information about cancer incidence around the world is given below. This information is based on data from the Cancer Research Campaign, 1985. The incidence rates for particular cancers may vary over a ten year period, but the overall picture remains the same for some time. As you read the information given below, think about whether the arguments for risk factors are convincing.

Cancer risk and world incidence

Bladder.

Cancer of the bladder occurs more commonly in men than in women, the highest rates being found in white North American men. Cigarette smoking is known to double the risk of developing this cancer. Some cases are the result of exposure to occupational chemicals many years earlier. In the areas surrounding the River Nile there is a very high incidence of a particular type of bladder cancer which is associated with a debilitating, water-borne disease called schistosomiasis.

Breast.

The highest rates of breast cancer are seen in the developed world - it is common in Northern Europe (including the UK), North America, Australia and New Zealand. This cancer is rare in South East Asia. The evidence for risk factors is not clear, but some evidence points to risks associated with a high fat diet, obesity and late parity or nulliparity.

Burkitt's Lymphoma.

This is a cancer of the lymphatic system which occurs in high numbers right across central Africa and Papua New Guinea. The Epstein-Barr Virus (EBV), which in the developed world is associated with glandular fever, interacts with malaria to cause this cancer. Fortunately Burkitt's Lymphoma can now be successfully treated and a vaccine is currently being developed to prevent infection with the virus.

Cervix.

Cervical cancer is common in many parts of South America. This cancer has been associated with infection by a virus (possibly the Human Papilloma Virus which causes genital warts) but this is far from certain. Cervical screening, by use of the smear test, can detect abnormal cells in the cervix before they become cancerous and early treatment is very successful.

Large bowel.

Also known as colo-rectal cancer, this is particularly common in developed countries and rare in the developing world. The consumption of fresh fruit and vegetables appears to have a protective effect against this cancer, whilst diets high in fat and low in fibre appear to be risk factors.

Liver.

This is not to be confused with secondary cancers which may develop in the liver, but is a primary liver cancer. Liver cancer is rare in the developed world, but high rates are found in South East Asia and parts of Africa, with the highest incidence in Mozambique.

Lung.

The second most common cancer in the world, after stomach cancer, is lung cancer. It is the most common cancer of the developed world and is only rare in a few countries where smoking has not been common. Survival rates for lung cancer are not high, yet it is the most preventable cancer known, since at least 90% of cases are caused by smoking.

Mouth.

Cancers of the mouth and lip, whilst not common elsewhere, have a high incidence in India, where they account for a third of all cancers. Oral cancers are common all across South East Asia. Major risk factors include smoking, especially with the lighted end in the mouth and the chewing of betel nut or tobacco and lime preparations.

Nasopharynx.

This cancer, which develops in the cavity at the back of the nose and throat, is very rare in Europe and North America, but is common in South China, as well as in South Chinese migrants to other countries. Parts of South East Asia have high rates of this cancer, as do Eskimos. All these populations have high rates of infection by the Epstein-Barr Virus, which seems to interact with genetic factors to cause cancer of the nasopharynx.

Oesophagus.

Alcohol and smoking appear to be responsible for the high rates of cancer of the gullet in Northern France, whilst in Iran the higher incidence may also be linked to the use of opium. High rates of this cancer have also been found in Afghanistan and north-west China. Another significant risk factor is thought to be poor diet.

Skin.

Fair-skinned people are most at risk of this cancer, particularly when living closer to the equator. Extremely high rates are found in Australia, but even in the UK the incidence of all skin cancers is rising. Most forms of skin cancer are easily cured, but a rarer type, called Malignant Melanoma, can be fatal unless treated very early.

ACTIVITY 2. Certainty and doubt.

How convinced are you by the suggested risk factors described above? Perhaps you are more convinced by some than by others. Write your thoughts in the box below.

Feedback for Activity 2.

Some of the evidence used to put forward ideas about cancer risk is based on correlational studies. In a correlational study a given population might be investigated by recording the lifestyle and consumption habits, environmental factors and cultural or religious practices.

These data will be described numerically and compared with the rates of various disease. The lifestyle data and the rates of disease would then be compared to look for associations.

In the case of breast cancer, higher rates are found in developed countries and associations have been found between high fat diets, obesity and child rearing patterns. For example, as the number of children per woman goes down, so the rates of breast cancer go up. This is an example of a **negative correlation.** If, however, the relationship between age and breast cancer is investigated, it shows that as women's age increases, so does the incidence of breast cancer, giving an example of a **positive correlation.**

Correlations can be used persuasively, but we must remember that **correlation does not prove causation.** Sometimes quite compelling correlational evidence is discovered to be spurious. It is known, for example, that people who regularly attend classical music concerts also have higher rates of bowel cancer. Does that mean concert going is a risk factor for cancer? Clearly not - the association is accidental.

ACTIVITY 3. Stomach cancer in Japan

(a) In the case of studies conducted on Japanese people, the evidence is more convincing. Do you know why? Write your answer in the box below.

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Feedback for Activity 3 (a) .

The study of stomach cancer in Japan has become a well known example of cancer epidemiology. To state it briefly, rates of stomach cancer are very high in Japan (although declining elsewhere) and it is known that the Japanese diet is often low in fresh fruits and vegetables and contains items such as smoked and salted foods and bracken fern, known to be carcinogenic.

87

The correlation between the Japanese diet and incidence of stomach cancer is insufficient on its own to convince us that diet is the sole causative factor.

(b) What other factors might cause the high incidence of stomach cancer in Japan?

Write your answers in the box below

Feedback for Activity 3 (b).

Your list could have included genetics, viruses, chance, the water supply, pollution, climate and other geographical factors. Some of these are more plausible than others. In fact there is nothing to suggest that Japan has any particular environmental influences which could contribute to high rates of stomach cancer. However, it always possible that a group of people has a genetic predisposition to a certain disease.

When Japanese migrants to the United States have been studied a sharp drop in stomach cancer alongside an increase in cancer of the bowel have been noted. A significant life style change for these migrants is a change in diet providing compelling evidence that main cause of the high incidence of stomach cancer is dietary. If the cause had been genetic, then the incidence rates would have remained constant, despite geographical relocation.

(c) What other plausible explanation could there be for the different patterns of disease in the migrants?

Answer in the box below.

Feedback for Activity 3 (c).

We would need to know more about the nature of migrant groups to the United States. It is not unreasonable to suggest that migrants from any country are a special group not necessarily representative of the whole population. For instance migrants may represent wealthier sectors of the population; conversely migration has often initiated by deprivation and persecution. We need to know more about the nature of such groups before we can draw precise conclusions. Nevertheless, many experts remain reasonably convinced that diet in this case is the main causative factor.
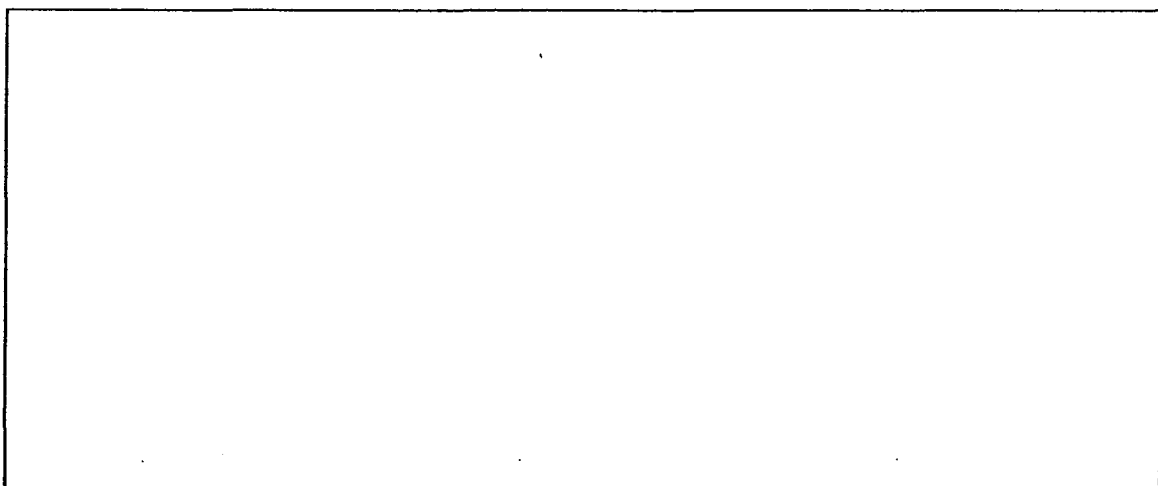
Much of the evidence for cancer risk factors has been gathered by geographical studies as illustrated in the activities above. For the reasons touched upon here, there are always areas of uncertainty in cancer prevention. It is important therefore that cancer prevention messages are worded cautiously.

The ideal way to establish cause and effect is to carry out **prospective studies** in which there is **control** over the **variables.**

ACTIVITY 4.

Imagine we wanted to establish beyond any doubt that exposure to ultra violet light is the main cause of skin cancers. Since we need to control all possible variables we would have to take children from birth to conduct the study. We would randomly allocate the infants to either the **experimental** group or the **control** group. The experimental group would be exposed to specified amounts of ultra violet light whilst the control group would not be exposed to any. Randomisation would ensure that any factors of life style or environment which contribute to the development of skin cancers would be equal in each group. At timed intervals throughout their lives the subjects would be tested for the occurrence of skin cancers and conditions which predispose to skin cancers.

What are the immediate problems you see in this research?

Feedback for Activity 4.

The would be both practical problems and ethical difficulties with this approach.

The practical problems would be in controlling the amount of exposure to UV light among the children for so many years and well into their adult lives - unless they were kept in the laboratory! Apart from the obvious ethical objection to using children, there is the problem that to expose one group to UV light would be potentially harmful. Furthermore, in depriving the control group of UV light, the synthesis of vitamin D would be impaired. This is to say nothing of quality of life issues, regarding choice and normality!

These are the immediate and obvious difficulties. A deeper analysis of this research design would further demonstrate the impossibility of implementing it.

It is sometimes possible to carry out prospective studies which rely on observation. In these cases there is neither experimentation nor control, for the practical and ethical reasons given above. However, **systematic observations** and careful use of **statistical analysis** can provide a useful source of evidence. For example, a group of children identified at birth would be monitored, with parental consent, over a long period of time, for their exposure to UV light, perhaps by means of self completed questionnaires conducted every year. Later in their lives the adult subjects could continue to be monitored simply by the researcher(s) having access to their medical records. Later in life, registrations of skin cancers would occur and could be compared with the records of exposure collected during childhood.

Certain methodological difficulties would need to be overcome, such as the level of parental honesty, upon which the reliability of the findings would rest. In any **longitudinal study** there are also problems in keeping track of all the subjects and in having a large enough original sample to allow for drop out by choice, death, or migration.

More often studies are **retrospective.** People with a diagnosis of a particular cancer are researched by means of interview and documentary analysis (eg medical records) and compared with a matched group of people free of cancer. These are called case-control studies.

