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CONCEPTUALISING COLLABORATION IN CONTEXT: AN EXPLORATION OF THE COLLABORATIVE EXPERIENCES OF ACADEMICS IN HEALTH AND SOCIAL CARE

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A thesis submitted to the University of Huddersfield in partial fulfilment of the requirements for the degree of Doctor of Education

The University of Huddersfield

December 2009

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Abstract

This thesis contains the findings of a qualitative research project that addressed the question 'why collaborate? Focus was on the experiences of academics in health and social care collaborating to develop interprofessional and interdisciplinary initiatives, including interprofessional education (IPE). The project was based upon the premise, first, that academics need to collaborate effectively if interprofessional initiatives like IPE are to develop and be sustained and secondly, that theory building in relation to collaboration will assist our understanding of why collaborations are formed and why some are sustained and some are not. Research focus in this field has, mostly, focussed on student experiences and the desire to identify the impact of IPE. The project aimed to address the under researched area of collaboration between academics. Data was generated from individual interviews and focus groups with academics from six universities. Respondents shared their experiences of collaborating with colleagues from a range of professions and disciplines. The project utilised a Charmazian constructivist grounded theory methodology and the writings of Pierre Bourdieu were used at the data analysis stage. The thesis details the emergent categories: motivation-dispositions; career trajectories; personal-relationships; leadership and field change, which assist our understanding of what helps and what hinders collaboration. The inter-relationships between the four emergent categories are outlined and a theory of collaboration between academics in health and social care is presented.

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Dedications and Acknowledgements

My heartfelt thanks go first and foremost to my partner Martin Collett and my daughter and son Sarah and Richard whose support, patience and practical help made the completion of this thesis possible. I am very grateful to them.

I would also like to thank my supervisor Dr. Pete Sanderson for his support, advice and guidance.

My thanks also go to Steve Pugh, who was on a similar journey, for the many helpful discussions and to Jean Etchells for proof reading a final draft.

Lastly and importantly I thank all of the many academics in health and social care who generously gave their time. Without their generosity and openness this thesis could not have been written.

I dedicate this thesis to my late father John Frederick Kniveton who introduced me at an early age to the world of adult education and who inspired me to be inquisitive in the pursuit of knowledge and understanding.

Chapter One – Background to the Project

Introduction

This thesis contains the findings of a research project that explored the collaborative experiences of academics in health and social care. Using a constructivist grounded theory approach the project identified factors relating to motivation, career trajectories, personal relationships and leadership and field change as significant to meaning and understanding. It is argued that these factors represent the 'more-inner' and 'the more-outer' aspects of collaborative experience. Utilising the 'practice theory ' of Pierre Bourdieu – and his key concepts of *habitus*, *field*, and *capital* – it is argued that a holistic approach to our understanding can be achieved by recognising the dialectic of social structures and structured, structuring dispositions. A reflective and reflexive account is presented; to assist the reader, where this account is explicit the relevant paragraph is indented.

> The genesis of this project, and therefore this thesis, dates to the mid 1990s when I moved from working within health and social care services into higher education. I moved from a 'single' health and social care service where collaborative interprofessional working was an integral part of the objective structures and of day to day practice. Once in higher education I was tasked with developing and delivering an interprofessional education (IPE) programme with academic colleagues from a different profession, meaning that I transferred and developed my understanding of interprofessional working into the new field.

In this introductory chapter this experience and the project is located within the policy context of the UK. It is acknowledged that collaborative interprofessional working and IPE are not bounded by the UK health and social care agenda being instead international endeavours (see for example Barr et. al. 2005). The thesis continues by detailing methodology, reflexivity

and method (chapter two) and the data analysis and theoretical positioning of the project (chapter three). This is followed by presentation of the findings of the project (chapters four to eight). The final chapter (chapter nine) includes reflections and details limitations of the project and suggests future research opportunities.

What follows is first, consideration of the policy context and in so doing the premise on which this project was based is highlighted. This is followed with definitions of IPE and collaboration, including the definitions shared with the respondents who took part in the project.

Interprofessional education and collaborative interprofessional working

The World Health Organisation (WHO) is credited with identifying IPE as a significant component of primary health and social care. A WHO report in 1978 was followed in 1988 with a detailed report that envisaged different professions learning together the skills needed for working together to meet the needs of individuals and communities (WHO 1978,1988). Emphasising team-working the 1988 report stated

"Education programmes should stress ways of enabling health team members to learn together and to understand: (1) the responsibility of the team as a group; (2) the role of each member in carrying out the team's responsibilities; (3) the extent to which the roles of team members overlap; (4) the processes needed for working together; and (5) the part played by the team in the overall delivery system" (pp. 7-8)

The WHO reaffirmed its commitment in 2008 in a *'Framework for Action on Interprofessional Education and Collaborative Practice'*

"The World Health Organisation recognizes interprofessional collaboration in education and practice as an innovative strategy that will play an important role in mitigating the global health workforce crisis (and) interprofessional

education is a necessary step in preparing a 'collaborative practice-ready' health workforce" (quoted in Hammick et.al. 2009 p. 28)

The past two decades have seen the debate focus on definitions of and the effectiveness of such training and education, with collaborative interprofessional working and IPE now being part of health and social care discourse. Barr et. al. (2005) in considering the international context of 'arguments, assumptions and evidence' for IPE, systematically reviewed the evidence for its effectiveness and point out that the 1988 report drew upon extant examples from some fourteen countries (p.29). This means that examples of IPE have probably been in existence since the 1970s, at least.

Tope and Thomas (2007), in providing a comprehensive summary of UK policy, identify that the need for collaborative interprofessional teams in health care practice dates as far back as 1920 (HMSO 1920) and that the need for collaboration between social workers and healthcare teams was identified in 1959 (HMSO1959). They cite 59 Reports produced between 1920 and 2000. Twenty-four of these reports date from the mid 1990s to 2000 and by the mid 1990s

"nearly every DH publication called for the health and social care workforce to overcome their reticence and put the needs of the patient, and their families first" (Tope & Thomas 2007 p.31)

The question posed by Tope and Thomas is therefore pertinent

"many of these Reports were published as a Government Command, so the rhetorical question must be asked why did everyone, with the exception of a few, ignore what they were being commanded to do?" (p.31)

This question is considered in chapter four (see pages 80-81). In the current context it is suggested that this question is also relevant for the development of IPE as despite numerous government funded projects and some "definite advancements" (Jowett 2008 p.1) there is lack of sustained development and

coordination across the higher education sector; which is similar to the situation in practice settings

“Many collaborative initiatives are short lived, ending when initial funds are exhausted, key workers move on, or the management climate becomes less supportive” (Freeth 2001 p. 38)

The Centre for the Advancement of Interprofessional Education (CAIPE) has undertaken numerous studies and produced many reports useful to our understanding of IPE, including working to establish an evidence base for its effectiveness (for example Barr et.al. 2000, Engel 2001, Barr 2002, Freeth et.al. 2002, Goosey & Barr 2002, Barr et.al.2005). Nevertheless, it is argued that theory relating to IPE is contested

“Theory, like much in interprofessional education, is contested territory” (Barr et. al. 2005 p.120)

Nor is there development of theory relating to collaboration amongst health and social care faculty. Focus has mainly been on the student experience and the desire to identify the effectiveness, or otherwise, of IPE (Gilbert & Bainbridge 2003). Given that responsibility for the education and training of health and social care professionals resides with higher education institutions, this project proposes that collaboration amongst health and social care academics is a necessary precursor to the development of IPE. The contention being that development of theory relating to collaboration amongst health and social care academics will add to our understanding of the factors involved and may assist development of collaborations and in turn interprofessional initiatives, including IPE. It is therefore suggested that the conceptualisations generated from this research project are significant in theory building.

The context is then that the WHO has a long stated IPE policy and the need for professionals in health and social care to work together has a well documented history (see also for example, Loxley, 1997, Johnson et.al. 2003, Leathard 2003). In the UK, government enquiries into agencies that have failed to safeguard children and vulnerable adults have been significant in highlighting a lack of collaborative interprofessional working as a factor in tragic outcomes and span several decades (for example, Colwell Report 1974, DH 2000a, Kennedy Report 2001, Laming Report 2003). Lord Laming's report on the death of Victoria Climbié thus stated that

"It is clear that the safeguarding of children will continue to depend upon services such as health, education, housing, police and social services working together" (Laming 2003 para 17.112)

And therefore,

"The National Agency for Children and Families should require each of the training bodies covering services provided by doctors, nurses, teachers, police officers, officers working in housing departments, and social workers to demonstrate that effective joint training between each of these professional groups features in their national training (Recommendation 14)

Unfortunately lessons about collaborative interprofessional working relating to tragic outcomes seem to be unheeded as exemplified by the most recent and highly publicised enquiry concerning 'Baby P'. The review of the involvement and action of the numerous health and social care professions and agencies is littered with statements about poor communication that led to Baby Ps death at aged 17months. For example,

"it is clear that communication between different health professions was poor, leading up to and around the time of Baby P's death….At the same time, communication between the NHS, social services and the police was also poor, with a failure to ensure that these bodies were represented at multi-agency meetings…There was particularly poor communication between

health and social care professionals regarding the nature of the child protection concerns…" (Care Quality Commission 2009 pp. 15-16)

Lack of collaborative interprofessional working can therefore be seen as contributing to such tragic outcomes. Collaborative interprofessional working is also seen as invaluable in preventing the social exclusion of children and young people and is a feature of worldwide welfare policies (Edwards et. al. 2009). Thus, the UK government's IPE agenda represents the training arm aimed at bringing about change in health and social care practice. Higher education institutions continue to be expected to put IPE "at the top of their agenda" (DH 2001 p.32).

Of relevance are numerous documents that require higher education institutions to develop IPE in order to deliver on the 'modernisation agenda' (for example, DH 1998a,1998b, 1998c) that has swept through public services in the UK under the 'New Labour' administration in the last two decades. This agenda, based upon Gidden's structuration theory, offering a 'third way' (Greener 2002, see Giddens 1988, 2000) reinforced the arrival of the quasi-market into the public sector, as exemplified in new organisational discourses; for example, 'performance management, 'target-setting', 'objectives' (see for example, Willcocks and Harrow 1992, Pollitt 1993, Taylor-Gooby and Lawson 1993, see May and Buck 2000 for a study that examined this change within one social services department in southern England). And which has also impacted on the higher education sector (which is highlighted in chapter seven).

In the 1990's health and social care policy in higher education focussed on 'shared learning' (DH 1997a) with calls for the development of 'multi professional' and ' interprofessional' education' following (DH 2000b, DH 2000c). However, the Committee of Vice Chancellors were quick to point out that the terms were used interchangeably and lack of clarity left universities ill equipped to deliver (Finch 2000). In 2001 the Department of Health restated the commitment to 'common learning programmes' and the expansion of IPE

(DH 2001). Momentum developed with a steady flow of government edicts being presented to universities.

Universities have also seen a shift to outcome-focussed education for health and social care professionals with the development of benchmark statements (for example QAA 2000, 2001) and professional competences (GSCC 2002, HPC 2005 & NMC 2008) that include reference to interprofessional or collaborative working. The Quality Assurance Agency (QAA), for example, states that social work increasingly

"takes place in an inter-agency context, and social workers habitually work collaboratively with others towards inter-disciplinary and cross-professional objectives" (2000 para. 1.10)

This shift acknowledges that health and social care practice increasingly takes place in an interagency context and that professionals are required to work collaboratively. Therefore professional education programmes should equip students with knowledge about the respective responsibilities of welfare agencies and with skills in effective collaboration (Barr 1996, Barr 2002 p. 15).

This project is then located in a historical interprofessional agenda focused on the need to develop collaborative interprofessional working and IPE.

Terminology and definitions

The project was approached in the belief that collaborative working and IPE are firmly on the government agenda and with a desire to add to our understanding about why academics in health and social care collaborate. This was understood to be an under researched area and it was believed that the project would make a unique contribution to our knowledge and understanding. Respondents were approached with an understanding of how IPE and collaboration may be defined and these definitions are outlined below alongside reference to the confusion of terminology.

Certainly there are language concerns that may have hindered development, for example, the "quagmire" of terminology (Leathard 2003 p.5) where terms are used interchangeably and mean different things to different people, "even among the professionals themselves who speak different languages that influence both their mode of thought and identity" (Leathard ibid. citing Pietroni 1992). Barr (2002) argues that academics marry prefixes with adjectives and nouns to form endless permutations, whilst policy makers use more prosaic terms such as 'joint training', 'shared learning' and 'common studies' (p. 30). To compound an already confusing picture the government has issued commands suggestive of opt out opportunities (Tope & Thomas 2007)

"A major issue that arises time and time again in Government publications is the continuing reluctance to use terminology that leaves the reader in no doubt that there is a mandate to implement policy. Even in White Papers, which by definition are commands, words such as 'may', 'might' or 'could' rather than 'must' or 'should' are used" (p.32)

Interestingly the safeguarding competences outlined in the review in relation to the case of Baby P (Care Quality Commission 2009 p.18), referred to above (page 13), do not include an ability to work interprofessionally; which may signify another opt out opportunity, as identified by Tope and Thomas.

Nevertheless, the impetus for universities to place IPE on the agenda brought IPE "in from the cold" (Barr 2000 p.84) and significant attention has focused on terms and definitions in the past two decades.

It seems that there has increasingly been a common understanding of what differentiates IPE from other forms of professional education, for example multi professional education (MPE), even though the complexity of the activity has only slowly been articulated. It also seems that the development of IPE can be said to have a somewhat turbulent history, however, despite this Barr et. al. (2005), in their systematic review of the effectiveness of IPE in health and social care, are able to conclude that

"Messages shine through, encouraging us to conclude that interprofessional education does have a capacity, under favourable conditions, to help and improve collaborative practice and, directly, or indirectly, to improve the quality of care" (p. xviii)

Respondents were sent information about the project (see appendix one) which outlined the CAIPE's definitions of IPE and MPE

IPE –
"Occasions when two or more professions learn with, from and about each other to improve collaboration and the quality of care" (Barr 1997)

MPE –
"Occasions when two or more professions learn side by side for whatever reason" (Barr 1997)

These definitions were used because they are commonly known and seem to act as a base line. What the definition of IPE articulates is that the activity is a means to an end; the ultimate end being improving the quality of care for service users/clients/patients. Even more extended definitions have this ultimate aim, for example IPE is

"those occasions when two or more professions learn with, from and about each other to improve collaboration and quality of care. It is an initiative to secure *interprofessional learning* to promote gains through interprofessional collaboration in professional practice" (Freeth et. al. 2005 p. xv italics in original).

Therefore in developing IPE students from different professions are expected to learn about the knowledge and skills underlying their roles, as in uni - professional education, and about the knowledge and skills underlying other professional roles, with the aim of improving services. It is also pertinent to consider that given the complexities of social life that knowledge and practice

from other disciplines, such as psychology, social policy, sociology and law, can enhance both the learning and working experience. This is an essential part of the interprofessional education process and also contributes to addressing real world problems that require this combined approach. Interestingly one of the respondents in this project had a background in health science and identified herself as *"a biologist"*, although she was unique in the sample with all other respondents and focus group participants being from health and social care backgrounds. Payne (2000) in discussing multi and interprofessional working describes the situation

"Interprofessional, interdisciplinary and interagency work imply, respectively that professional groups make adaptations in their role to take account of and interact with the roles of others, they similarly adjust those knowledge and skill bases and vary agency responsibilities" (p.9)

IPE should then equip students with the knowledge and skills to work at the health and social care interface and to collaborate in this adaptive way. The component parts of IPE, as identified by Barr, support this view; they are

"the application of principles of adult learning to interactive, group-based learning that relates collaborative learning to collaborative practice within a coherent rationale informed by understanding of interpersonal, group, inter-group, organisational and inter-organisational relations and processes of professionalisation" (Barr 2002 p.23)

IPE by definition requires the support of professionals who are willing to work outside of the usual professional boundaries and are prepared to develop collaborative practice whereby two or more individuals are

"…involved in a joint venture, typically one of an intellectual nature…in which participants willingly participate in planning and decision making "(Henneman, et. al. 1995 p.104)"

A prerequisite for success is that academics from different professional backgrounds collaborate to develop IPE, that is, they are required to do that which they educate and train others to do in practice settings. A challenge for universities is to develop collaborative interprofessional practice as the norm and to move away from the functional 'silo' way of working (Richards et. al. 1999) and organisational individualism (Huxham & MacDonald 1992).

It can be argued that what differentiates IPE from MPE and other similar concepts (for example, shared learning , common learning , joint learning) is that the outcome for students is that they learn from and about each other to improve collaboration and the quality of care; the emphasis is ultimately on the needs of the recipients of health and social care, which means that IPE has the potential to be service user/client/patient focused in a way that MPE does not necessarily imply. The reasons for developing MPE programmes can be more varied, including primarily meeting the needs of the university, for example by seeking to achieve economies of scale. A crucial distinction for those developing curricula and teaching and learning strategies is that IPE relies on interactive learning (Barr 1994, 2002).

So the definition most used by those wishing to pursue an IPE agenda, and shared with the respondents, is that offered by CAIPE. Certainly the respondents in this project suggested understanding of the definition and talked mostly about IPE in ways that indicated differentiation from other types of non uni professional education; although, arguably, the apparent simplicity of the definition seemingly masks the confusion and contestation surrounding the concept.

'Collaboration' initially seems less prone to simple definition, however Henneman's et. al. definition, presented above (see p.18), seems to capture what ultimately most commentators say and definitions do bear some resemblance to definitions of IPE, thus highlighting their connectedness. John-Steiner (2000) probably offers one of the more complex understandings of collaboration where a model of collaboration is proposed that draws on the ideas of Vygotsky and seeks to bring together cognitive and affective

dynamics. John-Steiner draws on a range of disciplines to "map the territory of collaborative activity" (p.xi) and claims that

"partnered endeavours contribute to stretching the self while bringing changes to the domain in which collaborators work" (p.9)

Scharge (1995) writing from an organisational and management perspective defines collaboration as

"the process of *shared creation*: two or more individuals with complementary skills interacting to create a shared understanding that none had previously possessed or could have come to on their own" (p.33 italics in original)

Scharge views collaboration as dynamic and generative and compares it with romance; ranging from momentary cooperation to abiding commitment. In the health and social care context Hornby and Atkins (2000) make a more straightforward offering where collaboration is

"A relationship between two or more people, groups or organisations working together to define and achieve common purpose" (p.7)

So whilst there is a rich tapestry of writing on collaboration (see also for example, Hardy et.al. 1992, Loxley 1997, the reader is also referred to pages 118-120 of this thesis) and some focus on collaboration and "interprofessionality" (D'Amour & Oandasan 2005), focus on collaboration amongst academics tends to be about disciplines outside of health and social care (Quinland & Akerland 2000, Morrison et.al 2003, Winberg 2008). Significantly for IPE development, there is "a dearth of literature about curricular collaboration" (Briggs 2007 p.677). Johnson et.al. (2003), writing from a health and social care perspective, cite several bodies of work aimed at identifying elements important to collaboration and identify a common thread as

"collective efficacy; that is, the necessity of group members to believe that the combined efforts of the group are not only necessary to obtain the desired shared goal but also that each member is capable and willing to do its share of the work" (p.70)

This definition was shared with respondents in the introductory information. This proved a useful definition as most respondents referred to collaborative interprofessional team-working commensurate with Johnson et. al's. definition of collaboration.

Conclusion

The project was approached with a belief that collaborative working and IPE are firmly on the government agenda and with a desire to add to our knowledge and understanding about why academics in health and social care collaborate. Respondents were approached with an understanding of how IPE and collaboration may be defined and these definitions are outlined above. What follows is first, presentation of the methodology and methods used to generate data from which to develop knowledge and understanding. Secondly, the findings of the project are presented and they make up chapters four to eight. Chapter eight presents a theory of collaboration amongst academics in health and social care which is positioned within a Bourdieusian framework, the rationale for which is detailed in chapter three. The theory chapter is offered as a contribution to the perceived gap in research into the collaborative interprofessional practice of academics in health and social care and as a contribution to the debate from a health and social care and a UK perspective.

Chapter Two – Methodology, Reflexivity and Method

Introduction

The purpose of the research design was to generate knowledge and understanding about why academics in health and social care collaborate. The data were generated and analysed according to the tenets of constructivist grounded theory (see Charmaz 1995, 2000, 2003, 2006, 2009). The data analysis was augmented by the ideas of Pierre Bourdieu (see for example Grenfell 2008) and is presented within a Bourdieusian framework (the reader is referred to chapters three to eight). One to one interviews and focus groups were utilised to generate the data and these methods are discussed later in this chapter, alongside sampling considerations.

Throughout the thesis the 'generation' of data is referred to, as opposed to the 'collection' of data, which is indicative of the interpretative paradigm in which the research project was based, 'paradigm' being understood as

"the entire constellation of beliefs, values, techniques and so on shared by members of a given community" (Kuhn 1970 p. 175)

The interpretative paradigm may be understood as an interpretivist reaction to the positivist tradition in research, even though both have their roots in the seventeenth century (McLaughlin 2007 p.28). The epistemological differences of the paradigms are significant for the neophyte researcher when considering research design. For, as Bryman points out in the foreword to Williams and May's 'Introduction to the Philosophy of Social Research' (1996), philosophers of social science often do not make explicit the relationship between the philosophy of social science and social research. This is exacerbated by the "epistemological crisis" that some argue is evident in the post modern period and the fact that many social research texts present themselves as "without philosophy" (Bentz and Shapiro 1998 pp.1 and 6). Design considerations are also not helped by the simplistic presentation of quantitative versus qualitative research choices. In any case the philosophical

background to any research project, whatever methods are used, is significant, for without explication

"researchers may remain innocently unaware of the deeper meaning and commitments of what they say or how they conduct their research" (Pring 2000 p.89)

If one focuses on the use to which research findings can be put, for example change towards collaborative interprofessional practice, as considered in the previous chapter, then epistemology warrants serious consideration. This chapter therefore aims to clarify the research design. First, the constructivist grounded theory approach taken is outlined and is compared with grounded theory as originally conceived. Secondly, 'reflexivity', which it is argued is fundamental to the interpretive paradigm, is considered. Given the approach taken it was felt significant that a reflexive account was made explicit and did not obscure the constructivism of the data generation, analysis and theory building. This was aided by working within the constructivist grounded theory and the Bourdieusian perspectives. In considering 'reflexivity' in this chapter a reflexive account of the work is commenced. This account addresses why the topic was chosen, the sampling technique used, the methods of data generation utilised and ethical considerations. It is acknowledged that how the data was generated is as much an expression of interests, beliefs and values as the reasons for choosing the topic and the approach to data analysis. As Miller says

"Some of the most important interpretive possibilities of qualitative studies are established prior to data collection" (1997 p. 6)

Attempts to demonstrate developing reflexive practice are evident throughout the thesis.

Objectivist and constructivist grounded theory

Charmaz (2000 p. 509) states that grounded theory consists of inductive guidelines for building theoretical frameworks that explain the data generated. She is also clear that grounded theory "is and should be contested" (ibid. p. 510). This is because grounded theory has different strands, and a "constellation of methods" (Charmaz 2009 p.128), with two of the strands having roots in the positivist paradigm (see Morse 2009 p. 17 for a 'geneology' of grounded theory's development). This positivist paradigm contrasts with the interpretive paradigm in that the former is built on a philosophical framework of objectivity; the Newtonian-Cartesian paradigm, and notions of explanation, facts, prediction and control. The latter is built on Weber's idea of 'Verstehen' (1968), meaning 'understanding', and notions of the constructed, re-constructed and negotiated meanings and values individuals hold of social reality.

The first strand of grounded theory is that of Glaser and Strauss (1967), who conceived 'grounded theory' and presented "a cutting-edge statement because it contested notions of methodological consensus *and* offered systematic strategies for qualitative research practice" (Charmaz 2006 p. 5 italics in original). And which nevertheless, assumed objective external reality and sought understanding and prediction (see Charmaz 2000). Denzin describes Glaser and Strauss' approach as

"a pragmatism which produces a crippling commitment to an interpretive sociology too often caught in the trappings of positivist and post-positivist terms: validity, proposition and theory" (1992 p. 20)

The second strand is that of Strauss and Corbin (1990, 1998) which retained much of the earlier conception but also contained differences; notably giving voice to research respondents. Meaning that, like the earlier conception of grounded theory, Strauss and Corbin assume objective external reality but move into a post positivist paradigm (Charmaz 2006 p. 510) by, in effect, questioning total belief in objectivity. Post positivism being understood as

precisely that; a questioning of the absoluteness of positivist science, made significant by people like Feyerabend, Popper and Kuhn (see Crotty 1998 pp. 29-41). This development of grounded theory leads Charmaz to claim that

"The union of Glaser and Strauss's rather disparate traditions placed grounded theory on somewhat unsteady ontological and epistemological grounds and planted seeds of divergent directions for the method" (2009 p. 129)

Charmaz developed grounded theory to form a third strand; that of constructivist grounded theory. This approach, located in the interpretivist paradigm, is inductive, has foundations in relativism, has appreciation of subjectivism and has the aim of interpretive understanding (Charmaz 2000, 2006). Therefore objectivist grounded theory can be understood as arising from positivism, whilst constructivist grounded theory is rooted in pragmatism and relativist epistemology (see Charmaz 2009 p. 138). The aim of constructivist grounded theory being to develop understanding of the social and psychological meanings respondents' hold of their social worlds by recognising the central role of language and discourse (Smith et.al. 1995 pp.3-5). Constructivist grounded theory therefore

"overtly reshapes the interactive relationship between researcher and participants in the research process and in so doing brings the centrality of the researcher as author to the methodological forefront" (Mills et.al. 2006 p. 9)

The contrasting traditions – first Glaser and Strauss and later Strauss and Corbin - represented by the earlier conceptions of grounded theory seem to reflect the socialisation processes of the originators, with Glaser being a student of Columbia University positivism and Strauss being a student of Chicago School pragmatism (see for example, Charmaz 2006 p. 7). To highlight the suggestion Glaser calls upon researchers to be "theoretically sensitive" and to "enter the research setting with as few pre-determined ideas as possible – especially logically deduced, a priori hypotheses" (Glaser 1978 pp.2-3). However, for some (for example, Bridges and Smith 2007) this

demonstrates the positivist leaning of an objectivist grounded theory. Bridges and Smith ask of objectivist grounded theory

"How is it possible to approach data in a theoretically sensitive way so that patterns are able to emerge unforced without antecedent theory functioning either as a preconception that imposes an interpretation on the data or as a set of hypotheses that the data may confirm or disconfirm?" (Bridges and Smith 2007 p.204)

They argue that all observation is grounded in prior hypotheses. Certainly this research project was approached with an articulated premise and contention, as outlined in the previous chapter, informed by knowledge and experience of IPE and collaborative interprofessional practice. This questioning of the objectivist leanings of traditional grounded theory (see also Guba and Lincoln 1994) is what led Charmaz to develop the constructivist grounded theory on which this project was based. Charmaz wished to "reclaim" the tools of grounded theory from their positivist underpinnings, stating that

"We can use grounded theory methods as flexible, heuristic strategies rather than as formulaic procedures. A constructivist approach to grounded theory reaffirms studying people in their natural settings and redirects qualitative research away from positivism" (2000 p.510)

The 'tools' of grounded theory Charmaz refers to are the constant comparative method, theoretical sampling and saturation of data (see Charmaz 2006), which are key in the analytic process. These three are interrelated and are explained as follows. The comparative method involves the researcher scrutinising the data, in this case the transcripts from the one to one interviews and focus group discussions. By a process of line by line and focused coding the researcher develops codes and provisional categories from the transcripts. The researcher compares data with data and questions the provisional categories. Theoretical sampling helps the researcher to refine the provisional categories, to develop them as theoretical constructs and to find gaps in the data. This sampling operates as part of an iterative process

whereby the researcher goes back and forth between generating and analysing data. Saturation involves the generation of rich and full data to the point where the generation of new data no longer offers new theoretical insights

"Richness of data is derived from detailed description, not the number of times something is stated. Frequency counts are out…Researchers cease data collection when they have enough data to build a comprehensive and convincing theory" (Morse 1995 p. 148)

In short, comparing data helps theoretical sampling and theoretical sampling helps saturation. In the following chapters attempts are made to demonstrate ways in which these tools were applied in the research process.

As these 'tools' imply, unlike objectivist grounded theory, constructivist grounded theory relies upon the knowledge and view point of the research participant (Bigus 1994, Giorgi 1995, Charmaz 1995 p. 33 citing Denzin 1989). Furthermore the researcher is viewed as part of the research, meaning that an understanding of reflexivity is significant. For the neophyte researcher there is need therefore to develop their reflexive practice. It is to the issue of reflexivity that I now turn.

Reflexivity

As an indication of the scholarly journey undertaken the focus on, struggle even, with philosophical underpinnings led to theoretically positioning the data analysis within a Bourdieusian framework (the reader is referred to chapter three of the thesis). The utilisation of Bourdieu at the analysis stage was not seen as a point of theoretical departure and the tools of constructivist grounded theory continued to be used. Rather the introduction of Bourdieu's ideas into the process was viewed as augmentation so as to stretch the conceptualisations generated from the constructivist grounded theory categorisations (see Grenfell and James 1998 p.133). The view expressed by

Riach (2009) when considering face to face interviews helps clarify the reasoning

"the challenge of conducting analysis or presenting findings in a way that sensitively captures the multiple levels of a research encounter remains one of the biggest challenges for the qualitative researcher" (p. 356)

Which she argues partly derives in trends towards transcriptions as two-dimensional artefacts, thus reducing the richness of interactions to 'tape recorder sociologies' (p. 357 citing Bourdieu 2000. p. 618). Utilising Bourdieu enabled avoidance of this and attempts to evidence this are presented in the findings chapters. Increasing understanding of the ideas of Bourdieu also led to an encounter with his views on reflexivity, which complement the need to act reflexively when working within the constructivist paradigm. For example, a Bourdieusian approach entails the systematic exploration of the " unthought categories of thought which delimit the thinkable and predetermine the thought" (Bourdieu 1982 p. 10 quoted in Bourdieu and Waquant 1992 p. 40). Bourdieu developed the concept throughout his career but in essence he argues that researchers must ask of themselves the questions they ask of respondents (see Grenfell and James 1998 p. 125), examine the researcher's position within the academic field and interrogate the "scholastic point of view" (Schirato and Webb 2003 p. 545). The latter refers to dispositions and perspectives produced within the academic field.

Charmaz possibly offers a more limited definition of reflexivity but nevertheless echoes much of what Bourdieu argues. She says that reflexivity is

"the researcher's scrutiny of his or her research experience, decisions, and interpretations in ways that bring the researcher into the process and allow the reader to assess how and to what extent the researcher's interests, positions and assumptions influenced inquiry. A reflexive stance informs how the researcher conducts his or her research, relates to the research participants, and represents them in written reports" (2006 pp.188-189)

Grenfell and James (1998 p. 127) highlight particular dimensions of Bourdieu's approach to reflexivity and two of them are utilised by way of beginning a reflexive account of the work. First, a 'self socio-analysis' is utilised which relates to "facets of the researcher's own social trajectory and location, within various fields" (ibid. p. 127). Secondly, 'objectifying relationships with the researched' is utilised which relates to separating "the general issue of the positioning of the researcher in relation to the object of study from the changes and developments that occur as the research proceeds" (ibid. p. 130). In doing this it seems important to stress two points. First a 'self socio-analysis' is more than the autobiography of the researcher, which some argue is what many accounts do (see for example, Kenway and McLeod 2004). Secondly, what is offered in this chapter is the beginning of a reflexive account; in the following chapters this account is developed so as to demonstrate developing reflexive ability.

Self socio-analysis

The journey in undertaking this research project helps highlight the difference between reflection and reflexivity. In looking at health and welfare practice Taylor and White (2000) distinguished reflection and reflexivity. Reflection they argue focuses on knowledge and theory to practice application whereas reflexivity, whilst also focussing on knowledge, additionally

"problematizes issues that reflection takes for granted. Reflection… takes propositional and process knowledge at face value. Reflexivity suggests that we interrogate these previously taken for granted assumptions" (p.198)

The early stage of thinking about the research project was typified by reflection and only slowly and increasingly by reflexive practice. For example, the taught year of the doctorate afforded opportunity to reflect on the foundations of social research (see for example, Crotty 1998). Reflections at that time were focused on questions concerning ontology, epistemology and

methodology. As ideas for the research project were considered, focus was on developing understanding of these philosophical foundations.

> In my post graduate studies in the 1980s, when studying for my professional social work qualification, I was aware of but did not confront the objective versus subjective debate beyond superficial considerations of nature versus nurture in the context of social work theory. However, my continuing socialisation into social work as it was developing in the late 1980s and early 1990s was into a service that was experiencing the ascent of managerialism (see for example Lymbery 2000) and the introduction of quasi markets referred to in chapter one (see for example May and Buck 2000). My last role in practice resulted directly from this marketisation approach where I helped develop an 'assessment team' separated from the 'care management team' as required by the 1990 National Health Service and Community Care Act . I, unconsciously I believe, began to take an objectivist view, lulled maybe by the new discourse of managerialism and marketisation, which I argue has positivist leanings because of the focus on objective measurement. Indeed the mantra when I was a manager within services was 'efficiency, effectiveness and economy' (see May and Buck 2000 p. 142) which we spent considerable time finding ways to measure. With hindsight I believe that this objectification, which was contrary to my beliefs and values, was masked by a declared intent to 'empower' service users, which I believe was consistent with my beliefs and values.

A move into higher education afforded the opportunity to experience a different approach – collegiality – and discourses that at the time were centred on academic debate and pedagogy, including IPE. Interest in IPE dates back to this move from health and social care practice into an academic role; although this was pre dated by a concern with interprofessional working. This experience, alongside earlier experiences of working in interprofessional teams providing services to vulnerable older people and families with young

children led to belief that quality of care is improved when professionals work together. Choice to focus on IPE was then directly connected to work experiences and knowledge about the government agenda, awareness of relevant DH publications and of some of the academic literature.

