Using Action Learning as a Strategy for Developing Nurses in Their Professional Practice

A Participative Approach to the Theory and Practice of Evaluation Enquiry

by

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Thesis for the degree of Doctor of Education (EdD)

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This thesis describes the findings of an evaluation study designed to examine the development of ten healthcare practitioners (nurses) through action learning. The study explored how action learning can be used as a learning strategy to help nurses in their professional practice. The study aimed to investigate how one approach to work-based learning, action learning, potentially influences how nurses learn. The study adopts a stakeholder-evaluation approach, which involves discovering how participants experience action learning through being a set facilitator, set presenter, and set member. This evaluation strategy is located within the interpretive/constructivist paradigm and draws from social research evaluation methods, including fourth-generation evaluation (Guba and Lincoln, 1989). This study views evaluation as the systematic exploration and judgement of working practices, experiences and outcomes through a process of dialogue. Therefore, rather than defining evaluation in terms of measurement, the research focus is one of qualitative enquiry. Based on the findings of a range of evaluation methods, it is suggested that action learning could be used as part of a strategy to enable participants to learn from experience and develop techniques for using action learning and its associated processes for the purposes of facilitating learning in the workplace and, thus, become more effective in their learning and development role. In addition, the findings suggest that an individual’s learning style is an important consideration when setting up action-learning programmes. The value of using action-learning techniques to enable individuals to explore and develop their learning and development skills is evidenced. The contribution that facilitation expertise can make to personal development, supporting and developing others and enabling quality patient care is outlined. Recommendations indicate the need for organisations to share a common vision and strategy for embedding learning and development into the workplace. The study concludes by recommending eight learning principles to guide participants, facilitators and organisations in their use of action learning.
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DECLARATION OF AUTHORSHIP

I, Linda Seward, declare that this thesis and the work presented in it are my own and have been
generated by me as the result of my own original research.

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I confirm that:

1. This work was done wholly or mainly while in candidature for a research degree at this
   University;

2. Where any part of this thesis has previously been submitted for a degree or any other
   qualification at this University or any other institution, this has been clearly stated;

3. Where I have consulted the published work of others, this is always clearly attributed;

4. Where I have quoted from the work of others, the source is always given. With the exception
   of such quotations, this thesis is entirely my own work;

5. I have acknowledged all main sources of help;

6. Where the thesis is based on work done by myself jointly with others, I have made clear
   exactly what was done by others and what I have contributed myself;

7. None of this work has been published before submission.

Signed: .......................................................... .......................................................... .......................................................... .......................................................... .......................................................... ..........................................................

Date: .......................................................... .......................................................... .......................................................... .......................................................... ..........................................................
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### Abbreviations

<table>
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<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>CPD</td>
<td>continuing professional development</td>
</tr>
<tr>
<td>DoH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>HEFCE</td>
<td>Higher Education Funding Council for England</td>
</tr>
<tr>
<td>ICT</td>
<td>information and communication technology</td>
</tr>
<tr>
<td>KSF</td>
<td>Knowledge and Skills Framework</td>
</tr>
<tr>
<td>NMC</td>
<td>Nursing and Midwifery Council (formerly UKCC)</td>
</tr>
<tr>
<td>PREP</td>
<td>post-registration education and practice</td>
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<td>SCL</td>
<td>student-centred learning</td>
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Chapter 1: Background

1.1 Background to the study

In simple terms, action learning can be described as a collection of people working together to focus on work-based issues that each individual brings to a group. The intention is for individuals to learn, share their learning with others and make changes in practice. In more complex terms, action learning can extend to new ways of thinking, questioning, talking, reflecting and making sense of experience. The philosophy that underpins action learning is primarily humanistic: the focus is on the human element of learning, the subjective nature of each individual and each person’s unique view of the world (Yeadon-Lee, 2013).

Action learning is different from traditional approaches to learning in terms of its approach and its outcomes. Rather than concentrating on knowledge acquisition, the action-learning experience is characterised by planning, action and reflection. Learning is no longer passive but happens with, and through, others: individuals actively engage and collaborate in learning and conversation from inside their practice through sharing knowledge, experience and the impact of their actions. This approach is one form of what is known as collaborative learning. (Bray et al., 2000).

Action learning has been used in a number of sectors, predominantly in business (40%) and education (26%) and increasingly in healthcare (18%) (Park et al., 2013). Many individuals and organisations claim to use action learning in their practice for the purposes of developing the effectiveness of individuals (developing managers and leaders) and organisations (meeting organisational outcomes) (Revans, 1980; Mumford, 1991; Weinstein, 1999; McGill and Brockbank, 2004). Action learning has also been identified as one way of ensuring that curriculum content matches the development needs of industry employees; as a consequence, it has been popular in education, management and teacher-training programmes.

The popularity of action learning has been linked to its relevance to real organisational issues. Research into action-learning sets has been popular within the National Health Service (NHS) Modern Agency Leadership Programme (Rivas and Murray, 2010) and the Royal College of Nursing Leadership Programme (Staniland et al., 2011). Action learning has frequently been used in nursing as a way to enable students to integrate the theory they learn in the classroom with their real learning experiences in the workplace. Action learning has also been used to foster reflective and critical thinking and a humanistic, rather than judgemental, approach to
Chapter 1: Background

This is particularly relevant to this study because self-reflection is advocated as a fundamental method of learning for the development of student nurses (Nursing and Midwifery Council [NMC], 2010).

Despite its increased popularity, few studies have been undertaken that show how critical thinking and ethical behaviours are encouraged or developed. In addition, analysis of the perceived value of action learning has proven to be difficult and contradictory: studies have viewed the utility of action learning as a complex approach on the one hand and as a simplistic one on the other. Some authors view action learning as a discipline in its own right (e.g., McGill and Beaty, 1992; Weinstein, 1995; Pedler, 1997; Dilworth and Willis, 2003), whilst others simply describe it as another approach to ‘problem-solving’ (McGill and Beaty, 2001). There is also limited evidence available to demonstrate the impact and effectiveness of action learning, either for the individual or in workplaces. This may partly explain why, although action learning has been used across the healthcare sector, it has not been adopted as the primary learning approach in postgraduate nursing education.

Three cases for pursuing action-learning research have been explored by Coghlan (2011; 2012; 2013) and Pedler and Burgoyne (2008). The first argument suggests that, given the increase in action-learning programmes in university education, action-learning research could potentially provide a framework for dissertation work. Such work often involves students evaluating actions and interventions in their own organisation. Second, action-learning research is broadly congruent with the wider accepted research in the human sciences and the methodological ability to explore personal experiences (Reason and Rowan, 1981; Schön, 1987). Third, due to its humanistic perspective, the philosophy of action-learning research is embedded in Revans’ (1971) praxeology, in which the relationships between an individual’s learning about self, others and society are framed as one. Pasmore et al. (2008) suggest that the case for, and the challenge to, action-learning research is that it meets the demands of reflexivity in addition to those of rigour and relevance.

1.2 Purpose of the study

This evaluation study sought to respond to the case for undertaking action-learning research and to the challenges associated with understanding the degree to which action learning can be proven to be effective in developing and informing learning in practice. It also sought to better understand the value of interventions specifically associated with the practice of action learning and explored how action learning can be used as a strategy to help nurses in their professional practice. In this context, action learning views professional practice as ‘professional artistry’ as
opposed to practice that is technical or rational (Fish and Coles, 1998). This is because professional artistry uses interpretation and appreciation: theory emerges from practice; professional judgement counts; and professionals can develop from the inside (Argyris and Schön, 1974).

The study is significant because it evaluates the real action-learning experiences of a small group of ten nurses working in a range of different roles across the healthcare sector in the UK. The primary purpose of the evaluation, in addition to gaining insight into prior and existing interventions, was to enable reflection and assist in the identification of future change. Conceptually, this study has evaluated action learning in terms of its contribution to lifelong learning and continuing professional development (CPD). CPD involves maintaining, improving and broadening professional knowledge, skills and personal qualities in order to perform professional activities successfully throughout an individual’s working life (McGill and Brockbank, 2004). The term also refers to continuous professional education and is built upon prior knowledge acquired through professional programmes to enhance practice and improve patient health.

My research approach is interpretive, based on the assumption that knowledge is created and understood from the point of view of individuals’ feelings and thoughts within their own social and political context (Belenky et al., 1986). Specifically, this research has provided the following.

1. An evaluation framework using semi-structured interviews to gain an understanding about individuals’ personal experiences of action learning.
2. A rich narrative for describing the experiences and outcomes of individuals who have been participants of action learning.
3. Further clarification of the strengths and weaknesses of action learning.
4. An exploration of how far the theory of action learning is used in practice.
5. Further insights into how action learning is facilitated in practice.
6. A foundation for future work on:
   (a) the wider transferability of action learning in healthcare; and
   (b) the development of guiding principles to support the implementation of action learning for the purposes of CPD.

1.3 Rationale for the study

This study was also informed by my own experiences as a registered nurse and a nurse educator and my work in a number of roles where I have been managerially responsible for the development and monitoring of professional standards. My personal reflections are described
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more fully in chapter 6. My own experiences of action learning have ranged from formal (used as part of project-management methodology) to very informal (used as a way of supporting individuals in their day-to-day work) and have utilised structured (as part of the appraisal process) and unstructured (such as observing the value of silence and listening) methods. Whilst all learning has been valuable, I have found a more structured model to be beneficial because this has allowed me to reflect more thoughtfully on my actions over time and has provided me with the necessary tools to engage more effectively with others. I have observed great variances in how individuals record their learning; in particular, I have experienced how individuals learn to view things differently through action learning. There is often limited time to make sense of individual actions and, in some programmes, no time at all is allocated to this. This has led me to ask the following questions.

(1) What are the different approaches to action learning?
(2) What are the necessary attributes of action learning?
(3) Are the outcomes of action learning highly dependent on the type of individual, the action-learning experience, or both?
(4) Should all action learning be recorded and evaluated?
(5) Is one action-learning method appropriate for everyone?
(6) Is action learning appropriate for all kinds of learning?

These reflections are discussed in chapter 3 as part of the methodological considerations underpinning the study.

Evidence in existing research makes a number of supportive claims for how action learning informs what is understood about the theory and practice of learning. Morgan and Ramirez (1983) make the point that action learning is theoretically connected with a number of diverse but well-founded traditions of social thought; for example, enabling learning through action and experience (McGill and Brockbank, 2004). They also argue that in addition to empowering individuals, action learning changes how people behave and think (Morgan and Ramirez, 1983). Building on how action learning informs individual thinking processes, Smith and O’Neil (2003) suggest that action learning provides a well-established strategy for reflective enquiry at individual, collective and organisational levels. Marquardt (2004) argues that action learning offers the potential for individuals to learn more about themselves, whilst Raynor et al. (2002) claim that it leads to an increase in self-confidence. Dewar and Sharp (2006) support these claims by viewing action learning as a great enabler of professional development. Inglis (1994) and Mumford (1991) argue that action learning has the potential to lead to the advancement of more sustainable change, which McGill and Beaty (1992) attribute to the way in which this type of learning promotes active rather than passive approaches to dealing with difficult situations.
Other narratives are dismissive about action learning because it is perceived to be: stressful and demanding; a method of empowering people, rather than facilitating learning; nothing more than an elaborate way of describing problem-solving; an everyday activity and, therefore, not learning at all; an approach where individuals have little or no experience of dealing with some problems; unnecessary, because an answer to the problem already exists; unnecessary, because a more traditional approach will work; inappropriate, because senior management will do what they want anyway; and too confidential and no one understands what happens in the action-learning set meetings (Pedler, 1997, McGill and Beaty, 2001). The intention of this study was to ‘unpick’ some of these challenges to investigate how far they are real issues that need to be tackled when deciding whether to take an action-learning approach.

