An examination of the perceptions of tribalistic behaviours in nursing and how they vary in the journey from student nurse to post qualification

An examination of the perceptions of Tribalistic Behaviours in nursing and how they vary in the journey from student nurse to post qualification.

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Signature.....Brian Bell..... **Date 19/01/2024**

Abstract

The aim of this study was to examine perceptions of Tribalistic Behaviours in nursing during the journey from student nurse to post registration.

There are concerns regarding the existence of a construct in nursing that promotes a structure of protective behaviours and allegiances within recognised nursing groups, establishing “Them v Us” beliefs (Rozenblit, 2008; Harari 2011). Despite the drive for a more generically skilled nursing workforce and new ways of working (NMC 2018a, NMC 2018b), professional tribes rather than being eradicated, appear to have survived within modern nursing cultures. In the absence of research exploring “Tribalistic Behaviours”, this thesis initially explored existing literature examining potentially aligned signs whilst utilising a semiotic framework. Guided by a qualitative methodology, current nursing students within the last six months of their MSc programme were invited to participate in the research. Mental Health student nurses (n = 6) and Adult student nurses (n = 6) engaged in field specific nursing focus groups and following a period of six months post qualification were also invited to participate in individual semi structured interviews. The study’s findings highlighted specific themes of social civilities and nursing rituals directly influenced by field specific tribalistic behaviours. The study’s findings led to the creation of three new themes as a result of the analysed data. The findings identified that students were exposed to tribalistic behaviours within their nurse education structures from an early stage, before being reinforced within their new clinical tribes in practice. Continued development within their nursing roles over time highlighted a deeper exposure to tribalistic behaviours and an increased awareness of field specific nursing codes and rituals. The new knowledge emerging from this study will heighten awareness of

Tribalistic Behaviours in nursing and their encouraged development, along with the implications for nurse education and professional practice. Finally, the study's limitations were examined, and recommendations were made for future nursing research.

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Glossary

Ethnography: Ethnography is a type of **qualitative research** that involves immersing yourself in a particular community or organisation to observe their behaviour and interactions up close. The word 'ethnography' also refers to the written report of the research that the ethnographer produces afterwards.

Grounded Theory: Grounded Theory is a **qualitative research methodology** that aims to generate theories based on data that are grounded in the empirical reality of the research context. The method involves a systematic process of data collection, coding, categorization, and analysis to identify patterns and relationships in the data.

Interpretivism: Interpretivism is a research philosophy that focuses on understanding and interpreting social meanings. Interpretivist researchers use qualitative methods to explore individual beliefs, motivation and reasoning. The assumption being that reality is constructed through social interactions such as language, consciousness and shared meanings.

Linguistics: Linguistics is the scientific study of language and its structure, including the study of grammar, syntax, and phonetics. Specific branches of linguistics include sociolinguistics, dialectology, psycholinguistics, computational linguistics, comparative linguistics, and structural linguistics.

Semiology: Semiology, developed by Ferdinand de Saussure, suggests that sign relation is **dyadic**, consisting of a form of the sign as an acoustic image or sound (the signifier) and its meaning (the signified). Saussure saw this relation as being essentially arbitrary (the principle of semiotic arbitrariness), motivated only by social convention.

Semiology, also known as semiotics, is the study of **signs and symbols** and their use of interpretation. It is multidisciplinary field that encompasses linguistics, philosophy, psychology, anthropology, and more. Semiotics is concerned with the "meaning making process" and how signs are used to communicate meaning. Sign can be anything that communicates something, such as a word, gesture, image or sound.

Semiotics: Semiotics is the study of signs and symbols and their use or interpretation.

Thematic Analysis: Is a method of analysing qualitative data to identify common themes, topics, ideas and patterns of meaning.

Tribe: A tribe is a group of people who share a common ancestry, language, culture, and history. They often live together in a community and have a strong sense of identity and belonging The term "tribe" is often used to describe indigenous or native peoples, but it can also refer to any group of people who share these characteristics.

In some cases, the term “tribe” can be considered outdated or even offensive.

Tribalistic: Is a term that means relating to or exhibiting tribalism.

Tribalism: Is a term that refers to being organised by or advocating for tribes or tribal lifestyles. It can also refer to the loyalties that people feel towards particular social groups and to the way these loyalties affect their behaviour and attitudes towards others.

Tribalistic Behaviours: No definition of Tribalistic Behaviours identified.

However, the study has provided within Chapter Four section 4:7 two different definitions of Tribalistic Behaviour that were produced by Mental Health student nurse Focus Group and the Adult student nurse Focus Group.

Chapter One
Introduction and Background to the Study

"I decided to take refuge in language, and study the truth of things by means of it" (Plato 360 BCE)

1:1 Introduction

The aim of this study was to examine the perceptions of tribalistic behaviours in nursing, utilising the narratives of nurses during their experiences and development from student nurse to newly qualified nurse. With a clear focus upon the meanings created via human behaviour and discourse (Schultz, 1962), the study examines the cultural and social narratives, rituals, language and signs within uniquely constructed social systems. Rather than testing theories and hypothesis, seeking absolute truths and aims of separating facts from values (Cohen and Manion, 1995), the study offers interpretation and meaning formed by human beings (Creswell, 1998). The study therefore utilises a Qualitative research approach which predominantly emphasises an inductive approach to the relationship between theory and research (discussed further within Chapter Three) and embodies constantly recreated views of social reality (Prus, 1987; Schwandt, 1994; Charmaz, 2004). This research exists within a Social Science paradigm (Smith, 2001) emphasising the nature of being human and defending the concept that essences of spirit and human experience cannot be reduced to the realm of causal science (Turner, 2015). Despite its variety of applications, the study's research structure will also incorporate Ethnography's central focus upon a social and cultural reality in which language and meaning remain key (Wolcott, 1994, Germain, 2018). The study's application of an

ethnographic approach (discussed further within Chapter One and Chapter Three) will particularly utilise the work of Bronislaw Malinowski (1884 – 1942) in which first hand, detailed, long term, participant observation fieldwork is key (Malinowski, 1922; 1967).

This study echoes research undertaken by several scholars (Beattie, 1995; Baxter and Brumfitt, 2008; Braithwaite, et al, 2016) in highlighting the existence of tribalism within nursing teams. Braithwaite et al (2016), in their work around the basis of clinical tribalism suggests that once a clinician is taken out of the workplace and put into a controlled setting, tribalism dissolves. This supports Beattie's (1995) conclusions regarding tribalism and the benefits of removing staff from their clinical comfort zone. However, changing clinical differences or *Tribalism* in their professional based silos by promoting interpersonal behaviours and discouraging professional tribalism (Braithwaite et al, 2016), is not a simple task and even if possible, must involve a real change in the forms of power (Beattie, 1995). Baxter and Brumfitt (2008) note major distinctions of joint working in healthcare different to that of industry and business, that of clear professional *groupings* and *allegiances* along with their impact on both the service and the different professional camps that structure the service.

Despite the plethora of opinions claiming that professional teams in their various descriptions prevent tribalism and that these constructs predominantly existed in the past (While et al, 2005; Bleakley, 2012; Sommerfeldt, 2013; Armstead et al, 2016), the study aims to examine the perceptions of tribalistic behaviours from current nurses and present the interpreted findings. Furthermore, I question the dream of a new Republic of Heath (Beattie, 1995), in which interprofessional and multidisciplinary research and the introduction of new combinations of health

subjects within universities stimulate a new *generic* nurse role, where all power bases within the professions are equal, ultimately leading to the destruction of tribal interests and tribalistic behaviours.

The study's focus on the importance and impact of tribalistic behaviours within the specific nursing fields cannot be underestimated. Described as being more powerful than companies (Logan and Fischer-Wright, 2008), tribalism exists within group created boundaries (Molineux, 2000; While et al, 2005; Bayley et al, 2007; Lloyd, 2007). As a result of individual nursing fields evolving separately, tribalistic behaviours and tribalism have not only survived but have been allowed to develop deeply rooted social boundaries along with the drive to preserve the social group (Baxter and Brumfitt, 2008). Tribalistic behaviours and tribalism are further reinforced by what Fish and Coles (2000) describe as a *professional artistry* unique to each field, which is gained as individuals become more expert within their own specific nursing culture (Dreyfus and Dreyfus, 1986; Hall, 2005). In what Southon and Braithwaite (2000) describe as professional dominance, professional groups strive to achieve *social power* and *professional hierarchy* over other health fields and professions via language, knowledge, beliefs, values and behaviours in a "them–v-us" mentality that protects and promotes their own social group above all others (Hall, 2005).

My interest in tribalistic behaviours and tribalism in nursing originate within my own journey and experience as a mental health nurse. My developmental journey from a Nursing Assistant to an Enrolled Mental Health nurse (EN/M) and finally a Registered Mental Health nurse (RMN) was littered with episodes of "*know your place and status"* usually demonstrated via language and knowledge. Despite a placement on an "Adult" ward as a mental health student nurse, my first experiences

of nursing tribalism occurred as a qualified mental health nurse when advising a colleague from a different field on the care and approach towards a specific service user.

"You're not a real nurse then", suggested to me by the same colleague was probably the "throw-away" comment that ignited my interest in the topic of this study and something that I reflected upon when constructing my own research journey (see Table 1.1). When considering research as a systematic investigation into, and study of, materials and sources in order to establish facts and reach new conclusions (Bryman, 2008) I consider the material and source to be studied includes myself and my journey. The narrative of "real nursing" made almost thirty years ago still resonates with me. I was and still am aware that my immediate response was an instant "protective and defensive" stance towards my own social group. The drive for me to defend mental health nursing was inflamed by a social reality in which others viewed mental health nursing as a weaker, darker and more brutal essence of care compared to that of its *Adult* nursing bedfellow. My own experience of nurse's perceptions towards their own social group and that of others, appears only to confirm the existence of very different social realities (Andrews et al, 1997). This is also reflected within the literature (Weller et al, 2012; Braithwaite, 2016) within the themes of nursing identity, roles, hierarchy, status and attitudes.

I was very aware when embarking on this research of the potential pitfalls when carrying out studies within such an emotive and subjective topic. Jenkins (1999), suggests that the idea of writing an objective, neutral text, where explaining something that is done from a position that isn't ostensibly a position at all, is a naïve one. I am also aware that in gathering data and perspectives from individuals and providing an interpretation in an attempted unbiased manner is still to privilege one

description over another (Jenkins, 1999; Bryman, 2008) potentially rendering any claims to an objective stance spurious. However, the study addresses these issues within various chapters by declaring openly a clear position and a transparent research structure.

When presenting the construct of tribalistic behaviours within the study, one of the recurring essential core themes is that of reality, or more importantly a perceived social reality. Despite being discussed in more depth later within the chapter, it is important at this stage to identify the application of the study's ontological position, that of Constructionism. Constructionism suggests that language and meaning via social actors produce social realities, with different language and meanings producing different social realities too numerous to contemplate (Burr, 2003; Andrews, 2012; Baggini and Southwell, 2012). Despite the arbitrary nature of language and meaning (Saussure, 1959; Derrida, 2001), the study's aims include not only the examination of the perceptions of tribalistic behaviours exposed via social actors but also to question whether there exists a deeper and more primal social structure, that binds some of us together, for some of the time.

Table 1.1 Personal Research Journey

Social Actor/ Professional Role	Stage	Characteristics/Language/Observations and Interpretation
Nursing Assistant	Naive experience	All in it together. Nursing is the same/no difference. I have no language/no power.
Student Nurse	Developing professional role.	New identity. New language. New skills. New Hierarchy.
Enrolled Nurse Mental Health	Developing Experience	Teamworking. Hierarchy. We look after those with mental health issues. We develop knowledge/skills in mental health – it's what we do and we are good at it. Proud to be a mental health nurse.
RMN	You're not a Real Nurse Then	Shock. Insulted. Defensive. Questions: why are we as mental health nurses viewed like this? All nurses are qualified/trained. We are seen as different/less of a nurse. You are not better than us.
RMN Senior Nurse Ward Manager	Establishing Identity and learnt Rituals	Observed cliques/smaller teams all doing the same thing. We have an identity, we belong. We have our own language. Others don't understand us – we don't understand them. Protect the team – my responsibility
Mental Health Nurse	Tribalism	We "do" mental health. We specialise in this field. Are we different? How are we different? We don't share the same language or skills as "them". They don't understand us.
Mental Health Nurse and educator	Tribe	We are unique – we do things differently – we say things differently. We protect those who are like us. We are suspicious of those who are not. We protect our beliefs, language and ways. We behave in the same way. These skills & knowledge are important and should be passed on.
Researcher and Mental Health Nurse	Tribalistic	Our unique knowledge/skills/beliefs and behaviours as mental health nurses and educators is recognised as an "Art". It is special. Are our skills and behaviours bestowed upon us by the tribe as a gift? Difficult to reject? Semiology Signs/language Arbitrary meaning Social Reality – construction of meaning Power Ontology/Epistemology Methodology

1:2 Aims and Objectives

To capture the immediacy of this inquiry and make explicit its purpose the research aims and objectives were:

Aim: To examine the perceptions of Tribalistic Behaviours in nursing and how they vary in the journey from student nurse to post qualification.

Objectives:

1. To establish and examine the experiences and perceptions of tribalistic behaviours student nurses are exposed to;

2. To establish and examine the experiences and perceptions of tribalistic behaviours newly qualified nurses are exposed to;

3. To establish and examine the perceived origins of tribalistic behaviours within nursing.

1:3 Rationale

The Nursing and Midwifery Council (NMC) require nurses entering their specific field of nursing to have adequate skills and knowledge to be able to effectively care for their patients (NMC, 2018a). Reinforced within the Future Nurse: Standards of Proficiency for registered nurses (NMC, 2018b) this drive is underpinned by the mantra that registered nurses in all fields must be able to communicate and manage relationships with people of all ages and within a range of physical, cognitive and behavioural health challenges. However, despite the opportunities for registered nurses to work within these health presentations (Baxter & Brumfitt, 2008), there appears to exist significant barriers of power and status within professional groups

(Bayley, et al, 2007; Lewis and Reeves, 2011; Armstead et al, 2016) from which clinical and group differences emerge. Consequently, these themes influence the way different nursing cultures protect themselves and develop their own field (Stepney et al, 2011). The values, language, attitudes and beliefs different healthcare professionals hold about themselves bond them together in what may be conceived as tribalism (Beattie, 1995). Despite the modernisation of nursing services and ongoing changes within healthcare systems, this appears to have had little impact on the existing tribal influences and rituals within healthcare, particularly nursing (Logan and Fischer-Wright, 2008; Friedman, 2018).

According to Johnson (2019) nurses are trusting souls, they listen to and trust patient and carer narratives, trust their organisation and trust evidence-based practice. However, due to professional and group differences, I suggest that nurses do not necessarily trust each other. It is also worth noting within this chapter the existence of the powerful and stereotypical public image of the "*real nurse"*. Whilst it is relatively easy to identify traditional notions of "*the nurse*" (Lady of the Lamp), these notions are most often associated with general adult nursing and seldom refer to mental health nursing (Nolan, 2012; Weller, 2012; Norman and Ryrie, 2018).

Much of the documented and acceptable face of nursing from the early-nineteenth century refers to hospital training schemes developed through the tenacity of Florence Nightingale and her Crimean adventures and the subsequent Nightingale fund to establish a school of nursing (Youngstone, 1989). However, not until political developments from 1880 onwards and the establishment in 1919 of the British Nurses Association and subsequent General Nursing Council was there evidence of the intellectual development of nursing (Norman and Ryrie, 2018). In the drive for nursing to reinvent itself due to the lack of a coherent knowledge base and a

fragmented curriculum, midwifery and generic nursing developed its own professional, respectable standards and a recognised role, whilst mental health nursing remained under the aegis of the MedicoPsychological Society (Nolan, 2012), meaning that very distinct identities were being forged within the early developments of field specific nursing. However, the forging of new identities and the potential construction of a new health tribe, isn't necessarily a negative development with Corkin (2017) identifying positive themes and the benefits of health tribalism. In discussing that everyone is tribal in a multitribal world, Corkin (2017) acknowledges that a new health tribe brings with it a sense of belongingness, safety and support, whilst the expectations of accountability, professionalism and transformation are realised (Bhutta et al, 2010; Midgley, 2013). However, in recognising the fragmented political, social and moral development of nursing and the emergence of specific nursing fields, I also acknowledge the increasing tendencies of specialist nursing fields to exhibit strong bonds and loyalty across its memberships (Timmons and East, 2011; Braithwaite et al, 2018; Johnson, 2019). I propose that a culture or society in which humans naturally gather, ritually demonstrating specific language and values that unite them is indicative of a set of basic behaviours and an existing social construct that is stronger than the professional group.

1:4 Construct Definition

Implicit within this study is the construct of tribalistic behaviours, along with the inseparable sign of tribalism. However, it is within the language of certainty and objectivity of definition that potential problems within the integrative literature review in Chapter Two, lie. Although Husserl (1859-1938) suggests that the problem with certainty is that it is uncertain, within both Phenomenology and Relativism not only is the way we perceive things as natural or neutral challenged, and the notion of objectivity problematic (Baggini and Southwell, 2012), the idea that there can never be a singular objective social reality and knowledge is questioned. Burr (2015) reinforces this view and argues that it is language that provides the means of structuring the ways the social world is experienced.

Whilst there is evidence within the corpus acknowledging tribalism in nursing (Beattie, 1993; Weller, 2011) with tribal characteristics displayed within medical and nursing groups, the evidence is far less prominent when searching for the presence of tribalistic behaviours. The reason for this sparce evidence may lie in the different ways we see the world and the language we use to structure it. Linguists Edward Sapir (1884-1939) and Benjamin Whorf (1897-1941), within the Sapir-Whorf Hypothesis suggests that different cultures evolve different fundamental concepts as to the nature of the world. In claiming that the structure of language affects its speaker's world view, rendering their perceptions relative to their spoken language, this Linguistic Relativism argues that our language limits what we can think about the world by framing experience through certain fixed concepts (Whorf, 1956). Whilst this contentious principle (Cebeli et al, 2016) identifies that different fundament world concepts bring with it different language and signs identifying the same social reality, it also generates

discussion around the impact and influence that language has upon thought (Foucault, 1966).

1:5 Defining Tribalistic Behaviours and Tribalism and their alignment to Nursing

It is not enough to define the semiotic signs of tribalism or tribalistic behaviours as being simply organised in a tribe. Whilst they are difficult to separate and view in isolation, this section will do exactly that in order to convey the various innate, powerful and primitive drives humans express in their search for safe social groups (Logan and Fischer-Wright, 2008; Corkin, 2017), which have evolved over time, capitalising on successful strategies to survive (Rozenblit, 2008; Harari, 2011).

When considering the construct of tribalism, rather than commencing with negative connotations of isolated, primitive and quarrelling tribes, it is interesting to note that Maffesoli (1996) in his concept of “Neotribalism”, predicted that with the decline of modern culture, institutions and societies including nursing, look to the organisational principles of our own distant past for guidance. Rooted in the social philosophies of Jean- Jacques Rousseau (1712 -1278) and William Kingdom Clifford (1845- 1879), Maffesoli (1996) suggests that our own “Tribal Self” has been thwarted by modern society. My ontological position of constructionism acknowledges the neotribalist concept of humans and their continued urge to create meaning whilst evolving the compulsion to live within tribal as opposed to modern societies, ultimately achieving a genuine happiness that is recreated within a chosen social/tribal lifestyle (Maffesoli, 1996). As discussed later within the present study, tribalism also conveys a sense of loyalty and a willingness to go to any lengths to defend the tribe and its social civilities, which Chong (2020), refers to as “Political Tribalism”. The attributes

of an “us versus them” mentality, evident within tribalism also exists within political tribalism (Chong, 2020). Despite the arbitrary meanings attached to the signs of political tribalism and neotribalism there is evidence of the same shared tribal characteristics present within several other ideologies and cultural phenomena.

Whilst the concept of tribes and tribal has received criticism from social anthropologists due to the emphasis of an evolutionary connotation (Fabietti, 2002), this reportedly primitive form of organisation preceding the state does highlight a social system characterised by the absence of a centralised political institution along with a set of prescribed characteristics that identify the society. Rather than a focus upon a political organisation, modern anthropologists now seek to study the multiple social aspects associated with tribalism (Maisel, 2014; Caton, 2015).

Interestingly, when considering the concept of socio -biology (Wilson,1975), characteristics and behaviours emerge that appear to align within my own primary search construct; tribalistic behaviours. Morris (1981) ignores the dynamism of a cultural socio-biology approach and presents the total account of human behaviour encapsulated and expressed within football. Whilst Morris (1981) saw behaviours such as punishments, “tribal tongue” (unique language), superstitions, rituals, taboos, celebrations, costumes, elders and defensive strategies as a modern expression of a deep-rooted evolutionary instinct, he argued that football itself is essentially tribal and having always relied upon tribalism. Interestingly Morris (1981) comments that tribalism has not always been a pejorative term, unlike much of the literature exposed within the literature search (Chapter Two).

Considering the arbitrary nature of meaning and language within multiple realities, the study highlights that for many the sign of tribalism may be seen as derogatory

(Southon and Braithwaite, 2000; Bayley et al, 2007; Lloyd, 2007), whilst others see these as a reflection of the human condition, a component of human culture and a natural evolution of our biology (Baxter and Brumfitt, 2008; Rozenblit, 2008; Corkin, 2017; Friedman, 2018).

Despite the plethora of evidence identifying the sign “Tribalism” it is difficult to identify the same underpinning evidence when discussing “Tribalistic Behaviours”. Whilst the sign of “tribalistic” (Merriam-Webster, 2022) is evident, suggesting advocating or practising a strong loyalty to the tribe, there is a complete lack of evidence and definition within the studied body of knowledge around the sign “Tribalistic Behaviours”. What does exist when searching for this definition is a “semiotic or linguistic loop” that leads the researcher to the sign of “tribalist” and its definition of a person who identifies or has a strong loyalty to a tribe (Harari, 2011).To address the complete lack of definition I initially utilised my own interpretation of Tribalistic Behaviours along with the definitions constructed by the research participants within their separate focus groups, discussed in Chapter Three. My own definition suggests a fundamental belief and acceptance above all else, in a set of agreed social behaviours that portray *who you are* and *who you belong to*. Interestingly, in a moment of reflexivity, my definition does acknowledge at some level Maslow’s (1943) “Hierarchy of Needs”, particularly *love and belonging needs*, which reflects “social groups belonging to a team, forging an identity in a union, club, or group of hobbyists”.

In attempting to define the difficult construct of tribalistic behaviours and address the search for a definitive “truth” around this construct, I return to my underpinning ontological position of Constructionism (Burr, 2015). With the creation and recreation of meaning and the resulting emergence of agreed signs, social civilities, and

language, this begins to provide an ever-changing platform for the expression of social behaviours that stem from strong loyalty and belongingness and starts to encapsulate the construct of tribalistic behaviours.

In defending the use of my own definition of “Tribalistic Behaviours” within the study, I simply suggest that tribalism is something we “do”, a set of tribalistic behaviours we carry out to feel comfortable and safe, and in return we expected those social civilities repeated to us as a sign of deep belonging and identity. Interestingly, whilst Storey (2020) highlights tribalism as encompassing all extreme behaviour provoked by loyalty, Conerly (2018), confirms that humans are a tribal species with tribal structures producing a set of behaviours such as loyalty and cooperation.

Finally, when referring to tribalism itself Rozenblit (2008) describes a set of group inspired **behaviours** that are displayed to substantiate the group in and “us” and “them” perceived reality, with these behaviours existing before large tribes were formed. These behaviours, for example nursing are learned and become more entrenched as the tribe develops, creating a powerful social reality (Johnson and Earle, 2000; Scott, 2002; Rozenblit, 2008; Harari, 2011; Friedman, 2018).

When considering reasons for these behaviours, Ronquillo (2007) and Mandalaywala (2017) when looking at racial prejudice for example, utilised early brain imaging studies of adults which showed that when white participants looked at black faces, their amygdala showed increased activation, suggesting that the experience produced a degree of fear or threat. However, rather than concluding an obvious and unchanging racial bias, their studies suggested a social learning pattern emerged. Similar studies using magnetic resonance imaging (Tezler et al, 2013), in children and adolescence showed little or no amygdala response to racial cues,

suggesting that rather than these being hardwired, they are learned and acquired over time. I propose that when addressing the construct of tribalistic behaviours and tribalism, these constructs are socially created and reinforced over time.

Around 70,000 years ago Homo Sapiens started to create more elaborate cultures stemming in part from our human frailties and behaviours, leading to the provision of protection, language and education (Scott, 2002). Considering the study's position on the arbitrary nature of language, it is interesting to note Harari's (2011) insistence that it is through unique language that sapiens conquered the world and the meaning of it.

Homo sapiens are characterised by their ability to rationalise and think in a way no other known species can, enabling them to rise within the food chain (Johnson and Earle, 2000). Humans don't rest on the development of intelligence and knowledge by itself but rather on the social constructs and behaviours they develop to cultivate and share that intelligence (Harari, 2011). Cooperation, interaction and collaboration are the behaviours that replace the lone human existence and begin to establish the tribe. Rozenblit (2008) suggests that tribalism has never been eradicated but simply transformed, reconstructed, transported and applied within other human structures where they can be expressed and cultivated.

In considering the aims of the study and its intention to examine perceptions of tribalistic behaviours within nursing groups and their origins, it is worth reminding ourselves of Beattie's (1995) discussions of the changes needed in nursing education and the boundaries that professional groups may be encouraged to develop, alongside the concept that workforce tribes have more staying power and form naturally (Logan and Fischer-Wright, 2008).

Whilst Beattie (1995) highlights professional differences within groups as tribalism, Logan and Fischer-Wright, (2008) suggest that tribes and tribalism have become more sophisticated, allowing us as individuals to develop, do our work better, be healthier and actually have the power to decide whether organisational nursing restructuring and change will work at all.

When considering tribalistic behaviours as not being hardwired (Liebermann et al, 2005; Ronquillo, 2007; Madalaywala, 2017), the study's proposal that tribalistic behaviours within nursing are socially constructed by social actors, begins to create a reality in which tribal civilities and tribalistic behaviours are seen as vital. However, when considering the general perception of the nature of nursing, it may seem impossible to contemplate tribalistic behaviours as having a role within these nursing workgroups or indeed the stereotypical nurse *"calling".* Considering that these nursing workgroups or tribes form constantly (Corkin, 2017), I suggest that the importance and exploration of these wider group constructs are vital, along with their claimed alignment and allegiance to the "*art of nursing".*

1:6 Nursing Artistry

Whilst nursing is widely considered as an art and a science (Jasmine, 2009), this section will highlight the importance of nursing as an *"Art"* rather than a science, consisting within a task orientated set of skills carried out by technicians (Shields and Watson, 2007). Nursing has become a far more complex and customer service-based industry (Vega and Hayes, 2019), with increased technology, higher workloads and a new simulated approach to learning and development.

When considering the predicted future of a new “Republic of Health” (Beattie 1995) and recent standards of nursing, suggesting a new “generic” nursing structure (NMC, 2018a, 2018b), it is easy to forget that nursing is grounded within therapeutic connections and relationships with a moral centre (Stickley and Wright, 2014). I suggest that the Art and Science debate in nursing should not solely focus on the contentious issues of new nursing standards and evidence-based practice (NMC, 2018a, 2018b), versus the concepts of care, compassion and person centred (Stickley and Freshwater, 2002; Gilbert, 2005; Stickley and Wright, 2014), but should consider and include older forms of nursing rituals and artistry.

Artistry is considered as a creative ability and natural skills (Darbyshire and Fleming, 2008; Romeo, 2010). Within nursing, artistry comes alive within the use of oneself to transmit emotion, interpretation, sensitivity, flair, acceptance, vision and meaning within those key therapeutic relationships (Titchen and Higgs, 2007), and should be practised alongside nursing’s unique professional artistry developed over time (Fish and Coles, 2000; Hall, 2005). Rather than a generic uniformed approach with a dominant focus upon diagnosis and a “generic and superficial” application of humanist or holistic care, I suggest within the study that nursing should also embrace elements of a healthy tribal artistry. As discussed later within the study’s interpretations and recommendations, the alignment and utilisation of some tribalistic behaviours, including an acceptance of care principles of the past, to the art of nursing will ensure that positive traditional rituals, boundaries, language and beliefs will offer a “meaning over measurement” service (Hall, 2005) and a unique tribal beauty to our own nursing delivery.