The new academic role was approached with the view that IPE was necessary and a belief that all that was needed was evidence of the effectiveness of IPE in preparing practitioners for a developing interprofessional workforce. Universities would then develop IPE programmes and approaches. Reflections in the taught year of the doctorate led to realisation that there is a paucity of empirical verification that would satisfy those seeking 'evidence'. For example, Zwarenstein et.al. (2002) used as their criteria for assessing IPE research randomised trials and found no studies that met the criteria; notably, Barr et. al. (2005), in their systematic review, took a more inclusive approach and included studies covering a range of methodologies. In considering this work, alongside growing knowledge of the philosophical underpinnings of research, the appropriateness of research undertaken in the positivist tradition when the meanings of individuals are of central concern was questioned; in this case the meanings of students, of health and social care practitioners and ultimately of those receiving health and social care services. However, focus continued to be on IPE and previously held beliefs remained intact; which were that progress in developing IPE was slow, the government agenda was clear but those resistant, antagonistic even, to IPE used the lack of empirical evidence as a reason, excuse even, for the continued dominance of uni-professional education. In the early stages the only change was the questioning of the positivist epistemology, with the resultant belief that evidence for IPE was probably not waiting to be 'discovered'. A growing realization was experienced, that is, that a social constructionist approach was probably the way forward. A social constructionist approach was understood to include a symbolic interactionist perspective (Berger and Luckman 1967) whereby meanings are produced in collective processes. Furthermore the work of Kathy Charmaz and a constructivist grounded theory approach, which incorporates a symbolic interactionist world view, seemed relevant.

0Objectifying relationships with the researched

The decision to work within a constructivist grounded theory framework led to utilisation of one to one interviews and focus group discussions. These methods were seen as appropriate because the project was seeking to explore the collaborative experiences of academics in health and social care and to discover the meanings they attached to their experiences. This meant that the methods were consistent with the ontological position taken, which Mason (2002) highlights as a key reason for using interviews

"because your ontological position suggests that people's knowledge, views, understandings, interpretations, experiences and interactions are meaningful properties of the social reality your research questions are designed to explore" (p.63)

The interviews were approached with an interview guide with pre determined questions (see appendix two) and so took a semi-structured approach. In the earlier stages Burman's view that 'unstructured interviews' are "disingenuous" and "sometimes a dangerous misnomer" (1994 p.50) seemed pertinent. However, as the iterative process developed and data were compared with data and theoretically sampled, this seemed not to be the case. Increasingly fewer questions were asked as respondents talked freely, and, in listening to their stories areas were probed that related to the provisional categories and/or offered new insights. The original guide was useful initially but was increasingly unnecessary and eventually what respondents said in earlier interviews guided the questions in later interviews. For the focus groups, which occurred later in the project it was decided to facilitate a discussion rather than an interview and therefore attempts were made to keep the groups informal and conversational (see Barbour 2007). Participants were asked to talk about their experiences of collaboration and the moderator took the role of 'eavesdropper' (see Powney 1988); although questions were asked at points in the discussions when it was felt that the discussion was highlighting issues raised in the one to one interviews. The participants in both focus

groups did focus solely on the object of study (a concern had been that they may drift into other areas) and some rich data were generated. However, awareness that there were a range of motivations for participants being there was apparent , and, in the first focus group, one participant said they had come along to see how to run a focus group. Nevertheless, Morgan's assertion that focus groups "excel at uncovering *why* participants think as they do" (1988 p.25 italics in original), in this case why they think and act as they do, was supported.

Utilisation of these methods of course meant that the researcher and respondents had a common 'insider view'. There was awareness that this could present difficulties, for example not seeing the wider context or seeing only from one standpoint (Hammersley 1993) but that it could also be positive. For example, Cohen et.al. (2000) suggest that insider research offers limitless possibilities and the mutual knowledge of the researcher and respondents may offer depth and breadth. When developing the sampling technique, the 'insider view' was something that could not be altered; however, the closeness to the (potential) respondents could be managed. As the research question was 'why collaborate?' respondents needed to have this experience, therefore a purposive sample was needed. However, attempts were made to ensure that respondents were from a range of universities and were, mostly, not known to the researcher. Respondent perceptions of the researcher were a consideration. Preston-Shoot (1987), for example, in considering focus groups refers to positional, delegated, sapiental authority and influence. Perceived positional power may have been an issue but as the field work was undertaken during a period of study leave some distance in time and space was apparent.

The first two respondents were a male and a female from the researcher's own faculty and were approached personally. Following this a snowball approach to identify respondents from other universities was used. It was felt that respondents from other universities should be included in the sample to avoid potential respondents feelingly obliged to take part, as may be the case when researching in one's own organisation (Wicks and Freeman 1998).

Using this process, and by making contacts at conferences when the developing project was presented, a sample developed. For the focus groups a convenience sample was used in that interest from the researcher's faculty was invited. Again this raised issues relating to insider research and perceptions of authority; however, the access issue and the limitations on resources, made a convenience sample an appropriate way forward. All faculty members were emailed, with ethical approval from within the university having been obtained.

Ethical issues were of course a more general consideration and approval for the project was also sought from the studying university. All respondents and focus group participants were volunteers and gave their informed consent to participate. Assurances of confidentially were given verbally and in writing and all signed consent forms (see appendix one). All were asked if they would like a copy of the transcript and were given opportunity to make amendments and additions.

Thought was given to how to contact prospective respondents and focus group participants and with what information. Reflections at the time were on two related factors, first the establishment of credibility in the area of IPE, so in effect, and with hindsight, to demonstrate sapiental authority. There was no evidence that this was needed but nevertheless the point was made in email communications (the predominate form of communication outside of the interviews and focus groups) of noting that the researcher was chair of a faculty IPE steering group. This experience lasted for just under a year and of course informed to some extent the interpretations of what respondents said. Secondly, in the interviews thought was given to the researcher's own background and at times there were feelings of discomfort when it seemed assumed that the researcher was from the same profession as the respondents when this was not the case. This discomfort diminished as the project developed and became less of an issue as the interviews progressed.

> Interestingly in the day to day course of my work I don't feel myself to be 'a social worker'. My role has been school wide for a number

> of years and currently I work with a range of professions and disciplines in relation to 'academic development'. If asked I would probably describe myself as an academic who believes in interprofessional working and learning; 'a health and social care academic'.

In scrutinising decisions and interpretations later in the research process there was realisation that interests and assumptions about IPE influenced the study and this led to an implicit focus on collaboration and related factors. Despite the object of the research being collaboration and the opening question for respondents being for them to talk about their collaborative experiences in practice, the explicit focus was IPE. This continued for some time with the project being commonly referred to as an 'IPE project'.

> Interest was increasingly on collaboration and later in the process I began to consciously consider my own motivations for collaborating, triggered by my conceptualisations of what respondents said. I present below a noteworthy example of my development as a reflexive researcher and of this process from predominant interest in IPE to predominant interest in collaboration.
>
> My fifth interview was with a person who had been involved in an IPE development some years previously. At this stage I was describing my research as an 'IPE research project' in my preliminary communications with prospective respondents and I was still using my initial interview guide (appendix two) to conduct the interview. When transcribing the interview I was reminded of a point in the interview when we were straying from the guide and when I felt quite energised and inquisitive about the (potential) direction of interview. At the end of the interview the following interaction occurred

Respondent:
I don't know what direction your research is taking but I wouldn't know what to add, I just hope that there's enough in there for you to do something with…..because I think my understanding was it would be about interprofessional education…But it's more collaboration, and there's been more of me in there than I thought there would be. I thought it would be more about things that I know rather than…I mean it's not a problem, it's just….trying to get under the skin of it to find out what's underneath the collaboration" (radiographer-male)

Interviewer:
Yes, that's right. Because there's a lot written about collaboration and IPE and you get lists of the strengths and weaknesses and lists of organisational blockages, that's very helpful but it doesn't get beneath the skin…I'm trying to get a bit more depth that will add to our knowledge about collaborative practice"

This identified that transcribing the recordings is a key part of the process when feelings and thoughts from the interview experience are triggered. In addition to the example above listening and re listening to the recordings identified how detailed and candid respondents were about their experiences; they wanted to talk. Initial anxiety that respondents might not be forthcoming or that the data generated would not be rich subsided. This highlights that undertaking our own transcribing is preferable, if time consuming, as re listening and fully engaging with what was said added depth and insight into the process.

I began increasingly to think back to my own experiences of collaboration in health and social care practice and, as I did this, 'collaboration' began to become more and more prominent in my thinking but I was not conscious of this for some time. Whilst transcribing the interview referred to above I realised how my explicit focus and interest was shifting as I and the respondents

constructed the data. It may be that my belief in IPE, and its ability to benefit those who use services, was my actual initial focus and what I assumed the project would do, would be to develop quite simple understanding of what helps and what hinders collaboration between academics. If this was the case, the anticipated simplicity proved unattainable.

I also had a conversation with a potential participant for my first focus group who queried whether they were an appropriate person to attend; the query was because they were a researcher and this focussed my attention on exactly what the purpose of my research was. The introduction to my first focus group highlights the point

"When I started the project I linked that - collaboration between academics - with IPE because for me it seems sensible that you have to collaborate before you can develop IPE programmes and there is an agenda that is a national agenda – to develop IPE. What I'm realising as I am going through this process is that obviously we collaborate with a lot of people for many reasons and not least research and I think we could learn as much from those processes as we can from the processes around teaching. I'm not losing the IPE part of my own agenda but my focus is very firmly with collaborative practice amongst academics. The people I've talked with on a one to one basis have talked about a range of different types of collaboration not just with the intent of developing a joint programme, an interprofessional programme or a multi professional programme. This is why I want to start with a discussion where we explore 'collaboration' - that for me is the primary reason for us being here".

In summary, by working within the framework of constructive grounded theory and using one to one interviews and focus group discussions to generate data, understanding of the meaning respondents made of their collaborative experiences was generated. Development of reflexive practice further helped

to get beneath the surface of these meanings, or as the respondent above said *"to get beneath the skin"*. All of which is consistent with the chosen methodology

"To seek respondents meanings, we must go further than the surface meanings or presumed meanings. We must look for views and values as well as acts and facts. We need to look for beliefs and ideologies as well as situations and structures. By studying tacit meanings, we clarify, rather then challenge respondents views of reality" (Charmaz 2000 p. 525)

Conclusion

In this chapter I have attempted to make clear my methodological position and to illustrate my developing reflexive practice. As the research progressed the dispositions of the researched and the researcher were surfaced and analysed. What this meant was that, increasingly, the research was about understanding the researcher's and the respondents' trajectories and the meanings attached to collaboration. The findings chapters further demonstrate developing reflexive ability. First, however, information relating to the data analysis is presented; in so doing the aim is to theoretically position the analysis and presentation of findings.

Chapter Three

Data Analysis and Theoretical Positioning

Introduction

In chapter two ontological and epistemological concerns were considered and the project was located within a constructivist research paradigm, with utilisation of a grounded theory methodology. It was explained that one to one interviews and focus groups were used as the method for data generation. In the following chapters I present the findings from the analysis of the one to one interviews and focus group transcriptions. The intention in presenting these chapters is, first, to demonstrate development as a neophyte researcher and secondly, to demonstrate the integrity of the process. This introduction to the findings aims to theoretically position the analysis and presentation of findings. I begin by outlining key aspects of the analytic process before going on to outline the theoretical framework for analysis.

The analytic process

In the later stages of analysing the transcripts, 'collaboration', which was at the heart of the project, was the key focus with codes, categories and sub categories being consistently analysed with this in mind. This differed from the earlier stages of line by line coding and analysis when it was necessary to stay close to the data and focus on what respondents said, so that data that may have been significant to them was not excluded. This meant that codes and concepts that were generated in these earlier stages, in the later stages were either viewed as not serving a clear purpose in relation to 'collaboration', and these were eventually discarded for this project, or were generated anew as a consequence of the iterative process. This is consistent with the constructivist grounded theory approach in that an evolving interpretive theory allows for indeterminacy rather than seeking causality and linear reasoning (Charmaz 2006 p. 126) and is reflective of the iterative process elemental to qualitative research. Also consistent with this approach is the need to

acknowledge that the decision to discard some codes and regenerate earlier conceptions is the researchers and relates to reflexivity and interpretation.

To assist in data management Nvivo 7 was used. This was helpful in managing the large amount of data generated; the one to one interviews each lasted one and half to two hours (one exceptionally lasted over two hours) and each focus group lasted two hours. Computer assisted data analysis offers the researcher advantages and disadvantages (see Robson 2002 p. 462), not least it helps with the handling of large amounts of data. It was the volume of data generated from the interviews and focus group discussions that suggested use of a software package and it was initially this factor that led to the use of NVivo7. The first three transcripts were manually coded after which the advantages of the use of computer software became more apparent; Marshall (2002) makes the point

"When recoding data involves laborious collation of cut-up slips and creation of new hanging folders, there is little temptation to play with ideas, and much inducement to organise a tight set of codes into which data are shoved without regard to nuance. When an obediently stupid machine cuts and pastes, it is easier to approach data with curiosity – asking "what if I cut it this way?", knowing that changes can be made quickly" (p. 67)

However, whilst this seemed effective in the earlier stages, towards the end of the project there was a move away from using NVivo as a different phase in the data analysis was reached. The recordings were listened and relistened to, which is an activity underlined by some researchers

"I think listening to tapes adds a lot, adds another dimension. It adds some richness to the analysis" (Bowers in Morse et.al. 2009 p.54)

In agreement Charmaz says she

"listens to tapes over and over again…The emotion that comes out during the talks is lost in the transcribed interviews accounts…and I think that's really something to take note of" (Charmaz in Morse et.al. 2009 p.54)

There was reversion to highlighting and scribbling on transcripts and the drawing of diagrams on anything from a flip chart to a note book whilst on a train journey and the memo writing reached a level of depth and detail not apparent in the earlier stages. In addition writing the thesis brought new insights and reconceptualises emerged which were not reflected in NVivo. For a short time NVivo was amended to 'keep up' with what was being written in the thesis but it was decided that this was time consuming and not necessary. Corbin's viewpoint was helpful

"No researcher should ever become so obsessed with following a set of coding procedures that the fluid and dynamic nature of qualitative analysis is lost. The analytic process is first and foremost a thinking process" (2009 p.40)

So, NVivo helped with data management and was used to facilitate analysis, although there came a point when the conceptualisations and theorising had in effect 'out grown' the package. The views of Marshall, that being able to make quick changes is helpful, were initially borne out. However, conceptualising and building theory towards the very end of the analysis was most effectively done without the use of NVivo. It seems that the software is probably most helpful for a whole project when a more structured approach is taken, for example in one to one interviews when asking the same questions of all respondents and in focus group interviews.

The analytic process meant that the categories shifted and changed and that with specific focus on 'collaboration' and the research questions in the later stages, four major categories were generated. The decision to generate these four categories is the researcher's alone. By including reference to developing reflexive practice and by presenting supporting evidence for each of the categories, alongside presentation of the methodology and theoretical

framework used, it is hoped to demonstrate credibility of the findings and of an interpretive theory (see appendix three for an illustration of the process of analysis). The four major categories, sub categories and concepts are addressed in the following chapters:

Chapter Four - Motivation to Collaborate

Other-relational motivation-disposition
Self-relational motivation-disposition
Management and policy driven motivation-disposition

Chapter Five - Career Trajectories and Collaboration

From the practice field to the higher education field
The *academic habitus*
Respondent example one
Respondent example two

Chapter Six - Personal-relationships and Collaboration

Teams
Relational-requisites
Relational-benefits

Chapter Seven - Leadership, Field Change and Collaboration

Local leadership
Formal leadership

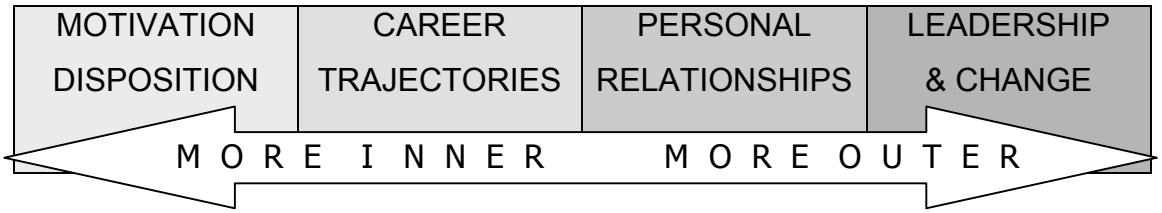
Further justification for presenting these four major categories is based upon the following:

- all respondents talked about and discussed the issues covered in each of the four categories
- respondents themselves suggested a 'hierarchy' of significance in their dialogue; the coding suggested significance based upon density of references
- respondents in second interviews and in later interviews expressed strong resonance with the categories

- peers formally, for example at seminars and conference presentations, and informally, in day to day discussions, expressed resonance with the categories

Presentation of Findings

The decision to present the categories in this order is based upon a view that they build a picture that shows a relationship between personal/individual (more inner) and social/situational influences (more outer) on 'collaboration' whereby each category contributes to the building of a theory.



Data from all transcripts were analysed and used. Respondents were keen to ensure that they and their universities would not be identified in the project. As respondents were candid and talked in detail about themselves and their universities careful thought was given about how to code or name their quotations, which for ease of reading are italicised. To assist the reader the professional title of the respondent and their gender is included. As will be become evident how respondents identify themselves changes as their careers progress, so whilst their professional titles acquired prior to entering academia are included (e.g. 'nurse' or 'social worker') how they define themselves at various times in their careers is discussed and where relevant reference is made to the particular significance of professional title and gender. Where quotations are from second interviews or focus groups this is noted. Quotations from all transcripts are included.

It was necessary to set the context of respondents' stories as defined by them, and on occasion in some detail, and simultaneously ensure anonymity. On some occasions it was necessary to change specificity to protect a respondent's anonymity; however, the integrity of the story has not been lost.

To assist the reader a table showing the key characteristics of the respondents is presented in appendix four.

In the following chapters it is explained how the categories, sub categories and properties of each developed and connections between the categories are made. Of course respondents did not talk in categories, even in the later interviews when it seemed that four major categories and their related sub categories were pertinent, therefore, quotations at times relate to more than one category. A choice has been made about where best to place a quotation, with the decision being guided by presentation of evidence for the developing arguments and reasoning. In addition respondents did not talk fluently and included in the recordings are significant non verbal expressions which may emphasise, exclaim and indicate pause for thought. The meaning of the dialogue was integral to the analysis although for presentation purposes faithful depictions as one would offer if presenting a discourse analysis have not been included. The essence, however, has not been lost.

Attention is drawn to common concepts generated from the data although it is in the penultimate chapter on an interpreted theory where an attempt is made to make these most explicit. Tables are used to assist the reader in understanding how the data have informed the analytic concepts and theory.

In analysing, writing, and presenting the findings, which itself was an iterative process, relevant literature was searched for each category. Each category was focussed on in turn, drawing on the literature to develop ideas. This relates to increasing awareness that when to undertake a 'literature review' is a point of debate in objectivist and constructivist grounded theory. Glaser and Strauss (1967) advocate conducting the review after analysis whilst Strauss and Corbin (1990) say that literature should be reviewed early and be used as an "analytic tool" (Strauss and Corbin 1998 p. 47). The rationale for delaying a review is a persuasive one

"The intended purpose of delaying the literature review is to avoid importing preconceived ideas and imposing them on your work. Delaying the review encourages you to articulate your work" (Charmaz 2006 p. 165)

In this project, literature relating to the findings was reviewed when the provisional categories had developed. However, the project was approached with preconceived ideas that reflexive practice assisted in uncovering. So rather than delaying review of relevant literature in the vein of objectivist grounded theory as exemplified by Glaser and Strauss' call to delay 'a literature review' it was acknowledged that the project was approached with a knowledge of the literature relating to interprofessional working and IPE. The review of literature that assisted in the conceptualisations and the eventual building of a theory did not, and indeed could not within a constructivist grounded theory methodology, occur until provisional categories had been generated.

A consequence of the data driving theory building is that an eclectic approach was used in drawing on extant literature and theory. Connections and comparisons were made with previous research and theories and at times these were used explicitly to assist analysis and development of concepts, which is consistent with constructivist grounded theory

"Established theoretical perspectives can sensitise us to explore possible theoretical threads in our field work. Using them as a starting point for *scrutiny* rather than *application* can help us illuminate the worlds we visit and generate new theoretical insights. We can learn as much by studying the questions theorists ask, the assumptions they make, and the logic of the perspective" (Charmaz 2004 p.985, italics in original)

Literature for each of the four categories differed in a number of ways. For example, it was drawn from a range of behavioural and social sciences and organisational and policy studies, consistent with the 'inner-outer' properties of the data, it varied in the ontological and epistemological assumptions made and it varied in quantity. This meant that the degree to which the work of

others was used was not the same for each category and this is reflected in the presentation of findings. In addition to literature relating to each category, literature was utilised to further locate the project and the analysis within a theoretical framework. Outlined below are key bodies of understanding that informed the analysis and which are viewed as complementary to the Charmazian constructivist grounded theory methodology.

Structure and agency

'Language' is central to the analysis, focussing as it does on the transcripts from the interviews and the focus group discussions. As the epistemological foundation of this project is constructivism, 'language' or 'talk' is of course viewed as occurring within a constructed context, with a belief that meaning is impermanent. This contrasts with the structuralist view, which originated with Ferdinand de Saussure's study of structural linguistics that says that once words; the 'signifier', have meanings attached; the 'signified', they are fixed. Language is viewed as 'logos', not as 'praxis' (Bourdieu 1990 p.30). The following quotation from Sarbin and Kitsuse seems pertinent

"Three ball umpires are reflecting on their professional practice of calling balls and strikes. The first, a self confident realist, says "I call 'em the way they are," to which the second who leans toward phenomenological analysis says, "I call 'em as I see 'em, " and the third closes the discussion with "They ain't nothin' until I call 'em. " (1994 p.1)

What the first two umpires demonstrate is first, an objectivist position and, secondly, following Saussure's 'linguist turn', a decontextualised subjectivist position. What is being argued is the significance of context; the 'calling of balls and strikes' is only understandable within the framework of the co-constructed 'rules of the game', which brings to attention the main task of hermeneutics, which is to reconstruct the relationships of individual elements of meaning into an overall meaningful context. From a constructionist perspective the 'rules of the game' can of course change. For example, in the context of this project in relation to higher education, it has, for some time

now, been claimed that the 'rules of the game'; the structures, are being reformulated (see for example Lyotard 1984), with the experience of and meaning of 'higher education' changing. However, as will be seen, the structural changes hold different meanings and experiences for respondents; which seems to highlight debates beyond the positions of the primacy of human agency (subjectivist) on the one hand, and the primacy of structure (objectivist) on the other.

Bourdieu is the writer who has focused most on the need to reconcile the two objectivist and subjectivist epistemologies within the context of practice, or 'in the field', and notably in education (see for example Grenfell and James 1998, Grenfell 2008). Making his 'theory' relevant in the context of this project, at least in helping to understand in what ways the 'rules of the game' change and indeed by questioning how 'the game' is constructed.

Others have attempted reconciliation of the two epistemologies (for example Althusser, Foucault ,Derrida) with Giddens 'structuration theory' (1984) suggesting that objectivism and subjectivism are "like two sides of the same coin" (Burr 2003 p.185). Bourdieu, however, sought an epistemological 'third way' between logico-deductivism and relativism (Bourdieu 2004 in Grenfell 2008 p. 24), which is referred to as an 'epistemological break' (Robbins 2008 p.32); producing a 'practice theory'. The theory is of particular value for this project as it is distinguished by an understanding of the link between theory and practice and provides "a unique individual set of conceptual terms to be employed in the course of analysis and discussion" (Grenfell 2008 p.2).

It is from Bourdieu that we understand a reflexive sociological approach as assuming that the researcher is striving to understand the inter-relationship between structure and agency.

"Bourdieu asks how social structure and individual agency can be reconciled, and (to use Durkheim's terms) how the "outer" social and the "inner" self, help to shape each other" (Maton 2008 p.50)

Which is relevant for my reflexive practice and for analysis of the 'more-inner' and 'more-outer' properties of the data.

Bourdieu characterises his work as 'constructivist structuralism or 'structuralist constructivism'

"By structuralism and structuralist, I mean there exist, within the social world itself and not only within symbolic systems (language, myth etc.), objective structures independent of the consciousness and will of agents, which are capable of guiding and constraining their practices or their representations. By constructivism, I mean there is a two fold social genesis, on the one hand of the schemes of perception, thought and action which are constitutive of what I call habitus, and on the other hand of social structures, and particularly of what I call field and of groups, notably those we ordinarily call social classes" (Bourdieu 1989 p.14)

Significantly for analysis of the findings in this project, language from this perspective is then seen as constitutive and dynamic, with

"analysis of the structure of symbolic systems (particularly language and myth) so as to arrive at the basic principle behind efficacy of symbols, that is the structured structure which confers upon symbolic systems their structuring power" (Bourdieu 1971 p.1255 quoted in Grenfell and James 1998 p.11)

Bourdieu argued that the construction of reality by social actors is mediated by their *habitus. Habitus* and *field* are two concepts that form Bourdieu's 'practice theory', or 'thinking tools' as he preferred to term them, the third being *capital*. Together they are summarized as

[(habitus) (capital)] + field = practice

(Bourdieu 1984 p. 101)

Bourdieu's concepts provide the theoretical framework for the analysis of the findings; it is pertinent therefore that understanding of the concepts is made explicit. Below the three key concepts are each outlined.

Habitus

In attempting to define *habitus* Maton points to a number of factors; first, the concept transcends deep-seated dichotomies structuring our thinking about the social world. Secondly, the concept offers a means of analysing the workings of the social world through empirical investigation and, thirdly, it is argued, the effects of *habitus* can be seen everywhere. Below attempt is made to capture a definition of *habitus*, using Bourdieu's own work and the work of others who have developed understanding of the concept, including those who have developed critical understanding (see for example, Nash 1990, 1999, 2003, Grenfell and James 1998, Fowler 2000, King 2000, Reay 2004, Grenfell 2008) and it is borne in mind in so doing that

"*habitus* is (also) one of the most misunderstood, misused and hotly contested of Bourdieu's ideas. It can be revelatory and mystifying, instantly recognizable and difficult to define, straightforward and slippery" (Maton 2008 p. 49)

Despite this somewhat off putting position, familiarity with Bourdieu's ideas assisted in analysis of the data. Therefore the need to develop understanding of the concepts was crucial, and at times mentally tortuous, but none the less revelatory.

So, what is *habitus*? The lead of Maton (2008) is followed in that when referring to the concept of *habitus* italics are used and when referring to its referent non italics (habitus) are used. Several elements can be identified from the literature that contribute to the definition of *habitus,* and therefore to the habitus of social agents (individuals, or groups, or organisations). First, the habitus of social agents is structured by past and present circumstances. Secondly, the habitus of social agents is structuring in that it is shaped by present and future practices. Thirdly, the habitus of social agents is a system of *dispositions* which generate perceptions, appreciations and practices. *Disposition*

"expresses first the *result of an organising action*, with a meaning close to that of words such as structure; it also designates a *way of being*, a *habitual state* (especially of the body) and, in particular, a *predisposition, tendency, propensity or inclination*" (Bourdieu 1977 p. 214 italics in original)

So put succinctly *habitus* focuses on our 'way of being'; it is a link between past, present and future; between the individual and the social (the 'more-inner' and the 'more-outer'); the objective and the subjective; structure and agency

"The habitus, the durably installed generative principle of regulated improvisations, produces practices which tend to reproduce the regularities immanent in the objective conditions of the production of their generative principle, while adjusting to the demands inscribed as objective potentialities in the situation, as defined by the cognitive and motivating structures making up the habitus" (Bourdieu 1977 p. 78)

The key to understanding how *habitus* works as an explanatory tool is to comprehend the relationship between *habitus* and *field*, which is seen as relational; *habitus* shapes *field* and *field* shapes *habitus* but each has its own internal logic (see Maton 2008 pp. 51-54). When the two are out of synch; there is a clash not a match*, hysteresis* is seen as apparent (Hardy 2008). For example, in the example of changes in higher education noted above, one could consider if the habituses of academics is in or out of synch with the structural changes in the field , something that will be explored in the data analysis. Indeed consideration of changes in the field of higher education is a focus for Bourdieu, with *'Homo Academicas'* (1988) being a seminal text, and these changes will be considered in the following chapters. Attempt has been made above to explain the internal logic of *habitus and* so it is to the concept of *field* that we now turn.

Field

Writers point out that Bourdieu used the term *field* when commenting on academic debate between two academics, Barthes and Picard (see for

example Thomson 2008 p. 68). He argued that both had investment in the debate because both occupied the academic world which he termed 'le champ' or *field*. However they would also have occupied other *fields* as is evident when exploring Bourdieu's development of the concept. Thomson (ibid. p. 69), for example, says that *field* contains elements of various understandings and she presents three to assist us. First a football field, which harks back to Sarbin and Kitususe's sporting analogy mentioned above (see p. 46), which suggests that the *field* is shaped by the 'rules of the game'. Secondly, *field* as in science fiction whereby the field is self contained and designed to protect those inside, with inside activities being regular and ordered. And lastly, field forces in physics whereby the *field* is one of opposing forces; a chiasmatic.

> Individuals are seen to occupy more than one field; for example I am employed by a university whose vice chancellor has recently retired and the new vice chancellor is changing the university mission and vision statement that appears as if it will significantly change the 'rules of the game'. I am also a social worker by (original) profession and may be seen to belong to a group of social workers who are self contained and protectionist (admittedly social work has probably been less self-contained and protectionist than some health and social care professions). Lastly I am a member of academia where many force fields are apparent, for example, between social science and physical science, the latter of which was dominant for many years within my own university but has evolved into a relatively small *sub field*.

Bourdieu encourages us to think in terms of systems of fields

"This system of fields (within the social space) can almost be imagined, for simplicity, as a planetary system, because the social space is really an integral field. Each field has it's own structure and field of forces, and is set within a larger field, which also has its own forces, structures and so on. As it develops, it is weaving a larger field" (Bourdieu 1985 in Mahar 1990 p.36)

Bourdieu viewed each social field as having 'distinction' (1984) so the 'hard' physical sciences and the 'soft' social sciences are seen as having different qualities (see Thomson 2008 p. 71). Accordingly,

"Collectives of people occupy more than one social field at a time. They/we can be thought of as occupying a common social space – Bourdieu called this the *field of power* – which consists of multiple social fields such as the economic field, the education field, the field of the arts, bureaucratic and political fields and so on" (Thomson 2008 p. 70)

Bourdieu explains his position in 'Practical Reason' (1998)

"Why does it seem necessary and legitimate for me to introduce the notions of social space and field of power into the lexicon of sociology? In the first place, to break with the tendency to think of the social world in a substantialist manner. The notion of *space* contains, in itself, the principle of a *relational* understanding of the social world. It affirms that every "reality" it designates resides in the *mutual exteriority* of its composite elements" (p. 31 italics in original)

Grenfell and James provide a simple definition; *field* is "a structured system of social relations at a micro and macro level" (1998 p. 16), so if *habitus* is the subjective, then *field* is the objective. However, as writers point out, Bourdieu's claim is that *habitus* and *field* are ontologically complicit (see Wacquant 1992 p.20, Grenfell and James 1998 p. 16 citing Bourdieu 1982, Manton 2008 p. 52).

Capitals

Writers specify various types of c*apitals, which* are seen as products of and processes within a *field.* They reiterate those originally used by Bourdieu; *economic capital; cultural capital; social capital; symbolic capital* (Bourdieu

1986, 1989) and add, for example*, scientific capital, linguistic capital, emotional capital. Symbolic capital* being seen as things that can be exchanged in other fields, for example, 'credentials' or 'reputation' or 'prestige' (Bourdieu 1998 p. 47 and see, for example, Thomson 2008, Moore 2008, Webb et. al. 2002). This is reflected in and harks back to Bourdieu's broad use of the concept

"It is in fact impossible to account for the structure and functioning of the social world unless one reintroduces capital in all its forms and not solely in the one form recognized by economic theory" (Bourdieu 2006 pp. 105-106)

Portes (2000) views Bourdieu's conception as "instrumental, going so far as noting that people intentionally built their relations for the benefits that they would bring later" (p. 2 citing Bourdieu 1986). He is critical of recent developments in the concept of *social capital* (for example by Putnam 1993, 1995) and urges the use intended by Bourdieu; what Bourdieu was pointing out, and has been seized upon by people like Putnam, is that there is exchange value in non economic practices

"assets of different kinds are transformed and exchanged within complex networks or circuits within and across different fields" (Moore 2008 p.101)

Moore points out that it is important to distinguish between two usages of the term. First it is used to develop understanding of how some groups are elevated above others because of their values, tastes and lifestyles in a way that confers social advantage, the example given being education where group difference is the focus. Secondly, *capital* can be used to develop understanding "in terms of qualitative differences in *forms* of consciousness *within* different social groups" (italics in original), an example being class fractions. The distinction is significant, Moore argues, in that the first usage is little more than the ideas of social stratification and "adds little to the analysis beyond a shift in lexicon", whereas the second usage points to 'intra' group variance and complementarities (2008 pp. 102-03).

Accordingly, *capital* finds continuous expression in three ways: it is objectified; it is embodied; it is *habitus*. It becomes clear therefore that *field, capital and habitus* are relational. So, to draw on the 'playing field' analogy, the reason why there are no 'level playing fields' is because some 'players' are able to use capital advantage to accumulate more and to advance further than other 'players' (see Thomson 2008 p.69).

So, *symbolic capital* is viewed as instrumental and self-interested, however, the nature of the exchange is not transparent in the way that *economic capital* is. Webb et.al. (2002) provide a simple example to assist understanding of what can be a mind stretching concept

"Economic capital, say one hundred pounds, can be exchanged for a night at an expensive hotel. Cultural capital, such as a university degree, can be exchanged for a desired job. And if you have symbolic capital as an expert on Bourdieu, you may well be able to cash in on this by agreeing to help your fellow students with an essay using his ideas only if they grant you certain favours in return" (p.110)

Conclusion

The relationship between the three concepts is what makes Bourdieu's 'theory of practice'. *Habitus, field and capital* are viewed as interdependent and co-constructed, meaning that the equation presented above (see page 47)

"can be unpacked as stating: practice results from relations between one's dispositions (habitus) and one's position in a field (capital), within the current state of play of that social arena (field)" (Maton 2008 p. 51)

The presentation of findings that follows is then informed by a Bourdieusian perspective, utilising the concepts as defined above, alongside extant literature and theories relating to each of the categories. The ideas of Bourdieu are used as further justification for presenting the categories in the way and order chosen; the individual 'more-inner' and the social 'more-outer'

are recognised but neither is seen as having primacy; indeed attempt is made to address the ways in which they are relational.