Another challenge to action learning is how far development and change can be attributed to the actual learning process (McGill and Brockbank, 2004). If action learning had not taken place, would the outcomes have been the same? Whilst this study was not developed along the lines of an experimental design (and, therefore, it is not possible to argue that action learning most likely causes changes in learning behaviour), it provided an opportunity to get a real sense of the value of the experience through the individual’s actions and their longer-term commitment to continue with action learning.

There also continues to be some confusion about what is meant by action learning and how it is used (Pedler, 1997). Organisations are required to make decisions on the use of appropriate pedagogic models and learning arrangements. These must be appropriately applied to the needs and practices of individuals in workplaces, taking into account the conditions that best foster professional learning and embracing approaches that recognise, record and validate the kinds of tacit knowledge that are so often integrated into an individual’s professional experience. If action learning is to be used consistently as a strategy for learning and development, there needs to be some agreement about its purpose and how it should be used. This study attempted to scrutinise how action learning has been used, and how effective it has been, based upon the ‘constructions’ (personal experiences and perceptions) of the participants. It also explored what makes the action-learning experience different from other types of learning experiences.

It is important that all learning is fit for purpose and practice and takes into account, where appropriate, the relevant policy drivers. Work-based practices have been identified as the main catalyst for economic competitiveness, citizenship, social integration and equity (Cullen et al., 2002). Particularly relevant to this study is the report of the Mid Staffordshire NHS Foundation Trust Public Enquiry into standards of care (Francis, 2013), which found serious failings by the trust board. The recommendations of the report are wide-ranging (pp.85–115), but two are
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particularly pertinent to this study. The first broadly relates to the need to establish a common culture that puts the patient first; the second relates to the need to enhance the recruitment, education, training and support of all key contributors to the provision of healthcare. Practice-based approaches to learning are attractive because they are more likely to influence the real world of practice (Robson, 1993). Whereas initial training can give us competence, professional practice requires the development of insight and wisdom in responding to the challenges faced. Professional development, therefore, involves learning from experience. What is significant within the context of this study is that professionalism and action learning share the same values of taking individual responsibility for action and taking an active approach to the development of the organisation and the individual. These values are concerned with helping others to increase their effectiveness and become more aware of their own learning processes and working models. Bourner and Frost (1996) suggest that action learning has the ability to increase our effectiveness at work by reflecting on our actions (drawing from Schön, 1992) and overcoming the tendency to behave passively when faced with work/life challenges.

1.4 Defining the research questions

Practice-based approaches suggest a recognition and validation of other kinds of knowledge besides disciplinary-based knowledge. This study examined the evidence base for practice-based knowledge by collecting and analysing interview data obtained from nurses who had prior experience of being part of an action-learning group (or set). Many studies of action learning have focused on the reports of learning sets made up of participants with no prior experience. The fact that nurses in this study had prior experience meant that they were more likely to have been exposed to a variety of teaching methods and to different models of action learning; thus, providing the potential for richer interview data. The specific research questions are as follows.

(1) What is significant about the concept of action learning for practitioners? What is meant by action learning? What happens in action learning? How is action learning different from other kinds of learning?

(2) How does action learning help practitioners in the development of their practice? What evidence (if any) suggests that action learning helps people in their practice?

(3) How does action learning change the way in which practitioners approach their work? What evidence (if any) is available to support these changes?

(4) What are the implications of understanding learning styles for establishing and facilitating an action-learning set? In what ways (if any) are advocates of action learning more disposed to one particular learning style?
(5) **What are the action-learning ‘guiding principles’ for best practice?** What evidence is available to suggest how action learning should be planned, implemented and evaluated?

### 1.5 What is professional practice?

All nurses involved in this study were working within the context of their own professional practice. Professional practice occurs when an individual is required to extend their knowledge and skills within a practical environment. In nursing, professional practice is defined through a nursing and midwifery professional code (NMC, 2015a). This code contains the professional standards that registered nurses and midwives must uphold when providing direct care to individuals, groups or communities and when using their professional knowledge in other roles, such as leadership, education or research. The code is the foundation of good nursing practice and a key tool in setting standards; enabling patients and service users to provide feedback about the care they receive; promoting safe and effective practice; ensuring quality and safety for patients; and enabling regulators to help students understand what it means to be a registered professional. In this study, all participants were registered nurses and were required to observe the NMC’s code in all areas of their work. This is important because it has implications for how action learning could enable nurses to uphold the standards set out in the professional code; in particular, those relating to treating patients as individuals, promoting confidentiality and working as a team.

### 1.6 What is CPD?

All nurses within this study were required to undertake CPD.

The Department of Health ([DoH]; 1999) in its approach to CPD in the new NHS, views CPD as a process of lifelong learning for all individuals and teams, enabling professionals to fulfil their potential. CPD should also meet the needs of patients and deliver the health outcomes and healthcare priorities of the NHS. Work-based learning is identified as playing a key part. The need to develop a learning culture is emphasised through reflection and learning on the job. The DoH (1999) emphasises the importance of lifelong learning for everyone working in the NHS and states that continuing to update and extend one’s knowledge and skills is an essential aspect of maintaining competent professional practice.

The NHS Knowledge and Skills Framework (KSF), introduced in 2004, defines and describes the knowledge and skills that NHS staff need to apply in their work in order to deliver quality services.
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These are described as 30 dimensions or functions that enable the NHS to provide a good-quality service to the public and provide a framework for the review and development of all staff. Whilst one of the key purposes of the KSF is to support the learning and development of individuals (DoH, 2004), it focuses on the application of knowledge and skills as opposed to describing the exact knowledge and skills that people need to develop. Furthermore, whilst learning and development is identified as a necessary function, it is not described as a core function, which means that learning and development is not perceived to be relevant to all jobs in the NHS. Whilst the KSF describes a development-review process for staff, it does not describe the learning and development skills required to undertake the review or the learning and development strategies and tools that could inform the cycle of review, planning, development and evaluation of staff.

This study explored how practitioners use action-learning tools in their practice and for what purpose.

The significance of CPD for nurses is well supported and documented (Jarvis, 1987; Dearing, 1997; McGill and Brockbank, 1998; DoH, 1999; NMC, 2002). The UKCC predecessor to the current statutory regulator, NMC, broadly defines learning as the development of professional knowledge and competence (UKCC, 1987). This definition adopts a learning-outcome approach as opposed to an approach that articulates how learning transforms, becomes or can be evidenced as competency. Successive educational reforms endorsing the notion of lifelong learning emphasise that CPD is no longer viewed as an optional extra for career progression; it is now seen as integral (NMC, 2002; Lewis, 2003). In order to work as a registered nurse or midwife in the United Kingdom, practitioners are required to register with the NMC. This involves the completion of a notification of practice form, which seeks to verify that post-registration education and practice (PREP) requirements have been met. The aims of PREP are to help nurses think and reflect, keep up to date with developments in practice, demonstrate that they are keeping up to date, and provide a high standard of practice and care.

PREP will be replaced by the implementation of a new model of revalidation for nurses and midwives by April 2016 (NMC, 2015b). The revalidation model will:

- improve public protection;
- improve public confidence;
- enable nurses to meet NMC standards;
- promote a culture of professionalism and accountability; and
- involve employers in order to support nurses to remain fit to practise.
Nurses will require evidence to confirm that they:

- continue to be fit for practice;
- have met the required CPD hours; and
- have sought feedback from a third party on their practice.

Despite a growing body of empirical research on professional development, it is difficult to know if individuals are putting into practice what they have learned. Sloman (2006) explains that the recent shift from training to learning has placed more emphasis on less formal and direct ways in which individuals can acquire knowledge and skills. He suggests that there is, therefore, a need to review the approach to how organisations assess the effectiveness of their interventions to support learning. In the context of CPD in nursing, there is little empirical evidence that demonstrates how care delivered to patients is enhanced.

The DoH (1999) notes a number of important outcomes of CPD, including enabling professionals to fulfil their potential and delivering the NHS’s healthcare priorities. In part, the need for alternative approaches to learning has become necessary because action-learning approaches have been shown to be more effective in enabling the transformation of individuals, teams and organisations (Laughlin and Broadbent, 1996; Cunningham and Kitson, 2000; Dewar and Sharp, 2006). McCormack et al. (2006) showed that action learning increased the confidence of practitioners in their workplace role.

1.7 What does it mean to know in practice?

A critical point in the professionalisation of nursing occurred in 1986 with the commencement of Project 2000 – A New Preparation for Practice (UKCC, 1986). For the first time, nurses received an academic qualification. This process of education came to be referred to as ‘A New Knowledge for Practice’. The qualified nurse was known as the ‘knowledgeable doer’ (UKCC, 1987, p.5). The reorganisation of nurse education was not confined to the level of pre-registration: PREP enables nurses to ‘improve standards of knowledge and competence’ (UKCC, 1999, p.5). In the UKCC’s Scope of Professional Practice (UKCC, 1992) the principles of professional practice are set out; these outline opportunities for nurses to expand their knowledge and skills. In 1999 the UKCC provided guidelines for professional practice; these were designed to relate to nurses’ ‘professional and personal life’. Knowledge and professional judgement were seen to underpin the professional work of nurses, although the processes of acquiring and expanding this knowledge, skill and judgement were not identified.

The concept of knowledge in society is changing, as it is recognised that knowledge serves multiple purposes. In wider society the purpose of knowledge is linked to performance (Usher et
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This represents a shift away from some educational purposes, which may include enlightenment and transformation. It is generally recognised that, in response to the long-criticised gap between theory and practice, higher-education institutions have attempted to align their mission and values with society and the workplace. Workplace learning has been incorporated into academic programmes. The role of work, and the issues encountered at work, are not merely the subjects of assignments but are strands within the approach to curriculum development. Many issues arise at the juncture of academic knowledge and other kinds of working knowledge. Can practical wisdom be granted the status of formal knowledge? Can practical wisdom be assessed? What weight should informal knowledge be accorded in the curriculum? My personal view is that practical knowledge is already incorporated within professional portfolio presentations and observations of practice. This knowledge could be better used to provide a more even balance between assessment of theory and assessment of practice. Given the revisions to PREP and the recommendations made in the Francis Report (2013), new ways of incorporating feedback from patients and staff will be required to validate an individual’s knowledge and practical skills.