1:7 Nursing

Whether nursing is defined as *a calling, an art, a science or a profession* this study highlights that the meaning and stature of the different nursing fields, particularly mental health nursing and adult nursing, emerge from very different historical, cultural and scientific journeys, emphasising an essence and bond unique to the individual field. The portrayal of nursing and nurses range from the famous (or infamous) Sarah Gamp, caricatured by Dickens in *Martin Chuzzlewit,* Nurse Rook depicted in *Persuasion,* the more recent stereotype featured in the 1970's *Carry On* film genre or the bleaker antagonist Nurse Ratched in Ken Kesey's 1962 novel and subsequent 1975 film *One Flew Over the Cuckoo's Nest.* Despite cultural, social and romantic concepts of the caring nurse, nursing has not always been an activity which was thought to demand skill, training or respect and hidden within its origins is a role often left to those who were too old, too weak, too drunken, too dirty, too stupid or too bad to do anything else (Thomas and Richardson, 2016). Nursing's social, political, economic, moral and ethical pathways have also proved to be hazardous. Although the call from the Chief Executive of the National Health Service Training Authority in the early 1980's declares that there is far too much Tribalism in the NHS for its own good, Dearden (1985) gives an impression that this type of behaviour only existed in the dark past of nursing history, however, the study's literature review provides evidence to suggest that this may not necessarily be the case. This section includes a brief historical, moral, ethical and professional journey that shaped both Adult and Mental Health nursing. In recognising the study's examination of current mental health and adult nursing perceptions of tribalistic behaviours, I considered whether any of these moral, historical or cultural constructs are still evident as powerful triggers or motivators for tribalistic behaviours within any of the studied

nursing fields. Historical and cultural influences are certainly evident within healthcare roles (Braithwaite et al, 2016), alongside the strong professional identities within all nursing cultures (Weller et al, 2012).

Following Florence Nightingale's 1854 and Mary Seacole's 1855 exploits in Crimea, the evolution of nursing included the Nightingale Training school which opened in 1860, giving formal training and recognition of nursing as a profession (Nolan, 2012), providing the beginning of a moral and socially acceptable face of what the study will identify as resembling Adult nursing. However, the professionalisation of nursing did not emerge until 1916 with the formation on the Royal Collage of Nursing and the 1919 Nurses Act seeing the formation of the first professional register (Nolan, 2012; Thomas, 2016). Adult nursing saw the steady and safe professional establishment of qualified nurses that were skilled to manage a general ward and for some, to undertake specialist post registration courses as early as the late 1940's (Thomas, 2016). During this period the adult nurse evolution moved from a "generalist" to a more specialist role and up until the creation of the NHS developed its own roles, tasks and opportunities (Baly,1980). Through a series of reviews Nuffield Provincial Hospital Trust (1953), Standing Nurse Advisory Committee (1956) and the Salmon Review (1963) the adult nurse role began to establish a set of standards, skills and tasks for which a nurse should be responsible for (White, 1982, 1985; Rivett, 1998), ultimately resulting in the government's commitment to a single statutory framework for nurses and structural constraints for the role of the adult nurse (DHSS, 1977). As early as 1970 the Joint Board of Clinical Nursing Studies recognised 47 different specialities within adult nursing in which further studies could be taken and by the end of the 1970's the adult nursing role was well established and continued to develop (DHSS, 1977b). Further reports and guidelines, Audit Commission (1991)

NHSME (1991a) and the Kings Fund Institute (1991) continued to recognise and expand the growing expertise of the adult nurse. The historical rise of the adult nurse is well established and documented decades before the current Nursing and Midwifery Council (NMC) standards (2018a; 2018b) and is intrinsically linked with a depletion of Doctors throughout and following WWII, allowing adult nurses to expand their role and by 1974 had consolidated such a power base that the established hierarchy had to take notice. However, initially highlighted by the Briggs Report (1974) there were concerns that adult nurses had taken on responsibilities that had traditionally been the role of the medic, causing subsequent legal and ethical concerns. Despite these concerns it was agreed by the Greenhalgh Study (1994) that of the 32 identified activities that doctors could do, nurses should be allowed to do 7 or 8 of them, however it concluded and conceded that 29 of the 32 activities had the potential for adult nurse participation.

The Mental Health Nursing journey has taken a very different, bleak and often disjointed route and unlike its adult nursing counterparts has seemingly few easily recognisable heroes or heroines. Andrews (1997) regards it as a mistake to assume that the history of psychiatry is synonymous with that of mental health services. Whilst Nolan (2012) declares that if mental health nurses don't write the mental health narrative others will, there is a warning that it is dangerous to romanticise the past of mental health nursing and better to see its history as an unending dialogue between past and present, of changing interpretations that cause us to revise what we thought we knew (MacMillan 2017). Before the use of the term "nurse" and long before the professional "mental health nurse" there existed a series of non-therapeutic and custodial connotations regarding mental health nursing and more significantly its impact upon those in society deemed to be either morally or mentally

ill. The introduction of the Poor Law Act in 1601 allowed the insane access to public provision where “Keepers” were the care givers within unregulated private madhouses, workhouses and poorhouses (Mayhew and Neuburg,1985; Rosewell, 2012). This apparent social progress reflected the move away from various religious based beliefs that provided care and cure from a variety of spiritual and religious plagues such as,” dark night of the soul” and “crisis of faith” (Kuhn, 1976; Norris 2008). Early shoots of Humanism in mental health nursing grew with the work of William Tuke and his Retreat founded in 1792 supported by moral management and providing each resident with a personal carer (Digby, 1985). With the subsequent 1845 Lunacy Commissions, untrained men and women were able to provide care for the insane as “attendants”. With the new nineteenth century asylum system, mental disorder was placed into the medical domain where the medical superintendents or “Alienists” later founded the MedioPsychological Association (MPA) in 1853 (Hindle, 2000; Norman and Ryrie, 2018). The resemblance of a mental health nursing structure begins to emerge from the asylums with the help of the Journal of Mental Science in 1853 and the use of its medical language (patient, nurse, and physician). Interestingly the publishing of *The Handbook for the Instruction of the Attendants on the Insane* (Jones, 1978) and the introduction, before its adult nursing counterparts of a national training scheme including a register and examination, begin to standardise the mental health caring role. The nursing care of the mentally ill gathered pace and after the Great War (1914 – 1918) with many of the returning souls either working in or treated within asylums and with the subsequent 1919 Nurse Registration Act “attendants” could either train on the existing MPA course or the recently agreed GNC Registered Mental Nurse (Arton,1998). Finally, Mental Health Nursing began to reflect its adult nurse counterparts with the establishment of

the NHS in 1948 and ultimately through the improvements offered by the Salmon Report (1967).

Current mental health nursing's claim that the range and depth of critical knowledge needed for mental health nursing justifies its graduate status (Butterworth and Shaw, 2017), follows Jones (1999) warning that this knowledge and critical stance must be applied to mental health and psychiatry itself otherwise progression is stagnant, and the resulting tribalism and professional self-interest will be damaging.

In addressing the idea of where this leaves the culture and identity of adult and mental health nursing, I recognise that whilst there are arguments and moves to reduce and stop specialised nurse training (White, 1985; Norman and Ryrie, 2018), there exists a body of opinion and calls for fields of nursing to retain their own values, skills and expert identity (Rodgers, 1989; Stepney et al, 2011; Weller, 2012). Despite concerns over inadequate physical health competence in mental health nursing (Butterworth and Shaw, 2017) and claims that many adult nurses appear ill equipped to deal with a multitude of routine mental health problems that occur in a general hospital setting (Barrett and Jackson, 2013), consideration should be given to the ever-present evidence of change within nursing. Whether this change is identified within the struggle to provide continued quality community mental health services, the need for more specialist mental health care, or the need for specialist adult nursing care in future pandemics, change is evident (Parker and Williams, 2001; Suddick and DeSouza, 2006; Sommerfeldt, 2013). The study highlights that expert groups of nurses with their own identity, culture, belief system and language still dominate the healthcare system, with specific values, rituals and behaviours being reinforced constantly during these uncertain times.

1:8 Nursing Rituals and Bonds

With a flurry of recent professional, legal and ethical policies emphasising the need for a common set of behavioural, physical, cognitive and psychological nursing skills and approaches for all nurses across the sector (Mental Health Task Force, 2016; NMC Code 2018a; NMC2018b), the conclusion that all nurses are the same, or soon will be the same could be seen as a logical conclusion. However, the study's literature review provides evidence to suggest the increasingly growing signs of *primitive* behaviours such as belonging and the need for security within traditional nursing structures.

The *Future Nurse: Standards of proficiency for registered nurses* (NMC, 2018b) encourages person centred care across all fields of nursing as well as a plethora of skills and interventions that should be common to all nurses. This legislation drives an agenda to establish for all nurses the skills set needed at the required level for their intended field of practice (NMC, 2018a, 2018b). These new nursing diktats underpin a growing movement suggesting that adult nurses are ill equipped to assess and address mental health issues (Barrett and Jackson, 2013) and have inadequate skills and knowledge when looking after individuals who self-harm (Rebair and Hulatt, 2017). Growing professional opinion (Mental Health Task Force, 2016) also highlights problems for mental health staff in recognising the close relationship between physical and mental health issues and their impact upon each other (Millar, 2017; Rebair and Hulatt, 2017). Despite the unifying call to arms, the study highlights that for some the need to belong to a safe, familiar and protective social group, with its own behaviours and language may provide the comfort that a larger and more generic nursing workforce does not. Nursing in any specific field, including mental health and adult is a complex profession, even before the demands

of new ways of working. As discussed previously, mental health and adult nursing fields are steeped in tradition and history and stand independent (Stepney et al, 2011; Nolan, 2012; Butterworth and Shaw, 2017; Rebnair and Hulatt, 2017), with familiar ways of working providing the mainstay of how and why nurses do what they do. Appeasing a recognised hierarchy and completing recognised and familiar tasks in a certain way define the customs and practice of nursing. These ritual behaviours and language are passed on through the generations that have existed for most of the 20th Century and still hold sway today (Nolan, 2012). Arguably, science and evidence-based practice may have loosened the hold on tradition, however, I propose that nursing rituals and the establishment of sacred nursing bonds are still an essential ingredient within the fabric of field specific nursing.

The different historical, cultural and social journeys taken by both mental health and adult nursing have helped forge their own individual identity that confirms who and what they are. From its early foundations adult nursing's drive to establish it's scientific, medical and positivist base stands at the opposite end of the spectrum to that of the beginnings of mental health nursing with its imposed moral and spiritual foundations (Butterworth and Shaw, 2007).

However, the study highlights that the compounding of field specific nursing traditions and rituals may be the unintentional result of field specific nursing's drive to establish their own unique status and identity. Nursing rituals and bonds may have emerged and mutated from numerous unintended nursing behaviours and planned professional developments. These may be seen within the symbolic manifestation of a professional group via the wearing of uniforms (Timmons and East, 2011; Johnson, 2019), the unique language of field specific nursing handovers, the informal social discussions during work breaks, the shared humour and the shared

belief in what we as field specific nurses do and more importantly what we don't do. The subsequent "in-group" bonds and rituals not only thrive but are passed on to new group members, despite the plethora of evidence condemning these ritualistic practices (Weir, 2000; Braithwaite, et al, 2018; Johnson, 2018; Purdy, 2018). In its attempts to become a scientific and research-based profession, modern nursing has attempted to condemn historical group bonds, sentiment, tradition and specific nursing behaviours. Arguably, modern nursing stigmatises and demonises these behaviours and passes them off as purely thoughtless repetition (Thomas, 2016), whilst its drive for cognitive and rational approaches in nursing simply disregard the notion of nursing as an art.

Despite the desires of modern nursing structures and their dismissal of any clinical or tribal rituals and socialisation, Purdy (2018) describes a *secondary socialisation* in which belonging within a society takes place outside of the home and where ownership, loyalty, values, language and boundaries become tribal (Timmons and East, 2011; Weller, 2012; Langendyk, et al, 2015; Johnson, 2018; Weir, 2018).

I propose that nurse education's reinforcement and influence upon ritual nursing behaviours and bonds (Langendyk, 2015) instils a strong occupational identity built into its academic curriculum which perpetuates field specific boundaries, rituals and behaviours. In supporting this concept, Marinetto (2020) describes nurse education as a cult, where the allure and charisma of a system that emphasises what sociologist William Foot Whyte (2020) called *belongingness to the organisation* establishes an unwavering commitment and loyalty to the group which permeates through underpinning theoretical nursing concepts and encourages ritual behaviours and bonds. The study's literature review also highlights historical neglect of the importance of schools of health and more so universities as core social institutions

(Horton, 2010) and the impact and influence of these institutions in the forming of a social identity, rituals and belongingness.

The potential result of the attempted professionalisation of nursing within all of its fields, may have inadvertently helped to reinforce existing nursing tribes, encouraging strong social identities, behaviours and rituals which tend to see the attributes of their tribe as positive, whilst those of other groups are deemed negatively and with suspicion (Rozenblit, 2008; Harari, 2011). The professional group allegiances formed within field specific nursing groups cause tensions and differences in how and why things should be done, and in turn attract certain types of people to certain professional groups (Sherif, et al, 1961; 2011; Burford, 2012; Weller, 2012). The resulting strong loyalty to one's own social group, or tribe (Beattie,1995), creates a set of rituals and behaviours that are transmitted and delivered throughout that society.

1:9 Structure and Semiotics

In what was referred to as the "Symbolic Order" (Lacan, 1982), Structuralism in an undramatic guise is simply a method of studying language and originally applied to linguistics. In claiming to discover permanent structures behind or beneath things, its synchronic (ahistorical) analysis and its concern with universal unchanging order has become better known as *Semiotics,* with structuralism existing within the umbrella of semiotics as a method in achieving and validating its theories (Boon, 1972; Gadet, 1989; Harrison-Barbet, 1990; Baggini and Southwell, 2012).

Whilst my own immersion into a nursing culture is central to achieving the study's aims and objectives, structuralism demands that elements of human culture must be

understood by way of their relationship to a broader, overarching structure or system (Baggini and Southwell, 2012). Descombes (1980) suggests that whilst *structuralism per se* refers to the theory of signs as a specification with an emphasis on the whole system (for example, society), it is the study's incorporation of *semiotics* as a theory of signs emphasises meaning based on signification and generated by discourse, that holds the key to the constructs under examination.

The study is particularly influenced by the *semiology* of Ferdinand de Saussure (1857-1913). Whilst many *"semioticians"* argue that linguistics is the origin and semiotics derived from this, Saussure (1959) argues that semiotics is the whole and linguistics one of the parts. The study's challenge of the empiricist view Aristotle (382BC-322BC), Locke (1632-1704) and Hume (1711-1776) that words are used to refer to things or mental images of things that are specific, in favour of a system that values the *sign* as a basic arbitrary element of language is explained in greater detail in Chapter Three. However, as an example of the "sign" system, some words such as *dog* are general and some particular, *Fido*. Problems arise however, within this theory when considering that some words refer to nothing empirical in the world (virtue and crime) and some words refer to nothing that really exists in the world (dragons), raising the question of where then do words for fictional objects and transcendental concepts come from. I turn to Saussure's (1959) explanation of language in discussing real things in the world as well as fictional objects and abstract concepts via the "Sign".

Saussure's (1959) sign is the basic element of language and detours from other theories of meaning by suggesting that language can be examined independently of its referents (that is, anything outside language that can be said to be what language refers to, for example, fictions and abstractions), because the sign contains both a

signifying element (what you see or hear when you look at a written word or hear a spoken one) and its meaningful content. So, in a strict sense tribalistic behaviours and tribalism have no specific meaning at all. Saussure (1959) establishes that although the meaning of a word is determined to a certain extent in conventional use (for example, nursing is “tribal”), there is always something undetermined and something yet to be determined about it which Saussure explains within his concept of Signifier/Signified. The verbal/visual sign (the part accessible to the senses) is the part you see or hear (the signifier), what these visible/audible aspects mean to us (the signified).as the study will constantly refer to is arbitrary and may mean very different things to different people and as such the signified is always an interpretation.

Fundamental to the study is the concept that the sign does not link a name and a thing, but rather a concept and an acoustic image. When examining *tribalistic behaviours* the study will embrace Saussure’s concept of the sign in its two parts and accept its arbitrary nature (the connection between the signifier and the signified), as language can make any connection it chooses and as identified within the study those connections are based within a created cultural or social reality (Saussure, 1959; Burr, 2003).

1:10 The Arbitrary Tribe

The arbitrary concepts and meanings created by language, words and signs are evident throughout the study, forming a common theme of “difference”. Discussed within Chapter Two is a variety of linguistic terms and signs that claim to represent and describe a collection of individuals with similar values and beliefs, for example,

Team, Teamworking, Group, Interdisciplinary, Interprofessional and Tribe. These arbitrary signs and the theme of difference are also significant within the constructs of the Tribe, Tribalism and Tribalistic Behaviours and the meanings and interpretations exposed by individuals and different groups are discussed further within Chapters Two and Chapter Three.

Within our current society some individuals proudly attach themselves to ancestral, historical and cultural entities that they think represent them, often characterized in what anthropologists have called “soft tribalism” (Friedman, 2018; Hill, 2020). Rather than the loose ideologies within soft tribalism, the study' utilises a number of specific social, cultural, anthropological and philosophical ideologies that offer interpretations of the constructs identified within this study, that discuss similar structures and patterns of behaviour whilst utilising “different” signs. For example, some of the behaviours and values highlighted within the arbitrary meaning of tribalistic behaviours, tribalism and the tribe, are also found in the work of German sociologist Ferdinand Tönnies who discusses the concepts of *Gemeinschaft (community) and Gesellschaft* (society) in his 1887 book *Gemeinschaft und Gesellschaft*. Tönnies (1887) discusses his social theory by emphasising different kinds of social ties that exist in small, rural, traditional societies and those ties that exist within large-scale, modern, industrial ones. Whilst the semiotic signs of Gemeinshaft and Gesellschaft are linguistically different to that of tribalistic behaviours and tribalism their signified meanings share many commonalities.

Tönnies concept of *Gemeinschaft* (1887), or community comprising of personal social ties and in-person interactions defined by traditional social rules, resemble similar tribal values of belonging, safety and support, with both resulting in an overall cooperative social organization. Both constructs are underpinned by shared values

and a belief system recognising the strength of personal ties and social interactions. Driven by emotions and sentiments *Wesenwille*, Tönnies (1887) describes people's simple and direct face to face relations with each other as natural and spontaneous. Tönnies believed that these kinds of interactions and functionality are held together by a sense of loyalty and moral obligation to others, and were common to rural, peasant, and homogenous societies.

However, Tönnies idea of *Gesellschaft* or society, features more impersonal and indirect social ties and interactions that are not necessarily carried out face-to-face (they can be carried out for example in written form or through a chain of command), much like a tribal hierarchy. These ties and interactions are characterised by formal values and beliefs, by nature they are rational and efficient and often include the theme of self-interest. In Tönnies (1887) concept of *Gesellschaft*, social interactions are not driven by sentiment or emotion but rather *Kürwille*, or rational will and mutual consent and more common in large-scale, modern, industrial, and cosmopolitan societies.

Much akin to my own interpretation of tribalistic behaviours, Tönnies observed that whilst there exists traditional strong bonds of family, kinship, a belief system and communication, it is the belief system itself that provides the basis for social ties, values, and interactions in a *Gemeinschaft*.

As can be argued in any arbitrary signification of cultural or society, for example either within the sign *tribe* or that of Gemeinschaft or Gesellschaft, the study identifies that these are important semiotic constructs for observing, understanding and interpreting how a culture or society functions, or as identified within Chapter

Two, may not function. I suggest that what we are likely to observe are several forms of a shared and ritual social order.

1:11 Reality v Social Reality

In addressing what is real, that is the sum or aggregate of all that is real or existent within a system (Cordero, 2011; Asay, 2013), some scholars question how we know that the world we see matches what anyone else experiences. In acknowledging Besso's (1873-1955) view that "*Reality is merely an illusion, albeit a very persistent one"*, the study addresses the concept of a one truth realist/metaphysical reality and that of a social reality constructed and created via language and behaviours.

It is argued that essentially human senses are fallible and what people think they perceive is actually filtered and processed by the brain to construct a useful view of the world (Hoffman, 2019). Subsequently, a physical reality which encourages physicists to look beyond the human mind for an external reality is established, for example within Quantum Mechanics, a realm where all manner of strange things occur (Achinstein, 2002; Squires, 2020). For some, the scientific approach of concepts such as Quantum Mechanics offers a one truth paradigm (Squires, 2020), reinforcing realism's view that the "reality" of material objects exists in an external world independent of our minds and perceptions. Fundamentally, material objects exist in the world of space and time, information structures embodied in matter and interacting with energy (Achinstein, 2002; Cordero, 2011; Asay, 2013).

However, Sharot (2012) suggests that the different views of the world, those that are perceived in our minds, and those that physicists discover in the universe merely

offer us flavours of reality and not necessarily social truths. Gardner (1957) suggests that the reason why realism is so powerful is that there is no other hypothesis yet that explains why the laws of physics are the same across the world. Gardner (1957) goes on to state that for the moment the realism position just makes sense as it is better than any current alternative, although does express the view of realism as a "temporary" one truth paradigm with an over-reliance on the insistence of reality as a "mind-independent" existence.

In establishing its anti-realist stance and its confirmation of working within the parameters of a social reality, the study utilises in part Kuhn's ideas of paradigm shift, highlighted in *The structure of scientific revolutions* (Kuhn, 1962). Kuhn argues that the fruits of scientific history illuminate a recurring pattern, periods of so-called normal science punctuated by revolutions which lead scientific communities from one period of normal science into another and raising the notion of incommensurability; confirming that if two theories are incommensurable (not comparable in a way that would permit the judgment that one is epistemically superior to the other) scientists in different periods of normal science employ different methods and standards. This results in experiencing the world and perceived reality differently, including the very meanings of their terms. A world where meanings and referents of terms are constrained by paradigmatic boundaries with reality being structured by human scientific paradigms, offers a potential conflict with the notion of realism and knowledge being of a mind-independent world (Bird, 2000) and emphasises the notion that although reality itself may remain unchanged, the paradigm shift provides changes in the human understanding and perception of it.

Therefore, considering the topic of the study, the recognition and acknowledgment of a social reality (Blumer, 1969) and an examination of the individual, cultural and social constructs created by human beings and their perceived multiple realities was felt to be more aligned to the study's postmodern approach (Burr, 2015). My own need for clarity around the issue of reality v social reality, accepts the existence of rational universal principles but emphasises a study that exists within the concept and parameters of social reality where social and cultural meanings are constructed. The study's position within a social reality also allows and promotes the existence of different social realities and recognises the idea that there cannot be a singular social reality and truth that exists for all people all of the time (Schwandt, 2003; Burr, 2003, 2015).

1:12 Ethnographic Approach

The study utilises an ethnographic approach which allows me as the researcher to immerse myself within specific nursing cultures and experience these subjective cultural and social realities (Malinowski, 1922; Wolcott, 1994; McGibbon et al, 2010; Germain, 2018). Examining the perceptions of a construct and the participants experience of it within their day-to-day rituals allow for a starting point, this being questions from which ethnographic fieldwork begins (Malinowski, 1922), rather than a set of pre-conceived ideas that needed to be proved or supported. In facilitating the opportunity to collect the necessary narratives, language and perspectives the study incorporated an initial focus group method (Strauss and Corbin, 1990; Patton, 2002; Munhall, 2012), supported by the brainstorming and ranking structure of Meta-planning (Davis et al, 2002), and subsequently followed up by flexible semi

structured interviews when participants had qualified as registered nurses. The study's incorporation of an ethnographic approach will be discussed in more depth within Chapter Three; however, this approach allowed me to immerse myself within two specific nursing cultures and examine perceptions of tribalistic behaviour based upon the shared individual, cultural and social stories. An interpretation of these perceptions are also presented within Chapter Three. The opportunity for me to share and experience the different nursing cultures was established via a number of fundamental roles. As a Senior Lecturer in mental health, I had numerous opportunities to interact with the participants on a regular basis via planned teaching, group work, debates, pastoral support and the informal, unsolicited moments in between which helped provide insight into the students' academic structure and experience. I also had the opportunity to support and visit the participants from both mental health and adult nursing in clinical practice during their student clinical placements, which not only offered the opportunity to observe the participants in their healthcare tribe but experience the tribe in real terms.

1:13 Researcher Position and Positionality

In defining ethnography's long-term observations and considering the human relationship that is established between the researcher and the observed participants, it is argued that as such it is incompatible with the positivist framework (Grindstaff, 2002). Arguably, as well as being inevitably subjective, ethnographic methods also carry with them some of the risks of qualitative methods, such as ambiguity, uncertainty and confusion (Honer, 2004). As a result, it is vital to the credibility of any study for the researcher to make explicit their own positioning and

recognise the bearing this has upon the research. In acknowledging the importance of a high degree of reflexivity, the direct relationship between subjectivity and reflexivity highlights a fundamental aspect of qualitative research (Clandinin and Connelly, 2000; Holloway and Brown, 2012). Recognising how one's own beliefs affect the research is to accept that researcher interpretation may filter respondent accounts therefore, encompassing reflexivity in research accepts that the researcher and research are subject to the same critical analysis and scrutiny (Holloway and Brown, 2012).

The study's ontological position of constructionism asserts that social phenomena and their meanings are continually constructed and reconstructed by social actors (Gergen, 1985; Bryman, 2008; Burr, 2015). My subjectivity recognises the position of social constructionism and the importance to the study of the alignment with what anthropologists would call *culture* and what sociologists would describe as *society* (Malinowski, 1922; Levi-Strauss, 1978; Burr, 2003). The study's inclusion of a social constructionist epistemological position suggests that language, communication and discourse have a central role in the interactive process through which we understand the social world and ourselves and are further explored within Chapters Two and Three.

Many academic ethnographers utilise a reflexive approach (Whyte, 1955; Glaser and Strauss, 1967; Hertz, 1997; Hammersley, 1999; Taylor, 2002; Burawoy, 2003) therefore, the study's inclusion of elements of a reflexive ethnographic approach ensures that the structure of participant observation recognises that we are part of the world we study (Burawoy, 2003) and provides a foundation of sociological practice for practitioners of qualitative methods and sources such as observation and interviewing.

1:14 Chapter Summary

In light of the complexities within the structures of language and meaning and the multiple social realities exposed via the constructs of tribalistic behaviours and tribalism, Chapter One focusses upon the significance and importance of confirming social reality as the platform from which the study examines the topic area. Chapter One also provides a brief history of nursing to help substantiate and clarify how history, role identity, professional allegiance, nurse education and the social group influence individuals in their journey from student nurse to post qualification. Chapter One goes onto address the concepts of culture and society incorporated within its ethnographic approach alongside the influences of language and semiotics. Finally, Chapter One identifies my own constructionist ontology and positioning allowing alignment to the study's methodology, analysis and interpretation of the participant's perceptions, which are discussed in more depth within later chapters. Chapter Two incorporates Whittemore and Knafl (2005) 5 Stage Framework to review the literature examining the constructs, culture, concepts and phenomenon around Teams, Teamworking, Human Factors, Tribalistic Behaviours and Tribalism. Utilising Whittemore and Knafl (2005) framework the Chapter Two justifies the review structure identifying the data collection, data evaluation and data analysis methods. Chapter Three discusses the theoretical perspectives and methodology underpinning the study and offers analysis and interpretations of the participant's perspectives and experiences of tribalistic behaviours, including the emerging unforeseen concepts. Chapter Three utilises the Consolidated criteria for Reporting Qualitative Research structure (COREQ) when highlighting the process to identify the study's emerging themes. The analysis and interpretations from the participant focus groups, semi-structured interviews and my own fieldnotes are also identified within Chapter Three.

The discussion of the study's emerging themes along with future research and Post Doctorate implications are identified within Chapter Four. Finally, Chapter Five discusses the study's contribution to new knowledge development, along with its strengths and limitations, before summarising the research and recommendations for future research studies.

In my attempt to examine the perceptions of tribalistic behaviours amongst recent mental health and adult student nurses and subsequent newly qualified nurses, I recognise that this is a *"snapshot"* of nursing experience. As the researcher and author, I am also aware that the participant group is a relatively small sample. However, in its approach and structure the study sought to undertake the examination of the perceptions of tribalistic behaviour in a creative and original format and does provide current insight into the topic area and something that I would like to expand upon in the future. The study and its examination of the perceptions of tribalistic behaviours in nursing offers an interpretation of multiple social realities, truths and experiences within a complex and difficult milieu. In maintaining the integrity of the study, the utilisation of reflexive introspection, my own clear positioning, an awareness of the study's limitations and its aligned methodological structure were promoted and practiced, opening the study's structure, findings and recommendations to further debate.

Chapter Two
A Review of the Literature

2:1 Introduction

In any study, authors research the constructs, culture, concepts and phenomenon in which they are interested, creating an authentic and credible reality. Conducting a literature review to help inform and frame this study therefore provides a valuable foundation. Despite the confusion and interchangeability of the terms *integrative and systematic review* (Bryman, 2008), the study's use of an integrative review is inclusive of both quantitative and qualitative studies and is discussed further within the chapter. Although not directly utilised, I also found the principles of Coopers (1989) 5 stage integrative literature review process useful. Jakimowicz et al (2017) suggest that Coopers (1989) framework entails a clear search strategy and audit trail indicating a need for sources to be critically analysed, aggregated, synthesised, interpreted and findings then disseminated.