I wish to acknowledge that my increasing familiarity with Bourdieu's 'practice theory' led to a 'scholarly turn' in my understanding and development as a neophyte researcher that was elevating. Initially I struggled to capture the respondents' meanings and the concepts I was generating from the data as being 'inextricably linked', or 'interrelated' or 'interactional and dynamic' and felt that my analysis was somewhat 'flat' and one dimensional and I learnt that

"The concept of habitus derives from an effort to create a methodological construct that will give sufficient representation to the dynamic structure in social reality as expressed through human knowledge and action" (Grenfell and James 1998 p. 14)

And that Bourdieu intended his concepts to be used as a "method", albeit a lose definition of 'method', in empirical research

"The main thing is that they are not to be conceptualised as much as ideas…but as method. The core of my work lies in the method and a way of thinking. To be more precise, my method is a manner or asking questions rather than just ideas. This, I think is a critical point" (Bourdieu 1985, quoted in Mahar 1990 p.33)

What Bourdieu's three concepts (thinking tools) offered was an opportunity to see the analysis in 3D, and more. I realised that when using Bourdieu's ideas that there is always 'more', which could be seen critically. For example, in undertaking this research there is the *field of power*, the *field of higher education*, the respondents' different universities, the respondents' faculties and departments and their professions and disciplines and more. As Thomson (2008) says, "Perhaps this is too many fields altogether!"

> (p.79); something a researcher could find analytically disabling. Nevertheless, I found the three concepts helpful and I believe I developed understanding of the "Gordian knot" that tangles the three together and, it is argued, is integral to our understanding of the social world (ibid. p.69). Furthermore my understanding of 'reflexivity' took a new turn; I initially thought I would write about myself in the section on 'reflexivities' (see chapter two) and revisit my reflexive practice in the concluding chapter. Of course once I familiarised myself with Bourdieu's work I realised the futility of this approach. The contention that "we are *part* of our constructed theory" (Charmaz 2006, p. 1 italics in original) seems magnified from this perspective. For example, it is clear that I share some *fields* with all respondents but I also share some *fields* with a limited number of respondents and my habitus and accumulation of *capital* are an integral part of the process. Indeed undertaking doctoral research and presenting a thesis is accumulation of *capital*. Therefore included in the presentation that follows are accounts of my reflexive practice and an acknowledgement that I am a social agent within the fields noted above.

So this project follows in the footsteps of other researchers who have used Bourdieu's concepts at the data analysis stage (see for example Hodkinson 1998) and sought inspiration from others who have used Bourdieu to inform their empirical educational research (for example, Noyes 2008, Hunter 2004, Grenfell 1998, James 1998, Reay 1998, 1995a, 1995b). Bourdieu's concepts were used in the belief that they complemented the constructivist grounded theory methodology. *Habitus* was used as a way of understanding the stories respondents told about their career trajectories and to provide a way of contextualising their experiences of collaboration. *Field* was used as a way of understanding the generating structures and the 'social space' respondents, and the researcher, occupied and it was acknowledged that no *field* exists in isolation and that agents occupy *fields* within *fields*, within *subfields*. *Capitals* was used to help understanding of the decisions and choices made by respondents, consciously and unconsciously. Finally attempt was made to

capture the relatedness of the three concepts and therefore the multi dimensional experiences and positions of the respondents. The concepts enabled an enhanced form of analysis and it is argued that they allowed for a deep understanding of collaborative practices in faculties of health and social care without isolating the practices from their context and social location.

What follows then is presentation and analysis of the project findings. Presentation of the findings in each category is followed with discussion of the arguments and meaning being put forward and with a conclusion for each. Following presentation of the findings a theory of collaboration between academics in health and social care is presented and the four categories are drawn together. Finally the concluding and reflective chapter is presented. First the generated category ‘motivation’ and the related properties is detailed. In doing so the process that led to the ‘scholarly turn’ is explained.

Chapter Four

Motivation to Collaborate

Introduction

"To talk of *habitus* without *field* and to claim to analyse "habitus" without analysing "field" is thus to fetishize habitus, abstracting it from the very contexts which give it meaning and in which it works" (Maton 2008 p.61)

Habitus and *field* are concepts that assist in understanding respondents motivations to collaborate and, as the above quotation makes clear, both are significant. This significance is highlighted in this chapter.

In the interviews and focus group discussions respondents were asked to talk about IPE and interdisciplinary developments they had been involved with. The developments were diverse and for IPE ranged from small scale, for example one-off sessions for a multi professional group of students, to the development of new programmes, with detailed teaching and learning strategies aimed at achieving the CAIPE definition of IPE (see page 17). Respondents shared their experiences of developing IPE or MPE at undergraduate and post graduate levels and of joint research and enterprise projects. Respondents talked about being the instigator of initiatives and developments as well as becoming involved because they were asked to, either by a colleague or by a manager. In some situations there was reference to a clear policy driver but this was not apparent in all cases.

It could be argued that given the focus of the project 'motivation' would be an axiomatic concept. However, it was not until data was being analysed and provisional codes had been generated that 'motivation' became a significant focus. With hindsight the fact that 'motivation' was not a focus at an early stage may seem naïve; however it is more accurate to see it as evidence that the data generation and analysis was the driver for the theory building. Indeed

the writing and revisiting of memos during data generation and analysis is consistent with the constructivist grounded theory approach whereby

"the simultaneous processes of data generation and analysis means that reflective memo writing constitutes the worded world, a world that is constantly rewritten to reflect the participant's stories and our own histories" (Mills et.al. 2006 p.12)

> In relation to my reflexive practice; my apparent naivety could be explained by considering the view that aspects of my habitus lie in my consciousness and unconsciousness, and that in the process of undertaking this research some aspects were actualised (see Grenfell and James 1998 p. 15) i.e., my unconscious understanding of motivation and collaboration as being axiomatic was made conscious. I had not, and did not until later in the data analysis process, consciously consider my own motivations to collaborate.

Motivation-disposition

The word 'motivation' is a derivation of the Latin word for movement; 'movere' and theories on motivation have a long history, having been the focus of philosophers, social scientists, and organisational managers and theorists (Steers et.al. 2004). Within the social sciences the focus on motivation, including work based motivation, has come predominantly from the discipline of psychology. Some authors, in their historical accounts, demonstrate the considerable attention the topic has received (Steers et.al. 2004, Latham 2007), leading one author to state that by the 1990s motivation had become "the most frequently researched topic in micro organizational behaviour" (O'Rielly 1991 p. 431). Certainly there is an abundance of literature.

The 20th century was mostly dominated by 'content theories' of motivation which contrasts with 'process theories' of motivation that emerged in the latter part of the century. Content theories aim to identify the factors associated

with motivation. For example, motivation, worker performance and morale (Viteles 1953) and motivation, needs hierarchies and needs satisfaction (for example Maslow 1954, Herzberg 1966). These behaviourist approaches were increasingly questioned, with Salancik and Pfeffer (1977) arguing that job characteristics should be viewed as socially constructed realities (Latham 2007 p.57). More prominently the cognitive psychologist Bandura (2001) put forward arguments that made explicit the view that "behaviour is both determined by and affects environmental consequences, which in turn affect the person's conscious intentions or goals, and vice versa" (Latham 2007 p. 71). Process theories, unlike content theories, take a dynamic perspective and consider causal relationships spanning time and events and include expectancy theory (Vroom 1964, Porter and Lawler 1968), equity theory (Adams 1963) goal theory (Locke 1968) and social cognitive theory (Bandura 1977).

The social psychologists Ryan and Deci (2000a) contribute a theory of 'self-determination' to the debate and argue that their theory attempts to account for the "discrepant viewpoints" characterised by the range of perspectives, from humanistic, psychoanalytic and developmental theories to behavioural and cognitive. They say that

"To be motivated means *to be moved* to do something…someone who is energised or activated toward an end is considered motivated" (p.54)

Their thinking is influenced by the philosopher Jean-Jacques Rousseau (Latham 2007) and has, therefore, a focus on freedom to choose, personal empowerment and autonomy. They focus their work on motivation in the context of development and educational practices because of its role in student learning but they suggest that their work is also significant for other domains and has relevance in the work place (Ryan and Deci 2000b). They argue that motivation is not a unitary phenomenon but that there are different kinds of motivation that relate to level; how much, and orientation; what type

"Orientation of motivation concerns the underlying attitudes and goals that give rise to action – that is, it concerns the why of actions" (2000a p.54)

This seemed significant in relation to the concepts being generated from the data and their theory was helpful in developing analysis, in particular in stimulating focus on the personal and relational aspects of the respondents' motivations to collaborate.

In their work on Self-Determination Theory (SDT) Deci and Ryan (1985) distinguish between amotivation, extrinsic and intrinsic motivation. In turn these may be defined as a lack of motivation, a means to an end, and an end in itself. Variations in motivation to act are linked to differences in self-determination. They argue that individuals strive to internalise and integrate new ideas within themselves and interpersonally. They present a continuum to describe the motivational variables, with intrinsic motivation having the highest degree of self determinacy and extrinsic motivation being externally regulated and multidimensional. External regulation is seen as a controlling or a low self-determined type of motivation.

The discourses on motivation in the data began to be illuminated as understanding, although not uncritical acceptance, of this continuum developed. Further analysis of the data seemed to indicate that the generated codes could be related to respondents' differing 'motivation-orientations'; the why of their actions. However, the work of Deci and Ryan is not without critics. It is, for example, argued that the theory cannot be applied in the work place because of "conceptual problems and paradoxes" (Latham 2007 p. 143 citing Fay and Frese 2000) as the nature of 'work' is very different from that of education and learning, which is the prime focus of their study and research. This may have credence, however, academics straggle an interesting line in that their work has an education and learning focus that may not be evident in the work place of most people. It is also argued that the theory assumes an independent rather than interdependent view of the self with an inherent implication of personal choices which some argue may be culture specific and gendered (d'Ailly 2004). In this context the assumption

might not be invalid, as conventionally a view of academics in the UK as being independent may seem reasonable and fits with the image of the lone scholar in their ivory tower. However, as will be seen, the degree to which and ways in which respondents viewed themselves and their colleagues as independent or interdependent varied. In addition, their experiences of changes taking place in higher education, i.e. towards more managerialist approaches (see for example Deem at.al. 2007) seem to indicate an increasing interdependency, particularly on line managers. Perhaps, paradoxically, this may have an adverse impact on collaboration, a point which will be illuminated as the findings are presented. Within the context of this project it was necessary to keep in mind that their theory is one of self-determination related to motivation and does not have consideration for self-determination and collaboration.

Not withstanding this, much of the criticism of Deci and Ryan's work centres on their claim that extrinsic incentives reduce self determination and intrinsic motivation (see for example Bandura 1977, Locke and Latham 1990, Eisenberger and Cameron 1996). Indeed debate about the distinctions between intrinsic and extrinsic motivation dominated thinking on motivation during the twentieth century (Latham 2007). Citing Bandura, Latham says that

"…intrinsic motivation is an elusive concept. It is usually defined as performance activities for no apparent external reward. Identifying the existence of intrinsic motivation on the basis of persistence of behaviour in the absence of noticeable extrinsic incentives is no easy task…..**The activation of behaviour is the result of continuous interaction between personal and situational sources of influence**" (2007 pp102-103, my emphasis)

This view point resonated and in addition to the criticisms of SDT I struggled with a more profound difficulty, in that their work, like the work of others on motivation referred to above, is undertaken in the traditional research paradigm where 'objectivity' and truth claims are supported by experimental research. This approach, positioned within realist epistemology, is incompatible with the

> paradigm within which this project is located and where I wished to acknowledge my involvement in the research process and the part this played in the generation and co-construction of data and the interpretation of findings. I asked myself to what extent it was appropriate for me to use concepts from the work of those who work within the traditional paradigm?

Certainly Deci and Ryan acknowledge social-contextual factors as significant in motivation but they view them as variables supporting an innate tendency, they say SDT

"embraces the assumption that all individuals have natural, innate, and constructive tendencies to develop an ever more elaborated and unified sense of self. That is, we assume people have a primary propensity to forge interconnections among aspects of their own psyches as well as with other individuals and groups in their social worlds… there are other clear and specifiable factors that thwart or hinder this fundamental process of human nature" (2002 p.5)

This research project was not concerned with debate about the 'paradigm wars' and it was accepted that quantitative research methods have a place in research, the concern was more with the epistemological foundations. As Crotty points out epistemology makes a difference

"Constructionists may indeed make use of quantitative methods but their constructionism makes a difference" (1998 p. 16)

Constructionists look for explanations in the social world, having "moved the psychological centre of gravity out of the individual person into the social realm" (Burr 2003 p. 54), therefore Deci and Ryan's belief in "natural, innate" tendencies cannot be a fount of the meaning of experience. Furthermore analysis of the data was highlighting a complex interplay between the 'more-inner' and the 'more-outer'. However, Deci and Ryan's work did stimulate thinking as the transcripts were analysed. What was helpful was the

conception of 'motivation-orientation', which concerns the why of actions and the type of motivation. However, Deci and Ryan's use of the term seemed to be about describing an aspect of essential behaviour i.e. self determination and types of regulation for it. It seemed that Deci and Ryan may "fetishize habitus" (Maton 2008 p. 58 quoted above) not so much by not considering *field* but by not considering the ontological complicity of the two and the role played by *capital*, as Bourdieu does. In the work of Deci and Ryan, in effect the subjective (intrinsic motivation/self determination) is set in opposition to the objective (extrinsic motivators/regulators). What they don't seem to do is consider "*praxeological* knowledge" (Bourdieu 1973) which is concerned with

"the *dialectical* relationships between these objective structures and the structured dispositions which they produce and which tend to produce them *i.e.* the dual process of the internalisation of externality and the externalization of internality" (p.53 italics in original)

For this reason Deci and Ryan's term 'orientation' seemed dissonant with Bourdieu's term 'disposition'. Bourdieu states the case

"My theory is defined in opposition to behaviourism. Action is not a response that can be fully explained by reference to the triggering stimulus: and it has as a principle a system of dispositions, what I call the *habitus*, which is the product of all biographical experience" (1993 p. 46)

More appropriate for this project was Bourdieu's use of the term *disposition,* which was adopted. This project therefore generated the concept 'motivation-disposition' to express a predisposition, tendency, propensity or inclination (see Bourdieu 1977 p.214) to collaborate and, crucially, believed that this needed to be understood in relation to the interplay of *habitus*, *field*, *and capital.* This approach to the analysis viewed the respondents as *field* members and understood *habitus* and *field* as mutually constitutive.

The analysis and the conclusions reached are then constructed within a framework of Bourdieusian thinking and are not related in any direct way to the

work of Deci and Ryan or any of the many motivation theorists. Similarly in later chapters, when the further three categories are presented, reference is made to relevant writers but the intention is for the data to lead the theory building. Indeed the memo writing, which is so pivotal to the constructivist grounded theory approach, and iterative process enabled avoidance of forcing the data into extant concepts and theories (see Charmaz 2006 p.85).

By focusing on the discourses in the data three different 'motivation-dispositions' were defined which seemed to be more or less likely to achieve and sustain collaboration. The three are detailed below. First, the 'other-relational motivation-disposition' which is defined as being motivated to collaborate because of a belief that others will benefit from the outcome of the collaboration, for example, service users/patients/clients/students. Secondly, the 'self-relational motivation-disposition' defined as being motivated to collaborate because doing so will bring personal benefit, for example, submitting a joint research bid because an individual bid would be unsuccessful. It could be argued that these two are to some extent individually and more-inner focused, representing the meaning respondents made as they acted, whilst the third, management and policy, is more external to the individual and more-outer focused. The 'external management and policy driven motivation-disposition' being where a collaboration develops because of instruction by a manager or because of a policy requirement. The compliance aspect of this motivation-disposition probably indicates that a better conception is that of motivation-*imposition*.

The concepts and discourses are delineated and presented in the table below (table one) which is offered as a heuristic device only. Not unsurprisingly the project identifies that more than one motivation-disposition applies simultaneously and dynamically, and that dispositions evolve as situations and the meaning and interpretations individuals make change; signifying that Bourdieu's key concepts are significant in the analysis. In the table the use of the word 'discourse' has a twofold meaning; first, "an instance of situated language use" (Burr 2003 p. 63) and secondly, as a form of language expressing the values of particular cultural fields. 'Processes' is used to depict

the organising actions and the associated meanings. The three motivation-dispositions are dealt with in turn.

Table one: Motivation-disposition to Collaborate

Motivation-disposition	Collaborative Discourses	Processes
Other-relational	Because of what I believe in … Because of shared values… Because service users/students will benefit…	Active-commitment Creative-engagement (Self initiated)
Self-relational	Because I choose to….. Because it's in my interests to… Because I need to…	Instrumental-engagement Discretionary-involvement (Self initiated)
External Management and Policy Driven	Because I'm told to… Because I'm required to…	Compliant Audit focussed (Imposed)

Other-relational motivation-disposition - being motivated to collaborate because of a belief that others will benefit from the outcome.

Most respondents talked positively about their experiences of and belief in collaboration prior to entering academia when employed in health and social care roles

"I suppose a lot of the collaboration was around finding out whether people were well enough to have an intervention and co-ordinating that with nursing staff and the medical team – we worked closely together to look at how people were on different days and how they would respond to intervention…we had meetings and it was an opportunity to say how you were feeling…it was a very close team…there was quite a lot of co-operation" (occupational therapist-female)

"…on a day to day basis you were collaborating with nursing staff, OTs, speech language therapists, the medical staff, and it just felt like a normal way of working…my experience from my clinical years is that you've got to be able to work together as a team. You need to understand each others roles because you might be the first person who sees the patient and you think 'I wonder if the OT has been alerted, I wonder if the social worker knows'…And so an understanding of what their role is, is really important" (physiotherapist-female)

Reference to collaboration as a *"normal way of working"* may be understood from a Bourdieusian perspective as a synchronisation of habitus and field, whereby personal values and beliefs, that is 'dispositions', match the actions required by the field, in this case the health and social care practice field. In other words there is a "sense of the game"

"Habitus as a sense of the game incarnate, become nature" (Bourdieu in Lamaison and Bourdieu 1986 p.113)

The experience of collaboration in the health and social care field seemed to enhance respondents' motivation to collaborate in the academic field. For example, the physiotherapist quoted above once in the academic field collaborated to ensure that students received interprofessional learning opportunities; something she felt was an important part of student learning.

Talk about positive experiences of collaborating prior to moving into academia applied, mostly, though not exclusively, to those who had worked in community settings, which was the majority of respondents. The following respondent, who when in practice had initially been hospital based but then community based, explained their thoughts when a team was being formed to develop an IPE programme

"I was keen on the idea because of my experience of working in teams in practice. I know that as a nurse I could work better if I could work alongside a

social worker, that together we could do more than me on my own" (nurse-male)

All respondents talked about being motivated to collaborate, to a greater or lesser extent, by 'the other' and explained their reasons for collaborating in terms of service users/clients/patients or the wider community. The following respondents, all from different professional backgrounds, focused on the perceived outcome of interprofessional collaborations and education

"The primary outcome is better practice, better engagement with service users and in itself then better outcomes for service users" (social worker-male)

"…we all looked at things from a different perspective but…the most important thing was that the modules were all flexible…so the student could tailor it to their needs…they could tailor their assessments to something important in their workplace" (radiographer-male)

"There is a need to share the resources. There is also a massive area of untapped interest we could get into with older care – I like that the key thing is the community –the university working with older people in the local community – academics helping others not just staff & students but beyond that" (nurse- female-focus group)

For these and other respondents their other-relational motivation-disposition to collaborate seemed to be directed by their values and beliefs and even explained the reasons why they moved into academia in the first place

"Now the reason I went into health care was to help people. The reason I went into academia was to help even more people" (radiographer-male)

"I saw it as an opportunity to share some of the specialist knowledge that I'd developed" (occupational therapist-female)

"…coming into HE for me was partly that, sort of…to motivate and enthuse people to do good work" (social worker-male)

"I enjoyed helping students in a clinical environment…To me it (becoming a teacher) was about transference of knowledge and my expertise and helping students, so role modelling for them really…I suppose we're in the business of educating students to practice better" (nurse-female)

The forming of collaborations to enhance the student experience and to positively affect professional practice did seem to be evidenced by active personal commitment; the values, beliefs and discourses. This may relate to what Bourdieu termed 'doxa' or 'continuity of meaning' (see Webb et.al. 2002 p. 42) when defined as

"the cornerstone of any field to the extent that it determines the stability of the objective social structures through the way these are reproduced and reproduce themselves in a social agent's perceptions and practices: in other words in the *habitus*" (Deer 2008 p. 121 italics in original)

'Doxa' is a Husserlian concept adopted by Bourdieu, which is used to refer to beliefs or opinions that are linked to *field* and habitus. The following respondents expressed personal commitment to collaboration and the perceived outcomes, revealing their 'doxa'

"I think fundamentally I'll always see myself as an educationalist. I'll always be at the front end of teaching…Because fundamentally I want to facilitate people's learning" (social worker-female)

"I feel that being a teacher - being an educator is one of the best ways that you can influence services in a way. As a practitioner you can give so much within your team and after you can try to spread that and disseminate that through research… but actually trying to influence the next generation I think is going to be a really important way of trying to move things forward" (nurse-male)

Most respondents expressed the view that in health and social care uni-professional working is not in the interests of service users/clients/patients and that this should be reflected in education

"I guess from my point of view the reason I'm interested in collaborating – in doing interagency work – is it makes more sense…it doesn't seem to deny the fact that service users experience isn't separated. In some ways by pretending its separate, separates me as a worker. I loose sight of their experience" (social worker-male-focus group)

"I thought it was patients and service users that collaboration is for – that, that's the purpose of it all – their end point" (nurse-female-focus group)

Respondents when talking about using their discretion in deciding if to collaborate, seemed to believe that personally held values played a role and that the choice to collaborate emanated from a sense of self ('doxa'). The following quotations seem to highlight and summarise the position

"I like working with other professions, I like finding out about them, so in that way I'm still an IPE learner – there's still a load of other things to find out about the various professions" (radiographer-male)

"…so collaboration I think, I suppose if you're not committed doesn't get very far , you've got to put something of yourself in it or it goes better if you put something of your own self in it. Whereas you can collaborate with somebody but if you're not really, if you don't share the same values and the same systems…" (nurse-female)

This other-relational motivation-disposition may be viewed as a way in which individuals collectively actualised their values; when asked why some collaborations were successful most respondents referred to shared values and beliefs as an influencing factor, the following being examples of what many said

"…it was successful because there was a common sort of ideology, a common value position" (researcher-male)

"…the importance of sharing a common value base and belief…it's about where it comes together…rather than how it's separate" (social worker-male)

This seems to relate to Bourdieu's use of the term "elective affinities" (1973), adopted from Weber, which describe

"how the ideas and values (symbolic) which individuals possess have consequences for social action, and vice versa, by process of convergence and divergence from like and non like values and ideas" (Grenfell and James 1998 p. 21 citing Bourdieu 1973)

Indeed there was frequent reference to values and beliefs and the sharing of values and beliefs, a point to which I will return; and as will be seen, discourse in relation to the other-relational motivation-disposition occurred frequently during the interviews. My current argument is that the influencing factor of values and beliefs seemed to be intrinsically related to the other-relational motivation-disposition whereby the answer to the question 'why collaborate?' was 'because it benefits others'.

Self-relational motivation-disposition - being motivated to collaborate because doing so will bring personal benefit.

When sharing their experiences of collaboration some respondents articulated a view that some of their colleagues were motivated to collaborate out of self interest, expressed in terms of the end result and how it might benefit them

"…people are too busy, they have embedded this sort of thing about - what good is it to me?" (researcher-male)

"Since research became competitive…its self interested collaboration…People collaborate out of self interest in my view" (social worker-male-second interview)

Such collaborations may be viewed as instrumental

"I just need to know that they've (the collaborators) got the skills to do the research" (nurse-female)

and seem likely to be transient if the collaboration does not produce outcomes meaningful to the individual, as evidenced by respondents who viewed the need to collaborate to achieve funding for research, for example

"….a participatory team is more likely to get funding, than if it's just you on your own" (researcher-male)

Leading some to question the motives of their colleagues

"It's about instrumentality, it's about 'oh I can get a number of papers, I will get credibility in conferences' " (social worker-male)

The commitment to collaborate in this situation appeared to be conditional on the desired outcome but also to relate to a range of perceived benefits, for example

"I think it could be – what's in it for you – belonging could be one thing – but it might be that you actually want to learn from the person who is leading a venture – you may think that you respect that person, their knowledge and that I have a lot to learn from them or it could be friendship or it could be a joint paradigm – it could be a range of things" (nurse-female-focus group)

"*I also collaborate with clinical colleagues… to my mind collaboration is an exchange of credibility so I found when I collaborate with my clinical colleagues they give me perhaps a clinical credibility that I don't have any*

more because I've been out of practice for such a long time" (nurse-female-focus group)

"I'm more and more aware that you can't work on your own – you can't know everything – every methodology – you'll have a better proposal and the research will be better…I want to develop junior staff, I want them collaborating, I also want their energy and knowledge" (biologist- female)

Bourdieu points out that there is exchange value in non economic practices, like those described above

"agents are distributed in the overall social space, in the first dimension, according to the overall volume of capital they possess and, in the second dimension, according to the structure of their capital, that is, the relative weight of the different species of capital" (1989 p. 17)

Meaning, as Moore states

"assets of different kinds are transformed and exchanged within complex networks or circuits within and across difference fields" (2008 p. 101)

The respondents were then referring to accumulating various types of capitals, for example, learning (symbolic), friendship (emotional), clinical credibility (symbolic), *"a better proposal"* (potentially economic) and across fields.

The biologist quoted above also drew attention to an apparent paradoxical situation echoed by other respondents who seemed to feel that increasing concentration on individual performance and reward was militating against collaboration. This can be understood as the field of higher education changing because of internal practice and politics and because of convergence with the commercial business field

"fields are fluid and dynamic mainly because they are always being changed both by internal practices and politics, and by their convergence with other fields" (Webb et.al. 2002)

This convergence is leading to a more managerialist approach within the higher education field (this field change is explored in chapter seven). And this seems to mean that respondents and their colleagues were becoming more self focussed, possibly understood as an explicit perceived need to accumulate capital (meet performance indicators), which was leading them to collaborate less

With the research assessment exercise and the drive to how many publications and how many proposals you do in a year – that begins to make you very much less a collaborator…the pressures on universities now are very much reducing the need to collaborate" (biologist-female)

The same respondent talked about a colleague who had made changes to the way they work

"…they don't go to meetings, don't do module management….everything they do has to have pay back" (biologist-female)

This analysis seemed to suggest that respondents operated in a culture that allowed for choice and autonomy. For example, when talking about their own experiences respondents talked about collaborating out of personal choice, as exemplified by the following:

"…it was a voluntary thing…I went and looked at what was happening and it was something that I'm very keen on doing" (nurse-female)

This nurse respondent voluntarily became involved in a new teaching development (the reader is referred to chapter five where her career trajectory is detailed). A productive and personally rewarding collaboration was formed with colleagues from two different professional backgrounds, with whom she

had not previously had contact and who were from a different part of the university. Similarly

"I began to hear about people who shared an interest" (social worker-male)

This respondent formed a relationship with two colleagues one of whom had a professional background different to the respondents and one of whom was from a purely academic disciplinary background with no experience of working in health and social care services. What drew them together was a shared interest ('elective affinity') in one particular service user/ client/ patient group.

For these two, and for other respondents, becoming involved was at their discretion and initiation and in both situations led to curricula development. However, whether they were able to sustain the development was not within their control, and after their collaborations had borne fruit influencing situational factors began to impinge upon them. For example one respondent was forced to begin to exit the newly formed team after a short period of time, as the new programme was withdrawn. The other respondent however, was able to sustain the collaboration and the programme for a number of years and even when the programme ended the collaboration continued in relation to shared projects. The ending of the programmes in both cases was decided by managers and was financially driven, which is a situational factor to which I will return in chapter seven.

It appears then that for some the decision to collaborate was at their discretion and initiation; in the above examples even when outside factors impinged on their collaborative practices these individuals either moved on to form new collaborations or maintained the collaboration in new contexts, possibly revealing their 'doxa'. This may relate to the 'generative habitus' (Bourdieu 1989 p.9) whereby those, whose disposition is to collaborate, when there is 'affinity', seek out and take opportunities to collaborate. And, as will be argued later, this may be bound by the positive benefits – social capital – respondents believe they gain from collaborating; they therefore have investment in maintaining and/or reproducing 'their game'. This contrasts with

what some respondents said about the changes in the field leading to less collaboration.

It does seem that perceived personal benefits are a motivating factor in the decision to collaborate, or not, and, as will be seen in the following chapters, a wish to benefit others and self can be apparent. For example the following respondent talked about a number of successful collaborations, the outcomes of which were a number of publications; they explained their motivations as being other and self focused. The respondent had collaborated to publish first, because

"there wasn't a book I could recommend my post grad students" (radiographer-female)

Secondly,

"what I really enjoy about my job – the thing that gives me a buzz – writing. I've had lots of publications…that is to me part of being an academic…the traditional view…I want to try to protect that bit of my role" (radiographer-female)

The respondent attributed the need to *"protect"* to changes taking place in the higher education field which were felt to be *"difficult times"*, maybe an example of a 'chiasmatic'; opposing forces in the field. The current argument is, that for those whose motivation-disposition was self-relational, the answer to the 'why collaborate?' question was, 'because it will bring me personal benefit'.

External management and policy driven motivation-disposition - where collaboration develops because of instruction by a manager or because of a policy requirement.

The case of learning disability nursing and social work seems to demonstrate an interactional relationship between individual motivations and management

and policy directives. The changes to learning disability nursing that occurred in the late 1980's were policy driven (see The Jay Report 1979) and some universities responded by developing dual qualification programmes in learning disability nursing and social work. The policy driver then was central to the formation of collaborations between nurses and social workers in practice and in universities, as one respondent said

"With learning disability the purpose of the collaboration was actually to get a specific profession for learning disability, hence the Jay Committee" (researcher-male)

In some instances the dual force of this external policy regulator and the desire of some university managers to develop a new dual qualification led to the formation of collaborations between nurse and social work academics.

This then represents a further example of convergence of fields, in this case the political and educational fields. It could also be argued that the economic field also converged to drive this particular policy, as the earlier decision to 'resettle' people with learning disabilities from long stay hospitals led to the need to review the learning disability nurse role, and was, to a large extent, economically driven. This change could then be explained as the 'field of power' shaping the learning disability practice field as collaborations between nurse and social work academics developed.

In addition from the respondents interviewed it appeared that nurse and social work academics specialising in learning disability were motivated to collaborate by the other-relational motivation-disposition

"being an educator is one of the best ways that you can influence services…..the collaboration has been sustained I think because of the strength of belief by probably a critical mass of people" (nurse-male)

Other respondents from a range of backgrounds expressed the view that collaborating with others who share similar values and beliefs is a factor in the

development and sustaining of collaboration, a point that will be expanded in chapter six when the significance of personal relationships is detailed.
One respondent expressed the commonality needed for successful collaborations and outcomes as being about *"people who are on board"*. For example the respondent talked about working with an interprofessional group of academics tasked with leading IPE

"…so we try to have people who are on board, because I think certainly students pick up very quickly if the people who are facilitating in their small groups aren't really that keen. And so they (the students) say 'oh well they don't think it's worthwhile, so why should we think it's worthwhile" (physiotherapist-female)

It may be reasonable to expect that managers, when wanting to develop collaborations and interprofessional initiatives, would identify those who are *"on boar*d"; those who believe in collaboration and interprofessional working and learning or to put it in Bourdieusian terms where there is a match between habitus and field. What some respondents said suggests that managers are not necessarily so strategic in their decisions

"I mean I didn't have any motivation to start with (to work collaboratively or deliver IPE) in a sense that you know my colleague became ill and you know – 'teach this module tomorrow, and take everything'. I mean I had no idea what I was doing, I mean it was a nightmare really but, I had good staff. So you know it's not as if the motivation was inbuilt, I mean it was just something you kind of just did because somebody had to" (social worker-female)

This respondent and others also talked about being instructed by a manager to take a lead because of their seniority. For example when promoted to a higher level within the same university

"..when you were interviewed and then appointed, you tended to have a job given to you, and my job was IPE, which was partly because the department

was wanting to develop a strategy and a way forward because it was the beginnings of the push" (social worker-female)

Similarly the following respondent became centrally involved in a significant IPE development that involved stakeholders external to the university and involved achieving approval from a number of professional bodies, under the instruction of the head of department

"So I got called into the Head's office and they said – here's more work that I'm going to give you" (occupational therapist-female)

The *"work"* was to lead an interprofessional collaboration and to develop a new programme in response to a Department of Health directive

"The Department of Health contacted all universities and said 'this wasn't a request – we were expecting you to get on and produce a bid' – so it was a directive in fact" (occupational therapist-female)

This respondent formed a close working relationship with a number of colleagues from a range of professions and developed an innovative programme. However, the programme was ended after a short time due to financial factors – a field change? It was a management decision, in response to policy, that the respondent should become involved and therefore should collaborate with colleagues from other professions i.e. the drivers were policy and management; but the decision to end the programme and therefore the collaboration was also a management decision.

The following respondent talked about a manager who directed staff to develop a 'joint programme' (nursing and social work) in response to the learning disability policy of re-settlement and changes in the nursing and social work roles, referred to above

"The edict was that there would either be a joint programme or no learning disabilities nursing at all….so we needed to kind of get on with it" (nurse-male)

Several respondents talked about managers who wished to see IPE develop but also decisions to end initiatives being made by managers tasked with budgetary management. The following quotation seems to highlight the complexity

"…there are individuals who have been phenomenally supportive; I think there have been some individuals who have been phenomenally unsupportive. And I think there are processes attached to that that are supportive and unsupportive" (social-worker-male)

The role of managers then did seem to present an interesting paradox of being a driver and an inhibitor of collaboration. The role of 'managers' is explored further in chapter seven when leadership and field change is detailed. The current argument is, that when the motivation-disposition (*imposition*) was external ('more -outer') and was management and/or policy driven, the answer to the 'why collaborate?' question was, respectively, 'because I am told to' and 'because I am required to'.

Discussion

The data offers some interesting findings and offers answers to the question posed and understandings of the processes involved. To begin with the discourses on motivation-disposition are only definable in relation to others, which highlights a particular relational property of 'motivation' which many of the studies on motivation, some of which are referred to above, do not. However, by using Bourdieu's concepts as a framework for analysis it becomes apparent that the situation is more complex than the constructed discourses presented in this chapter at first suggest. From a Bourdieusian perspective the complexity of the relational aspects was revelatory.

> I had maintained for most of my career that to be more 'service user focused' (an identifiable discourse from the social work field) professionals should define themselves in relation to service users,

> as opposed to each other, which is a viewpoint that in no way takes into account the embodied habitus of respondents and the interplay between past and present and the generated dispositions to collaborate. And, I now realise, leans towards 'substantialist' thinking which can be distinguished from 'relational' thinking, with the former
>
> "inclined to treat activities and preferences specific to certain individuals or groups in a society at a certain moment as if they were substantial properties, inscribed once and for all in a sort of biological or cultural *essence* " (Bourdieu 1998 p. 4 italics in original)

So motivation-dispositions are fluid not fixed. It does though seem that the disposition of respondents to help others, initially by collaborating to improve the quality of care for service users/clients/patients evolved to include helping students. So the habituses of respondents was structured by their past experiences, when they believed in and had positive experiences of collaboration, and was structuring in that respondents were shaping their present practices.

