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Advancing stages of group development: The case of a virtual nursing community of practice groups

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***Abstract**: A qualitative study was undertaken on the stages of group development in an on-line group . The group was a nursing 'community of practice' taking part in the Gerontological Nursing Demonstration Project. Together the nurses worked to develop and implement best practice across Scotland. Through content analysis of 27 on-line group sessions, the authors identify the group tasks, the character of the group system and member behaviour, the skills of the groupworker, the dynamics of mutual aid occurring in the session and the stages of group development. Findings challenge the dominant paradigm of group development represented by Tucker and Garland, Jones and Kolodny. The group did become more productive and mature, but did not experience a power and control/storming stage of development.*

***Keywords**: Stages of group development; evidence-based practice; on-line groups*

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Introduction

For several decades, the definition of stages of group development theory has been anchored in the works of Bennis and Shepard (1956), Bion (1959), Tuckman (1965), and Garland, Jones, and Kolodny (1965). Though each model of group development has distinctive features, they are strikingly similar in their view that group members are preoccupied with their relationships with the groupworker and with other group members. Bennis and Shepard (1956), Tuckman (1965) and Garland, Jones and Kolodny (1965) offer a linear model of development where members must deal with authority issues with the groupworker before moving on to relationships among members. Bion's (1959) theory of group development, in contrast, is not linear as it presents group development as cyclical. The group does not 'deal with' or 'resolve' an issue and then progress to the next stage. Instead Bion suggests that groups have persistent issues about authority and intimacy which are never fully resolved, and which drive the work of the group.

Taken together these early models of group development have constituted a dominant paradigm concerning the development of groups over time. Little of the stages of group development literature has been developed to apply differentially to particular populations and types of groups. It is as if the explanatory power of these early theories is so great that they apply equally to all groups, without nuance and without distinction. It is as if race, culture, class, gender, age, and a host of other important factors have no bearing on how people work together in groups (Kelly & Berman-Rossi, 1999). Yet people intuitively know, as Berman-Rossi (1993) points out, a group of institutionalised older persons will have differing authority issues than a group of teenagers living in a shelter or hostel.

The differential application and testing of generic stages of group development theory has made up the smaller part of our literature, eg., Schiller's (1997, 1995) work concerning women's groups; Kelly and Berman-Rossi's (1999) work pertaining to institutionalised older people; and Lee and Berman-Rossi's (1999) work pertaining to adolescent girls in foster care. With these ideas as our foundation we sought to discern how an on-line gerontological nursing community of practice group would develop over time and if these groups developed according to the dominant paradigm.

Literature review

In reviewing the international literature published through November 2004, the ideas put forth by Bennis and Shepard, Tuckman and Garland, Jones, and Kolodny were generally supported. The keywords 'stages of group development' were searched using *Applied Social Sciences Index and Abstracts, Psychinfo* and *Sociological Abstracts*. Of 24 abstracts identified 21 were selected as they were specifically about stages of group development. Of these only 9 were empirical articles. The remaining 12 were descriptive or conceptual in nature, and generally used a linear approach in their descriptions. Seven of the studies generally supported the linear model of group development (Wheelan et al, 2003; Brossart, 1997; Floyd, 1989; Lungren & Knight, 1978; Bahad & Amir, 1978; Runkel et al., 1971; Heckel et al., 1971). The two remaining empirical articles and an additional six articles identified and reviewed by the authors (Lee & Berman-Rossi, 1999; Kelly & Berman-Rossi, 1999; Schiller, 1997 & 1995; Galinsky & Schopler, 1989, 1985; Kanas et al., 1984; Schopler & Galinsky, 1984) all challenged the models proposed by Tuckman, Bennis and Sheppard, and Garland, Jones and Kolodny. The works of Galinsky and Schopler (1989, 1985, 1984) first demonstrated how the structure of groups can impact on group development and offered the first divergence from the earlier ideas about group development. Over the past decade the writings of Schiller (1997; 1995), Lee and Berman-Rossi (1999), and Kelly and Berman-Rossi (1999) offer a significant divergence from the now mainstream ideas and approach, what Kuhn (1970) would consider a challenge to the commanding paradigm. These authors suggest that there are a host of variables which potentially affect group development, eg., age, class, ethnicity, structure and context. Thus, the entire notion of the predictability of stages of group development is opened to question.