ACTIVITY 5 : Example of a Case-control Design
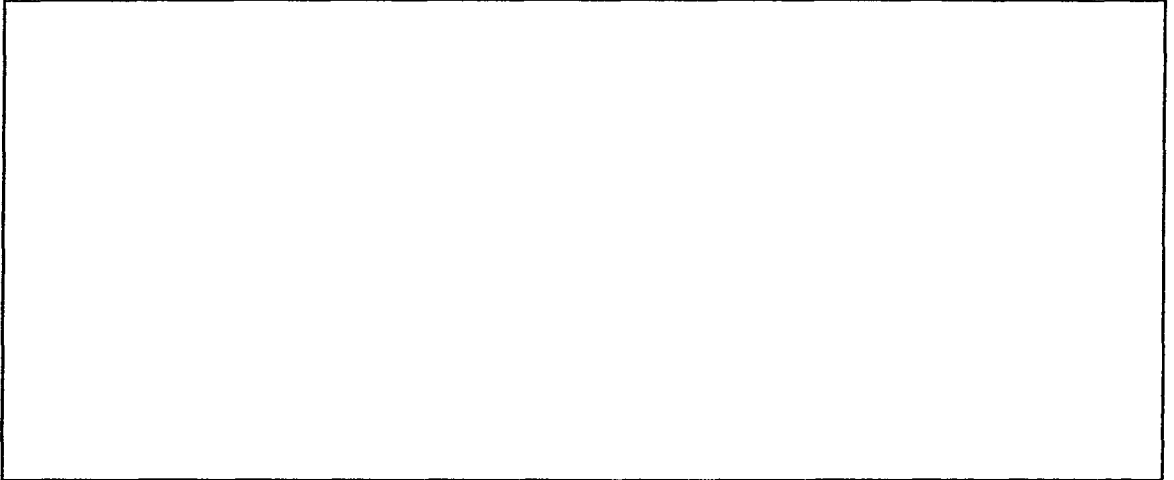
Imagine a group of women has been from a county in southern England has been diagnosed with Stage 1 breast cancer. A researcher wants to discover whether anything in the life style of those women can be identified as a contributory factor to their cancer.

(a) What lifestyle factors will the researcher be looking for?

Feedback for Activity 5 (a).

On current knowledge the researcher would be most interested in assessing the following:

Dietary habits
Rates of obesity
Age at first menstruation
Number of live births
Breast feeding history
Family history of breast cancer (mother, sister, grandmother)

The identified group is known as the case group. The general principal in selecting the control group is to select subjects who could have been cases. When matching for controls it is usually worthwhile matching on those variables which are known or thought to influence the outcome.

(b) What variables would the researcher to match in this case?

Feedback for Activity 5 (b).

The following variables would be used for matching:

Sex
Age
Social class
Geography

If for example the researcher discovered that those in the case group had a tendency to fewer children, lower age at first menstruation and higher rates of obesity than the controls, the conclusion would be that these are likely risk factors. In order to obtain more compelling evidence it would be necessary to gather a much larger sample of women, drawn from a wider geographical area.

ACTIVITY 6

You will have noted that certain methodological terms have been highlighted throughout the text. Some of these are given in the boxes below. Write in your understanding of these terms, then compare your responses with the feedback.

---

prospective study

retrospective study

longitudinal study

control

variables

experimental group

control group

systematic observations

Feedback for Activity 6 .

prospective studies - in which subjects are grouped according to their exposure to an intervention, then the effects measured

retrospective studies - in which subjects are grouped by the outcome of events, then measured against controls

longitudinal study - both of the above are longitudinal studies in that thewy investigate processes and events over time

control - the attempt to eliminate the effects of extraneous variables, so that the results are only due to the variable being studied

variables - any event or process which can effect the outcome of a study

experimental group - in which a group is exposed to a particular intervention, then the effects measured

control group - a group which is usually matched to the experimental group, but which is not exposed to the intervention, then used for comparison of effect

systematic observations - careful and detailed observations made at fixed intervals, in standardised ways

The activities in this section have touched upon some of the methodological issues involved in collecting data about cancer risk factors. The reading will provide further material from which you can develop a critical awareness of the ways in which evidence is collected and represented. Being critically aware in this way will link with your personal philosophy and professional ethics in helping you to decide the best way in which to help others to reduce their cancer risk.

ACTIVITY 7.   Breast Cancer - Epidemiology, risk factors and genetics.

Read the article by McPherson **(in the course reader)**, and answer the questions in the boxes below:

What are the risk factors for breast cancer?

What preventative measures can be adopted against breast cancer?

ACTIVITY 8. Epidemiology of Malignant Melanoma.

Read the article by Boyle **(in the course reader)**, and answer the questions in the boxes below.

What factors increase the risk of developing malignant melanoma?

What has been shown by the study of naevi in relation to malignant melanoma?

, What is the relationship between malignant melanoma and exposure to the sun?

What are the prospects for prevention?

SECTION 9

THE LIFE CYCLE AND
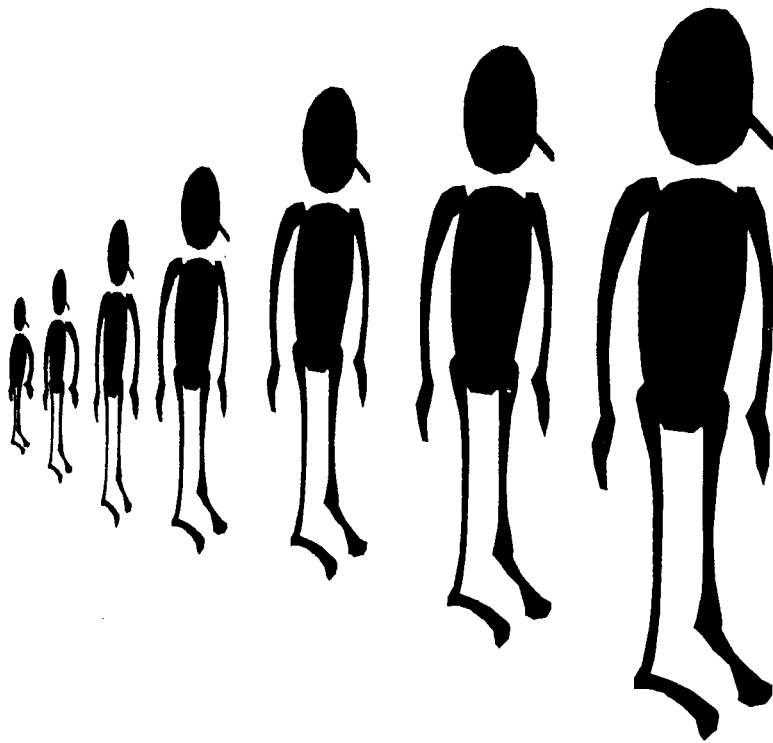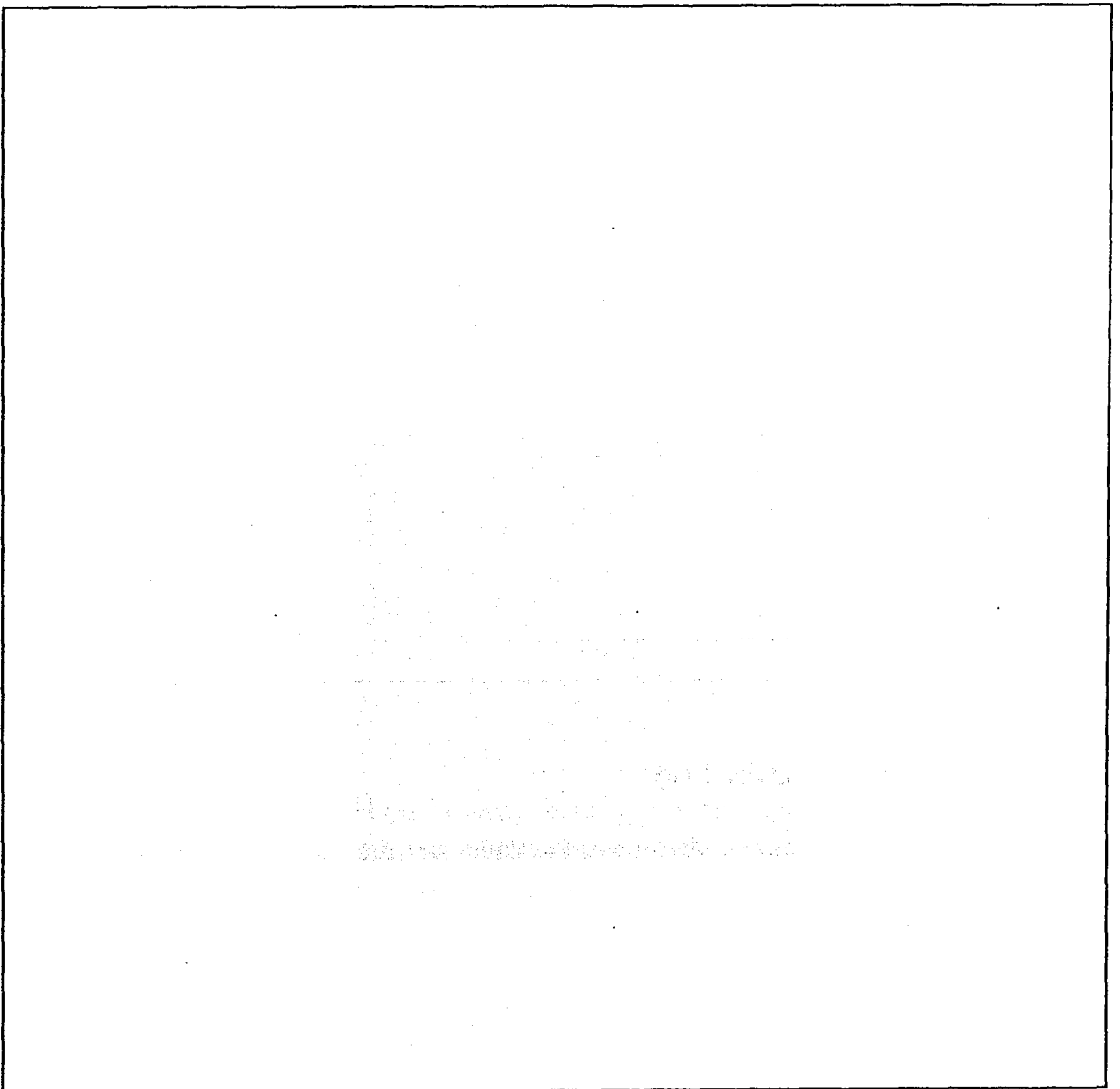
TARGETING HEALTH

EDUCATION

ACTIVITY 1. Understanding Transitions

If cancer prevention is to be effective it needs to be properly targeted. At different points of our lives we are more receptive to certain types of health education than at others.

This activity, will look at life stages and how they relate to health.

