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ENGAGING WITH CLINICAL SUPERVISION IN A COMMUNITY MIDWIFERY SETTING

AN ACTION RESEARCH STUDY

RUTH DEERY

A thesis presented in fulfilment of the requirements for the degree of Doctor of Philosophy

WOMEN’S INFORMED CHILDBEARING & HEALTH RESEARCH GROUP
SCHOOL OF NURSING AND MIDWIFERY

THE UNIVERSITY OF SHEFFIELD
UK

NOVEMBER 2003
ABSTRACT

The main aim of this research study was to explore midwives’ views and experiences of their support needs in clinical practice and then to identify how they would wish to receive such support. There was much literature to support the existence of stress and burnout in midwifery but no research that addressed ways of alleviating this. Further aims were to redress that imbalance by planning and facilitating a model of clinical supervision devised by the participating midwives.

The study took an action research approach that involved working with a group of eight National Health Service (NHS) community midwives in a collaborative, non-hierarchical and democratic way in order to achieve change. This accorded with a woman-centred approach to working with clients that was being encouraged within midwifery. The midwives were typical of many community-based midwives in the United Kingdom (UK) who were working in increasingly stressful, complex and changing environments.

Wider organisational and cultural issues are considered that affect working relationships. The nature of the way the midwives worked when they were offered and received support, and how they reacted and coped when their work team and work situation was threatened, was also explored.

Each midwife was interviewed twice; before and after the experience of clinical supervision. They also participated in two focus groups before clinical supervision. In-depth individual interviews lasted up to two hours, as did the focus groups. The interviews and the focus groups were taped, transcribed and then analysed using a relational voice-centred methodology.

The main findings were that recent and ongoing change plus the organisational demands placed on the midwives by the NHS and their managers were detrimental to working relationships with their colleagues and clients. This also inhibited the process of change. A discourse of denigration became apparent within the interviews and the midwives behaviour and coping strategies revealed some well developed defence mechanisms, as well as an apparent lack of understanding on their part and that of their midwifery managers in relation to emotion work. Resistance to change was a key defence mechanism used by the midwives.

Strong messages emerge about certain ‘performances’ being available to midwives and the use of defence mechanisms as a way of ‘getting the work done’. There are also messages about the cultural legacy of midwifery and how this can inhibit autonomous behaviour by midwives. Developing and increasing self awareness is still not viewed as being intrinsic to the work of the midwife and midwives are being asked to undertake a level of work that they have not been adequately prepared for. Neither do there appear to be effective role models for midwives. The bureaucratic pressures of working in a large maternity unit are also addressed where the system is seen as more important than the midwives.
ACKNOWLEDGEMENTS

There are many, many people who have unknowingly contributed to the successful completion of this study. I sincerely thank them all, but in particular I would like to take this opportunity to thank the following people.

My gratitude to my husband Patsy and my mother Teresa, who have provided endless support throughout the life of the study, is beyond words. They have been a tower of strength and encouragement for me as have my children, Nick, Laura and Emily who have ‘studied with me’. Nick became a Police Officer during the course of the study, Laura has taken her A levels and is preparing to go to University and Emily has taken her GCSEs…and they were only ‘babies’ when I started my research journey. My father Frank, who was very proud that I was studying for my doctorate died during the course of the research.

Professor Mavis Kirkham, as my research supervisor, has provided infinite support, constantly reinforcing my ability to undertake this research as well as write the thesis. She has inspired me, trusted me, been patient with me and above all, valued me and my contributions to midwifery. Her calming presence has helped me throughout this research journey.

I would like to thank Joss, Dawn, and all the midwives who participated in the study. Without their help and time this study would not have been possible. Joss and Dawn especially have helped me to think differently. I am also grateful to the midwifery managers for providing access to the participating midwives and the maternity unit.

Deborah Hughes has stayed with me every bit of the way on my research journey, reading endless drafts, often at short notice. She has listened patiently and helped to keep me grounded, as well as providing friendship and scholarly guidance for which I will always be grateful.

I also thank Christine Horrocks who joined me at the later stages of my research journey. Her encouragement, friendship and willingness to comment on drafts have been enormously helpful and motivating. She provided a certain ‘structure’ that was necessary for me at this crucial stage of my research journey.