Each of the early theories has an assumption that the development of the group as a whole is dependent on resolving issues related to member-to-groupworker authority and member-to-member relationships. These intimacy and authority themes have been embedded within the literature and ways of thinking about stages of group development (eg., Wheelan, Davidson & Tilin, 2003; Germain & Gitterman, 1996; Berman-Rossi, 1990; Seitz, 1985; Glassman & Kates, 1983; Schwartz, 1971), prompting some to specify the

groupwork skills required to help groups advance from one stage to another in an attempt to implement the dominant theory (Shulman, 1999; Berman-Rossi, 1993, 1992).

Group under study

The group under study was part of a Scottish nursing practice development initiative known as the Gerontological Nursing Demonstration Project, which began in 2001 with the long term intention of promoting the principles and implementation of evidence-based gerontological nursing practice within Scotland. In the UK, The National Health Service (NHS) has been working to promote best practice in nursing (Department of Health, 2001; Scottish Executive, 2001; NHS Quality Improvement Scotland, 2004). Similarly, there is an international move to promote evidenced based practice (eg, American Nurses Association, 2001; Canadian Nursing Association, 2001; Canadian Gerontological Nursing Association, 1996). Many of the efforts to develop best practice have used an expert led model whereby the experts sift through the evidence, evaluate it, and then develop best practice statements based on their expert review of the evidence (e.g., Scottish Intercollegiate Guideline Network, 2004). Unfortunately, this approach to developing evidence-based best practice often ignores implementation. The Demonstration Project team came together to develop best practice statements for gerontological nursing and took a realistic approach (Pawson & Tilley, 1997) to developing evidence-based best practice that also directly addresses achievability in practice and issues of implementation. The long-term goals of the project were to

- Promote the principles and practice of gerontological nursing within Scotland.
- Facilitate achievement of evidence-based best practice.
- Facilitate professional networking to encourage practice development.

The design of the project was built on

> ... the assumption that any description of best practice must be owned by

> nurses, be generated through an inclusive and nurse-evidence-sensitive process, and achieve clarity and balance in the type and levels of evidence used. (Tolson et al, 2005)

The project was approved by the research ethics committee at the authors' university, and all participants gave informed consent.

Initially 30 nurses from across Scotland joined the project and formed a community of practice (CoP). Later 30 more nurses were recruited and joined the CoP. Together they worked to develop, pilot, publish, and implement evidence-based nursing care guidance. In order to learn and work together the nurses used a combination of activities undertaken in a purpose built virtual practice development college. In addition, they occasionally met face to face in real time.

Lave and Wenger (1991) define a CoP as a group of practitioners who jointly hold a socially constructed view of the meaning of their subject knowledge and what it takes to be an expert in the field. Gherardi et al. (1998) hold that a CoP emphasizes that practice is dependent on social processes and learning takes place through the engagement of that practice. These conceptualisations of a CoP recognize that knowledge and learning are social in nature. Knowledge is transferred through language and every role-based conversation between practitioners has the potential to create knowledge, test ideas, and build concepts. Practice is central to the idea of CoPs, and human contact is a vital part of knowledge exchange and practice innovation (Wenger, McDermott & Snyder, 2002). The virtual college was developed to allow practitioners and carers who are geographically spread, some working in remote rural and island communities, to exchange knowledge through electronic communication. Daily conversations around work activities build both tacit and explicit knowledge. Tacit knowledge is the 'know-how' in the nurses' heads, ingrained in their professional and life experience and learning. Explicit knowledge is that which gets deliberately shared, documented and communicated. When CoP members are exposed to research literature it has the potential to allow assimilation of the ideas and concepts of others, and it builds the content of the communications.