(a) Using the box below, draw a line which represents your life. Start with birth and end with your age now, showing the ups and downs like mountains and valleys. Mark the points in your life line which are significant life events for you and write a few words of description.
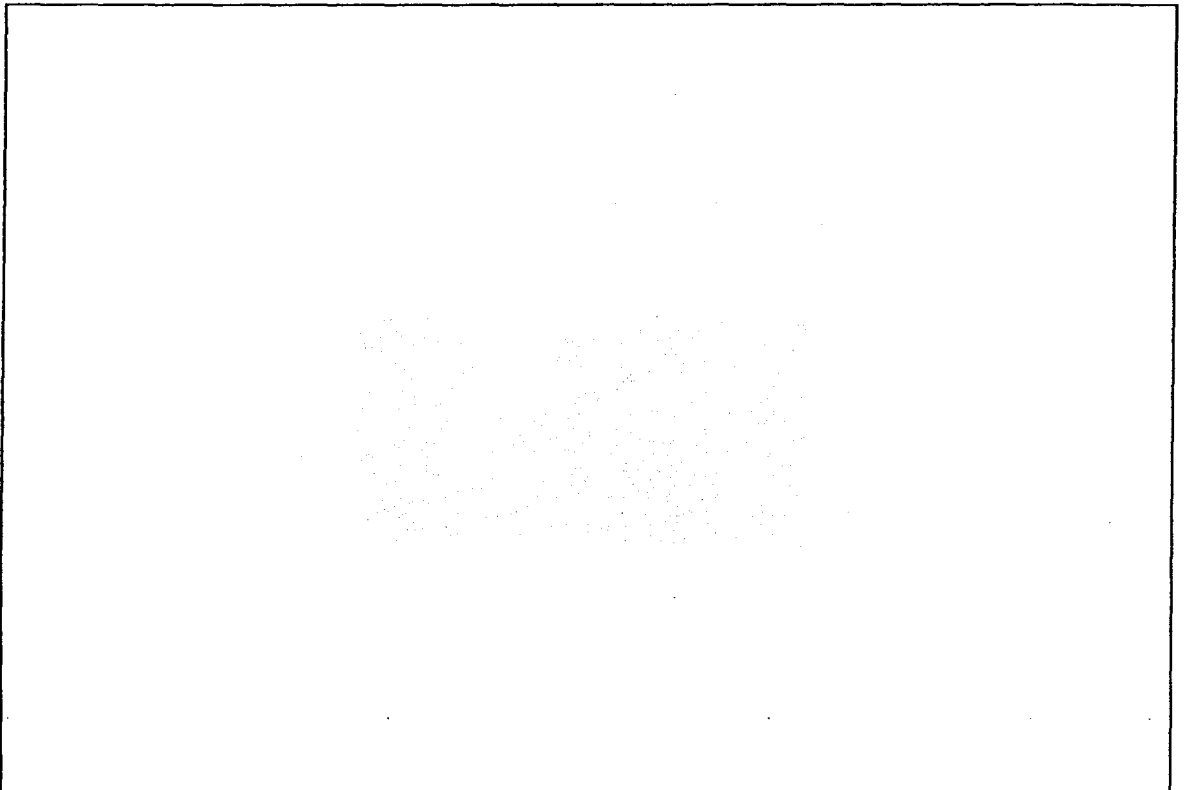
Feedback for Activity 1(a).

This activity should have given you the opportunity to reflect on the key points in your life so far. These key points could be called life events.

(b) List your life events in the box provided below.

Feedback for Activity 1 (b)

The life events people often record include: starting school, moving house, leaving school, getting engaged, getting married, passing exams, passing driving test, foreign travel, divorce, starting work, graduation, loss or bereavement, having children.   You probably listed some of these as well as others.
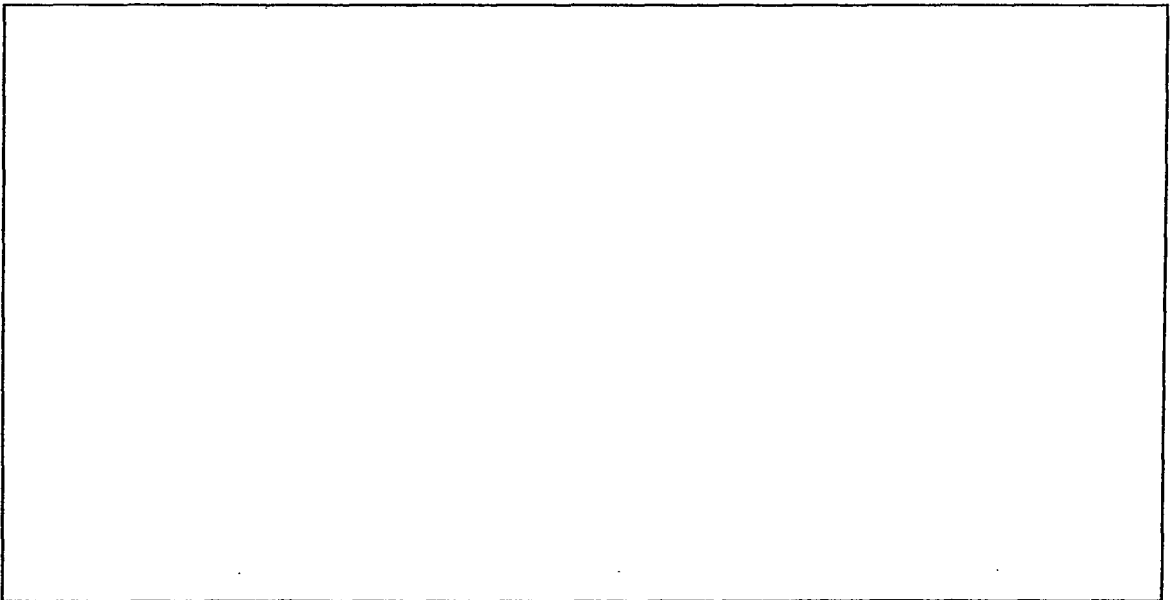
(c) When we reach a life event, whether it is planned or unplanned, we reach a transition in our lives. In a period of transition we have to face change.

To use a metaphor, we travel life's journey with a suitcase. This suitcase becomes filled with ideas, feelings, knowledge, beliefs, skills, throughout childhood. At a transition we have to unpack the suitcase, leave behind some of the baggage and pack some new baggage to help us in the future.

In a transition we arrive at a bridge, connecting the old life with the new. With luck, we have time to unpack the suitcase at leisure, consider what to take out, cross over the water and pack some new items on the other side, before continuing the journey. In the box provided below, take the example of yourself starting school as a young child. What did you unpack and leave behind on your journey?
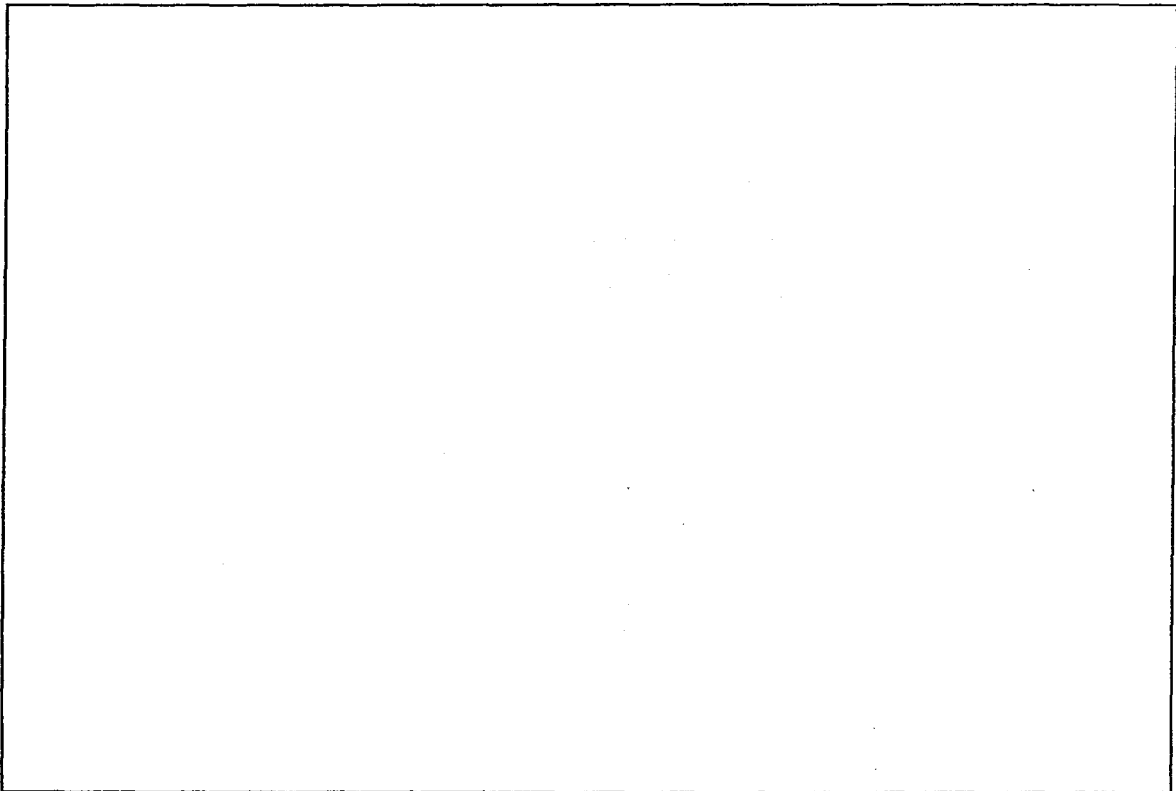
Feedback for Activity 1 (c)

What you unpacked depended on so many factors. Perhaps you attended kindergarten or nursery beforehand, so you were well prepared for this transition. Or did starting school come as a great shock to you? The sorts of baggage you might leave behind when starting school could include: *the freedom to play when you felt like it, some ability to make your own decisions, more or less constant proximity to your parent(s), eating and drinking when you liked to, freedom of movement within the home, being the baby or the little one of the family.*

(d) Having unpacked some items, think about after crossing the bridge to become a school child. What did you need to pack in your suitcase to enable you to survive?

Write your answers in the box provided below.

Feedback for Activity 1 (d)

The sorts of new skills and concepts you packed in your suitcase might include: *the ability to follow more rules, spending time in a large group, making friends, having a private life - independent of your parents, learning more obedience, spending long periods sitting down, being silent more often, growing up.*

Starting school is an experience we all share. Some of us cope better than others and nowadays many steps are taken to prepare children for starting school, so that their transition from home life to school life runs smoothly, without trauma.

Like other transitions, starting school can be a cause for celebration and may be marked by simple rituals. The child might be photographed in new school clothes and often new purchases of books, school bags, lunch boxes, are made, not because they are strictly necessary, but because they help to mark the occasion. The importance attached to particular transitions in different cultures may be reflected in the extent and extravagance of the rituals attached to them.

But some transitions, or life events, are unplanned, unexpected and sudden.

(e) Imagine you have just received a diagnosis of cancer. Living with the diagnosis is the first bridge you have to cross; there will be many other bridges afterwards.

What lies in the deep unknown? What will you do - sit on the bank and carefully sort out your baggage? Rush over the bridge without baggage or anything? Walk across with an empty suitcase? Stand on the bridge and gaze into the water?

Reflect in the ways in which these questions relate to people you have met in your professional life.
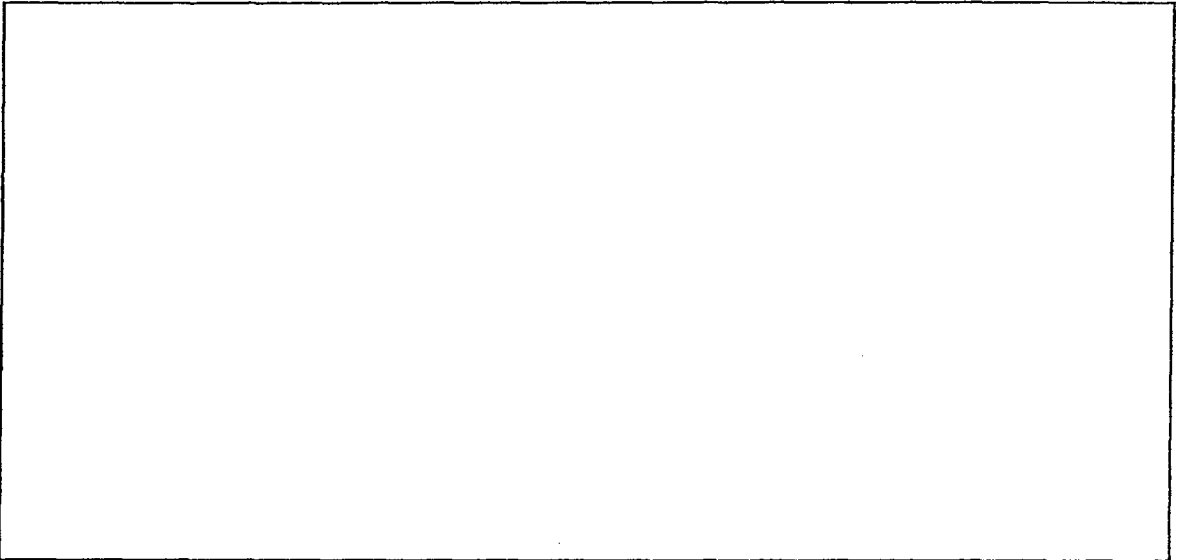

SUMMARY

Our lives are punctuated by life events; life events represent transition; that is the progress from one phase to another. Transitions can be seen as part of a journey. Some transitions can be planned for, whilst others are unexpected. Important transitions are marked with rituals or celebrations. Transition involves the acquisition of new skills, knowledge and understanding.