The findings relating to the other-relational motivation-disposition may help explain Tope and Thomas' observation, outlined in chapter one (see page 10), that the government commands for health and social care professionals to work together have been met with reticence or ignored. They argue that the commands became more explicit and that focus shifted from the workforce to the needs of service users. The target area of child protection they cite as "galvanising everyone into action" (2007, p.31). This may relate to the other-relational motivation-disposition meaning that edict alone is not sufficient to bring about change. The other-relational motivation-disposition and service user directed policy may become reinforcing, exemplified by the following respondent whose motivation-disposition was dually expressed

"… about policy drivers, I was thinking yes… I am doing this (collaborating and developing IPE) because it is required by the GSCC (the social work professional body) and that is a formal requirement within a programme but actually I also believe in this so it is not a hardship" (social worker-male)

The "galvanising everyone into action" may be explained by the change in the *field*, a shift in policy focus; a change in the 'rules of the game' whereby habitus and field, as least for some, was synchronised. To use Bourdieu's metaphor, they were as' fishes in water'

"…when habitus encounters a social world of which it is a product, it finds itself 'as a fish in water', it does not feel the weight of the water and takes the world about itself for granted" (Bourdieu 1989 p.43)

Therefore the answer to the question, why collaborate? may be, for some, "because I feel 'as a fish in water' ". And for managers wanting to develop collaborative practice and interprofessional programmes and initiatives the question to ask may be 'can we get those fishes on board!? '

A key help to understanding collaboration then appears to be existence of the other-relational motivation-dispositions. Therefore one could posit that those whose disposition is other-relational may be more likely champions for collaboration and change. However this is not without difficulties. The following respondent talked about the role of "*champions"* in developing IPE but who also, *"ran out of steam"*

"…it was champions of IPE really from the different professions. It was the classic way you came in- 'lets do this', so we had a go at it and it ran out of steam" (radiographer-male)

The group had developed an IPE curriculum but it only lasted for the lifetime of the group. So whilst it seems clear that individual (more 'inner') motivation needs to be recognised there is also a suggestion from the transcripts that

other factors are in play. A factor in play will be capital as capital is the medium for the operation of habitus and field (Grenfell 2008 p. 155).

This is evidenced in the above example in which the IPE initiative was the object of research study; it could be that the investment was in the research - with the accumulation of cultural and symbolic capital – rather than in the IPE initiative. Hence the initiative *"ran out of steam"* once the research project ended. Whatever the situation in this example, from a Bourdieusian perspective an understanding of capital, alongside habitus and field is necessary.

One respondent offered a different perspective where a core group of committed academics overcame obstacles but with the support of managers

"There are a core group of people who feel it's really important (IPE) and through thick and thin they've said 'we've got to make this work'…and the management are for it as well. And although at times I think 'well they're (managers) for it because they can put it down' but we do need to resource it and they've actually been very supportive and found some funding for the things we do for students" (physiotherapist-female)

The respondent also made an interesting point about the motives of the managers

"I think it's because it (IPE) comes up now in QAA reviews and all that, so they've got to be seen to be actually not just talking about it but actually supporting it" (physiotherapist-female)

The data suggested that changes taking place in the higher education field were leading to situations that may encourage a more self focused approach and that the traditional view of academia as based upon institutionalised individualism may be resurrecting, although within a very different cultural milieu and with different meanings and implications. These field changes seem to affect motivation-disposition. It could be that the self-relational

motivation-disposition to collaborate, which seems less likely to lead to sustained collaboration and, as one respondent put it, may "*lack passion"*, may figure more in the future.

> Having turned a Bourdieusian gaze to my work I pondered on this and in analysing 'motivation' I realised that maybe I was experiencing what I interpreted from the transcripts. That is, that I had entered academia with a belief in interprofessional working and had similar experiences to respondents of working collaboratively with other professionals in practice with a stated aim of improving the quality of care. Now, whilst I had come to developing a research profile later in my academic career, I was, possibly, developing a more self relational motivation-disposition and was asking myself 'what's in it for me'? On reflection I do think that I have increasingly become self focussed as my career has developed, not least completing a thesis that may give me *capital,* although contrarily recent personal experiences of family illness have caused me to question what legacy I will leave and I have been wanting to re-engage in meaningful ways with students, in the belief that I can help them in their careers and advancement. Maybe this is an example of the relationship and co-construction between my habitus and the social space in which I operate, i.e. between academia and my personal life outside work, as a daughter, a mother, a partner, a carer. Which points to the social field I share with respondents and which will be highlighted in the next chapter.

So what can be understood from this? Seeking understanding of why respondents collaborate could only really be understood in terms of their biographies and stories about their career trajectories, wherein their habituses have developed and evolved with significant others and within particular fields.

The vast majority of respondents talked about positive experiences of collaborating prior to moving into academia. This formation was possibly due to a focus on the 'other' and the inculcation or internalisation of interprofessional working principles acquired from their experiences, some of which may have been generated by their professional education and training and socialisation into their respective employing health and social care agencies. Respondents' collaboration with others in practice was transferred into academia; their habitus was one of collaborating. Furthermore their motivations to collaborate could only be understood in relation to other people and the perceived benefits to others and self. The self -relational motivation-disposition appeared to be best understood in relation to the *academic habitus*.

Conclusion

Three motivation-dispositions to collaborate are identified. The other-relational motivation-disposition to collaborate aims to enhance professional practice and the student experience and to improve quality of care. The disposition that is probably most inner-focussed, the self-relational, is characterised by identification with the personal importance of collaborating and seems to be self focussed in various ways, for example on career development.

From what some respondents said a paradox may be occurring. On the one hand is the dual relationship of the other-rational motivation-disposition and the service user focus in policy documents, which could lead to increasing collaboration. However, this is in a context of increasing managerialism and performance management in the higher education field that the data seems to suggest may lead to a more dominant self-relational motivation-disposition, i.e. the 'what's in it for me?' question. The third motivation-disposition (*imposition*) is the most outer-focussed and is characterised by management direction and the need to comply.

The category of 'motivation' shines a light on the object of the project, collaboration, as a set of practices to be explained and understood and

“If one knows what dispositions lie behind people’s actions then to that extent one has an explanation for them” (Nash 2002 p. 276)

However, presentation of the findings relating to all four categories demonstrates that the picture is more complex, and interesting, than a more narrow analysis of ‘motivation’ alone might suggest and the following chapters will demonstrate this. Motivation-dispositions are not singular, they are not fixed, rather, motivation-dispositions are relational and, therefore, “are understandable in terms of social spaces, positions and relationships pertaining in a particular time and place” (Grenfell and James 2004 p. 515). As will be agued in the following chapter, an understanding of career trajectories appears to further show why and with whom respondents collaborate.

Chapter Five

Career Trajectories and Collaboration

Introduction

"The *habitus* – embodied history, internalized as a second nature and so forgotten as history – is the active presence of the whole past of which it is the product. As such it is what gives practices their relative autonomy with respect to external determinations of the immediate present. This autonomy is that of the past, enacted and acting, which functioning as accumulated capital, produces history on the basis of history and so ensures the permanence in change that makes the individual agent a world within a world" (Bourdieu 1990 p. 56 italics in original)

The above quotation seemed pertinent in aiding understanding of the career trajectories of respondents and how, as they made their history, they made decisions about who to collaborate with and for what purpose. Related to this was how respondents identified themselves, and with whom, at various times in their career trajectories.

> Initially I did generate a category of 'identities', however, my iterations and reflections led me to a realisation that what I had in fact done, was create this as a 'preconceived category' which is inconsistent with the qualitative logic of grounded theory. The reason I had done this was because I entered into the interviews with an assumption that identity or identities would be relevant in some way to collaboration and IPE, probably because thinking on IPE does seem to be synonymous with professional identity. Therefore, I asked respondents questions about how they defined themselves and in later interviews who they identified with. I do not believe that it was inappropriate in anyway to ask this, and I believe that the data generated helped address the research question, however, the iterative process of data analysis and theoretical

positioning moved me from the belief that 'identities' should be a key category.

What was clear from the data was that the ways respondents identified themselves changed throughout their careers and it seemed relevant to find out how this might be significant in relation to collaboration. Furthermore, it was relevant to explore in what ways the changing field of higher education might be significant, as respondents interviewed in the early stages made reference to this. Therefore in later interviews and in second interviews some of the questions focused on these areas and their stories were studied with this in mind. There was a refocusing on coding and the sub categories of 'identities' were considered, which included

- 'transition to HE'
- 'features of the academic role'
- 'beyond professional identity'

Literature relating to identities spanning a range of disciplines was considered; including sociology, social psychology and organisational and cultural studies (see for example Abbott 1988, Jenkins 1996, du Gay et.al 2000, Hogg and Terry 2001).

Jenkins, in taking a sociological approach, defines 'identity' as a noun and a verb. So on the one hand a person has an 'identity' that allows for comparison with others based upon similarity and difference and, on the other hand, actively 'identifies' with, and associates with, others

"the verb 'to identify' is a necessary accompaniment to identity: there is something active…Identity is not 'just there', it must always be established" (Jenkins 1996 p.4)

Which he says puts 'identity' "firmly in the realm of social identity" (p.4) and therefore

"Individual identity – embodied in selfhood – is not meaningful in isolation from the social world of other people" (p.20)

Hogg and Terry (2001) introduce a social and organisational psychology perspective and view 'social identity' as

"an integrated theoretical perspective on the relationship between self-concept and group behaviour, which contains a number of distinct but compatible and dynamically interrelated conceptual components" (p.2)

Two of the main components are, from this perspective, social identity theory and self categorisation theory (Tajfel and Turner 1986,Turner et.al. 1987, Turner 1999). Following from this it is argued that 'identities' can be ranked in a "salience hierarchy" (Ashforth and Johnson 2001 p.32) whereby subjective importance and situational relevance are significant

"A subjectively important identity is one that is highly central to an individual's global or core sense of self or is otherwise highly relevant to his or her goals and values, or other key attributes…A situationally relevant identity is one that is socially appropriate to a given context; whereas subjective importance is defined by internal preferences, situational relevance is defined by external norms" (Ashforth and Johnson 2001 p.32)

It seems then that from these sociological and social psychological perspectives, agency and structure are given expression. Therefore in the context of IPE it is understandable that thinking is synonymous with professional identity as the 'inter' focus highlights the social context and issues relating to similarity and difference and subjective and situational relevance. From a Bourdieusian perspective these can be interpreted as the interplay between *habitus* (identity), *field* (similarity and difference) and *capital* (situational relevance). So a 'professional identity' relates to the definition and meaning social agents within particular milieus construct.

Writers who have looked to define 'profession' (see for example Abbott 1988) argue that a profession develops (is constructed) from a full time occupation because of a number of factors, including the need for specialised educational knowledge and expertise (situational relevance/*capital*). Importantly the developing profession requires a group to which one can belong and where mores, codes of conduct and ethical codes are subscribed for membership. Identification with the group is seen as an important part of the process of 'professionalisation'

"abstraction is the quality that sets interprofessional competition apart from competition among occupations in general…only a knowledge system governed by abstractions can redefine its problem and tasks, attend them from interlopers and seize new problems" (Abbott 1988 pp.8-9)

Which harks back to one of Thomson's (2008) descriptions of a *field* as in science fiction whereby the field is self contained and designed to protect those inside, with inside activities being regular and ordered (see page 51 of this thesis). Therefore the professions respondents identified and associated with and that identified them, e.g. 'a nurse', 'a social worker', from a Bourdieusian perspective related to their field (the profession) and habitus (the identity). Furthermore, their career trajectories can be seen as a movement across fields, movement that shapes *habitus*, as structured and structuring.

> So my developing understanding of 'identities' informed the iterative process. This process of coding and recoding, asking questions of the data, reading on relevant topics and theoretical positioning helped me to define what I perceived at this stage as a gap; a degree of disconnectedness between 'motivation-disposition' and 'identities' and this iterative process led me to regenerate the category. I interpreted that the connectedness was between 'career trajectory' and 'motivation-disposition', and that 'identities' is a property of this. A revisiting of the constructivist

> grounded theory methodology highlighted that I had in fact developed my ability to 'theoretically sample'
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> "*What* you look for through theoretical sampling and *how* you conduct it depends on your purposes in doing it. Consistent with the logic of grounded theory, theoretical sampling is emergent. Your developing ideas shape what you do and the questions you pose while theoretical sampling (Charmaz 2006 p. 108 italics in original)
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> As I focused on 'collaboration' I sought to generate data that elaborated on and refined my understanding of 'career trajectories' as a category and the related properties, including identities, until 'saturated'. So by practising theoretical sampling I avoided what Charmaz (2006 p.107) says can be some of the common pitfalls of grounded theory, i.e. over-reliance on overt statements for elaborating and checking categories (there are many references relating to 'identities' in the data), premature closure of an analytic category and trite categorising (evident in my preconception).

This chapter then focuses on the generated category 'career trajectories' and the ways in which it helps understanding of 'collaboration'. The chapter begins by outlining the transition experiences of respondents as they moved from practice in health and social care settings into higher education.

From the *practice field* to the *higher education field*

It is evident from the previous chapter that the vast majority of respondents developed an other-relational motivation-disposition to collaboration early in their careers, when working in health and social care services, which was service user/client/patient focused. At some point in their career trajectory all respondents moved into full-time roles within higher education. In studying the data in relation to respondents' decisions to move into higher education from practice three key reasons seemed evident. The first being because of

a wish to develop their career but not into a management role, this was seen as the alternative, and this was given by one female respondent and all but one of the male respondents, in individual interviews. For example,

"I got to the highest grade I could get to and at that time there was nowhere else to go – other than into management or education" (radiographer-male)

"In those days if you wanted to develop your career you had to go into management or teaching really – those were the options - I knew I wouldn't get in as a manager because I could hardly manage myself let alone anyone else. So teaching became something I thought would be a possibility" (nurse-male)

"I didn't want to go into that level of management and that was when I started looking at something else and I was quite open minded about that – what led me into academia was having had some really positive experiences of working with staff and then actually wanting to work within an education setting – I knew that quite strongly" (social worker-female 2nd)

Secondly, all respondents talked about qualifications, implicitly or explicitly, as a factor in their decision to move into higher education. For some the gaining of an academic qualification was a key factor in their move into academia and marked a 'turning point', for example the following respondent went to university as a mature student

"I actually thought I was leaving nursing…I thought it was the beginning of a career break and change…I'd only ever thought of working at charge nurse level, which I'd achieved...going to university (as a mature student) was something I'd wanted to do but hadn't got good enough A level grades…at the end of my degree (not related to the professional qualification held) I talked to a guy in nurse education and he was very, very enthusiastic that I was a graduate – a graduate nurse was a 'gold brick' – so I was welcomed into a teaching role" (nurse-male)

A female nurse respondent had been seconded to university whilst in practice

"I'd never done an academic course before that…I discovered I actually had a brain…and that I loved it and that there was no way I was going back to just being a community nurse. So I spent the rest of the course thinking about what I could do with this qualification…and the vacancy (at a university) came up…" (female-nurse)

The third reason given was because their roles in practice evolved to include helping others learn, which was evident in half of the individual interviews and only in relation to the female respondents. For example

"I sort of worked my way up to being a senior level clinical tutor, so I was in education in the clinical environment before I applied for the post here…I wanted students to feel they could always approach me and the more I then worked with students" (radiographer-female)

"I was quite interested in trying to move into higher education and I'd had students for many years… I was part-time in education, part-time in clinical (physiotherapist-female)

"I loved being with students and often colleagues would say ' the students are a nuisance' but I would think 'oh they're wonderful'… when I expressed an interest in teaching I was given study leave in the school of nursing and I can remember sitting in the coffee room thinking 'wow this is where I belong' " (nurse-female)

Respondents' biographies therefore differed, and each told a unique story about their career trajectory. Their decision making can be seen as the respondents exercising agency but within the structuring forces of the practice field. In Bourdieusian terms the health and social care 'space' is bounded through the concept of *capital*, where those in the field value some things over others (see Bourdieu 1998). The gaining of academic qualifications enabled

the respondents to gain cultural capital that had exchange value and so facilitated their 'turning points'.

Their academic trajectories then seemed to be self initiated turning points that were also determined by external structures and impositions. For example, some respondents talked about leaving school with few qualifications and *"failing the eleven plus"* . Indeed there may have been a generational aspect to the research in that most respondents had lived through the period when the 'eleven plus' examination was used to stream and segregate pupils based upon perceived (constructed) academic ability or inability. The respondents decisions to train as health and social care professionals, for some, gave them capital that they could exchange and in effect retrieve their academic aspirations, that had been thwarted by the external structures earlier in their lives. Their turning points changed their habituses and the view that there is a reflexive relationship between position, habitus and practice was borne out (see Bourdieu and Waquant 1992). As Bourdieu says

"*A capital does not exist and function except in relation to a field*" (Bourdieu 1992 p.101 italics in original)

Despite their differing reasons for moving into higher education it was possible to see the dialectic relationship between habitus, field and capital and how the external structures had impacted on them in similar ways. This can further be understood by pointing to the structural changes taking place in some of the professions at the times when some respondents moved in higher education. First, for example, the move to degree programmes for some professions and the merging of some colleges with higher education (for example nursing and most health care professions were initially based in colleges and only latterly moved in to universities). Secondly, in nursing and social work there has been an expansion of student places (for nursing this was influenced by 'curriculum 2000' (DH2000c) and for social work by a national shortage of social workers) and therefore a parallel increase in opportunities for practitioners to move into academic roles.

Respondents did consistently talk about a belief in and positive experiences of collaborating with others prior to moving into higher education and seemed to demonstrate an other-relational motivation-disposition to collaboration. Respondents did also however, talk about the self-relational motivation - disposition, in relation to their present situations, as presented in the previous chapter. Therefore the question considered was – to what extent might the self-relational motivation-disposition to collaborate be evident in practice settings? The data did not suggest that respondents when in practice were self focused in their reasons for collaborating, their reasoning for this relating to 'the other'. Some respondents did talk about their self focus in relation to career development, for example in gaining academic qualifications, which provided an antecedent to their move into academia, but none talked about collaborating in practice for explicitly self focussed reasons. Obviously further research would be needed in practice settings to further address this question; however, the data offered clues about motivation-disposition to collaborate for those who moved from practice into academia. What the generated data did provide was information about respondent' habituses, which suggested how they were categorising and positioning themselves in the field. And the findings and analysis seemed to indicate that the meaning respondents made of the *academic habitus* affected their motivation-disposition to collaborate. This is understandable within the theoretical framework used whereby what is posited is that movements across *fields* shape *habitus*. It is to this that this chapter now turns.

The *academic habitus*

On moving into academic roles respondents appeared to extend 'the-other' to include students in their motivation-disposition to collaborate. For example the following respondent collaborated with others from different professions

"To try and ensure the students undertaking the programme have… the best possible experience, both in terms of energised engagement with us and in terms of… just good learning… with the objective, I suppose... that we could turn out people who had advanced understanding, who could become leaders

in their field, who could energise, enthuse,….and move stuff forward by being the leaders in their field… So we came together, moved, moved forward with different backgrounds but that same shared, broad goal" (social work-male)

However, the data suggested that over time and once in academic roles the motivation-disposition seemed to shift to combine the other and self-relational motivation-dispositions. So a question posed was; in what ways does career trajectory affect respondents' motivation-dispositions and how do professionals from health and social care practice understand the *academic habitus*? From a Bourdieusian perspective the question is certainly 'how', not 'if', as

"Habitus reveals itself… only in reference to a definite situation. It is only in relation to certain structures that habitus produces given discourses or practice" (Bourdieu and Wacquant 1992 p.135)

> I was reminded of my first months in an academic role which presented me with an independence and opportunity for choice that I had not experienced in my previous work in health and social care services; an experience echoed by several respondents

"I was quite shocked at the level of autonomy and the fact that people just did their own thing in academia, and there didn't seem to be that same culture (same as in practice)" (occupational therapist-female)

"that was a shock, that somebody said 'well as long as you deliver the goods, you know, you can do that at home, or you can do that here, you know if that's what you want well lets try it and see'….I think really the ethos is very different and I think it took me quite a long time to get used to that different way of working" (physiotherapist-female)

And this experience of independence and choice was seen by some to militate against collaboration and to encourage more self-focus

"I think I'd say to begin with collaboration's very poor… because academia is essentially an autonomous role,… there wasn't any sense of teams, so you were very much as an individual on your own…the most treasured aspect of the role which was teaching wasn't shared" (social work-female)

The data also suggested that 'collaboration' in academia was more multi faceted and I noted in my journal

"In academia the definition of collaboration is more complex than in services – with seemingly multiple reasons for collaborating" (Journal entry April 2008)

It seems fair to suggest that in health and social care services the focus is on service users/clients/patients. Employees have little choice in diverging from this focus; even moves into management roles retain an overall purpose of serving those who use services. Respondents implicitly and explicitly talked about this and one of the focus group respondents seemed to summarise the position

"I know in practice the people have got a choice about the client focus and maybe a bit of management, a bit of education, and a bit of research but principally they are employed for one primary role – as academics we have choices of whichever of those routes we choose to go down - so maybe that's the reason that collaborating will be much more diverse - as a result of that" (social work- female-focus group)

This seemed to indicate that 'collaboration' may have different meanings in the different fields. Furthermore some respondents suggested that the trajectory across fields posed difficulties, which seemed to relate to habitus

"certainly when I talk to other colleagues who've come out of clinical work into higher education they find it really difficult to kind of let go of that nurturing-supporting role…I think in the health care professions we have a tendency to almost treat our students a little bit like our patients or clients. You know we look after them a lot and we mother them you know, we're always giving them

lots of support….I think it comes from so many years of kind of caring for people and I think it's quite difficult to be - I don't know – to kind of pull yourself out of that and sometimes you'll be criticised for it you know" (physiotherapist – female).

What seems evident, and this was the case for many of the respondents, is that the caring-disposition was reproduced in the academic field. And the reference to a perceived need to *"pull yourself out of it"* could be interpreted as a move to a field structure with different principles of 'legitimation'

"What is *thinkable* and *unthinkable*, expressible and inexpressible, and valued or not, is the product of the field structures within which they arise and the principles of *legitimation* operating there. This legitimation establishes orthodoxy – or *doxa*" (Grenfell and James 2004 p. 509 – see Bourdieu 1977 pp.164-171)

And other respondents stated similar views about field structures

"I think it's very hard to leave your profession behind, it's what you signed up for years ago" (radiographer-female)

Implicit in the statement are personally held values and beliefs, relating to habitus. The following respondent talked explicitly about values

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"… a lot of them come from my professional background so I do believe quite strongly in valuing human beings, which is kind of the Rogerian ideas. I believe that people can change. And that…influences what I do now. I do believe that people can make decisions for themselves and can work collaboratively to make good decisions" (occupational therapist-female)

This seemed to highlight that "*professional background"* remained significant for respondents, with the data suggesting that respondents' values and beliefs, that shaped dispositions, continued to influence them once in the

academic field. And these values and beliefs may be described as 'doxa', in this case relating to their socialisation into their 'caring professions'.

It seemed clear from the data that respondents saw their identities as based in the profession they trained in and described themselves before moving into academia in this way, for example, as *"a nurse"* or *"a physiotherapist"* or *"a social worker"*. However, there are two factors to mention here. First, two respondents had not trained as health or social care professionals, describing themselves as being a *"researcher"* and a "*biologist".* They were unusual in the sample and it is fair to say are not representative of academics in health and social care in terms of their previously held (professional) identity. Secondly, and more significantly, once in an academic role some respondents continued to identify themselves by their previous profession, albeit combined with their academic role, for example, *"radiography lecturer"*. Some respondents, however, identified themselves only by their role in a university, for example *"an educationalist".* The following respondent exemplified how respondents retained their previous identity in a new field and seemed to convey their attempt to make sense of their identity in relation to the fields of practice and education

"I'm a nurse teacher now. I'm a, a… I teach…I'm an educator basically. I'm not - I'm no longer a practising nurse. And you know even though I have to register every year to be a practising nurse I don't see myself as a nurse anymore - but I'm heavily involved in nurse education and educating nurses, but I can still draw on my practice experience. And I still link with practice" (nurse-female)

In later interviews, when 'identities' were being explored, respondents were asked who they identified with inside and outside the university. All said that internally they identified and associated with a range of colleagues with no particular focus on professional background. However, external to the university they said they identified and associated with those from their health and social care related professional background, which is commonly understood as a 'community of practice', a conception derived from Lave and

Wenger (1991 and Wenger 1998), defined as collective learning resulting in practices that are the property of "a kind of community created over time by the sustained pursuit of a shared enterprise" (Wenger 1998 p.45) and which are inseparable from issues of identity. A university then is a constellation of 'communities of practice' with faculties of health and social care being a stark example.

Within their university respondents talked about collaborating with other health and social care professionals in relation to IPE and other interprofessional initiatives as well as with a range of academics and others because of their roles as, for example, a *"programme manager"* or a *"programme leader"* or an "*educationalist".* Reference to these 'professional academic identities' could be reflective of the 'new professionalism', exemplified by the changes relating to the expansion of higher education, the increased diversity of the student group and the attempts to form a professional body for higher education lecturers, following the Dearing Report (1997) in the UK. All of these factors are leading to changes that academics have to develop meaning and understanding of, and which will be detailed further in chapter seven.

The data were considered in the light of these thoughts and it was identified that career trajectory and movement across *fields*, including shifting-identities, seems to affect motivation-disposition to collaborate. The situation was complex, as one would expect, as each person brings their own unique biography, and a range of factors seem to apply, including that 'identities' are not just about work related identity. Hunter (2004) in considering the social space of the physical education class makes a relevant point; citing Brooks (1997) and Lovell (2000) she says that local and contextual factors are important and

"Because of this variability, the post-structuralist notion of subjectivities is more helpful than that of identity to encapsulate multiple, unpredictable, contradictory and complex contextual inter-relationships of selves that make up a person in time and space" (p.177)

This reasoning, supportive of Jenkins position and others noted earlier, can be demonstrated by contrasting the career trajectories of respondents. To highlight this I present below the stories of two respondents. These examples have been chosen because of their similar ages and similar levels within their respective universities but also because they represent different genders, different ethnicities and because they had quite different early career experiences.

Respondent one

Respondent one had moved into academia from health care practice after being recommended by her manager

"I suppose he saw the potential and he sort of made recommendations for me to go into education"

She identified herself early in her academic career as a *"teacher"*. She faced what she believes was gender and age discrimination in that she was required to do the teaching that *"nobody liked doing"*

"Discrimination in the sense I was the only woman on the team, I think I was the youngest"

A few years into her academic career she joined a multi professional team at the instruction of a university manager. She had worked with this stable and effective team delivering an IPE programme for much of her time in academia. The stated motivation for collaborating and delivering the programme was because of shared values held about the service user group coupled with a desire to support students to become effective practitioners, thus improving quality of care, i.e. her motivation-disposition was other-relational.

Her story is that much later in her career and having moved to another university she, *"out of interest"*, made contact with a new group of academics from different backgrounds because she heard about a project they were

involved with which resonated with her personal experiences and interests. Thus she shifted her motivation-disposition in this situation from other-relational to self-relational

"it was suggested that I might like to join. So it was a voluntary thing – it was suggested that you might like to come and I went and looked at what was happening and it was something I'm very keen on doing. It's just developed from there and mushroomed from there"

Her story is that this led to a new rewarding collaboration that in turn led to increased self belief and the seeking out of new challenges and opportunities, which included appointment to a senior role within her department, directly related to the subject matter of the new collaboration.

When working with the first multi professional group, where a shared value base in relation to service users and students was central to their collaboration, the respondent had experienced a devalued position and experienced professional protectiveness. In the university context she believed she and her colleagues held inferior status

"we were viewed as less able people within the university in the sense that we weren't actually part of the university…we were on a site away from the main campus and we taught diploma students whereas other nurse <u>lecturers</u> (emphasised) taught BSc students"

Which she felt related to the university being

"a very old institution, a very hierarchical structure and I would say probably the leadership in the School…it was still very much distinctly marked, people who taught the diplomas didn't actually do the research and people who taught the BSc students did do the research"

And within the interprofessional team who delivered the programme there was

"a bit of professional jealousy or protectiveness…I wouldn't say it was jealousy it was protectiveness"

When she moved to a different university, where she still worked within a multi professional group delivering an IPE programme, she developed the collaboration with the new group. This new collaboration was moving her away from her previous professional identity which was central to the earlier collaborations. With this new group other identities became salient

"I think we're not looking at professional roles, we're more working within and getting to know each other as individuals…I think it doesn't bother us where we're from "

The respondent said that this experience changed her perceptions of herself as an academic. She talked about her *"personal development"* and *"support networks"* experienced within this new collaboration. Her role changed to encompass a senior developmental, university wide role. International conference presentations, done collaboratively, and publications were now evident in her career, none of which seemed possible before this new collaboration. When asked how she identified herself as a result of this experience she stated

"I'm Asian. I'm proud to be different"

Her experience with this new group then was that she joined because she was *"interested"*. She made the choice to contact the group and to work jointly with them, and she appears to have established what Trowler and Knight (2000) refer to as "intersubjectivity" (p. 31), where "interlocutors share some aspect of their situation definitions", in this case informed by common personal experiences relating to gender, race and ethnicity. She seemed energised by this new domain which resonated with her life experience and appeared to feel a sense of 'being' and 'becoming' (Jenkins 1996 p.4)

"I'm writing, I've done presentations, I've collaborated with a whole range of professionals, and not just academic but other professionals and other levels, and also I think I'm more comfortable in myself as who I am, what I want to do and where I'm heading"

She reported spending time with her collaborators inside and outside of work and there seemed to be a collective identity developing

"we share a sense of identity"

This sharing of identity was not profession related, indeed all came from different professional backgrounds, but extended to gender and age in that the group was all female and they were of a similar age. Their habituses may be seen to link the social and the individual, for whilst their life courses are unique they share their structure because, it seems, of their gender and age and their ethnicity or understanding of ethnicity

"Well one of us is white but she's very, very culturally sensitive. The rest of us are all from ethnic minority groups, in those respects we share a sense of identity I think, about BME people"

Furthermore the experience of and learning from his new collaboration crossed fields to her home life where she talked about involving her children in her new knowledge and understanding

"I'm trying to make my children much more aware of some of the issues within communities…and them having an insight"

Her career trajectory seemed to suggest that she moved from a narrow definition of self in the workplace i.e. as *"a nurse"*, her then salient identity, to a situation where her identity as an Asian woman was salient. Accordingly, for this respondent the answer to the question 'why collaborate'?, was ,for much of her career, 'because it benefits others'. More recently the answer

was ‘because I choose to’ and ‘because I identify with my collaborators and because my (now salient) identities are confirmed’.

Respondent two

Another, male, respondent said that he had been described by a colleague as a *“true academic”*. He had said to others early in his career that he *“wanted to be an expert”* and what he did not want to be was *“a manager”.*

His career trajectory is that he followed a more traditional academic path from the female respondent. He started his career in academia as a researcher, which was a joint appointment involving the university and a health and social care agency. He then worked in health and social care services. After a brief spell as a *“house-husband”,* he returned to academia with a PhD, where he then worked as a teacher and researcher

“I got the job…on the basis of having published, quite a bit, including doing a PhD at that stage, rather than that I could teach”

He went on to develop an international reputation as an “*expert”* in his field.

His motivation-disposition to his work, and therefore his collaborations, he said was initially self-relational

“I said I want to be an expert. And initially I wanted to do it in academic life”

However, his motivation-disposition shifted to include the other-relational motivation-disposition as he developed expertise and learnt about the service user group that was the focus of his study. He coupled his developing status as an expert, acquired by undertaking research, with work in health and social care services prior to moving full time into academia. He began to want to use his work as an academic to improve the lives of the service user group

“I thought how I can influence things”

Nevertheless, his most salient workplace identity of *"expert"* suggested that his most rewarding collaborations were external to the university, with his 'community of practice' being the international community of experts he identified and associated with and who facilitated his development as an *"expert"*. In the second interview with the respondent the notion of a 'community of practice' was discussed and he specifically said that his community of practice was the international group of experts he associated with and

"To some extent it is where your safety net is, your safety blanket"

Which may mean that this 'community of experts' operates in a similar way to a 'profession' in the sense that it seems to be self contained and designed to protect those inside, with inside activities being regular and ordered (a *field* as in science fiction). So this respondent had chosen to develop these relationships to advance his career as an "*expert"*, however, he believed that this had had some unanticipated adverse consequences for him. He described himself as not being in a *"professional camp",* which he seemed very aware of

"I was to give a certain point of view and one of the things I was particularly emphasising was that I wasn't in any of the camps. Cos even then you had the whole thing of 'this is the health service bit' and 'this is the social services bit' "

"I've never had a professional allegiance to one group or another"

"I've both suffered and benefitted from that"

The advantage being that he had been able to contribute to academic debate and to teach students without *"boundaries",* in a *"radical"* way. The disadvantage being his area of expertise was viewed as a *"Cinderella"* subject with a resultant lack of career opportunities

"if you go for a general academic job, …and you say 'I'm a world expert' they don't know what you're talking about, even though I'm a world expert they still don't know what the hell you're talking about"

This respondent reflected on his career and seemed to demonstrate what Reynolds refers to as

"a familiar discursive resource of referring to how things used to be." (2007, p.442)

He contrasted past times with his view of the current situation in academia

Then:
"you know once you'd done your PhD, you then decided what, if anything, you wanted to do in terms of research or writing. You know which was nice in a way cos you'd got the freedom to do what interested you"

Now:
"You are sort of a factory teacher of large groups, even my tutees I hardly know"

This respondent seemed more focussed on understanding current changes in higher education and sought explicit meaning in a way that respondent one did not. For example he talked about how the changes to the Research Assessment Exercise may impact on what is valued in research

"collaboration was the name of the game…from what I understand about the new criteria which is based on metrics, which is much, much more now about citation and publication and less about getting the money in"

The respondent speculated that changes taking place in higher education research are likely to lead to less collaboration, because of an emphasis on individual achievement; this marking a change from the current position where

he was experiencing people collaborating to secure participatory research bids and publications. He lamented some of the changes

"I blame Thatcher for a lot of things, but basically it's broader than just Thatcher, it's the whole ethos of society about winners and losers and hierarchies and league tables. And everything being pushed into a success or failure and so that if you're not winning you're a loser, not that, if you're second you're doing quite well and if you're third you're doing quite well"

He had worked with two interprofessional and inter-disciplinary teams that spanned a number of years, and crossed two universities, and in both cases the teams delivered IPE or inter-disciplinary education. His view was that the inter-disciplinary team didn't display the *"professional differences"* of the other team, although both he viewed as successful collaborations. Although, how managers and leaders viewed the 'success' was, he felt, related to success in attracting money, which will be elaborated in chapter seven.

