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Action learning sets in a nursing and midwifery practice learning context: A realistic evaluation

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ABSTRACT

Action learning sets (ALS) are used widely for organisational and workforce development, including in nursing (Anderson and Thorpe, 2004; Pounder, 2009; Young et al., 2010). In the United Kingdom, a multi-faceted educational Pilot programme for new nurses and midwives was implemented to accelerate their clinical practice and leadership development (NHS Education Scotland, 2010). Action Learning Sets were provided for peer support and personal development. The Realistic Evaluation study reported in this paper explored issues of context, mechanism and outcome (Pawson and Tilley, 1997) influencing the action learning experiences of: programme participants (recently qualified nurses and midwives, from different practice settings); and programme supporters. A range of data were collected via: online questionnaires from 66 participants and 29 supporters; three focus groups, each comprising between eight and 10 programme participants; and one focus group with three action learning facilitators. The qualitative data pertaining to the ALS are presented in this paper. Thematic data analysis of context, mechanism and outcome configurations, generated five themes: creating and sustaining a collective learning environment; challenging constructively; collective support; the role of feedback; and effectiveness of ALS. Study outcomes suggest nursing and midwifery action learning should (a) be facilitated positively to improve participants' experience; (b) be renamed to avoid learning methodology confusion; and (c) be outcome focused to evidence impact on practice.

Background

Action Learning Sets (ALS) are used internationally, across a range of organisations and sectors, for workforce development and improving practice (Anderson and Thorpe, 2004; Pounder, 2009). In nursing, action learning has also been used to implement new roles (Board and Symons, 2007; Young et al., 2010). In the United Kingdom (UK) a Pilot programme funded by NHS Education Scotland, targeted at recently registered nurses and midwives, was implemented to facilitate accelerated development of programme participants' clinical practice and leadership skills (NHS Education Scotland, 2010). A core programme component was action learning, facilitated in conjunction with master classes, a master's degree, clinical coaching and mentoring. This paper focuses on qualitative data relating to participants' and facilitators' ALS experiences. In this programme ALS comprised of nurses and midwives, drawn from similar locations but not always the same clinical area or employer. Participants were introduced to ALS at their induction day. Attendance was expected approximately 6–8 weekly over two years, providing a mechanism for peer support. Although action learning was a key component of the programme, the evidence underpinning its value in helping novice practitioners make sense of their practice is not well developed and the related educational terminology is unclear.

The use of the term action learning in educational literature is inconsistent; however it has been defined as:

> "Learning from concrete experience and critical reflection on the experience through group discussion, trial and error, discovery and learning from and with each other" (Zuber-Skerritt, 2002 p. 114–115).

It shares similarities with other types of collaborative practice-focused learning such as practice development and service improvement (NHS Institute for Innovation and Improvement, 2007); all three focus on social learning and enabling people to tackle real practice problems (Dilworth, 2010; Pounder, 2009). Revans (1980), an early action learning pioneer, suggested action

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learning should be group participant led. In "true" ALS, participants' collective questioning of the issue of focus is prioritised over an expert teaching existing relevant theory (Dilworth, 2010). In contrast, action reflection learning (Rimanoczy, 2007) is facilitator led focussing on individual and group, feedback and reflection; core processes used widely in nursing and midwifery learning (Schon, 1987; Nursing and Midwifery Council, 2010a,b). However, in the reality of education practice there is often a lack of differentiation between the terms action learning and action reflection learning.

There is also overlap between action learning and other group focused educational approaches used in nursing and midwifery education, for example interprofessional learning (IPL) where groups of students from different professional groups learn interactively to improve their collaborative working practice (CAIPE, 2011). The barriers to successful IPL are well researched (Curran et al., 2005), which could apply to other group learning settings such as action learning. Backstrom (2004) identified four influences on collective group learning which have relevance for action learning and other approaches: "Relationics", the existing pattern of relations between group members; "Correlation", the interaction between group members resulting in a change of some sort; "Internal model", collective group values, knowledge and members' role identity; and "Praxis", the collective agreed framework for action within which individuals operate. The term praxis is also used in a nursing practice development context to depict the complex interrelationship between theory and practice (Rolfe et al., 2001). Its use in a collective, action learning context with nurses and midwives would therefore require caution in order to avoid confusion.