How do life events and transitions relate to health promotion?

ACTIVITY 2.   Life Stages and Targeting

(a) Imagine you are aged 15. What sorts of concerns do you have in the 'HEALTH' compartment of your personal baggage? Write down your health concerns as a 15 year old in the box provided below:

Feedback for Activity 2 (a)

Perhaps you have a clear memory of when you were 15, or did you have to use your imagination? You may have family members in this age group. The health concerns of this age group could include:

worrying about physical appearance - skin, hair, body size and body shape.

feeling stressed - school work, examinations, the approaching world of University or work.

feeling anxious - boyfriends/girlfriends, fitting in with the group, emotional relationships.

You probably had a similar list of concerns.

(b) If we wanted to target this age group for cancer health education, what sorts of activities would be suitable? In the box provided below write your suggestions:

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Feedback for Activity 2 (b)

We arranged our ideas in these two columns to show health education activities in cancer prevention for 15 year olds.

HEALTH EDUCATION	CANCER PREVENTION RELEVANCE
Assertion skills training	Saying no to drugs, including tobacco and alcohol.
Self esteem building	Reinforces assertiveness and self image.
Healthy eating	More fruits and vegetables
Exercise	Reinforces self image, relates to appetite, weight and general wellness.
Safer sex	Protection against cervical cancer.

If young people feel positive about themselves they are more likely to be motivated to take control of their health.

We are looking at health education activities in a very general way - any of the activities given above, as well as those you identified in the activity, would need careful design and implementation appropriate to the particular groups. None of the activities specifically mentions 'cancer'. When working with younger people it may not be helpful to talk of cancer prevention, since they often see cancer as something remote, something which happens to other older people.

The example given also integrates with other areas of health promotion. The mental and emotional health of young people could be enhanced by assertion skills training and supportive group work. Healthy eating and exercise programmes also support the goals of circulatory disease prevention, as does, to some extent, working on stress relief. Safer sex campaigns can have an impact on teenage pregnancy and sexually transmitted disease, including HIV/AIDS as well as on cervical cancer.

We have begun to explore the effective targeting of cancer health education by developing an understanding of the importance of life events and transition. Put very simply we could say that effective cancer prevention must be targeted towards groups. What is relevant cancer prevention for a 50 year old may not be relevant for a 5 year old.

ACTIVITY 3. Other Factors in Targeting

We have looked at age and life stages as factors in effective targeting. What other factors should we take into account when trying to target cancer prevention activities? Write your thoughts in the box provided below:

Feedback for Activity 3

Factors other than age which influence the targeting of effective cancer prevention would include:

*   gender - some areas of cancer prevention are more relevant to males, some to females

*   social groups - people belong to many social groups. Certain elements of cancer prevention would apply to people in places of work, some would be more relevant in schools and colleges for example. Family groups could be important. Between social groups there can be quite different ways of living and cancer prevention activities should reflect this

*   geographical location - whether people live in urban, suburban, or rural settings is an important factor in their lifestyle, affecting income, shopping facilities, leisure pursuits, housing and access to health services

*   cultural groups - within one country there may be many groups who originate from different parts of the world. These groups may have particular customs and practices. Language could also be an issue for some groups.

You probably thought of more, or put them under different headings.

ACTIVITY 4.   Rational or reasonable? Perceptions of health at different stages of life.

Please read the article by Backett (in the course reader) and answer the questions in the box provided below:

What were the aims of the Edinburgh study?

In what way did respondents associate behaviour with "life course positions"?

What conclusions do the authors draw from this study?

SECTION 10
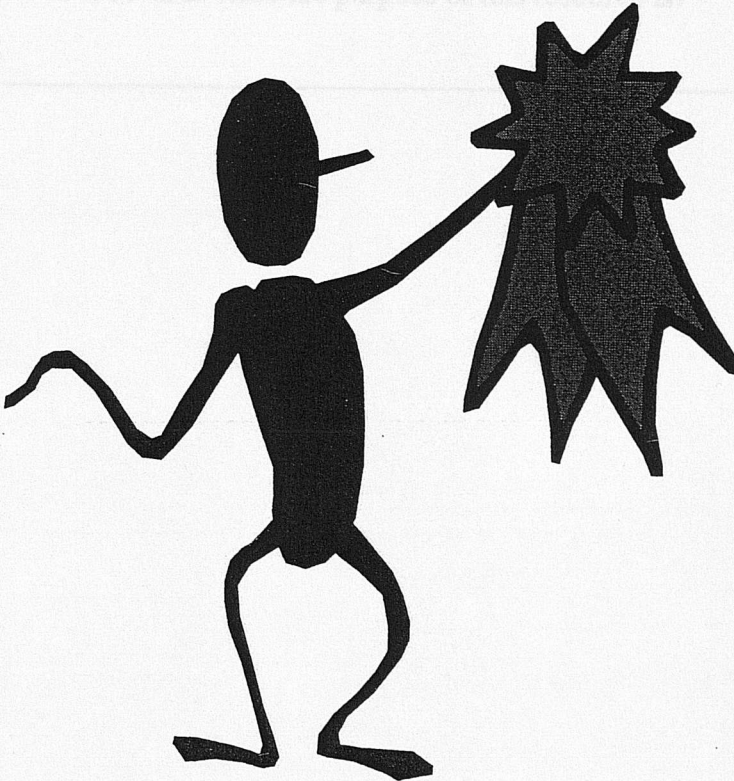
CONSOLIDATING

This is the last section in your study pack, in which the threads will be drawn together. First, let us consider some of the resources available to us to assist in our health education work.

ACTIVITY 1. Evaluating Resources

Choose a selection of health education materials which you are not familiar with; leaflets, posters and booklets. Remember that as health professionals we see these materials in a different light from our clients. To evaluate resources we need to see them with the eyes of a lay person.

1.   Select one resource and just look for a moment at the front cover. Write down in the box provided below.
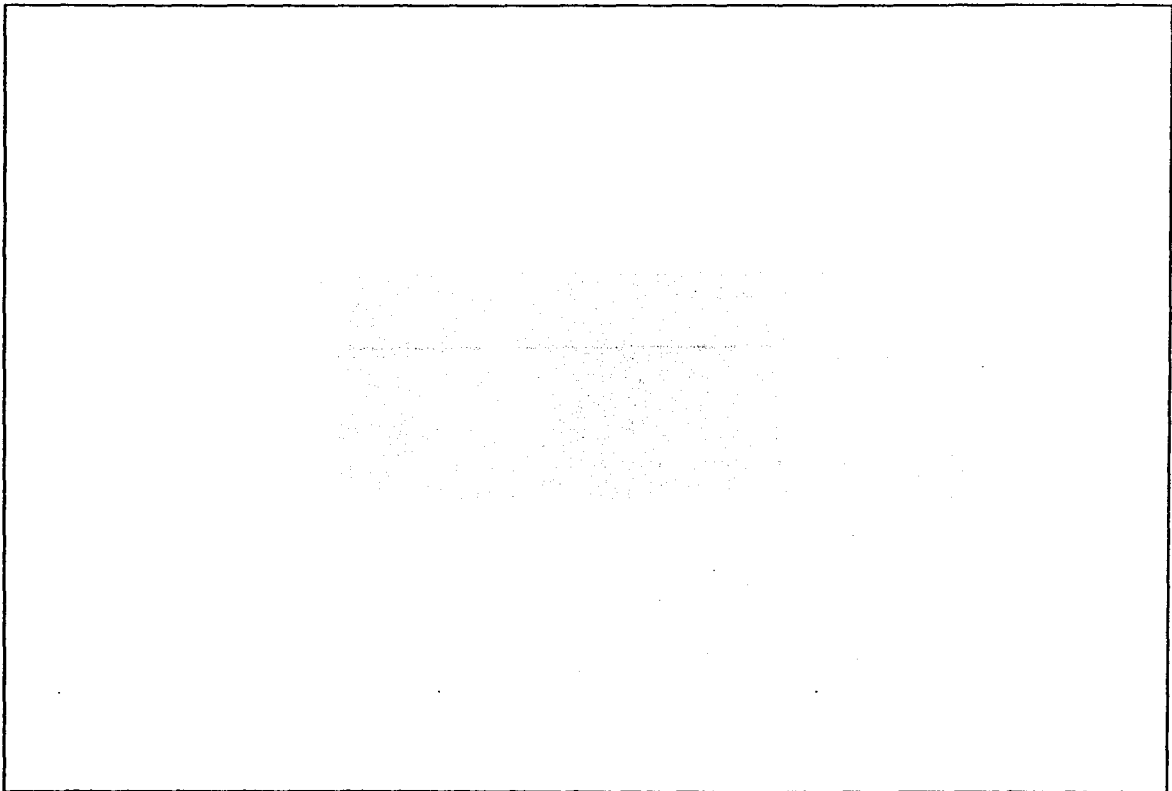
your first impressions - is it appealing to you, is it visually attractive?
what strikes you about the resource - if anything?
is it obvious what the purpose of this resource is?

2.   Take a closer look at the resource, read the titles and headings.

In the box provided below write
        what captured your attention?
        a summary of the message, as you understand it by this brief reading.

3.   Now read the text thoroughly.

Write in the boxes provided:

        who is the resource targeted at?
        is it suitable for the target group?
        what is the proportion of text to graphics?
        how do you feel about the use of colour?
        how do you feel about the use of print (sizing, style)?
        did it interest you or bore you?

Who is it targeted towards?	Is it suitable for the target group?

What is the proportion of text to graphics?	How do you feel about the use of colour?

How do you feel about the use of print?	To what extent did it interest you?

Feedback for Activity 1.

When you compare your responses at each stage are they consistent? First impressions are important.   Compare your findings with a friend or neighbour who is not a health professional, then think about the aspects you would change if you could.

Remember all these factors when you come to design your own materials.

ACTIVITY 2. The Star

This learning pack has been about cancer prevention. We have asked you to look deeply into yourself and to examine your philosophy and professional practice.

All of us have some experience of cancer, in our personal or professional lives. Some of us have been touched very deeply by this experience, whilst for others it was perhaps more distant. We think it is important, both to have the opportunity to explore this experience and also to acknowledge that personal experience has an important influence over our professional lives.

The star motif below has each point representing aspects of your experience. Think back to your first ever experience of cancer. Use the space by each point of the star to record the experience.