2:2 Semiotic Signs and Difference

In addressing the complexities around language, the study is heavily influenced by the work of Ferdinand de Saussure (1857-1913) and his theories around *Semiology*, identified in Chapter One. The accepted deviation from expected discourse allows me to expand the study's literature search to include arbitrary "signs and language" that potentially share interpreted characteristics despite their difference. As highlighted in Chapter One, the description of a collection of individuals with similar values, beliefs and behaviours highlighted within the arbitrary meaning of tribalistic

behaviours are also found in the work of German sociologist Ferdinand Tönnies (1887) within the concepts of *Gemeinschaft* and *Gesellshaft*. Similarly, the inclusion of the sign *"Teamworking"* shares interpreted characteristics of communication, hierarchy, identity, loyalty and language with the signs of tribalism and tribe (Molineux, 2001; Suddick and De Souza, 2006; Bayley et al, 2007; Sommerfeldt, 2013).

Rather than searching for inflexible and limiting definitions and concepts, the utilisation and influence of Saussure's (1959) approach offers an opportunity to expand not just one-dimensional references to the spoken word but provides access to the mental impressions made on our senses. It is the perception, or how we view this "thing" together with the sound system of our language that creates the two-part mental linguistic unit Saussure referred to as a "sign". Saussure's "structuralism" suggests that words name idea's not things and that what defines a word is not its relation to some eternal essence, but rather the relation in which it stands to other words in the system (Gordon, 1996).

Accepting the principles of "Linguistic Relativism" (Whorf, 1956) in which using only certain fixed concepts limits what we can think about terms, the literature reviews utilisation of Saussure's approach allows the review to expand its search of signs. As discussed within Chapter One, Saussure's notion that a "sign" is anything that tells us about something other than itself (Gordon, 1996), similarly the words on a page aren't there just as ink; but instead, bring ideas to our minds. Saussure's *semiology* suggests that we cannot know the world on its own terms, but only through the conceptual and linguistic structures of our own culture (Fiske, 1990). The study's incorporation of Saussure's signified/signifier dyad also expands to his linguistic principle of "*arbitrariness"*. There is no natural connection between the signifier and

the signified, only conventional relations between words and meanings and determined by choice (*Arbitrary*), “making the connection” between them can be anything it chooses (Palmer, 1997). According to Saussure (1959), the proof of arbitrariness is that when different languages came into existence, they developed different signs and different links between “signifiers and signified”, highlighting that if this were not the case and the linguistic sign were not arbitrary, there would be only one language in the world.

The linguistic principle of arbitrariness allows the literature review to expand its search for signs and incorporate other linguistic connections and significations, for example. “Teamworking, Team, Group and Human Factors”.

2:3 Justification of Review Structure

Whilst Smith and Deemer (2000) suggest that social reality is pluralistic and that research interpretations will be varied, reinforcing the need for a structured critical appraisal of the literature, Aveyard (2014) recommends that a good quality review should adhere to the following structure:

- A literature review question set in context in the introductory chapter.
- A methods section incorporating the research strategy, methods of appraisal and analysis of the literature.
- Presentation of the results / themes incorporating critical appraisal of studies included.
- Discussion of the results and recommendations for practice.

Although referred to as a specific form of systematic review (Whittemore and Knafl, 2005), the integrative method summarizes past empirical or theoretical literature to provide a more comprehensive understanding of a particular phenomenon or healthcare problem (Broome, 2000). However, in contrast to a systematic review or qualitative synthesis limited to empirical studies using a specific research design, integrative reviews include both empirical and theoretical literature and research that has varied designs (Whittemore and Knafl, 2005).

Whilst acknowledging the study's philosophical position a "systematic formula" was produced, recognising what had been done and how the research relates to others, highlighting the potential gaps and recognising the importance of what is not known (Wallace and Wray, 2006). Whilst this complex phenomenon (Ridley, 2012), expressed systematic, explicit, and reproducible methods for identifying, evaluating, and synthesizing the existing body of completed and recorded work (Broome, 2000; Fink, 2014), Kable, Pich and Maslin-Prothero (2012) suggest the provision of a guided search strategy is evidence of a rigorous approach, making key components explicit. In establishing the context and background to the research (Finfgeld-Connett and Johnson, 2012), the inclusive design regardless of methodologies (Havill et al., 2014), facilitated a systematic examination of the research (Whittemore and Knafl, 2005). Within its systematic methods (Broome, 2000; Fink, 2014), the integrative literature review aimed to identify, evaluate and synthesize the evidence within the existing body of completed and recorded work. My review of the literature was therefore structured utilising Whittemore and Knafl (2005) 5 Stage framework: (1) problem identification, (2) literature search, (3) data evaluation, (4) data analysis, and (5) presentation of findings.

2:4 Methodology: Whittemore and Knafl (2005)

Allowing for a broader and more varied literature search and review, particularly in nursing (Finfgeld-Connett and Johnson, 2012), the following sections will utilise Whittemore and Knafl (2005) 5 Stage framework.

2:4 (a) Problem Identification

Within the construct of nursing there exists a variety of structures that promote a sense of belonging and identity, along with protective rituals and allegiances that establish “Them v Us” beliefs (Rozenblit, 2011). The purpose of this integrative review is to explore the perceptions of tribalistic behaviours utilising narratives and experiences of nurses during their development.

The integrative literature review allows the complexity and subjectivity of the constructs of tribalistic behaviour and tribalism and their context to be revealed. The reassurance that a good interpretive study embraces subjectivity, seeking to understand them when they occur (Silverman, 2014) and acceptance of truths, only from the subject’s perspective (Solomon, 2005), allowed the integrative literature review to maintain a credible social constructionist position. The integrative review maintained a clear focus, firmly fixed on the constructs of tribalistic behaviours and tribalism and its semiotic and socially constructed derivatives. However, as identified in Chapter One, the definition of tribalistic behaviours and tribalism are intrinsically locked and entwined and as a result difficult to separate. The multiple constructs that describe individuals that socially organise themselves based on common belief systems, compounding a sense of belonging and loyalty (Johnson and Earle, 2000;

Rozenblit, 2008) also identify a number of socially constructed derivatives that need to be addressed.

Accepting that there is no natural connection between Saussure's signifier and signified dyad, it is the arbitrary nature and the flux of interpretation that allows the integrative literature review to expand its search beyond fixed linguistic signs. Saussure's (1959) sign is relational; it derives from its difference to other signs, for example, the signifier *Tribe*, may conventionally refer to the idea of *a primitive group, with spears and rituals*. However, the sign *Tribe* is not intrinsically tied to this idea, because the connection between the signifier and signified is arbitrary. Similarly, the connection between the sign team, teamworking, tribalistic behaviours and tribalism is one of pure interpretation based around cultural and social influence. Therefore, the arbitrary nature of the sign team and teamworking within the literature search could be deemed as unimportant, what is important are the common, shared characteristics such as the vital need for a communication network and a shared common interest (Lewin and Scott, 2011; Bleakley, 2013).

The arbitrary nature of meaning is also extended within the integrative review to the concept of Human Factors and the complexity of human engagement with the environment and seeks to analyse the interactions which structure behaviour in the workplace (Aboumatar et al, 2017). Within the concept of Human Factors, there exist themes that align this to the other signs within the integrative literature review, such as, "Conformity Bias" in which there is a tendency to behave similarly to others in the group (Aboumatar, 2017). When discussing Human Factors, the acknowledgement of cultural factors that influence behaviour are paramount (HSE, 2012), whilst the term teamworking itself is *flattened* rather than replaced. However, hierarchy within teams is promoted within the culture.

2:4 (b) Literature Search

Given the epistemological stance of Social Constructionism and the construct of Semiotics, the refining and agreement on a single definition used within the literature review is impossible. Therefore, the literature reviews first aim was the provision of a set of semiotic signs for the focus of the review. Aveyard's (2014) search strategy and process of the literature review, includes the use of the SUMMON database. SUMMON, a search engine that incorporates 98% of databases, facilitated the opportunity for an in-depth search to be undertaken. This ensures that the focus remains firmly fixed on the constructs of tribal behaviours and tribalism and it's semiotic and socially constructed derivatives (Table 2:1).

Table 2:1 Identified search terms for the initial stage of the literature review

Defining the scope of the review - search terms(Tribalistic Behaviours and Tribalism)	**Identifying and selecting the sources of relevant information**	**Inclusion Criteria**	**Exclusion Criteria**
1. Tribalistic Behaviours 2. Tribalism 3. Tribalism in Nursing 4. Tribalistic Behaviours in Nursing and Nurse Education	SUMMON (University Search Hub). CINHAL Plus with Full Text. MEDLINE with Full Text. EBSCO host. ProQuest with Full Text. Science Direct with Full Text. ERIC with Full Text Hand search.	English language only. Published literature only. No date limit	Leadership and Management in Healthcare and Nursing.

Access to individual databases were utilised only after key literature was identified using the search terms highlighted (Table 2.1). The same terms were repeated in the identified databases (CINAHL Plus with Full Text, MEDLINE with Full Text, ProQuest with full Text, Science Direct with Full Text and EBSCO host), until the same references were exposed. Whilst the identified articles provide the framework for the literature review, they also instil a sense of confidence in the search process and verify that the strategy is focussed (Aveyard, 2014). Utilising a computer-assisted literature search of appropriate databases, the search for topics relating to tribalistic behaviours and tribalism were captured. The search included the examination of tribalistic behaviours and tribalism with a specific focus upon nursing and nurse education. When progressing, the search terms (Table 2.1) were expanded to include a wider set of arbitrary language during the literature search (Table 2.2) to help capture the nature of the construct, which, as a result informed ***different*** search terms (Table 2.3) to help find relevant data sources (Aveyard, 2014).

Table 2:2 Wider Arbitrary Terms

1. Nursing Behaviours
2. Tribalism and Human Factors
3. Teamworking in Healthcare

This process is not uncommon in integrative reviews to identify the maximum number of eligible sources (Whittemore and Knafl, 2005; Olssom, Ringnér and Borglin, 2014). Furthermore, the use of a clearly specified sampling methodology enhanced the adequacy of the database. Using these identified search terms (Table 2.3) the breadth and depth of this knowledge building exercise was further defined

(Finfgeld-Connett and Johnson, 2012). Elements of Bates (1989) 'berry-picking' approach were also applied to provide further depth, this included (1) citation searching, (2) area-scanning, (3) subject searches in bibliographies and abstracting and indexing, (4) author searching.

Table 2.3 Search terms for the integrative review

Search Terms
1. **Tribalistic Behaviours**
2. **Nursing Behaviours**
3. **Tribalism and Human Factors**
4. Tribalism
5. Tribalism in Nursing
6. Tribalistic Behaviours in Nursing and Nurse Education
7. **Teamworking in Healthcare**

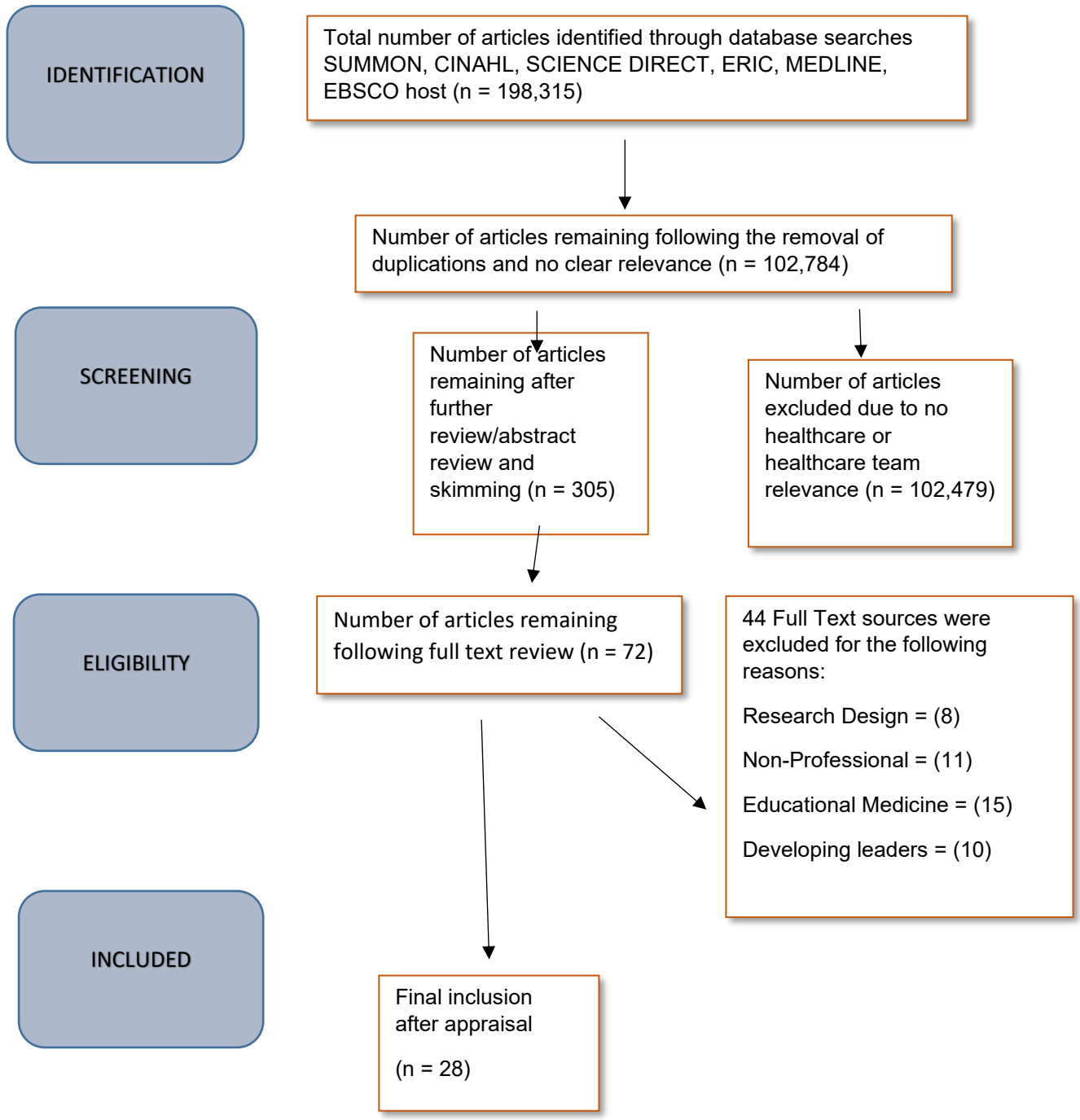
Adhering to Aveyard's (2014) principles, searches were conducted and revisited between October 2019 and January 2020. The literature search was structured using the following simple format, Inclusion: Student Nurse/Nurse/Health Professional focus, academic /peer review, all adult and English as standard. Additional headings for all searches included team, teamwork, nurse, group, nursing, rituals and educational nursing. No date limit was applied to the search. The specific exclusion criteria relating to studies examining leadership and management in nursing and healthcare were applied.

All databases (EBSCO host, MEDLINE with Full Text, SCIENCE DIRECT with Full Text, PROQUEST with Full Text, CINAHL Plus with Full Text and ERIC with Full Text) were searched using the identified terms and agreed inclusion criteria relevant to the research (Wakefield, 2014). A total of 198,315 articles from the opening search exposed an unsurprising plethora of primary research articles around a seemingly arbitrary set of search terms, for example, included in the initial search the term “Nursing Behaviours” achieved 150,069 hits. 95,531 were removed for either duplication or no clear relevance to the research. Interestingly, Armstead (2016), notes that during her research in 2016, a CINAHL search alone of the term teamworking produced 12,220 hits. The remaining 102,784 article titles were initially reviewed for relevance: healthcare/healthcare team/Human Factors and healthcare related reducing the number of articles to 305. The number of articles remaining following the further process of abstract review and the incorporation of elements of Bates (1989) cherry picking approach formed the foundation for the study’s research base. These established and relevant articles for review were 72. The 72 full articles were retrieved and using a combination of the inclusion/exclusion criteria (Kable, Pich and Maslin-Prothero, 2012), 44 articles were finally discarded. Of the 44 full text articles discarded, 8 were not deemed suitable due to their quantitative design and lack of alignment to the “narrative” nature of the research, 11 were not professional healthcare related, 15 focussed on “medicine” rather than nursing and 10 were directly leadership focussed. In remaining focused upon the inclusion criteria, the search focussed in more depth upon the full texts of the remaining 28 articles, confirming their suitability.

In preparing for data evaluation and addressing any additional concerns regarding rigour, Preferred Reporting Items for Systematic Reviews and Meta-Analyses

(PRISMA) guidelines and principles helped inform this review (Liberati et al., 2009). With the overall goal of the PRISMA statement of improving the transparency and scientific merit of a reported systematic review or meta-analysis, my literature search and evaluation incorporated the complete PRISMA statement of the 27-item checklist, along with the flow diagram (Fig 2:1). For nursing, attention to these guidelines by researchers, clinicians, authors, and reviewers will serve to elevate the level of nursing science and also will improve nursing practice by enhancing the quality of the evidence (Moher et al, 2009).

Figure 2.1 PRISMA Flow Chart



2:4 (c) Data Evaluation

Within the data evaluation stage, the quality of individual studies and other types of literature within the review were appraised. The final sample for the integrated review included a variety of empirical, theoretical evidence and methods; case study, grounded theory, phenomenology, discussion papers and narrative studies. Due to the diverse nature of the primary sources a critical appraisal process of carefully and systematically examining the evidence to judge its trustworthiness, its value/relevance to the study. The data relevance was created using a simple 2 point high/low scale (Whittemore and Knafl, 2005), acknowledging any deviated arbitrary signs. None of the gathered articles (Table 2:4) were excluded based upon the data evaluation rating, however, the articles scored with low rigour and relevance contributed less to the data analysis process.

The Critical Appraisal Skills Programme (CASP) (2018) was used as a framework to assess and evaluate the research articles, allowing evaluation for suitability and inclusion (Kable, Pich and Maslin-Prothero, 2012; Wakefield, 2014). However, despite applying the study's inclusion and exclusion criteria (Aveyard, 2014), none of the research articles fully addressed the research aim (Tribalistic Behaviours), making the application of thematic analysis principles necessary to collectively review the data.

It is within the acknowledged gap formed during the literature search and review that the study emphasises and strongly defends its claim of originality. Originality is a crucial element for academic writing and research (Al-Sarif, 2022), allowing the study to build on the work of others and create something new and valuable from it. The study's literature review clearly identifies a lack of research, discussion, awareness

or narratives around the sign Tribalistic Behaviours. The non-existent sign of Tribalistic Behaviours within the literature, not only allows the study an originality demonstrated within its significant aims, arguments and findings but an opportunity to elicit a new concept and phenomenon and explore completely new territory.

Table 2:4 Study Characteristics

Article Title	Author/Date	Characteristics
Collaborating for Legislative Success: Overcoming Organisational Tribalism	Johnson, I. (2019)	Discussion Paper Incivilities in Nursing. Strategies of Division.
Service users, metaphors and teamworking in mental health	Warne, T and Stark, S. (2004)	5 stage inter-related study. Lit review/focus groups/case study/national survey Use of metaphors in developing language in mental health. National Surveys. Case Study
Groups vs Teams: Which One Are You Leading	Armstead, C. Bierman, D. Bradshaw, P. Martin, T. Wright, K. (2016)	Literature Review Concept of Team
Shedding new light on tribalism in health care	Weller, J. (2012)	Discussion Paper Tribalism/Tribal groups Social Identity Theory
Teams, tribes and patient safety; overcoming barriers to effective teamworking in healthcare	Weller, J. Boyd, M and Cumin, D. (2019)	Review of Educational Interventions in Healthcare. Multi-disciplinary working Team effectiveness Educational factors/communication/Psychological factors
Interdisciplinary working between community pharmacists and community nurses.	While, A. Shah, R. Nathan, A. (2005)	Multi-professional programmes on evidence-based practice. Questionnaire (20 closed questions). Pilot Study on Interdisciplinary working. Power/culture Hierarchy Language
Hierarchies of evidence and hierarchies of education; reflections on a multiprofessional education initiative	Page, S. Meerabeau, L. (2004)	Discussion Paper. Professional hierarchy and tribes Education Multiprofessional learning Hierarchies of evidence/education
Tribalism, loss and grief: issues for multiprofessional education	Atkins, J. (1998)	Discussion Paper Identity Education Multiprofessional Professional Tribes Professional society/culture
The basis of clinical tribalism, hierarchy and stereotyping: a laboratory-controlled teamwork experiment	Braithwaite, J. Clay-Williams, R. Veceillo, E. Marks, D. Hooper, T. Westbrook, M. Blakely, B. Ludlow, K.(2018)	Team base Experiments/Questionnaires. Laboratory controlled. Clinical tribalism/tribe/tribal divides Teamworking Roles/behaviours
Professional stereotyping and interprofessional education	Mandy, A Milton, C. Mandy, P. (2004)	Longitudinal Study Interprofessional rivalry/tribalism Education hierarchy Social Identity

		Professional Identity Difference
Caring for attitudes as a means of caring for patients: interprofessional learning	Hawkes, G. Nunney, I. Lindqvist, S. (2013)	Questionnaire Need for professional identity Tribalism/other are different Professional silos Own profession more caring than others
Ten changes in improving quality in healthcare: lessons from the Health Foundation's programme evaluations and relevant literature	Dixon-Woods, M. McNicol, S. Martin, G. (2019)	Narrative Review Tribe/tribalism Language Professional boundaries
They have no idea of what we do or what we know: Australian Graduates perceptions of working in a health care team	Ebert, L. Hoffmn, K. Levett-Jones, T. Gilligan, C. (2014)	Interpretive Approach. Focus Groups – interprofessionalism Tribe/Professional tribalism Social Identity Interprofessional education Roles/status
Uniforms, status and professional boundaries in hospital	Timmons, S. East, L. (2011)	Symbolic Interactionist Approach. Identity Tribe Boundaries/Professional Tribalism Symbols Hierarchy/Rituals/Professional Identity Language
Imaging Alternative Professional Identities	Langendyk, V. Iman, H. Cowin, L. Johnson, M. Wilson, I. (2015)	Discussion Paper Education Professional Identity Hierarchy Language
Empowerment in the interpersonal field: discourses of acute mental health nurses	Lloyd, M. (2007)	Ethnomethodological Study. Semi Structured Interviews Language Teamworking Power
Interprofessional teamworking: what makes teams work well	Molineux, J. (2001)	Semi structured interviews Interprofessional Power Hierarchy
Therapists experiences and perceptions of teamworking	Suddick, K.M. De Souza, L. (2006)	Explorative qualitative study. Semi structured interviews Teamworking Difference Power Structure/priorities
Professional differences in interprofessional working	Baxter, S. Brumfitt, S, (2008)	Qualitative study. Semi structured interviews Tribalism/Professional groupings Professional evolution Power/status Knowledge/language
Working in teams in an era of liquid healthcare: What is the use of theory	Bleakley, A. (2013)	Discussion Paper Team/interprofessional/group Language/discourse Power
The Five Stages of Workplace Tribes	Logan, D. Fisher-Wright, H. (2019)	Discussion Paper – Q&A Interview Tribes/Tribalism/Tribal members Language Nursing difference Values – shared
A new epoch for health professionals education	Horton, R, (2010)	Discussion Paper Tribalism Knowledge Education
Teamworking in healthcare; Longitudinal	Bayley, J.E. Wallace, L.M. Spurgeon, P.	Longitudinal Survey design. Semi-structured interviews/questionnaires Culture of teamworking/interprofessional

evaluation of a teambuilding intervention	Barwell, F. Mazelan, P. (2007)	Power
Enacting team and teamworking; using Goffman's theory of impression management to illuminate interprofessional practice on hospital wards	Lewin, S. Reeves, S. (2011)	Ethnographic Approach. Semi-structured interviews Interprofessional teamworking Hierarchy Socialisation Language
Learning to collaborate: a study of nursing students experience of interprofessional education at one UK university	Stepney, P. Callwood, I. (2011)	Mixed method longitudinal. Questionnaires. Limited effectiveness Inter-professional education Role appreciation Professional barriers/cultural differences Professional tribalism
Re-finding the human side of human factors in nursing. Helping student nurses to combine person centred care with the rigours of patient safety	Tonks, J. Fawcett, N. Rhynas, S.J. (2014)	Discussion Paper Behaviour Education
Professional socialisation, tribalism and career trajectories	Purdy, E. (2018)	Discussion Paper Tribalism Socialisation Education Loyalty Tribal Behaviour
Articulating nursing in an interprofessional world	Sommerfeldt, S.C. (2013)	Longitudinal Study Teamworking Traditional working groups Role

2:4 (d) Data Analysis

As a method of capturing patterns or "themes" across qualitative datasets, often the umbrella term Thematic Analysis (T.A.) is used for sometimes quite different approaches (Braun et al, 2018), not just a single qualitative analytical approach. In utilising T.A. and the process of analysing patterns of meaning, the study addresses the meaning or meanings of the exposed signs contained within the gathered articles. Within the data analysis process the applied principles of the Constant Comparison Method (Patton, 2002; Bailey, 2006; Munhall, 2012) also compelled me to constantly compare the interpreted emerging phenomena allowing categories and themes to further emerge. Negotiating the shared meaning of the themes relied on

the work of Miles & Huberman (1994), and Denzin & Lincoln (2000) which authenticated this approach.

The critical analysis of the data emanating from the review is highlighted and discussed below within the three identified broad themes:

1. Arbitrary Signs

2. Education

3. Tribalism

2:4 (d.1.) Arbitrary Signs (Team/Teamworking/Human Factors)

In recognising the conceptualised idea of a theme being a shared meaning organised around a central organising concept (Braun et al, 2014), the theme of Arbitrary Signs provides otherwise disparate entities (team, teamworking, Human Factors) a unifying data process structure. Meanings that occur in multiple contexts were therefore captured for the purposes of the data analysis process within the theme of Arbitrary Signs. Underpinning this theme was the relativist adoption of qualitative approaches (Gilson, 2012; Burr, 2015) that suggests reality is multiple. The integrative literature review's complex process (Ridley, 2012) was exacerbated by the study's social constructionist position that knowledge, truth and reality are created and socially defined. The Arbitrary Signs theme reveals a myriad of narratives and arbitrary meanings confirming that the difference between a group, team, human factors and teamworking are socially constructed and unsurprisingly multiple within their application of reality. If, as suggested the construct of team

evolves from a group (Honey, 1997) and performs at a much higher level of cohesion, it does confirm the concerns as to why the boundaries between all of these arbitrary signs remain blurred (Sullivan and Garland, 2010). Essential team qualities (Mears and Voehl, 1994), including: loyalty and understood roles are easily transferrable when describing a number of confusing constructs, including that of the tribe. However, Humphries (1998) provided this messy and fudged construct a more credible position by suggesting that a team is a group who work together to achieve common objectives, willing to commit all their energies necessary to ensuring that the objectives are achieved.

In accepting the arbitrary nature of the bond between signifier and signified, the concepts of “Team and Teamworking” (Signifier), for example, need not necessarily be engendered by the sound image, meaning there is no natural reason why the signifier “Teamworking” should engender the signified. Utilising Saussure’s (1916) structure “substitution”, the study utilises the forming of syntagm’s (ordered collection of signs) meaning that teamworking and team have syntagmatic relations with other elements. Arguably in a similar way teamworking and team can be said to have “paradigmatic” relations (relations of substitutability) incorporating “interdisciplinary” “multidisciplinary” “interprofessional” and many others (Saussure, 1916). What emerged from this theme were constructs with shared core significations. The linguistic signs of effectiveness, success and innovative for example, when discussing team and teamworking (Molineux, 2001; Bayley et al, 2007; Lewin and Scott, 2011; Bleakley, 2013) were reflected within the concepts of a nurtured shared vision (Molineux, 2001; While et al, 2005; Bleakley, 2013), whilst a recognised hierarchy was dominant within similar research (Warne, 2004; Lloyd, 2007; Lewin and Reeves, 2011). Whilst the application of policy and guidelines reinforcing the

essence of teamworking was particularly strong (Bleakley, 2013), the described essential need for recognised teamworking programmes (Bayley, 2007; Armstead, 2016) were also recognised. The dominance of essential team and teamworking elements including the existence of agreed systems of communication, role clarity and a commitment to working collaboratively (While et al, 2005; Bayley, 2007; Bleakley, 2013), exist within clear team pathways (Bayley, 2007), despite the variation in language and signs. Interestingly when raising the construct of Human Factors within this theme, limitations within Teamworking were noted, with unpredictability, complications and human error the result of the size and nature of the team that provides the role of teamworking (Gunawan and Tutik, 2019).

Punishing linguistic signs were common throughout, identifying the consequences of ineffective teams (Baxter and Brumfitt, 2008; Sommerfeldt, 2013). Punishing narratives around poor teamworking included the impact upon service provision, individual stress, the threat of medical errors, recruitment, retention and increased workload as a result (While et al, 2005; Suddick and De Souza, 2006; Bleakley, 2013; Tonks et al, 2014). A predicted bleak outlook looms unless the current healthcare practices, guidelines and positive rituals of team and teamworking are followed (Molineux, 2001; Suddick and De Souza, 2006; Lloyd, 2007), those not teamworking or collaborating as part of a team are deemed responsible for poor customer/patient care (Baxter and Brumfitt, 2008, Sommerfeldt, 2013).