The virtual practice development college consists of areas for asynchronous discussion forums on a range of topics relevant to the development of best practice statements and practice development. There

are also dedicated virtual areas where synchronous group discussions and online education can occur. The college has a large document repository where educational materials, research reports, assessment instruments, and other resources are kept. A practice development fellow facilitates the work within the group under study, however many individuals contribute to the work of the virtual college.

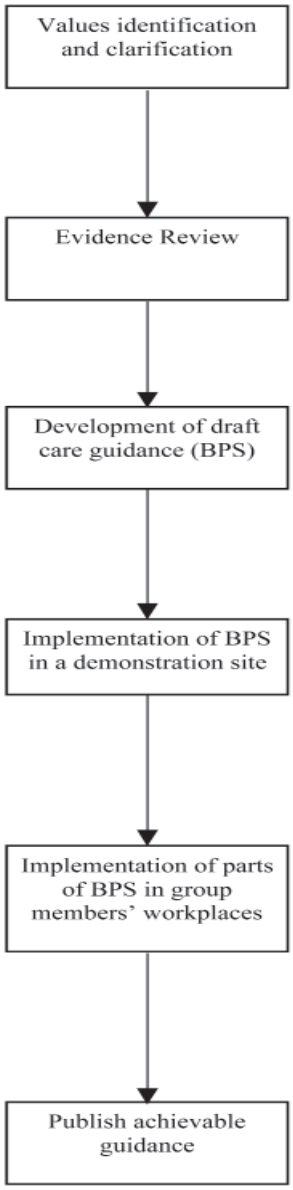
The work of the CoP is outlined in Figure 1, and started with developing a shared value base to gerontological nursing which would guide their work together as well as being used as an evaluative lens for development of evidence-based practice (Kelly et al, 2005). A small working group studied the evidence identified by an expert advisor to determine its relevance to nursing practice. Draft best practice statements were developed from the initial sifting and evaluation process and then discussed and evaluated by the larger group of nurses. The nurses evaluated the evidence for its congruence with the values of gerontological nursing, relevance to their practice setting, and consistency with their knowledge. A demonstration site then fast tracked implementation of the entire draft best practice statement to test its achievability in the real world of practice. Other nurses involved in the project simultaneously attempted to implement either portions of or the entire best practice statement to further test achievability. Together they compared experiences and difficulties and then problem solved, pooled implementation solutions, created learning resources and where possible involved older people and their families. Only care guidance which was found to be achievable was published in the final version of the best practice statement. The process was mainly accomplished using online groups.

The Study

Sample

The participants in the on-line group were nurses working with older people in care homes across Scotland. The purpose of the group was to develop best practice statements, support and evaluate the implementation of the best practice statements, and support continual practice development. A total of 39 nurses participated in the open group over the period under study. The study period ran from the

Figure 1
Activities of Virtual Community of Practice Group



beginning of the group through the beginning of the summer holiday period. The average attendance at the 27 sessions during this period was 8.96 with a range from 3 to 16. A core group of four nurses attended and participated in at least 70% of the synchronous on-line sessions and 10 attended at least 33%. Technical difficulties prevented full participation for some of the group members. Even when unable to attend the 'live' sessions, nurses were able to view the archives of each session to keep up to date with what they missed. Those unable to regularly attend often reported reading the archives and this kept them sufficiently informed to be able to participate in live sessions at a later date.

Method and analysis plan

Content analysis was the basic tool used for analysing 27 verbatim transcripts of the on-line sessions, which were taken from the archives of the virtual college. Krippendorf (1980) and Rescher (1980) suggest that content analysis is an inductive, categorizing process based upon inferential reasoning. Although there are many definitions of content analysis, some more quantitative and other more qualitative, Krippendorf's was most useful and pointed to some of the working dilemmas as hundreds of pages of verbatim transcripts were analysed. He states '... content analysis is a research technique for making replicable and valid inferences from data to their context' (p.21). His discussion of the multiple meaning of messages and the multiple ways of analysing data highlights the influence of the researcher's frame of reference and the challenge of moving beyond one's own ideas to create new ideas.