Another area where clarity of terms may be an issue is in relation to the overall purpose and intended outcomes of the action learning experience. Zuber-Skerritt (2002) suggests action learning programmes, often prescribed by an organisation, are targeted at improving organisational performance through individual leadership skill development. For example in facilitating nursing leadership development to improve the quality of care that organisations provide (Department of Health, 2012). However, action learning programmes differ from action learning projects, where the focus is on task completion primarily for the benefit of employing organisations, not necessarily individual development; for example healthcare system redesign. It has suggested that action learning and its practice outcomes can demonstrate organisational return on investment in learning (Zuber-Skerritt, 2002; Pounder, 2009). However, determining its success as a value for money educational initiative will require clarity of purpose.

As identified earlier, the purpose of the Pilot programme in Scotland was to support newly qualified nurses and midwives to further develop their clinical practice and leadership skills. Its focus was on individual development as part of a broader workforce strategy (NHS Education Scotland, 2010). It is important to note that the Pilot programme was not preparing participants for a new role or even for a nursing management role. Rather its aim was to enhance and accelerate clinical practice and leadership capabilities within their existing nursing or midwifery role. It is widely recognised that the transition from student to qualified practitioner can be a stressful time (Deasy et al., 2011) and that individuals need to be supported in this transition (Kaihlanena et al., 2013). In the UK newly qualified nurses and midwives are required to undergo a period of preceptorship. This is a period of time post-qualifying, usually a minimum of four months, where they are supported by a named experienced practitioner from their workplace to acquire the skills and confidence they need to be effective in their new role (NMC, 2006). In order to support their transition, Pilot programme participants were therefore also undertaking "Flying Start", a preceptorship programme offered to all newly qualified nurses and midwives across Scotland (NHS Education Scotland, 2005).

Clearly the range of learning opportunities offered in the Pilot required significant investment of resources. The small group nature of the ALS rendered it one of the most resource intensive aspects of the programme. Before educational resources could be further committed to action learning in a sustainable way, there was a need to better understand the complexities associated with the delivery of the Pilot programme. A funded, realistic evaluation of the Pilot programme was undertaken (Pearson and Machin, 2010). One aspect of this study, reported in this paper, aimed to explore issues of context, mechanism and outcome in relation to participants' and facilitators experiences of the ALS and their relevance to their practice.

Research design and procedures

Action learning recognises the existence and fluidity of socially constructed multiple realities (Berger and Luckmann, 1966). A research methodology was needed that would capture the different realities of participants' experiences, whilst understanding elements of process and context that potentially influenced their perceptions. A Realistic Evaluation methodology was drawn upon (Pawson and Tilley, 1997) which acknowledges the complexity of real life situations. Core to the methodology is the analysis of issues of context, mechanism and outcome (CMO) and the relationship between the issues in order to determine: what works well, why, for whom, and in what context (Pawson and Tilley, 1997)? Issues of CMO are sometimes difficult to distinguish. In this study, context refers to situational, potential influences on the mechanisms of participants' ALS experiences such as geographical location, employment status and demographics. Mechanisms are the processes in which participants are involved, which can bring about change, in this case the ALS process. Outcomes are the actual or perceived changes in individuals or situations that are attributable to the context and mechanisms of the participants' ALS experiences. In Realistic Evaluation, different types of data can be used to give insight into the different configurations of CMO within the situation being explored (Pawson and Tilley, 1997).

Sampling

This study was conducted in Scotland. An invitation email was sent to all programme participants who were recently qualified nurses or midwives in work in the participating Scottish Health Boards ($n = 99$) or who were involved in some way in supporting the programme ($n = 29$). Eighty-four programme participants (85%) and 29 supporters (100%) agreed to take part in the evaluation. Supporters included ALS facilitators, mentors, clinical coaches and link academic staff teaching on Masters' programmes chosen by programme participants. All were invited to complete an online questionnaire. Focus group Pilot programme participants were purposively sampled (Smith, 1997) to ensure a breadth in the scope of the evaluation of context, mechanism and outcome. Factors such as: geographical location; length of time on the programme; and nursing or midwifery field of practice; and guided the process. Supporters were selected based on their specified role in the overall programme, such as ALS facilitator.

Ethics

Ethical approval was granted on 21st January 2009 by Newcastle and North Tyneside 2 Research Ethics Committee (REC reference 09/H0907/03). Multisite Research and Development approval was also obtained through NHS Research Scotland Coordinating Centre.