The respondent reflected on what his current role meant to him, a role he was asked to take on by a university manager,

"how it's perceived is probably very different from the reality…it's perceived very much as a management role"

However in line with his early career decision he did not see himself as a manager

"I'm not becoming a manager…I can see myself as having a more strategic view than I've wanted to do before"

Instead he identified himself as a leader who can influence

"my notion of leadership as opposed to management … is about involving people but ultimately being the person who decides not about people but about process and policy but only after people have had their say"

So this respondent's career trajectory differed from the previous respondent and his collaborative practice had a strong self relational thread relating to his declared intent to be an *"expert".* This is not to say that he did not demonstrate an other-relational motivation-disposition as he did talk about wanting to "*influence"* the improvement of services and the lives of the service user group, hence his involvement with interprofessional and inter disciplinary teaching teams. However, this was within the context of a predominantly research focused career aimed at developing expertise. Therefore, an answer to the question 'why collaborate'?, might have been, for him, 'because it benefits others' but would more likely be 'because my (salient) identity (as an expert) is confirmed'.

Discussion

These findings suggest that career trajectories, motivation-dispositions to collaborate and identities are bound together in the health and social care space. This can be understood by using Bourdieu's 'thinking tool's', whereby the forming of an individual's habitus is a process - an interplay with *field* and *capital* – and is made and remade through that process. Therefore the motivation-disposition to collaborate evolves in that process – it is made and remade – motivation-disposition is habitus. Furthermore, subjectivities, and therefore identities, are constructed and negotiated in the discursive space of faculties of health and social care and meanings are constructed according to the discourses that shape that space.

So analysis suggested that respondents used their capital in the form of academic qualifications (cultural capital) and as 'educators' or mentors' in practice (symbolic capital) to secure jobs as academics. It may also be fair to say that respondents' moves into academia were self initiated turning points which, according to Hodkinson (1998) initiates a change in habitus

"As a person lives through a turning point the habitus of the person is changed" (p.101)

The data relating to career trajectories shows similar factors to those described by Hodkinson et.al. (1996, see also Hodkinson 1998) in a study that looked at career transitions from school to youth training and that also used Bourdieu's concepts at the analysis stage. First, their study, like this project, found that career decisions could only be understood in terms of respondents' own life histories. Secondly, respondents' career decision making demonstrated a degree of instrumentality and rationally that was based upon partial, local, context related information. And thirdly, that some decisions were reactions to encountered opportunities. What is significant for this study is the transition from the practice field to the academic field.

On moving into academic roles – in their 'cultural trajectory' – some respondents appeared to extend 'the-other' to include students in their motivation-disposition to collaborate. The definition of 'cultural trajectory' further supporting the notion of a changing or reshaping of habitus; cultural trajectory being

"The movement across and between various fields that constitutes an individual's history and which therefore shapes habitus" (Webb et.al. 2002 p. xi)

For respondent two referred to above it seems that his predominate motivation-disposition throughout his career was self-relational and he described himself as a *"traditional academic".* This may give clues to the academic habitus as being more self focused than the health and social care practice habitus, when considered alongside data from other respondents which suggests that their other-relational motivation-disposition to collaborate shifts to combine a self-relational disposition as their academic career develops. This has implications for the research question. If it is the case that respondents develop more self focus as their academic careers progress this has implications for the development and sustainability of collaboration, and its intent. Furthermore, this self focused *academic habitus* could be

exacerbated by changes taking place in the higher education field and this will be discussed in chapter seven.

So the contention from the analysis is that as respondents moved fields, from the practice field to the academic field, they developed an 'academic identity', which was fused with their previous professional identity either explicitly, for example "*radiography lecturer"*, or implicitly as evidenced in the stories respondents told, which shaped their academic identity and therefore their academic habitus. And that the academic habitus was more self-focused, with a perception that discretion could be used when considering opportunities and with a belief in the ability to shape the academic career. This contrasted with respondents' previous professional roles.

'Academic identity' has for some time attracted attention not least because of the well reported changes taking place in higher education, briefly referred to earlier (see for example, Trowler 1998, Henkel 2000, Delanty 2001, Barnett 2000, 2003, 2005, Deem et.al.2007). Henkel (2000) assumes centrality of 'identity' for academics and academia; albeit a changing identity encouraged by these changes in higher education towards the 'new' professional academic identity (see also Nixon 2001a,b). She draws attention to the symbolic and instrumental significance of 'identity' to academics and of the academic profession. She argues that

"it is possible to see academics as both distinctive individuals embedded in the communities of primary importance to them, that is first the discipline and second the university"(p.251)

However, the data from this project do not suggest such a clear view of what is of primary and secondary importance; respondents certainly talked, explicitly or implicitly about (one of) their communities of practice as being the health and social care professions (and for respondent two above the community of experts). However, the primary focus in relation to collaboration in the health and social care community of practice i.e., the service user/ client/ patient does not, it seems, remain the only, or necessarily the primary,

motivating factor when respondents moved to the higher education field. Furthermore once in academia, respondents collaborated and developed affinities with a range of colleagues from other professions and disciplines. This possibly indicates therefore that the health and social care profession retained primacy at a conscious level and in some respects, relating to *doxa*, but that there was a shift from a *health and social care habitus* to an *academic habitus*.

This analysis then brings into view one of the criticisms levelled at Bourdieu, that is, that his 'theory' is deterministic with the objective dominating the subjective; i.e. that the structures in the higher education field 'determine' motivation-disposition to collaborate. Jenkins, for example, takes that the view that

"the charge of determinism is, in Bourdieu's case, justified" (1992 p.96)

In response two points can be made, the first being that respondents individual biographies are significant in understanding motivation-disposition to collaborate (as the examples above attempt to demonstrate) and therefore agency is expressed but within a field that values some things over others. Secondly therefore, a simplistic view of structures as determinant does not account for the habitus as being structured and structuring. It is suggested that Bourdieu's explanation is valid

"just as we should not say that a window is broken because a stone hit it, but it broke *because* it was breakable…One should not say that a historical event determined behaviour but that it had this determining effect because a habitus capable of being affected by that event conferred that power upon it" (Bourdieu 2000 pp.148-149 quoted in Nash 2003 p.53 italics on original)

Interestingly Jenkins (1996) makes reference to Bourdieu in his thesis on social identity and of *habitus* says

"The point is that habitus only 'works' in the context of a social field, which itself is constituted as a kind of collective habitus: the one seems to flow into and out of the other" (p. 35)

Reay's (2004) understanding is helpful

"I envisage habitus as a deep, interior epicentre containing many matrices. These matrices demarcate the extent of choices available to any one individual. Choices are bounded by the framework of opportunities and constraints the person finds himself/herself in, her external circumstances. However, within Bourdieu's theoretical framework he/she is also circumscribed by an internalized framework that makes some possibilities inconceivable, others improbable and a limited range acceptable" (p. 435)

The interplay of *habitus*, *field* and *capital* can be used to help understand individual biographies and illuminate ways in which respondents are "circumscribed by an internalized framework". As respondent one's story shows this "circumscription" can change and for her the 'new' collaborative relationships were significant in her moving to a valorised position. This seems to further highlight habitus as structured and structuring and seems to indicate that who we collaborate with is also a consideration alongside why we collaborate.

Respondent two showed agency in pursuing his decision to be "an expert" and in his community of experts this gave him symbolic capital, however, in the higher education field it did not have the same value and he was constrained in exchanging his expertise for academic positions he desired and applied for, which may also be an example of an 'internal circumscription' and

"social membership in itself (membership of a particular status group *per se*) does not automatically translate into *habitus* that confers symbolic capital in a uniform way for all members" (Moore 2008 p. 102 italics in original)

The changes taking place in higher education appeared to be impacting on the respondents. In the examples given above respondent one seems to have benefitted from the creation of new roles, which can be seen as part of the 'professionalisation' of academic roles, by taking a senior role that related to her salient (social) identity, or to put it another way her changing habitus. Her collaborators, it seems, had been significant in her *"personal development"*, highlighting what Jenkins says about the social nature of identity

"what people think about us is no less important than what we think about ourselves" (1996, p.21)

Whereas respondent two seemed to feel that the changes were eroding his *"traditional"* academic role. For him his salient identity had remained consistent and related to perceptions of his status within the community of experts, although he had a new role, probably also the outcome of 'professionalisation', the boundaries of which appeared to be being negotiated. Nevertheless, personal relationships were also significant for him in establishing his expert identity within the community of experts.

"Simply put, *habitus* focuses on our ways of acting, feeling, thinking and being. It captures how we can carry within us our history, how we bring this history into our present circumstances, and how we then make choices to act in certain ways and not others. This is an ongoing and active process – we are engaged in a continuous process of making history" (Maton 2008 p. 53 italics in original)

Conclusion

We can conclude that each respondent's biography is unique, even though for some the same external structures impacted on them. Each had a different story to tell in relation to motivation-disposition to collaborate. As Bourdieu says

"Just as no two individual histories are identical so no two individual habituses are identical" (Bourdieu 1993 p. 46)

However, analysis of the data suggests that the academic habitus is more self focussed than the health and social care practice habitus and that this has implications for the development and sustainability of IPE and indeed other interprofessional initiatives. Our understanding of this process is aided by considering motivation and career trajectories, where it begins to become evident that there is not a simple explanation for why academics in health and social care collaborate.

What also becomes evident in progressing from studying the 'more inner' motivations towards the 'more outer' is that relationships are a key factor in the process. In looking at career trajectories this chapter has largely focused on conceptualisations of difference, the following chapter, in considering personal relationships and collaboration, seeks to focus on 'commonality' as a property of personal relationships. Personal relationships and related processes, including self feeling, are what many respondents talked candidly about and this forms the third key category. In the following chapter the relatedness of personal relationships and collaboration is considered and as will be seen subjectivities are the building blocks of these relationships in myriad ways.

Chapter Six

Personal Relationships and Collaboration

Introduction

"The habitus as the feel for the game is the social game embodied and turned into a second nature" (Bourdieu 1994 p. 63)

This chapter will consider as part of the analysis what "second nature" is for respondents when it comes to personal relationships and collaboration. It is stated at the outset that 'relationships' are axiomatic, in a similar vein to the comment that 'motivation' may seem axiomatic to collaboration (see pages 58-59). Furthermore, in the same way that the project was not approached with a focus on motivation, neither was there initially focus on 'relationships'. Rather, this category was also generated as part of the iterative process and interpretations of the data. It is fair to say, and probably not surprising, that relationships formed a 'bedrock' for the stories respondents told and the transcripts were dense with references to relationships of many kinds.

An important part of the process and the theory building was to ensure that the obvious was not discounted, as one might a 'bedrock'. In so doing significant information was generated about personal relationships and collaboration, which, as will be outlined, is little written about.

By not discounting the obvious an ability to "dig deep" was demonstrated, in this case into the 'bedrock 'of personal relationships

"Grounded theories dig deep into the empirical and build analytic structures that reach up to the hypothetical. Thus straightforward categories about ordinary experiences shine with bright meanings-through our analytic renderings" (Charmaz 2006 p. 151)

'Personal relationships' as a category then, developed partly because of the density of references made by respondents, also, however, the sub categories and codes seemed significant in addressing the research question, why collaborate? For example, two sub categories were developed which related first to relationships in the academic field and secondly in relation to the practice field prior to respondents' moves to higher education. This seemed to suggest that relationships and the related properties were significant to collaboration for respondents regardless of field. Codes had been developed relating to the 'beginnings' of collaborations and the 'merits' of collaborations that were relationship focused and they formed further sub categories which for analytic purposes enabled the development of the properties that are presented in this chapter.

Whilst the approach was not initially articulated in a Bourdieusian framework, the 'scholarly turn' meant that subsequently talk and questions focusing on personal relationships were understood to relate to *habitus*. Within this process it seemed apparent that intersubjectivity was a key factor in respondents' career trajectories and their motivation-dispositions to collaborate, dispositions which were shaped, but not determined, by their moves to the academic field. This chapter then solely focuses on relationships at a personal level and attempts to present the findings and interpretations that form a further stage in the theory building process.

By focusing on 'personal relationships', as they relate to respondents' habituses, more was seen in the data. For example, in focusing on the category 'motivation' it seemed evident that shared beliefs were significant. By focusing on 'personal relationships' a further dimension became evident, that is, relational requisites and merits of collaboration may be viewed as incorporating "subjective aspirations" (Bourdieu 1990 p.54). These 'subjective aspirations', relational to personal relationships, may be understood as 'second nature' and as encompassing motivation <u>and needs</u>. For example, a person may be motivated and feel a need to collaborate with someone with whom they share a belief <u>and</u> who they respect and this will be dispositional. Consideration of <u>need</u> alongside <u>motivation</u> may be seen to raise the issue of

'emotional capital' which is invested from within an "affective economy" (Ahmed 2004 cited in Zembylas 2007 p.446). For example, the need for respect is investment and gain within a collaborative relationship. I will return to this reasoning. First though I consider the range of literature on the subject and I start by stating that in fact there is a particular paucity of information about collaborative relationships between those who work in the health and social care field, be it practice or academia.

Much of what has been written focuses on collaborative partnerships between organisations, not on the personal relationships of those directly involved. For example, Horwath and Morrison (2007), who are concerned with the management of change towards integrated children's services, state that "the majority of studies describe collaboration from an organisational perspective" (p. 58). Hornby and Atkins (2000) do consider a relational approach to collaboration in health and social care services and point out that

"restructuring professions and agencies can never provide the whole answer, and where there are complex problems there will always be a need for highly skilled collaboration between face workers. It is therefore essential to come to grips with the collaborative difficulties that stem from human relationships in the context of helping" p. 25

Whilst they are looking at this directly in relation to face workers in health and social care practice and don't offer in-depth analysis of personal relationships, the essence of what they say resonates in relation to the findings of this project. Certainly the transcripts suggested that personal relationships are significant when considering collaboration, making it pertinent to apply similar thinking to academia. This is summed up by one respondent in an individual interview which was, "what is most meaningful to you in your role as an academic?"

"I suppose something that I've reflected on in terms of working collaboratively, for a long time; a lot is then about relationships and the importance of

relationships. But then again fundamentally with that comes the importance of sharing a common value base and belief" (social worker-male)

This was similarly reiterated by other respondents, for example

"Best part of my job is working with people. I like students, I like patients, I like doing things with other people…I like teams…when you put people together in a group then they become a team and often they're much more effective than people working as individuals" (radiographer-male)

This respondent also referred to *"teams"*, which seemed significant in addressing the research question and is expanded below.

These and similar quotations seemed to indicate the centrality of relationships for collaboration, making it all the more surprising that so little has been written. These male respondents had, like others, referred to relationships, including personal relationships, throughout the interviews meaning that the findings of this project do not support the view that women are more likely to act out of relational motivation (see for example Hafernik et. al. 1997 who cite Gilligan 1982 and Belensky et. al. 1986). Indeed, relationships were focused on in all interviews and in the focus group discussions, for example

"Relationships are important – some of the big projects I have been involved in, one in particular - those relationships have endured. It was a very intense piece of work over about an eight month period - there is still a friendship there, even though we've very different roles. They are the kind people that I would approach for help and maybe want to involve them in other projects I might be working on. I think relationships are very important" (nurse-female-focus group)

Others talked about focused activities, like one-off projects, and what they said supports the view expressed by Feld (1981, 1982, 1984 cited in McPherson 2001 et.al. p.431) that such activity can foster the formation of personal relationships.

Whilst much of the literature on collaboration does take an organisational perspective, there are writers in addition to Hornby and Atkins who acknowledge relational aspects at the individual level. For example, Brown et. al. (2006) whilst still focusing on collaborative partnerships between organisations, that is, nursing faculties and health service providers, cite Kerka (1997)

"the key to successful collaborations is the quality of personal relationships among the people involved" (Brown et. al. 2006 p.175)

Similarly Saltiel (1998), who focuses on the educational context, seeks to draw out the relational aspects of collaborative partnerships in adult learning and states the view that personal relationships "strongly drive motivation and learning" (p.5). Saltiel cites Wildavsky (1986) who probably provides one of the earliest references to collaboration in academia, in the context of relationships between researchers (see also Fox and Faver 1982), and who "focuses on the dynamic interchange that further defines the roles and relationships of the collaboration" (Saltiel 1998 p.7).

Ritchie and Rigano (2007) point out that there are increasing numbers of "self-interrogations of collaborative research relationships", they cite eight (pp.129-130), but that the number of analytic studies is limited. They refer to Amey and Brown (2004) who provide a model for interdisciplinary-collaborative research; however, in their view "their modernist model" neglects to consider emotions and personal relationships which "renders their model impotent" (Ritchie and Rigano 2007 p. 131). Little appears to have been written in relation to collaboration and higher education teaching, with Quinlan and Akerland (2000) being exceptional. They aim to "illuminate factors that can influence the nature, development and impact" (p.23) of peer review of teaching collaboration. However, they too do not consider personal relationships. Certainly from the transcripts generated by this project any theory or model developed would need to include personal relationships and the related properties.

So the findings from this project highlight that personal relationships are a key factor in collaboration for respondents. One criticism levelled at Bourdieu is that he does not focus on social relationships

"Bourdieu's approach is *relational* but does not focus on 'social relationships' understood as *social networks* or as an interactional order" (Bottero 2009 p. 399 italics in original)

It was necessary therefore to grapple with the extent to which Bourdieu's ideas were helpful to the analysis of this generated category. Of significance was Bourdieu's assertion that his 'thinking tools' form a practice theory; it is how the ideas are used in practice that is significant. Bourdieu maintained that he did not 'theorize', his starting point always being social practice

"theory without empirical research is empty, empirical research without theory is blind" (Bourdieu 1988 p. 774 quoted in Jenkins 1992 p. 10)

Bourdieu's approach is then specific to empirical research and is relational, meaning that individual and group activities and preferences are understandable " in terms of social spaces, positions and relationships pertaining in a particular time and place" (Grenfell and James 2004 p.515). To this extent then Bourdieu does address relationships, although Bottero's claim that he gives "scant attention" to the "characteristics of interpersonal social connection" (2009 p.405) does seem to have credence. This probably relates to the fact that '*habitus*' is a sociological concept, not a psychological one, and therefore does not directly engage with micro processes of cognition.

Bourdieu developed his theory of practice to understand the transcripts from his empirical research, undertaken initially in Algeria and Bearn, and in applying his thinking to this Bourdieu does focus on the relationships between social actors. For example, in his research of Kabylian men he refers to how the men negotiate, agree, shift and transform their 'sense of honour' by "calls

to order from the group" (Bourdieu 1977 p.15). Bourdieu used his thinking tools to understand their interpersonal relationships. It does seem to be the case, however, that his 'theory of practice' - his concepts - do not attend in any detailed or explicit way to interpersonal relationships. This seems to be because his relational focus is central to his project to transcend the duality of objectivism and subjectivism, meaning that subjectivities are not attended to. Hence Jenkins view that

"perhaps the most crucial weakness in Bourdieu's work is his inability to cope with subjectivity" (Jenkins 1992 p. 97)

After some reflection and questioning, the view was formed that despite the fact that Bourdieu's relational position and his 'practice theory' appears to withdraw from the substance of personal relationships, as Bottero claims, his 'thinking tools' could be used to facilitate analysis. In doing so it was acknowledged that Bourdieu asserts that his concepts are not reified theoretical abstractions but ways of helping researchers think. Even Jenkins (1992), in his critical appraisal, concludes that "Bourdieu is enormously stimulating, he is 'good to think with' " and a particular strength is "his reluctance to theorise other than through research-based engagement with the complexities of social life" (p.176). So despite the questioning, Bourdieu's 'tools' were used to think though the complexities of personal relationships and collaboration. What did not require questioning was the emphasis respondents put on personal relationships.

Teams

Most respondents talked about 'teams', which implies inherent reference to relationships. There are numerous definitions of what a 'team' is (see for example Payne 2000, pp 5-8, Jelphs and Dickinson 2008 pp6-10), including criteria for when a 'group' becomes a 'team' (see West et.al. 1998). Barr et.al. (2005 p.4) point out that all team-work is collaboration even though all collaboration is not team-work. The WHO in their 1988 report, referred to in chapter one, define team-work as

"a process rather than an end in itself and occurs whenever two or more workers interact to solve problems, whether in a formally constituted team or informally. It entails the ability to work as colleagues rather than in a superior-subordinate relationship" (p.6)

There does seem to be general agreement that a team is a collective of individuals who work together to achieve what individually they could not, which is very similar to definitions of collaboration. It is, therefore, unsurprising that respondents at times use the terms inter changeably. And some respondents viewed "*team meetings"*, "*team building"* or *"team development" as* a way of improving personal relationships

"I think the only way that teams work is through good communication and the best way to have good communication is to have regular meetings. You can do a lot of things by email and messages but you need to be in contact with each other, and also I was very aware that because we were such a disparate group of different professionals it would be very easy for us never to meet. So I instigated, initially, weekly meetings, and then we moved to...now we're doing kind of, fortnightly (occupational therapist-female)

The following respondent was leading an interprofessional 'team', although was reluctant to label the activity being instigated as 'team building'

"I've actually instigated some team building exercises… you wouldn't see them as team building exercises, its about getting people together and talking again, we've not badged them as team building" (radiographer-male)

There is clearly a hint in the last quotation that all was not well with relationships in the 'team' and other respondents talked about poor team relationships

"a significant amount of effort is put into the maintenance of relationships. The sort of more formal relationships with agencies as well as with individuals

– you know it's difficult to untangle those – but very much contact with people about the programme and about that working together issue" (social-worker male)

"In terms of relationships within the team some of the people weren't talking to each other and partly I think that was because of pressures on the nursing people…but since then and I mean that's almost been a sort of cathartic and people realised - if we just carry on like this we're just gonna kill each other, or leave, so we might as well do something" (researcher-male)

The *"something"* was to have *"more and better organised meetings"* and an *"away day".*

The following respondent talked about an interprofessional team who were tasked with developing and delivering an IPE programme

"I think really you know having people in a team that don't get on, that don't share the same values as you, it makes it so much harder. You know we had to spend so much time fighting against negativity and not just that, I think sabotage sometimes. I think sometimes things are done deliberately to make things hard" (nurse-male)

This discourse was meaningful to me as I have been a member of multi professional and interprofessional 'teams' throughout my career. I know from that experience that relationships can bring about strong emotions, both positive and negative, and sometimes relationships need to be attended to. This view is supported by Rogers-Dillon (2005) who argues that tensions in collaborative interdisciplinary research teams must be managed or risk hindering the success of the research. Hence in this project the reliance for some on 'team building'. I look back on my own career and know that the teams that worked well, where we had successes, are the ones where, mostly, relationships between team members were good. I also know that when I have been involved in bringing staff

> from different backgrounds together to work interprofessionally, relationships have been a central, if not dominant, feature. Relationships have not usually, however, been the focus of the formal change management process, which has centred on organisational issues and policies and procedures. It seems in the literature and in practice we do not give personal relationships prominence. However, personal relationships were what I and my colleagues spent much of our time talking (and complaining!) about.
>
> The idea of team development is something familiar to me as I used to work as an organisational development trainer in local government in the late 1980s and remember being asked to 'team build', though significantly this was often after a change process, when organisational policies, procedures and structures had been determined. So what some respondents said resonated for me and my experience supports what the literature seems to suggest, that is, that personal relationships are not at the forefront when collaboration is planned. (Of course not all collaborations are 'planned', as was evident in earlier chapters, some is opportunistic). Yet it does seem self evident that in formally planning collaboration, personal relationships should be at the fore but somehow they do not become the focus in the same way that organisational issues do.

Freeman et.al. (2000) see team-working as a vehicle for collaborative health and social care practice. They found that the professionals in practice had difficulties in developing collaboration at three levels; the organisation; the group; the individual; which in Bourdieusian terms relate to *fields* and *habitus*. They conclude

"Whilst organisation and group dynamics may well impinge on practice…the different interpretations which various professionals have of team-working are of equal importance" (p.237)

Respondents' experiences and views of team-working in relation to personal relationships, suggest that this project contributes to this debate. This project seems to differ from their research in that they identified difference – in interpretations of team-working – whereas this project identifies similarity. Table two below attempts to outline and amalgamate the properties within identified processes, as interpreted by me from what respondents said. 'Relational requisites' - what brings people together - are conceptualised as 'homophily'; understood as a tendency of individuals to associate with those who are similar. 'Relational merits' - what collaboration offers - are conceptualised as *capital* including *emotional capital*, understood as emotions-as-resources.

Table two - Collaboration: Homophily and Capital

Relational Processes	**Collaborative Discourses**
Relational Requisites • Commonality • Shared Values • Shared Beliefs	**I collaborate with you because …** I like you… of our commonality… of our shared values and beliefs…
Relational Merits • Mutual Learning • Mutual Respect • Mutual Support • Feeling Valued	**I collaborate with you because…** I learn and develop… I feel respected… I feel supported… I feel valued…

The way a person interacts with their social world, and the way they conduct relationships, is dependent on their dispositions; their habitus, which were revealed in the interviews and focus group discussions. In the context of this project this means that the personal relationships between academics may

shed further light on their motivation-dispositions to collaborate and the factors they hold, consciously and unconsciously, as they approach collaborations. Significantly the quotations used do evidence the centrality of personal relationships. It seems relevant to reiterate that all transcripts have been used in the analysis and that reference to relationships and related properties was evident in them all. It is also reiterated at this stage that respondents did not talk in 'categories' and quotations used in other chapters highlight some of the points raised here. The quotations have been chosen because they support the reasoning and arguments but they are not the only quotations that could have been used. Presented below are the findings in relation to 'relational requisites' and these are followed with the findings relating to 'relational merits'. This is followed with discussion about what can be understood from this category.

Relational Requisites - what brings people together?

Shared values and beliefs

Discourse about values and beliefs, explicitly and implicitly, was the dominant property of relational requisites. Respondents expressed their values and beliefs in their discourse and at times referred directly to them. Some talked about the need to 'like' others for a collaboration to develop and indeed for it to be successful. Attempts to understand what 'liking' meant to the respondents yielded a number of factors with the rather non specific term *"chemistry"*" being used by one respondent, who interestingly was talking about an interprofessional collaboration with a practitioner that was sustained over many years and which pre dated the respondent moving into academia

"he's just a lovely, lovely bloke. And we just work fantastically well together…one of those difficult truths about team-working is that there has to be a bit of chemistry…we just got on, you know, had a similar sort of background, similar sort of outlook on life, same commitment to delivering services" (nurse-male)

The same respondent, when talking about collaborating with colleagues from other professions in academia referred to values

"it's accepted that the shared value is working to promote people with learning disabilities" (nurse-male)

Bourdieu's term 'elective affinities' is probably relevant here (previously referred to on page 70). In this case "*background"* – "*similar outlook"* – "*commitment to delivering services"* and which have consequences for social action by processes of convergence; both the respondent and his collaborator had similar dispositions.

The respondent formed this collaboration with the social worker when they worked together in practice and this had continued in his role as an academic, which seems to support the view that 'relationships' are significant to collaboration, regardless of field. This could indicate, that for a collaboration to be sustained and to be successful, 'liking' your collaborator is a significant requisite, or to put it another way 'elective affinity' is present for the collaboration to develop; which may be a reasonable statement to make if 'liking' someone relates to disposition and habitus. This supports Lincoln's (2001) view that long-term collaborations are linked with personal relationships

"long term collaborations…exist not only because individuals find them productive, but also because other individuals like each other as people. They often exist because individuals share each others values and outlooks, or at least a healthy respect for those values" (p.54)

The same respondent made further reference to values

"After five years working in an institution I was being rehabilitated I suppose…As much as anything it was to do with seeing the way other professionals – social workers in particular say – how they have a rather more global view of what is going on rather than the microcosm that nurses often

seem to have. I was impressed with some social work colleagues and how they thought things through and saw themselves as change agents rather than just agents of social control really…I did identify rather more with social workers in terms of values" (nurse-male)

For some sharing the same beliefs about service users/clients/patients and students was central to their belief in and support of the interprofessional working and learning agenda and they viewed those who resist collaborating outside of their professions as not sharing their beliefs

"one of the hindrances (to collaboration) is a lack of conviction. I'm talking about colleagues who didn't come to your day (another focus group participant had previously helped organised a day for health and social care staff to come together to discuss and develop IPE) and what is inhibiting them is conviction. 'Is there any real hard evidence that we (meaning service users) might like it?' ….'Is it just a concept we're (meaning academics) inventing for ourselves?' *" (nurse-female focus group)*

This focus group participant was questioning whether service users *"might like it"* and had earlier referred to colleagues who were reported to have said 'collaboration' is *"just another buzz word we've adopted in education".* The ensuing discussion centred on whether academics believe that interprofessional working and education is beneficial for anyone. Interestingly the discussion did not take a partisan professional direction but instead differences between and within professions were expressed.

The situation seems to be that where there is shared belief, for example that interprofessional working and education improves services, collaboration is more likely. Nash (2002) relates beliefs directly to disposition

"The term 'disposition' is used to cover a wide range of acquired personal states, including those states of mind recognised as beliefs, which are conceived as habits embodied in a more or less durable manner" (p.276)

Therefore the transcripts suggested that respondents were more likely to collaborate with those of a similar disposition, expressed as shared beliefs. Further analysis of what 'liking' someone meant seemed to shed light on this reasoning.

"You know we get on and I like her and her head's in the same place as mine is so… that's a motivation in a sense that its an opportunity to work together, you know, that you don't have on your profession specific course" (social worker-female)

It could be that the view that "*her heads in the same place as mine"* relates to similarity or commonality or even shared belief. Collaboration it seems, for this respondent, means *"opportunity"* to work with someone similar. One respondent talked about this in the context of different types of collaboration for example, interprofessional working to deliver an IPE module and research collaborations

I: Are there any differences in collaborating in different ways? Do you experience them differently?

R: Well I don't know, no. I just think it's about people, I think it's as simple as that…If you can get to know the people, build up a relationship with the person it doesn't matter what profession they are, what age, you can get on with them – it's establishing common ground" (radiographer-male)

I: "Do you want to say a bit more about that, what is the common ground?"

R: "Well I suppose it's about – do you share a sense of humour? Can you communicate with the person on the same level? Do you like the person? Just normal human relationships really" (radiographer-male)

The respondent was asked what *'liking'* someone meant and identified *"trust"* and *"being able to fit together".*

So again the respondent seeks similarity or commonality with collaborators, expressed as *"common ground"*. In Bourdieusian terms this 'logic of similarity or commonality' also entails a 'logic of difference', which structures the social space and the habitus that provides the principle for the logic of selection (Moore 2008 p. 108). The convergence and divergence from like and non like ideas and values which has consequences in social action, is then exemplified by the rather intangible word 'liking' which is action oriented. In collaborative practice we may surmise this will be acted out as – 'I will collaborate with you because I like you', which logically means 'I will not collaborate with others because I don't like them'. However, further analysis of the transcripts suggests, helpfully, that we can be more precise.

Others, in talking about interprofessional working to deliver IPE, expressed similar views and referred explicitly to values. For example, the following respondent said that the IPE they were involved with was *"the best example"* of their teaching

R: "Essentially it works very well because of the personalities and the values of the people involved…" (social worker-female)

Another nurse respondent made similar comments to the male nurse referred to above (see pages 127-8). He talked positively about his nurse colleagues and the *"positive action"* they had taken in relation to care in the community but that

"I did identify more with social work in terms of values" (nurse-male)

And

"Where people (reference was to nurses and social workers) had sat around together and actually talked to each other they discovered that their values in regards with working with people service users/patients are very, very similar" (nurse-male)

Most respondents made similar statements, for example

"there's all those things you can disagree about but we're opposed to racism so lets get together on that one – I mean we can leave all the other stuff behind. So, I think that's what we did as a team – we actually tried to discover what it was that we believed as a team. And if you start with that, keep that objective in mind, then you can find ways of manipulating all the administrative and professional and other garbage that often doesn't mean very much at all really…" (nurse-male)

So it seemed that respondents' values and beliefs were related to commonality. The term 'homophily' assisted further in understanding what respondents said. The term, attributed to Aristotle, put simply, means "similarity breeds connection" (McPherson et.al. 2001 p. 415). So respondents converged with others based upon factors related to habitus and dispositions, this being expressed as 'commonality' and acted out as collaborative practice. Others though talked about how the converged beliefs of team members sometimes conflicted with others. The following respondent, for example, talked about *"passion"*, something several respondents referred to when talking about values and beliefs, and how not all team members shared the *"passion"*

"I guess in terms of the use of the word passion, that maybe values and beliefs is a much better professional articulation of the personal driver, which I would like to say is passion, yeah. And I think in terms of the new team member (who had recently joined the interprofessional team), I think that sums it up quite nicely…that there is some similarity, some commonality in the value base, but I don't think it's fully fully, equally shared…. I think there are certain things that, that erm, erm... the new person perhaps, stands slightly aside from…some of the differences in the expression of values and belief, lets call it that, can be quite subtle. …(for example) focusing on service user involvement (for the new team member) is not about the righteousness of that, as a goal in its own right (social worker-male)

This raised two questions. First were team members acting as a 'clique' (one respondent did say this is sometimes an issue in collaborations) but secondly, and probably more pertinently, did the team members not 'like' the new team member? This again raised the issue of whether 'liking' your collaborators is a significant requisite and if so what 'liking' means. One of the focus groups discussed this, unprompted by me. The first interaction developed as the group were discussing collaborations that had been successful and collaborations that had not gone well

"…we're talking about some positive experiences and stuff that hasn't gone well and I think sometimes it feels positive but the reasons why it feels positive…it's usually because I've chosen it because I know somebody already and I like them already and for that reason it might feel positive but it might not actually be better than other education I do and then other stuff feels thrust on us and for that reason doesn't feel so positive" (social worker male- focus group)

This respondent was referring to collaborating with others to develop IPE and seemed to be raising a number of issues; first the degree of autonomy felt by collaborators. Secondly, the issue of who defined 'success' and thirdly, personal relationship factors. For the moment focus is on the latter. This was the first time in the discussion (one third of the way through) that *'liking'* your collaborators was raised and the discussion developed

Participant:
"It tends to be people you like when you first meet them and then if you still like them after" (social worker male- focus group)

Moderator:
"But what does it ('liking') mean"

Participant:

"With me it's quite often that I just like people and I find them personally interesting and so I do things outside of my workload because this is the way IPE happens most of the time" (social worker male- focus group)

Other participants later picked up on this interaction

"I just wanted to add something about what was said about 'liking' - patients or service users and students are the actual focus before the pleasure principle of working with somebody you like. It would be for me" (social worker -female focus group)

This participant seemed to be viewing the other-relational motivation-disposition of service users/clients/patients/students as the key reason for collaborating, although their view was that their collaborator needed to be *"creative and cooperative"*

"As one of my colleagues said - 'I wouldn't like to joint module lead ' - well I like joint module leadership. And I would see interprofessional education as being similar, but it does have to be, for me, with somebody with whom I can do that - where there is at least a minimum of creativity and cooperation" (social worker -female-focus group)

The need for *"creativity"* and *"cooperation"* may be seen as 'subjective aspiration' for this respondent as well as being the affinity that leads to collaboration, meaning again that homophily is present. For others their 'subjective aspirations' seemed to incorporate the need for *"respect"*.