Six categories were established as the basis for the analysis:

1. What the members were working on (the content),
2. The group tasks the members were working on (Berman-Rossi, 1993),
3. The character of the group system and member behaviour (Berman-Rossi, 1993),
4. The skills of the groupworker,
5. The dynamics of mutual aid (Shulman, 1999) that were occurring in the session and

6. The phases of work (Shulman, 1999) and how the group developed over time (Garland, Jones & Kolodny, 1965).

N-Vivo, a qualitative data analysis software package, was used in the analysis of the data. The process of analysis began with identification and coding of issues, content, skills, and group processes in the verbatim transcripts. The coding of the data included frequent reviews and refinement of the coding system. The second step entailed a summarisation of each session. Each summary was then compared to the verbatim transcript and notes from step one to ensure accurate portrayal of the session in the summary and to ensure that nothing of importance was left out of the summary. Step three of the analysis was the characterization of group tasks, group system and member behaviour, and the dynamics of mutual aid within each session. Again the characterizations were compared to the original verbatim transcripts and summaries to ensure accuracy of the characterizations. Finally, step four was the naming of the stages of group development and the phase of work. Table 1 demonstrates the process of progressively reducing the data and generalizing and conceptualising.

Findings

Stages of group development

There were differences in the stages of development from the dominant linear paradigm of group development articulated by authors such as Garland, Jones and Kolodny's (1965) (pre-affiliation, power & control, intimacy, differentiation, and separation) and Tuckman (1965) (forming, norming, storming, performing). No evidence was found to suggest a stage of power control or storming in this group, and yet the group was very productive. The stages identified in this group were: Beginning/Pre-Affiliation, Work/Intimacy, Work/Amalgamation, and a return to Work/Intimacy.

The Beginning/Pre-Affiliation stage (sessions 1-5) was similar to pre-affiliation stages described by Garland et al. (1965) and was characterised by the development of a working agreement, working relationships, affectional ties, a structure for work and a sense of the group. Work/Intimacy, the second stage, was identified in sessions 6-16, and saw

an increase in affectional ties and a focus towards the work. Members were able to tolerate difference and dialectical processes could be found. Productivity was high. In session 17 the beginning of the third stage could be found. In the Work/Amalgamation stage the group continued working productively on the group purpose while it also worked to incorporate new members. Schopler and Galinsky (1984) recognized that open-ended and open-membership groups develop differently from the long term and mostly close-ended groups studied by Garland et al. (1965). They described an oscillating pattern of development whereby, when new members enter the group, the development of the group as a whole regresses. A less developed group is a less productive group. In the online CoP group an oscillating pattern was found in the groupworker's skill use, however, a 'regression' in group development was not found. As new members entered the group and the task of the group shifted, the group remained very productive as it dealt with incorporating the new members and new tasks. Some of the group and member tasks occurring with the change in membership were tasks that typically occur during the pre-affiliation stage of development. However, the cohesion, productivity, and pride in the work remained high, which is consistent with a group in the intimacy stage of group development. This stage of development was an amalgamation of the two stages. Something new was created as new members and tasks were added, yet the work continued without missing a step. Finally in session 21-27 the group incorporated the new tasks and new members and continued working at a productive level. It was a return to Work/Intimacy. Issues of contracting and incorporating new members receded, and the work of the group was primarily purpose focused and cohesion was high.

Patterns of attendance

The group essentially had an open structure within a closed community. Initially 30 nurses were recruited, but later 30 more were added. All nurses in the project were encouraged to participate in the synchronous group sessions. Only 39 nurses participated in the online group during the period of this study. Of these 39 only 15% attended more than half of the sessions, and only 26% attended a third or more of the sessions. There were many reasons given for the pattern of attendance. Initially many of the nurses had difficulty accessing the internet from work. Some

institutions had firewalls that only allowed access to an internal intranet. Most worked in busy settings and interruptions were common. For some, sitting at the computer was seen as skiving despite being engaged in education, continuing professional development, and resource procurement for the institution. Many members were new to information technology and took longer to learn about and become comfortable with computer technology. Core members who were regular attenders functioned as culture bearers and kept the work and development of the group moving forward.