Critical to understanding what nurses need to know is the professional status ascribed to nursing. Agreement about what constitutes the professional status of nursing has been confounded by numerous attempts in the nursing literature to define the nature of nursing. There is considered to be a general agreement across the professions that a formal body of knowledge continues to be one of the defining criteria for professional status (Eraut, 1994). The theoretical basis of nursing has tended to adopt a traditional, rationalist view of knowledge rather than one that is progressive and humanistic, because rational knowledge is perceived to be authoritative and conforms to the knowledge base of the dominant professions. Four fundamental patterns of knowing were identified from an analysis of the structure of nursing knowledge: (1) empirics, which is the science of nursing; (2) aesthetics, which is the art of nursing; (3) personal knowledge; and (4) ethics, which is moral knowledge (Carper, 1978). A philosophical discussion regarding the types of nursing knowledge may seem to have little relevance to practical concerns and difficulties encountered on a day-to-day basis. However, the different types of knowing emphasise the complexity and diversity of nursing knowledge. As a way of knowing, action learning can be differentiated by the fact that it provides practical knowledge: it is learned through experience, based on personal insight and focuses on poorly-defined problems (Eraut, 1994). Action learning embraces all of Carper’s (1978) patterns of knowing and utilises a range of interventions to make sense of the problems and challenges encountered in professional work.
1.8 What is reflective knowing?

More recently, nursing has supported the advancement of nursing knowledge as a means of achieving professionalism through competency and reflective methods (Benner, 1984; Schön, 1992). According to Grey and Pratt (1992), to be a reflective practitioner suggests professional maturity and a strong commitment to improving practice. The aim of reflective practice, according to the literature (Schön, 1992), is to advance one’s thinking at a conceptual level and, thus, be better able to change at a professional, social and political level. Schön (1987) argues that it is through ‘reflection in action’ that professional skill and wisdom are built up in the course of experience; these capacities are essential because real-world problems do not generally present themselves in ways that match the technical knowledge produced by research. Schön (1987) has criticised the idea that professional work involves applying scientific knowledge to practical problems. Such work is characterised by ‘knowing-in-action’, which is different from scientific knowledge but is rigorous in its own right. This development of nursing knowledge and skills as one of the defining attributes of nursing professionalisation has become located in the discourse of lifelong learning and CPD.

As a consequence of increasing changes in the delivery of healthcare and in response to public expectations of registered nurses, the NMC states that the principles and values of lifelong learning are increasingly important (NMC, 2002) and that lifelong learning is about more than simply keeping up to date. It requires an enquiring approach to the practice of nursing and to issues that have an impact on that practice (NMC, 2013). The mechanisms for developing an enquiring approach are not described. Self-reflection is advocated as a fundamental method of learning for student development (NMC, 2015a). One of the key processes involved in action learning is linked to developing individual curiosity and developing a questioning approach to practices that are often taken for granted.

1.9 What does it mean to learn?

Approaches to formal and informal learning, along with their merits and disadvantages, are well documented (Cullen et al., 2002). Sfard (1998) has added to this discussion by defining learning with reference to two metaphors: the acquisition metaphor and the participation metaphor. Learning has been historically conceived of as the acquisition of something. The growth of knowledge in the process of learning has been analysed in terms of concept development. The language of ‘knowledge acquisition’ makes us think of the human mind as a vessel to be filled with something. In contrast, the participation metaphor suggests that the learner is viewed as a person interested in taking part in certain kinds of activities rather than accumulating private
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possessions. The permanence of ‘having’ gives way to ‘doing’. Learning as a participation metaphor is associated with reflection, communication, participation and communities of enquiry; it has the potential to lead to a new, more democratic practice of learning and teaching. Sfard (1998) makes the point that the two distinctions are ontological in nature and are polar responses to the question, ‘What is this thing called learning?’ In summary, she argues that there is a place for both of the metaphors and provides some very thought-provoking reasons for accommodating them both. In action learning, all knowledge is potentially important, whereas traditional approaches focus on a particular type of knowledge. In action learning, this knowledge is gained through learning, reflection and action. Knowledge is not only acquired but also put into practice.

Whilst it was not the remit of this study to understand the implications of action learning for individual learning styles, it is important to recognise the complexity and importance of this field of research. In a systematic and critical review of learning styles and pedagogy in post-16 learning (Coffield et al., 2004), it is concluded that it does matter which instrument is chosen: how can we teach students if we do not know how they learn? The logic of lifelong learning suggests that students become more motivated to learn if they know more about their own strengths and weaknesses as learners. Honey and Mumford (2000) describe a learning style as a description of the attitudes and behaviour that determine an individual’s preferred way of learning. The four learning styles are activists, reflectors, theorists and pragmatists. These are explained more fully in sections 3.1.7, 3.3.3.2 and 5.3.1. The value of the tool is its ability to stimulate a discussion about how an individual can become a more effective learner. Although there is no other evidence to support this, it is suggested by Honey and Mumford that activists and pragmatists react most positively to action learning.

1.10 What does it mean to learn in practice?

Historically, in March 1998, the UKCC agreed to the establishment of a Commission for Education. The role of the Commission was to propose a way forward for pre-registration education that enables fitness to practice based on healthcare need. Two key issues emerged that are relevant to this study: first, the complex nature of decision-making that is now required in practice; and second, the need to move towards inter-professional learning and working. A number of recommendations emerged, including: the use of a portfolio of practice experience should demonstrate a student’s fitness to practise; and evidence of rational decision-making and clinical judgement, interpersonal and practice skills should be fostered by the use of experiential and problem-based learning.
Work-based learning is a focus of the UK’s *NHS Plan* (DoH, 2000, Willis, 2012). It is a process that concentrates on how learning takes place in the workplace and is stimulated by work-based activities that engage the learner in discussion and debate with their colleagues and enable the learner to reflect. Competencies are not only concerned with training needs but are also about organisational goals and strategies. Eraut (1994) argues that competency results from work-based learning. Competence development requires skilled facilitation because, as Eraut (1994) points out, ‘untrained’ mentors are likely to show rather than explain, and may even have difficulty in providing an explanation because they have become so immersed in the world of their particular work context that they take it for granted.

Work-based learning can enable workplace transformation to be achieved and sustained by ensuring that workplace activity is the driver for learning and development. In the UK there is a political impetus towards a social utility approach to learning and development (DoH, 2000). This approach underpins an integrated education and healthcare strategy that is not so apparent in other countries. For example, in the UK the NHS provided opportunities for experienced staff to combine teaching with patient care, so that practitioners and learners could acquire improved practical skills. *The NHS Plan* (DoH, 2000) developed these ideas and made additional recommendations that teams work across professional and organisational boundaries. These health-policy initiatives are supported by broader developments in UK education. The Higher Education Funding Council for England ([HEFCE], 2003), in its strategic plan for 2003–2008, promotes wider cooperation between academic institutions and workplace organisations through new and innovative approaches to teaching and learning. For example, enabling people to ‘top up’ their skills and knowledge, as and when needed, is promoted to make lifelong learning a reality. Swallow et al. (2001), argue that flexible learning provides a sound basis for the educational preparation for new and developing healthcare professional roles. Work-based learning offers an efficient approach to achieving the goals of healthcare organisations, the implementation of evidence and the learning needs of practitioners. Many organisations are keen to embrace work-based learning because it is an important component of a ‘learning organisation’ (Senge, 1997). Eraut (1994) defines work-based learning as part of lifelong learning.

Work-based learning encompasses a variety of overlapping and competing paradigms. Whilst there is a fairly wide consensus that the workplace is a key resource for learning, there are diverse conceptions of the theories and practices underpinning learning in the workplace. Eraut (1994) describes work-based learning as having two directions. One is the interface between the world of education and the world of work; all learning is viewed as being worthy of recognition and credit. The other direction is the workplace as a learning environment. Here, learning is understood as a process embedded in production and organisational structures. It is about participation in
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communities of practice. It is also about membership and constructing social bonds with other participants. Galloway (2000) describes how CPD combines professional regulation, skills updating and ‘building a sense of collective responsibility to society’. In summarising professional learning, Galloway identifies a number of influences, which include:

- reflective practice (Schön, 1987);
- the extended role of the educator through action research (Stenhouse, 1975 and Kolb, 1984); and

Thus, work-based learning is embedded in a wider frame of contextual processes. It is impossible to talk about the relationship between learning and work without considering the current shifts and changes affecting the organisation and distribution of work. This is particularly challenging in the field of healthcare. There is a need for more empirical research on how to create an environment that is conducive to, and supportive of, learning in the workplace; specifically, the use of tacit knowledge and learning processes in teams and groups. Tacit knowledge (originally defined by Polanyi (1967)), is sometimes referred to as know-how (Brown et al., 1989) and refers to intuitive, hard-to-define knowledge that is largely experience-based. Action learning embraces tacit knowledge as a welcome addition to ways of knowing and understanding. This is because tacit knowledge is held by stakeholders and includes cultural beliefs, values, attitudes, mental models, skills, capabilities and expertise (Botha et al., 2008). It provides opportunities for individuals to develop human relationships, understand political processes and harness the use of power. These attributes are critical to the development and growth of people and organisations (Wellman, 2009).

1.11 My view of action learning

I am often asked ‘What do you mean by “action learning”?’ In the same way that the literature struggles to provide an agreed definition, I find it difficult to simplify its meaning. This is because I am mindful of trying to differentiate action learning from all other forms of learning. This is not necessarily the best standpoint: as I acknowledge in this study, action learning draws from other types of learning approaches.

In simple terms, I see action learning as an approach to learning that involves reflecting in and on practice and requires a commitment to act on what has been learned. I realise that my definition (like those of others) underplays the complexity of action learning. Consistent with my interview framework, I prefer to talk about action learning in terms of the following.
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(1) Its purpose – Why are we doing action learning? What are we aiming to achieve: individually, collectively and as an organisation?

(2) The processes – What happens in action learning? How will we use it?

(3) The tools – What will help us in our action learning? What materials and resources can we access?

(4) Its outcomes – How will we know that the outcomes of action learning have been achieved? What evidence will we use to illustrate the outcomes?

(5) Sustainability – How has the learning been understood? Will the learning be lifelong? In what ways is learning an autopoietic process? How will we continue to construct, reconstruct and destruct knowledge? How will this learning be useful to others? How will change be managed?

Distinct from the literature, my preference is to think about the concept of facilitation (including the role of the facilitator) as the umbrella that covers all action learning. In this sense I see action learning as ‘facilitated learning’. I see that all individuals in the set, not just the ‘lead’ facilitator, have a facilitation role. The lead facilitator may not be required all the time and their role can, therefore, be subject to ‘negotiation’. I believe that action learning often assumes that all individuals possess complex and high-level communication skills. Action learning is as much about what is not spoken as about what is spoken. The literature on facilitation has ‘evolved from the necessity to make sense of life in many different contexts’ (Hanson, 2013). Facilitation enables people to hear other people’s viewpoints. It also enables participants to work through ‘emotional baggage’ that may have been blocking their communication and creativity. I believe that much can be learned from the facilitation literature to inform an individual’s preparation for action learning.