From the study's Arbitrary Signs theme, shared and common meanings begin to emerge that create an alignment to the literature and establish an interpreted sign that helps the formation of the research questions. Clearly identified within this theme is the emphasis in the similarity in literal definition between team and group

(Armstead et al., 2016), along with the suggestion that unlike groups, teams work together to achieve goals by interprofessional collaboration and that the concept of teams is critical to the continued success of the organisation. However, Bleakley (2013) reported that the construct of team is so embedded within healthcare culture and the link with power, it is difficult to “re-inscribe” and hard to abandon. Ultimately, whilst professional differences described as “Tribalism” appears to deepen perceived issues of professional hierarchy (Baxter and Brumfitt, 2008) and the view of interdisciplinary working is viewed pessimistically (While et al. 2005), both Molineux (2001) and Sommerfeldt (2013) share the theme of professional identity as being more important for professionals before any team collaboration begins.

Finally, before moving onto the second theme of *Education*, it is interesting to note that whilst *Tonks et al, (2014)* identifies the themes of preparing student nurses for their role, and the challenges this presents within nurse education, the potential for transformation within nursing education and the impact this theme may have upon naive and enthusiastic students, the transition from novice to expert (Benner, 1984) are highlighted as being key within this journey. In highlighting the role of human factors within both this theme and in nurse education, there is the recognition of the powerful existence of rules, values and cultures that nursing possesses.

2:4 (d.2) Education

Arguably, it would be beneficial to have a health education system that was straight forward and one that was steady and progressed at a regular pace. Unfortunately, what is often experienced are periods of advance followed by episodes of stagnation broken up by reflection and debate. With increasing demand for integrated health

professional education, the renaissance in a new kind of professionalism which is team based and interprofessional is favoured (Bhutta et al, 2010). Unfortunately, the subsequent failed delivery of adequate health professional education has had an impact on the needs and interests of patients and populations, leadership and role identity (Chen et al, 2010).

Rather than an arbitrary and confusing construct identified within the previous theme, “Education” represents a stoic, positivist and historical sense of truth and identity, with structures such as Interprofessional Learning (IPL) in healthcare being traced back as far as World War Two (Langendyk, 2015). However, the evidence of persisting positive attitudinal change towards other disciplines in education is limited. Identity within this theme is clearly a powerful construct and evident within all of the presented literature. Whilst individuals from other professions are seen as different, leading to ineffective collaboration and tribalism (Hawkes et al, 2013; Ebert et al, 2014), all professional groups are perceived as having their own language and literature built into their education structures, which plays a key part in developing the professions culture (Stepney et al, 2011). The resulting professional and cultural boundaries reinforce the differing professional “truths” and their own professional education and knowledge. The utilisation of Social Identity Theory (Mandy et al, 2004; Ebert et al, 2014)) within education in which stereotyping is explained within the realms of intergroup discrimination, creates new paradigms within this theme. With a focus upon a behaviour in which individuals favour their “in-group” over the “out-group”, and an emphasis upon how individuals derive a concept of self from the group/professional membership, social identity offers the study further unforeseen scope. Rather than “uniprofessional and flexible identities” (Langendyk et al, 2015) in which educators facilitate appropriate professional identities within students, the

development of values and attitudes referred to as professional tribalism (Ebert et al, 2014) has led to clinicians to view the same thing very differently. What remains relatively unknown however, despite its prominence is the effectiveness of interprofessional education over the last decade (Mandy et al, 2004; Langendyk, 2015). What lingers, is a sense of hierarchy both within the educational pathways and within the evidence and knowledge used to support these routes (Page et al, 2004). Emphasising power within education the evidence suggests that specific identity and language brings with it specific power (Warne and Stark, 2004) and that professional identity, unique training, values and language create a sense of belonging.

Whilst the theme of *Education* within the data analysis section identifies for some the importance of IPL as an approach to better interdisciplinary working and the power of students to develop their own professional identity (Hawkes et al., 2013), Ebert et al, (2014) indicated that IPE was felt on the whole, to be a largely optional activity with little value. In reality, applied intermittently IPE was viewed as tokenistic and didn't help members of the healthcare team overcome the clearly existing elements of tribalism. Clearly evident within the data were the constructs of poor or complex communication structures (Ebert et al, 2013), the existence of a "health hierarchy" and the shared values, meanings and practices of different educational cultures (Atkins, 1998).

With a focus upon hierarchy in education within the literature, the historical power gradient suggests that nursing has constructed its own knowledge base, distinct from that of medicine (Page and Meerabeau, 2004) suggest that nursing has somewhat self-consciously constructed their own knowledge base – distinct from that of

medicine. However, with the driver of multiprofessional/multidisciplinary education dominating healthcare education, the spectre of academia stratifying noble and less noble disciplines returns as a stick to beat institutions like universities, particularly with the creation of league tables in which entry criteria, grading, and the identification of excellence is king. The subsequent creation of stoic and professional demarcation lines therefore remains deeply ingrained.

Identified within the literature, the confusion around the concepts of role identity and professional responsibility appears to increase the pressure upon the social institution of “education” and the production, dissemination, application and preservation of acceptable nursing truth and knowledge.

With the drive to eliminate the damaging structures of tribalism within the professions (Beattie, 1995) and the alleged discouragement of any tribalistic behaviours within health education, nursing and nurse education faces a difficult battle against a construct steeped in tradition, rituals, language and beliefs. The reinforced perceptions that exist within professional groups following IPE (Mandy et al, 2004), the different language, culture and practice that lead to distinct tribes, suggest that the forming of professional tribes is unavoidable (Stepney et al, 2011). Whilst there are calls for a well-developed professional identity with career commitment and workplace satisfaction (Langendyk et al, 2015), there are at the same time concerns about inappropriate professional identities developed as an outcome of nurse education. Langendyk et al (2015) concept of professional tribalism simply strengthens the study’s aim to examine the perceptions of the deeper construct of *Tribalistic Behaviours* rather than the superficial concepts of professional identity.

2:4 (d.3) Tribalism

If Logan and Fischer-Wright (2008) are to be believed, workgroups are becoming more tribal and powerful than ever. I suggest that this can be equally applied to workgroups within healthcare, particularly nursing groups. In acknowledging Tönnies (1887) view of *Gemeinschaft* and our capacity to be loyal and dedicated to a personal and deeper community, this capacity is more basic and instinctual than that of a simple group. Arguably, humans as a species naturally form these constructs in an attempt to unite values and qualities and instinctively form “us v them” identities (Rozenblit, 2008). It’s easy to imagine, given our history as hunter gatherers with limited exposure to people outside of our tribe, that living and working in small communities is natural. Confirmed within this theme is the undeniable existence of “something or some thing’s” that band us together. Viewed as both positive and negative within the analysed literature, tribalism in particular exists within multiple realities. The issue of tribalistic behaviours and tribalism being inevitable is addressed to a degree by Friedman (2018) who comments that there appears to be a need for an identity and a need to belong to something that shares values and language. Rather than being destined to hate each other in our “ingroups and outgroups”, the issue of trust, language and civility plays a part in our interactions with others (Braithwaite et al, 2018; Johnson, 2019). However, simply removing organisational, leadership and education themes from the equation is not enough. Undoubtedly, we guard and defend our tribal (professional) boundaries with language (Dixon-Wood, 2011) and despite attempts to create corporate tribes with new mental models, initiations and uniforms (Timmons and East, 2011; Weller, 2012; Weller et al, 2012) we are biased towards other complex and primal constructs. The need to identify with attributes we value, and dislike those that do not have these

(Weller et al, 2012) can be overwhelming, however the overpowering need for "identity", who we are and who do we belong with is key. In an attempt to define the arbitrary construct of Tribalism in Chapter One, I interpreted the existence of Neo tribalism (Maffesoli, 1996), political and social characteristics (Maisel, 2014; Caton; 2015) and anthropological and human behaviours (Morris, 1981; Fabietti, 2002) to create a construct that viewed loyalty, language, social civilities, protection, safety, beliefs and behaviours as fundamental to the individual.

Within the data analysis my own interpretation of tribalism is supported via a number of themes and views identified within the literature. Whilst Braithwaite et al (2018) suggest that whilst people in healthcare settings treat professionals differently and behave according to tribal norms based in strong group identification, Purdy (2018) suggests that similar values and behaviours that the individual may share with a particular nursing tribe allows the individual to gravitate towards that culture, and as part of this journey a reshaping of individual belief systems takes place.

In a pluralistic healthcare system (Timmons and East, 2011) with competing interests "tribal phenomena" (Weller et al, 2012) distinguish between ingroup and with a social identity that exists within those positive tribal attributes. These positive tribal attributes are desirable and make us better than those tribes who do not possess them. However, Weller et al (2012), finally highlight that the resulting tribal allegiances and tribalism cause tensions amongst other health tribes.

2:4 (e) Presentation of the Findings

When specifically presenting my voice within the literature review, simply providing a table or diagrammatic form concluding the integrative review (Oxman, 1994) as suggested by Whittemore and Knafl (2005) did not provide the opportunity for me to encapsulate the relevant semiotic signs or arbitrary meanings that emerged from the review. Despite the importance of providing a logical chain of evidence, allowing the reader to ascertain that the conclusions of the review did not exceed the evidence (Whittemore and Knafl, 2005), the importance of discussing the impact of my ontological and epistemological position, what I was looking for and did not find and what I was not expecting and found will be better met within a critical conclusion rather than a table. The results of the data analysis section capture the depth and breadth of the relevant reviewed literature around the topic and will in further chapters contribute to a new understanding of the phenomenon of concern.

My study offers a view that postmodern institutions, for example nursing, become reliant on models and maps that have lost all contact with the real world that preceded the map (Baudrillard, 1981). In the application of Baudrillard's concept of "simulation" and the active process of replacement of the real, I suggest that tribalistic behaviours and tribalism have been replaced by the representational and deceiving images of Team, Teamworking and Human Factors (Glaser, 1994).

Whilst I expected both positive and negative views of tribalism and tribalistic behaviours, I did not expect to find a lack of evidence around the construct of tribalistic behaviours or a completely negative view of tribalism. What appears to be evident within the literature review are initiation rituals within nurse education and clinical placements addressing "identity" which appear to be moulded and labelled as

“tribalism” (Atkins, 1998), whilst clear professional socialisation is also practiced within clinical and educational institutions and viewed as acceptable (Purdy, 2018). Tribalism as expected raised a vast variety of perceptions (Weller, 2012), however the construct of tribalism was dominated and aligned almost completely with negative connotations and deemed to be a persistent problem within nursing. Whilst the sign of “professional tribes” was suggested to highlight and potentially soften the perceived existence and nature of tribalism, this definition also identified open hostilities between professions, referring to teamworking as struggling due to the influence of tribalism (Weller, 2012).

As previously identified within the integrative review two unexpected themes created a lot of discussion and offered further unforeseen scope. The construct of “Social identity” (Dixon-Wood, 2011; Weller, 2012; Purdy, 2018) and “Secondary socialisation” (Atkins, 1998; Purdy, 2018), strengthening the study’s aims and objectives, particularly around origins of tribalistic behaviours and the influence of education. Secondary socialisation (Atkins, 1998) suggests that students are initiated into new sectors of the social world, along with its unique culture, with this process of socialisation taking place outside of the home, for example university. This process it is claimed also has an effect on the individual’s understanding of that culture (Purdy, 2018). Whilst nursing tribes provide a sense of unique identity and belonging, rather than a global healthcare profession identity, the process of the promotion of positive attributes of one tribe over those that are less desirable is referred to as Social Identification Theory (Weller, 2012). This process is highlighted within the integrative literature review as something that is actively utilised, manipulating the environment and promoting new language and a sense of belonging to that specific tribe.

The integrative review highlights that whilst nursing and nurse education structures pursue the ideal of a professional system (Atkins, 1998; Page et al, 2004; Lagendyk et al, 2015), the existence of professional tribes and tribalism are widely recognised as historical, professional and hierarchical structures that dominate the horizon (Mandy et al, 2004; Ebert et al, 2014; Hawkes et al, 2014). On reviewing the literature, the complex construct of tribalistic behaviours and the safety and comfort offered by the tribe is clearly evident and far from being hidden and in decline, tribalism appears to be well established within the nursing structures (Weller et al, 2012; Braithwaite et al, 2018; Purdy, 2018; Johnson, 2019).

I suggest that the integrative literature review highlights a view into a tribal world that offers new tribal members a number of clear rules, including, a tribal belief system that distinguishes the tribe, a Basic Principle (general statement of a belief), an Operator of Force (some form of power or mechanism driving the belief), Justification (evidence, whether true or not, that proves function as the belief predicts), a Central Figure (entity that created the belief), a Guidebook (text or oral tradition enumerating the tenants of the belief) and a system of communication which arguably resonates within nursing (Johnson and Earle, 2000; Rozenblit, 2008; Harari, 2011).

The integrative review of the literature has identified what is already known about these multiple and arbitrary constructs and has therefore helped shape the research questions and methodological design. The overall aim of this study is to contribute towards a more insightful and meaningful understanding of tribalistic behaviours within nursing, so that the findings can help to shape and advance knowledge and future research.

Therefore, the following research questions were posed.

1. What experiences and perspectives do student nurses have of tribalistic behaviour?

2. What experiences and perspectives do newly qualified nurses have of tribalistic behaviour?

3. What are the perceived and experienced origins of tribalistic behaviours in nursing?

The next chapter will evidence the methodological approach and methods used to address the research questions and identify gaps in knowledge.

Chapter Three
Methodology and Research Design

3:1 Introduction

This chapter presents and considers the theoretical perspectives and methods that have helped create this study, along with the study's methodology, this being the framework for analysis and the empirical investigation (Bogdan and Taylor, 1975; Charmaz, 2004; Bryman, 2008). This chapter will also highlight the "Findings" of the data collection and analysis. Whilst the chapter will critically debate the underpinning theoretical principles to facilitate the philosophical, ontological and epistemological congruence of this research, it will also incorporate an appreciation of alternative methodological approaches as competing discourses (Denzin and Lincoln, 1994; Bryman, 1998). The research aims and objectives helped position the chosen methodology, to include theories and practices for making decisions and the technique for collecting and analysing data to enhance the dependability and significance of this inquiry (Lincoln and Guba, 1985). The research exists and functions within Social Science (Smith, 2001) asking philosophical questions as to the nature of being human and the claim that essences of spirit and human experience cannot be reduced to the realm of causal science (Turner, 2015). Research developed within the paradigm of social science therefore, is constantly in a state of flux (Bryman, 2008). The term paradigm is used at this early stage to describe epistemological, ontological and methodological position or positionality in defining a set of beliefs, which frame and guide an inquiry and represent a distillation of what we think about the world and cannot prove (Lincoln and Guba, 1985). The result being that research located within this paradigm can never offer definitive

answers and facts, but rather offers plausible interpretations and resonance for those whose experiences are reconstructed and narrated (Riessman, 1993). When discussing the methodology and design of the research, the COnsolidated criteria for REporting Qualitative research (COREQ) 32- item checklist is utilised to help structure the theoretical framework theme within the chapter.

3:2 Chapter Aims and Objectives

To help connect and embed the chapter within the structure of the thesis, the discussion and findings of the literature review indicate the need for a deeper and more expansive insight into the construct of tribalistic behaviours. Given the nature of this construct it seemed appropriate to adopt a qualitative paradigm, gathering evidence from a culture or society in the form of individual discourse, experiences, behaviours and shared beliefs. The research questions identified within the Literature Review suggest a methodological approach that embarks from a position that the cultural and social narratives, rituals, language and signs within a specific group of nursing professionals are real and impart a cultural or social reality, knowledge and truth for that culture. The culture interacts and behaves according to its own uniquely constructed social system offering “difference” in what is knowable and creates connections and realities that encourage further scope for others to investigate.

3:3 Ontological and Epistemological Issues

Research is about "*seeking through methodical processes to add to one's own body of knowledge and hopefully, to that of others, by the discovery of non-trivial facts and insights"* (Sharp, Peter and Howard, 2002, p.8). As alluded to within the introduction the "nature of being human" rests at the core of this study and whilst objects for analysis within the natural sciences (atoms, gases molecules and chemicals) cannot attribute meaning to human activity or events, people can (Schultz, 1962). In adopting a Social Science paradigm, the study utilises a qualitative research approach to capture and represent the "Human" perspective within its process.

The study's ontology, the philosophical study of the nature of social reality, existence and particular ideas about the world (Holloway and Wheeler, 2002; Dombro, 2007; Munhall, 2012), reflects its epistemology, the branch of philosophy that deals with the study of knowledge (Bryman, 2008; Munhall, 2012). The study's ontological position of Constructionism and epistemological position of Relativism may be viewed by some scholars (Finlay and Ballinger, 2006; Andrews, 2012) as being on a continuum with a realist ontology and a positivist epistemology at one end of a continuum and constructionist ontology and relativist epistemology at the opposite. However, the study recognises other relevant ontological and epistemological positions, particularly those outside of a simplistic reference to a continuum, for example *post positivism*. Post positivism describes an approach to knowledge and an implicit assessment of the nature of reality, taking a metatheoretical stance that critiques and amends positivism suggesting that the social researcher assumes a learning role rather than a testing role (Smith, 1996; Rytövuori-Apunen, 2005). The development of the post-positivist stance also asserts the value of values, passion

and politics in research and an ability to see the whole picture with a kind of objectivity that is different from 'just the facts' and devoid of context (Eagleton, 2003).

Finlay (2006) supports the study's relativist epistemological position in promoting the values of more reflexive modes, demonstrating the possibility of multiple understandings and interpretations, whilst Bryman (2008), emphasises the ontological position of constructionism, which asserts that social phenomena, social interactions and their meanings are continually being created, adapted and produced by social actors. As highlighted in Chapter One, the study recognises realism's general principle (Bryman 2008) that dictates an ontological position that *universals* exist independently of our individual thoughts. However, the study's ontological position aligns with the view that social realities exist as social constructs built from the perceptions and actions of social actors (Angenot, 1984; Berger and Luckman, 1991; Andrews, 2012).

Burr (2003) defines the study's deeper epistemological position of Social Constructionism, suggesting that social reality and meaning are created and emerge from social happenings, confirming the study's anti-realist, relativist stance (Andrews, 2012). In reinforcing the study's construct of a social reality identified in Chapter One, the study highlights a flawed concept of realism's "mind independent" reality due to the idea of a paradigm-transcendent world investigated by scientists with reality being structured by scientific paradigms and that the concept of a one truth reality may not exist or at least may not be constant (Kuhn, 1962; Goles and Hirshheim, 2006).

Burr (2015) reports that as humans we respond not to physical objects and events themselves, but rather to the meanings of these, with language itself providing the

means of structuring the ways the world is experienced (Burr, 2003, 2015). The study's use of "culture" as a valid perspective also helped emphasise constructionism's stance of an emergent social reality in flux and constant reconstruction, rather than culture as being an external reality that merely impacts and constrains individuals (Becker, 1982).

In declaring constructionism's ontological principles as the basis for social reality, a similar clarity of argument must be made regarding the study's epistemological position. Realism's ontological stance clearly shares two distinctive features with its epistemological partner positivism, firstly a belief that both natural and social sciences should apply the same kinds of data collection and explanatory approaches, and secondly that there needs to be an adherence to the concept that reality is separate from our individual descriptions of it (Bhaskar, 1989), rather than a relativist approach that suggests each individual's sense and experience is true for him. Positivism's epistemological position along with those principles shared with realism suggests that only knowledge confirmed by the senses is true knowledge, including a process that promotes the generation of a hypothesis via theory that can be tested, and a process that must be carried out value free (Bulmer, 1979; Chenitz and Swanson, 1986; Bhaksar, 1989). Despite being held as one of the conventional epistemologies of the natural sciences (Bhaskar, 1989), empiricism's insistence upon attempts to find out rules guiding reality or truth, whilst employing hypothetic-deductive approaches before positivist attempts to confirm or post-positivist attempts to falsify (Kvale, 2006) rendered this approach incompatible with the study's overall position and ethos. Therefore, in adopting a relativist approach (Weeks, 2014), the study's epistemological stance identified with the dictum provided by Protagoras (ca. 490-420 BC), that "*Man is the measure of all things*". Accepting the controversy that

relativism attracts to itself and the argument that it has been used to justify greater tolerance of other cultures customs, rituals and language, this epistemology asserts that laws, rituals and beliefs of different societies are likewise relative, in that no set of laws or beliefs are “truer” than another (King, 2004). Rather than applying relativism in its extreme approach, the study applies the epistemological principles of relativism within the construct of nursing, suggesting that different nursing cultures have different customs, beliefs and behaviours, these being real, subjective and relative (Clifford, 1983; Corkin, 2017). The study’s ontological position of constructionism and its epistemological position of relativism have been shaped and tempered by the view of realism’s unsuitability within qualitative research (Creswell, 2002; Porter, 2007), although this justification may also rest in the fact that it is realism’s epistemological partner positivism in its search for universal truths and not realism itself that is unsuitable.

Social reality within constructionism is never an absolute truth for all people at all times, however, both constructionist reality and relativist epistemological positions emphasise individual experiences and perceptions of the world and their creation of unique vantage points (Andrews, 2012; Burr, 2015). Whilst social reality is considered multiple (King and Horrocks, 2010), and its strengths lie in its acceptance of the multiplicity of truths (Miller and Crabtree, 1994), Berger and Luckman (1991) refer to the socially defined reality being the subjective experience of everyday life and how the world is understood.

Whilst acknowledging the existence of a realist ontological position of reality that is mind independent, the study in its constructionist and relativist position is aligned to an interpretivist approach and principles which restricts itself to social truth reality (Creswell, 2002). In recognising the view that positivism usually works in partnership

with empiricism (Goetz and LeCompte, 1984), non-positivist positions such as relativism and interpretivism are likely to employ phenomenology, hermeneutics or ethnography as platforms to access social and cultural knowledge, information and truth.

Whilst Rose (1997) noted that researchers must especially take account of their own *position* in relation to the research, England (1994) and Merriam et al (2001) also address the issue of "Positionality" and consider this as the multi-faceted, complex, and necessary structures surrounding an inquiry before it could or should be engaged. Positionality allows for a narrative placement for researcher objectivity and subjectivity whereby the researcher is situated within the many aspects of perspective and positionality (Lave & Wenger, 1991). In making explicit the choices and priorities of the study's processes (methodology and design) and the research's position or positionality, the study's framework can emerge (Denzin and Lincoln, 2000; Dombro, 2007).

Expanding upon the chapter's initial definition of *paradigm,* these structures provide an overarching worldview framework in which ontological assumptions and epistemological assumptions connect, ensuring that paradigms offer studies and researchers an organised approach to our entire being on this globe (Aliyu et al, 2014). Emanating from Kuhn's published work *The Structure of Scientific Revolutions* in 1962 a paradigm structures the validity of assumptions made by scientific enquiry. Guba and Lincoln (1996) in their articulation of opposing paradigms of investigation, recognise critical concepts of constructivism, positivism and post-positivism as the key paradigms that surround research, although comment upon the diluted paradigm of post-positivism as having an emphasis upon reliability, validity and objectivity in the absence of pure untenable truth. Whilst rooted in natural

science and aligned to positivist epistemology a positivist paradigm hinges upon testing theories and hypothesis, seeking absolute truths and aims of separating facts from values (Cohen and Manion, 1995), whereas, rooted within philosophy, anthropology and sociology the study's interpretative paradigm offers interpretation and meaning formed by human beings (Creswell, 1998). In depicting natural sciences as going through revolutions (Kuhn,1970), the concept of paradigms can be seen as being inconsistent with each other, due to divergent assumptions and methods. Also identified are the issues of disciplines in which no pre-eminent paradigm has emerged, for example social sciences (viewed as pre-paradigmatic), that is they feature competing paradigms. In attempting to create and critique knowledge within nursing, nurse researchers have historically utilised specific paradigms to rationalise knowledge and the frameworks used to create that knowledge (Weaver and Olson, 2006). Often based within a paradigm of positivism, nursing has looked to rational, empirical and authoritative knowledge, however Munshall (2012) suggests that while these provide a technical evidence base, it is intuitive knowledge that is fundamental in underpinning nursing practice. Described by Kuhn (1970) as incommensurable, such different paradigms are arguably superficial in their integration. Intuitive nursing knowledge of care for example, is often identified as being knowledge within a person in the form of insight, which becomes present in consciousness and is nurtured through experience in the world (Houghton, Hunter and Meskell, 2012). However, concepts such as intuitive, nurtured and tacit knowledge are difficult to ground within a truth-seeking paradigm such as positivism. Structurally when considering the widespread use of paradigms in social sciences Guba (1978), suggests that problems arise even within the terminology of paradigm itself. Emphasised in Masterman's (1970) critique of Kuhn's

work, the term paradigm is considered not very specific, registering twenty-one different uses of the term by Kuhn.

Despite Masterman's (1970) view of the potential blurring of meaning and application of the concept of paradigm, the description of the overarching worldview framework (Aliyu et al, 2014), in which ontological assumptions and epistemological assumptions connect, requires an understanding of the world as it is from individual subjective experiences. The study therefore returns to a paradigm that values meaning over measurement and potentially relies on a subjective relationship between the researcher and the subject. The interpretive paradigm or Interpretivism fulfils this requirement by further integrating human interest into the study and is aimed at providing interpretative understanding of the studied world, emerging from a constructivist approach that assumes the existence of multiple realities (Prus, 1987; Schwandt, 1994; Charmaz, 2004). Within the interpretivist paradigm the observational role of the social researcher is aimed at recognising that social reality has meaning for individuals and the subsequent interpretation of those individuals and their social world is the goal for the social scientist (Hughes, 1990). Accordingly, this paradigm emphasises qualitative analysis over quantitative analysis, however other approaches were considered prior to and as part of the study's journey. Within phenomenology for example and its philosophical investigation of the phenomena of experience (Husserl, 1907), the idea of bracketing out assumptions to look at experience with a scientific attitude is relevant. However, as discussed within the study, the aim of exposing a "Social" sense of reality with attached meanings are fundamental within the study's approach.

In its framing of the methodology and design of the research, the study utilises the concept of "theory" and in particular the form of theory and its relationship with data

collection and analysis in building or testing a theory (Giddens, 1984). Whilst acknowledging an explanation of observed regularities (Merton, 1967; Giddens, 1984; Sullivan, 1996) in their description of theory, the study challenges the universal deductive principle of theory in its guidance and influence over data collection and analysis, relating to theory as something that happens following data collection and analysis. The “Deductive” theory and its paradigm of what is known about a structure, its forming of a hypothesis and the drive to subject this to empirical scrutiny, is rejected in favour of the study’s “Inductive” stance in which theory is the outcome of the research (Bell and Newby, 1977; Armstrong, 1993; Green, 2000). The study’s use of the process of induction guides the relationship between theory and research in a different way, one in which theory is generated out of the research, this qualitative strategy reflects the study’s ontological, epistemological strategies and approaches formulating a further relationship with Ethnography in its approach to the analysis of qualitative data that aims to generate theory out of research data (Merton, 1967; Layder, 1993; Charmaz 1997).

3:4 Consolidated Criteria for Reporting Qualitative Research structure

When considering the concept of methodology Bulmer (1984) suggests a systematic and logical study of the general principles guiding sociological investigation. Within a social science paradigm such a systematic and logical process would focus on the rules of individual and groups of human activities, including the study of human behaviour (Kvale, 2006; Munhal, 2012). Within this chapter the study’s underpinning Ethnographic approach, situated within an interpretivist paradigm will be discussed,

focusing on the way in which human beings make sense of their subjective reality and their attached meanings (Holloway and Wheeler, 2002; Bryman, 2008).

When exploring qualitative research and its complex phenomena the use of a formal consolidated reporting framework is essential. As highlighted, this chapter utilises the (COREQ) checklist structure to promote explicit and comprehensive reporting and recording of this qualitative study (Appendix One). The following sections of this chapter will consist of themes specific to the reporting of qualitative study design, focussing upon the research team, study methods, context of the study, findings, analysis and interpretations (Tong et al, 2007).