Mutual respect

Whether 'liking' someone is significant sparked the following response from another focus group participant

"…that brings to mind an example of working with somebody that I didn't like for many years and worked very closely with - but it worked. Even not liking

him and gradually getting, at least, to respect him" (social worker-male focus group)

This was taken up by other participants

"I think respect is a key word and values as well because you claim you like people and it's often because you've got shared values and as far as the module that I'm involved with where we call upon a lot of different people it's a respect for their knowledge and an acknowledgement that we can't know it all. It's an absolute respect for their knowledge and what they bring to the module…." (nurse female focus group)

There was developing agreement that 'liking' someone, whilst significant, was not sufficient

"I mean we're talking about what is the best basis for collaborative working because I think actually just liking somebody is actually quite limiting" (nurse-female focus group)

This comment moved the discussion forward with the sharing of values and beliefs being the focus

"the team we ended up with didn't all agree but we were all contributing and saw ourselves as being there with the aim of changing services for the sake of service users" (social worker- female focus group)

So the other-relational motivation-disposition may override any need to 'like' the collaborator/s and the affinity may be, as in the quote above, about "*changing services"*.

*O*ne focus group discussion indicated that lack of commitment, which respondents viewed as necessary for collaboration, may be about not sharing the same beliefs and values. Connected to this may be the issue of being able to develop mutual respect, which requires the ability to value difference

"I'm of the view that you need to respect others and you need to accept that there's difference, but you need to find common ground. I've had to work quite hard on that – I think I'm very lucky with the IPE group that everyone who got involved – although they were sent – seems to have been people that were not insular, that they had a view that there were other people out there besides themselves...I suppose it is about value, believing that there is difference but accepting difference and seeing it as a valuable thing" (occupational therapist-female)

"… in the multi disciplinary team that I've worked in we're having particular problems with one particular member and we did some team development stuff and began to realise what we each brought and the contributions we made and I suppose if we take that on board it isn't necessarily about liking or not liking someone- that might be where a good spark comes from - but it is about being able to respect" (social worker female-focus group)

One respondent talked about needing to develop friendships with her collaborators and about one particular *"friendship"*

"I can only give of myself fully and honestly in this type of collaboration. I need horizontal relationships…there is something common, there's an underlying value system...I like the differences…we laugh at the same things…we are honest and hard working…we are different but we believe the same things about work…" (researcher-female)

The transcripts then did seem to suggest that there are identifiable requisites that can enable collaborations to develop, including 'commonality', shared values and beliefs (elective affinities and homophily) and mutual respect (subjective aspiration) which may also be seen to have merit and which includes the ability to respect difference. Some respondents summed up the factors as 'attitudinal', for example

"I don't know how but fundamentally barriers are from attitudes aren't they? Fundamentally, interprofessional practice - it's the attitude of the worker at

whatever level which will make it work or not. You can have other things around it to support it like joint funding, a positive manager, etc. but it's the attitude of the workers …" (social worker-female)

"…the attitudinal differences as well, in that we would try to get other people involved but they weren't really interested in IPE at all. IPE was so low on their list, it almost wasn't there at all" (nurse-male)

The use of the word *"attitudes"* or *"chemistry"*, or *"passion"* probably highlights the difficulty in articulation of the factors that help people to collaborate, however, the concepts of 'subjective aspiration', 'elective affinities' and homophily' assists with this. As explained previously motivation-disposition to collaborate can be understood by considering the interplay between *habitus*, *field* and *capital*. Utilisation of the concept of 'subjective aspiration' enables a development of this reasoning in that motivation-disposition to collaborate and expressed 'need' can be conjoined in relation to the meanings respondents attribute to collaboration, see table three below.

Table three: Motivation, Need and Collaboration

Motivation-dispositions	Needs
other-relational	Shared beliefs
self-relational	Shared values Mutual respect
management and policy driven	

Kielhofner (1995) says that

"values specify for an individual what is worth doing, how one ought to perform to have merit, and what goals or aspirations deserve one's commitment" (p. 45)

This supports the view that values, and beliefs, may be viewed as incorporating subjective aspirations (motivations and needs) and highlights the issue of merit, which can be understood as capital and is discussed below. In the context of 'relational requisites' the transcripts suggested that answers to the question 'why collaborate?' may be 'because of shared values and beliefs' or 'because of our mutual respect'.

Relational Merits– What are the merits of working together?

Mutual learning

The mutual learning gained from working in an interprofessional team was something respondents talked about

"(collaboration in practice) helped develop an understanding of different roles…I think the more you learn about a profession the more you understand how it all fits together and some of the myths are dispelled" (radiographer-female)

"I'd learned a lot about what social workers did, what they could do and what kind of skills they had, and I had absorbed some of that. And I know full well that some of the social workers that I worked with in the past had learned things about you know, educational strategies, managing challenging behavior, basic things you know like medication, they'd learnt from me. It just seemed to me to be a logical progression then to take things forward, so you know I wasn't afraid of the IPE programme in the sense that I didn't feel threatened by it" (nurse-male)

This experience of collaborative working <u>and learning</u> between practitioners from different professions prior to becoming an academic was referred to by most respondents. The relational merit of (mutual) learning can be seen as the accumulation of symbolic capital, whereby respondents exchange the experience, for example, for improvement in their practice and in the quality of service provided.

Nevertheless, respondents shared the difficulties they had experienced in forming collaborations once within academia. It could be that the distinction between practice and academic fields, referred to earlier, that collaboration in practice seems to be more singularly focused i.e. on the service user/client/patient, whereas in academia collaboration is more multi faceted and complex, may be the issue

"Interestingly when I came into higher education – although there's a lot of talk about collaborating and IPE – I think sometimes it doesn't translate into effective team-working" (physiotherapist-female)

One of the focus groups started their discussion by referring to the difficulties of developing IPE

"I as a social worker talk to other curmudgeonly social workers like me about collaboration – its bizarre …getting those modules properly interdisciplinary is proving really tough." (social worker-male focus group)

Which was an experience shared with other focus group participants

"I can relate to that…we had a masters programme that was collaborative health care but to get other disciplines involved in a real way, to accept ownership of that - was really, really difficult – my experience supports what you are experiencing at the moment" (nurse-female focus group)

Others agreed. The discussion identified the distinction between the practice and the academic fields

"I feel in the workplace (meaning a health or social care organisation) if you are focused around a practical task - that might be easier just to do that - but if you're in a university it's not just a practical task. You are actually talking about theory all the time implicitly or explicitly and that cannot be ignored" (social worker-female focus group)

"I think the complication (in academia) is being academics as much as professionals - grafted on those interprofessional differences are our inter disciplinary differences, because being sociologist trained myself in some ways we have a very different perspective from some of our colleagues who have a more psycho social perspective on collaboration, and what that means, and on understanding power and power dynamics" (nurse-female focus group)

A similar dimension was referred to by some respondents in individual interviews, for example

"in clinical practice we always had good teams and bad teams, we can always identify a team that's dysfunctional or something but generally people knew that they just had to get on with it because of the client or patient" (physiotherapist-female)

Following the move to the academic field, respondents had opportunity to learn within collaborative practice experiences. However, the academic habitus and field seems to give the learning a different meaning, that is it is self focused on personal and professional development, rather than on outcomes for service users/clients/patients. For example,

"I think (in academia) even more than from my practice experience it (collaboration) does force you to face up to that ideological trench that you may have dug for yourself and actually forces you to change your view and some of the benefits that can be brought" (social worker-female)

From what respondents said it seems that a willingness to view learning as synonymous with collaboration is a key. Maybe, this is experienced differently in the academic field because of the inherence of academic debate and learning, which is a focus of the work of academics. Whereby the meaning attached differs because of the tendency toward a self-relational motivation-disposition. And a disposition to learning, as an end in itself, is what may be expected of an academic. This may be contrasted with the practice field

where the focus is the service user/client/patient, i.e. is other-relational. The following interaction was illuminating

"…(in the academic field) you have people with very different perspectives but who are willing to collaborate and see each others point of view - be quite generous in the way they go about things - and you can have the opposite" (social worker-female focus group)

This may imply that for some, the self-relational focus leads them not to be *"generous"*, whereby the subjective aspiration to learn within a collaborative team applies to some but not all. Later in the focus group discussion a nurse respondent shared the experience of working in an interprofessional group (with two other professions) and suggested that the 'strategy' for dealing with differences was *"learning to listen"* and sharing a vision

"it was actually learning to listen to other professionals. I thought... you don't totally understand , certain terminology, language, values… to listen I think that was important and then sharing - not necessarily agreeing – I think the vision of why we were there in the first place is still very strong. I think we were there because we wanted to improve the quality of education to people who ultimately support the client group" (nurse-female focus group)

This suggests an other-related motivation-disposition - "*to improve the quality of education to people who ultimately support the client group*" - and seeing learning by listening as having merit, as symbolic capital with exchange value. What this 'strategy' may support is the suggestion, made in chapter four, that the other-rational motivation-disposition is more likely to lead to collaboration than self-interest alone. And this, alongside a willingness to learn, may help sustain collaboration.

It does seem that the desire and ability to learn is seen as worthwhile, as having merit, by respondents. A respondent in one of the focus groups talked about a university wide (and therefore interprofessional and inter disciplinary)

group of which she was nominated as a member by her line manager, but which she found rewarding

"It was meant to be a collaborative working group. I haven't felt like that before - it was hard, I used to dread the meeting coming round – a steep learning curve – I learned a lot from it" (nurse-female focus group)

A view of personal change, underpinned by a willingness to learn, was supported by most respondents who talked about their personal development as a result of working with others from different professional backgrounds

"Something that I have learnt that is very positive in terms of working with other professionals' backgrounds and disciplines is how much I do have in common with them. I used to always assume that nurses came from a medical biological perspective and of course I've found that they are just as much social scientists as I am; there are people who are nurses that I prefer to work with rather than some people who are social workers, like me In actual fact that's why I think it's the theoretical, the paradigm that's important – there are people who are social workers who come from totally different paradigms but there are nurses who come from shared paradigms so that's important and cuts across any kind of any simplistic ideal of professional collaboration and its been good for me to learn that and it's opened up horizons for me" (social worker-female focus group)

This suggested affinity based upon beliefs, *expressed as "paradigms".* This was echoed in individual interviews, for example

"So having an understanding of each professional…..and obviously I can't have total empathy but I've got a lot of understanding of how they see the world that I can in fact then draw people into a conversation maybe bring back to the team or bring to the classroom knowing that that's their take on the world and that's the contribution they can make" (radiographer-male)

"I've moved from being a radiographer with a medical focus, radiography-centric, to understanding a lot more about other professions, other perspectives. I'm probably the classic example that IPE has worked (laughs)…particularly working with nursing colleagues, learning about things like the activities of daily living. And I always think well that's a curious thing to do, what's that all about, but the more I taught on that module and listened to various perspectives, the more I realised how valuable it is" (radiographer-male)

The discourse on collaboration and learning in this project offers credence to the contention made by Saltiel (1998) in her review of 'collaborative learning partnerships' that

"It is the interaction of collaborators who work together that becomes valued and potentiates learning" (p.6)

Mutual support

References to commonality, shared beliefs and values, mutual respect and mutual learning were referenced by respondents and form the main properties of this category. However, analysis of the transcripts also suggested that the interaction of collaborators also potentiates feelings of support, although it is fair to say that this was referenced directly by a relatively small number of respondents. However, it seems reasonable to interpret some of what respondents say about commonality, beliefs, values and respect as implying support.

Hafernik et.al.(1997) in writing about their experiences of research collaboration say that collaboration "provides a built in support system" (p.34). Some respondents supported this view explicitly, for example the following focus group participant recounted an experience in which a member of the interprofessional team received criticism from the student group

"so its about supporting each other through events.. it was about picking that person up and saying 'we have done our best' but lets get back on it and see what we can change and improve. It's about supporting each other through difficult times and good times" (*nurse-female focus group)*

Even when there is not an identifiable 'event', support within an interprofessional group was identified

"we play to our strengths…we were and still are very supportive" (social-worker female)

Furthermore, for some, feelings of being supported seemed to generate feelings of being valued

"Some people feel it's a haven…and they feel much more valued and much more supported" (occupational therapist-female)

"It's about valuing the input of other people; it's about engaging them in conversation…. You're here because you're valued. When we do something that's good we celebrate" (radiographer-male)

"I worked with a collaborative team of people from each department in the faculty…we worked fantastically well together and that was a really good experience and you know we all valued each other (radiographer-female)

What this and the other properties outlined suggest is that 'emotional capital' is accumulated, which may be a factor in the sustainability of collaborations. Nowotwny (1981) developed the term (see Reay 2004 and Zembylas 2007) and saw emotions as integral aspects of the 'strategies' actors use, which are "modes of response to action within the world and are grounded in systems and dispositions" (Zembylas 2007 p. 447). Therefore the emotions expressed by some as *"passion" or "chemistry"* and enacted as *"respect", support", "feeling valued",* can be said to be experienced through respondents personal relationships and to be managed by them according to the norms of the

collaborating team. And what characterises emotionality "is that it functions as an economy; it separates us from others as well as connects us to others" (Zembylas 1007 p. 446, see also Ahmed 2004). This is relational to the subjective aspiration to - the need to - collaborate with those with whom we share beliefs and values and whom we respect, support and value. Emotional capital is generated by and contributes to the generation of the habitus and becomes "second nature".

In summary respondents viewed the merits of working collaboratively to be; mutual learning and respect and mutual support and feeling valued. So answers to the question 'why collaborate?' - could be 'because I learn and because I feel respected'. And 'because I feel supported and valued'.

Discussion

Bourdieu views motivation and needs as components of subjective aspirations and says

"The *habitus* – embodied history, internalized as second nature and so forgotten as history – is the active presence of the whole past of which it is a product. As such, it is what gives practices their relative autonomy with respect to external determinations of the immediate present. This autonomy is that of the past, enacted and acting, which functioning as accumulated capital, produces history on the basis of history and so ensures the permanence in change that makes the individual agent a world within a world" (1990 p.56)

In analysing what this project has termed 'relational requisites' (see table two), outlined above, it may be that respondents were referring to "subjective aspirations" (Bourdieu 1990 p. 54) that generated motivation-dispositions to collaborate in the practice and academic fields. Respondents seemed to express a need to - subjective aspiration to - work with those collaborators they had 'commonality' with, including shared values and beliefs. In turn the 'commonality' can be understood as 'elective affinity' which supports the

notion of 'homophily', "where agents associate on the basis of social similarity" (Bottero 2009 p. 404).

This does of course highlight further the criticism levelled at Bourdieu that social relationships are not attended to in his theory of practice and his consequent presupposition and 'bracketing' of homophilly. Nevertheless, the transcripts from this project explicitly support the concept of homophilly. Indeed respondents seemed to talk about 'value homophily' which is based upon similarity of values, attitudes and beliefs. That is not say that 'status homophily', based on similarity of informal, formal and ascribed roles, is not present; the case examples described in chapter five testify that this is present. It is more the case that respondents begin with 'status homophily' and move to 'value homophily' "because they often prove to be derivative of social positions themselves" (McPherson et.al. 2001 p. 419)

Respondents used the terms 'collaboration' and 'teams' interchangeably. The personal relationships described by them suggest that relationships do at times need attending to, and the strategy used by some was team development or team building. One could describe the interprofessional collaborative 'teams' respondents talked about as fields or more accurately as sub fields within the higher education and health and social care fields, defined as the field of power

"Bourdieu posited a social world (the field of power) made up of multiple fields, large fields could be divided into sub fields…Each sub field, while following the overall logic of it's field, also had it's own internal logics, rules and regularities and moving from the larger field to the sub field might well require a "genuine qualitative leap" for both social agents and those who seek to investigate and understand it" (Thomson 2008 pp. 72-73)

Following from this it is suggested that the 'move' into an interprofessional collaborative team (a sub field), may be an example of a "genuine qualitative leap"; those who are motivated and see merit in doing so act in relation to

homophilly-and-embodied-emotional-capital, which generates membership ties. And this supports the view that

"Capital can be understood as the "energy" that drives the development of field through time. Capital in action is the enactment of the principle of the field" (Moore 2008 p.105)

Respondents seemed to want to take the "leap" but talked about colleagues who did not or did so reluctantly. It could be that such a move for some helps them live their "*passion"* and to collaborate with those with whom they see 'commonality'

" two people in my office(from different professions) who've been collaborating on a paper and it's very much based in their practice experience and that might be where the passion comes from. I suspect that's what drives most of us" (nurse-female focus group)

For some then collaboration is 'second nature', whereas for others they feel as 'fishes out of water' and consequently lack commitment

"for those who wish to protect their own profession and remain in their 'fort' this means a lack of commitment to collaboration and interprofessional working" (nurse-male)

Those who do collaborate, like the respondents in this project, accumulate social and symbolic capital through the personal relationships and social processes involved, with team membership and mutual learning being gained. The resources and expertise embedded within these relationships enabled respondents to gain access to and make use of the resources to effect change, for example: improving teaching for students; improving the quality care for service users/clients/patients; securing grant money to undertake research.

The concept of emotional capital also has relevance in relation to the personal relationships of respondents, with the merits of collaboration being seen as working with those who share the same values and beliefs and gaining mutual respect, support and feelings of value. This was exemplified by some respondents' use of the emotive terms *"chemistry"* and *"passion"*. This understanding it seems demonstrates that capitals are linked with other resources, as Bourdieu argued, in this case the political and economic (for example, the interprofessional working and learning agenda), the social (mutual learning, team membership) and the emotional (mutual support and respect, feeling valued). To this one could add symbolic capital in the form of accumulation of 'expertise' in working collaboratively with a range of professionals and developing interprofessional and interdisciplinary projects.

So the habituses of respondents seemed to be "co-terminus" with the collaborative teams (sub fields) and can be said to be structurally homologous (see Grenfell 2008 p.214). So from this project it seems that the interplay of habitus, field and capitals, including emotional capital, affect personal relationships and are factors in why respondents collaborate. This offers a different perspective on the view that it is 'professional barriers' that hinder collaboration

"I do wonder sometimes if it's a professional barrier or if it's just personalities because I've worked with other professions on projects which are true multi professional ventures…we worked fantastically together and it was a really good experience and you know we valued what each other did…it gave me greater respect for other disciplines" (radiographer-female)

The findings of this project indicate that an analysis of collaboration that failed to account for the subjective and the objective and omitted to include discussion of personal relationships would be excluding significant factors. This reasoning will be expanded upon in the penultimate chapter when 'a theory of collaboration between academics in health and social care' is outlined.

Conclusion

The transcripts from this project suggested that personal relationships are significant in assisting our understanding of collaboration between health and social care academics. When considered alongside motivation-dispositions' (chapter four) and career trajectories (chapter five) one begins to see that the picture is at once complex and probably not prone to easy manipulation and why edict alone may not lead to success.

Having considered the collaborative experiences of respondents and their dispositions and the fields in which they act the picture is one of 'homology'; habitus, field and capitals interplay to build a more cohesive view of collaboration than an analysis of one of these categories alone could hope to. However, it is important within a Bourdieusian framework to also consider the wider structural issues and it is the final category of 'leadership and field change' that enables this

"To be adequate and sufficient, a social explanation requires an account in which system properties, habituated dispositions, and effective practice are all included. The analytic scheme must move, in reverse order, from the observed practice of agents, to their interests and intentions, and, finally, to the social structures in which they are formed" (Nash 2002 p.273)

The final category presents the findings in relation to the wider structural issues as conveyed by respondents and this is followed by 'a theory of collaboration between academics in health and social care'.

Chapter Seven

Leadership, Field Change and Collaboration

Introduction

"The presence of the past in this kind of false anticipation of the future performed by the *habitus* is, paradoxically, most clearly seen when the sense of a probable future is belied and when dispositions ill-adjusted to the objective chances because of a hysteresis effect…are negatively sanctioned because the environment they actually encounter is too different from the one to which they are objectively adjusted" (Bourdieu 1990 p.62 italics in original)

Analysis of the transcripts suggested that leadership and field change were significant for respondents in their experiences of collaboration and consideration of these highlighted the extent to which a "hysteresis effect" could be said to be present.

Leadership is depicted as being 'more-outer' and relating more than the previous findings chapters to the social structures in which collaboration is formed. Such reasoning needs qualification and this is done by (re)stating that Bourdieu presented a monist philosophy of the social world which

"refuses to establish sharp demarcations between the external and internal, the conscious and the unconscious, the bodily and the discursive" (Bourdieu and Wacquant 1992 p.19)

Within the Bourdieusian framework consideration of the social structures necessitates a focus on *field* and as stated earlier habitus and field are ontologically complicit (see page 52). Furthermore, "capital is the medium for their operation" (Grenfell 2008 p. 155). Consideration of the relational effect of the three concepts is what enables a more holistic analysis and the means to address the extent to which respondents talked about a "hysteresis effect".

This approach on my part contrasts with my position when I embarked on this journey. For example, Gilbert and Bainbridge (2003) focus on theoretical challenges and practical solutions to IPE and collaboration and assert that

"Structural changes need to be made within universities such that interprofessional education and collaboration becomes a responsibility that crosses faculty jurisdictions" (p.280)

And I approached this project in agreement with this assertion. I had experienced many of the structural barriers Gilbert and Bainbridge refer to, for example: differences in prerequisites for admission to professional programmes; timetabling differences; faculty work loads. However, within the Bourdieusian framework it became apparent that this is but one element and that analysis of the interplay between habitus, field and capital provides a more sophisticated understanding. I suggest that Bourdieu's framework reveals the dynamics of the social space of higher education and enables an analysis of the forms of 'power' operating within the field (the 'more-outer) and a consideration of what this means for the capitals highlighted by respondents experiences ('more-inner') referred to in the three previous chapters.

My experience was that "structural" issues, like those outlined by Gilbert and Bainbridge, were a factor and that professional bodies were not supportive of interprofessional initiatives in the way they practised. I thought that these factors would become a key point of discussion for respondents. However, a category of 'situational influences' was generated from the transcript analysis, which when I got close to the data confirmed density of references to leadership and field change. Respondents did refer to structural and organisational issues, for example

"how other professional groupings structure programmes… I think is a barrier…if you believe in collaborative working you've actually already set a barrier to stop that from happening" (social worker-male)

"organisational hurdles was a big one…all the programmes were rooted to different timescales – some students were in university some were out – so the sheer headache of trying to get all that together…and the fact people weren't getting any time to do it" (radiographer male)

"The organisational barriers that exist in practice exist in the university but twofold because the university is more bureaucratic than other organisations" (female-nurse focus group)

However, references were surprisingly relatively thin and hearing about these barriers did not significantly add to what was already known (it could be that respondents take such barriers for granted). Analysis of factors relating to leadership and change, however, appears to develop our understanding.

The two types of leadership interpreted from what respondents said were; firstly 'formal leadership' and secondly 'local leadership'. The former related to those with assigned formal leadership roles that included responsibilities for people management and vertical strategic leadership and were embedded within the organisational hierarchy, for example, Heads of Departments/Schools and Deans. The latter related to leadership undertaken by peers that may have a degree of formal recognition, where, for example, the role title was 'programme leader' or 'programme manager', but equally may be considered as emergent or opportunistic.

There is a plethora of literature on 'leadership'. Middlehurst (2008 p 323) reports a listing of 25,784 books on Amazon.com in 2008. A search on the same site one year later produced 47,181 books on leadership, 16,583 on leadership and management and 3,390 on leadership and management in education. What some recent commentators seem to redress is the dominance in this literature on those with formerly assigned leadership roles

"The search for leadership has been dominated by the focus on those with positional power in roles of 'assigned or formal leadership'. There has been less attention addressed to informal and emergent leadership, that is, leadership exercised by individuals and groups outside designated positions" (Middlehurst 2008 p. 327)

This distinction related closely to the types of leadership generated from the transcripts. Analysis also suggested that more local leadership was a key factor in developing understanding of respondents' collaborative experiences. The relevance seemed to relate to the development of collaborative teams and team culture, referred to in the previous chapter, with more local leadership at peer level facilitating team development and the effects of this on successful and sustained collaborations. It seemed that the capability to lead at a local level related to their "individual leader habitus" (Lingard and Christie 2003 p. 319), which may be shaped by their professional development as health and social care professionals.

Respondents talked explicitly and implicitly about 'leadership' at different levels, including their own approaches to leadership. On some occasions 'management' was referred to but in a way that did not significantly differentiate it from 'leadership'. For this reason, and because the concepts can overlap and may complement each other (see for example Mintzberg 1975, Bolden et.al. 2008), clear distinction for this project was not made. What was distinguished were the two types of leadership roles, with local leadership representing what some refer to as 'distributed' leadership (see for example Gronn 2002, MacBeath et. al. 2004, Woods et. al. 2004, Bolden et. al. 2008), defined as a less formalised model where leadership responsibility is dissociated from the organisational hierarchy and where it is proposed that

"individuals at all levels in the organisation in all roles (not simply those with an overt management dimension) can exert leadership influences over their colleagues and thus influence the overall direction of the organisation" (Bolden et.al. 2008 p. 11)

Related to this were respondents' references to the changing work culture in higher education produced by the move away from collegiality and towards managerialism (see for example, Bolden et.al 2008, Deem et.al. 2007, Reed and Deem 2002, Trowler 2001, Henkel 2000) and the perceived impact of this on collaboration. Collegiality assuming a 'first among equals' style of leadership (Bolden et.al.2008 p. 8) and 'managerialism', which can take different forms (see for example Deem at. al 2007 pp.6-12) , being

"…associated with formal hierarchy and authority relations…position-based leadership and hierarchical decision making" (Bolden et. al. 2008 p.8)

What this project termed 'local leadership' seemed to be more closely aligned with collegiality and what the project termed 'formal leadership' seemed more aligned to managerialism. Local leadership is then taken to mean leadership by peers who do not have formal line-management responsibilities and who do not have responsibility for vertical strategic leadership at department or school level.

'Leadership and change in education', has numerous commentators who utilise a Bourdieusian framework; specifically in relation to developing understanding of higher education policy (see for example Robbins 1993, Delanty 2001, Naidoo and Jamieson 2005, Kloot 2009) and in particular in reporting a move away from collegiality towards managerialism (Zipin and Brennan 2003, Deer 2003, Maton 2005). This interest in Bourdieu and education probably relates to Bourdieu's own focus on French higher education, his perceptions of which are used by the numerous commentators to develop understanding of their own countries higher education polices. The arguments put forward by these commentators support the view expressed by Levin (1998) that managerialist restructuring of governance in education can be likened to a pandemic crossing nations and sectors. This chapter then utilises the thinking conveyed by these commentators and presents the findings first in relation to local leadership and secondly, in relation to formal leadership.

Local leadership

As explained in the previous chapter, respondents focussed on personal relationships and talked about teams; the idea of teams seeming to be something that respondents strived for, for example

"we are definitely getting to be more of a team…there's still that tension between the nursing and the non nursing group…but that's more perceived than real" (researcher-male)

So respondents viewed the idea of 'team' positively, and specifically in the context of this project the idea of 'interprofessional teams'. In addition respondents talked about how leaders at a local level facilitated team development and cultivated a culture of support and valuing. For example the following respondent talked about the interprofessional team of which she was a member as being *"very stable"*, so was asked to talk about the factors related to that *"stability"*

"I think there are a number of factors. One is they (the team) believed very strongly in what they were doing…they felt very much that they owned that…so it's the ownership, it's the tight-knit nature of the team that works very closely together, it's a culture that we have developed…Other people tell me…I have a major influence for a number of reasons. One I believe strongly in teams and team-working and therefore work very hard to bring people together…if I think someone's missed a few meetings I go and speak to them and find out what's going on…people also say there's not a blame culture, which most people feel is different from what they experience outside the team" (occupational therapist-female)

Which further supports the argument put forward by Rogers-Dillon (2005) that tensions among team members must be managed or risk hindering success (referred to on page 123 of this thesis). In a similar way another respondent talked about the positive way the interprofessional team of which he was a member was perceived

"We (the team) were at a meeting…and the secretary said there was very high level banter, she said 'this team is comfortable in its own skin'. I didn't know what that meant. I think I do now. I've sat on other groups; you might use the word teams, that aren't comfortable together" (radiographer-male)

When asked to talk about why this might be the case the respondent talked at length about local leadership

"I wouldn't say this is down to me but my style I hope is transformational. I particularly subscribe to those values. I don't use standard Victorian approaches to get people to do things. I encourage them or facilitate them or inspire them. I try and so do other team members" (radiographer-male)

In talking about their own leadership respondents revealed their 'doxa'; their habitus and indicated the logics of practice of the team they were members of. For example, team members believing that within their interprofessional team the culture is blame free or a team not using *"standard Victorian approaches"* are the logics of practice of the teams. Lingard and Christie (2003) state that Bourdieu's concept of field with its logics of practice

"replaces the more nebulous concept of society and as with Weber, rather than Marx, it recognizes the quasi-independence of non-economic field from the fields of economy and power" (p.323)

This is clearly the case. However, the "quasi-independence" of interprofessional teams is affected, by the superordinate relationship of the fields of power, which may lead to a hysteresis effect. This may have implications for collaboration and this reasoning is developed in this chapter.

The above reference to *"I try and so do other team members"* may also indicate that local leadership is experienced as a shared enterprise at the level of collaborative interprofessional teams. This is distinct from more traditional leadership perspectives that focus on 'heroic individuals', which

relates to formal leadership roles and which may highlight a difficulty for 'distributed' leadership in universities

"It is certainly true that the hierarchical nature of HEIs, with their imbalances of power, authority and resources, combined with reward, recognition and career paths that tend to reward individual over collective achievement are largely at odds with the principles and premises of distributed leadership. Furthermore the somewhat abstract representation of such forms of leadership make them difficult to convey in ways as compelling as the tales of heroism and achievement recounted from more individual perspectives" (Bolden et. al. 2008 p.12)

Certainly some respondents felt this to be the case. One respondent had been given responsibility for coordinating IPE across the faculty – an example of distributed leadership - but did not feel supported by formal leaders who, she believed, viewed IPE as an *"add on".* She expressed the view that

"…there is no administration support for IPE. I have no power, no authority over anyone or anything really. I have to do everything, everything that I gain I feel is based on good working relationships and people doing me favours" (nurse-female)

The reference to *"good working relationships"* and *"favours"* probably related to her 'local leadership habitus'. From a Bourdieusian perspective this can be interpreted as the respondent having 'a feel for the interprofessional game' that is not shared with the formal leaders – there is a clash in their respective 'doxa'

"the 'feel for the game' is what gives the game a subjective sense – a meaning and a *raison d'être*, but also a direction, an orientation, an impending outcome, for those who take part and therefore acknowledge what is at stake (this is *illusio* in the sense of investment in the game and the outcome, interest in the game, commitment to the presuppositions – *doxa* – of the game)" (Bourdieu 1990 p. 66 italics in original)

Respondents made reference to a greater or lesser degree and in a more or less direct way to what I have termed local leadership in the context of collaborative teams, the examples above being exemplars. This local leadership is not necessarily invested in one person, as posited above, in the way that 'heroic' approaches to leadership are. For example

"initially there were five of us (in the interprofessional team) and I was the only senior lecturer but we rotated module leadership evenly, we all took it in turns….we played to strengths…so one is good organisationally and with IT so she would always get the handbook to do. I'd always be the one considered to theorise the timetable, so I'd often to go away with ideas for the timetable and bring it back. And that's how we played on the strengths and we were very supportive" (social worker-female)

This seemed to imply shared leadership within a well developed team. A number of respondents talked about the need to develop the "*team culture"* as an example of the relatedness of personal relationships and collaboration. And where this was occurring there seemed to be evidence of sustainability.

Some respondents felt that they possessed the knowledge and skill to develop the team and attempted to put this into practice, however, some felt lacking in skill.

"collaboration can be difficult – a struggle – what helps is team-working but the social side isn't considered…no one's taught me about roles – Belbin or Honey and Mumford" (biologist-female)

This respondent talked about learning that *"clear communication" and "keeping people in the loop"* were key and in relation to her role in leading research teams where she said she was developing her capability. However, this did not extend to all collaborations and when working in collaborative teams to deliver IPE she looked to others for local leadership because

"some do have better understanding because they may have learnt this in their professional training"

One colleague in particular was seen to offer local leadership of a collaborative teaching team. Nevertheless

"There is a lot of inexperience about how to build a team…those who do understand don't always seem to bring it into collaborations…although people seem keen to collaborate, it's the blind leading the blind" (biologist-female)

What this highlights is the complexity of local leadership and its significance in helping collaborations develop and be sustained and raises a question about why some seem to have a 'local leadership habitus', or more accurately in this context a 'local interprofessional leadership habitus'. The respondent quoted above suggested that for some this is learnt in their health and social care training.

Consideration of this disposition certainly seemed relevant in addressing the research question 'why collaborate?' and in considering why some collaborations are sustained and some are not. For example the following respondent talked about the development of an IPE programme where the interprofessional team had relationship difficulties initially and where the programme was not initially a success – defined as not being an IPE programme relating to CAIPE's definition – because of the programme leader being *"protective"* of their profession

"It does matter who leads things off. I think if you get someone who is a bit open minded and not afraid of a bit of a challenge then you'll get further" (nurse-male)

The implication is that another leader with a different disposition – maybe someone with a 'local interprofessional leadership habitus' - would not have been "*protective"* and would have helped develop the interprofessional team. Furthermore an IPE programme true to CAIPE's definition would have

resulted, not the *"hybrid"* that the respondent felt developed; the *"hybrid"* not offering the "*synergy*" of an IPE programme.

In a similar way another respondent talked about a collaborative teaching team that was having difficulty, which he related to lack of local leadership

"there's definitely a lack of leadership, we haven't got anyone in our ranks at the moment, a credible leader" (nurse-male)

And this is overlaid with the assigned leadership roles of those who are likely to be 'line managers' of those in collaborative teams, which is considered below. The current suggestion is that an answer to the question 'why collaborate?' may be 'because we have effective local leadership'.

Formal leadership

Analysis of the properties of formal leadership highlighted ways in which this differs from local leadership and brings into focus the field change taking place in higher education. In turn this draws attention to a possible hysteresis effect experienced by respondents and allows speculation about collaborative practice in the future.