1.12 My experience of doing action learning

I have been involved in action learning for approximately the last 12 years and have found it to be a valuable way of developing individuals and workplaces. My first experience occurred whilst working in a practice-development role. At that time I had no understanding of the theory or practice of action learning. The team I was working with had considerable experience and my initial involvement was very daunting. However, at the same time I was excited and curious about what seemed to be a very different way of learning and working. I had experience of working in groups and using problem-solving techniques, but action learning was different in that it provided more structure and group members were very open and articulate about their learning experiences. I was struck by how supportive the group was, even though lots of questions were being asked. I recall sometimes being uncomfortable with the ‘silences’ and I remember the
meetings feeling quite exhausting and challenging. At no point did I receive any formal training in, or preparation for, action learning. This was a similar experience for the participants in this study. I became very familiar with the process fairly quickly, as it was normally highly structured. I recall making two early observations. First, there was an emphasis on ‘I’ and on the ‘work’; previously I had been accustomed to focusing on the ‘task’ and getting the job done. Second, wide-ranging contributions from the group seemed to focus on enabling the ‘set member’ to speak openly and without judgement about their problems and work things out for themselves. I had previously been familiar with narrower questions where the focus was on finding solutions as quickly as possible.

Subsequent to my initial experiences, I have been a set member and a set facilitator several times. I have co-facilitated action learning and particularly valued the feedback provided on my own facilitation skills. I have also designed action-learning programmes and produced standards for developing facilitation skills. These experiences have shifted my approach to learning. I am now more focused on taking a shared responsibility for learning and recognising the contribution that others are able to make. This is in contrast to the days of my own teacher preparation, when I saw that it was my responsibility to give knowledge to others. This fostered dependency on me as the teacher and provided little encouragement to others to think for themselves.

Whilst I was educated for much of my life with reference to a very scientific view of the world, I have reflected on the fact that I was more interested in, and curious about, theological, philosophical and reflective discussions and I excelled in studies of religion and psychology. As a ward sister I attended one of the first research programmes for nurses designed by the English National Board (ENB 870: An introduction to an understanding and application of research). This shaped my nursing career and led to my commitment to education in practice.

### 1.13 Summary: scope and professional context of the current study; role and function of action learning

My own CPD and my experiences of being a nurse, nurse educator and a member and facilitator of an action-learning set will have undoubtedly influenced my approach to the design of this study. I have become increasingly aware of the need to adopt more flexible approaches to learning as the healthcare environment changes and patients become more assertive about what they expect from the healthcare system. How these experiences have informed this study will be discussed in my personal reflections in chapter 6.
This chapter has outlined some of the key professional and policy drivers for a more sustainable approach to learning in practice. It has suggested that the individual and environmental contexts can both play key roles in promoting an effective work-based culture. The challenge for educators lies in how to use learning strategies to (a) embrace the value of all forms of knowledge; and (b) enable individuals to think and act wisely using the best available evidence. All nurses are required to do CPD to be able to continue to practise. There appears to be some support for the need to establish ways of ensuring that learning can be sustained by embedding it in practice.

This study suggests that a more sustainable approach to learning in practice can best be achieved when there is a personal accountability and a collective responsibility for learning. CPD often requires individuals to collect evidence from learning that has been acquired in the workplace. The action-learning process creates the conditions and a framework for gathering that evidence. An action record of the set is itself evidence of the development process. Current knowledge also suggests that action learning can promote double-loop learning and critical reflection (see chapter 2). Double-loop learning occurs when assumptions about ways of seeing things are challenged and underlying values are changed (McGill and Brockbank, 1998).

A brief summary of the remaining chapters is as follows.

Chapter 2 reviews what is currently known about action learning. Specifically, it explores:

- the origins and history of action learning;
- types of action learning;
- the theories, values and assumptions underpinning action learning; and
- the value and challenges of using action learning.

The chapter concludes with a description of how these findings have informed this study.

Chapter 3 provides an examination of the methodological considerations informing the design of this study. This includes the sampling and ethical considerations and how these were addressed, the data-collection methods and the framework adopted for analysing the different data sets.

Chapter 4 provides a description of the results obtained from all the data sets within the study (a learning styles questionnaire; a claims, concerns and issues tool; face-to-face semi-structured interviews; and participants’ documentary evidence of their action-learning experiences).

Chapter 5 provides a discussion of how far the findings of the study help us to understand the extent to which action learning could be used as a learning strategy to help nurses in their professional practice. This takes into account evidence from the interviews and other documentary evidence.
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Chapter 6 provides an account of my reflections on the ontology, epistemology and methodology underpinning action learning. This considers the findings of the study and my own personal experiences.

Chapter 7 provides a number of recommendations for the development of the theory (ontology, epistemology and methodology) of action learning, including the development of eight working principles that could be used to guide best practice in action learning.
Chapter 2: Literature Review

2.1 Introduction

This chapter reports on the findings of a literature review that was conducted to determine the contribution of action learning as a tool and process for enabling the continuing professional development of nurses. Action learning is examined in terms of its philosophy, its objectives and how it is used in practice. The theories underpinning action learning are examined and the value and challenges of using it as a development tool are explored. Given the considerable number of theoretical perspectives associated with action learning, it was not possible to review all of these in detail; however, the key texts are outlined and their application to the study are noted. Further theoretical critique forms part of the analysis chapter. A summary of the findings of the literature review is presented, culminating in an overview of how action learning is viewed in the context of the proposed study. A number of exploratory questions (see section 2.14) emerged, which subsequently informed the design of the study.

2.2 Background

Action learning is known for its effectiveness in the growth of individuals and organisations (Ingram et al., 2000; Smith, 2001; Kuhn and Marsick, 2005; Rolland, 2006). Whilst solving organisational problems, action-learning participants have been reported to develop their self-knowledge, critical thinking (Ingram et al., 2000) and leadership competencies (Conger and Toegal, 2003; Leonard and Lang, 2010).

The background to this study has highlighted the importance of CPD for all nurses. The rationale for the literature review was informed by the fact that whilst many studies have described the outcomes and impact of CPD, few have addressed how the learning and development needs of nurses should be managed and what learning strategies can be used by nurse educators to improve the effectiveness of learning in the workplace. This study explores the potential value of action learning as a technique for developing individuals in addition to workplaces. The literature review is also informed by my own experiences of action learning and how these experiences have shaped my career as a nurse leader, educator and researcher. These experiences are discussed more fully in chapter 6.
2.3 Scope of the literature review

Given the holistic and confidential faces of action learning, it was anticipated that the literature review would need to be broad in scope and explore formal and informal sources of enquiry as a means of better understanding the theory and practice of action learning. Preliminary exploration captured data relating to who in nursing was claiming to be doing action learning, what type of action learning was being practised, and why action learning was chosen as a learning method.

The review followed the key steps shown below.

- Search terms were identified, including action learning, action learning theory and practice, professional practice, professional development, action learning and effectiveness, and action learning and evaluation. Whilst the search terms focused on action learning, the lack of quality research data in the field meant that theoretical insights had to be extracted from other sectors (such as business and education).
- Databases, Ovid, CINNAHL, Medline, EMBASE and the British Nursing Index were searched for relevant research data.
- A comprehensive review was undertaken of publications in the journal Action Learning Research and Practice (this included refereed papers, accounts of practice and reviews).
- Individual websites of numerous healthcare organisations (private, NHS, and not for profit) were reviewed to identify the existence of action learning programmes.
- Individual websites and reports of independent consultants and other organisations were investigated to establish how far action learning was being more widely used and promoted.
- The Royal College of Nursing Steinberg Collection was accessed to identify the presence of published theses on action learning.
- The Royal College of Nursing Research Forum was contacted to identify any new research activity on action learning across the UK.
- Manchester Business School (Founding Centre for Action Learning) was contacted to understand more about current advancements in the theory and practice of action learning.
- I participated in a multi-disciplinary action-learning set (whilst undertaking this study) to see how action learning was being used to develop nurse leaders and other managers and leaders in the public sector.

The review culminated in identifying approximately 70 organisations in the UK that were running action-learning programmes. Approximately 500 data sources were initially identified.
In order to maintain a critical approach to the review, a process of analysis and organisation took place prior to the writing stage. Although an industry standard software tool for producing and managing bibliographies was not used, a Word document was created to make notes on references and the materials reviewed. An initial skimming process, including note taking, was adopted to obtain an overview of the general purpose and content of the articles. The articles were grouped into topics and subtopics and were organised in chronological order. Guided by the search terms identified, notes were made on any key differences in how specific terms were defined. Appropriate quotations were also highlighted at this stage, and a comprehensive referencing system was followed. Studies were evaluated in terms of their strengths and weaknesses, distinguishing between assertions (the author’s opinion) and actual research findings (derived from empirical evidence). Trends and patterns were noted in addition to any inconsistencies across the studies and over time. Significant and seminal works were noted and gaps in the literature were identified. In order to maintain focused notes, statements of relevance were formulated against each study reviewed. Finally, references were evaluated for currency and coverage.

2.4 Initial reflections on the findings of the literature review

The literature review revealed a number of challenges, which are outlined below. These are further developed later in the chapter.

- Academic communities often regard action learning as an unproven methodology (Leonard and Marquardt, 2010). Much of what has been written has been based on the personal experiences of practitioners (O’Neil, 1999).
- Whilst there is some agreement on the key features of action learning, there are wide variations in how it is practised (Pedlar et al., 2005).
- Literature reviews of action learning have generally focused on gathering and exploring accounts of practice and examples of application, often in case-study form (Mumford, 1994; Smith and O’Neil, 2003a and 2003b).
- Cho and Egan (2009) found that only one-third of published studies meet the key requirements of quality research (including the use of a conceptual framework, detailed reporting and precise descriptions of study procedures).
- Some of the weaknesses of the reviews are that they highlight action-learning studies published before 2000 (Mumford, 1985; Mumford, 1994; Smith and O’Neil, 2003a and 2003b), their literature selection is subjective and systematic, and no theoretical or conceptual frameworks are used.
Chapter 2: Literature Review

- Given that this study proposed to adopt an evaluation approach, the literature revealed that little attention has been paid to evaluating action learning (Boulden and De Laat, 2005; Cho and Egan, 2009). Many studies have relied on unstructured data or reactive evaluations only (Yoon, Cho and Bong, 2012).
- In the majority of studies, data is gathered to justify the expense of the programme rather than to promote scientific knowledge about action learning (Dotlich and Noel, 1998; Boshyk, 2002).

Although a great deal has been written about action learning, the problem of what action learning means continues to exist. Harrison (2009) makes the point that action learning has a poorly tested evidence base and wide variations in how it is interpreted and implemented. The last 20 years have focused on questions relating to what is meant by ‘action’ and whether action learning has, by becoming more informal, compromised Revans’ original ‘classical’ principles. These challenges account for the presence of considerable gaps in the literature, particularly the absence of comprehensive action-learning research studies in nursing and the lack of any systematic reviews since the work of Cho and Egan (2009). Whilst this is a serious omission, this study is, therefore, particularly timely, because it adds to the body of evidence of how action learning can be used to support the professional development of nurses and nursing. Thus, it introduces the criticality that action learning now needs to enable its future sustainability.