3:5 Researcher and Reflexivity

When considering Domain One of COREQ which highlights Personal Characteristics, qualitative researchers are unable to completely avoid personal bias due to the close engagement with the research process and participants (Tong et al, 2007). It is therefore important that researchers should recognize and clarify for readers their identity, credentials, occupation, gender, experience and training. Subsequently this improves the credibility of the findings by giving readers the ability to assess how these factors might have influenced the researchers' observations and interpretations (Bryman, 2008). Considering the “Human Element” existing within the study and the nature of qualitative studies described previously, the interaction between myself as the researcher and participants may potentially be ethically challenging. Therefore, formulation of specific ethical guidelines in this respect is essential (Noblit and Hare, 1988; Williams, 2000). In recognising the value intrinsic to the activity of social research, *truthful accounts of social phenomena*

(Pettigrew, 2000), the way in which this is pursued must be acceptable. Ethics within social research tends to formulate around specific issues, or the failure to meet these issues; these being *no harm to participants, informed consent, maintaining privacy,* and *honesty* (Diener and Crandall, 1978). However, my experience within the study's development also highlights that these issues and principles either differ slightly dependent upon positionality or are constructed using *different* linguistic signs (Homan, 2001; Winch, 2001). As the researcher the portrayal of transparency, openness, credibility and research integrity was paramount to this study in establishing trust (Cousin, 2009) along with evidence of researcher credibility and integrity (Cousin, 2009; Dyson and Norrie, 2010). Interestingly within qualitative research, Morrow and Smith (2000) discuss the quality and validity of qualitative research as being *paradigm bound,* in that what emerges from particular paradigms underpinning research studies are standards and qualities congruent with that paradigm. Morrow (2005) adds however, that certain qualities are indispensable regardless of the research paradigm, such as sufficiency of and immersion in the data, attention to subjectivity and reflexivity, adequacy of data, and issues related to interpretation. The study's integrity, credibility and desire to authenticate authorial claims demanded an approving process, involving permission from the University of Wolverhampton, School of Health and Wellbeing Ethics Sub Panel, highlighting the key ethical principles of ensuring there was no harm to participants, obtaining informed consent, maintaining anonymity and ensuring there was no deception.

Although ethical behaviour helps protect individuals (Israel, 2014) the provision of security for the researched and the researcher was also a required protective function, reflecting the study's tone, intentions and integrity (Cousin, 2009). Despite the dilemma of using focus groups and the issue of anonymity (Cousin, 2009), the

study's primary protective function of doing no harm to participants was the guiding principle (Morrison and Liz, 2007). The study's involvement of health professionals (student nurses) also necessitated a duty of care to others, including the management of disclosure within and outside the group (NMC, 2015). Despite my current role as a senior lecturer on the participants existing course and my already established relationship with the potential participants, a formal introduction as the sole researcher was appropriate, highlighting my role within the research itself (Tong et al, 2007). Written informed consent was also sought from those student nurses invited to participate (Appendix Two) with the provision of an information letter detailing how to request further information about the study. All participants were informed that involvement in the study was entirely voluntary, and that they had the right to withdraw at any stage in the study without having to give a reason; they were not coerced in any way. I recognise that as all of the potential participants at this stage had passed all theoretical elements of their nurse training, there was no pressure on participants to inhibit their responses within the data collection methods for fear of any impact or repercussions on their own progression. Confidentiality was maintained throughout the study by not divulging raw data and the changing of names or identifying information to protect the anonymity of participants (Bryman, 2001; Oliver, 2003). Data was protected by keeping hard copy transcripts and "Teams" audio recordings in a secure facility within my office. Information stored on my computer and mobile memory stick was protected by a dual password system. Information to any other personnel, except for those directly involved in the study, such as research supervisors and examiners was closed, with all data anonymised by using pseudonyms on the transcripts (Strauss and Corbin, 1997; Creswell, 1998).

The relationship between researcher and participant may entail a strong binary opposition of the *Self* and *Other* (Bhabha, 2004) within which "Self" is associated with the researcher and "Other" represents the research subjects. As addressed in Chapter One, recognising how one's own beliefs affect the research and how researcher interpretation may filter respondent accounts (Holloway and Brown, 2012), I was very aware that there is a risk that the *other* may be viewed as a docile subject of the research project, simply delivering a performance whilst being invisible at the same time (Bhabha, 2004). However, in acknowledging the social science paradigm that values meaning over measurement, I was also aware of the subjective relationship between the researcher and the participants (Charmaz, 2004). Considering my ontological and epistemological position, my interpretation of the expressed signs, behaviours and discourse aims to ensure that words and observed actions portray the real person, so that they become knowable by capturing their true voices (Patton, 2002). Trinh (1989) when discussing power imbalance described ethnographers are active huntsmen attempting to capture the essence, reality and true meaning of participants through their words, stories and myths. However, in addressing the ethnographer role and the prevention of any power imbalance within the relationship between myself and the participants, the deconstruction of power within these relationships lay predominantly within the applied structures of semiology (Saussure, 1959), the study's methodology and the study's paradigm. The disclosed signs, discourse and meanings recorded via audio equipment within both the focus groups, semi-structured interviews and the observed discourse and behaviours recorded within my field notes in clinical practice helped align any emerging arbitrary themes, language and social meanings. This ensures that whilst definitive answers and facts are not offered, plausible interpretations and resonance

for those whose experiences are reconstructed and narrated are maintained (Riessman, 1993).

Ultimately, the use and meaning of discourse, its function and how it becomes socially produced and regulated became the dominant power within the relationship, rather than the roles of “Self” and “Other” (Bhabha, 2004). Considering poststructuralist perspectives that discourse produces knowledge and truth, Burr (1995) claims that language functions as a bag of labels describing our thoughts and feelings, communicating these internal states to others. As reflected above, my aim within the researcher – participant relationship was to expose and promote any power as existing within the expressed arbitrary signs and language, conveying true knowledge for that social individual at that time.

3:6 Theoretical Framework

Within Domain Two of the COREQ structure Tong et al, (2007) suggest that researchers should clarify the theoretical frameworks underpinning their study so readers can understand how the researcher explored their research questions and aims. These theoretical frameworks include *grounded theory’s* building of theories from the data and *ethnography’s* aim to understand the culture of groups highlighted within shared characteristics (Morrow, 2005).

With qualitative research usually emphasising words rather than numbers (Bryman, 2008), this usually ensures an inductivist, constructionist and interpretivist research strategy. Acknowledging that social reality has meaning for human beings and human action is meaningful, it is important to gain access to human “common sense thinking”, along with the interpretation of this and the social world it represents

(Schultz, 1962; Bogdan and Taylor, 1975; Hughes, 1990). Accepting the purpose of qualitative enquiry and the accumulation of sufficient knowledge leading to understanding, there are clear features that are particularly distinctive within qualitative research (Denzin, 1994; Denzin and Lincoln, 2000; Fingeld-Connett and Johnson, 2012). Qualitative research labelled as Phenomenology for example, aims to describe and interpret the subjective meaning and experiences of people and their world (Husserl, 1977; Holstein and Gubrium,1998) and offers *heuristic inquiry* in which researchers attempt to become detached observers and experience the phenomenon they study. Despite the importance of phenomenology and its theory of *verstehen,* meaning understanding being acknowledged (Bryman, 2008), Phenomenology was rejected as a qualitative approach. This is due to the study's requirements to understand the emerging cultural interpretations and origins of social reality, language and behaviours, rather than the individual human experience of it (Husserl, 1977).

Therefore, the adoption of an ethnographic approach and its distinguishable qualities and features frame the study's qualitative approach. Ethnography's central focus upon a social and cultural reality and learned social behaviours, language and meaning remain key (Wolcott, 1994, Germain, 2018), sharing a view of reality with social constructionism (Berger and Luckman, 1991, Burr, 2003; Schwartz, 2003) in which the construct of social reality itself is socially defined rather than an objective reality of the natural world. Although some caution is advised when treating ethnography and participant observation as synonymous, an ethnographic approach offered me the potential opportunity to appreciate the social group by immersing myself within it for an extended period of time (Malinowski, 1922; McGibbon et al, 2010). This facilitated observations and conversations with that culture, whilst

maintaining a focus upon the research (Taylor, 1993, Altheide, 2004), which are discussed later within the observation section of the chapter. The influence of a range of theoretical ideas including, anthropology, Marxism, symbolic interactionism, structuralism, hermeneutics and constructionism, possibly explains why ethnography struggles to maintain a well-defined meaning within a single framework (Bryman, 2004; Hammersley and Atkinson, 2009). However, the Ethnographic approach created by Malinowski (1922) and its aims to generate cultural understanding via an "emic" perspective, allowing critical categories and meaning to emerge is utilised within the study. Despite the potential risks in the ethnographic approach of seeing data everywhere, whilst mountains of unconnected data and unintegrated categories remain untapped (Coffey and Atkinson, 1996), the study addresses this within the data collection and analysis section with the introduction of the principles of a *grounded theory* approach, consisting of flexible strategies that helps the ethnographer conduct efficient fieldwork. In its fight against orthodoxy and objectivism, ethnography has collected various aesthetic and interpretative standpoints, whilst maintaining common features committed to the first-hand experience of exploration within a particular social setting (Maso et al. 1995, Bryman, 2008). Whilst acknowledging the ethnographic approach of the "Chicago School of Ethnography" (1892 – 1942) and their examination of everyday life of communities and the symbolic interactions characteristic of a specific group (Mead, 1928), the study emphasises an allegiance to the British Social Anthropology movement from the 1920's. In particular the work of Bronislaw Malinowski (1884 – 1942) and the discipline of *Ethnography* in which first hand, detailed, long term, participant observation fieldwork is key (Malinowski, 1922; 1967).

As well as an understanding of culture being sought within ethnography, the natural setting in which a *culture* lives and the way in which that culture interprets things, incorporating its idiosyncratic belief system and "behavioural norms" is vital (McCabe and Holmes, 2013). My acceptance and position that cultural identity emerges through various socially constructed sources, facilitates the ethnographer's context preservation role in not just "understanding" behaviours, but why behaviours are created and why they take place (Boyle, 1994). Similar "*social products"* offering the study *differance* are promoted by Bourdieu in his concept of "Habitus" (1977; 1990), referring to a subjective but not individual system of internalised structures, schemes of perception, conception, and action common to all members of the same group in sociology. These socially ingrained habits, skills and dispositions, usually shared by people with similar backgrounds, construct perceptions of the social world around them. In his viewed connection between objectivism and subjectivism Bourdieu (1976) introduces a trio of concepts, *Practice, Field, and Habitus*. In its system of deeply ingrained structured and structuring attitudinal dispositions, acquired in early socio-cultural experiences and conditioning (Bourdieu, 1976; 1977) *Habitus* suggests that these dispositions' structure practice, the way we learn the rules from within, acquired through the internalisation of external constraints that dictate behaviour and cognition and how we perceive our reality and act within it.

The study's incorporation of Ethnography allows me to explore and elicit cultural knowledge and by virtue of its intersubjective nature, is comparative (Ellis, 2004; Fetterman, 2010). Thus, the formulating of generalizations about culture and the drawing of comparisons inevitably become components of ethnography. The exploration of this cultural knowledge exists on both an explicit and tacit levels, where tacit means implied, or understood without question and often referred to as

the *taken for granted* aspects of daily cultural life, whilst explicit meaning knowledge that is communicated with ease (Spradley and Mann, 1975), often revealing cultural identity, rules and rituals through the discourse of the individuals within that culture or tribe.

In addressing the ritual tradition of fieldwork and observations in the footsteps of Bronislaw Malinowski (1884-1942) and Margaret Mead (1901 –1978), I believe that in terms of becoming immersed in the social and cultural setting of the study's population for extended periods of time, my roles as both a *nurse* and a *lecturer* within these populations meet both the aims of the study and facilitate my role as an ethnographer and discussed further in the section below.

3:6(a) Clarification of Ethnographic Fieldwork and Observation

The concept of *Fieldwork* in ethnography incorporates other research methods (Bruni, 1995; Ellis, 2004). The need to smoothly access the fieldwork and solicit support within the culture with the inclusion of initial individual informants (Bryman, 2008; Atkinson et al, 2009), allowed me as an ethnographer to gain access to the tribes more easily. The inclusion of informants within the research suggest that conversations and interviews are indistinguishable from other interactions and discourse in field research, increasing the array of techniques and methods within the approach and allowing the approach to broaden its application, for example nursing (Fetterman, 2010). Whilst ethnography in its variety of applications within nursing (Salvage, 2000), can lead to the challenge of conventional ethnography and a rejection of its perceived social and political discourse (Muecke, 1994; Bruni, 1995; Holloway and Wheeler, 2002), the ideal of unsolicited information remains key and

much sought after. I addressed the risk of encounters being staged (Hammersley and Atkinson, 1995) by incorporating the observer role in which the ethnographer cloaks himself within the social organisation (Muecke, 1994; Hammersley and Atkinson, 2009). My utilisation of the observer role exists along a continuum from a remote off-site approach to total immersion and participation role (Lyall and Bartlett, 2010). Despite a plethora of existing frameworks (Johnson, 2006; Roller and Lavrakas, 2015), I incorporated the widely cited classification of participant observer roles of Gold (1958), see Figure 3:1.

Figure 3:1 Gold's classification of participant observer roles

Complete Participant	Participant as observer	Observer as participant	Complete observer

Utilising Gold (1958) classification I undertook the role of *Participant as observer* in its overt presentation, ensuring that as an ethnographer within the *field* I was able to participate fully within the culture as a member, whilst the *tribe* are fully aware of my role as a researcher (Giulianotti, 1995) and my developing field notes.

Despite the usefulness and availability of data such as documentary sources and material artefacts, it is the investigation of essentially the oral and behavioural activities of specific nursing cultures and their social world I felt best addressed the study's aims of understanding perceptions of Tribalistic behaviours. In establishing my research focus on discourse and behaviour, my research became largely devoid

of written documents apart from the field notes I maintained whilst in clinical practice and the Meta-planning structure used within the Focus Groups and semi- structured interviews, which is discussed later within the chapter. Hammersley and Atkinson (1991) describe a bewildering array of informal and formal documentary materials that might be available to the ethnographer,- however the observation of narratives and behaviours and the subsequent written field notes were especially useful when obtaining information about participants during their Day-to-day tribal civilities. The use of field notes during periods of observation were used to simply write down *what I saw, heard,* and *felt* when observing the participants within the clinical tribe. In maintaining a reflexive stance, I acknowledge that what may be considered as important and interesting to write into field notes will be affected by my own professional and personal worldview and also dependent upon the value I place on them. However, when considering my own reflexive position my aim was to incorporate what Waterman (1996) describes as 'reflexive validity' articulating how the researcher as 'the instrument' has affected the direction and focus of data collection. Whilst some consider field notes to be the very essence of a study emphasizing and producing "grounded" analysis (Emmerson et al., 2001), the use of field notes for me were simply an aid to remember and capture behaviours and discourse in real time during my immersion within those cultures. Emmerson et al (2001) suggest that if too much time is devoted to writing detailed notes, then the deeper intuitive experience of being within a culture will be lost. When observing participants in their clinical practice placements, I was able to immerse myself within a culture the participants were experiencing on a regular basis. In utilising field notes within my role as an ethnographer during these period not only were the Day-to-day social actions, language and behaviours documented but recordings of data that

might not be forthcoming in interviews or focus groups emerged (Nygren and Blom, 2001). The use of a variety of methods within the data collection process proved useful as it helped to highlight inconsistencies within the data. Day to day tribal civilities, discourse and behaviours observed and documented in field notes often proved more explicit and at times more extreme than the reported signs and behaviours within the “safer and calmer” focus group and semi-structure interviews. Interestingly, whilst Nygren and Blom (2001) noted the drawbacks that narratives solicited by ethnographers could present compared to that of interviews, the study has overcome these potential drawbacks by utilising field note data and the narratives offered within both the Focus Group and the semi structured interviews.

When considering ethnographic observations Bryman (2008) suggests that *Structured Observation* is a technique that employs an explicitly formulated observation schedule, which includes what to look for within a predetermined period of time. Whilst considering the essential need for participant observation within the study’s ethnographic approach and my relatively prolonged immersion within the cultures during practice placement, the demand to record in my field notes as much detail about the language and behaviours of participants to inform an interpreted narrative account did not necessarily align with my application of a structured observation technique (Webb et al, 1996). I did not formulate a strict observation schedule that suggested “what to look for within a specific time period” but rather followed a more unstructured system that allowed me to interpret what was happening around me as it happened (Bryman, 2008). Whilst the label *unstructured* can be misleading, observation within specific paradigms is not unstructured in the sense that it is unsystematic or sloppy (Emmerson et al, 2001). I did not approach the use of observation as a structured check list with predetermined behaviours in

mind, but rather incorporated an unstructured method, entering the" field' with no predetermined notions of the discrete behaviours that might be observed. In recognising that the many definitions of ethnography and participant observation are difficult to distinguish (Webb et al, 1996; Hamersley and Atkinson, 1996; Nygren and Blom, 2001) both participant observation and ethnography highlight that the participant observer/ethnographer immerses themselves in a social group, observing behaviour and listening to conversations and ultimately asking questions.

As highlighted previously within this chapter, I chose to utilise an *overt* approach during my observations of participants in clinical practice. My utilisation of field notes during practice periods provided relevant and accurate data of the observed behaviours and discourse within the various nursing cultures along with an awareness of the consistencies, inconsistency and alignment with the signs and discourse emerging within the focus groups and semi structured interviews.

3:6(b) Participant selection

Within Domain Two of the COREQ structure, Tong et al., (2007) suggest that researchers should report how participants were selected, describe the context in which the data were collected and highlight the questions and prompts used within the data collection process.

The need to capture a sample of the studied population along with sampling principles and identifying sampling strategies is fundamental to ensure confidence in the data for later analysis (Miles and Hubermann, 1994). Recognising that there is some overlap between sampling techniques, there exists both probability schemes associated with quantitative research and non-probability schemes predominately

used within qualitative research to study a population of interest, ensuring rich sources of data that generate depth conceptual and theoretical understanding (Patton, 2002; Holloway and Freshman, 2007).

The study utilises an eclectic sampling structure incorporating two sampling strategies. Firstly, *Purposive sampling* is used within the study as a "gathering" process allowing the researcher to select the sample based upon a set of shared characteristics. Secondly, features of theoretical sampling or *Grounded Theory* approach, associated with data collection and analysis (Glaser and Strauss, 1967; Straus and Corbin, 1998) in which simultaneous data collection and analysis takes place, developing theory as a result in this ongoing process. Discussed further within the data analysis section the study's grounded theory approach utilises the constant comparative method as an inductive data coding process used for categorizing and comparing qualitative data for analysis purposes. (Glaser and Strauss, 1965).

Within ethnography traditional sampling of informants often falls within the grasp of either convenience or snowball sampling (Bryman, 2004, Taylor, 1993). The use of Purposive sampling (Patton 2002) negated the influence of convenience sampling within the study's approach. The study's use of purposive sampling reflects the nature of this inquiry and enables the information required to align with the research aims (Patton, 2002; Holloway and Freshwater, 2007; Bryman, 2008). This sampling method requires researchers to have prior knowledge about the purpose of their studies so that they can properly choose and approach eligible participants (Woolcott, 1994; Strauss and Corbin, 1998). The utilisation of key informants (personal students within the nursing group), referred to within *snowball sampling,* however, were applied. These sampling approaches reflected my own unique

position as an ethnographer, with the incorporation of *purposive sampling* within the study establishing clear discourse between the research question and sampling (Bryman 2008)). The study's creation of an eclectic sampling framework incorporated the framework of Miles and Huberman (1994, p34) identified in (Table 3.1) embedding the study's position whilst remaining congruent to the research approach.

Table 3.1 Miles and Huberman (1994)

1. Is the sample relevant to your conceptual frame and research question?
2. Will the phenomena you are interested in appear? In principle can they appear?
3. Does your plan enhance generalisability of your findings, either through conceptual power or representativeness?
4. Can believable descriptions and explanations be produced, ones that are true to life?
5. Is the sampling plan feasible, in terms of time, money, access to people, and your own work style?
6. Is the sampling plan ethical, in terms of such issues as informed consent, potential benefits and risks, and the relationship with informants?

In addressing the issues of a representative sample of informants within an ethnographic approach, it is clear that probability sampling, one in which a random selection process is applied is both inappropriate and rarely used in ethnography (Giulianotti, 1995, Armstrong, 1993), or in qualitative research utilising interviews. However, the study's purposive sampling framework's aim of accessing a wide range of individuals relevant to the research question reflects the qualitative research methodology of the study and its incorporation of interviews (Lupton, 1996). The study's avoidance of random selection methods ensures that the appropriate social

actors creating tribal and cultural meanings required by the study were selected, ensuring rich cases with similar philosophies and ideas to emerge (Riessman 1993).

The study's use of purposive sampling in its design to target a particular group of people with similar characteristics or experiences (Patton, 2002; Creswell, 2007), allowed access to a mixed group of student nurses within the same cohort and nearing completion of their nurse training (n = 43). All members of the nursing cohort were invited to volunteer to participate in the research (Appendix Three). The selection of 6 mental health nursing students and 6 adult nursing students (n = 12) from the 20 responses reflected the cohort population in terms of gender and ethnicity; male students (n = 3), female students (n = 9). Despite a variety of recommendations regarding focus group size; between six to ten (Morgan, 1997), four and eight participants (Madriz, 2000), and four to twelve participants (Holloway and Freshwater, 2007 and Cousin, 2009), the combined number of participants in both focus groups (n = 12) enabled group members to fully participate and were large enough to create debate but not too large to prohibit open discussion (Jayasekara, 2012). This number also ensured that the group was not too small, leading to awkward and inhibitive conversations (Plummer-D'Amato's, 2008).

As identified above, the participants identified via purposive sampling were completing their two-year MSc Nursing (Mental Health) or MSc Nursing (Adult) course and had already evidenced 675 clinical hours as Health Care Support Workers as part of the course entry criteria. As subsequent student nurses, they were also expected to complete a further 1500 clinical hours by the end of their course. Having completed between 1700 and 2000 clinical hours before the focus group stage all participants had been exposed to a wealth of experiences, discourse and behaviours from various nursing tribes. As highlighted earlier in the chapter,

participants taking part in the initial Focus Groups had completed all of the theoretical elements of the course with only clinical practice hours to complete as part of the Nursing Midwifery Council validated course. When participating in the subsequent individual semi structured interviews all participants had qualified as registered nurses within their own field of nursing and had gained a further six months experience working within either NHS or independent sector nursing environments. Participants at this point had also been exposed to the demands and expectations of the role of a qualified nurse.

3:6(c) Data Collection

Within Domain Two of the COREQ checklist, data collection is highlighted as the questions and prompts used in data collection to enhance the readers' understanding of the researcher's focus and to give readers the ability to assess whether participants were encouraged to openly convey their viewpoints (Tong et al, 2007). Accepting that data collection is a process of collecting information from all the relevant sources to find answers to the research problem and evaluate the outcomes (Bogdan and Taylor, 1975; Bryman, 1998), the study's qualitative research approach ensures that the data collection methods highlighted vital affiliations with words, sounds, feelings and emotions (Finlay and Ballinger, 2006).

When considering the use of Focus Group within the study, the process and structure of Meta-planning was also utilised. The concept of Meta-planning is conceived and delivered in many formats (Minztberg,1998; Checkland and Poulter, 2006), all of which emphasise an "owner of the Meta-planning" role integrated by focus groups (Del Rosario and Rosano, 2013). The study's incorporation of Meta-

planning as a brainstorming and ranking structure was derived from Davis et al (2002) as a supporting framework for the focus groups. The meta-planning structure (Appendix Four) is utilised within the study as a discussion starter for the dichotomous topic (Matheson and Matheson, 2009), whilst facilitating maximum inclusiveness and maximum individuality. The Meta-planning application is a simple technique that encourages individuals to express their thoughts on the issue under discussion and involves writing key words onto Post-it notes and then collectively placing and arranging them into sub-groups on a flip-chart or wall space. With the subsequent participant application of three yellow dots signifying ***Drivers*** and three red dots signifying ***Barriers*** to tribalistic behaviours the emergence of common signs and discourse grounded in the data facilitated the study's interpreted themes. The result being the incorporation of everyone's ideas and contributions in the focus group in the shortest amount of time.

Despite the suggestion that *Focus Groups* are logical and relatively risk free (Plummer-D'Amato, 2008a; Moule and Goodman, 2009), focus group methodology can generate distinct ethical challenges that do not correspond fully to those raised by one-to-one interviews (Sim and Waterfield, 2019). The principles issues of consent; confidentiality and anonymity; and risk of harm can be very problematic (Strauss and Corbin, 1990). Whilst the challenge in obtaining consent lies in giving a clear account of what will take place in the group, owing to unpredictability of the discussion and interaction that will occur, confidentiality and anonymity are potentially problematic because of the researcher's limited control over what participants may communicate outside the group (Sim and Waterfield, 2019). Harm in a focus group may arise from the discussion of sensitive topics, and balance should be struck between avoiding or closing down potentially distressing discussion

and silencing the voices of certain participants to whom such discussion may be important or beneficial (Tong et al, 2007). With the focus group's emphasis upon a specific theme which is explored in depth, a skilled facilitator is required to ensure that the group maintains a focus upon the often-dichotomous topic. Essentially a group interview (Strauss and Corbin, 1990) with a focus upon the ways in which individuals discuss these as members of the group, focus groups are an established method of data collection (Plummer-D'Amato, 2008a). In order to quickly facilitate group debate, I asked both focus groups separately to construct their own understanding and definition of tribalistic behaviours rather than prescribing a subjective definition. Based upon the group definitions the Meta-planning ranking approach including drivers and barriers for their construct of tribalistic behaviours was introduced. The resulting debated ideas and collective exploration of experiences and attitudes common to the group offered a varied and rich body of knowledge (Packer-Muti, 2010; Kitzinger, 1995) which are not always explicit within interviews. The study's methodological construction addressed the data collection issue of researcher inexperience (McLafferty, 2004), including the risk of masking group potential (Shaha, Wenzel and Hill, 2011), by introducing radical listening to overcome this disparity (Clough and Nutbrown, 2012). The data collection process also incorporated the use of the supportive and flexible method of individual interviews, implemented six months after the focus groups and individual qualification as registered nurses.

Interviews within ethnography have been criticised for their limitations due to the interviewee as an imperfect informant (Roulston, 2010). The potential problem for studies concerned with looking at cultural aspects of the social world, where meanings and values are hidden (Hall, 1959) and cannot be accessed by interview

alone are real. However, the flexibility of the interview method alongside the Meta-planning focus groups helped forge the development of the study. As the most widely employed method in qualitative research (Lupton, 1996; Malbon, 1999), the study's incorporation of *semi-structured interviews* facilitates a verbal exchange where one person, the interviewer, can elicit information from another person by asking questions (Dunn, 2005). Despite having specific questions, the semi-structured interviews unfolded within the conversation structure exploring themes the participants felt were important (Dempsey and Dempsey, 2000). This promoted a focus from a rigid 'interview' to a story gathering event raising the potential of multiple realities (Dempsey and Dempsey, 2000).

Reminding individual participants at the start of the interview of their focus groups definition of Tribalistic Behaviours, the same Meta-planning questions reflecting Drivers and Barriers identified twelve months previously were repeated, eliciting rich individual rather than *group* realities, aligning and further developing the study's initial themes emerging from the Meta-planning process within the focus groups and my own field notes recorded during clinical placement visits.

In defending the study's sampling and data collection methods, I feel that the facilitation of both semi-structured interviews, focus groups and the use of field notes provided a structure of both informal and conversational opportunities. This facilitated open forums where participant discourse and views were encouraged (Merton and Kendall, 1956; Morgan, 1997). The identification of the study's themes was subsequently elicited and interpreted from the participants' "post it" comments, the participants Barriers and Drivers provided during the application of the Meta-planning process and the emerging discourse and narratives within both the focus groups, individual semi-structured interviews and the interpreted field notes.

3:7 Analysis and Emerging Themes

Tong et al, (2007) suggest that within Domain Three of the COREQ checklist, the Data analysis and Findings should specify the use of multiple coders or other methods to indicate a broader and more complex understanding of the phenomenon. The credibility of the findings can be assessed if the process of coding (selecting significant sections from participant statements), and the derivation and identification of themes are made explicit. Tong et al (2007) also suggest that if supporting quotations are provided, researchers should include quotations from different participants to add transparency and trustworthiness to their findings and interpretations of the data**.**

As identified earlier within the chapter (section 3:6) the theoretical frameworks aligned to the study's ontological and epistemological position includes that of *grounded theory* and its approach to the building of theories.