The West Yorkshire Education and Training Consortium (now known as West Yorkshire Workforce Development Confederation) provided funding through a small grant. Without this funding the study might not have proceeded to completion. I am also grateful to the University of Huddersfield who provided funding for my studies at the University of Sheffield.
# Table of Contents

<table>
<thead>
<tr>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract</td>
</tr>
<tr>
<td>Acknowledgements</td>
</tr>
<tr>
<td>List of Tables</td>
</tr>
<tr>
<td>List of Figures</td>
</tr>
</tbody>
</table>

## Chapter One: INTRODUCTION

1. The need for the study
2. Aims of the study
3. Setting the scene
4. Key theoretical issues
   - Feminist theory
   - Humanistic psychology
   - Counselling theory
   - Group Work theory
   - Psychotherapeutic theory
   - Sociological theory
5. Transforming the local maternity services
6. Glendale Work Team
7. Dawn’s influence on my study
8. Joss’ influence on my study
9. The organisation of the thesis

## Chapter Two: VOICES AND ISSUES FROM PAST AND PRESENT MIDWIFERY

19. The move from ‘disordered’ to ‘ordered’ practice
20. Achieving professional status or a means to control practice?
21. Dominant doctors and ‘disabled’ midwives
22. Statutory compliance: ‘supervising’ or ‘policing’ midwifery work?
23. Medicalisation of childbirth
24. Who knows?
25. The subjugation of midwifery knowledge
26. Invisible midwifery expertise and invisible women
27. Technological surveillance and intervention
28. Adapting to, and changing ways of working
29. The effects of changing approaches to care
30. The impact of changing work patterns on the midwifery workforce
Chapter Three: CHANGE, CULTURE, ‘CARING’ AND RELATIONSHIPS

Part 1: Culture and change in the NHS

The culture of midwifery in the NHS
The context of change in the NHS
  Differing approaches to change
  Sowing the seeds of change
Culture as a key influence on change
  Midwives as obedient technicians
Change managing midwives
  Detachment as a monitoring process
  ‘Militating organisational imperatives’
Key points emerging

Part 2: The midwife-mother relationship

First relationship crucial to subsequent relationships
  Providing a holding environment
  Providing a secure base
  Community-based work as a refuge
The slipperiness of care……
  ……makes caring complex
The balancing act….becoming emotionally involved
  Staying connected despite differences
  Reciprocity: mutual aims and aspirations
  Mediating between ‘connectedness’ and ‘detachment’
  Picking the right balance
  Different levels of engagement
Women as ‘natural carers’
The sentimental order of midwifery
  Midwives’ ‘composure work’ – a form of task orientated care
  Identity work – attending to nurturance, growth and healing
Therapeutic midwifery: being a ‘skilled companion’
  Midwives as ‘gravy’
The consequences of partnership…devolving power
Key points emerging

Chapter Four: CLINICAL SUPERVISION – A POTENTIAL SOURCE OF SUPPORT

Strengthening or policing professional practice?
Learning lessons from other professions
Social work – ‘discussing cases’ or ‘anxious caseload management’
The concept of ‘supervisor’ – confusion and ‘definition quagmire’
‘Big sister is watching you’: supervision of midwives
  The two hats – contradictions in midwifery supervision
Challenging midwifery supervision
Chapter Five: ACTION RESEARCH: OPENING NEW DIALOGUES FOR ENQUIRY

The nature and range of clinical supervision

‘Doing’ clinical supervision
   Individual supervision
   Group supervision
   Peer supervision

Frameworks for clinical supervision

The focus of clinical supervision
   Hunt’s three approaches to supervision
   Double Matrix Model
   Triadic model of supervision
   Six Category Intervention Analysis
   Cyclical Model of Counsellor Supervision
   Growth and Support Model
   Guided Reflection or ‘professional narcissism’
   Interactive Model
   Nicklin’s six-stage supervision cycle
   Problem orientated supervision
   A hybrid model of clinical supervision
   Practical route to successful clinical supervision

Key points emerging

Chapter Five: ACTION RESEARCH: OPENING NEW DIALOGUES FOR ENQUIRY

The beginnings...action research in the making

Valuing process and outcomes
   Contextualising ‘real-world practice’

Defining action research

The nature of reality
   ‘Learning is rooted in experience’

Rejecting the search for truth
   Prescription and the imposition of control
   What about complex, messy clinical practice situations?