2.5 What is action learning?

Reginald Revans (1907–2003) is generally acknowledged as the seminal writer in the field of action learning. He wrote the first book dedicated to action learning, entitled Developing Effective Managers (Revans, 1971), in which he provided detailed information about the processes involved. These processes represented the first real approach to what is now referred to as student-centred learning (SCL). SCL is based on the philosophy that the learner is the focal point of the learning process. Despite the wide use of the term, particularly in higher education, there is no universally agreed definition (Attard, 2010). Whilst action learning is student-centred in its approach, it also provides a very explicit structural framework to support the learning process, which is absent in some other learning technologies (e.g. specific ground rules and clarity of set roles). Given this situation, the proposed study seeks to explore how individuals and organisations explain action learning.

Revans’ approach is recognised as the first school of action learning and is often referred to by later writers as ‘classical’ action learning. Drawing closely on his work, Pedler et al. (2005) summarise the principles underpinning his approach as follows.
• The requirement for action is the basis of learning.
• Personal development stems from reflection upon action.
• The focus of learning is working with problems where there may be multiple possibilities or outcomes (unlike puzzles, where there is normally only one outcome).
• Problems are aimed at personal and organisational development.
• Sets support and challenge each other.
• The search for new insight is more important than expert knowledge.

Contrary to popular opinion, Revans never provided an authoritative definition. This may largely explain why there is no agreed approach to the practice of action learning. However, he did specify examples of what action learning is not, such as simulations and case studies. Simpson and Bourner (2007) updated Revans’ original list and added self-directed teams, coaching, action research, seminars, problem-based learning and experiential learning.

2.6 What philosophy and objectives underpin action learning?

Revans (1982) described the objectives and philosophy of action learning and presented a change equation: \( L = P + Q \) (learning equals programmed knowledge plus questioning insight). He summarised the objectives of action learning as:

(1) making progress on the treatment of a real-world problem;
(2) enabling individuals (with others) to learn from themselves about how to approach problems; and
(3) encouraging teachers to develop the conditions under which individuals can learn from each other. (Revans, 1982)

Revans was very specific about the moral philosophy underpinning action learning; this described how individuals should ‘be’ and ‘act’. These values included the following.

(1) Starting from ignorance (Revans, 1971) – that is, acknowledging inadequacy and ‘not knowing’.
(2) Honesty about the self (Revans, 1971) – What is an honest person? What do I need in order to become one?
(3) Commitment to action and not just thought (Revans, 2008) – being willing to take action in addition to using words.
(4) The spirit of friendship (Revans, 2008) – providing warmth and support to others.
(5) For the purpose of doing good in the world (Revans, 2008) – the intention to help others.
Chapter 2: Literature Review

These values are often referred to as ‘person centred’ (Rogers, 1983) and should be central to every action-learning programme ( Revans, 1971). The action-learning approach recognises every set member as unique and as having the potential to learn. Its structure also utilises ideas from the psychodynamic field, including the principles of ‘agreed boundaries’ (De Board, 1978) and understanding defence mechanisms (Barnes et al., 1999) and the existential field, where set members ‘create and construct’ their own worlds; thus, taking responsibility for their own actions (Yalom, 1995; Deurzen-Smith, 1997). The behaviourist approach in action learning is represented through the recognition that habits and beliefs are learned and, therefore, can be unlearned if this is a desirable action. These approaches will be further explored within the data analysis (section 3.3).

During my own early experiences of action learning I was not formally introduced to these philosophical assumptions; however, I was very aware of action learning’s humanistic stance, as evidenced through its tools and techniques. Reflecting on these early experiences, I am unsure how aware I would have been if I had not had some experience as a practice developer. This study explored how far some of the humanistic values found in Revans’ classical model continue to be embedded in the structure of action learning and how much importance participants attribute to them.

2.7 What models of action learning exist?

Revans’ classical model draws similarities between the three ‘phases’ of action learning (understanding the problem, identifying a solution, learner uses their way of viewing the world to check reality) and the scientific method (observation, provisional hypothesis, trial audit and review). As Director of Education at the Coal Board (1947–1955) and as Professor of Industrial Administration at the University of Manchester Institute of Science and Technology (1955–1965), Revans’ work conveyed the concerns of the operational researcher. Given his background as a physicist, it is not surprising that he validated action learning using the scientific method (McGill and Brockbank, 2004). Whilst his early action-learning programmes were based on ‘scientific’ models, his later work acknowledged the social context and its impact on learning. This latter approach is most prevalent today.

Revans argued that action learning focuses on asking the right questions rather than providing the right answers and on what you do not know rather than what you do know. This is an uncomfortable position in traditional approaches, where the teacher is the acknowledged learning expert. Revans’ (1983) learning equation states that $L = P + Q$, where learning is a combination of programmed formal knowledge ($P$) and questioning insight ($Q$) derived from
questions and critical reflection. This change equation argues that people and organisations develop when their learning is equal to, or greater than, the rate of environmental change (Pedler, 1997). Revans made a distinction between puzzles and problems: puzzles can be solved by applying programmed formal knowledge, whereas problems are best approached through questioning insight to enable new ways of thinking, action and learning. Action learning deals with resolving ‘problems’ where there is no one clear course of action. Revans (1980) suggests that sustained change is more likely to occur through the reinterpretation of previous experiences rather than by simply acquiring new knowledge. Reflecting on how participants improve practice and the achieved results is an integral part of the learning cycle. This is what is meant by ‘action’.

The second school of action learning is the ‘experiential’ approach, which is based on Kolb’s (1984) learning cycle of action, reflection, theory and practice. Here, set members have a starting point for an action they are undertaking and, with challenges and support from others, bring about changes in actions and behaviours, as opposed to repeating previous actions. Other characteristics include the importance of set processes and of the social context and its contribution to learning.

The third school is characterised by ‘critical reflection’, highlighting the need to think about the assumptions and beliefs that shape practice. This school draws on Mezirow’s (1990) idea that critical reflection can transform perspectives.

Finally, the fourth school is characterised by ‘tacit knowledge’ (Polanyi, 1967) and reflects the kind of knowledge that is difficult to articulate and which is best reflected by engaging in practical skills. This knowledge often presents itself in our ‘personal knowing’.

The intention of this study was to identify how far participants’ experiences provided a reflection of these schools of thought.

2.8 What happens in action learning?

A typical action-learning set can be summarised as follows.

- An action-learning set consists of approximately six to ten individuals.
- Individuals meet for an agreed purpose (such as personal, team or workplace development).
- Ground rules are agreed (consistent with the purpose and goals of the group).
- Members of the group commit to engaging with each other.
members of the group commit to act on their learning.

- Each individual (one at a time) presents an issue, problem or area of concern to the group for which they require assistance or support.

- The initial presentation is a description of the facts and sets out the context of the individual’s (the set presenter’s) issue, problem or area of concern.

- The set presenter describes the help they believe they require (if they are able to articulate this).

- The remaining set members (one at a time) seek clarification that they have understood the situation.

- The remaining set members help the set presenter to explore their issue (providing challenge and support to the presenter using action-learning interventions).

- At the end of the discussion (or when the set presenter requests) the set presenter is invited to describe how they intend to act on the learning they have gained from the set.

- Finally, the set presenter is invited to reflect on the experience and provide any feedback to the set regarding what they found helpful or unhelpful.

- The set presenter returns to the next set meeting to report on their progress.

Action learning works primarily by individual set members bringing their issues to the set and working towards some form of resolution and potential action (McGill and Brockbank, 2004). This is where the participants experience a journey towards autonomy with the other set members. There is an expectation that the individual has given their issue some thought beforehand and can clearly present how they would like help. A basic principle of action learning is that each set member is responsible for their own issue or problem. Rather than taking on an advisory role, the other set members enable the set presenter to explore their situation through reflection, challenging any hidden assumption in order to move towards resolution and action. Thus, the set presenter is recognised as the expert on their situation.

At the first meeting of a set, basic procedures and ground rules are agreed. These can be modified to suit the set. Examples include the life expectancy of the set and the frequency of meetings. Action learning requires confidentiality and trust; both are essential pre-conditions for the set members to work effectively. In the context of action learning, this means that set members do not disclose information about other members outside the set.
The role of the set facilitator is important during the early stages. Facilitation is a goal-oriented dynamic process in which participants work together in an atmosphere of genuine mutual respect in order to learn through critical reflection (Burrows, 1997). It is important that participants understand the role of the facilitator, the set presenter and the supporter.

An effective action-learning set supports and challenges the set presenter to question their assumptions and perspectives in order to enable them to move on. Taking action to initiate the necessary changes can be the most challenging part of the process and often needs to occur before delegating responsibility to others will be effective (Raynor et al., 2002). It is desirable to carry out a structured evaluation at the end of each session to ensure that the group is happy with the outcomes. In addition, it is helpful for each participant to keep notes and share their learning and action points (McGill and Beaty, 1992).

2.9 Action learning: andragogy or pedagogy?

Despite having no agreed definition, action learning is underpinned by a number of learning theories and strategies. These are discussed in the following section. Pedagogy has been described as the art and science of teaching, and a pedagogical approach involves the strategies that teachers use (including the theories that underpin them) to enhance the learning and teaching experience (Freire, 1970).

Traditional learning places emphasis on cognition and does not acknowledge individual experience in the learning process. Action learning, however, takes an andragogic approach (Knowles, 1980), whereby the learner and not the teacher is the focus of attention. Whilst traditional learning places emphasis on cognition, action learning embraces the three domains of learning: cognitive (knowing), conative (doing) and affective (feeling) (Bloom, 1964). In action learning, the emotional and action (conative) dimensions of learning are important and the authority and expertise shifts, as life experience is the single most important resource in enabling the individual to learn. This happens through the techniques employed within action learning (such as providing challenge and support) as a means of enabling the individual to move from being a passive to an active learner.

Whilst action learning is primarily humanistic in its philosophy, its structure takes a social constructionist view of learning (Palincsar, 1998), where individuals are creators of their own reality, which is influenced by their life experience. The social nature of action learning enables individuals (set members) to reflect on their learning with the support of other individuals and the facilitator.
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The table below summarises the key differences underpinning andragogical and pedagogical approaches to learning and teaching.

**Table 1: Andragogy and pedagogy – key differences (Adapted from Knowles, 1980)**

<table>
<thead>
<tr>
<th>Andragogy</th>
<th>Pedagogy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learner moves from dependence to self-directed.</td>
<td>Learner is dependent.</td>
</tr>
<tr>
<td>Learner is an important resource for learning.</td>
<td>Limited validity in the learner’s previous experience.</td>
</tr>
<tr>
<td>Utilises experiential techniques, such as discussion and problem-solving.</td>
<td>Primary techniques are lectures and other passive teaching methods.</td>
</tr>
<tr>
<td>Learners are ready to learn when they experience the need.</td>
<td>Everyone is ready to learn through a standard curriculum.</td>
</tr>
<tr>
<td>Learning is performance-centred.</td>
<td>Learning is subject-centred.</td>
</tr>
</tbody>
</table>

Critics of andragogy have contended that it is just a set of techniques and not an approach to learning (Pedler, 1997). London (1973) goes as far as suggesting that andragogy was invented for the purpose of obtaining status and respect for more informal teaching practices. Some of the criticisms of action learning, such as its weak evidence base (McGill and Beaty, 2001) and its incongruence with traditional approaches to learning and teaching (Dunphy et al., 2010), have much in common with the uncritical manner in which the andragogic model has been adopted (Brookfield, 1986). By selecting a learner-centred approach, the decision about what needs to be learned is determined entirely by the learner. In healthcare, there are many examples of situations in which learners are required to use a particular knowledge base in order to undertake a specific set of actions; for example, training in the cardiac-arrest procedure. Whilst some elements of andragogy may apply (such as experiential techniques), the learner is primarily dependent on the trainer, who is competent in the technique. There is also the challenge of designing and implementing a curriculum that meets the needs of the service or consumers rather than having a purposeful mission or philosophy. Finally, nurse education has relied heavily upon pedagogical approaches. Historically, many educational institutions have promoted a didactic theory of knowledge, learning and literacy, which is ill-suited to the development of critical minds and people (Cullen et al., 2002); in this approach, the integration of a student’s non-academic experiences was uncommon.
It would seem logical that educators and learners alike need training to move away from the mentality of pedagogy. With reference to action learning, it would be important for both groups to understand the ‘how and why’ in order to cope with the tools and processes used. In reality this means that action learning needs to demonstrate its effectiveness in developing individuals and practice. This position supports the key focus of this study.