Despite Grounded Theory providing the study with a more objective and scientific flavour within the data collection and analysis process (Glaser and Strauss, 1967, Hammersley, 1989), it has been accused of being mechanical, incorporating prescriptive guidelines and a rigid process (Keddy et al, 1996). However, the study's use of grounded theory features, whilst acknowledging postmodernist attacks regarding positivistic underpinnings (Denzin, 1994), argues that grounded theory techniques sharpen the analytical edge of ethnographic research (Charmaz and Mitchel, 1996). The study's use of grounded theory features absorbed the goal of the theory itself, that of generating theories that explain how some aspect of the social world works (Strauss and Corbin, 1990). As an ethnographer the grounded theory approach also emphasised the study's comparative method of data collection and

analysis by allowing the comparison of data with data from the very start of the process, ensuring that this was compared with emerging categories and the relationship between categories and concepts (Charmaz, 1983, 1990; Strauss and Corbin, 1990). Tesch (1990) adopts this view when calling comparison, the main intellectual activity that underlies all analysis in grounded theory. The process of coding and analysing the data, deciding what data to collect next as the theory emerges is referred to as *theoretical sampling* (Glaser and Strauss, 1967) and ensures that the process of data collection is controlled by any emerging theory and based on the concept of making comparisons. The study's theoretical sampling process ceased at the point of *theoretical saturation*, when no new data emerged, or the category was deemed well developed (Schwandt, 2003). The study's application of theoretical sampling specifically engaged with the *Constant Comparison Method* (Patton, 2002; Munhall, 2012). Implying that the researcher decides what data will be gathered next and where to find them on the basis of provisional theoretical ideas, the constant comparison method (Glaser and Strauss, 1967) allowed the study an inductive data coding process for categorizing and comparing qualitative data for analysis purposes. This ensured the close relationship between the data and conceptualisation, providing an alignment of concepts and categories with their significant indicators (Charmaz, 2000, 2004). This method also compelled the researcher to constantly compare emerging phenomena from the relevant field notes, focus groups and semi-structured interviews, making this phenomenon available to theoretical elaboration and allowing categories and concepts to further emerge (Bailey, 2006). In acknowledging that comparison is also the dominant principle of the analysis process in other traditions of qualitative research Glaser and

Strauss (1967) propose that the constant comparison method is important in developing a theory that is grounded in the data.

The study's application of grounded theory elements (Corbin and Straus, 1998) utilises its systematic and analytical approach. Its iterative method allowed theory to develop from the data collection and analysis in tandem constantly (Becker, 1993; Annells, 1996; Charmaz, 1983, 1997). The application of grounded theory's constant systematic and inductive incremental analytical process produced a continuous interplay between collected and analysed data and allowed the study to utilise the subsequent constant comparative method (Corbin and Straus, 1990), whilst the study's incorporation of thematic analysis utilises Braun and Clarke's (2006) *Reflexive Thematic Analysis* approach (Appendix Five).

I am aware of the potential impact of the utilised Meta- planning model as a *Brainstorming and Ranking* structure including the facilitation of the *drivers* and *barriers* format (Davis et al., 2002; Matheson and Matheson, 2009). However, the use of *Drivers* and *Barriers* during both the Adult and Mental Health student Focus Groups helped in the early identification of common phrases and sentences and maintained an allegiance to Domain Three of COREQ (Tong et al, 2007). Evidence of the language used within the focus groups and the subsequent field specific *Overall Driver and Barrier*, can be found in Table 4:1 (Appendix Six).

It is worth acknowledging that both the Adult and Mental Health Focus Groups created their own group definition of *Tribalistic Behaviours* rather than utilise a prescribed definition provided by myself as the researcher. Specific quotations gathered from both the focus groups and the individual semi-structured interviews

are utilised within the following chapter to support the study's discussions of the findings.

3:8 Analysing the Qualitative Data

The data collection and subsequent findings from the Focus Groups, Semi –Structured Interviews and field notes followed the same structures and processes of transcribing audio recordings, analysing and coding of the qualitative data and its consideration of the interviewer effect. Considering the different ways in which people may respond depending on how they perceive the individual asking the questions, and in what Coxon (2005) describes as the interviewer effect, my transcription, collection and analysis of the data was intended to bring the *talk back to life again* (Denscombe, 2008) and in considering the topic of the research, *what binds them together*. In searching the raw data (Focus Groups, Interviews, Field Notes), the drive for the construction of themes begins with the coding and categorising of data. Utilising Braun and Clarkes (2006) model this includes highlighting sections of the text (use of different highlighting colours) that jump out or are potentially interesting, before I placed them into wider categories. The areas of data that did have a common theme as identified by myself were then coded as belonging to a broader category (Denscombe, 2008). Constantly reading and re-reading data and comparing new codes and categories as they emerged allowed me to repeatedly compare, refine and improve them against existing versions (Denscombe, 2008). This ensures that any theory developed during the study remains closely in touch with its origins in data and remained grounded in empirical reality (Bryman, 2008; Denscombe, 2008). A total of five themes emerged from this analysis process (Figure 3:2) with each theme being discussed (Chapter

Four) with examples of verbatim extracts to authenticate the findings and interpretation (Lincoln and Guba, 1985; Polkinghorne, 1995; Clandinin and Connelly, 2000; Porter, 2007).

Figure 3:2 Identified Themes from the research

Throughout the analysis and discussion process the use of the symbols A1 to A6 identifies the Adult Nurse responses, whilst M1 to M6 identifies the Mental Health Nurse responses.

3:9 Unforeseen Concepts

Whilst maintaining a critical lens during the methodology and research design process and the utilisation of Tong et al, (2007) COREQ structure I also acknowledge the emergence of unforeseen concepts that has had an impact of the production of theory within the overall study. Intending to reflect this “as it happens” during the creation of the study the following three structures aligned to constructionism emerged from my continued reading.

3:9(a) The Emergence of Postmodernism

The influence of postmodernism within the study's construction, particularly its mistrust of universal knowledge (Derrida, 1967, 1971; Lyotard, 1971, 1974, 1979; Barthes, 1972; Lacan, 1982) was unexpected considering the study's methodological inclusion of ethnography, as it is worth noting that one of postmodernism's criticisms in the past has included ethnographers' discourse and their discovery of "real worlds" through their methodology (Clifford, 1983). Postmodernism's response to these ethnographic announcements is resounding in that such accounts and truths can never represent social reality, as there cannot be a final representation of what was meant, only the different textual representations of different experiences (Denzin, 1994; Palmer, 1997). In establishing an allegiance to ethnography, I also aimed to inductively build an interpretation of tribalistic behaviours within nursing, whilst maintaining its constructionist ontology and postmodern claims of incredulity towards meta-narratives (Lyotard, 1979) and their overarching, single stories that attempt to put all knowledge into a single framework or truth. Despite the evident clashes within the philosophical claims and structure of both postmodernism and ethnography, Postmodern Ethnography rises from the increased frequency of postmodernism in anthropology (Stacey, 1988; Taylor, 1993). Postmodernisms influence within the study therefore continues to reinforce the principle that the social world itself elicits many versions, with knowledge of these social realities being relative. Whilst Rosenau (1992), explains that postmodernists offer "interpretations", not findings, there is another reminder that the study itself does not create meaning, but rather allows multiple discoveries within its destination, "the reader" (Barthes, 1972), highlighting that words are not absolutely fixed but in a

state of flux, and therefore are provisional and open to various interpretations (Derrida, 2001).

3:9(b) The Importance of Structuralism

Palmer (1997) suggests in its most flamboyant mode structuralism is an overall worldview that provides an organic as opposed to an atomistic account of reality and knowledge. However, structuralism is argued to be a method of analysis applied to linguistics (Lanigan, 1992) or the theory of signs as a specification of structural analysis (Saussure, 1959). The theories of structure emphasise the significance of structure over agency (Schwandt, 1994; Palmer, 1997) and claim to discover permanent structures behind or beneath things (Barthes, 1971; Boon, 1972; Angenot, 1984; Gadet, 1989). Whilst Saussure (1959) in his *Course in General Linguistics,* suggests that social institutions themselves be treated as a system of signs, understanding these social systems and signs is fundamental, as is the process of exploring how meaning is produced symbolically through the signifying practices of language within these systems. Saussure's (1959) signs are commonly organised into sequence that generates meaning through the cultural conventions of their usage within a particular context and become naturalised codes with meaning the outcome of cultural habituation. Within this approach objects and practice have different meanings in different context, however, all cultural practice depends on meanings generated by signs (Saussure, 1959).

3:9(c) The Sanctuary of Deconstructionism

Evidenced throughout the study is the emergence of the maelstrom of linguistic signs and meanings and more importantly, their “difference”. Whilst maintaining its intent to offer plausible interpretations and an allegiance to the approaches and texts of postmodern, interpretive and constructionist theory, the study aims to lessen the impact of the unstable structure of meaning by creating a new *map* within the study. Crucially this is achieved by incorporating Jacques Derrida’s (1930 - 2004) epistemological approach of “Deconstructionism” and the concept that *there is nothing outside of the text*. The study’s epistemological leap to include the approach of deconstructionism rests in Derrida's critical concern within the relationship between text and meaning, as highlighted within Table (3:1). In the study’s recycling of obvious language and discourse differences, the reader may believe that simply reading text bestows understanding or interpretation of these as a relatively self-contained whole. However, this is not Derrida’s deconstructionist view, as texts do not work this way (Derrida, 1967; 2001). The use of language in a given text, and language as a whole are irreducibly complex and unstable (Table 3:1). These texts and language are punctuated by what Derrida calls “aporias”. Taken from the Ancient Greek, “aporias” meaning contradiction or impasse, the study’s aim, rather than hide the contradictions, “creates” or “interprets” a common definition and simply allows for these differences. By incorporating Derrida’s approach these hidden contradictions question the relationship between language and thought (Gordon, 1996). Derrida (1967) attaches importance to the concept of “difference” (Sturrock, 1986), or as Derrida coined it “Differance”, in which to differ and defer are vital. My own interpretation of Derrida’s concept of “difference” creates a flexibility within the study that suggests that the more that is added to the maelstrom of meanings, the

more the meaning is revised. Meaning itself is therefore deferred (Derrida, 1967). The impact for the study, is that allowing for Derrida's system of language the stability of referential meaning is undermined, making it impossible to forcefully state a fact and therefore encouraging interpretation or reframing (Derrida, 1967, 2001).

In ensuring that the research methods reflect a carefully considered way of approaching the world so that people may understand it and others better (Sayer, 1992), I can proceed to justify and defend the structured methodology and design of the study, including why ethnography was chosen as the most appropriate approach to address the research aims and the dominant approach of Structuralism within the study.

3:10 Chapter Summary

This chapter focused upon methodology and research design, establishing the study's ontological and epistemological position, recognising the difference between this inquiry and other qualitative approaches and reinforcing the study's social constructionist position which dictates that the construction of social realities and meanings are created via social actors (Denzin and Lincoln, 1994; Clandinin and Connelly, 2000). These constructs underpinned every aspect of the research journey, along with a fundamental drive for paradigm congruity, ensuring the aims of this inquiry were achieved. Research design, data collection and data analysis were structured utilising COREQ (Tong et al., 2007) and is defended and justified, along with philosophical assumptions and issues of researcher bias and prejudice. The chapter demonstrated congruence, making explicit the research methodology and design and its influence in the decision making to examine the perceptions of

tribalistic behaviours in nursing. The following chapter will discuss in more detail the findings of the inquiry.

Chapter Four
Discussion of the Research Findings

4:1 Introduction

This chapter presents the synthesis and discussion from the data analysis process to evidence and examine how student nurses perceive tribalistic behaviours within their own nursing journey. In maintaining the crucial human element of the study, its interpretivist approach assumes that access to any socially constructed reality is created through social constructions such as language and shared meanings (Clarke et al, 2015; Terry, 2016). Subsequently the research study reflects my own role as a social actor in appreciating the differences between people and focuses upon meanings gathered through data collection methods such as field notes, interviews and observations (Bryman and Burgess, 1999; Cohen et al, 2007; Bryman, 2008).

The aim of this study is to examine perceptions of Tribalistic Behaviours in nursing within the journey from student nurse to post qualification. My own interpretation of the qualitative data findings and subsequent synthesis will address the five themes identified in Chapter Three (Figure 3:2) and comment upon its alignment to the literature gathered and reviewed in Chapter Two. The study's discussions during this chapter will also include three new themes constructed from the interpreted data. These being the theme of the "Punishing Tribe" initially highlighted within Chapter Three and the themes of "Tribal Preparation" and Tribal Educators", which are highlighted within the "New contributions to knowledge" section within this chapter. In its critical discussion, alignment and comparison, this chapter will identify conflicting

issues, commonalities, and differences between the nursing groups, before commenting explicitly upon new contributions to knowledge.

Utilising Saussure's (1959) concept of the sign, Tribalistic Behaviours and it's aligned social groupings that stem from belongingness, rituals and shared language (Beattie, 1995; Baxter and Brumfitt, 2008; Stepney, 2011) often referred to as tribalism, are evident throughout the study. Highlighted within the study is the notion that tribalism itself is addressed as a set of group inspired ***behaviours***, displaying an "us" and "them" reality (Rozenblit, 2008). These semiotic differences and interpretations reinforce the study's position of the existence of multiple social realities, suggesting that different cultures evolve different concepts of the world (Whorf, 1956). Reinforced further within social concepts such as *Gemeinschaft and Gesellschaft* (Tönnies, 1887) and the epistemological position that suggests that social reality emerges from social happenings and social actors via language and systems is also central within the study (Burr, 2003).

4:2 Theme One. Origins of Tribalistic Behaviour

Whilst the potential origins of tribalism in education are attached to poor leadership and secondary socialisation (Purdy, 2018; Johnson, 2019), there are no direct parallels drawn from the reviewed literature aligning these themes and the origins of tribalistic behaviours. Despite participant interpretations evidencing a superficial professional identity that could signify secondary socialisation (Atkins, 1998), I propose that the presence of a deeper social force, that of tribalistic behaviours plays a more influential role.

M3 stated:

"These behaviours were there in the university first but low key"

M4, M5, A3 and A6 reflected:

"looking back you can see that you are encouraged to become tribal in university"

"tribalistic behaviours and tribalism existed from the start of university – mental health and adult sit with their own in class, we like each other but we are two different groups"

Whilst professional identity and culture were highlighted by the participants along with the need for a clearer form of identity, these themes appear to align with the signifier of team and teamworking (Molineux, 2001; While et al, 2005; Bayley, 2007; Bleakley, 2013; Sommerfeldt, 2013), rather than the deeper concept of tribalistic behaviours. Despite evidence within the literature identifying the existence of tribal workgroups (Logan and Fischer-Wright, 2008), and clinical tribalism (Braithwaite, 2018), these were not aligned to any of the participant perceptions around the origins of tribalistic behaviours, although a cluster of participants acknowledged evidence of initial *low key* tribalistic behaviours at the beginning of their nurse education. Whilst clinical tribalism and tribal workgroup constructs were acknowledged at a superficial level, they did not portray the deeper perceptions elicited by the participants, which exposed the beginnings of a *them- v- us* relationship between the nursing fields much earlier within their educational journey. The study highlights that even the simplest behaviour of spending time within their own nursing tribe, had developed by their final year into an expected sharing ritual, which was in turn, reinforced in clinical practice.

M1, M2, M6, A1 and A5 expressed:

“Although sometimes we are told to work with other fields for group work – this doesn’t last long and we are then encouraged to work with our own kind and focus on our nursing approach”.

All 12 participants from both fields agreed:

“we are always encouraged to maintain our own student tribe as a priority by the university lecturers delivering the curriculum, we do get some lecturers teaching all of us at the same time but most of the teaching is done by lecturers from our own field and they don’t mention the others - some lecturers didn’t like teaching students from other fields”

When addressing the theme of the origins of tribalistic behaviours there appeared to be an overwhelming confirmation within the semi-structured interviews of the university as a starting point for these constructs along with the belief of a deeper, more entrenched set of tribalistic behaviours in clinical practice.

Whilst A1, A3 A4, A5, M2, M3 and M5 agreed:

“looking back you can see that you are encouraged to become tribal in university”

Participants from both fields A2, A3, A4, A6, M1, M2 and M4 all agreed with the clinical experiences and feedback:

“tribalistic behaviours and tribalism are far more dominant in practice”

As discussed further within the new contributions to knowledge, the study’s proposal that the origins of tribalistic behaviours are located within nurse education and are reinforced within clinical practice are reflected in the participant comments

M3:

“tribalism exists and starts in university but it gets much worse out there”

A1:

“there has always been a bit of peer pressure in university but it doesn’t compare to practice – you are either with them or not”

4:3 Theme Two. Belongingness

Whilst Adult nursing participants identified what they referred to as the “*student tribe”,* all participants commented upon the specific learnt behaviours exposed within nurse education and the impact these had upon their acceptance into the wider nursing society. Participants commented upon an increased sense of belonging, despite their limited experience when repeating expected tribal behaviours, describing the movement from a student tribe to a clinical tribe as *quite natural.*

A4, A5, A6, M1, M4 and M6 commented that:

“being new and scared, even after two years – it was nice to have others in the same situation, so you didn’t feel isolated”.

M2 and A1 commented respectively that:

“we are social creatures, so it would always happen”

“having the same nursing connection made me feel safe”.

This reinforced my interest in exploring the theme of tribal preparation and the transition into the larger nursing tribe.

Despite the theme of “belongingness” or belonging being discussed by the participants from both nursing fields, it was very limited within the literature itself when aligning to the sign of tribalistic behaviours. Whilst evidence within the literature included a *“nurtured shared vision”* (Molineux, 2001; Bayley et al, 2007; While et al, 2008; Bleakley, 2013), much of the literature highlighted an emphasis upon individuals absorbing the knowledge and skills of the group with little use of the sign *behaviours*.

A2 commented:

“I wanted to belong to a recognised adult nursing role that people respected”

A3 disclosed:

“I wanted a clear identity as an adult nurse and belong to something special – my mum is an adult nurse”.

M3 and M5 agreed:

“it’s not only about a professional role, it’s about the culture we are going into and the support we will get from them. We both worked as Health Care Support Workers and the team support is better in mental health – it’s more friendly, adult nursing is too bitchy and hierarchical”.

Arguably, the arbitrary nature of the sign *culture and practices* of the group can be interpreted to include behaviours, however, this was not reflected within participant perceptions. Whilst the themes of values and using the same professional language were acknowledged by many of the Adult participants and expressed as being important to belongingness, several Mental Health nursing participants commented that belongingness was not guaranteed by merely presenting the same values and

language, as only the expression of specific *behaviours* ensured acceptance into the social group.

Despite participant recognition of the theme belongingness, the concept of secondary socialisation (Atkins, 1998) appeared to offer a stronger alignment to the reviewed literature. Whilst secondary socialisation's initiation of members into their new social world provided a tenuous link to the construct of tribalistic behaviours, the study highlights that this form of initiation was performed at a superficial level only. With the absence of any alignment between tribalistic behaviours and belongingness within the reviewed literature, this appeared to strengthen and promote the negative representations of the sign *tribe* and *tribal* (Page and Meerabeau, 2004; Stepney et al, 2011; Braithwaite et al, 2018). However, the same negative representations were not reflected by participants to what the study refers to as tribalistic behaviours. Rather than agreeing with the promoted negative Meta narratives and "truths", participants suggested that a *healthy tribal identity* made a positive statement.

A3, A4 and A5 reflected:

"we got on together well with the mental health group, especially at the beginning – but the more practice placement we did the less we had in common, it was about adult nursing"

M1, M3, M4 and M5 agreed:

"it was always nice to come back into uni and see the adult group and talk about placements, but that changed, the skills and knowledge we had were more important"

Despite the overwhelmingly positive sense of tribal identity and belongingness, there was one reported incident of traditional negative stereotyping (Mandy et al, 2004; Ebert et al, 2014) and the sign “tea drinker” being utilised towards a mental health nurse specialist.

However, the study’s findings suggests that any potential alignment between the sign of belongingness and tribalistic behaviours are superficial, as the perceived sense of belongingness described within the literature can be easily achieved by simply repeating nursing language and tasks alone in the attempt to simply belong to the team. For example as newly qualified nurses within the clinical team the sign of belongingness produced a number of powerful perspectives, particularly around the need to feel safe and secure.

A3, A4 and M5 all commented respectively:

“I felt lost as a newly qualified and needed to fit in, I would have done anything”

“I just wanted to please my preceptor and team, you get more help if you fit in”

“I just wanted to fit into the culture, you don’t want to stand out”

Rather than reproducing accepted language and tasks as a simple need to fit in I propose that it is the possession and expression of a set of deeper tribalistic behaviours that ensures tribal acceptance. However, as discussed further within the chapter’s *Punishing Tribe* theme this acceptance and loyalty towards the tribe may come at a price.

4:4 Theme Three. Professional Identity

Professional identity when transitioning from student to practitioner is highlighted as essential (Langendyk et al, 2015), with this new identity reportedly initiated by health profession educators (Langendyk et al, 2015). However, as highlighted later within the new contributions to knowledge section, I propose that it is tribalistic behaviours and not professional identity that provides and initiates a set of rules and codes that ensures successful tribal transition. Contrary to the reviewed literature's focus upon the value and ideal of "professional togetherness" (Lewin and Reeves, 2011), teamworking, interprofessional and multiprofessional teamworking (Suddick and De Souza, 2006; Lloyd, 2007; Armstead, 2016; Gunawan and Tutik, 2019), the study highlights that these constructs are not identified as particularly important for the participants during their transition from student to qualified nurse. Highlighted within the study is my interpretation that participant transition was not dominated by the need for a multidisciplinary approach but rather the compliance with a set of tribalistic behaviours, reinforcing a shared social civility and a *tribal identity.*

In aligning itself to a positive sense of belongingness, the professional identity theme highlighted a variety of constructs that described who the team were and what they did.

M1 expressed:

"having a team with different skills and experiences helped my development and allowed me to see things through different lenses – but we all had the same common goal and behaviours"

M2 and M6 commented:

“the team had an official philosophy which was brilliant and underpinned our professional approach – but we also had a hidden one on the whiteboard that highlighted what we did as a group”

In driving home a professional identity and establishing what the team did, participants from both fields A3, A4, M5 and M6 reflected

“you do have a nursing identity – but the team comes first, you always have to be better than the other wards”

“having the same values and using the same professional language made it feel like you belonged to a proper nursing team, we knew who we were and they knew who we were”

“there is pressure to make sure you get the team perspective across – sometimes before anything else”

“ its what you do that counts, what you do says who you are”

Despite the recognized signs of professional language, professional togetherness (Lewin and Reeves, 2011), team and nursing identity (Langendyk et al, 2015), the participant comments above clearly begin to highlight the existence of a dominant tribal identity. Whilst participants are still developing within this tribal transition stage, clearly identified within the last quote “what you do says who you are” are specific social civilities and behaviours that declare who the tribe are within those day-to-day social exchanges. I propose that identity is displayed and reinforced via tribalistic behaviours.

In maintaining my role as an ethnographer, I did note during these day-to-day social exchanges, that the arbitrary meaning of tribalism and professional identity could

however, incorporate a flexibility towards *tribal co-operation* with other groups during recognised *tribal clashes.* These sporadic clashes permitted “others” with similar tribalistic behaviours to temporarily merge with the tribe in order to support, rebut and defend against other tribes with opposing tribalistic behaviours.

The study’s findings align loosely with the signifier *Professional Identity* in that, what is important for many (Molineux, 2001), is the provision to new staff of an agreed language structure and a set of expected behaviours that facilitate acceptance and access to the tribe. In acknowledging the idea that students should be allowed to develop their own professional identity (Hawkes et al, 2013), the study’s findings suggests that this freedom and flexibility is almost non -existent, at least for those that want to *fit into* the tribe. I propose that whilst a superficial and arbitrary theme of professional identity is developed within nurse education, it is the introduction and development of tribalistic behaviours by tribal educators that forms the identity of the new tribal member.

My criticism of the simulation of a professional identity comes from a position that suggests that such identities are merely formed by a *simulacrum* (Baudrillard, 2001), this being an acceptable representation that attempts to replace the *real* construct of tribalistic behaviours.

Finally, in returning to the theme of education’s role within the development of identity. Many of the participants felt that the successful demonstration of expected tribalistic behaviours were as important, if not, more important than the successful development of a professional identity or clinical competence.

In reinforcing this theme A2,A5,M2 and M4 stated:

“As long as I knew what how we did things, it didn’t matter that I didn’t know certain skills yet”

“I was accepted by the team ok – I worked there before; I knew what to do”

“I was told – learn what we do and you will be ok”

“even if you are nervous and need to learn, if you copy the old staff, you will be ok.

The study highlights that the drive of both nurse education and service provision to increase nurse recruitment, leading to larger student cohorts (Langendyk et al, 2015), inadvertently facilitates and encourages the promotion, allure and protection of the tribe and their required tribalistic behaviours within nurse education.

4:5 Theme Four. Power

In 1972 Michel Foucault questioned why we see the world the way we do and suggested that the exercise of power focusses upon the *redistribution of influence* and the ability to change the way people think. In highlighting the fact that several participants confirmed previous experience of nursing, I suggest that the inclusion of some participants previous social rules and behaviours influenced this research theme and the way in which other participants engaged. Offering the concept of a *tribe within a tribe*, some participants highlighted a set of existing signs developed from their previous clinical experiences, representing hierarchy and leadership within the theme of power.

A3, A4, A5 and A6 all confirmed that:

“with HCSW’s – they need to know that we are students now but will be qualified nurses and our knowledge, training and skills are greater than theirs - we actually make the decisions”.

Seemingly confirming that good leadership was the cure to stop tribalism within nursing (Johnson, 2019), some participants identified good leadership as a *barrier* to tribalistic behaviours within their utilisation of the Meta planning structure (Davis et al, 2002). However, the study’s findings suggest that hierarchy and leadership were often bound by existing tribalistic behaviours, leading to the existence of unofficial tribal hierarchies within the traditional nursing teams.

A2, A3, A4, A6, M3, and M6 all agreed:

“as student nurses on placement, you are very aware of your mentor and the power they hold, who was officially in charge, and who actually ran the team. The person in charge wasn’t necessarily the most senior staff”.

Whilst the literature confirms an external power relationship between the different professionals (Paige et al, 2004; Warne and Stark, 2004; Weller, 2012), the study’s findings highlight an internal punishing hierarchy that polices the tribe itself.

A1, A5, M1 and M2 confirmed:

“strong leadership was obvious but sometimes there wasn’t room for change as the leader kept the team tightly controlled and had them saying exactly the same thing”

Whilst Comments were also made about the “punitive” side of tribal hierarchy and leadership.

M4, A2 and A4 commented:

“as an inexperienced student I was told not to go on about the theory from the university as this is real life and you do your learning here”

“forget your PAD, do as you are told, learn what we tell you and you will be signed off, none of this university shit”.

“you need to learn how we do things if you come here”.

Interestingly, despite one mental health student commenting above upon a sense of hierarchy and power (Weller, 2012), with an emphasis on “learning” happening within the nursing tribe rather than in clinical practice, both adult student comments raised a darker element of the nursing tribe. Discussed later in the chapter within the sign of the “Punishing Tribe”, adult nurses specifically highlighted a power and hierarchy displayed within a far more punishing tribal structure, with clinical leadership having little impact.

Confirming an alignment with the literature, the study highlights that health care modernisation including leadership have had little impact upon tribal power and status within healthcare (Corkin, 2017), with participants themselves emphasising that the influence of tribal hierarchy is more powerful than clinical leadership. The study’s findings suggest that a blurring of professional boundaries (Baxter and Brumfitt, 2008), resulting from a dominant tribal hierarchy dictates the implementation of tribalistic behaviours, rather than the presence of professional leadership or hierarchy. Despite participant experiences of tribal hierarchy varying between the specific nursing fields, there was an overarching agreement that professional hierarchy, in terms of grade and title, did not indicate *who led and influenced the tribe*, with very senior members of the team being viewed as a *figurehead* only. Whilst Adult participants noted that as newly qualified nurses they

were aware of a defined tribal hierarchy, with participants themselves being at the bottom of the pecking order, both Adult and Mental Health participants expected the expression of tribal power, hierarchy and leadership, demonstrated via *initiations* that promoted expected tribalistic behaviours.

A6 and A2 were informed:

"we always look for certain types of staff in interviews - people that fit in"

"you will be ok here as long as you're not one of these newly qualified ones that try to come in and change things"

Whilst A4 disclosed that they were told:

"don't apply here for a job, you won't fit in".

A2, A5 and M3 commented:

"at times, despite the ward having other newly qualified staff at the same time we rarely worked together and only saw each other at handovers and that senior staff saw making mistakes as almost a rite of passage for newly qualified staff – so sticking together in the hierarchy helped"

The study's findings suggest that the presence and emphasis of new knowledge being brought into the tribe aligned itself to the credibility and power of the participant's role within an already established hierarchy (Baxter and Brumfitt, 2008)

A6 and A2 commented:

"if you have good knowledge you are accepted more as part of the tribe, not guaranteed though"

"you have to show the team you know what you are doing, they respect that"

With participants from both fields A3, M2, M4 and M5 agreeing:

“knowledge appeared to make people listen to you, especially HCSW’s”

Participants within the study clearly highlighted an anomaly that viewed new knowledge and skills as being powerful and useful to the welcoming nursing tribe, however knowledge introduced by new recruits to the tribe, still had to be ratified and approved through the accepted tribal systems. The study’s participants highlighted that this anomaly was particularly reinforced and more powerful within the adult nursing tribe. Although newly qualified staff within the adult nursing tribe were expected to utilise their skills and knowledge to establish themselves within the “pecking order” of the tribe, particularly with HCSW’s, newly qualified adult nursing tribal members had to be very careful when displaying this within the qualified tribal hierarchy.

This was experienced by one of adult nursing participants shortly after qualification.

A5 disclosed:

“I made the mistake of correcting a senior qualified member of the team at handover – afterwards other senior staff really gave me a hard time, often questioning my knowledge in front of others”.