Earlier in the thesis a respondent was noted as saying that formal leaders can be "*phenomenally supportive*" and "*phenomenally unsupportive"* (see page 79). This seemed to sum up what others believed. This respondent was referring to leadership roles at the level of Head of Department/School and Dean, and showed frustration at the culture change taking place

"I think people that have offered the programme support, shelter, hiding and protection have understood the programme to be a good example of interprofessional education and working together, and have seen it as that, both as a programme with its own value but also as a process about education and about academics working together. I think at the moment the economic argument is so dominating that whilst there are people who are

supporting in terms of interprofessional education I think that gets lost as a voice, as people start jumping up and down on other peoples necks about money"

The use of language is interesting in that *"shelter", hiding and protection"* imply a battle or siege situation which may be indicative of the "institutionalised distrust" that Deem et.al. (2007p.24) argue has developed as the government has increasingly moved to micro manage universities. So that the "grip of Managerialism" (ibid. p. 49) has hardened and whereby a ripple effect seemed to mean that many of the respondents felt they in turn were increasingly being micro managed.

When talking about formal leadership roles respondents did mostly identify the budgetary and performance compliance aspects of the roles which is probably not surprising given that

"these roles focus principally on personnel and budget management, performance and target management and academic leadership, with some emphasis on future planning" (Deem et.al. 2007 p.94)

This budgetary management approach and the impact on collaborations was referred to by most respondents and in contexts in addition to IPE. For example the following focus group respondent was a researcher who expressed the view that contradictory messages were being received, that is funding bodies were looking for multi professional and multi disciplinary team research submissions, but within the university formal leaders were focussing on performance that militated against collaboration

"I feel at the moment they (formal leaders) are driving against collaboration even though on the one hand there are other initiatives and other drivers for collaboration but the management aspect of it is about performance management but that actually runs counter to these other ideals and principles" (social worker-female focus group)

This respondent was referring specifically to performance targets internal to the university but others talked about external drivers which seemed to lead to some formal leaders setting up multi professional and multi disciplinary groups only to ensure compliance

"I think the leadership team is looking at policy and QAA and benchmarking and everything else and saying we have got to do something and have therefore set up a (multi professional) group to do this" (occupational therapist-female second interview)

"To some extent the collaboration – probably more from the managers on the nursing side – seem to focus on 'have we satisfied the people' (meaning the various regulatory bodies)" (*researcher- male second interview)*

These examples seemed to be viewed by respondents as cynical attempts to simply address the external drivers rather than to develop meaningful collaborations with meaningful outcomes, with one respondent expressing the view that

"…they (the Faculty Leadership Team) pay lip service to IPE" (physiotherapist-female focus group)

This respondent believed that the collaborative interprofessional team of which she was a member and the IPE programme the team delivered had been initiated by formal leaders because of pressure from outside the university, related to the government's IPE agenda. However internal financial pressures led to the programme ending a short time later. The reference to *'"lip service"* seems to be because there was a clash in motivation. That is, the respondent was motivated by the other-relational motivation-disposition believing that service users/clients/patients would in turn benefit from the students' IPE experience. The formal leaders, however, were seemingly motivated by the need to comply and concern about what they would be assessed on (by the Department of Health and the Quality Assurance Agency in this case) and also by budgetary concerns, so by

external and internal regulatory drivers. This was echoed by other respondents

"I mean we've (the interprofessional team) been moaning about the professional body visit coming up but the managers don't give a toss about the students…what they (managers and the professional body) want to see is a piece of paper with a database showing that an audit's been done – they just want to see that and it's wrong, they shouldn't look at a course from that point of view" (nurse-male)

In Bourdieusian terms this may indicate that formal leaders were experiencing a 'chiasmatic' whereby there was conflict between the external and the internal regulatory fields, whereby they felt compelled to develop IPE initiatives and simultaneously felt compelled to meet the university budgetary requirements. A similar point is made by Zipin and Brennan (2003) who present a 'morality tale' in relation to the Australian experience of managerialism. They argue that formal leaders (their example is a Head of School) feel compelled to suppress substantive collegial dispositions because of "line management restructuring with its 'one man band' mode of power and authority" which is "marked by a forceful ascendance of 'managerial' over 'collegial' relations, practices and discourses" (p. 363 citing Marginson and Considine 2000)

So the paradigm shift may provide a context for impositions of the forces of the field in which formal leaders evolve

"Dis*position* constituting primary habits of perception, communication and professional identity are imposed upon to realign within forceful overlays of new managerial govern-mentality (or dispostionality)" (Zipin and Brennan 2003 p. 363 italics in original)

Deem et. al. (2007) in their study of changing UK university management suggest that what is needed are reflexive practitioners who can "continually reassess what is *appropriate* management practice" and managers who can

"listen to others" whilst at the same time occupying a role that is often seen by others as one of control or regulation" (p.158 italics in original). Most of what respondents said was about the negative impact the move towards managerialism and a compliance culture was having on collaboration; however, some did refer to more positive experiences of those in formal leadership roles

"We have got a strong leader who is very clear and a very experienced person and this helps…. people generally want to be involved. There is a general interest amongst staff - it is not seen as 'here we go again' or 'I am not really interested' and that's made it good – its not going on and on and it is such a nice group to be with. My background is nursing, I'm used to working with occupational therapy and physiotherapy and this is what it's about working for the care of clients and patients. And because we can make a difference" (nurse-female focus group)

This focus group participant was referring to a multi professional collaboration being led by a formal leader. Although the individual motivations of group members and the leader are not known, the focus group participant's motivation-disposition was clearly articulated as other-relational.

What this reference to a positive experience did was trigger a discussion in the focus group that led to expression of the view that some individuals made an assessment about whether a potential collaboration had *"got legs"*

"If it's not got legs I'm not doing it. I'm not going to waste my time by contributing when it's got no legs" (nurse-female focus group)

The assessment seemed to relate to leadership concerns, but also to relationships between collaborators

"I think you learn who you prefer to work with and who you prefer not to work with…conflicting values and things - and you also get probably a good feeling about initiatives that might grow legs and those that don't… what gives the

collaboration legs we might understand… its going somewhere - we appreciate each other – people listen – people appreciate other peoples' perspective and have some idea of what we are going to produce…Trusting each other and a belief that I could contribute and not just sit there… that each member in the room could give something – at a different level of expertise, respecting differences – and your leader would be modelling that – so the moment they walk into the room they would be showing this is how we do things in this group" (nurse-female focus group)

What this quotation highlights is the significance of homophilic ties, referred to in the previous chapter, with the convergence of affinities extending to the identified 'leader'. Clearly what this focus group participant looked for in the leader was someone who shows affinity with the team; 'someone like them'. It seems therefore that the perceived affinities – the presence of homophily – provides the *"legs"*.

In addition respondents looked to *"process"* and "*inclusivity"* as indicators of success

"Leadership - I think there are two elements to that; one is having a vision and motivation to look beyond the professional boundaries and to encourage people to work … the other element that's about facilitating the process… you have to give people structure and ways of working - leaders who say 'here is the strategy for putting that into practice' and you need the leaders to support that" (occupational therapist-female)

"*If I think back to collaborations that have lasted, it has tended to be someone who has worked towards a product and managed the process as well – making sure people stay on track" (social worker-male focus group)*

The same respondent talked in very positive terms about two colleagues from different professions who had taken a lead, via assigned roles, in developing IPE within their Faculty

"I feel my colleagues are really taking us places we never expected to go. They're being inclusive" (social worker-male focus group)

Interestingly the academics taking this IPE lead were not formal leaders (i.e. Heads of Departments, Heads of Schools or Deans) but were peers from different professions who had been tasked with developing cross faculty collaborations. The two colleagues had neither line management responsibility nor strategic responsibility, however, features of their local leadership seemed to be attending to process and inclusivity.

Exceptionally, one respondent did have some responsibility for strategic leadership of the IPE agenda and talked about taking a *"bottom up approach"*

"we have quite a good interprofessional ethos but not a lot going on – nobody being negative and saying we aren't going to do it but not a lot of will to make it happen…so a little bit of increase in collaborative stuff…we decided strategically to go for a bottom up approach so we are looking for areas where its successful and nurturing those" (nurse-female)

However, she also talked about the need for a 'top down' approach

"we have a clear mandate from a recent review – there are no choices – its how you do it not whether you do it…I'm hopeful that we will get to a critical mass point" (nurse-female)

It seemed that there was an unstated – possibly unconscious – reliance on leadership at a local level in order to develop a *"critical mass".* This seemed to reinforce the view that higher education faces difficulties in relation to distributed leadership.

Analysis of the transcripts did seem to indicate that local leadership (as an example of distributed leadership) was more focussed on process and inclusivity in a way that some formal leaders' approaches were not. Indeed some respondents felt that some formal leaders behaved in ways that were

the opposite of inclusivity and that in fact they may hinder efforts to collaborate across boundaries by being protectionist

"The lead person perhaps didn't have the right outlook and was quite protective about their profession and certainly the Head of the School was very protective of the profession" (nurse-male)

A similar situation was articulated by the following respondent who recounted attending a faculty multi professional meeting with a *"joint working agenda",* led by formal leaders

"but actually what was being articulated was not about jointness, health and social care jointness, it was about one school, one profession. I thought 'hang on a minute' you are seen within the faculty as people that maintain an IPE agenda but what I see is a presentation of that but in reality you are not moving out of your own power base…I thought this is interesting…what is being articulated is a uni professional concern under the umbrella of IPE because IPE is a way to get a uni professional agenda moved forward" (social worker-male second interview)

The respondent went on to describe people who say one thing but act conversely as *"smiling assassins"*

"I suppose there is the person who says 'IPE is wonderful, wonderful' actually thinking 'No I ain't doing that'. 'I don't believe in it and I will say all the words I need to say' " (social worker-male second interview)

What respondents seemed to want was a leader who believed in collaboration and helped them achieve it. The people they experienced mostly as doing this seemed not to be those in formal leadership roles, although there were a small number of positive examples, but more about peers who undertook local leadership roles.

Formal leaders on the other hand were seen to be at times supportive and helpful and at times unsupportive and a hindrance. Furthermore, there was some suggestion from the transcripts that formal leaders may rely on local leaders to develop and support collaborations. This latter point was exemplified by one respondent who said that the Dean was verbally supportive of collaboration and IPE developments but that there was very little action

The Dean is saying this is what I want to happen – and then the person who is supposed to be their right hand person – who's supposed to be leading on that – hasn't even discussed it with the people who can make it happen and who are meant to be implementing it – to the point where they're then saying 'well its too late now' " (nurse-female)

It seems therefore that it is unhelpful to consider leadership without developing understanding of the two different types generated in this project. And analysis of leadership suggested that an answer to the question 'why collaborate?' may be 'because we have supportive formal leaders' and/or 'because our formal leaders can rely on effective local leadership'. However, the transcripts suggest that the latter is more likely.

Discussion

Analysis of the transcripts suggests that the notion of a 'local interprofessional leader habitus' may be dialectically related to a disposition to collaborate and to work in and to develop collaborative interprofessional teams (fields), where capitals are accumulated. We saw in the previous chapter that for collaborative interprofessional team members these capitals include emotional capital – respect – support – feeling valued. Furthermore, becoming a local leader may be investment *(illusio)* for those who emerge in the roles. For example demonstration as a local leader may provide the symbolic capital for promotion to a formal leadership role (some respondents did talk about their reflections on whether they had or would apply for more

formal roles), or confirm membership in a well functioning team - social and emotional capitals.

Team membership was clearly a key factor for respondents and some went so far as saying that membership of collaborative interprofessional teams gave them a sense of belonging

"I identify with the (interprofessional) team because of wanting to belong and maybe it's through that kind of work (interprofessional collaboration) that you get that" (nurse-female focus group)

"Officially there is a structure in the school as to which team you belong to and where your workload comes from – but then informally there are other teams you belong to and feel you belong that influences your work but is not necessarily recognised or formalised" (physiotherapist-female focus group)

"There's a sense of belonging, 'does that outcome sound like me?' So, interprofessional working – interprofessional team– sense of belonging – that sounds like me. And fifty other projects that the intended outcome doesn't sound like me" (social worker-male focus group)

Which seemed to suggest a 'collaborative disposition'; a 'collaborative habitus' that leads some to feel they belong in collaborative interprofessional teams. Analysis of the transcripts suggested that this was supported by local leadership, which may be one or more members with a 'local interprofessional leader habitus' who share the team members' affinities. Collaborative interprofessional team members then, some of whom were local leaders, invested in 'the game' (*illusio*) because they believed it was worth playing and they accumulated capitals.

This practice – the logic of practice of the sub field - was however occurring within the overarching and dominant field of higher education, the field of power, which, as respondents pointed out was changing.

There seems to be agreement amongst the many commentators that the higher education field has been unable to refract external pressures, through its own logic of practice, to move to marketisation and managerialism (see for example Deer 2003, Maton 2005, Lingard et. al. 2005, Deem 2007). In order to achieve the goals of marketisation; to meet the needs of the globalizing 'knowledge economy'

"universities are being encouraged to organize their activities in accordance with the principles recontextualized from the commercial field" (Maton 2005 p.699)

Central to which is economic rationalism and the assumption that competition improves financially driven performance (ibid., see also Ozga 1998).

So the higher education field has become the "locus of power struggles…that aim to transform it" (Deer 2003 p.199). And it seems that the higher education field has largely submitted to the commercial and economic field. This has led to a loss of autonomy of the higher education field. However, some point out that whilst all universities are influenced by this change, their position in the field of universities is determining the extent to which their autonomy is weakened

"Institutions in a more vulnerable position in the field are more likely to experience the focus of consumerism in pristine form" (Naidoo and Jamieson 2005 p.271)

A limitation of this project is that it did not focus on the differences in the universities from which the respondents came. It was noted whether they were from pre or post 1992 universities (and this is detailed in appendix four), however, the constructivist grounded theory approach and the iterative process meant that detailed information was not gathered, as one might in a case study for example. This point is followed up in the concluding chapter. This meant that it could not be determined if some respondents were more or less likely to be facing dramatic changes. Nevertheless all respondents did

refer to a change in the field towards managerialism and this seemed to be at odds with their expectations and dispositions and with the local leadership habitus, which as we have seen seems key in addressing the question 'why collaborate?'

So to a greater or lesser extent it seems we can conclude that a hysteresis effect was present, if one understands hysteresis to mean a clash not a match between habitus and field. So the convergence of the commercial and economic fields within the higher education field it seems has altered the function of higher education formal leadership – with managerialism being more dominant and collegiality being in demise – and this had a relational affect with the respondents' experiences of collaboration and the development of interprofessional initiatives.

In practice this means that there were different dispositions at work depending on a person's position in the field. The managerialist norms were at odds with the academic habitus – the capitals of which have traditionally been academic and intellectual capital – and with the collaborative interprofessional team members' dispositions, which included local leaders. For example, one respondent talked about formal leaders deciding to end an interprofessional programme because of financial concerns (referred to earlier on page 78), which had led to a *"grieving process"*

"there is a grieving process…I think the team are mourning – they are people who don't want to lose what they've got" (occupational therapist-second interview)

What they had got was not just the programme but a team that was a *"haven"* and they were losing the emotional capitals of respect, support, feeling valued and belonging. The respondent also talked passionately about IPE, revealing an other-relational motivation-disposition to collaborate, and how she felt that formal leaders were no longer interested in the agenda. The ideas put forward by Zipin and Brennan (2003), outlined above, seem to help

understanding of why a 'lack of interest' on the part of some formal leaders may have been present

So some respondents seemed to no longer feel 'as fishes in water'. From a Bourdieusian perspective this hysteresis effect means that a change in the field necessitates a change in habitus, as they are mutually generating and generated. Respondents revealed this effect as they expressed how they felt about the situation and, for some, how they might seek new opportunities. For example, the male respondent whose career trajectory was outlined in chapter five, and who identified himself as an *"old fashioned academic"* said in a second interview that he felt that *"managerialism had gone too far"* and for that reason he was seeking retirement from university life, so he was moving away from the field that he no longer felt matched his habitus. The female respondent whose career trajectory was also outlined in chapter five seemed to have benefitted from the field change in that she had been appointed to a valorised role, related to her social identity, where she felt she belonged.

Others were demonstrating the 'time lag' evident when hysteresis is present and for one respondent the change in the higher education field was compounded by changes in the social work field

"I feel that from an emotional point of view – there isn't the commitment – there can't be… because the world's changed around me and I have to move with it really and social work is certainly not what was when I first signed up to it and neither is higher education either - so it's a bit like who am I – where am I going" (social worker-female focus group)

Others seemed to be attempting to refract the change, for example the radiographer referred to earlier talked about trying to protect the *"academic*" part of her role; "*the traditional view"* of her role in these *"difficult times"* (see page 75).

One respondent used Bourdieu's aquatic metaphor, which probably sums up the position of a number of respondents

"Sometimes I'm swimming confidently, other times I'm struggling to catch breath" (social worker female-second interview)

This respondent had recently sought a mentor to help her reflect on the changes taking place and to consider her opportunities.

Given this analysis it is probably reasonable to conclude that respondents were responding to the field change in unique ways, informed by their primary habitus positions.

Conclusion

The project identified that leadership and field change are significant in addressing the research question. Two types of leadership were generated from the transcripts, first local leadership and secondly, formal leadership. The former is seemingly significant in understanding how collaborative interprofessional teams develop. In addition the concept helps understanding of process and inclusivity which some respondents identified as important for success and which seemed to be properties of collaborative leadership. Local leadership was then seen as helping collaboration.

Formal leadership on the other hand was seen as being at times helpful and at times a hindrance to collaboration. This paradox was partially explained by the paradigm shift from collegiality to managerialism occurring within the higher education field. For formal leaders this seemed to mean they developed a managerialist habitus that was related to their position and where they were compelled to respond to the chiasmatic forces of the external and internal regulatory mechanisms.

Respondents were finding their own unique ways of dealing with this field change which seemed to indicate a self focus. In addition many reported that they felt the field change may have an adverse effect on collaboration and the development of interprofessional initiatives. This means that we could

speculate that the field change will lead to less collaboration. However, this does not take into account the motivation-dispositions of the academics which, as we saw in chapter four, may be other-related, self-related or management and policy driven; with the self-relational motivation-disposition seeming to be prominent in the academic habitus. A point which seemed reinforced by respondents reported ability to respond in a self focused way to the field change being experienced. This of course raises a question about the way in which the field change will shape the academic habitus and in turn how the academic habitus will shape the field; bearing in mind Bourdieu's contention that field and habitus are mutually generating and generated.

So what may we conclude about collaboration? Certainly respondents believed that the move to managerialism was having an adverse effect. However, we may conclude on the understanding gained from this project that there may be no significant change in collaborative practice and the development of interprofessional initiatives, at least in the short term. This is posited because the self-relational motivation-disposition of the academic habitus seems to be enduring, evidenced by respondents' self-focussed responses to the field change. The assumption being made is that if respondents have choice in how they manage the change, they also have choice in whether they collaborate. This is good news and bad news; good if we want the status quo to prevail in relation to collaboration, probably not so good if we want interprofessional initiatives to proliferate at an increasing rate, as the government seems to want in relation to IPE (as detailed in chapter one).

And if university leaders do want collaboration to develop and IPE to proliferate they would, it seems, do well to heed the advice of Bolden et.al. (2008). They interviewed 152 leaders from 12 UK higher education institutions and found that formal leaders depend upon local leaders (as an example of distributed leadership); formal leaders being "highly dependent on others in 'semi formal' roles" (p. 68). Hence

"HEIs are (thus) advised to review their leadership strategy to ensure that it facilitates and enables multiple forms of engagement including informal, emergent and horizontal leadership" (Bolden et.al. 2008 p. 67)

So this project supports this finding as it seems that formal leaders may rely on local leaders to develop and sustain collaboration. In relation to collaboration there are of course the three previous categories to bear in mind which highlights the need to explicitly connect the four categories. This is attempted in the final findings chapter where a theory of collaboration between academics in health and social care is presented.

Chapter Eight - A Theory of Collaboration Between Academics in Health and Social Care

Introduction

"Theory is what you remember" (Collins 2004 quoted in Charmaz 2006 p. 128)

The previous four chapters presented the analytic work undertaken and the findings of the project. The findings were presented by generated category in an attempt to demonstrate the systematic manner in which the analysis was approached. However, despite this apparently 'neat' presentation, attempt was also made to convey the complexity, comparisons, theoretical sampling and saturation evident in what felt at times like a 'messy' process. In this chapter I present an interpreted theory as informed by the categories. In so doing it seems relevant to be mindful that "theory is what you remember" (ibid.) and so it is hoped that the conceptual understandings that are the focus of the theory are succinct enough to be remembered but are simultaneously representative of the more comprehensive analytic categories, concepts and meanings presented in the preceding chapters. Also of significance is the fact that theory in the social sciences is a "problematic word"

"Theory is obviously a problematic word, which might refer to anything from any one individual's subjective, personally based rationale, or intuitive feeling, to highly formalized general statements with a strong predictive power" (Grenfell and James 1998 p. 152)

The reflexive accounts have attempted to convey the "subjective, personally based rationale and intuitive feeling" with which this project was approached. It is hoped that in so doing the reader is convinced that what is presented is based upon the experiences as told by the respondents and focus group participants. By including reference to the developing reflexive practice it was intended to shine a light on that which is relevant from the researcher's

experiences and that which leads to assumptions that should be open to challenge. This is reinforced by realisation that the researcher's interest (*my illusio*) relates to the stakes in the object of study. Furthermore the interest shown by others in the project, including respondents themselves, relates to their stakes

"…to say we are interested in a problem is a euphemistic way of naming the fundamental fact that we have vital stakes in our scientific productions. Those interests are not directly economic or political; we experience them as disinterested….The subject of scientific discourse needs to be asked the same questions that are put to the object of that discourse" (Bourdieu 1993 p. 49)

Also offered, by way of claiming credibility (see Lincoln and Guba 1985, Patton 1990), is the fact that numerous health and social care academics have commented on the findings of the project at various stages and that they expressed resonance with the categories presented. In addition some respondents had opportunity to reflect on and comment on the developing theory and where this was the case thinking was expanded and refined.

There was awareness during the analysis stage and in presenting the findings of the charge of 'anecdotalism' in qualitative research

"There is a tendency towards an anecdotal approach to the use of data in relation to conclusions or explanations in qualitative research. Brief conversations, snippets from unstructured interviews…are used to provide evidence of a particular contention. There are grounds for disquiet in that the representativeness or generality of these fragments is rarely addressed" (Bryman 1988 p.77)

Attempt was made therefore to present only "formalized statements" informed by the systematic analysis of the transcripts. It is suggested that the numerous academics who have offered comment on the project findings represent what Grenfell and James refer to as the "various forms in between"

an individual's subjective account and "formalized general statements with a strong predictive power" (Grenfell and James1998 p. 152 referred to above) .

So the theory presented below represents "formalized statements" related directly to the findings presented in the previous four chapters and was supported by the stated resonance with others in the health and social care academic field. However, whether the project can claim "predictive power" of the formalized statements is no doubt debateable and raises the issue of generalisability in qualitative research. This concern is briefly contextualised before presentation of an interpreted theory.

In chapter four reference was made to a difficulty in using the conception 'motivation-orientation' from the work of Deci and Ryan because of the research paradigm in which their work was undertaken, that paradigm being positivist. What Deci and Ryan do to support their self-determination theory is to view their concepts as variables and they use them to test their hypotheses through replicable, empirical research. Their objectives are explanation and prediction which are the foundations of empirical research. Validity, not credibility, within this paradigm then rests on evidence, supported by facts which amount to truth. Conversely research undertaken in the constructivist paradigm and interpretive definitions of theory emphasise meaning and understanding. From this perspective there is no nomothetic world awaiting scientific discovery. Rather constructivist theory

"assumes emergent, multiple realities: indeterminacy, facts and values as inextricably linked; truth as provisional; and social life as processual" (Charmaz 2006 pp.126-7)

Validity as understood from within the positivist paradigm is therefore a redundant concept. Within the constructivist paradigm it seems to make more sense to focus on credibility or trustworthiness (Robson 2002 p. 170).

This project, having developed within the tenets of the constructivist paradigm, therefore offers an interpretive theory, which is related to time and

space. Relating to this paradigm is concern about the predictability or generalisability of the theory generated. There are a number of responses to this. Silverman (2001) for example points to ways in which generalisability can be obtained (see pp. 248-254). Relevant to this project are his claims that purposive and theoretical sampling validates claims to generalisability. Others claim that the debate is futile as qualitative research is purely descriptive (for example Stake 1994) and some believe that qualitative research should be generalisable and have wider resonance (see Mason 1996 p.6). The position stated in this thesis is that each research project should be judged uniquely in relation to the stated purpose and epistemological foundations. In this case the project set out to address the question 'why collaborate?' and sought explanation from those who have experience. The sample was purposive, the practices of constructivist grounded theory were adhered to and the generated findings were shared with others outside the sample who expressed resonance. To this extent generalisability could be claimed but this is qualified with the view that generalisability as conceived within the positivist paradigm is an impossible goal for qualitative research

"Generalizations of the rationalistic variety are not possible because phenomena are intimately tied to times and contexts in which they are found"(Guba 1981 p.81).

The Bourdieusian framework within which this project is based illuminates this viewpoint. The analysis of data enabled the detailing of relationships between the categories. The interpretation of the data enabled exploration within a broader theoretical framework. Below an interpreted theory is outlined before returning to the thorny issue of generalisation.

A historicised perspective

From the Bourdieusian perspective the health and social care field is a system of structured social relations in which the academics in this project were categorising and positioning themselves; their habituses were constituted and

constructed first in the health and social care practice field and later in their trajectories in the health and social academic field. In both fields they had a 'feel for the collaborative interprofessional game' and were complicit in reproducing the 'doxa' of the game through investment (*illusio*).

So utilisation of Bourdieu's key concepts; *habitus, field and capital* enabled this historicised approach to understanding the trajectories and collaborative experiences of the academics. This meant that socialised subjectivities and objectified structures were attended to and understandings of the meanings that the academics made of 'collaboration' could be placed in time and space. Therefore the (collaborative) academic habituses of the academics were understood as an accumulation of objectified practices and embodied capitals.

The academics dispositions were then 'collaborative and interprofessional' and, once in academia, they demonstrated their generative habitus by seeking out and taking opportunities to collaborate with colleagues from a range of professional backgrounds. The outcomes of the collaborations included teaching and learning developments, research initiatives and enterprising activities, some of which were time limited and some of which were sustained over lengthy periods.

The meanings the academics made of their collaborative practices were constructed according to the discourses that shaped the social spaces. The health and social care faculties created discursive spaces for the construction and negotiation of subjectivities and new identities. And the academics encountered a new species of capital – academic and intellectual – which, as the medium for field and habitus, shaped their academic habitus. So, in context, the academics transposed their other-relational motivation-dispositions to collaborate, shaped in the practice field, to the new academic field. And the new field valued capitals which shaped the habitus in the new context

"the value of a species of capital…hinges on the existence of a game, of a field in which this competency can be employed: a species of capital is what is efficacious in a given field…" (Bourdieu 1992 p.98)

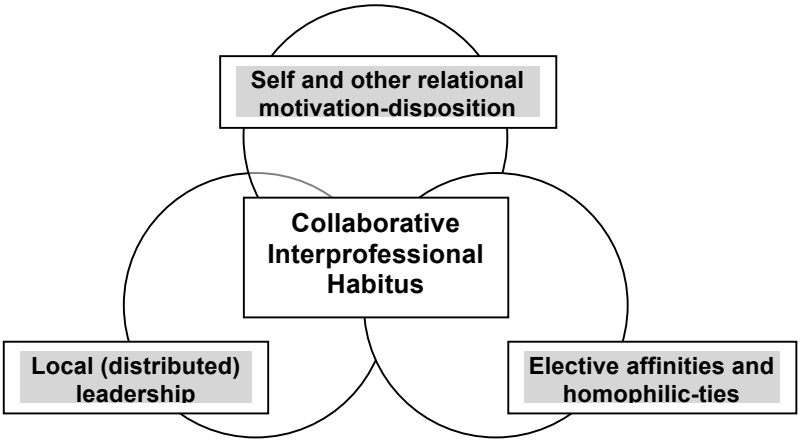
The new field presented opportunities, choice and autonomy - intrinsic to academic and intellectual capitals - not apparent in the practice field.

The habituses generated through the health and social care practice field then evolved when the academics entered academia, showing permeability and responsiveness (see Reay 2004). The autonomy, choice and opportunity evident in the academic field shaped a more self-focussed disposition. Collaborative practice in the academic field diversified to include other-relationally motivated collaborations and self-relationally motivated collaborations. The investment in collaborations in the academic field, whether other-relationally and/or self-relationally motivated, were understood as relational to individual histories that transcended the shaping of their academic habituses. So their habituses were products of their entire trajectories, through numerous fields and sub fields. The Bourdieusian framework thus enabled consideration of collaboration as process; the outcome of the interplay between agency and the objective conditions experienced.

Three key conceptual understandings

The motivation-dispositions of the academics may be viewed as homologous with two further conceptualisations; first elective affinities and homophilic-ties and secondly local – distributed - leadership. These three key conceptualisations seem central to our understanding of the shaping of the collaborative interprofessional habitus, see diagram one below

Diagram one: Homologies and Collaboration



Moore (2008 p. 110) states that Bourdieu's concern with *habitus*, like Durkheim and Weber, is "the problem of how the "outer" (the social) becomes "inner" (the social self or a second nature"). Therefore reference to a 'collaborative interprofessional habitus', expressed in objectified form, as above, requires consideration of this concern. And it is the second key conceptualisation of 'elective affinity and homophilic-ties' that helps address this.

The academics' habituses showed permeability and responsiveness; "the genesis of new creative responses" (Reay 2004 p.434), when they changed fields. Their habituses reflected the positions from which they came, in which their habituses incorporated other-relational motivation-dispositions to collaborate that were service user/client/patient focused. And they made choices when in academia from a more self focussed disposition. However their choices as inscribed in their habituses were limited because of their homophilic practices; they sought collaboration with those with whom they shared commonality or elective affinity. This meant seeking collaborations with people they liked; people like them; people who communicated mutuality of subjective aspiration. The academics expressed their subjective aspiration as emotional capital and embodied as respect, support, feeling valued and feeling belonging, so their

"capital is objectified as *habitus*, and is embodied and realized in practice" (Moore 2008 p. 111 italics in original)

At the heart of elective affinities and homophilic practice lie beliefs and values, that shape motivation dispositions. These beliefs and values related to the socialisation processes the academics experienced throughout their trajectories, including professional socialisation. Their values included valuing difference which in their collaborative practice was expressed as affinity - with others who value difference – not as dis-affinity. Their 'socialisation' continued as they collaborated not least because of the symbolic capital they accumulated, which was related to their mutual interprofessional and collaborative learning experiences.

The academics' biographies showed resilience to the appropriation of capital by their health or social care (initial) profession; with the understanding and meaning they held of their collaborations relating to the symbolic capital accumulated by working and learning with others from a range of backgrounds. However, this did not apply to the formal leaders, who, at times, were protective of their profession. This professional protectiveness was experienced as inhibitive of collaborative practices. This contrasted with leadership experienced at local level and in particular within collaborative interprofessional teams.

Local leadership was manifested in collaborative interprofessional teams and was characterised by a separation from the formal decision making hierarchy, belief in team-working and a desire to develop a team approach, even when there were tensions and dysfunctions apparent between team members. The local leadership was distributed amongst those involved in the collaborations, apparently with individual and team strength being utilised. This suggested a collegial approach supportive of collaborative interprofessional teams. This contrasted with the 'one man band' approach of formal leadership where leaders were charged with implementing managerial modes of governance.

This shift towards managerialism was occurring because of the higher education field's seeming inability to refract the external pressures to re-contextualise the principles of the commercial and economic fields. For the academics this meant that they were increasingly being subjected to decisions made by formal leaders that challenged their positions in the field, for example, decisions to end interprofessional initiatives and therefore collaborations because of financial considerations. This was juxtaposed with the strategies of some formal leaders to ensure compliance (for example, relating to external pressures to develop IPE) and efficient performance. This was viewed as cynical, meaning that the academics' external management and policy driven motivation-dispositions were experienced as 'imposition'. This contrasted with the other and self related motivation-dispositions which embodied notions of choice and self actualisation alongside opportunities for collective affinity and attachment. And enabled a contrast to be made between local and formal leadership which highlighted that

"The strategies of agents depend on the position in the field, that is, in the distribution of a specific capital, and on the perception that they have of the field depending on the point of view they take *on* the field as a view taken from a point *in* the field (Bourdieu 1992 p.101 italics in original)

The academics were investing in the 'collaborative interprofessional game'. The logic of practice of the collaborative interprofessional teams – based upon shared values and beliefs and emotional capitals – was at odds with the logic of practice of the changing higher education field – the field of power. The higher education field was the locus of power struggles; a hysteresis effect was present whereby there was a clash between the academics habituses and the higher education field manifested as the ascendancy of managerialism and the demise of collegiality. The academics were not feeling as 'fish in water'. They were acting with agency in living through this change as

"even though a field is profoundly *hierarchized*, with dominant social agents and institutions having considerable power to determine what happens within it, there is still agency and change" (Thomson 2008 p.73 italics in original)

The academics unique responses to the changing field, which were shaped by their habituses, included:

Moving from the higher education field - retirement from academic life; conceptualised as "I no longer belong";

Valorisation within the higher education field - movement to a new 'professionalised' role; conceptualised as "I feel I belong";

Reflecting on the past and considering the future - floundering in the field; conceptualised as "who am I?";

Refracting the pressure to change - protecting the 'academic' role'; conceptualised as "I am a traditional academic".

Meaning that the academics were attempting to position themselves in the changing field and to secure capital

"one's relational position-takings reflect one's relational position (for example, dominant agents tend to adopt conservative stances and dominated agents tend towards more radical stances). Through these position-takings, agents attempt to both increase their volume of capital and make the form of capital underpinning their position the dominant measure of achievement within the field" (Maton 2005 p.690).

The table below (table four) presents an overview of the three key conceptualisations and corresponding discourses. However, each conceptualisation is not exclusive and the three need to be viewed as homologous; emanating as they do from a collaborative interprofessional habitus which is bounded by values and beliefs.