2.10 What theories underpin action learning?

There is little consensus on how many learning theories there are or how they should be grouped for discussion. Merriam and Caffarella (1991) distinguish four main approaches: behaviourist, cognitivist, humanist and social learning. With reference to work-based learning, there are also many typologies (Simmons, 2009), which include:

- linking learning to strategic objectives (problem-solving assignments);
- structured learning by an externally driven curriculum (partnership with workplaces); and
- structured and organised learning that has an explicit pedagogic strategy.

Action learning is viewed as sitting within the third category; this is because learning opportunities are structured, participants reflect and learning is a social process (Cullen et al., 2002). My experience of action learning is that it can incorporate all of these approaches depending on the agreed purpose of the set.

As a form of work-based learning, action learning draws from a number of different theories. The theories and practices of work-based learning interpret learning and the workplace in different ways. Cullen et al. (2002) suggest that there are two key distinctions: (1) learning that is about skills and competencies and focuses on learning outcomes; and (2) learning that is about participation in communities of practice and constructing new ways of thinking, focusing on learning processes. These two approaches are sometimes referred to respectively as ‘hard’ and ‘soft’ learning (Jones and Hendry, 1994).

It is my personal view that more current models of action learning are neither one nor the other, but seek to establish common ground between the two. This means that people and their skills can be developed to meet the needs and objectives of workplaces. It is not surprising, then, that action learning draws from a broad range of theories. These are outlined below.

2.10.1 Reflection

Reflection plays a key role in much of the writing on informal learning. It is seen as critical to the way in which individuals and groups assimilate knowledge, skills and feelings and interpret change
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(Michaelson, 1996). It is also the primary way in which people construct meaning (Edwards, 1998). Building on the work of Kolb’s experiential model (1984), learning is described as more purposeful when it has been acted upon by reflection (Boud et al., 1985).

Schön (1992), in developing the notion of ‘reflective practice’, drew largely upon applied areas of study where students were receiving an education designed to equip them directly for professional occupations using largely ‘propositional knowledge’ (knowing that/knowing about something). He suggested that this kind of knowledge on its own was of limited value because it did not take into account the realities of professional life and practice. Schön (1992) unpacked the means by which professionals enhance their practice whilst they engage in it and called this ‘professional artistry’. This was where professionals dealt with the unique, the unanticipated, the uncertain, the value conflicts and the unknown conditions of everyday practice for which there is no ‘text-book’ response. Schön (1992) found that students engage in ‘reflection on’ practice and this served to underpin their learning. Schön (1992) offers a distinction between ‘problem-solving’ and ‘problem-setting’, the latter requiring a learning process that is more collegial than the rather individualistic process described by Kolb. Schön was critical of the application of a knowledge model (technical rationality), recognising the need for professionals to construct a situation through the experimentation and learning associated with reflective practice.

One of the key criticisms of reflection is that when it becomes part of a deliberate learning intervention, this contradicts the idea that reflection is a lifelong process and a way of life. A further criticism is that reflection has been reduced to a mental activity that does not take interaction and behaviour into account. My own experience is that this is not the case, as reflective models exist, such as Gibbs’ (1988) reflective cycle that interrogates actions and behaviours through asking critical questions. This study examined how far reflection was incorporated into the participants’ action learning experiences, including exploring its usefulness.

One of the most useful instruments that reflection offers for understanding collective learning is the recognition of different types of learning; that is, single- and double-loop learning. The terms single- and double-loop learning were first used by Argyris and Schön (1974) to distinguish between learning for improving the way in which things are done, and learning that transforms the situation. Based on the idea of feedback loops in control engineering (Ashby, 1952), single-loop ‘instrumental’ learning leaves underlying values and ways of seeing things unchanged. Double-loop learning involves challenging assumptions about ways of seeing things and changing underlying values (McGill and Brockbank, 1998). Double-loop learning has the potential to bring about a profound shift in underlying values by challenging their paradigms or ‘ways of seeing the
world’. Action learning promotes double-loop learning by enabling set members to see beyond, above, below and beside the taken-for-granted assumptions guiding their practice.

Some of the reported challenges associated with using reflective practice are considered later in section 2.12.

**2.10.2 Experiential learning**

Action learning also incorporates elements of experiential learning based on Kolb’s (1984) learning cycle (action, reflection, generalisation and testing) and the learning process as defined by Pedler et al. (2005) which encompasses experience, understanding, planning and action and equates to the cycle of action research. Learning emerges due to a focus on the process, whereby set members re-learn how to learn. The concept of learning to learn has become prominent because of its potential to underpin lifelong learning. In addition, it uses critical reflection to think about the assumptions and beliefs on which practice is based.

Whilst Kolb’s theory has been widely used in education, it has been criticised on a number of levels. Some critics have suggested that the theory is too narrow and restrictive; for example, it does not address the role that non-reflective experience plays in the learning process (McGill & Brockbank, 1998). Action learning, however, can be seen as a particular form of experiential learning, claims that all learning is valid and stresses the act of ‘learning by doing something different’ rather than just ‘learning by doing’ (Olsson et al., 2010). Whilst Kolb’s theory analyses how learning occurs for individuals, it does little to look at learning in larger social groups. In contrast, action learning embraces an individual’s interaction with others and sees this as collective learning. Kolb (1984) also suggested that people who choose professions that are well aligned to their learning styles are more likely to be committed to their work. I also question whether some learning styles are more suited to action learning; I discuss this further in chapter 5. This study invited participants to explore their individual learning style for the purposes of understanding their own learning models and to reflect on how far their preferred style might have influenced their action-learning experience.

**2.10.3 Action research**

Action learning and action research both include active learning, searching, problem-solving and systematic enquiry. However, action research is more systematic, rigorous and verifiable and is always made public in reports or publications (Zuber-Skerritt, 2001). Action learning builds on similar principles to action research in terms of ‘action’ and cyclic learning processes. Action learning, however, pays more attention to creating a context for learning (a learning set) and
focusing on practical development rather than on knowledge creation for society (Simpson and Bourner, 2007). Developing practice involves a quest for innovation and societal change. Learning is viewed as having the potential to bring about a profound shift in underlying values by challenging individual paradigms or ways of seeing the world (double-loop learning) (McGill and Brockbank, 2004). This kind of learning has the potential to bring about particular emotions and feelings. Action learning attends to these emotions because they influence how individuals think and feel about their situation.

Action-research approaches have been criticised because of the time and resources that are needed to report upon the results of reflection and change. Many organisations are concerned with reports that verify their operations are effective, rather than reports on any potential knowledge advancement. My own experiences suggest that this is often the case with action learning. This study attempted to: (1) explore the impact of action learning on the employer; and (2) seek to understand how sustainable action learning outcomes are in the workplace.

### 2.11 How has the concept of action learning been developed?

From 1992 to the year 2000, a number of key authors including Mumford (1991) and Weinstein (1999) made important contributions to the development of action learning. Mumford’s (1997) literature review of action learning highlights the limited extent to which articles and books have concentrated on the experiences of participants or on the learning process as opposed to group processes. He describes the literature as amazingly thin in terms of examining how people help each other to learn and solve problems. The reluctance to write on the subject could be partly explained by the complexity of action learning described by Revans (1971) and its departure from a period in time (post-war) when learning was undertaken for the purposes of training and academic development. No book dedicated to action learning was written until 21 years later (McGill and Beaty, 1992). This is an extraordinary gap of time and, whilst there does not appear to be any agreed explanation for this, Mumford (1991) suggests that it could be linked to the lack of a ‘market’ for this type of learning and a reluctance to ‘bear the burden’ of producing a more comprehensive text.

Given the absence of a definitive definition by Revans, many enthusiasts of action learning have attempted to fill this void. Whilst Revans focused on the potential of action learning for organisations (1980), other definitions have concentrated on the action learning’s human potential and its role in promoting personal growth. For example, Weinstein (1999) summarises action learning as a process underpinned by a belief in human potential: a way of learning from
our actions, and from what has happened to us and around us, by taking the time to question, understand and reflect, to gain insights, and to consider how to act in the future.

More recently, action learning has been defined as ‘a continuous process of learning and reflection that happens with the support of a group or “set” of colleagues, working on real issues, with the intention of getting things done’ (McGill and Brockbank, 2004, p. 11). This definition focuses on action learning for the purposes of supporting personal growth and development. It uses very specific terms, emphasising the processes that make up action learning.

Action learning has also been more broadly interpreted in terms of: (a) its approach; and (b) the organisational context. It can be described as a method of developing skills though a support group. Its intention is to illustrate how participants, when supported by their colleagues, can learn through their actions. Action learning enables a group, under the guidance of a facilitator, to discuss difficult issues and the potential methods for resolving these. Working in an action-learning group enables participants to be challenged in an observed, safe environment and helps them to analyse their personal perceptions of issues in addition to the views of others. Its aim is for participants to return to their workplace with enthusiasm, personal resolve and the confidence needed to make any necessary changes (Raynor et al., 2002).

Pedler et al. (2005) conclude that action learning appears to have spread as an ethos (a general way of thinking about learning) and as a method (a specific set of practices); and McGill and Brockbank (2004) view action learning as a well-established approach to reflective inquiry at an individual, collective and organisational level. Revans’ change equation has been further expanded to include \( L = P + Q + R \) (where \( R = \text{Reflection} \)) (Marquardt et al., 2009).

In a systematic review of action learning during the period 2000 to 2007, Cho and Egan (2009) reflect similar findings. They argue that although action learning seems to be a powerful organisational tool, few empirical studies have been undertaken and further work should be done on the processes and outcomes of action learning using an appropriate conceptual framework. Cho and Egan (2009) made a number of conclusions that are pertinent to the current study. These are detailed below, along with the implications for this research.

1. There has been an increase in the number of types of action learning (such as critical action learning and self-managed action learning). The current study aimed to explore the different reference points individuals use in their action learning and how far these are the same or different across the participants sampled.

2. The research methodology used has been inadequate, with an absence of conceptual frameworks, study design and appropriate reports from participants. This study used
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Guba and Lincoln’s fourth-generation evaluation framework (1989) supported by a clearly defined design process.