Structure

The design and structure of the virtual CoP helped to overcome some of the attendance difficulties outlined above. The weekly sessions were scheduled at three different times during the day to accommodate the shift patterns of nurses. In addition, each session was archived and immediately available to members of the group. Some nurses who planned on logging on in the morning found that workplace pressures pre-empted their opportunity to participate. They could read the morning archive to see what had occurred earlier in the day and then log on during the afternoon timeslot. It was not uncommon for nurses to log on more than once a day to continue in the discussion. In addition, nurses who were unable to attend the group for a period of time would also read the archives before attending when they could. The archive became a repository for the knowledge as well as process, enabling members to benefit from the group even when they were unable to attend.

The structure of the overall project also included face-to-face sessions prior to and mid-way through the period under study. These structural supports facilitated relationship building and developing an understanding of the work to be done by the group.

Content

The content of each of the sessions generally fell into eight categories. As the group's purpose was to help with the development of best practice statements, to support each other in the implementation of best practice, and practice development, it is not surprising that

these were three large content areas. Other content areas included sharing of work and professional stresses, supporting each other, and identification of resources for residents. Many sessions also included on the spot information technology training. Finally, there were often discussions related to the tasks of the overall project. For groups to be productive and feel worthwhile to members, they must work on issues related to their agreed purpose and working contract. These eight areas were very much related to the group's purpose and working agreement. The groups did indeed support the work of the project, while also meeting the individual needs of members

Dynamics of mutual aid

Shulman (1999) states that all groups have the potential to develop into a mutual aid system. In a mutual aid system several important dynamics can be found. These are sharing data, the dialectical process, entering taboo areas, the 'all in the same boat' phenomena, mutual support, mutual demand, individual problem solving, rehearsal, and the strength-in-numbers phenomenon. These dynamics give groups their power, and most of them occurred in the CoP group. For example there was evidence of mutual support in 25 of the 27 sessions, sharing data and resources in 17, mutual demand in 16, problem solving in 13, and expressions of all being in the same boat in 9 of the sessions. Rehearsal was the only dynamic for which no evidence was found, and this may be due to the electronic nature of the group.

Skill

Groups form to work together on a common purpose or common need. The primary role of the groupworker is to facilitate the work of the group, and this is accomplished by the use of skill. Berman-Rossi (1993) identified the central skills required at each stage of group development, and our study supports her contention that different stages of group development require different skills. Though a groupworker may use any skill throughout the life of a group, some skills are more necessary at various times. For example, skills of contracting will be central at the beginning of a group, but may be used again as the group changes or new members enter. In this study both the nature and quantity of

skills used changed over the period under study. Figure 2 illustrates the changing number of skills used. For example, the groupworker was most active in stage 1, Beginnings/Pre-Affiliation and again in Stage 3, Work/Amalgamation. In both of these stages issues around contracting or re-contracting were central to the work of the group. In the other two stages the groupworker was not as active and his skills were geared more towards facilitating the work of the group.

Discussion

Dominant theory says groups are not really productive and mature until power and control issues are resolved. In recent years several articles have been published that challenge this assumption (eg. Kelly & Berman-Rossi, 1999; Schiller 1997 & 1995). This study adds to this challenge. A stage of storming or power and control may not be necessary to develop into a mature and fully functioning group. Groups develop in different ways and do not necessarily develop in a linear fashion. However, they have the potential to change and develop over time, and the groupworker must help the group to develop into a more productive entity. In order to do this most effectively, the groupworker must understand and be aware of the predominant issues that are impacting on the group's development at any moment in time. Next the groupworker will differentially use skills to help the group become a stronger and more productive unit.