The study’s findings suggest that expressions of power and credibility via knowledge within the adult tribe in particular, that challenged or ignored tribal civilities or tribalistic behaviours were unacceptable and often resulted in the implementation of internal punishing tribal structures.

4:6 Theme Five. The Punishing Tribe

This theme presents and discusses the first of the "new contributions to knowledge" themes within the study. Whilst the research participants confirmed a strained external relationship between the *warring* nursing tribes, the literature highlights a deeper and continuing misaligned evolution of the different nursing fields (Baxter and Brumfitt, 2008; Johnson, 2019). I propose that this leads to the existence of a fundamental mistrust between the differing nursing fields and often a sense of mistrust between specialisms within the same field based upon tribal narratives and rituals confirming each individual tribe's own superiority.

M4 disclosed

"we were short staffed and another nurse came to help – she was from another ward and got the shortest of handovers and no-one really spoke to her"

A6 and M1 commented:

"a new member of the team came from another Trust – she proposed changes and new ideas in the ward meeting – everyone ganged up on her in the meeting – it was horrible"

"a lot of the team hated the new psychologist – they deliberately argued against anything he said"

M3 described:

"staff from another ward helping us were always given obs to do without a break, or were deliberately given short breaks – just because they were from another ward"

A2 and A5 disclosed:

"we had a mental health nurse come onto the ward to give advice that we asked for – they made him stand at the desk for ages and called him the "Tea Drinker" – he had good knowledge, they didn't listen to him"

From the comments above, what emerges is an expected sense of mistrust and a deeper sense of "Them-v Us" narratives, which is supported by the literature.

However, what also emerges are the unforeseen internal structures and behaviours that exist and are targeted at individual tribal members within their own tribes themselves. These internal structures and punishments will be discussed in more depth within this chapter.

Despite this, participants disagreed with the reviewed literature's negative connotations of tribalism, confirming instead the benefits of protection and acceptance, alongside praise and reward from the social group when displaying accepted tribalistic behaviours.

A2, M1 and M2 commented

"I don't see the harm with Professional Tribalism it's a good thing"

"tribalistic behaviours come before everything else in my experience – we all want to belong and be the best we can"

"tribalistic behaviours aren't seen by me – others see tribalism and I don't think it's a problem in nursing if its kept professional"

The study's *punishing tribe* theme does however, align with some of the more damaging characteristics of tribalism reported with the reviewed literature (Beattie, 1995; Baxter and Brumfitt, 2008; Braithwaite et al, 2016).

M1, M4 and M6 commented:

"you have to prove yourself on a daily basis to the team with the right knowledge – its stressful"

"I was told it takes time to settle in and staff needed time to trust me"

"if I hadn't of had another newly qualified starting at the same time I think it would have been difficult to be accepted into the team"

Predominantly created as a result of the study's unexpected data, I acknowledge that the theme of the *Punishing Tribe* requires further research. However, the study's findings identify that the negative representation of tribalism within the literature did not extend to the internal behaviours and hostilities within the tribe itself, particularly the mental health field but rather the overt "Them v us" approaches displayed between the differing healthcare tribes (Purdy, 2018). This perceived "gap" within the literature, allowed me to interpret and develop this theme further. The study's findings suggest that the punishing tribe behaviours are implemented during periods of internal threat and reserved for individuals who either don't engage fully in civil and social codes or ignore expected tribalistic behaviours.

In recognising the agreed civil engagement themes of Social Capital (Bleakley, 2013), I propose that the implementation of punishing behaviours is designed to defend and limit the internal damage caused by the disengagement from social codes. This theme highlights a range of punishing behaviours interpreted from the gathered data, including, for example, the enforced attritional disclosure of personal information from new tribal members, for perceived non-engagement, or lack of awareness of social norms, which as clearly identified below is sometimes received as a sign of welcome and acceptance.

A3 commented

"often simple things like sharing personal information with the team brought you into the team more – it makes you one of the team and listened to"

Whilst the practice of reinforcing personal and social ties may be acceptable within a society (Tönnies, 1887), those that are uncomfortable or unfamiliar with these rituals

and expectations run the risk of being exposed to a number of further isolating practices of the *Punishing Tribe*.

The study's facilitation of Meta-planning "drivers" (Davis et al, 2002) for tribalistic behaviours highlighted issues of ***Fear*** (Mental Health participants) and ***Knowledge*** (Adult participants), both of which were subsequently observed as triggers for the implementation of internal isolation as a form of punishment.

In recognising the Five Stages of the work tribe (Logan and Fischer-Wright, 2008), the study's findings suggest that some tribal members express an *in it for themselves* selfishness in the early stages of tribal growth, before developing into members that share social values and collaborate. The study's findings also suggest that the tribes punishing behaviours are performed for several reasons and can take place either before members are allowed to develop through the *selfish* stage and into *collaborative* members or reserved for those tribal members that display a complete lack of engagement in expected tribalistic behaviours.

Observed by Mental Health participants, were the punishing behaviours of *social isolation,*

M1 and M5 commented respectively:

"if you made a mistake you were left to wallow in it without support, nobody talked to you"

"if you didn't know the answer to the clinical question they just seemed to isolate you and leave you to figure it out"

Along with the *withdrawal of tribal protection,* particularly towards female staff for the minor tribal misdemeanors of breaking the boundary symbols of uniform norms

(Timmons and East, 2011), the blurring of social codes and gender boundaries with *flirting* being reported was also identified by participants, with these being seen as unhelpful and *taboo* within the tribe.

M2 and M4 observed staff discussing a female member of the team:

"she will go far though, she will do and agree with any of the men in charge, she won't do it with the female staff"

Whilst I recognise the interpretative nature of these gender themes, there are historical, cultural and attitudinal divides recognised still within healthcare settings (Braithwaite et al, 2018) reinforced by the existence of gender rules within some tribes and witnessed by many of the research participants. The study also highlights that male staff within both nursing fields were exposed to punishing behaviours predominantly linked to different themes, predominantly that of *knowledge,* or the lack of expected knowledge.

Whilst A2 disclosed:

"a staff member that qualified before me was asked about something and didn't know the answer – I responded to help them. I was praised immediately, and the other staff member was told they had better sort it out as even the new staff knew more than them"

A5 experienced:

"a nurse that qualified before me made a simple drugs error, reported it saying that she wasn't supported enough – the team completely ignored her and were horrible to her – she moved on"

I propose that the aim of these specific punishing behaviours is to ensure that non-conforming members of the tribe redress their presentation within the tribe and re-establish their relationship within the given society.

The study's findings further highlighted that along with the nursing tribes use of isolation the accompanied skill of *talking behind someone's back* (Harari, 2011) expressed towards tribal "outsiders or non-compliant members of the tribe" and the withdrawal of social *norms* and *civil engagement* were also implemented. The implementation of exclusion behaviours from civil engagement suggests the implementation of Them v Us behaviours that ensures "outsiders" are not witness to any field specific tribalistic behaviours. Identified within *Gossip Theory* (Harari, 2011), talking behind someone's back also ensures that the tribe identifies who can be trusted and subsequently informs the use and severity of tribal punishments.

In revisiting the participants expressed driver of *knowledge,* as a trigger, the study's findings suggest that nursing knowledge and specifically the lack of knowledge, highlighted two differing tribal approaches. Whilst Mental Health participants generally expressed the perception that new knowledge brought into the tribe was sometimes treated with suspicion, the display of limited knowledge and the lack of knowledge were viewed as part of the student transition. However, several Adult participants experienced that the lack of knowledge facilitated the use of punishing behaviours. This suggests that there is evidence of knowledge being *weaponised,* not in a way that mentor's thought being hard on students would help their development (Katz, 2014) but used either as a direct punishment or as a reinforcement for the uptake of tribalistic behaviours. One Adult participant disclosed that having been encouraged to express clinical knowledge that another student couldn't provide, the *weaker* student was subsequently ridiculed and clinically

isolated by the tribe. The study's findings suggest that this type of punishing behaviour may also be implemented towards those individuals deemed as *unsuitable* for tribal membership.

However, the study highlighted that the complete implementation of punishing behaviours is reserved for the ultimate tribal betrayal, that of *leaving* the tribe.

A2 disclosed

"one member of staff that announced she was leaving after years of working in the team was treated badly on shift – not many of the team went to her leaving do"

The implementation of these behaviours highlights another *difference* between the nursing tribes. Whilst Mental Health participants reported that the movement of tribal members across the different mental health tribes were not viewed as threatening or a betrayal, Adult participants reported very different tribal responses. The study's findings suggest that on these occasions the internal punishment of isolation was accompanied by a clinical *abandonment*, ritualised by a *stripping* ceremony in which exclusion from debriefings, support systems, representation of the tribe, social gatherings and removal from the staff rota (often before the tribal member left) were enforced. These punishing behaviours often provided a *cleansing* ritual for the tribe and another opportunity to implement the skills of Gossip Theory (Harari, 2011).

In reflecting upon the notion "Nurses Eat their Young" (Katz, 2014), the study proposes that the theme of the *punishing tribe* does not simply represent a perceived culture of bullying or the overzealous training approaches of qualified staff towards students but also a targeted set of punishments aimed to attack and isolate the non-conforming tribal member.

A3 and M1 reflected:

"if you hadn't worked with a particular set of staff for a while, as a newly qualified staff you were not really involved in any decision making"

M5 disclosed:

"I worked in a really strong team and reported a HCSW for poor practice and the way I was treated by the team was terrible – I was completely isolated, it was awful, I nearly quit"

A3 and A5 reflected being:

"so scared to make a mistake in case the team either made fun of you or made you look stupid in front of the others – it wasn't a case of we all make mistakes, it was as if they wanted you to make a mistake"

Emerging from the data were unexpected codes, statements and language from both fields that the researcher labelled as *Punishing Behaviours*. Encapsulated within the theme of *The Punishing Tribe* these perceptions and experiences appeared to evidence a darker element of tribalistic behaviours that unfortunately placed the non-conforming member of the tribe at physical, psychological and professional risk.

Whilst the theme of the *punishing tribe* highlights differences between the field specific participants' experiences, I suggest that this "difference" is also evident within the construct of *Tribalistic Behaviours* itself. I propose that whilst mental health tribes exhibit overt tribalistic behaviours towards external threats, adult nursing tribes express a superficial professional façade with an *intolerance* of outsiders but exhibit very strong internal displays of punishing behaviours.

4:7 Further Contributions to New Knowledge

As part of the research process, participants created the two socially constructed definitions of tribalistic behaviours below:

"A group/collective that are driven by the dominant beliefs/values/interest and goals, which influence or direct specific actions/behaviours/attitudes"

(Mental Health)

"A sense of feeling towards the needs of other group members to feel a sense of belongingness and acting in the expected way in shared interest"

(Adult)

The study's interpreted findings confirmed the expected multitude of arbitrary signs and meanings aligned to the construct of tribalistic behaviours, rather than an overarching metanarrative (Lyotard, 1979) of *team, teamworking and professional group*. Encapsulated within the study's synthesis of the evidence are the three new interpreted themes: *The Punishing Tribe, (*explored within Section 4:6), *Tribal Preparation* and *Tribal Educator,* which are discussed further below.

4:7 (a) Tribal Preparation

The theme *of Tribal Preparation* identified what the research participants felt were positive and comforting elements of tribalistic behaviours, whilst challenging the negative stereotypes presented within the reviewed literature (Weller, 2012; Braithwaite, et al, 2016; Friedman, 2018; Johnson, 2019; Weller, et al, 2019). Participant perceptions did not align with the literature's reported drive for multi-disciplinary or inter-professional study and working (Molyneux, 2001; While et al, 2005;

Bayley, et al, 2007; Baxter and Brumfitt, 2008; Armstead, 2016). Instead, participants expressed an affinity towards the signifier of tribalistic behaviours, with most declaring that as *social creatures* they respond better to being in a tribe, along with the acceptance that tribalistic behaviours exist everywhere in nursing. I propose that both external and particularly internal structures within education facilitate the effective engagement of field specific tribalistic behaviours.

Within my role as "participant as observer" (Gold, 1958), I was able to immerse myself within the expressed social experiences during the participants unsolicited moments. Observed within these moments were the tribalistic behaviours of *storytelling (*Sochacki, 2010*),* which I suggest offers essential reinforcement and legitimisation of authentic tribalistic behaviours. Whilst the informal practice of student storytelling and swapping of experiences were tolerated upon the return from clinical practice, the study's findings suggest that formal and field specific *storytelling* rituals were facilitated by *field* educators with specific tribal aims. In the desire to instil a strong tribal identity rather than a professional identity (Langendyk, 2015), the study's findings suggest that nurse educations hidden tribal preparation structures deliberately reduce the sharing of stories and tribalistic behaviours across holistic nursing populations. The action of limiting storytelling to field specific tribes by nurse educators, often disguised and incorporated as *"reflection* and accepted *pedagogy"* ensures that field specific tribal ceremonies, rituals and behaviours remained within their *rightful* tribes. In witnessing the joy and pride that "storytelling" and the expression of knowledge and behaviours provided within both nursing tribes, I noted that these experiences also served as an opportunity to talk about the implementation of tribalistic behaviours in practice. However, the study did highlight that as deeper field specific tribalistic behaviours were exposed during the nurse education programme, participants reported that only

superficial social exchanges remained between the two participant tribes and that the *storytelling* of educators appeared to focus less on facilitating nursing attitudes and emotions (Solchacki, 2010) and more on expected tribal characteristics. In reflecting the idea that nursing students are socialised into their own professional groups (Sargeant, 2009), I suggest that the strengthening of tribalistic behaviours in education within *"field specific teaching sessions",* reinforced the *attraction* and social *influence* of the larger awaiting tribe, whilst encouraging members to disengage from those now becoming viewed as outsiders. Due to the curriculum's increased field specific teaching (NMC,2018a), I propose that educators merged traditional tribalistic behaviours into current ways of working. Whilst several participants expressed concerns that curriculum content appeared to be moving away from a *holistic* approach, some Adult participants commented that they were *glad that they didn't have to sit in on mental health sessions anymore.* Aligned with increased field specific teaching forums in which social and civil connections are reproduced (Tönnies, 1887), I also noted that participants became more aware of the construction of increasingly different *tribal boundaries, language and behaviours.* Despite participants only registering an initial *low-key* existence of tribalistic behaviours, many felt that the increased field specific teaching made it more difficult to *relate to the other field,* reinforcing my proposal that nurse educators deliberately expose and reinforce deeper field specific tribalistic behaviours throughout nurse training.

The study's findings suggests that within the tribal preparation theme, the segregation of students into field specific teaching sessions allowed for the strengthening of the tribalistic behaviours needed for successful tribal transition from student to newly qualified nurse. Tribal preparation I propose, does not facilitate belongingness, professional identity or professional group expertise (Mandy et al, 2004; Warne and

Stark, 2004) but provides the *right tribal member,* armed with the correct belief system and oral traditions that meet the expectations of the awaiting clinical tribes.

Despite the uncertainties in current nursing due to new guidance, role changes and expectations (NMC, 2018a, 2018b, 2019), I uncovered a newfound confidence within the study's Mental Health participants associated with the recent upskilling agenda (NMC, 2018a, 2018b), whilst their Adult counterparts felt a *loss of identity* and a *devaluing* of their skills. This was felt to be reinforced by their governing bodies demand for them to develop a deeper set of therapeutic communication skills, something that one Adult participant felt *was not our job*.

Despite Adult participants feeling that their own tribal preparation was *thorough* and felt confident that the essentials of their role and expectations were addressed, they did not feel *prepared* for the new demands of mental health skills and knowledge (NMC, 2018b). With the prospect of dealing with mental health problems (Barratt and Jackson, 2013) and expected preparation for attitudinal changes towards mental health care, some Adult participants reported an increased desire to train and work solely within their own tribe.

Considering these uncertainties, changes in nursing guidelines and the power of tribalistic behaviours, I suggest that one potential drawback of tribal preparation may be the generic quality of the subsequent nursing workforce. Despite universities not being held accountable for the nursing professionals they develop ((Horton, 2010) and with tribal preparation being viewed by participants as overwhelmingly positive, there is a risk that the production of *tribal Docile Bodies* (Foucault, 1972), whilst being advantageous for nursing tribes, will limit the desired production and effectiveness of future generic workforces.

4:7(b) Tribal Educators

The theme of tribal educator suggests the presence of individuals within nurse education, who guide, facilitate and rationalize the ritual "*passing on"* of traditional tribalistic behaviours to new tribal members. Despite participants confirming the positive social construct of Tribalistic Behaviours, the reviewed literature provide a range of views suggesting that the demise of tribalism sits within the key structures of leadership, IPE, and professional identity (Mandy et al, 2004; Stepney et al, 2011; Egbert et al, 2014) The study's findings propose that the positioning of *tribal educators* has a deeply influential impact upon the views and preparation of new nursing students, limiting the effectiveness of IPE and other reported structures. The study's findings propose that the aim of *tribal educators* is the teaching and promotion of tribalistic behaviours, whilst gently facilitating their acceptable social reconstruction over time via new social actors. Despite the lack of any aligned evidence within the reviewed literature regarding *tribal educators* and the need for further research, I propose that tribal educators perform within an almost *Shaman* like capacity within nurse education teams. The study's findings also confirm that these educators were viewed by participants with affection and respect. Within this theme I propose that within nurse education's *tribal educators* specifically target the course structures that allow them the platforms to *perform* relevant nursing rituals, exposing expected tribalistic behaviours to students within field specific teaching.

In proposing that tribalistic behaviours exist at a far deeper level than simply that of a sense of belongingness and professional identity (Langendyk et al, 2015), the study's findings suggest that the origins and continued reinforcement of tribalistic behaviours are delivered within nurse education until successful student transition is completed.

Tribal educators, I propose, are identified via a set of very specific roles, behaviours and tasks.

It is important to note the study's position regarding the background and "status" of tribal educators, as they form a "elite hardcore" of established, seasoned members of the teaching team. Tribal educators establish themselves within a hierarchy in which tribal veterans are seen as providing guidance, knowledge and skills to less experienced members of the education team. In targeting field specific teaching rather than a "generic" nursing group, these tribal *Shaman* pass on very specific skills and behaviours, highlighted by one participant via "*stories and anecdotes"* bringing nursing to life. I propose that this *storytelling* forms a unique platform for tribal educators to reinforce traditional tribalistic behaviours.

The presence of tribal veterans within education result from nurse educations reliance upon the recruitment of experienced and knowledgeable individuals from a key source, that of clinical nursing tribes. This source provides a constant supply of rich, animated social *stories, rituals* and *anecdotes* that have been handed down through nursing generations, emphasising the power and value of successful traditional tribalistic behaviours. Participants reported the excitement and sense of "real nursing" tribal educators provided, despite some being described as clinically *out of touch*. Participants also commented on their enjoyment in teaching sessions when experienced educators talked about nursing, with content often being described as not particularly *"PC"* and *edgy.* The study's findings suggest that the opportunities utilised to reinforce successful tribalistic behaviours also reaffirmed and prioritised tribal codes and social values to new tribal members, rather than nursing knowledge and skills. These skills and knowledge were felt by participants to be secondary and would be developed to suit the needs of their new clinical tribe.

In deliberately accessing raw nursing recruits within roles such as personal tutor, tribal educators begin the segregation and isolation of their own field specific students, facilitating the *tribal preparation* process.

With participants reporting that the *experienced lecturers* seemed to be module leads for the *skills and field specific modules* rather than generic modules, the study's findings suggest that this highlights the reluctance of tribal educators to deliver and expose field specific tribalistic behaviours to "outsiders", with all research participants commenting that some lecturers didn't want to be involved in the teaching of students from different fields at all. Participants also commented on the views of tribal educators towards the concept of IPE, identifying comments such as *it's a passing trend* and *it won't last,* whilst some educators treated the concept with *contempt*, often producing evidence deriding the use of IPE in nursing.

4:8 Expectations, Change and Artistry

The themes identified as "new contributions to knowledge" were extracted predominantly from the study's unexpected data, gathered from participant's narrative experiences expressed via arbitrary signs and language within the focus groups and semi-structured interviews along with my own recorded field notes.

Whilst the reviewed literature portrays the existence of a malignant entity within healthcare referred to as tribalism (Beattie, 1995; Baxter and Brumfitt, 2008; Weller, 2012; Braithwaite et al, 2016), the literature does not specifically evidence the signifier of tribalistic behaviours. I propose that tribalistic behaviours in nursing are embedded into the raw nursing *Docile Bodies* (Foucault, 1972), from the beginning of their nurse education. Most participants reflected upon the *social and personal*

gains experienced via the expression of tribalistic behaviours, including a sense of safety and acceptance within their chosen social group, along with a set of boundaries, codes and social *Taboo's*. I propose that nursing tribes survive and expand via the expression and implementation of tribalistic behaviours including the three tribalistic behaviours identified as *new contributions to knowledge.*

As identified in Chapter One, whilst my own first experience of being treated and judged *differently* as a nurse took place many years ago, it is still raw and resonates to this day. As a result of this and other subjective nursing experiences, I expected to expose ongoing evidence of this within current nursing practice. I also expected signs and discourse around the themes of belonging, nursing identity and power to be highlighted within the reviewed literature (Beattie, 1995; Baxter and Brumfitt, 2008; Weller, 2012; Braithwaite et al, 2016; Weller et al, 2019). I am aware that these subjective expectations are created within both my own clinical experience of nursing and my own experience of nurse education as a student and as a lecturer, with the latter role clearly confirming specific learning structures, language, skills and knowledge that is ritually portrayed as "field- specific" nursing. However, I was not prepared for the form, power and fear that some of the emerging themes presented and conveyed.

The study's use of a Meta-planning approach as a brainstorming and ranking structure (Davis et al, 2002) established at an early stage, the chronological order of the study's themes. In establishing this chronological order, the resulting timeline of events reflected participant narratives and storytelling and allowed the development of a "plot" and a logical structure (Koehler, 2021). The use of the same Meta-planning structure within both the focus groups and the semi-structured interviews

confirmed the participant's unchanging themes, codes and discourse and reinforced an almost identical chronological order and significance throughout both of the data collection methods.

In accepting the arbitrary meanings attached to signs and discourse (Saussure, 1959) the study's theme of *Tribalistic Behaviours* reflects and portrays a unique set of expectations and a platform from which nurses *come alive*, using themselves to transmit emotion, interpretation, flair and vision (Titchen and Higgs, 2007). I propose that these expectations are delivered within the concept of nursing ***Artistry*** (Darbyshire and Fleming, 2008; Romeo, 2010) and that the expressed creative nursing ability developed over time (Fish and Coles, 2000; Hall, 2005) are the expressions of a healthy tribal artistry, preserved and ritually "handed down" as Tribalistic Behaviours.

4:9 Post Doctorate Implications and Research

On successful completion of my thesis, I plan to disseminate my work via publication focussing upon a number of the themes identified within the study. As discussed within Chapter Five I have also recommended further research within a number of the study's themes:

• Tribalistic Behaviour

• The Punishing Tribe

• Tribal Preparation

• Tribal Educators

Whilst the widely accepted and positive strides of collecting stories from service users to makes changes and build quality improvement mechanisms within clinical settings is encouraged (Yi Hsu and McCormack, 2011), I suggest that the same provisions of collecting stories from nursing students, qualified nurses or nurse educators are not encouraged in nurse education. However, despite this and the reviewed literature's condemnation of tribalism in nursing and nurse education, I have been able to present and discuss the study's themes of Tribalistic Behaviours, Tribal Preparation and Tribal Educator within various nurse education forums focussing upon curriculum development and research at Staffordshire University and plan to develop this further.

4:10 Chapter Summary and Conclusion

This chapter has identified several fundamental and competing themes within the participant's transitional journey from student to qualified nurse. As student nurses, participants were exposed to new individual experiences, along with social signs, language, customs and rituals within two powerful tribal cultures, before becoming an authorised member within their own chosen organisation. The interpreted themes established within the study, identify a range of subjective perceptions and interpretations of tribalistic behaviour within different social realities. Since commencing their nursing journey, participants had been exposed to a number of structures that appear to have started a fundamental shift in the positioning of their own social and professional identity, as well as their sense of belonging and safety. With the interpretation and creation of the themes *Punishing Tribe, Tribal Preparation and* Tribal Educator the study's findings propose that with the recent changes within nurse education (NMC, 2018a, 2018b) along with the changes being discussed within

the NMC Review of Minimum Standards of Education (2021), field specific nursing identity may be at a crisis point. I propose that these uncertainties and the failed solutions to tribalistic behaviours and tribalism, such as IPE and leadership (Weller, 2012), signal the need for some nurses to return to the protective tribalistic behaviours of the past and the need for *traditional* nursing to return.

In a rapidly changing nursing *reality*, I propose that it is currently not enough for student nurses or newly qualified nurses to simply familiarise themselves with the language and guidelines of a professional group (Lewin and Reeves, 2011; Bleakley, 2013), as guidelines and language are in a constant in a state of flux (NMC, 2018a 2018b, 2021). Neither is it safe, according to the research participants to simply take on the mantle and identity of a professional group along with their clinical expertise (Mandy et al, 2004; Warne and Stark, 2004), as the study's findings suggest that identity is superficial and being constantly eroded.

However, captured within the participant comment that ***nursing has changed and not for the better****,* I suggest that due to the uncertainties and constant changes within nursing, students and newly qualified nurses are seeking solace in a structure that provides stability*, the nursing tribe*. I propose that the origins and reinforcement of tribalistic behaviours in education furnishes nurses with a recognised and respected set of behaviours that allows them to function safely within their new social reality. Despite the highlighted damaging element of the *Punishing tribe,* and the promotion of specific tribalistic behaviours entrenched within *tribal preparation* and the role of the *tribal educator*, I propose that these structures allow the safe facilitation and development of a specific *tribal artistry*, unique to each nursing field that is demonstrated and ritually handed down via tribalistic behaviours.

Chapter Five

Conclusion

5:1 Introduction

This final chapter creates a summary of the study that captures and presents the thesis journey along with the knowledge and skills that have emerged from the research process. The chapter will address the issues of the research aims and objectives, evidence the study's meaningful contribution to the development of new knowledge and highlight the potential implications of the study's findings. Finally, the chapter will highlight recommendations for future research.

In highlighting my continued intent to maintain the integrity of the study, the chapter will begin by making explicit the issues of author reflexivity.

5:2 Reflexivity

Despite the application and use of the term *reflexivity* in nursing being described as poor and elusive, there is a call for the boundaries between researcher and participant to be surrendered (Dowling, 2006). Considering the study's methodology, I needed to be very aware of interpreting my own interpretations and examining my own judgements, assumptions and beliefs within the research structure (Alvesson et al, 2008). In recognising that reflexive research does not assume that social reality simply exists (Alvesson et al, 2008) it does however recognise that research is affected by the theoretical, methodological and ontological structures the researcher brings with them (Hibbert et al, 2010; Tomkins et al, 2010).

Despite being comfortable within my own positionality and its claim of the existence of multiple social realities, I became more aware of the engagement of reflexivity within my ontological position (Calas and Smircich, 1999) and the potential shifting sense of self within my own personal and professional journey. When re-visiting my methodology structure for example, I reviewed the need to incorporate separately the concepts of Postmodernism, Structuralism and Deconstructionism, asking myself if highlighting just one supporting structure within this section would have allowed more clarity and strengthened my research.

Reflecting upon my ethnographic approach I was also aware of my professional and social relationships with the research participants; however, whilst I was confident that my ethical, professional, and social boundaries were not surrendered (Dowling, 2006) I was aware that they may have been *blurred* at times. In adopting a reflexive position, I felt that I maintained the integrity and trustworthiness of the study (Clandinin and Connelly, 2000; Cousin, 2009).

5:3 Research aims and the study's findings

The aim of the study was to examine the perceptions of Tribalistic Behaviours in nursing and how they vary in the journey from student nurse to post qualification. The study's three key objectives were:

1. To establish and examine the experiences and perceptions of tribalistic behaviours student nurses are exposed to:

2. To establish and examine the experiences and perceptions of tribalistic behaviours newly qualified nurses are exposed to:

3. To establish and examine the perceived origins of tribalistic behaviours within nursing.

The study illuminated and examined the premise of the inquiry and met the research aims and objectives. The themes identified within the study's analysis and the interpretation of the collected data, aligned with the study's ontological position of constructionism, (Dombro, 2007; Bryman, 2008; Andrews, 2012; Munhall, 2012), and emphasised its epistemological position of relativism and social constructionism (Andrews, 2012; Burr, 2015). Despite evidence within the reviewed literature emphasising the concept of tribalism (Beattie, 1995; Baxter and Brumfitt, 2008; Braithwaite et al, 2016), there was no evidence within the literature recognising the construct of Tribalistic Behaviours in nursing. Considering the arbitrary meanings of the construct of Tribalistic Behaviours, the study's implementation of a Meta-planning structure (Davies et al, 2002) helped facilitate the creation of a definition of tribalistic behaviours from each set of social actors. Despite the existence of *differance* (Barthes, 1972) within the constructs, this provided the study with recognised signs from which to guide and support my own interpretations of the findings. The study's findings highlighted the very different meanings of tribalistic behaviours to those of tribalism, portrayed in the reviewed literature. More importantly, the study identified new insights into the perceived gaps within the theoretical understandings of the topic area in which further research and development is essential. As a result, this study is the first of its kind to examine the perceptions of tribalistic behaviours within the nursing journey.