Naturalistic research: Subjectivity and shedding light on complex problems
   Whose knowledge.....whose practice counts?

Critical theory research: challenging politically constructed situations
   Models...approaches...typologies...traditions?
   Cycles and steps as repressive and mechanical
   Struggling in the swampy lowlands

Accepting certainty and valuing uncertainty

Feminisms and action research

The living theory approach
   Mapping imagined frameworks’ onto clinical practice
   Putting values “up-front”

Active versus passive participation
Research ‘with’ rather than ‘on’: a conjoint experience 159
The balance of power… 160
Becoming a political entrepreneur! 161
Blurred boundaries – dealing with political behaviour 163

Key points emerging 165

Chapter Six:  METHODS  167

Placing ‘the self’ at the centre of the inquiry 167
Shaping the research with social, political and critical insight 167
A story of myself (6.12.00) 169
Childhood lasts a lifetime 169

Phase One 174

Gaining access 174
Gatekeeping access 174
Old habits die hard 175
Silencing mechanisms at play 176
Recruitment to the study 177
Excluding ‘others’ from the research 178

Phases One, Two and Three 179

Interviews as complex, social interactions 179
The influence of reciprocity 181
Listening to midwives’ voices 182
Listening to the voices of Susan, Sarah and Stella 183
Seeking spontaneous storytelling 184
The interviewer as a therapeutic resource 185
Is it necessary to draw a line in the sand? 186
Choosing the venue – feeling safer on your own patch 187
Coping with distractions and interruptions 188
Articulating ‘unarticulated experience’: helping each other out 189
The co-production of data within interviews 191

Phase Two 192

Hearing Joss’ voice 192

Focus groups as ‘natural social networks’ 193
Interaction as synergism 193
Focus groups equate with ‘time-efficiency’ 195
Silent voices…remaining an outsider 196
Focus groups as a forum for change 197
Facilitating focus groups 197
Observing interactions within focus groups 198

Issues of ethics and rigour 199
The appropriateness of reliability and validity in action research 202
Exercising professional imagination 203
Phase Three

Analysing the midwives’ accounts 206
‘Starting up terror’ – leaping into the unknown 207
The process of making sense 208
Facing myself….again 209

The principles of voice-centred relational methodology 210

First reading: focusing on the plot by losing my own plot 211
Second reading: being with midwives 212
Third reading: achieving a sense of balance in relationships 213
Fourth reading: some voices are louder than others 214
Fifth reading: expressing emotion through metaphors 215
Metaphors as a form of expression 216

Chapter Seven: PHASE ONE - PRELIMINARY INTERVIEWS
THE CHALLENGE OF CHANGE:
CONFRONTING CRISIS AND PAIN 220

The roller coaster of constant change: onerous or exciting? 221
The tyranny of team midwifery: an unfair imposition. 223
Idealising past ways of working. 226
Coping with stress: feeling uptight, depressed and unable to go to work. 227
Habitual ways of working…collusive interaction and refusal to talk. 232
Bad care days…no time to listen and a fear of complex situations. 234
The rudderless ship…pulling differently and needing direction! 236
Pseudo-cohesion as a mask for unsupportive behaviour. 237
Ladylike saboteurs…‘flies in the ointment’ or ‘doing good by stealth’. 238
Self denigration as a learned response and a way to discount needs. 242
‘Shared’ or ‘clash’ of personal philosophies. 244
Generations of dinosaurs…the birth and death of oppressors. 245

Key points emerging 247

Chapter Eight: PHASE ONE - PRELIMINARY INTERVIEWS:
MIDWIVES AS ‘EMOTIONAL LABOURERS’ 249

‘Framing’ the story…midwifery work as ‘performance’ 251
Emotional labour 254
Longer client interactions = feeling ‘psychologically drained’ 256
Burnout syndrome 256
‘Professional closeness’ or detachment 260

Relating to, and developing partnerships with women 262
‘Psyching one’s self up’ – a coping strategy 262
Self presentation; coping and performance 263
Being ‘their friend’; feeling safe and suffering pain 264
Emotional engagement: a source of energy or a stressor 266
Chapter Nine: PHASE TWO - FOCUS GROUPS: CLARIFYING SUPPORT NEEDS AND PLANNING FOR CHANGE