There is a growing body of literature concerning online groups. Though much of the literature describes or evaluates online interventions, McKenna and Green (2002) provide a good overview of virtual group dynamics compared to face-to face group dynamics. Our findings suggest that an on-line CoP functions in many ways similar to a traditional face to face group. As members of the on-line group worked on the shared task of practice development, development of evidence-based gerontological nursing, and implementation of best practice in their work environments, there were identifiable stages of group development, an increasingly productive and mature group, tasks commonly associated with different phases of work were being worked on at appropriate times, the groupworker's skills changed in nature and quantity, and dynamics of mutual aid were in operation. Certainly there

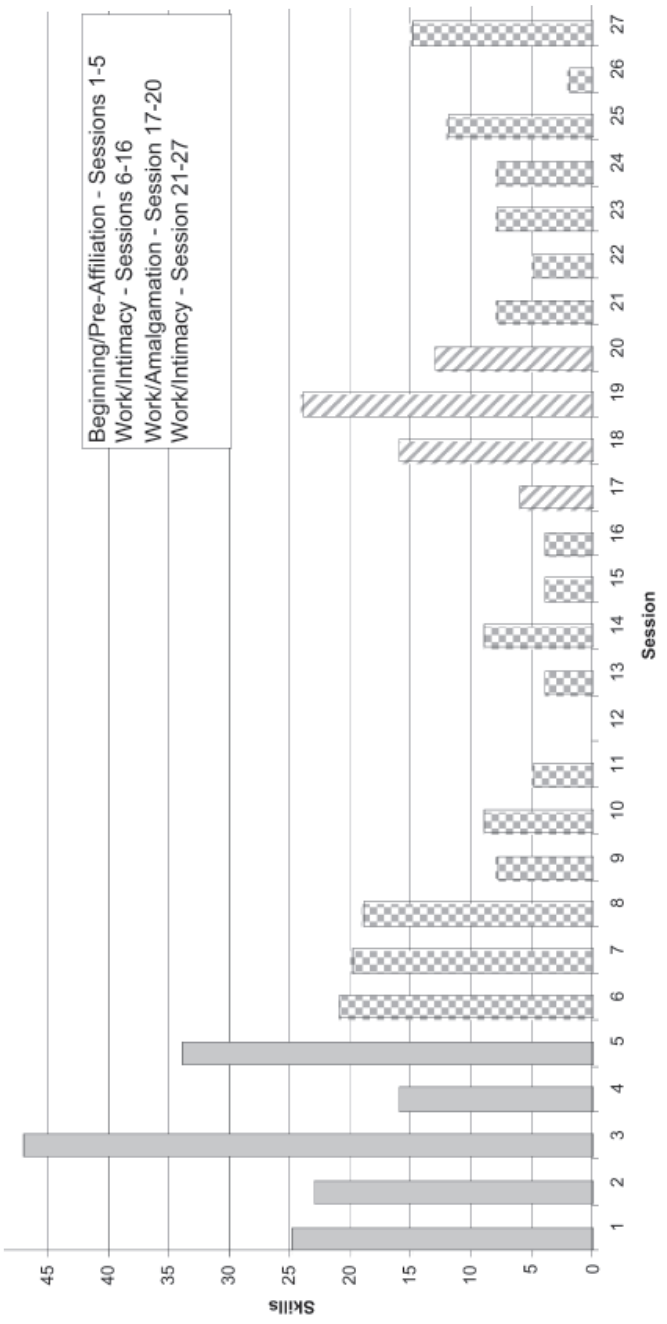


Figure 2
Number of skills used per session

were unique challenges to facilitating groups using a virtual medium. Some of the challenges included interactive computer technology being new to a majority of group members, numerous technology barriers, disjointed 'chat' conversations, work pressures interfering with being able to participate, lack of non-verbal cues, etc. However, each group presents its own unique challenges that can impact on group process and group development. It is not uncommon for groupworkers to find creative solutions to structural, environmental, and group compositional challenges. The online nature of this task group was not an exception. With support, both structural and from the groupworker, dynamics of mutual aid were able to flourish and facilitate the work of the group. However, more research into the differences and similarities between online and face-to-face groups is needed.