Table Four: Key Concepts, Discourses and Collaboration

Conceptualisations	Discourses
Other-relational motivation –disposition Self-relational motivation-disposition	**I collaborate because…** it benefits others…. it benefits me…
Elective affinities and homophilic-ties	**I collaborate because…** I like you… of our commonality… of our shared values and beliefs… I learn and develop… I feel respected… I feel supported… I feel valued… I feel I belong…
Local (distributed) leadership	**I collaborate because…** of effective local leadership…

Generalisability

So to return to the concern with 'generalisability'; the situation it seems is not a clear 'yes this research can be generalised' or 'no this research cannot be generalised'. Rather it is argued that some elements of the research may be reasonably generalised to most health and social care academics. That is, the other-relational motivation-disposition that is evident in practice and the shaping of a more self-relational motivation-disposition when practitioners move to the academic field and form an academic habitus. However, there are limits to this ability to reasonably generalise that relates to each

individual's trajectory. That is the way they uniquely make meaning of the structures and, not least, because the universities they inhabit are in effect sub fields within the higher education field and may be affected differentially by the field of power. An ability to refract the pressures to develop as commercial and business enterprises relates to the universities' positions in the field, and to some extent to the meanings the formal managers within the universities make of the changing situation, that is, their ability, or otherwise, to express a collegial disposition.

So to deal with the generalisability issue in a nutshell: to some extent we can generalise and to some extent we cannot. We are left mostly it seems with the extent to which the research resonates with those who read the findings. As Corbin (2009) says

"Findings have a way of speaking for themselves. Findings either resonate, offer new insights, explore phenomena in depth, add to a knowledge base, and make you stand up and listen or they don't" (p. 52)

Meaning that "theory is what you remember" is significant. It is hoped the presented interpreted theory is accurate and encompasses the stories respondents told, and at the same time precise enough to be grasped so that judgements can be made.

Chapter Nine - Conclusion and Reflections

Introduction

The project developed with recognition of the fact that the political imperative is for health and social care professionals to collaborate and that interprofessional working continues to form part of the government agenda. It is acknowledged that this policy has influenced the structures that underpin collaborative practice. However, it was not the purpose of this project to analyse the effects of this policy agenda even though it did provide a salient focus for development of the project, as outlined in chapter one.

The intention of the project was to focus on academics in health and social care, to address the perceived research gap and, therefore, to make a unique contribution to knowledge. It was not the intention to focus on collaboration in health and social care practice, other than where respondents talked about their experiences prior to becoming academics. Similarly, it was not the intention to focus on managers in academia; rather the intention was to interview academics who had experiences of collaborating with others from a range of backgrounds. These intentions clarify the boundaries of the project and also indicate future research possibilities, including methodological concerns. These are referred to below.

This thesis then has explored the collaborative experiences of academics in health and social care. These experiences have informed the theory building. The constructivist grounded theory approach enabled the respondents' stories to take centre stage, although the interpretations as presented are the researchers. The augmentation of the analysis by utilisation of the Bourdieusian framework enabled presentation of a holistic approach to the data analysis and interpretation and the resultant conceptualisations.

Those who seek simple solutions to understanding phenomenon that are complex and dynamic – and it is argued 'collaboration' is – will not find simple answers. Those who seek linear relationships will be thwarted by the

multiplicity of relationships and related factors. A more sophisticated interpretation - and it is argued Bourdieu provides this - should enrich our understanding of collaboration and of the initiatives that follow.

It is suggested that, as Charmaz states, “fundamentals” and “abstractions” were attended to in this project

“When you theorize, you reach down to fundamentals, up to abstractions, and probe into experience. The content of theorizing cuts to the core of studied life and poses new questions” (2006 p. 135)

The theoretical sampling tool of constructivist grounded theory helped ensure that the interpreted theory was aligned with the stories told and that it may even be a perfect match as Hood suggests is possible

“Theoretical sampling makes grounded theory special and is the major strength of grounded theory because theoretical sampling allows you to tighten what I call the hermeneutic spiral so that you end up with a theory that perfectly matches your data (Hood quoted in Charmaz 2006 p.101)

In consideration of the findings presented in the preceding chapters this concluding chapter outlines the implications of the findings, the limitations of the research and further research opportunities.

Implications of the findings

The academics were investing in the ‘collaborative interprofessional game’, however, changes occurring in the higher education field meant that they experienced formal leaders as at times supportive of their collaborations and the resulting initiatives and at other times as unsupportive. There appeared to be a clash in their respective motivations, with formal leaders’ motivations relating to their need to respond to internal and external pressures. This, mostly, left the academics feeling unsupported in their endeavours.

The changes in the higher education field seemed to be impacting on the academics and the formal leaders but in different ways. The academics were acting with agency and responding in unique ways. The formal leaders seemed to be responding to the various pressures as they were presented to them, which meant that they did not take a consistent approach to supporting collaborations.

These factors seemed to indicate that those wishing to see the development of collaborations and the resulting initiatives were relying on those academics whose habituses were collaborative and who were seeking opportunities to work with others, despite the lack of support. Some became local leaders who helped take collaboration forward and helped collaborative interprofessional teams sustain their initiatives.

The implication is probably, therefore, that formal leaders need to take a more reflexive approach and to work more closely with local leaders, if they are serious about taking forward an interprofessional agenda that requires collaborative interprofessional working amongst academics in health and social care. An understanding of the motivation-dispositions of academics and the significance of personal relationships could further assist formal managers in developing their strategies and implementation plans; by, for example, acknowledging the significance of team development. However, this assumes their motivation to develop collaborative interprofessional teams and to develop interprofessional initiatives. The question of whether formal leaders do want to take the interprofessional agenda forward should probably be the focus of further research.

Limitations of the research

It was when attempting interpretation of the data relating to the first category generated, motivation, that the work of Bourdieu gained significance. As explained in chapter four the analysis and interpretations viewed the respondents as field members and understood their habituses and the fields inhabited to be mutually constitutive. With hindsight the three distinct levels of

Bourdieu's methodological approach (Bourdieu 1992 pp. 104-105), could have been addressed explicitly and consciously. The three levels are: first, analysis of the position of the field vis-à-vis the field of power; secondly, the mapping of the objective structure of the relations between positions occupied by agents or institutions; thirdly, analysis of the habituses of agents. These three are seen to be separable and enable the researcher to 'think relationally'. It is agreed that all three have been attended to in this project and that the categories generated by utilisation of a constructivist grounded theory approach represent the 'more-inner' and 'more-outer' properties reflected in the three levels. However, explicit and conscious utilisation of the three levels at the design stage would most likely have led to more focus on the 'more-outer' with regard to the universities the respondents inhabited and the differing positions of these universities in relation to the field of power. This would have extended the boundaries of the project to include some of the structural changes that result from collaborative practice, as referred to above. For example, as was mentioned earlier, some universities may be more able to refract the changes taking place in the higher education field and some formal leaders may take different approaches that impact differentially on academics in health and social care faculties. This project by utilising the grounded theory methodology, with augmentation by use of a Bourdieusian perspective at the analysis and interpretation stages did not consider 'gathering' data in relation to the different universities. In effect this is a limitation on the research and has implications for discussions relating to generalisability.

One research opportunity is, therefore, to gather information relating to different universities to determine if, and in what ways, they may be refracting the changes and if, and in what ways, the approaches of formal leaders may differ. Related to this is the opportunity to develop a questionnaire and survey of a wider population, in effect to gather information that would indicate the extent to which the findings of this project apply across the higher education filed. This would place this project in a much larger project, utilising the strengths of a mixed method approach. There are, however, other research opportunities and they are presented below.

Further research opportunities

The findings of this project suggest further research opportunities to broaden our understating of collaboration. These relate to collaboration within and out with the higher education field. Within the field two areas seem pertinent. First, research focussed on formal leaders, referred to above. The data from this project suggests that they can help or hinder collaboration and interprofessional initiatives and that the internal and external pressures on them may inhibit their ability to strategically plan and implement changes supportive of collaborative interprofessional working. Therefore data from their experiences and the meanings and understandings they hold of collaboration could be illuminating. They could, for example, be asked their views on the findings of this project and/or they could be asked to talk about their experiences of responding to external pressures to develop interprofessional initiatives, not least IPE. Secondly, academics in health and social care who have not had experience of working collaboratively in interprofessional teams could be asked about their views of interprofessional working. This of course assumes that academics with this characteristic exist and raises key ethical considerations, i.e. would it be ethical to ask for such a sample? In effect this would mean asking the opposite of this project i.e. 'why not collaborate?' To broaden the picture these two factors might begin to 'square the circle'. Perhaps more realistically a random sample of academics in health and social care could be asked their views about collaboration and interprofessional initiatives. As a project in its own right, team development in academic teams could be explored; for example, the type of research undertaken by Farrell et.al. (2001), where they developed a theory of team development in relation to interdisciplinary health care teams, could be undertaken with academics.

Out with the higher education field the project suggests that it may be illuminating to ask practitioners about their collaborative experiences, to see if similar issues arise and indeed to highlight differences. This would shed light on and contribute to debate on interprofessional working in the practice field and may answer the question 'why do enquiries and cases where there are

tragic outcomes continue to find lack of interprofessional working to be a factor?'. Certainly this project suggests that the factors are likely to be complex and relational. A lack of understanding of what collaboration means in practice is a serious matter - given the tragic outcomes in some cases – making the prospect of a similar project in the practice field seem highly worthwhile. In the meantime it is hoped that the findings from this project make a contribution to the debate from a higher education and UK perspective.

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APPENDIX ONE

APPENDIX ONE

INFORMATION FOR RESEARCH PROJECT PARTICIPANTS

Researcher: Karen Kniveton

PROJECT TITLE:

Collaborative Practice amongst Health and Social Care Faculty:
What helps and what hinders collaboration and the development and sustainability of interprofessional education programmes and interdisciplinary initiatives in higher education institutions?

1. What is the project about?

The focus of the project is collaboration between health and social care faculty in higher education institutions. A qualitative research approach is being used to explore the experiences of health and social care faculty in collaborating to provide interprofessional education programmes and/or interdisciplinary initiatives.

For the project the following definitions are being used:

Definition of collaboration

collective efficacy

The necessity for group members to believe that the combined efforts of the group are not only necessary to obtain the desired shared goal but also that each member is capable of and willing to do its share of the work

Johnson, Wistow, Schulz & Hardy 2003

Definition of interprofessional education (IPE)

Occasions when two or more professions learn from and about each other to improve collaboration and the quality of care.

(Centre for the Advancement of Interprofessional Education, 1997 revised)

Definition of multi professional education (MPE)

Occasions when two or more professions learn side by side for whatever reason

(Centre for the Advancement of Interprofessional Education, 1997 revised)

In reviewing terms in 2000 CAIPE view MPE as a subset of IPE, which is then defined as

> *When two or more professions learn with, from and about one another to facilitate collaboration in practice* (Barr 2000)

2. Why am I doing the research?

i) I am undertaking a Doctorate in Education at the University of Huddersfield and data will be generated by interview, analysed and presented in my thesis.
ii) I am a member of a Health and Social Care Faculty at the University of Salford and will use the knowledge gained from this research in my role as a senior lecturer.
iii) I will disseminate widely the knowledge gained to enable members of Health and Social Care Faculties to develop their approaches to interprofessional education developments and to help manage the change process.

3. Who will benefit from the research?

i) Members of Health and Social Care Faculties (directly)
ii) Students who wish to study interprofessionally
iii) Employers of health and social care staff
iv) The users and clients of health and social care staff
v) The broader research community

4. Who will be taking part in the research?

I will interview staff in health and social care faculties who have been/or are involved in developing and delivering interprofessional education programmes and interdisciplinary initiatives. A consent form will be provided. (see attached).

5. What will be involved if you agree to take part?

For the interviews I will meet with you, at a convenient location, and with your permission will undertake an audio recorded interview for approximately two hours.

- your participation is entirely voluntary;
- you are free to refuse to answer any questions;
- you are free to withdraw at any time.

6. What will happen to the information I give?

Data collected will be retained in a locked cabinet and will be accessed by myself and my supervisor. The names of interviewees will be replaced by corresponding index numbers thereby separating the identity of the interviewee and the data collected. I will analyse the data generated and

produce the findings in my thesis and in relevant articles for publication. I will also disseminate the findings through conferences and workshops.

The project has received ethical clearance from the University of Huddersfield Research Degrees Committee and the University of Salford, Research Governance and Ethics Committee.

Participants will be given the opportunity to see the transcript from the interview and to add to or clarify any points.

7. What about confidentiality?

All information collected will remain anonymous. For example, the thesis and any published papers will not include reference to specific individuals or institutions. There are no known or anticipated risks involved in participating in this project.

8. Who should I contact about the project?

Karen Kniveton
The University of Salford
The School of Community Health Sciences and Social Care
Allerton Building
Frederick Road
Salford
M6 6PU

K.Kniveton@salford.ac.uk
0161 295 2134

CONSENT FORM

I have read the information for research participants for the project being undertaken by Karen Kniveton and have been given an opportunity to ask questions related to the project.

I have been informed that I may withdraw my consent at any time, with no negative consequences.

I agree of my own free will to participate in the project.

Yes

No

Agree to the interview being recorded

Yes

No

I agree to the anonymous use of quotations from the interview in the thesis or any publication emanating from this project.

Yes

No

I would like a copy of the transcript from the interview.

Yes

No

Signed:

Printed: Date:

Researcher to retain signed copy.

Participant to be provided with copy.

APPENDIX TWO

APPENDIX TWO

INTERVIEW PLAN

Planning and preparation for qualitative interviews – data generation(draft)

The aim of this investigation is to use a qualitative research approach, within a constructivist-interpretative paradigm

1. the 'big' research questions (each big question to have a set of mini questions)
2. 'mini' research questions (link back to big question – use code)
3. interview topics (derived from big and mini questions)
4. cross- reference
5. loose structure
6. standard questions
7. further cross-reference

(Mason 2005 pp.69-70)

The Big Research Questions

What helps and what hinders collaboration (a)
and the development (b)
and sustainability (c)
of interprofessional education programmes in higher education institutions?

Mini Research Questions

1. Why do academics collaborate? (a)

   When do they collaborate? (a)

   How do they collaborate? (a)

   What changes when they collaborate? (a)

   What is learnt by collaborating? (a)

2. What does IPE mean? (b)

   Do IPE programmes exist? (b)

   When are they developed? (b)

   What effects their development?

   What changes when they are developed? (b)

3. What is the 'life expectancy' of an IPE programme? (c)
   Why do they continue? (c)

   What influences their continuation? (c)

Interview Topics

- Professional background prior to entering academia – experiences of collaboration before entering academia. When did they enter academia? (brief, standard) (a)

- Ascertain their current role

1. How academics view 'collaboration' (a)

what do they see as the advantages and disadvantages? (a)

- Experiences of collaborating with academics from other professions and disciplines (a)

would they like to collaborate – what prevents them? (a)

how did they decide to collaborate? (a)

did they elect to collaborate? (a)

were they directed to collaborate? (a)

who do they collaborate with? (a)

Do they work across paradigms? (a)

Positive/negative experience? (a)

relevant factors in supporting collaboration? (a)

what has got in the way of collaboration? (a)

what issues/problems does/might collaboration address/solve? (a)

2. **What do they understand IPE to be? (b)**

- Experiences of interprofessional education(b)

what involvement have they had in developing IPE? (b)

why were they involved? (b)

for how long? (b)

what have they learnt from the experience? (b)

has involvement in IPE changed how they perceive themselves? (b)

3. **What affected the length of time they were involved/ the IPE programme continued? (c)**

   What changed over time? (c)

Guide

1. Introduction.

Purpose of Research
Consent/confidentiality/recording/storage of data/access to data.

2. Can you tell me about your professional background prior to entering academia.

3. a. Can you tell me about situations when you collaborated with other professionals during this time.

3.b. Did this effect your view of yourself as a …….?

4.a. When did you enter academia?
4.b. Why did you enter academia?
4.c. How did you conceptualise the role of an academic before entering?

5. Could you tell me, in some detail, about situations when you have collaborated in your role as an academic.

6. Could you tell me about what changed as a result of the collaboration

7. Could you tell me about your involvement in interprofessional education programmes.

8. What is most meaningful to you in your role as an academic?

9. How do you define yourself?

Terminology:

Definition of collaboration

"collective efficacy"

The necessity for group members to believe that the combined efforts of the group are not only necessary to obtain the desired shared goal but also that each member is capable of and willing to do its share of the work"

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In reviewing terms in 2000 CAIPE view MPE as a subset of IPE, which is then defined as

> *When two or more professions learn with, from and about one another to facilitate collaboration in practice* (Barr 2000)

Karen Kniveton
October 2007

Revised Interview Guide

April 2008

1. Can you tell me about your professional background prior to entering academia.

Who did you identify with?

2. a. Can you tell me about situations when you collaborated with other professionals during this time.

3.b. What was needed for the collaboration to occur?

3.a. When did you enter academia?
3.b. What influenced your decision to enter academia?
3.c. How did you conceptualise the role of an academic before entering?

5. Could you tell me, in some detail, about situations when you have collaborated in your role as an academic.

5a. What are the motivators for collaborating?
5b Why do you continue to collaborate?

6. What are the key factors in a successful collaboration?

7. Could you tell me about your involvement in interprofessional education programmes?

8. What is most meaningful to you in your role as an academic?

9. Who do you identity with now?

10. How do you define yourself?

Karen Kniveton
April 2008

APPENDIX THREE

APPENDIX THREE

Illustration of the Process of Analysis

This appendix provides a broad overview of the stages of analysis and attempts to show the early, mid and later stages. Illustrative examples are presented to assist the reader. The 'practical guide' to constructing grounded theory by Kathy Charmaz (2006) was used throughout. Bourdieu's key concepts were not considered until later in the process, when they became relevant in making sense of the analysis within a theoretical framework (see Charmaz 2006 pp. 168-172).

The first stage of analysing the transcripts was that of initial coding. During initial coding fragments of data (words/phrases) were studied and respondents 'in vivo' terms were highlighted. This process enabled data to be compared with data. For example, the selection of initial codes from each of the transcripts enabled the testing of the codes against codes in other transcripts. The question being asked as the coding progressed was 'what is going on here?'. Presented below is an illustrative example from the first three transcripts (note: the transcripts were numbered randomly not in sequence of interviews).

Transcript 2 Social Worker/Female	Initial coding
*"I saw **academia** as a tremendously **positive thing** as about **promoting good practice**, raising standards and being at the **forefront of change**. I **don't think it always is** and there's lots of discussion about that but **that's how I perceived it before I came into it.** I do think **academia** has a **role in society** about **promoting fundamental change**….What's most **meaningful** to me is to ensure I maintain the **value** that **education** is an **empowering** process and if I can maintain that then I think I can be a **good academic** in*	Seeing academia positively, as about promoting "good practice" and being at the forefront of change. <u>Objective focus of promoting change.</u> Not always experiencing academia as being at the forefront of change. Believing academia has a role in promoting change. <u>Wanting to maintain belief that education is an empowering process. Subjective focus - wanting to maintain belief</u>. Promoting learning is about being a good academic. <u>Objective focus of promoting learning.</u>

promoting learning. I think sometimes the ***organisational demands*** *on you* ***challenge*** *that fundamental principle, as to why you've come into education, but I think its quite important for me and* ***meaningful*** *for me around* ***who I am as an academic*** *that I remember that* ***education's empowering*** *and can* ***change lives*** *in many different ways. Equally I think* ***it does that for you*** *– so it's* ***modelling*** *it isn't it."*	Challenge of organisational demands - external factors impinging on ability to maintain reason for move to education. Personal meaning and belief of education as empowering and can change lives. Subjective focus-objective focus relating to meaning and belief about education as empowering. Belief that education brings about personal change - subjective focus.

Transcript 15 Social Worker/Male	Initial coding
"So when I was ***working in local government*** *I was lucky enough to have the* ***opportunity*** *to move into* ***managing*** *and supervising a team and at that time I felt I could* ***potentially influence practice****. What became apparent very quickly was that there was* ***severe limitations*** *on that process in terms of employment law, employment conventions and employment regulations. What you can do is a lot by* ***leading and role modelling*** *but when there are problems it becomes very* ***difficult*** *to sort* ***of ensure that minimum standards are articulated*** *and achieved. I suppose* ***part of me****, again as a human being,* ***I love reading****, I love picking a book up, the smell of a new book, the reading of a new book, the* ***irritation that ideas can produce*** *but the* **excitement** that ideas *can produce and that sort of stuff. So* ***learning*** *then to me provided the sense of an* ***alternative*** *- perhaps rather than getting* ***people*** *after they've* ***got into bad habits****, try and* ***stop them getting into bad habits*** *and, if you want, set that* ***role modelling*** *up* ***earlier*** *on – that* ***social work with older people is valuable****, social work with older people is skilful and should be done correctly and properly, not as a sort of poor relation, 'what the hell anyway' approach.* ***So coming into higher education***	Seeing manager role in practice as opportunity and potential to influence practice. Objective - practitioner - focus of influencing practice. Limitations on ability to influence practice - impingement of external factors. Seeing manager as leader and role model. Objective focus of leading and role modelling for others. Difficulty for manager in ensuring minimum standards. Personal "love" of books and reading. Excited by learning. Subjective focus of excitement of learning and love of books (also objective focus in how ideas are used?) Learning (move to education) providing an alternative to management in practice. Using learning to stop practitioners getting into bad habits and modelling the value of work with older people. Subjective and objective reasons for move into education i.e. as an "alternative" for self and to improve practitioners "habits". Objective focus of practitioners/students and service users by role modelling. Move into education from practice predicated on belief that students/practitioners could be motivated and enthused to do good

then for me was partly that, sort of ***motivate and enthuse*** *people to do* ***good work****"*	work. Objective focus of practitioners/service users by influencing practice.

Transcript 12 Physiotherapist/Female	Initial coding
"I was interested in moving into higher education and ***I'd had students for many years****. I was* ***part-time in education, part-time in clinical****. I was able to build up quite an* ***enthusiasm.*** *I still identified with my practice role but as time went on* ***I started to think I want to go full time into education****. I felt I was* ***ready for a move****. Even though it was dealing with* ***students*** *rather than* ***patients****, there are a lot of* ***similarities****. You look back on your experience as a student and who you thought the* ***good lecturers*** *were. So* ***I had a picture in my mind****. My* ***experience from practice*** *is you've got to be able to* ***work together as a team****. You need to* ***understand each others roles****, what that would mean for the patient is their* ***quality of care*** *is better because things aren't getting missed"*	Enthusiasm for having students when in practice. Working in practice and education simultaneously. Wanting to move full time into education. Subjective focus – feeling ready for move. Seeing similarities between students and patients. Looking back on experience as student. Having a view about what a 'good' lecturer is – objective focus of students. Seeing team-working in practice as necessary. Understanding of roles in practice related to quality of care – objective focus of patients.

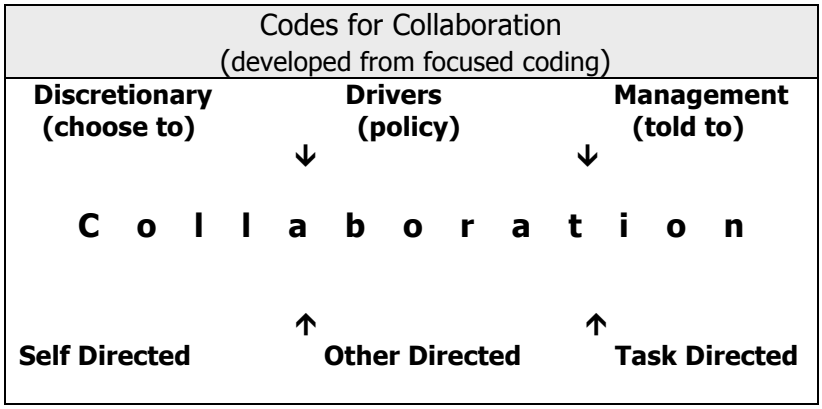
This process of line by line coding enabled the researcher to stay close to the data – to be inductive – and shows the beginnings of the process of the selection and separation of data. Line by line coding provided leads to pursue and from this more abstract ideas for interpreting the data were developed. The extracts above attempt to demonstrate comparison within each transcript and between the three transcripts, highlighting 'subjective focus ' and 'objective focus' as an illustrative example.

Memo writing is viewed as pivotal to grounded theory data analysis (Charmaz 2006 p. 72) and was used extensively throughout the project. An extract from an early memo, presented below, relating to the coding of the earlier transcripts, illustrates the codes of 'objective focus' and 'subjective focus' that seemed in the early stages to be salient (see above).

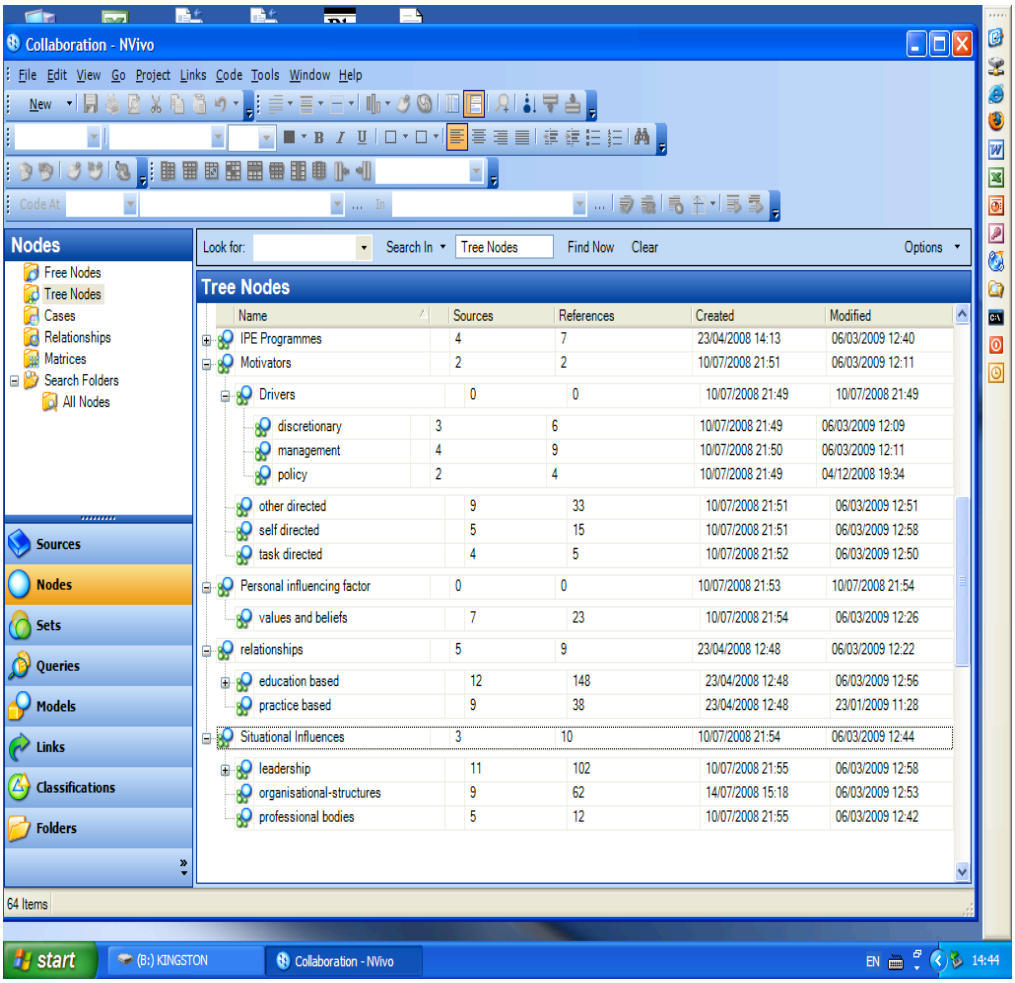
Memo – Subjective and objective focus of respondents
I have created this code because my interpretation of what I am seeing seems to relate to collaboration with 1. Objective focus 2. Subjective focus First, the respondents talk about collaborating with others for the benefit of others, for example collaborating to improve services for the benefit (direct and indirect) of those using health and social services. Secondly, respondents talk about collaboration that is self related, for example collaborating because of a belief they hold or maybe because of shared values. There seems then to be a common aim of collaborative practice, which may be bound by values and beliefs. However, there is also reference by respondents to 'self interest' and collaboration – so there seems to be something about choice/discretion.

This process led to the next stage of focused coding, whereby significant and frequent initial codes were used to sort and synthesize data. Focused coding enabled consideration of the 'subjective' and 'objective' focus of respondents in relation to collaboration, which was at the heart of the project and guided the interviews. In this process the codes were recoded as 'self directed' and 'other directed' and a further code of 'task directed' emerged (the latter was later 'collapsed' into the first two codes). These codes were analysed alongside other emergent codes.

Diagramming is a central tool in grounded theory analysis; it helps plot relationships at different levels and to concretize thinking. Like memo writing, diagramming was also used extensively throughout the project. The diagram presented below demonstrates the abstract thinking that formed part of the analytic process, incorporating the early codes, leading to the development of salient categories.



These codes, being more selective and conceptual, were shared with some of the respondents (a copy of the diagram was shared and used as a focus for some of the interview) and from the interview discussions the (salient) category of 'motivation', incorporating 'self directed' and 'other directed' motivations, was developed. So during the focused coding stage the thinking was more conceptual and decisions began to be made about which codes made analytic sense in categorising the data. One of the goals of focused coding is to determine the adequacy of the initial codes. Continued analysis of the data, alongside memo writing, enabled a refocusing and further conceptualisation of the earlier codes. The process was iterative not linear. NVivo7 was used to manage the large amount of data being generated and this enabled view of the emerging tree coding. The screen shot from NVivo7 below illustrates the development of the tree coding and forming of key categories.



The categories and sub categories reflected how sense was made of the data. The coding was examined in the light of these categories and sub categories. For example, the in vivo code "chemistry" (see page 126 of this thesis) was seen as related to 'relationships' (a tree category illustrated above) and the liking or otherwise between collaborators. Therefore, segments of data could be compared. For example, the focused coding of the transcripts below, contributed to the development of the category and sub categories of 'relationships'.

T13 Nurse/Male	Focused Coding
…one of those difficult truths about team-working is that there has to be a bit of chemistry. And sometimes you go to a team where people just sort of respect each other and like each other, think about things in the same sort of way.	Relationships and liking your collaborator.

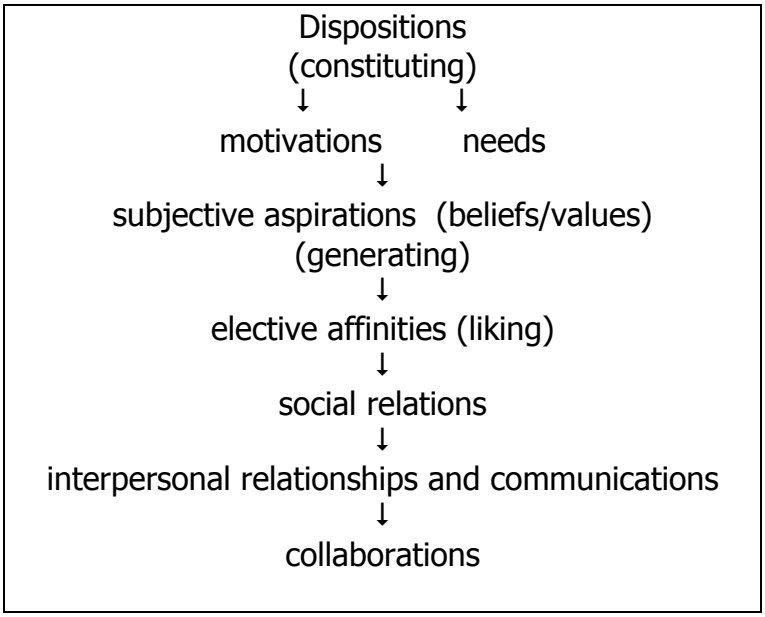
T16 Focus Group 1	Focused Coding
I think it's down to the nature of individuals and how you get on. We have very similar values and beliefs. My opinion is it's more to do with the people and whether you get on.	Relationships and liking your collaborator

T2 Focus group 2	Focused Coding
It probably wasn't about co-location (multi professional groupings of academics) although I think that is significant. The interesting thing about co-location is you end up choosing who you share things with and so that excludes others, it tends to be people you like.	Relationships and liking your collaborator.

Theoretical sampling enabled the researcher to seek data to develop and refine the emerging categories and to conduct sampling until no new properties emerged. For example, in the later interviews, respondents were asked their views on the four key categories that had emerged (motivation, career trajectory, relationships, leadership) with the aim of assessing

resonance with the categories and identifying potentially new codes or categories. At later stages in the analytic process when writing and rewriting drafts (see Charmaz 2006 pp. 154-163) the codes, sub categories and categories were analysed in relation to theoretical positioning, i.e. the ideas of Bourdieu were explicitly used to develop the concepts and interpretations.

Bourdieu's concepts – thinking tools – were not in view until later in the process and became relevant at this later stage when making sense of the categories. The theoretical framework enabled the structuring of the arguments presented and assisted in capturing the context. This may be seen to contrast with traditional quantitative designs that invoke an established theory and deduced hypotheses (Charmaz 2006 p. 169). For example, the diagram presented below was developed to assist analysis and illustrates how codes and categories from the data were considered in relation to Bourdieu's concept of 'disposition'.



The illustrative example also demonstrates how the theoretical perspective assisted in connecting the key categories. For example, 'motivations' and 'relationships' became theoretically entwined when Bourdieu's concept 'disposition' was utilised. Each emergent category was subjected to similar analysis. The iterative process meant that the writing and rewriting of the

thesis became a crucial phase in the analytic process whereby each draft became more theoretically comprehensive (Charmaz 2006 p. 154).

APPENDIX FOUR

APPENDIX FOUR

KEY CHARACTERISTICS OF THE RESPONDENTS
ONE TO ONE INTERVIEWS

'Profession'	Female	Male	Pre 1992 University*	Post 1992 University*
Biologist	✓			✓
Nurse - Adult	✓		✓	
Nurse - Adult	✓			✓
Nurse – Learning Disability	✓		✓	
Nurse – Learning Disability	✓		✓	
Nurse – Learning Disability		✓	✓	
Nurse – Mental Health		✓	✓	
Occupational Therapist	✓		✓	
Physiotherapist	✓			✓
Radiographer	✓		✓	
Radiographer		✓	✓	
Radiographer		✓	✓	
Social Worker	✓			✓
Social Worker	✓		✓	
Social Worker		✓	✓	
Researcher		✓	✓	

*The 1992 Further and Higher Education Act established a single framework for higher education and polytechnics became universities (sometimes referred to as 'new' universities or post 1992 universities).

FOCUS GROUPS

Focus group one

‘Profession’	Female	Male
Nurse	✓	
Nurse	✓	
Nurse	✓	
Nurse	✓	
Occupational Therapist	✓	
Physiotherapist	✓	
Social worker	✓	
Social worker		✓

Focus group two

‘Profession’	Female	Male
Nurse	✓	
Nurse	✓	
Nurse	✓	
Nurse	✓	
Social worker	✓	
Social worker	✓	
Social worker		✓
Social worker		✓