Focus group one: A forum to reflect on support needs and change
- Observing group interaction
- Silent voices huddling together
- Getting started...different forms of anxiety
  - Keeping 'team spirit' alive...despite obvious differences
  - Pussyfooting and 'smoothing over' as alternatives
  - Conversational rituals...trying to restore balance
  - Fear of exposing feelings...letting colleagues 'see inside'
- Attempting to meet support needs
  - Taking things further...new style of clinical support!
  - Fear of a new hierarchy
  - Celebrating midwifery versus use of a 'black book'

Key points emerging from focus group one

Dawn's input following the first focus group

Focus group two: Working towards a supportive framework
- 'Them' and 'us' – pseudo-collusion as a defence mechanism
- 'Punching lights out': no power, anger and dissatisfaction
- 'Jumping on board' or resisting collaboration and responsibility
- Managing change...or not...through the study findings
  - Collaborating or colluding: yet another contradiction!
  - Different ways of working really means 'double visits'
- The way forward for the work team
- Even researchers get hurt...‘emotional pebbles and potholes’

Key points emerging from focus group two
Chapter Ten: PHASE THREE - FINAL INTERVIEWS

CHALLENGES AHEAD: DEVELOPING AN AWARENESS OF REALITY

An ‘opportunity’ or a ‘different space’
Cohesiveness as a means of keeping problems hidden
‘Pseudo-cohesion’ as a means of masking unsupportive behaviour
A challenge: time for reflection and possible change
Too great a challenge: no time and no support during turbulent change.
The need to feel safe: negotiating a safe environment
‘Contract setting’: working together towards a clinical supervision framework.

Making time for clinical supervision
Buying time: money makes midwives!
Time out to talk: spending valuable time
Time as a finite commodity…it costs money!
Time as a ‘sacrifice’: encroaching on others’ time
Taking time that is needed elsewhere

Group supervision: feeling safer in numbers
Feeling valued through equality and consistency
Imposing boundaries: limiting involvement or avoiding responsibility.
Feeling elitist: better to exclude than include
The dumping ground: a place for unloading distress
Help rejecting complainers: a means of expressing resentment or a reflection of reality
Different ways of acknowledging endings
The empty chair: avoidance behaviour or a call for help
Facing the challenge: presenting clinical material of concern
Towards a new understanding
Avoidance of issues
‘Pit-head time’ – an opportunity to discuss ‘casework moments’

Key points emerging

Chapter Eleven: CONCLUDING THOUGHTS..... AND BEYOND

The rhetorical challenge of midwifery
‘Cultures of conflict’
Insights into the performance of midwifery
Performances as bound by the clock
Insights into working relationships
List of Tables

<table>
<thead>
<tr>
<th>Chapter Four: Clinical Supervision – an ‘unshackling process’</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1: Schools of psychotherapy or counselling as applied to clinical supervision</td>
<td>98</td>
</tr>
<tr>
<td>Table 2: Models of clinical supervision</td>
<td>99-100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter Five: Action research: opening new dialogues for Enquiry</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 3: The position of the researcher</td>
<td>162</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter Eight: Midwives as ‘emotional labourers’</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 4: Summary of the spectrum of ‘performances’ (as described in preliminary interviews)</td>
<td>253</td>
</tr>
<tr>
<td>Table 5: Midwives’ ways of emotional engagement in a bureaucratic context and their subsequent effects</td>
<td>292</td>
</tr>
</tbody>
</table>
# List of Figures

<table>
<thead>
<tr>
<th>Chapter One:</th>
<th>Introduction</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure 1: Flow Chart signposting phases and progress of study</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter Four: Clinical Supervision – an ‘unshackling process’</th>
<th>81</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure 2: Hawkins &amp; Shohet’s Double Matrix Model of Supervision</td>
<td>101</td>
</tr>
<tr>
<td>Figure 3: Hybrid Model of Clinical Supervision</td>
<td>113</td>
</tr>
<tr>
<td>Figure 4: The route to successful and effective clinical supervision</td>
<td>116</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter Five: Action research: opening new dialogues for enquiry</th>
<th>140</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure 5: Different approaches to action research in critical theory paradigm</td>
<td></td>
</tr>
</tbody>
</table>