WHAT YOU WANTED
TO KNOW

THE SITUATION

WHAT YOU NEEDED

WHAT YOU DID

YOUR FEELINGS

YOUR THOUGHTS
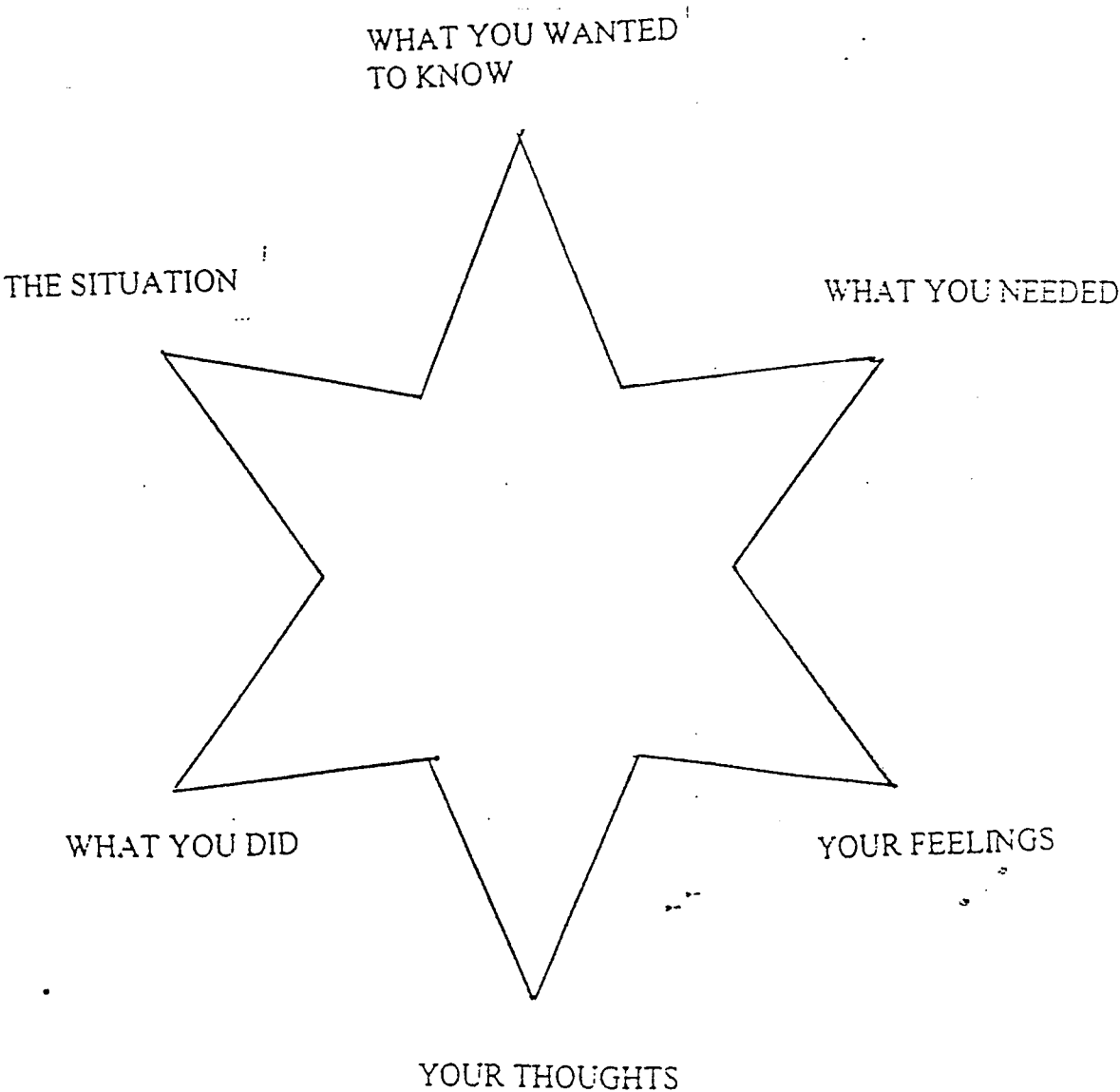
Feedback for Activity 2

The situation

Your situation was unique and special for you. It may have been one of your early experiences in health work, or it may have been something you remember from childhood. Have you stopped to wonder how much this experience may have coloured your view of cancer, even now?

What you were thinking

Did you think anything about the nature of this disease? Did you fully understand it? Perhaps you had many thoughts about family and friends. You might have wondered about the chance of survival to survive. The experience may have prompted you to think about your own mortality.

What you were feeling

You may have felt sympathy, admiration, fear, a whole range of emotions probably. Perhaps you felt a great concern if surgery was involved, other debilitating treatments, or perhaps you had fear about pain.

What you did

Some of us hide away from difficult experiences, others of us lose ourselves in a variety of practical jobs. People sometime want to talk about having cancer - were you able to talk and listen? You might have found it helpful to seek information, to find out as much as you could about this cancer, its treatment options, survival chances and so on. If you were a carer, formal or informal, you probably found yourself having to perform simple tasks for the person, to keep her/him comfortable and content.

What you needed

Perhaps you needed to talk to someone - a friend, or a helping professional, or maybe to the person with cancer. You may have needed to know more about the cancer, but, alternatively you may have felt the less you knew the better you would feel. Sometimes people are afraid to confront the truth about their condition. You might have needed to be able to get away, to live normally again, to laugh.

What you wanted to know

How advanced is the cancer? Is this a cancer which grows very rapidly, or slowly? Does it metastasize early on and are there micro metastases lurking like time bombs? What are all the treatment options and what will be the effects of each? Is this person in pain and is there good symptom control available? Are there any complementary therapies or self help remedies we can use? How long will this person live with cancer? Can it be cured, or just managed for a time?

These are just a few of the questions you might have asked.

You may now feel like talking about your first experience of cancer with a friend or colleague. When you try to make sense of the experience, think about the feelings and beliefs you now have about cancer and try to examine the ways in which that early experience influenced these.

ACTIVITY 3. Updating your profile.

For each of the following items, score yourself with a number from 1 to 4,
1 = Strongly disagree, 2 = Disagree, 3 = Agree, 4 = Strongly agree

BE HONEST WITH YOURSELF!

1.My outlook on cancer is generally positive. ① ② ③ ④

2.I have some fear about cancer. ① ② ③ ④

3.I fully understand cancer prevention issues. ① ② ③ ④

4.I communicate well with patients/clients. ① ② ③ ④

5.I know my personal philosophy. ① ② ③ ④

6.My understanding of ethics is good. ① ② ③ ④

7.I know the EAC 10 point code. ① ② ③ ④

8.My belief is that cancer risk can be reduced. ① ② ③ ④

9.I am aware of my own body and its changes. ① ② ③ ④

10.I know what health promotion involves. ① ② ③ ④

Now take a thick pen and join up the numbers you have circled. Take the profile you completed at the beginning and place it underneath this one. Hold them up to the light. The difference between the two lines illustrates your development throughout the course.

We are reaching the end of the pack. Before you start this activity, go back to the beginning of the pack and scan through the pages which represent your journey of learning. We hope you have enjoyed the trip. Because it can be difficult at the end of a programme to remember where you were at the beginning, you are now going to fill in the blank self assessment sheet on the previous page, in exactly the same way as you did at the beginning.

When you have completed the sheet and not before, take out from its envelope the first one you did, open it out and compare the two. You should be able to see clearly the areas in which you have made progress. Fill these in the box below.

ACTIVITY 4. Ending with a Beginning

Finally, to end this learning experience, you will see the last page of the pack is laid out as a grid, like a crossword game.   We have filled in the words CANCER HEALTH EDUCATION, showing them intersected.

Using as many letters as you like, fill up the grid with a selection of words which best represent your ideas about cancer prevention. Your finished grid will have many intersecting and connecting words, reinforcing the notion of integration. If you have worked through this pack with a colleague, you could play this final activity like a game of Scrabble.

		C								
H	E	A	L	T	H					
		N								
		C								
		E	D	U	C	A	T	I	O	N
		R								

ACTIVITY 5. The conceptualization of functioning, health and quality of life.

Please read the article by Bowling (in the course reader) and answer the questions in the boxes provided below

What are the measures used to assume health outcome?

How is the information gathered for reaching these measures?

What are the issues involved in measuring quality of life?

This is the end of your study pack, but the beginning, hopefully of many successful years in helping people to reduce their risk of developing cancers.

We hope you have enjoyed this pack and we wish you every success in your cancer prevention programmes.

This pack was produced by the Core Curriculum Project.
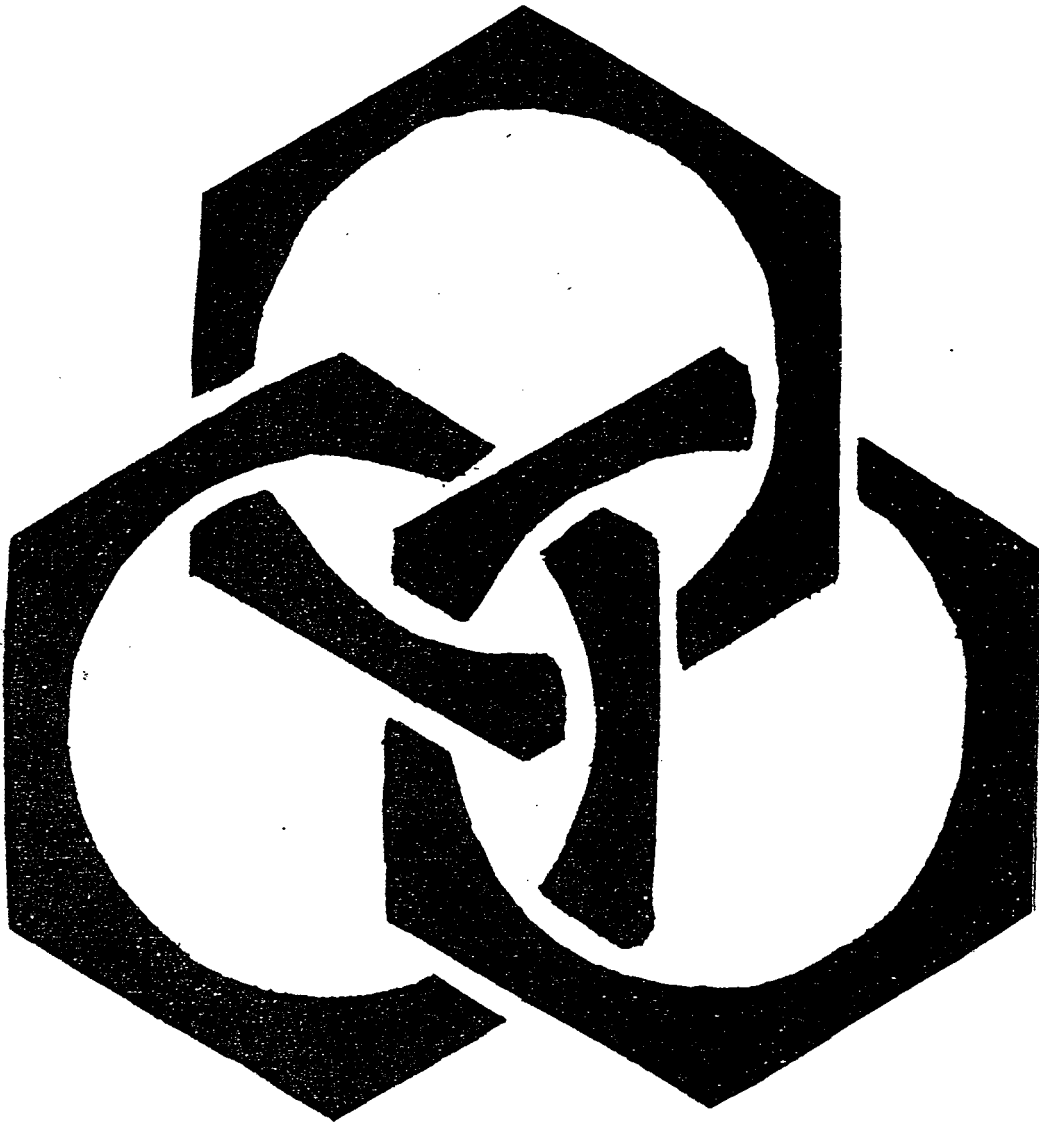
Linking:

countries across Europe
nursing, education and allied professions
theory with practice
personal development with professional expertise

CANCER HEALTH EDUCATION

COURSE READER

A European Core Curriculum
for post-basic nurses

Europe Against Cancer

EUROPEAN ONCOLOGY NURSING SOCIETY

University
of Southampton

CANCER HEALTH EDUCATION

A COURSE READER

A EUROPEAN CORE CURRICULUM
FOR POST-BASIC NURSES

CONTENTS

INTRODUCTION

DISTANCE LEARNING

The process of distance learning can be a daunting yet exciting process. On the one hand as the student you have the choice to study when it is convenient in your own time at your own pace. A whole world of opportunity and knowledge is open to you which otherwise geographical constraints may hinder.