Conclusion

Groupworkers, nurse educators, practice development facilitators and other professionals working with groups need to understand how groups develop over time and how to best help their groups become more productive. The dominant linear stage theory paradigm served the international groupwork community well for many years. However, some people working with groups instinctively knew that variables such as membership characteristics, structure, and group purpose would shape or influence the way their group and group members behaved. Others laboured under the false belief that all groups develop the same way; hence there must be something wrong with their group if it did not develop 'according to plan.' Along with recent additions to the literature, this article is challenging the dominant paradigm. The synergistic and dynamic nature of groups ensures that no two groups are exactly the same. It makes sense, then, that groups develop differently. Further work is required to advance the stages of group development theory base. Members' needs will be better served by better understanding what variables influence group development and what groupworkers can do to help groups become more mature and productive.

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Table 1
Analysis of on-line community of practice group

Sessions	Content of Work	Group and member tasks	Character of group system and member behaviour	Worker Skill (number of incidences)	Dynamics of Mutual Aid	Phase of Work/Stage of Group Development
1-5	• Learning to use the computer technology • Identification of future discussion topics and future areas for work • Challenges to changing practice in workplace • Incorporating gerontological nursing values into workplaces • Planning implementation strategies for BPS • Strategies for improving environment of wards • Coping with regulatory body inspections • How to best work with each other	• Developing working relationships and affectional ties • Developing a working understanding of the work and member/worker roles • Developing the group's learning agenda • Establishing and clarifying division of labour • Developing ways in which to work • Establishing and clarifying a structure for work	• Uncertainty of group purpose and ways they will work together • Some challenging of IT facilitator's non-nursing status by a few members • Strengthening connections among members • Some members want to "get on with it" • Members dependent on groupworker but increasing ability to question demands of groupworker • Asking for data and resources • Very polite • Playful and engaging in teasing groupworker • Some disagreement about where to start the work • Ambivalence about task versus affect	• Demand for work (14) • Reaching for feedback(10) • Partialising (10) • Developing working contract (9) • Providing support (9) • Sharing data (8) • Help with technology (8) • Reaching for more information (7) • Problem exploration (7) • Setting conditions for work (6) • Focusing work (6) • Division of labour (5) • Building relationships (5) • Sessional contracting (4) • Clarifying purpose (4) • Clarifying role (4) • Advice giving (4) • Connecting conversations (3) • Identifying mutual concerns (3) • Normalising (3) • Engaging authority theme (3) • Clarification (3) • Sharing Structure for work (3) • Facilitating information exchange (2) • Making connections with other members (2) • Sharing groupworker's feelings (1) • Challenging assumptions (1) • Pointing out obstacles (1) • Calling for community (1) • Setting group rules (1)	• Increasing Mutual Support • Individual Problem Solving • Increasing Mutual demand • All in the same boat • Problem swapping • Sharing data	Beginning/ Pre-Affiliation

Sessions	Content of Work	Group and member tasks	Character of group system and member behaviour	Worker Skill (number of incidences)	Dynamics of Mutual Aid	Phase of Work/Stage of Group Development
						Work/ Intimacy
6-16	• Coping with regulatory body inspection • Completing SWOT analysis • Coping with technical problems • Consensus around work plan • Impact of the merger of health and social care • Using computers at work is seen as skiving • Strategies and resources for overcoming patient care issues and dilemmas • Getting support of owners and managers • Values of gerontological nursing • Overcoming difficulties with other service providers • How to upgrade skills of staff • Improving communication on units • Staff resistance to change • Feeling downtrodden, but pleased to be with like-minded people • Coping with staff shortages • Celebration of positive changes in workplaces • Ethical dilemmas • Improving virtual college • Planning future work • Educational content • Implementation of BPS	• Further clarification of division of labour and how to best work & structure for work • Satisfying individual needs • Increasing investment in and use of each other • Increasing investment in the work • Increasing personal involvement • Re-contracting around specific task • Using positive experiences to further work	• Incorporating new members • Increasing ability to work independently • Affectional ties evident • Open disagreements tolerated and explored • Members able to ask for help freely • Increasing cohesion • Increasing goal orientation • Members able to be critical of process • Increased support • Satisfaction with group • Increased intimacy (sharing ethical dilemmas and real struggles) • Productive – working on content both in and out of group • Expertise of members evident	• Sharing data (11) • Demand for work (9) • Reaching for more information (8) • Focusing (8) • Suggesting or providing structure for work (7) • Providing education (7) • Helping with technology (6) • Facilitating connections with other members (5) • Transitional skills (5) • Developing working contract (4) • Reaching for feedback (4) • Facilitating information exchange (4) • Challenging assumptions (3) • Partialising (2) • Setting conditions for work (3) • Providing reassurance (3) • Connecting conversations (2) • Engaging authority issue (2) • Clarifying purpose (1) • Sessional contracting (1) • Building relationships (1) • Division of labour (1) • Tying discussion to group purpose (1) • Reinforcing (+) behaviours (1) • Confrontation (1) • Refocusing (1) • Pointing out obstacles (1) • Reaching inside of silence (1)	• Mutual Support • Mutual Demand • A great deal of sharing data and resources • Discussing taboo subjects • Problem solving • Dialectical process • All in the same boat (loud) • Sharing of self, materials, and resources • Risking	