(3) There has been frequent use of case studies where the boundaries between action learning and action research are blurred because the action research has been undertaken by the facilitator. This study evaluated the experience of individuals who were working across a number of different sets. As the research investigator, I had no advance knowledge of the sets or who they were facilitated by.

(4) The increased use of technology in action learning suggests that future studies should consider how virtual learning technologies can be used as a supplementary tool in action-learning practices. This study explored participants’ experiences of online action learning.

(5) Action learning is used more for the purposes of personal development than for organisational growth. In response to this imbalance, this study explored how action learning is used to develop individuals and their practice.

There has been a growth of action-learning activity in corporate and academic contexts (Pedler, 1997). Leadership-development programmes are increasingly using action-based approaches, such as coaching, work-based learning, problem-based learning and action learning (Mabey and Thomson, 2000; Horne and Steadman Jones, 2001; Bolden, 2005; Marquardt, 2010). There is also demand for more practice-based postgraduate programmes (McLaughlin and Thorpe, 1993; Vince and Martin, 1993; Wilmott, 1994; Burgoyne and Reynolds, 1997; Reynolds, 1997; Rigg and Trehan, 2004). There continues to be a lack of agreement on the key features of action learning and there are wide variations in practice (Pedler et al., 2005), including the development of virtual action learning and the general training of facilitators.

Since the Journal of Action Learning: Research and Practice was established in 2004, there has been a considerable increase in the number action-learning publications (refereed papers, accounts of practice and reviews). This review draws from this journal, which aims to advance knowledge and assist the development of practice through the processes of action learning. Some of the accounts reported deal with some of the challenges and failings of action-learning sets, such as trust, confidentiality and facilitator expertise (Brook, 2010; Dunphy et al., 2010). This is an important step, as there was previously an absence of evaluative literature and no instances of a failed action-learning set (Mumford, 1997).

Building on the existing action-learning literature, the current study attempted to:

(1) avoid the complexity of language associated with action learning by using the language of the participants themselves; and

(2) evaluate action learning within a conceptual framework; and
explore action learning experiences (face to face and using alternative technologies) individually and professionally, with an emphasis on trying to understand their impact on practice.

Thus, the development of action learning has widened to incorporate action learning for individual and organisational purposes. It has also extended its application to healthcare situations and practices where learning is key, such as coaching, mentoring and business development. I believe that these broader applications, whilst they have opened up the potential for using action learning, have also made it more difficult to identify an agreed approach. The next section discusses some of the problems associated with defining, using and developing the theory and practice of action learning.

2.12 What are the challenges associated with using action learning?

There are some conditions in which action learning is not helpful: when an answer to the problem already exists (Revans, 1982); when a more traditional approach will work; when systematic analysis will provide a solution; and when senior management will do what they want anyway. Therefore, the decision to undertake action learning should not be taken lightly. This section considers some of the challenges associated with action learning.

2.12.1 Limited evidence base

The real-life nature of action-learning practice makes it difficult to: carefully control or manipulate independent variables; randomly assign subjects to treatment groups or create comparable control groups; or develop double-blind dependent-variable measurement procedures (Cho and Egan, 2009). The majority of studies examining the effectiveness of action learning are field studies that report differences or changes in learning or skills demonstrated as a result of participating in action-learning designs that are part of management- or leadership-development programmes sponsored by private and non-profit organisations. In many cases the data has been gathered primarily to justify the cost of the programme rather than to add to scientific knowledge about action learning. (Dotlich and Noel, 1998; Boshyk, 2002). Consequently, the academic community regards action learning as an unproven methodology based more on passion than on evidence (Leonard and Marquardt, 2010).

Almost all of the evidence in support of action learning is based on anecdotal data or research that does not meet rigorous standards. Cho and Egan (2009) identified a total of only 21 refereed articles, theses and dissertations that measured the impact of action learning and met the standards of level II or level 111 for evidence-based practice using the US Preventative Task Force
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classification of evidence (Harris et al., 2001), Using this classification system, level I studies are considered to be the gold standard because they contain evidence from at least one properly designed, randomised and controlled trial. Level II studies provide evidence from well-designed analytic studies and level III studies provide evidence from multiple time-series studies, such as longitudinal analysis, for establishing causal relationships. Whilst the current study cannot be measured quantifiably, it does seek to follow a rigorous qualitative approach and addresses a range of issues relating to validity and reliability. These are explored later (chapter 6).

Action learning is often criticised for not producing new theory; instead, focusing on action and improvement. However, validity in the interpretive paradigm is more personal and should be based on the nature of the interaction (Reason and Rowan, 1981). Action learning is interested in perspectives and giving an account of how the participants view themselves and their experiences. Action learners act scientifically: each individual has their own world views, which they can explore by themselves and with others (Zuber-Skerritt, 2001). Individuals may interpret an experience in a similar way, but their development will depend on their willingness to change the knowledge and assumptions they hold. Thus, action learning is more interested in people growing and learning, rather than changing them. More studies are therefore needed to interrogate action-learning sets over time and for different purposes.

2.12.2 Model

An important and often challenged assumption that action learning makes is that participants in learning sets represent a model of ‘abundance’ (McGill and Brockbank, 2004). This is in contrast with the deficiency model of the participant as an empty vessel to be filled (Sfard, 1998).

Therefore, action learning assumes that the learner has what is needed for learning and, with the right help and support, learning will happen. Thus, in action-learning sets, members bring their whole experience to the set as a resource to be applied to the issue presented by one set member. An action-learning set unlocks and unblocks the experience that people bring with them. Such an assumption is often challenged as idealistic and unrealistic. The set participants may enable the presenter to see the situation differently and to become clearer about their situation and their contribution to it. Reflecting on past action in addition to reviewing the present may reveal that the best action is ‘no action’. This challenges the idea of an objective reality and focuses on language or discourse as a medium through which learners construct new understandings (McGill and Brockbank, 2004). Action learning is at its best when the set is able to challenge the dominant culture/values in which set members are living and working and offer alternative perspectives.
2.12.3 Lack of an agreed definition

Action learning is perceived by some as nothing more than an elaborate way of describing problem-solving (McGill and Beaty, 2001). For others, action learning is often assumed to be an everyday activity and, therefore, not a method of learning. My own experiences suggest that these criticisms seriously underplay some of the valuable processes and tools that action learning uses (for example, challenge, support and critical reflection). Problems brought to action learning are often linked to interpersonal issues and organisational culture, and sets are often asked to address problems that some members have little or no experience of. Whilst I have experienced occasions when this has been the case, I have also observed that, when faced with this situation, individuals bring themselves to the ‘fore’, enabling the set to reframe the problem in ways that were not previously possible.

The question of what is meant by ‘action’ in the context of practice has been widely debated (Marsick and O’Neil, 1999; Ashton, 2006; Rooke et al., 2007). Should action be individually focused, organisationally focused or both? Marsick and O’Neil (1999) state that in the scientific, experiential and critically reflective school, individuals take action to investigate their thinking and as part of working towards finding solutions for problems. Lawless (2008) asserts that action is the relationship between individual action and action at an organisational level. Cho and Egan (2009), in a systematic review of 50 studies, explored the extent to which action and learning are emphasised or balanced. They concluded that only 19 studies could be classified as balanced and that half of the studies used action learning for personal, rather than organisational, development. As a means of addressing this imbalance, the current study attempted to examine how action learning is used in professional practice.

The extent to which Revans’ original principles have been compromised has also been widely discussed (Pedler et al., 2005; Dilworth, 2006; Simpson and Bourner, 2007; Willis, 2010). The fact that Revans stated only what action learning is not has left much room for interpretation. The absence of a definitive statement of what action learning is means that many authors and practitioners have determined their own models. There is a need to distinguish between what is meant by action learning and what constitutes an action-learning approach. Dilworth (2006) suggests that there are a number of areas of neglect, such as: inadequate emphasis on questioning skills; sets favouring support over challenge, advice over problem-solving and social interaction over learning; and a lack of individual commitment to taking action to resolve issues.

Willis (2010) suggests that learners should uphold Revans’ gold standard. She describes a continuum of action-learning practice, with practices that are less like action learning (for example, expert facilitation) and more like action learning (self-organisational and
developmental). However, if action learning is an evolving developmental practice, does it need to follow rules and codes? Coghlan and Coughlan (2010) argue that Willis’ critical markers should be adopted for the purpose of assessing the quality of action-learning research and Johnson (2010) has proposed a framework to underpin the ethical practice of action learning. In the current study it was important to explore where participants’ different experiences of action learning are located on this continuum. I comment later on my own thoughts about how action learning is defined (chapter 6).

2.12.4 Lack of criticality

Action learning has been subjected to many debates and critical challenges over the last 20 years. Some authors have cited the need to inject more criticality into action learning (Fenwick, 2003; Nicolini et al., 2004; Reynolds and Vince, 2004; Rigg and Trehan, 2004; Pedler et al., 2005; Vince, 2008; Ram and Trehan, 2010). The term ’critical action learning’ was described by Wilmott (1994, 1997) and emphasises a process of reflection on the adequacy and value of conventional (organisational) wisdom. In critical action learning, emotion, power and diversity are core attributes (Rigg and Trehan, 2004) and the problem or issue is not only seen as belonging solely to the individual but also concerns the way in which individuals organise their work (Vince, 2008).

One of the key differences of critical action learning as opposed to conventional action learning is the active role of the facilitator (Vince, 2008). Revans was sceptical of experts, in particular the use of long-term facilitators (Revans, 1998). Rigg (2008) makes the point that there is a value to expert facilitation, because these people have skills in learning and development and knowledge about the organisation they are working with. The practice of critical action learning in the workplace can also make individuals feel isolated from their community as they challenge the practice of others (Lawless, 2008). Whilst it is important to engage with emotion and politics in action-learning practice, if action learning is to continue to be dynamic and flexible, my own view is that the degree to which this is important will be linked to the purpose of the action-learning set and to the ground rules that the set participants/commissioners have agreed.

2.12.5 Individual or organisational action learning

My personal view is that although there is an increasing focus on work-based learning and collaborative learning, there is no real training in this area, with the exception of action learning. Organisational policies continue to be targeted at individuals rather than at groups or teams. There is also a contradiction between how organisations view themselves and how they manage work-based learning: although individuals are invited to take personal responsibility for their
learning, the organisation often tries to control what they learn. Wilson (2010) describes her progress in becoming an action-learning facilitator through a part-time course. Whilst her account is not in a healthcare context (it is in a Local Authority context), she highlights some of the challenges of evaluating the development of the action-learning set, the programme and the organisation. Specifically, the strategies Wilson used failed to establish how the group had learned and how the programme and the organisation had benefited. This was partly linked to confidentiality inhibiting some of the discussions, but it was also felt that keeping a log of discussions and actions taken could have illustrated some of the organisational benefits. Wilson goes on to recommend that evaluations should be undertaken by the individual participants, set, facilitator and sponsor.

Action learning is not so much a method of teaching as a method of empowering people; however, many adult educators working within a pedagogical method of teaching enjoy the sense of autonomy and power they possess in their role and would feel uncomfortable if this were challenged. It also places considerable stresses and demands on the participants. Action learning assumes environments in which people interact face to face and some educators would see that these learning conditions are too narrow. Learning ‘by doing’ is often a time-consuming activity and not always a practical or inexpensive option for educators. This learning culture is often emphasised as one of the weaknesses of action learning.