My ontological claim that social reality is multiple and constructed and reconstructed by social actors (Burr, 2003), allowed me to interpret a variety of perceptions and experiences from which I created the three new themes:

• The Punishing Tribe

• Tribal Preparation

• Tribal Educators

5:4 Strengths and Limitations of the Study

I have found reflecting upon the strengths and weaknesses of the thesis difficult as I am very aware of the explicit claims made during my analysis and interpretation of the data, along with the discredited nature of the sign tribalism. My incorporation of the concept that meaning lay in its destination (Barthes, 1977), also created doubts during my thesis journey. However, there was considerable benefit and eventual comfort to be had from exposing my research to the scrutiny and critical support of my Director of Study and Supervisor, as this led to further analysis and refinement of my thesis.

Whilst the aims and objectives of the research helped position and align the chosen methodology (Lincoln and Guba, 1985), I openly applied a critical lens to my own Positionality (Houghton et al, 2012). With the research existing within a Social Science paradigm, the elicited experiences and perceptions relating to being human (Smith, 2001), reinforced the study's alignment to its ontological position of Constructionism and its epistemological position of Relativism (Ballinger, 2006; Andrews, 2012). The study's application of a relativist epistemology promoted the values of a more reflexive approach, whilst highlighting the key principles of multiple understandings and interpretations (Finley, 2006). Demonstrated within the study was the essential relationship between its epistemological and ontological position,

asserting the concept that social phenomena, interactions and their meanings are continually being created, adapted and produced by social actors (Bryman, 2008).

The study's use of a qualitative methodology (Denscombe, 2008) ensured that the collection of data was both rich and descriptive, reflecting the real-life perceptions of the research participants, whilst aligning with its epistemological position that each individual's experience and perception is true for them (Barbet, 1990). Acknowledging the rules of individual and group human behaviours (Kvale, 2006; Munhal, 2012), I was also able to maintain an ethnographic approach (Malinowski, 1922). The application of this ethnographic approach not only offered me the unique opportunity to immerse myself within the different nursing cultures (Malinowski, 1922; McGibbon et al, 2010), it also facilitated my observations and conversations within those cultures (Taylor, 1993, Altheide, 2004) along with the utilisation of field notes. The subsequent structured and unsolicited conversations promoted the incorporation of the Meta-planning structure as a brainstorming and ranking structure Davis et al (2002) within the focus groups and individual interviews. The inclusion of the Meta-planning structure strengthened the study's inclusive discussions of the dichotomous topic's (Matheson and Matheson, 2009), whilst providing a platform for individuality.

Despite the strengths of the study, my findings and analysis may be deemed limited or biased due to the implementation of interpretivist principles and subsequent use of grounded theory (Becker, 1993; Bickman and Rog, 2008). By positioning the study's essential meaning making practices of human actors at its centre, the study's claims of subjectivity are inevitable (Denzin and Lincoln, 2000; Bryman, 2008). Despite the importance of the human element within the study, the implementation of grounded theory approaches (Strauss and Corbin, 1990) such as theoretical sampling and

constant comparison method (Patton, 2002; Moule and Goodman, 2009; Munhall, 2012), may reinforce claims of *bias and subjectivity* and raise concerns regarding the study's Trustworthiness (Denscombe, 2008; Munshall, 2012). Despite my inclusion of reflexivity to counteract any researcher bias (Bickman and Rog, 2008) and the use of theoretical sampling and the constant comparison method as a means of validity (Parry, 1998), I could have possibly addressed further concerns by incorporating the techniques and strategies of Triangulation to increase fidelity and Negative Cases to address issues of personal bias (Glesne and Peshkin, 1992; Taylor and Bogden, 1998).

If I were to create the study again, I could potentially restructure some of the study's discussions aligned to constructionism and the subsequent presentation of postmodernism, structuralism and deconstructionism (Chapter 3 Section 3:9). In re-visiting this chapter, a discussion in which all of these structures are drawn together under the umbrella of structuralism may be more beneficial. By clarifying in more detail the study's application of the French version of structuralism (Ferdinand de Saussure), the study's continued return to *Semiology* would further align its key incorporation of the theory of signs (1959) and its importance within the study's analysis process. The declaration of semiology as a *creative activity* (Barthes, 1977) would also emphasise the study's stance on the importance of rhetoric and ideology within the creation of a social reality. Rather than the discussion of postmodernism (although relevant), the inclusion of poststructuralism within the study's structuralism debate could also introduce poststructuralism's *content* (Saussure's signifier) and *forms* (Saussure's signified), whilst offering a critique of semiology. The inclusion of poststructuralism's structural analysis may have also provided a logical alignment to

the notion of *deconstruction,* and the study's suggestion of *Death of the Author* (Barthes, 1977).

Finally, the study's aims and objectives to examine the perceptions of tribalistic behaviours, included the experiences of *post qualification* perceptions. Potentially due to the unexpected nature of disclosed data and the natural process that participants took during the data collection structures, I feel that my interpretations and subsequent themes focussed predominantly on the student as the protagonist. As a result, I felt that perceptions from post qualification were limited. However, on a positive note, this does provide me with the opportunity for further research within this specific theme.

5:5 Original Contributions and Recommendations for Future Research

Emerging from the study's findings are a range of new constructs, which have never been used before within nursing research. Whilst the signs of tribalism, tribes and tribal workgroups are commonplace within the literature (Logan and Fischer-Wright, 2008; Bleakley, 2012; Sommerfeldt, 2013; Armstead et al, 2016), the study's design and interpretive paradigm provides insight into the controversial and complex construct of Tribalistic Behaviours, whilst creating the emergence of the three new signs identified below:

- The Punishing Tribe
- Tribal Preparation
- Tribal Educators

Due to the relatively small research population, the new emerging themes and the largely *untapped* theme of “post qualification” I recommend that further and larger longitudinal research into all of the themes would be beneficial. In addressing the “Human Element”, of the study, further ethnographic, phenomenological, or narrative research is initially suggested.

5:5 (a) Tribalistic Behaviours

Emerging from the study were three definitions of Tribalistic Behaviours, one from each of the nursing tribes and a further definition from myself as the author. Whilst the identified definitions offered some similarities around the concepts of safety, tribal identity, social codes and expected tribal behaviours, they also highlighted several key differences within the various constructs. I propose the existence of essential structures underpinning the relationship between tribalistic behaviours and nurse education, highlighting an overwhelmingly positive and vital social foundation for participants within the nursing journey.

With my findings proposing that the origins of tribalistic behaviours are formed within nurse education, I recommend that further research into the implications of tribalistic behaviours within nurse education and the successful transition from student nurse to fully qualified tribal member is essential. Whilst my thesis interpreted three new themes within its contribution to new knowledge, future research into tribalistic behaviours within nursing will undoubtedly challenge these signs and raise new theories.

5:5 (b) The Punishing Tribe

Whilst the findings represent some commonalities between the two nursing tribes regarding the acceptable display of tribalistic behaviours, there are discrepancies and differences between the tribes regarding the internal application of *punishing behaviours*. Further ethnographic or narrative studies into the perceptions of punishing tribal behaviours, or comparative studies focusing upon the impact of these behaviours within different tribes would provide further understanding of the intricacies of these phenomena. There would also be benefits from further research into the exploration of the overt external tribalistic behaviours of the mental health tribe towards “others” and the deeper displays of internal punishing behaviours expressed within the adult nursing tribe.

Considering the study’s suggested relationship between education and practice regarding the origins and development of tribalistic behaviours, implications and solutions within this theme also reside across both structures. From the study’s findings I suggest that the formulisation and implementation of a transitional training programme, delivered by both educators and clinicians that commences from the premise that tribalistic behaviours exist should include the utilisation of the positive elements of tribalistic behaviours. Training for final year students and newly qualified staff within their first year, would incorporate the positive stages of work tribes (Logan and Fischer-Wright, 2008) allowing the gradual “bedding in” of new tribal members and also nullify educations lack of accountability for the development of qualified staff (Horton, 2010). This additional transitional support would facilitate a safe space in which individuals can be honest, build resilience, discuss developing skills and increase understanding via peer support (Graham and Partlow, 2004).

5:5 (c) Tribal Preparation

The key relationship between education and clinical practice, including their tacit and ritual tribal transition of student nurses have been embedded into education and nursing institutions over generations. The findings identify very positive tribalistic behaviours that are exposed to student nurses during their individual journeys. Further research and comparative exploration into the teaching of tribalistic behaviours within nurse education would increase the necessary insight into these constructs. Research populations should include both providers and recipients of the teaching of tribalistic behaviours.

Rather than continuing the recommended attempts to completely abandon and destroy the construct of tribalism suggested within the reviewed literature, I propose the implementation of a different tribal preparation structure within education. Utilising the reported positive elements of tribalistic behaviours, for example storytelling and its development of resilience and therapeutic benefits (East et al., 2010), future nurse education should aim to weave into its curriculum, aspects of positive tribalistic behaviours, alongside the systems demands for a more generic nursing professional. The delivery of this style of teaching should be facilitated via a joint teaching structure, including an educator and relevant clinicians. I suggest that joint teaching would also safely, critically and professionally address controversial issues such as IPE in nursing (Wellar, 2012) whilst challenging the changing nature of nursing within a shared and open arena.

5:5 (d) Tribal Educators

Arguably, the interpretation and development of this theme may be seen as controversial. However, research participants reported considerable value, regard and fondness towards this very real and unique educational role. These educators re-enact and simulate positive *traditional nursing behaviours* that were warmly welcomed by student nurses and regarded as essential within the students understanding of nursing. Suggested is further longitudinal research involving clinical staff considering a career move to education, current nurse educators and recently retired nurse educators, which would provide a deeper level of insight into this new construct. Future research involving current student nurses and their awareness and perceptions of specific educators in their roles of personal tutors, clinical leads and field specific module leaders, referred to by the study as educational *Shaman* would also be beneficial.

The findings suggest that these educators should not be removed or denounced in nurse education, rather their relevance and strengths restructured in the delivery of nursing knowledge and skills. Aligned to the other themes, the changing nature of nursing, demands reciprocal changes in nurse education, I suggest that this should evolve without the loss of positive tribalistic behaviours or the educators that actively promote these. The findings suggest that tribal educators teach positive, field specific nursing rituals and tribalistic behaviours that provide not only a safe and relatable foundation but provide an alignment to the rituals and behaviours that the awaiting clinical tribes display. The findings suggest that the teaching of nursing values, knowledge and behaviours in education should be forged by the needs and demands of both the clinical tribes and nurse education and not an elite governing body removed from the realities of nursing tribes. I propose that future nurse education structures

should be delivered jointly by current clinical staff with everyday knowledge of new styles of nursing, alongside traditional experienced tribal educators, who recognise and possess the effective and flexible tribalistic behaviours that less experienced educators and clinicians do not.

I suggest that the implementation of a consistent joint teaching structure would promote:

- positive and relevant elements of tribalistic behaviours within nursing
- critique of negative and punishing elements of tribalistic behaviours across the fields
- the facilitation of healthy career pathways into education
- well transitioned and psychologically prepared new tribal members

5:6 Conclusion

My findings propose that Tribalistic Behaviours that facilitate the functioning, expansion and development of the nursing tribes are real and originate in nurse education. The study set out to examine participant perceptions and challenge the negative, festering connotations aligned to tribalism within the reviewed literature. The study highlighted that the examined nursing perceptions, rituals, values and behaviours displayed very limited allegiance to nursing's governing body, or any other regulatory organisation. Also highlighted was the resistance to kowtow to the demands and decrees of new generic concepts and responsibilities (NMC, 2018a; NMC, 2018b). The study highlighted that whilst social tribes form all the time, nursing tribes are different as they have staying power (Logan and Fischer-Wright, 2008) and that the historical, cultural, attitudinal and behavioural reasons for the

continuation of these remain (Braithwaite et al, 2018). Based upon participant perceptions and my own interpretations of the findings, I propose that due to the combination of superficial representations of professional identity, hierarchy, belongingness and the increase in guidelines prescribing new nursing responsibilities and behaviours (NMC, 2018a, 2018b), nurses are disengaging from current professional structures and are seeking solace within a deeper set of values and behaviours. I propose that a return to tribalistic behaviours provides safety and comfort for tribal members whilst meeting a primal desire to be accepted. All that is asked in return is loyalty, displayed within agreed social cues, civilities, and behaviours. I suggest that the discrepancies and challenges of superficial professional identities (Hugman, 1991; Cowin et al, 2013), student nurse dissonance between the official discourse about professionalism and the discourse of the clinical environment (Langendyk et al, 2015), only exacerbates the migration of nurses towards the tribe. In challenging the concept that practice drives knowledge development in nursing (Langendyk et al, 2015) the study highlights that tribal preparation and tribal educators covertly facilitate this development utilising the practicing of tribalistic behaviours.

In highlighting the historical and political influences upon health services and the transference of power (Foucault, 1993), the study's findings suggest that government's removal of power from clinicians and education has encouraged a prescribed set of soulless generic changes to nursing. These changes appear to be to the detriment of nurse education, clinical practice and nursing tribes. Whilst this may sound a little dramatic, Shields and Watson (2007) talked of the death of nursing, with nurses being replaced by technicians who simply perform the function of the task, without providing the necessary art of care and with nurse education

needing a complete overhaul. In reflecting upon the reviewed literature, participant perceptions and emerging interpretations, I suggest that nursing has been haemorrhaging staff for some time, into an unstructured and unfamiliar nursing reality. My findings suggest that nursing is not dying but has simply become lost in the subsequent fractured nursing milieu.

I propose that whilst searching for solace during this time, nurses are returning to traditional tribalistic nursing behaviours. My findings suggest that nurse education has inadvertently become the conduit for training new tribal members using past oral traditions, values, beliefs and tribalistic behaviours.

Looking to the future, I propose that the attempted destruction of tribalistic behaviours and the nursing tribe is not the solution to nursing's problems. My findings suggest that the very approaches and practices designed to destroy Them-v-Us behaviours actually serve to promote and reinforce the desire for student nurses and newly qualified nurses to become tribal. I propose that we need to welcome back into nursing a healthy sense of field specific ownership, a desire to promote and defend our specialised ways and a recognition that our own tribe has its weaknesses.

Finally, I propose that the production of field specific tribal members equipped with the positive values and social codes provided by tribalistic behaviours are essential in ensuring that future *tribal artistry*, unique to each nursing field is not lost. The future of skilled, effective and passionate nursing depends on tribalistic behaviours.

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APPENDIX ONE

COREQ (COnsolidated criteria for REporting Qualitative research) Checklist A checklist of items that should be included in reports of qualitative research. You must report the page number in your manuscript where you consider each of the items listed in this checklist.

TOPIC	ITEM NUMBER	GUIDE/QUESTION DESCRIPTION	REPORTED ON PAGE NUMBER
Domain 1: Research Team and Reflexivity			
Personal characteristics			
Interviewer/facilitator	1	Which author/s conducted the interview or focus group?	
Credentials	2	What were the researcher's credentials? E.g. PhD, MD	
Occupation	3	What was their occupation at the time of the study?	
Gender	4	Was the researcher male or female?	
Experience and training	5	What experience or training did the researcher have?	
Relationship established	6	Was a relationship established prior to study commencement?	
Participant knowledge of the interviewer	7	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	
Interviewer characteristics	8	What characteristics were reported about the inter viewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	
Domain 2: Study Design			
Theoretical framework			
Methodological orientation and Theory	9	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	
Participant selection			
Sampling	10	How were participants selected? e.g. purposive, convenience, consecutive, snowball	
Method of approach	11	How were participants approached? e.g. face-to-face, telephone, mail, e-mail	
Sample size	12	How many participants were in the study?	
Non-participation	13	How many people refused to participate or dropped out? Reasons?	
Setting			
Setting of data collection	14	Where was the data collected? e.g. home, clinic, workplace	
Presence of non-participants	15	Was anyone else present besides the participants and researchers?	
Description of sample	16	What are the important characteristics of the sample? e.g. demographic data, date	
Data Collection			
Interview guide	17	Were questions, prompts, guides provided by the authors? Was it pilot tested?	
Repeat interviews	18	Were repeat inter views carried out? If yes, how many?	

Audio/visual recording	19	Did the research use audio or visual recording to collect the data?	
Field notes	20	Were field notes made during and/or after the interview or focus group?	
Duration	21	What was the duration of the inter views or focus group?	
Data saturation	22	Was data saturation discussed?	
Transcripts returned	23	Were transcripts returned to participants for comment and/or corrected	
Domain 3: Analysis and Findings			
Data Analysis			
Number of data coders	24	How many data coders coded the data?	
Description of the coding tree	25	Did authors provide a description of the coding tree?	
Derivation of themes	26	Were themes identified in advance or derived from the data?	
Software	27	What software, if applicable, was used to manage the data?	
Participant checking	28	Did participants provide feedback on the findings?	
Reporting			
Quotations presented	29	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number	
Data and findings consistent	30	Was there consistency between the data presented and the findings?	
Clarity of major themes	31	Were major themes clearly presented in the findings?	
Clarity of minor themes	32	Is there a description of diverse cases or discussion of minor themes?	

Developed from: Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. International Journal for Quality in Health Care. 2007. Volume 19, Number 6: pp. 349 – 357

APPENDIX TWO

CONSENT FORM

Title of Project: An examination of perceptions of tribalistic behaviours in nursing and how they vary during the journey from student nurse to post qualification.

Name of Researcher:

Please initial boxes

1. I confirm that I have read and understand the information sheet dated ……..(version 1) for the above study and have had the opportunity to ask questions. ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time/up until commencement of data analysis[1], without giving any reason. ☐

3. I understand that my data will be stored securely and confidentially[2] and that I will not be identifiable in any report or publication ☐

4. I understand that the researcher may wish to publish this study and any results found, for which I give my permission ☐

5. I agree for my interview to be tape recorded and for the data to be used for the purpose of this study. ☐

6. I agree to take part in the above study. ☐

……..	……..	……
Name	Date	Signature
……..	……..	……
Name of person taking consent (if different from researcher, state position)	Date	Signature
……..	……..	……
Researcher	Date	Signature

APPENDIX THREE

Participant Information Sheet

Study title

An examination of perceptions of tribalistic behaviours in nursing and how they vary during the journey from student nurse to post qualification.

Invitation paragraph

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with friends and relatives. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

What is the purpose of the study?

In 1985 the Chief Executive of the National Health Service Training Authority opened up a specific set of discourse around the culture, boundaries and identity of health professionals. Although research directly linking tribalism and tribalistic behaviours within nursing is limited (Weller, 2011), this project aims to examine current nursing perspectives, questioning if tribalistic behaviours and tribalism are not only still present within nursing cultures, but whether this construct continues to instil a powerful “Them v Us” loyalty within nursing systems. Often considered as a negative construct, Tribal Behaviours and Tribalism also offers individuals a Social Identity (Braithewaite et al, 2018) and positive themes such as a

sense of belonging and safety in which groups of people share common values and meaning.

Whilst the evidence of tribalism in “Healthcare” is not a new phenomenon (Beattie, 1993), and the existence of tribal characteristics acknowledged within medical and nursing groups (Weller, 2011), the expected outcomes of the project are an increased awareness of tribalistic behaviours and tribalism and the potential confirmation that tribalistic behaviours and tribalism not only exist within healthcare education and clinical nursing practice, but the construct of Tribalism remains prevalent.

Why have I been chosen?

The study proposes that Year Three students from the fields of Mental Health and Adult nursing will be asked to engage with the research. As year three student nurses you will be ideally placed in a situation where both the cultures of education and clinical practice have helped shape your experience and identity. Participants will be placed into specific “Focus groups” (Mental Health/Adult) six months prior to the completion of their nursing award and qualification and asked to complete specific questions. Approximately 6 month post qualification all individuals will be interviewed using the same structure. It is planned that there will be one group of mental health students (approximately 6-8) and one group of adult students (approximately 6-8) identified from the University of Wolverhampton.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part, you are still free to withdraw at any time and without giving a reason.

What will happen if I decide to take part?

If you decide to take part, you will be asked to participate in one focus group which will last approximately 40 minutes, this will be arranged whilst you are in your theory module (permission has been given by your module leader) 6 months before you

complete your award. Following this, 6 months after you complete your nursing award you will take part in an individual interview which will last approximately 45 minutes. This will be arranged between us on an individual basis. As part of the first stage (Focus Group) you will be asked along with your colleagues in your focus groups for your perception and experience to develop your own definition of “Tribal Behaviours”. From this you will be asked to produce a list of Drivers and Barriers within this theme that support and prevent Tribalistic Behaviours. Utilising post it pads and coloured dots you will be asked to put those Drivers and Barriers into themes and rank them in terms of importance. For your individual interview you will follow exactly the same process. This methodology and approach is known as Meta-planning (see attached diagram).

What are the potential benefits and risks of taking part?

Although there will be no individual or personal direct benefit from participating in the research, the potential benefits of the research remain in the overall aim of the research study which is to contribute towards a more insightful and meaningful understanding of tribalistic behaviour, specifically in nursing, so that the findings can help to shape and advance the profession and its educational underpinnings.

There are no identified risks to you in taking part outside of those you would experience in everyday life. However, by taking part, you may remember things that you may find distressing. If this occurs, the researcher will ask you if you want to continue to participate in the Focus Group or interview. Any decision you make will be respected.

Will my taking part in the study be kept confidential?

Yes. All the information about your participation in this study will be kept confidential. The evidence from the Focus Groups and the transcription of the interview you participate in will be stored on a password protected computer in a locked office. Only the researchers working on the project will have access to the information. You will not be identifiable in any publication or report as the data will be grouped together and all identifying information will be removed. Should you be unable to participate within the second stage following the focus groups, your previous input and data provided within

the focus group will be utilised as part of the study. However, any identifiable data will be destroyed.

What will happen at the end of the research study?

It is intended that articles for publication in relevant health and education journals will be extracted from the study findings and analysis. This process will take place only on the completion of the research, which will be completed in approximately two years. A brief summary of the research findings will be available to participants if requested.

What if I have a problem or concern?

If as a participant you have any concerns or have any questions regarding the method or conduct within the research process, there are a number of individuals available for support.
Professor Silke Machold, Dean of Research as the independent person in the case of complaints relating to research integrity.

Dr. David Matheson Director of Study for the researcher
Dr Peter Collins Supervisor for the research

If as a participant, you have a complaint regarding breaches of the Data Protection legislation and/or complaints that an individual's personal information is not being processed in line with the university policy may do so in writing to The Data Protection officers contact details as follows.

Data Protection & Freedom of Information Officer

Offices of the Vice Chancellor

University of Wolverhampton

MA214 Wulfruna Building

Wulfruna Street

Wolverhampton

WV1 1LY

or by emailing: dataprotection@wlv.ac.uk

Who has reviewed the study?

The Faculty of Education, Health and Wellbeing Ethics Panel (Health Professions, Psychology, Social Work & Social Care)

Contact for further information.

Brian Bell [e-mail address redacted]

I would like to take this opportunity to thank you in advance for your time and for supporting me in my research. Should you decide to participate in the research you will receive, along with this Participant Information Sheet, a signed consent form to keep with you throughout the process.

APPENDIX FOUR

Meta-planning Diagram and Process

Meta-planning

- Spontaneous
- Rapid
- Reflective
- Rich data in record time
    - Qualitative
    - Quantitative

- Developed for Davies, P, Osborne, M and Williams, J (2001) *For Me or Not for Me? - That is the Question: A Study of Mature Students' Decision Making and Higher Education.* Research report 297. London: DfES.

Focus Group Process

1.

- What are the drivers for Tribalistic Behaviours?
- Take four Post-its. The number is arbitrary
- Respond as quickly as possible, one driver per Post-It.
- Stick the Post-Its anywhere on the sheet marked *Drivers.*
- Put the Post-Its into categorises and give each category a name

2.

- What are the barriers to Tribalistic Behaviours?
- Take four Post-its The number is arbitrary
- Respond as quickly as possible, one barrier per Post-It.
- Stick the Post-Its anywhere on the sheet marked *Barriers.*
- Put the Post-Its into categorises and give each category a name

3.

- Voting for *Drivers*
- Take three yellow sticky dots
- Vote for categories, NOT for individual Post-Its

4.

- Voting for *Barriers*
- Take three red sticky dots
- Vote for categories, NOT for individual Post-Its

5.

- Summary and comment/discussion: to what extent have these expectations so far reflected reality?

6.

- Fresh Post-It: which barrier can overcome all the drivers? This need not be a repeat of a previous idea. Stick on sheet

7.

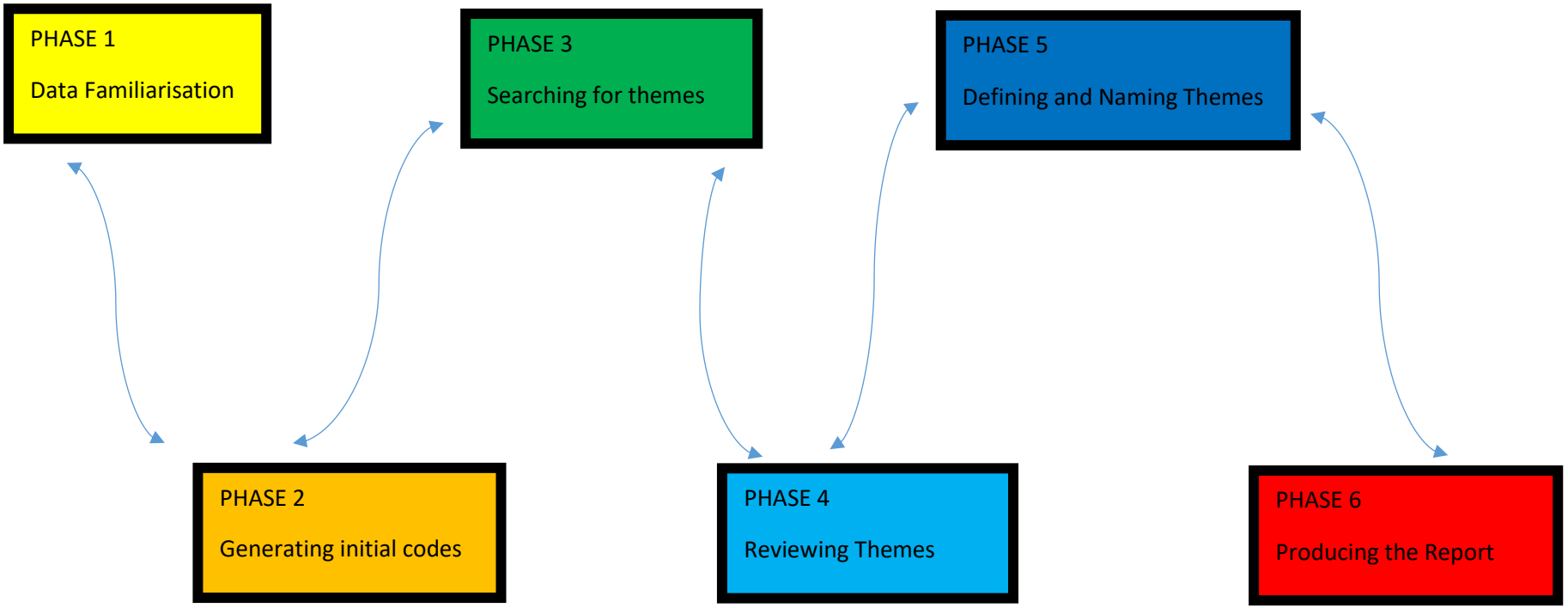
- Fresh Post-It: which driver can overcome all the barriers? This need not be a repeat of a previous idea. Stick on sheet

8.

Discussion

APPENDIX FIVE

PHASES OF REFLEXIVE THEMATIC ANALYSIS



Braun, V. and Clarke, V. (2006) *Using Thematic Analysis in Psychology*. Qualitative Research in Psychology 3 (2) pp 77-101

APPENDIX SIX

FOCUS GROUP

Table 4:1 Focus Groups Drivers, Barriers to Tribalistic Behaviour and Overall Driver and Barrier.

	Drivers	Barriers	Overall Driver	Overall Barrier
Adult Focus Group	**Control/Lead** (power, hierarchy) **Sub Culture** (belonging, language) **Roots** (isolation, fear)	**Individual** (own strength and not conforming) **Resources** (Knowledge, Procedures) **System** (Management, Hierarchy)	Feeling supported and wanted	Management and Leadership
Mental Health Focus Group	**Negative** (Fear, inexperience) **Positive** (security, values) **Other** (socialisation)	**Personal** (Confidence, communication) **Interpersonal** (Collaboration, critical education) **Systemic** (language, power)	Power of the System/Tribe	Transparent and Honest Communication