Yet distance learning can also be lonely, and significant responsibility lies with the student to remain self-motivated and disciplined in order to meet deadlines and reach the standard expected of them. Communication with your tutor is often in the written text or by telephone and there is often little direct contact with other students.

A final point to remember is that being a distance learning student is somewhat different to being a student. The onus is on you the student to *find out* and *lead yourself*, rather than *being told* and *being led*.

THE COURSE READER

This course reader is intended to help you while you are a distance learner, providing you with a comprehensive and relevant list of suitable reading material. It is crucial you have access to a wide range of reference material to support your study and to help develop your understanding of cancer health education.

The process of literature searching is recognised as being very time consuming, frustrating and often costly to the individual. This booklet hopes to overcome some of these hindrances and to encourage you to enjoy learning and reading appropriate literature.

Within this booklet you will see that the reference material is arranged in the same order as the sections within the distance learning activity book. Some of the articles are included within this booklet after the annotated bibliography (denoted by **). The other references are also essential reading and it is your responsibility to obtain copies of these for yourself, using the full references given.

It must also be pointed out that the key reading material included is not exhaustive and it is expected that additional material will be obtained by you as you become more familiar with the vast amount of literature that is available.

ANNOTATED

BIBLIOGRAPHY

SECTION 1: SELF AWARENESS

Smith, C. (1995), 'Learning about yourself helps patient care: using self-awareness to improve practice', Professional Nurse, March 1995, 390-393.

The author stresses that in order for nurses to be more effective in their work, self-awareness skills must be learned and developed.

Much of the discussion looks at the psychology behind developing interpersonal skills, such as self-esteem and spiritual self. Other key concepts addressed include role models, feedback and accountability. Methods of developing reflective practice and self-awareness skills are given together with practical suggestions on how to keep a journal.

A straightforward and interesting read which introduces the reader to some basic principles.

** THIS ARTICLE IS INCLUDED IN THIS COURSE READER.

SECTION 2: BODY AWARENESS

Atkins, S. and Murphy, K. (1995), ' Reflective practice', Nursing Standard, 9 (45), 31-37.

This article provides the reader with a straightforward, practical introduction to the method of reflective practice that nurses may adopt as a source of learning. The main aim of the discussion is "to encourage and enable nurses to develop an understanding of the nature of reflective practice and how this may enhance personal and professional learning."

Initially, the definition of reflection is stated and a framework of reflection put forward. How to enhance reflective skills and the potential of reflective practice are addressed.

Throughout the discussion the reader is asked specific questions to facilitate the learning process. In short, the paper provides a valuable insight into reflective practice and it's importance among the nursing profession.

Burton, M. (1995), 'Guidelines for promoting breast care awareness', Nursing Times, 91 (24) 32-34.

This concise article illustrates how contentious the issue of self-examination as being an effective form of cancer prevention is. Attention is given to the controversy that surrounds breast awareness. In the main, the authors provide a strong argument for the need to continue encouraging women to check their breasts regularly. Specific reference is given to the European Code Against Cancer which states 'check your breasts regularly and if possible, undergo mammography at regular intervals after the age of 50'. Health of the Nation is also commented on.

Written by a Macmillan nurse, the paper provides comprehensive guidelines on how to detect breast cancer at an early stage and the implications of effective health promotion policies. The writing is extremely useful for any student concerned with health promotion and cancer.

**THIS ARTICLE IS INCLUDED IN THIS COURSE READER.

Richardson, G. and Maltby, H. (1995), 'Reflection-on-practice: enhancing student learning', Journal of Advanced Nursing, 22, 235-242.

The main thrust of the discussion focuses on a study to analyse the use of reflective diaries among undergraduate nurses. The aim of the research was to determine the extent and level of reflection and learning achieved by students during their experience with community care.

Previous work about reflective practice (particularly in the nursing profession) is commented on. The research tool is based on Mezirows's level of reflectivity and the student is introduced to the theoretical background of reflective practice.

The paper is useful in that it cements what may be a fairly nebulous topic of reflective practice into hard research. Overall, it provides greater depth than the previous article and is valuable in increasing greater knowledge.

Watson, J. (1993), 'Male body image and health beliefs: a qualitative study and implications for health promotion practice', Health Education Journal, 52 (4) 246-252.

Although the paper is not centralised on cancer as the main issue, it brings the reader to appreciate a relatively unexplored area. Male body image and health promotion is a comparatively little researched area and this article highlights some of the barriers that a health promotion policy must overcome to be effective to the male population. The research conducted is a good example of a qualitative tool being implemented.

Perhaps one of the limitations of the paper is that it is lengthy and in some parts may lack interest. The conclusion is weak and the reader is left wondering what the outcome of the research may be. The topic may be too generalised for the subject of cancer health education but it does flag up some neighbouring issues adding breadth to the overall knowledge of the student.

Wilson, J. (1996), 'Reflective practice: a guide', Accident and Emergency Nursing, 4, 135-138.

Wilson argues that it is of crucial importance for nurses to become reflective practitioners but recognises the amount of confusion and controversy that surrounds this topic. Initially the types of reflective practice are highlighted before the skills required for such a process are addressed. These skills include self-awareness, critical analysis, synthesis and evaluation.

Throughout the paper useful ideas are expressed including learning activities and how to keep a reflective diary.

In conclusion, a very good, clear concise introduction to reflective practice.

Wong, F. et al (1995), 'Assessing the level of student reflection from reflective journals', Journal of Advanced Nursing, 22 48 –57.

The authors of this paper attempt to develop and test coding systems for reflective journals based on two well-known models of reflective thinking. Journals completed by students underwent rigorous content analysis to determine whether reflective practise was taking place. Students were allocated to three categories of 'non-reflector', 'reflector' and 'critical reflector'.

This is a 'meaty' document, and requires careful reading in order to understand the underlying concepts. Perhaps against it's suitability for inclusion in the pack is its considerable length.

SECTION 3: ETHICS

Astrom, G. et al (1995), 'Nurses skills in managing ethically difficult care situations: interpretation of nurses' narratives', Journal of Advanced Nursing, 21 (6) 1073-80.

The discussion is very relevant in that it is specific to the nursing profession and to the care of cancer patients. There is a good general introduction to the concepts and underlying aspects of ethics. Astrom provides a detailed account of previous work and draws attention to the problems that nurses may face in ethically difficult care situations. Some of the language and terminology may be bewildering to the reader who has a limited knowledge of ethics (e.g. 'A phenomenological hermeneutic interpretation disclosed the use of paradigm cases') and at times it is difficult to understand what the author is trying to say. Another limitation is that the article is lengthy and may lose the readers interest.

Dines, A. (1994), 'What changes in health behaviour might nurses logically expect from their health education work?', Journal of Advanced Nursing, 20 (2) 219-26.

Similar to Astrom's article, this paper is relevant to the nursing profession. There is a definite philosophical perspective to the discussion and the two main concepts covered are 'choice' and 'autonomy'. 'Individualism' is also covered in some detail. While the work is not directly applicable to ethics it does consider important issues that are closely linked. A critical viewpoint exists throughout the discussion which provides an interesting and debatable area for further thought and discussion.

While the paper may not be suitable for the reader who is unfamiliar with the basic concepts of ethics it is valuable in that it gives greater depth of learning and understanding to the more experienced student. In addition to ethics it builds on some earlier concepts of 'victim-blaming' and 'determinism'.

Duncan, P. (1990), 'To screen or not to screen?: a question of ethics', Health Education Journal, 49 (3) 120-122.

A very concise and easy-to-read insight into the issue of screening in health promotion and it's ethical implications. The discussion primarily focuses on screening for Coronary Heart Disease although many of the arguments for and against screening could be applied to any aspect of health promotion including cancer prevention. Duncan is not afraid of criticising earlier work and concepts which in turn encourages the reader to take a questioning stance about many of the issues.

The article raises some interesting dimensions on a process that is now largely accepted as 'good' in the health promotion world. Of particular interest is the harm that screening may cause and whether it respects individual autonomy and choice.

In conclusion the paper is interesting, concise and focused providing a necessary read for the distance-learner.

Duncan, P. (1996), 'Helping people change - an ethical approach?', Health Education Research, 11 (3) 339-348.

This article provides the reader with another opportunity to experience the work of Peter Duncan, who appears to be one of the main theorists in the area of health promotion and ethics.

Predominantly the paper is 'a normative analysis of an empowerment approach' in health promotion and builds upon many of the earlier theories highlighted to the student. The authors attempt to analyse and evaluate the 'ethics of helping people to change', through the use of the 'Helping People Change' pack issued by the HEA. Foucaldian analysis is included in the discussion. The reader must recognise how notoriously difficult it may be to accurately measure how ethical something is, especially when surrounded by controversy and debate.

While the discussion may be unsuitable as a starting point for ethics it is a valuable vehicle to promote greater depth of understanding of some of the basic principles.

Fox, J. (1994), 'Ethics: an emerging management issue', British Journal of Nursing, 3 (22), 1179-1182.

This article focuses on the importance of ethics in the nursing profession and how increasingly there is a need for ethics-based care to be at the centre of nursing management. The reasons for increased attention on ethics are outlined before discussion turns to ethical decisions forming a key management function.

The paper is of value in that it cites previous work about ethics and draws the reader to recognise the significance of ethical decisions in everyday practice. While this article is interesting (particularly as it focuses on ethics and nursing) it fails to introduce some of the basic concepts surrounding ethics.

Rumbold, G. (1986), Ethics in nursing practice, Bailliere Tindall. Chapter 1.

A very good general introduction to the topic of ethics, with particular emphasis on the nursing profession. Initially, comment is made on some definitions of concepts associated with ethics and draws on some historical examples to illustrate certain key

points. The principles of 'utilitarianism', 'double effect' and 'natural law' are covered. Moral dilemmas are seen to be a part of everyday life but their importance among the nursing profession is addressed in some detail.

The paper provides a comprehensive yet concise overview into the world of ethics. For someone who is relatively unfamiliar with some of the terminology and concepts the paper is of considerable value.

**THIS ARTICLE IS INCLUDED IN THIS COURSE READER.

Singer, P (Ed), (1994), A companion to ethics, Blackwell publications. Chapter 1.

This chapter is taken from a book, which is predominantly philosophical in outlook, and hence the discussion is less focused on the nursing profession unlike earlier articles. Initially, the author covers concepts such as 'egoism', 'social contract' and dualistic fantasies'. The advantages of ethology are outlined. Comment then turns to 'sociability, conflict and the origins of morality'. Lastly the problem of partiality and whether morality is reversible are addressed.

This paper would undoubtedly provide the student with the opportunity to gain a deep understanding of some of the main ethical issues. However, the chapter is long and may be unattractive for someone with little philosophical knowledge. At times the discussion is inconclusive.

Thompson, I. (1988), Nursing ethics, Churchill Livingstone. Chapter 1.

The chapter covers moral issues in nursing and the ethics of nursing care. Considerable discussion takes place about the differences between moral dilemmas and moral problems. Clear everyday examples help the student to understand the underlying principles.