Sessions	Content of Work	Group and member tasks	Character of group system and member behaviour	Worker Skill (number of incidences)	Dynamics of Mutual Aid	Phase of Work/Stage of Group Development
17-20	• Re-contracting for work on new tasks • Work pressures • Patient care issues • Strategies for dealing with problematic doctors • Planning new work • Overcoming technical difficulties with upgraded virtual college • Positive feedback about project and resources • Wish for more participation from all members • Developing new structures of work for new tasks • Discussion of positive and negative reactions from staff regarding agency change efforts. • Good to be with like minded people	• Re-contracting • Develop new working agreement • Developing new working roles • Reaching out to new members • Developing working relationships with new members • Developing new structures for work	• Some ambivalence about new direction • Some arms-length exploration • Some Approach-Avoidance • Cohesion remains high • Pride in and excitement about work and achievements to date • Playful • Still work focused • Supportive • Cohesive	• Developing contract for work (13) • Reaching for feedback (12) • Sharing data (5) • Help with technology (5) • Demand for work (4) • Suggesting or providing structures for work (6) • Making connections with other members (3) • Setting conditions for work (3) • Facilitating information exchange (3) • Providing support (2) • Call for community (1) • Identifying mutual concerns (1) • Reaching for more information (1)	• Continued high level of sharing of self and resources • Continued problem solving • Continued Mutual support • All in the same boat	**Work/ Amalgamation**

Sessions	Content of Work	Group and member tasks	Character of group system and member behaviour	Worker Skill (number of incidences)	Dynamics of Mutual Aid	Phase of Work/Stage of Group Development
21-27	• Strategies for implementation of BPS • Coping with regulatory bodies • Stress at work • Strategies for engaging allied health professionals • Anxiety about work to be done • Strategies for accessing training for staff • Setting own agenda for work • Sharing resources • Educational content • Influence of group on members' confidence and skill • Evaluation of work to date • Positive impact of project on care provided in their homes • Overcoming project specific difficulties • Patient care issues • Strategies for organisational change • ICT skills • Group as positive influence on motivation • Incorporating new tasks and members • Guilt about not being able to give as much time to work as group as needed/wanted • Brainstorming about how to make assessment tools better	• Incorporating new members and tasks • Re-contracting • Clarifying groupworker's role and making demands • Furthering the work • Using each other • Satisfying individual needs • Clarifying structure for work • Using the mutual aid system • Providing support	• Cohesive • Affectional ties evident • Productive • Independent • Making claims on each other and groupworker • Satisfying • Supportive • Celebratory • Able to tolerate difference	• Demand for work (11) • Help with technology (6) • Reaching for feedback(5) • Providing support (5) • Providing education (5) • Suggesting structure for work (4) • Reaching for more information (3) • Facilitating information exchange (3) • Sharing data (3) • Partialising concerns (2) • Making connections with other members (2) • Transitional skills (2) • Reassurance (2) • Advice Giving (1) • Building relationships (1) • Providing structure for work (1) • Confronting (1) • Reaching inside of silences (1)	• All in the same boat • Strength in numbers • Blend of mutual support and demand • Problem solving • Sharing data and resources • Dialectical process	**Work/ Intimacy**