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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

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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.

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# 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

- The need for the study 2
- Aims of the study 3
- Setting the scene 4
- Key theoretical issues 6
  - Feminist theory 6
  - Humanistic psychology 7
  - Counselling theory 8
  - Group Work theory 9
  - Psychotherapeutic theory 10
  - Sociological theory 11
- Transforming the local maternity services 12
- Glendale Work Team 14
- Dawn's influence on my study 15
- Joss' influence on my study 16
- The organisation of the thesis 16

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

- 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? 24
    - The subjugation of midwifery knowledge 28
    - Invisible midwifery expertise and invisible women 29
  - Technological surveillance and intervention 30
  - Adapting to, and changing ways of working 31
    - The effects of changing approaches to care 33
  - The impact of changing work patterns on the midwifery workforce 34
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
The nature and range of clinical supervision 91
‘Doing’ clinical supervision 93
  Individual supervision 94
  Group supervision 94
  Peer supervision 95

Frameworks for clinical supervision 96
The focus of clinical supervision 96
  Hunt’s three approaches to supervision 102
  Double Matrix Model 103
  Triadic model of supervision 104
  Six Category Intervention Analysis 105
  Cyclical Model of Counsellor Supervision 106
  Growth and Support Model 107
  Guided Reflection or ‘professional narcissism’ 108
  Interactive Model 109
  Nicklin’s six-stage supervision cycle 111
  Problem orientated supervision 112
A hybrid model of clinical supervision 112
Practical route to successful clinical supervision 115

Key points emerging 116

Chapter Five: ACTION RESEARCH: OPENING NEW DIALOGUES FOR ENQUIRY 118

The beginnings...action research in the making 119
Valuing process and outcomes 121
  Contextualising ‘real-world practice’ 122
Defining action research 122
The nature of reality 127
‘Learning is rooted in experience’ 129

Rejecting the search for truth 131
  Prescription and the imposition of control 132
  What about complex, messy clinical practice situations? 133

Naturalistic research: Subjectivity and shedding light on complex problems 134
  Whose knowledge…..whose practice counts? 135

Critical theory research: challenging politically constructed situations 136
Models...approaches...typologies...traditions? 140
  Cycles and steps as repressive and mechanical 142
  Struggling in the swampy lowlands 144
Accepting certainty and valuing uncertainty 145
Feminisms and action research 150
The living theory approach 151
  Mapping imagined frameworks’ onto clinical practice 152
  Putting values “up-front” 153

Active versus passive participation 157
### Chapter Six: METHODS

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

- 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

- 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

- 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

- The appropriateness of reliability and validity in action research  199
  - Exercising professional imagination  202
### Phase Three

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

- The principles of voice-centred relational methodology
  - First reading: focusing on the plot by losing my own plot
  - Second reading: being with midwives
  - Third reading: achieving a sense of balance in relationships
  - Fourth reading: some voices are louder than others
  - Fifth reading: expressing emotion through metaphors

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

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

- Key points emerging

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

- ‘Framing’ the story…midwifery work as ‘performance’
- Emotional labour
  - Longer client interactions = feeling ‘psychologically drained’
  - Burnout syndrome
  - ‘Professional closeness’ or detachment
- Relating to, and developing partnerships with women
  - ‘Psyching one’s self up’ – a coping strategy
  - Self presentation; coping and performance
  - Being ‘their friend’; feeling safe and suffering pain
- Emotional engagement: a source of energy or a stressor
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
Making time to meet with the midwifery manager 330
No answers…yet! 331
Making time to meet with the new Head of Midwifery 331

Chapter Ten: PHASE THREE - FINAL INTERVIEWS
CHALLENGES AHEAD: DEVELOPING AN AWARENESS OF REALITY 333

An ‘opportunity’ or a ‘different space’ 334
Cohesiveness as a means of keeping problems hidden 336
‘Pseudo-cohesions’ as a means of masking unsupportive behaviour 338
A challenge: time for reflection and possible change 342
Too great a challenge: no time and no support during turbulent change. 343
The need to feel safe: negotiating a safe environment 344
‘Contract setting’: working together towards a clinical supervision framework. 345
Making time for clinical supervision 347
Buying time: money makes midwives! 348
Time out to talk: spending valuable time 350
Time as a finite commodity…it costs money! 352
Time as a ‘sacrifice’: encroaching on others’ time 354
Taking time that is needed elsewhere 358
Group supervision: feeling safer in numbers 360
Feeling valued through equality and consistency 362
Imposing boundaries: limiting involvement or avoiding responsibility. 364
Feeling elitist: better to exclude than include 367
The dumping ground: a place for unloading distress 369
Help rejecting complainers: a means of expressing resentment or a reflection of reality 370
Different ways of acknowledging endings 374
The empty chair: avoidance behaviour or a call for help 376
Facing the challenge: presenting clinical material of concern 379
Towards a new understanding 384
Avoidance of issues 384
‘Pit-head time’ – an opportunity to discuss ‘casework moments’ 386

Key points emerging 390

Chapter Eleven: CONCLUDING THOUGHTS….. AND BEYOND 392

The rhetorical challenge of midwifery 393
‘Cultures of conflict’ 393
Insights into the performance of midwifery 395
Performances as bound by the clock 397
Insights into working relationships 398
Clinical supervision as an ‘unshackling process’  398  
Midwives who balance well  400  
  Pseudo-cohesion as a defence mechanism  401  
Struggles and contradictions within action research  401  
The way forward  404  
Implications for midwifery education and further research  405  

Recommendations for midwifery practice  408  
Recommendations for further research  411  

REFERENCES  413  

APPENDICES  443  

1. Description of the midwives  443  
2. Interview Schedule (preliminary interviews)  450  
3. Interview Schedule (focus group 1)  451  
4. Interview Schedule (focus group 2)  452  
5. Interview Schedule (final interviews)  453  


# List of Tables

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

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

<table>
<thead>
<tr>
<th>Chapter Eight:</th>
<th>Midwives as ‘emotional labourers’</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 4:</td>
<td>Summary of the spectrum of ‘performances’ (as described in preliminary interviews)</td>
<td>253</td>
</tr>
<tr>
<td>Table 5:</td>
<td>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:</td>
<td>Flow Chart signposting phases and progress of study</td>
<td>5</td>
</tr>
</tbody>
</table>

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

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