Although the chapter is easy to read and flags up some interesting examples to relate to, the relative length of the chapter may put off the reader. At times it seems that the language is too wordy and in some instances the discussion is rather repetitive.

Whitelaw, S (1996), 'What do we expect form ethics in Health Promotion and where does Faucault fit in ?', Health Education Research, 11 (3) 349-354.

This paper comments on the work of Duncan and Cribb's (above) and provides a critical appraisal of the effectiveness of their work. The student is encouraged to identify the limitations in the earlier paper and to question some of the underlying mechanisms for evaluation such as Foucault.

Some of the terminology is confusing but overall the paper is a valuable extension of the paper put forward by Duncan and Cribbs and the two articles should be read simultaneously to develop the student's reasoning and understanding of contemporary research.

SECTION 4: COMMUNICATION

Davies, P. (1994), 'Non-verbal communication with patients', British Journal of Nursing, 3 (5) 220-223.

This article attempts to illustrate how non-verbal communication affects the behaviour between nurse and patient and so influences the care given. Initially, discussion takes a psychological stance and draws attention to some of the basic principles about communication.

The concepts of eye contact, body posture, facial movements, touching and personal space are all addressed individually. In conclusion, Davies attempts to highlight that it is extremely important for there to be effective communication between the nurse and patient.

Overall an interesting and concise article.

Goodall, R. (1993), 'Assert yourself: effective communication for nurses', AORN, 57 (4) 894-899.

This article attempts to address a wide range of issues surrounding the communication process. The author clearly explains the difference between assertive and unassertive communication and highlights the importance of being assertive in the nursing profession. Self-control, personal rights and other issues are explored. Throughout the paper the author involves the reader by providing easily understandable examples and questions. Some practical tips are given to enhance the nurse's effectiveness in the communication process.

Hall, T. and Lloyd, C. (1990), 'Non-verbal communication in a health care setting', British Journal of Occupational Therapy, 53 (9) 383-385.

It is important for the student to recognise the need for a holistic perspective in order to understand how non-verbal communication functions in the communication process. The authors stress that it is of paramount importance to become aware of non-verbal communication if the client's needs are to be met effectively.

The findings of previous research are cited and the student is provided with valuable information about definitions, considerations and implications of non-verbal communication.

**THIS ARTICLE IS INCLUDED IN THIS COURSE READER.

SECTION 5: HEALTH EDUCATION AND HEALTH PROMOTION

Brown, P. and Piper, S. (1995), 'Empowerment or social control: Differing interpretations of psychology in health education', Health Education Journal, 54 (1).

A fairly 'heavy' but interesting article with a largely theoretical stance, focusing on the possible interpretations of health promotion models and theories and the importance of psychology within the process. Brown and Piper draw attention to conflicting ideologies within health education and introduce the reader to some of the more widely known models (e.g. the health belief model, health action model and theory of reasoned action). The concept of 'empowerment' is also outlined.

Catford, J. (1984), 'Towards a definition of health education and health promotion', Health Education Journal, 43 (2&3) 38.

A very short, concise definition of health education and health promotion. Provides a good starting point for the newcomer and highlights the controversy that often surrounds the two terms. The authors stress that 'health education' is a part of the much larger umbrella term of 'health promotion' which incorporates economic, environmental and community development aspects.

Collins, T. (1995), 'Models of health: pervasive, persuasive and politically charged', Health Promotion International, 10 (4) 317-324.

The discussion reflects contemporary and controversial issues surrounding models of health. Collins investigates existing models critically and stresses that their implementation is often incorrect, leading them to be largely misunderstood and confused. A new model is introduced to the reader, which "provokes users into a critical analysis of the full spectrum at both the individual and the community level of the determinants of health". This paper is suitable for a reader who is already familiar with some of the established models of health and provides a controversial stance to precipitate discussion and to encourage questioning of underlying theories. The article contains some complex ideas and is fairly academic in style.

French, J. and Adams, L. (1986) 'From analysis to synthesis: theories of health education', Health Education Journal, 45 (2) 71.

A clear focused paper outlining the use of theories within health education. Of use to the newcomer, some terminology is explained which ensures a through understanding of the main principles. The authors stress that the rapid recent growth of models in

the field has lead to much confusion and controversy amongst professionals. In their 'Tri-phasic map of health education' they attempt to simplify some existing models and to put forward a hierarchical model.

The paper is critical in it's approach and would provide greater depth to a student already familiar with some of the broader theories and models.

French, J. (1990) 'Boundaries and horizons, the role of health education within health promotion', Health Education Journal, 49 (1) 7.

This paper aims to define the role of health education and highlights the debate surrounding several aspects of the profession. The authors critically analyse their own earlier work (the French/Adams typology). This process is useful for the reader in that it encourages self-criticism and examination.

Discussion looks at community participation and it's possible effect on behaviour change. The concepts of community empowerment and social action are also investigated and introduce the reader to earlier work and theories. The main thrust of the article is to help the reader identify between health education and health promotion and to stress the importance of empowerment. The practical implementation and evaluation of health promotion are also addressed.

In conclusion this is a very good theoretical background for any student concerned with health education.

**THIS ARTICLE IS INCLUDED IN THIS COURSE READER

Green, L. (1988), 'Health Promotion: what is it?, what will it become?', Health Promotion, 3 (2) 151.

A fairly lengthy and 'wordy' paper which attempts to avoid the polarisation of different views about health education. Appeals for more integration and collaboration in the future development of the profession are called for. A contemporary, fresh view is shed on some earlier concepts. The authors highlight the problems of defining health promotion especially prior to the Ottawa Charter of 1986.

There is a strong ideological stance on other concepts such as community development, social factors and health behaviour that are introduced.

The paper overall provides the depth that the student needs to develop a thorough knowledge and an insight into the future of health education.

**THIS ARTICLE IS INCLUDED IN THIS COURSE READER

Naidoo, J. and Wills, J. (1994), Health Promotion: foundations for practice, Bailliere Tindall, London, Chapter 5.

A simplistic and straightforward introduction to some of the most widely known models and approaches with an inclusion of several clear definitions. The five different approaches - medical (preventive), behaviour change, educational, empowerment and social change are discussed in detail and introduce the reader to existing theory highlighting the differing viewpoints that are taken.

Some main models are then outlined, providing the reader with a concise but thorough understanding of some of the key concepts. Questions for further discussion are given.

Tannahill, A. (1985), 'What is health promotion?', Health Education Journal, 44 (4) 167.

Tannahill provides a critical view on the abundance of recent attempts to define health promotion in a very concise paper. He argues that the term has become meaningless and there is considerable confusion within and outside the profession. The discussion is opinionated and flags up some controversial issues to the reader. The author introduces yet another new model to help define the term which encompasses health education, prevention and health protection.

Overall the paper introduces little new material and investigates existing and models, definitions and theories. It is useful however, for building on and expanding key concepts.

Tannahill, A. (1990), 'Health Education and health promotion: planning for the 1990s', Health Education Journal, 49 (4) 194.

This article provides the reader with a contemporary outlook on the future of health promotion during the 1990s. He aims to put forward a "solid health education foundation for health promotion planning". In doing so he outlines three categories of health education which have not been expressed in this way by other authors. They include disease-orientated, risk factor-orientated and health -orientated. Problems of existing theories are flagged up and the author criticises earlier work.

In conclusion, the paper offers the reader a comprehensive view of the past and future aspects of health education and planning needs. Interestingly, the need for further research into developing, implementing and evaluation sound health promotion strategies is called for.

Tones, K. (1990), 'Why theorise? Ideology in health education', Health Education Journal, 49 (1) 2.

A very ideological and sociological based discussion of health education. Again, the widespread problems of accurately defining associated terms are addressed. Tones highlights the difference between the more technical versus the ideological approaches and models of health promotion.

The article is valuable in that it introduces the concepts of victim-blaming and voluntarism as key concepts which have only been touched upon by other authors. The conclusion is that to theorise is vital for professionalism and the implementation of efficient practice.

The paper is fairly heavy going and is suitable for providing the reader with additional depth of understanding.

SECTION 6: REDUCING THE CANCER RISK

Boyle, P. and Zaridze, D. (1993), 'Risk factors for prostate and testicular cancer', European Journal of Cancer, 29 (7) 1048-1053.

This paper provides the reader with a clear insight into two of the most common forms of cancers which affect males. Discussion is straightforward and includes epidemiological data about the diseases. The reader is expected to have a basic knowledge of terms such as 'mortality', 'morbidity' and 'aetiology' but the article is not exclusive to only those with a thorough understanding of epidemiology or statistics. The information gives a relatively recent picture of the epidemiology and associated risk factors. The graphical representation of data is useful for the student. Earlier work is cited to provide a comprehensive overview.

Overall, the paper is detailed yet very interesting to the lay reader and there are some surprising factors that may influence the onset of the diseases. Although the paper only focuses on two particular cancers the discussion provides the depth needed to build upon a general knowledge of 'cancer' as a whole.

Colditz, G. ((1996), 'Risk factors for breast cancer according to family history of breast cancer', Journal of the National Cancer Institute, 88 (6) 365-371.

This paper focuses predominantly on family history being a considerable risk factor for breast cancer and thus presents a fairly one-sided investigation into the overall epidemiology of the disease. A detailed account of a research study is given and the data analysed is modified using the log-incidence Pike model. The paper focuses strongly on statistical research methods and may be inappropriate for the distance learner. However, it is of value in that it supplies the student with a concise case of a cohort study and may precipitate debate about what constitutes 'good research'.

Jeanne, A. and van Loon, M. (1995), 'Lung cancer: is there an association with socio-economic status in the Netherlands?', Journal of Epidemiology and Community Health, 49 (1) 65-69.

This cohort study in the Netherlands reveals some surprising results - that regardless of smoking habits, age, dietary intake of vitamin C etc. there is an inverse correlation between lung cancer incidence and the most educated people. Quite extensive statistical analysis of the data means that the student is provided with the opportunity of viewing how a cohort study is conducted in practice. Although the article is somewhat heavy going and data is presented in numerical graphs, it is a good example of the research process in action.

In conclusion the paper is interesting and gives some surprising results to the reader. It is relatively recent and calls for further work to be done. The fact that it was

conducted in the Netherlands provides a European perspective to the discussion, relevant for the distance-learner in this instance.

**THIS ARTICLE IS INCLUDED IN THIS COURSE READER

Kvikstad, A. (1996), 'Cancer risk and prognosis in Norway: comparing women in their first marriage with women who have never married', Journal of Epidemiology and Community Health, 50 (1) 51-55.

This paper is a refreshing read providing a surprising and interesting insight into marital status and psychosocial factors as cancer risks. While the paper may provoke controversy and ridicule at first glance it appears there are some fundamental concepts about risk factors that cannot be overlooked. This case-control study included large numbers of participants, increasing the reliability and validity of the research. Detailed statistical analysis is also a component of the study. Despite this the reader is left feeling that they 'would like to know more' and are likely to be interested in future similar studies. The fact that the research was carried out in Norway puts a European slant to the article which may be particularly relevant to a European distance-learning pack. Overall, the paper is very specific but may encourage questioning, further interest and debate among the learner.

**THIS ARTICLE IS INCLUDED IN THIS COURSE READER.

Thomas, H. and Sikora, K. (1995), 'Cancer: a positive approach', Thorsons.

The reader is able to obtain a comprehensive view of the causes of cancer, although perhaps rather general in it's content. The style of the discussion is very 'friendly and chatty' which may appear irritating to those specialised in the field. It must be remembered the book is primarily designed for sufferers of cancer who are seeking a possible explanation for their illness. This point in itself is important as it encourages the cancer specialist to see cancer through the eyes of the patient. Family history, chemicals, smoking, diet, alcohol, physical agents, sunshine, radiation, and biological factors are all identified as risk factors and advice about how to reduce your risks is included within each section.

The emphasis of the chapter is to inform individuals about the risks and to urge them to take preventive measures, including self-examination and screening. Thus this builds on some of the earlier literature based on the concept of empowerment. While the paper may be fairly simplistic in content it does provide a thorough account of the range of risk factors that occur.

Tobias, J. (1995), Cancer: what every patient needs to know, Bloomsbury press.

Similar to the work of Thomas and Sikora (1995) this paper provides the reader with a general introduction into the possible causes of cancer. The style is predominantly 'non-academic' and is aimed at sufferers of cancer and their families. It is particularly useful in that it addresses the 'epidemiology of cancer' as a specific topic. The process of carcinogenesis is explained and the contributing factors of cancer are segregated into viral causes, radiation and the 'cancer personality'. The chapter is relatively short, easy to read and is useful in ensuring that the learner has a good understanding of some of the general causes of cancer.

SECTION 7: BUILDING THE PICTURE

Jamison, J. (1993), 'Health education in schools: a survey of policy and implementation', Health Education Journal, 52 (2), 59-62.

Jamison examines the deliverance of health education policies in schools across England. Initially, some of the recent legislation is cited and the pattern of health education through the 1980's and 1990's is commented on. The National Federation for Educational Research is discussed and the findings of the survey are revealed. In conclusion the main finding was the concern expressed about the lack of resources for health education policies and that it remains to be 'marginalised' compared with the main subjects of the National Curriculum.

While this paper provides an example of how a survey and interviews are carried out there is no direct correlation with the topic of cancer and it may be inappropriate to use in this distance-learning pack.

Korn, K. (1995), 'Suntan and Ultraviolet Light Exposure-Related Issues', Physician Assistant, May 1995, 80- 94.

The focus of this paper is to outline the dangers of excessive exposure to UV light and the effect this has in contributing to various forms of skin cancer. Different skin types, genetic susceptibility and certain drugs can all affect photosensitivity.

Discussion then stresses that despite awareness about skin cancer there is still relatively little action taken to prevent the development of this disease.

Overall, the paper provides a useful insight into the topic although is fairly lengthy.

Roberts, J. and Piha, T. (1993), 'Tobacco and health education: a policy model and predictions', Health Education Journal, 52 (3) 151-159.

This paper has a strongly European stance and is therefore particularly relevant for distance-learning students. It outlines the difficulties facing those implementing health education policies at a national level. A model is put forward outlining the probabilities of future tobacco use in the European countries. Perhaps one of the limitations of the paper is that it is heavy going and may fail to keep the readers interest.

Although there is little mention of cancer the assumption that tobacco use greatly contributes to lung cancer means that the paper is useful for the student in this case. It flags up many issues to the reader which may provoke controversy and discussion.

**THIS ARTICLE IS INCLUDED IN THIS COURSE READER.

<u>Young, I. (1993), 'Healthy eating policies in schools: an evaluation of effects on pupil's knowledge, attitudes and behaviour', Health Education Journal, 52 (1) 3-9.</u>

The sample population in this study is relatively small but the research provides a valuable insight into the effectiveness of health education policies. The style of the writing is straightforward and the reader is logically taken through the steps of the research process. Of interest is the effect of healthy eating policies on the behaviour and knowledge of the school pupils and the influence of external social factors that hinder the adoption of healthy eating practices.

This article is concise and while very specific, does give an understandable example about school children and healthy eating which is a key concept in the distance learning pack.

SECTION 8: EXAMINING THE EVIDENCE

Bergstrom, R. (1996), 'Increase in testicular cancer incidence in six European countries: a birth cohort phenomenon, Journal of the National Cancer Institute, 88 (11) 727-733.

This paper gives the reader a feel for how international research is conducted and the necessity to identify the most likely reason for a seemingly unexplained increase in testicular cancer.

The article is heavily research orientated and details of statistics including the use of Poisson regression models are incorporated. At times the abundance of numerical data, graphical representation and complicated statistical tests may prove to be uninteresting for the reader who is uninspired by such a 'dry' topic. Despite this, it is valuable in alerting the student to 'real' research and that the statistical analysis is necessary to improve the validity and reliability of the study.

Boyle, P. et al (1995), 'Epidemiology of malignant melanoma', British Medical Bulletin, 51 (3) 523-547.

A very thorough insight into the disease is given in this paper which has epidemiology at its centre. The paper is divided in to two sections. Firstly, the 'descriptive epidemiology' part covers specific topics including the geographical variation in melanomas and the temporal trends in incidence and mortality. The authors highlight the discrepancies between incidence and mortality, migration studies and socio-economic status and occupation.

Discussion then focuses on 'analytical epidemiology' which covers genetic susceptibility and host factors as well as prospects for prevention.

Throughout the discussion results of research are given in numerical tables. This gives the reader an opportunity to become more familiar with interpreting data of this kind.

**THIS ARTICLE IS INCLUDED IN THIS COURSE READER.

Langdon, J. (1996), 'Preparing for the mouth cancer epidemic', The Practitioner, Jan 58-60.

Although the topic is specific and limited to Britain, much of the argument in the need to prevent an 'epidemic' of mouth cancers can be applied to the wider European medical world.

The discussion is straightforward and outlines the incidence of mouth cancers, the pre-disposing factors and the symptoms that may indicate the early development of the disease. The importance of prevention is stressed and indications for rapid referral are indicated. The paper has a largely clinical focus and is particularly relevant to those with an understanding of the epidemiology and aetiology of oral cancers.

The article is concise, focused and interesting and merits inclusion at least on the reading list of the distance learning pack.

McPherson, K. et al (1994), 'Breast cancer - epidemiology, risk factors and genetics', British Medical Journal, 309 (6960) 1003-6.

This paper is very epidemiologically based and includes graphical representation and focused discussion on one of the most common forms of cancers. Following an introduction stating the incidence of breast cancer world-wide, the risk factors of breast cancer are then listed. The necessity of preventing the development of the disease is stressed.

Although the article is focused and concise it represents a good world-wide example of the epidemiology and risk factors of cancer .

**THIS ARTICLE IS INCLUDED IN THIS COURSE READER.

SECTION 9: THE LIFE CYCLE AND TARGETING HEALTH EDUCATION

Backett, K. and Davison, C. (1992), 'Rational or reasonable? Perceptions of health at different stages of life', Health Education Journal, 51 (2) 55-57.

Particularly relevant to the learning activity, this article addresses how individuals are likely to adopt a health behaviour depending on what life stage they are currently at. The paper focuses on two qualitative studies conducted in the late 1980's. The authors aim to highlight that a potentially harmful activity at particular stages of life are considered among the population as a 'reasonable course of action' and will therefore be difficult to target. For the cancer health educator it is crucial that the life stages are identified so that the most effective health promotion policies may be implemented.

The article is clear, concise and relatively straightforward. Throughout, the discussion is largely centred on socio-cultural aspects and the need to take into account lay beliefs and social lifecourse. Of value to any health educator, the paper merits inclusion within the distance learning pack.

**THIS ARTICLE IS INCLUDED IN THIS COURSE READER.

Hicks, C. (1988), 'The importance of psycho-social variables in changing attitudes and behaviour', Health Education Journal, 47 (1) 15-16.

Although less recent (1988) than many of the others, this paper is ideal in that it is concise, interesting and relevant to anyone involved in implementing health promotion policies. Attention is given to the need to identify target groups, to recognise how the attitudes to general health attitudes are structured with in these groups and the difficulties in obtaining prolonged changes in health behaviour.

While the article does not appear to offer any new or exciting facts it does condense the work of previous specialists and provides a concise overview of the life cycle and targeting health education. This is crucial to meeting the objectives of the cancer distance learning pack.

Watson, J. et al (1996), 'Lay theorising about "the body" and implications for health promotion', Health Education Research, 11 (2) 161 -172.

The paper is valuable in that it introduces the reader to a new method of research - that of grounded theory. While the article is long, it does manage to cover a vast amount of previous work and a critical review of existing literature is incorporated. The main argument for the need for the research was the apparent failure by earlier researchers to 'take the body seriously within it's own theorising'.

The paper continues by addressing theoretical and practical implications of health promotion and is of considerable value to the reader.

SECTION 10: CONSOLIDATING AND GENERAL INTEREST

Aggleton, P. (1990), Health, Cox and Wyman Ltd, Reading, Chapter 1.

This paper provides general definitions of 'health' suitable for those unfamiliar with the topic. It includes activities that the reader can work through to improve their understanding of the issues introduced. Aggleton gives official definitions of health and includes both 'positive' and 'negative' aspects of health, illness, fitness and disease. The dimensions of health model is incorporated within discussion, providing a theoretical stance. Lay beliefs about health are addressed. Of interest is that the chapter also investigates the problems of measuring health. The chapter is very readable and provides some interesting points for consideration and a good broad introduction to health.

Bagnall, G. (1995), 'Postgraduate training in health education: the demand from potential students for distance learning', Health Education Journal, 54 (2) 163-175.

This paper focuses on the demand by postgraduate students for the development of distance learning material. Some of the benefits and drawbacks of this teaching method are outlined. Distance learning is increasingly popular and there is a need to develop appropriate teaching materials.

The paper concentrates on a study conducted in Scotland but the findings may be applied to any institution.

Bowling, A. (1992) Measuring Health, Open University Press, London, Chapter 1.

The chapter investigates the measurement of health outcomes or the consequences of care and cites previous work. Bowling outlines that health outcomes are largely dependent on obtaining the health status and a precise definition of health. The concepts of mortality and morbidity indicators, service utilisation and subjective health indicators are discussed. Attention then turns to describe the concept of functional ability and functional status of an individual. Positive health, social health and quality of life are concepts also examined. The discussion ends on measuring health status in relation to quality of life. Overall the chapter provides greater depth than Aggleton (1990).

**THIS ARTICLE IS INCLUDED IN THIS COURSE READER

Box, V. and Davison, J. (1987), 'Evaluating a cancer education teaching pack for schools', Health Education Journal, 46 (1) 11-13.

This study provides an insight into the effectiveness of a teaching pack for health education in schools. It flags up some of the potential limitations of teaching packs and that it is often necessary to use them in addition to the deliverance of health education by trained staff.

The authors recognise that the sample population was relatively small and that some critics may question the value of teaching packs as an effective means of delivering health education. It is interesting for anyone involved in the field of health education.

Carey, P. (1991), 'Teaching about cancer - an evaluation of a cancer education resource', Health Education Journal, 50 (2) 78-82.

The article is relevant and focuses on the evaluation of a cancer education resource. It examines teachers' reaction to and use of a cancer education resource. The main finding to emerge from the study was that in this case the cancer education pack was an extremely valuable teaching tool and all elements of the design were rated very highly.

Although not directly applicable to the distance learning pack, the paper is interesting and would enhance the general knowledge of a health educator.

Naidoo, J. and Wills, J. (1994), Health Promotion: foundations for practice, Bailliere Tindall, London, Chapter 14.

A straightforward and clear introduction to the main aspects of evaluation in health promotion. Throughout the text, the student is encouraged to complete further discussion topics and key points are highlighted. Definitions of evaluation are given, and the differences between several evaluation methods are explained. Particular dilemmas and difficulties surrounding evaluation are addressed.

The chapter covers fundamental theory of evaluation that any health promoter should have a sound understanding of.

Wakeham, M. (1996), 'What nurses think of library services', Nursing Standard, 10 (28) 40-43.

On reflection, although the paper is concise and easy to read, it has very little relevance to the distance learning pack. Yet for the motivated student who is reluctant to use libraries to help in the research process there are some valuable tips.

KEY

READING

ARTICLES