Whilst it is beyond the scope of this review to explore the theories of organisational development, it is important to comment on the relevance of the organisational context, since this is an important focus for action learning. First, the power relations and group dynamics found in organisations (such as race, gender and roles) are also present in action-learning sets and, therefore, will influence the structure and outcomes of action learning. Whilst individuals have a responsibility for their development, they are not operating in a neutral context and other factors (such as an organisation’s rules and cultural values) are likely to influence what happens. In this study, learning styles were explored in order to understand whether some individuals are more or less likely to be suited to action learning. My own experience is that action learning provides an opportunity to challenge organisational beliefs and ways of working, such as how stakeholders are consulted about an organisation’s objectives and outcomes. The assumption that organisational and personal goals are compatible has been questioned. Antonacopolou (1999) reported that managers were more significantly affected by organisational factors and managerial attitudes than by personal barriers to learning. Organisational purpose and self-development are likely to possess different priorities; therefore, they need to work together to achieve greater cultural alignment.
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There has also been much discussion regarding the extent to which action learning should focus on individual or collective problems. My own experience is that to the action-learning participant, these issues are likely to seem conceptual and unimportant for the work of the action-learning set. However, action learning is likely to be less successful if novice participants are unclear about how they should approach their practice (Boshyk and Dilworth, 2010; Johnson, 2010) and what criteria are essential to action learning (Revans, 1998; Pedler et al., 2005, Johnson, 2010; Willis, 2010). In addition, if the organisation is publicly funded, action learning will need to be able to demonstrate organisational impact (Rigg, 2008).

Gentle (2010) analysed the introduction of action learning at the departmental level within the organisational context of a higher-education institution in England. The purpose of the set was to improve the department’s strategic performance through organisational learning. There were six voluntary participants located in various hierarchical roles. Each had no experience of action learning, although some had read about it and taken part in a staff discussion about it. The study investigated evidence of a number of behavioural factors, including the support-group role of the set; the set gelling; increased self-confidence; valuing others; taking responsibility; honesty and openness; and disciplined approaches to working in the set. Evidence was obtained through data gathered from the transcribed recordings of five action-learning sets and individual interviews carried out with participants some months after the set ended. The study outcomes were matched to Revans’ categories of P, Q and R.

The set demonstrated:

- an understanding of group processes, learning processes, feedback capability, active listening skills and creative problem-solving skills (labelled as P);
- questioning skills (labelled as Q); and
- reflective skills (labelled as R).

Gentle suggests that Revans’ formula does not take into account ‘affective factors’ (known as A) or the influence of political conflict (known as C). He suggests that, in order to derive beneficial organisational learning from the use of action-learning sets, it is crucial to ensure consistency between the behaviours of senior managers and the emotional and political climate in the organisation they aspire to lead. Fenwick (2003) points out that advocates for action learning often lack awareness of the potentially negative role played by those who practise it. Fenwick suggests that advocates are frequently power-wielding senior managers. She claims that Revans (1980), Watkins and Marsick (1993) and Senge (2006) approach their work from the perspective of the drive to ‘improve delivery to stakeholders’. Fenwick suggests that there is a failure to consider the ‘significance of social and cultural capital in people’s learning’.
2.12.6 Lack of knowledge and skills in using action learning

Few studies appear to document how participants are prepared for action learning. When this is reported, all too frequently it takes the form of a short workshop (Wilson, 2010) or a simple, brief explanation of Revans’ model. There are also differences in terms of experience and management skills and interpretations of change management (Wilson, 2010). Consequently there is a lack of evidence that describes what preparation works for different groups and why. Whilst there are a number of action-learning handbooks (for example, McGill and Brockbank, 2004), there is little evidence to support their use in either the preparation or practice of action learning. This also reflects my own early experiences.

Some participants who are new to action learning have reported frustrations (Wilson, 2010). For example, mastering effective questioning techniques takes varying amounts of time depending on the group dynamic and the characteristics of the individual members, and newly formed action-learning sets tend to try to solve problems, rather than emphasising members’ responsibilities to solve their own (Raynor et al., 2002).

Taking part in an action-learning set is not always easy because of the self-exposing nature of the process. Very few participants are prepared for this; therefore, trust, empathy and challenge are key aspects of the process. The action-learning set work can be threatening due to members’ fears of exposing their insecurities (Johnson, 1998; Rivas and Murray, 2010) and effective feedback requires strong working relationships amongst group members to support each other in designing challenging problem-solving tasks (Bourner and Frost, 1996).

Dunphy et al. (2010) describe reflections on, and learning from, using action-learning sets in healthcare education. Many of the students had a confused experience. There was uncertainty about how the group operated, its primary purpose and what was expected of them as group members. Participants were also unsure of what subject matter was appropriate to bring to the group. They had a lack of confidence in the facilitator and were uncomfortable about the amount of disclosure taking place in the group. Dunphy et al. (2010) discusses in detail how potential causes of confusion might be addressed. This is outlined in table 2.

Table 2: Solutions to causes of confusion in action-learning sets (Adapted from Dunphy et al., 2010)

<table>
<thead>
<tr>
<th>Cause of confusion</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incongruence with the institution’s traditional approach to learning and teaching</td>
<td>Clarify the difference between action learning and other types of discussion groups and</td>
</tr>
<tr>
<td>Skill/Issue</td>
<td>Action Learning Activity</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------</td>
</tr>
<tr>
<td>Consistency with other teaching methods</td>
<td>Practice in action learning</td>
</tr>
<tr>
<td>Skills of set participation</td>
<td>Have a discussion about learning</td>
</tr>
<tr>
<td>Perceived value of reflective learning</td>
<td>Have a discussion about the nature of dissonance and incongruity</td>
</tr>
<tr>
<td>Discomfort about the level of disclosure in the sets</td>
<td>Training in the principles of action learning</td>
</tr>
<tr>
<td>Lack of relevant content that fits the criteria of applying theory to practice</td>
<td>Contracting the process</td>
</tr>
<tr>
<td>Attendance</td>
<td>Setting ground rules and holding an introductory set meeting to enable participants to understand their professional backgrounds and motivation for doing action learning</td>
</tr>
</tbody>
</table>

I will now consider the value of action learning and its significance for this study.

### 2.13 What is the value of action learning?

Ever since Revans introduced action learning in the 1970s, many organisations and individuals have proclaimed that action learning has been successful in problem-solving, team building, leadership development and organisational development (McNulty and Canty, 1995; Dotlich and Noel, 1998; Boshyk, 2002; Dilworth and Willis, 2003; O’Neil and Marsick, 2007; Boshyk and Dilworth, 2010). Some of these claims will now be explored.

#### 2.13.1 Reflecting on practice

Reporting on the value of action-learning groups in helping students develop their knowledge and skills, Heidari and Galvin (2003) undertook a qualitative research study that highlighted a number of positive outcomes. They asked action-learning groups: can action-learning groups help students develop their knowledge and skills? The aim of the study was to explore nursing students’ perceptions of action-learning groups and the influence on their learning and training. The evaluation consisted of focus-group discussions with second-year students (33 in total); the discussions were subsequently transcribed and subjected to thematic analysis. The findings were reported in terms of the purpose of action-learning groups, support within action-learning groups, practical application and difficulties of action-learning groups and areas for improvement. Evaluating the extent to which action learning could help nursing students to develop their
knowledge and skills, Heidari and Galvin (2003) reported that some students found the sessions to be too unstructured at the beginning and felt that more direction from the lecturer early on in the course would have been helpful. Some students took some time to feel comfortable with sharing personal experiences but this improved as lecturers and students became familiar with the role and purpose of action-learning groups. Some lecturers were inexperienced in facilitating this kind of group, which impacted on how well the group could support each other’s needs. Students highlighted difficulties linked to the length and timing of the sessions and changes in set membership were reported to have affected the cohesiveness of the group. Whilst these results demonstrate some similarities with the current study (chapter 4), the use of focus groups only, meant that the researcher was unable to review any documentary evidence that might support the accuracy, independence or truth of the nurses claims.

A positive outcome was that students saw the value of action learning as a means to reflect on practice. One of the study groups went as far as to say that action learning helped them to link theory and practice. One of the major advantages of action learning was the support that students received from the lecturer and the other students in the group. Action-learning groups provided a safe and secure environment for students to talk about different issues and express their concerns and problems. A critique of this position can be found in the discussion section (see chapter 5).

2.13.2 Developing management skills

Since 1990 a range of programmes have been developed at certificate, diploma and master’s level (for example, University of Manchester) which have action-learning principles as their central philosophy. Management development is seen as most effective when the evaluation of a manager’s activities lies in practical results (Revans, 1983). The vehicle for developing skills and attitudes is interaction within the learning set and reflection on the experiences of tackling the work-related problem. Action learning works when a manager learns to negotiate, understand other people’s perspectives and argue for their own ethical and moral positions. Managers can be encouraged to act and to recreate and reinterpret their management role and the decisions they make. This is in contrast to the rational and positivistic perspective, from which organisations see their environment as something that can be analysed and see the future as an extension of the past. In action learning, managers working in groups are enabled to solve organisational problems whilst learning at the same time. Action learning uses the most effective situation for management learning – the manager’s own job and the demands and experiences it offers. It has been argued that the deliberate process of reflection on action may lead to reframing or reconceptualising actions and situations, which may result in the presenter (with the support of
Chapter 2: Literature Review

the set) being able to move into a different paradigm. Learning, in this sense, has the potential to be transformational (Revens, 1971). Eraut (1994) describes this as meta-cognition whilst Barnett (1997) sees it as simply engaging in critical dialogue. The strongest argument for action learning is that it makes for effective management development because it recognises that in order to develop an organisation there is a need to develop managers.

2.13.3 Developing leadership skills

Reporting on the use of action learning to help nurses develop clinical leadership skills, Raynor et al. (2002) showed how action learning developed individual questioning techniques, enabled personal risk-taking, encouraged personal development planning and enabled staff to confront problems and increase personal confidence. The report describes how a hospital trust introduced a clinical leadership programme for nurse leaders that employed action learning as a tool for leadership development. There is no evidence to support the impact that the programme had; however, the authors recognise that only anecdotal evidence was provided in support of a successful leadership programme. This evidence, when presented to the trust board, encouraged the hospital to support future programmes. Tushman et al. (2007) conducted a quantitative, exploratory study with 64 participants in executive programmes and concluded that action learning enhanced individual leadership and organisational success. Raudenbush and Marquardt (2008), using a quantitative design, reported improvements in nine out of ten leadership competencies using a pre-post-assessment design in conjunction with a 12-month action-learning programme that was part of a leadership-development programme for senior managers. A 360-degree survey instrument was used to measure changes in behaviour over the course of the programme. Due to the small sample size it was not possible to establish whether these differences reached acceptable levels of significance.

2.13.4 Learning from experience

Eraut (1994) suggests that, in responding to personal challenges, whereas initial training can give us competence, professional practice requires the development of insight and wisdom. Professional development, therefore, involves learning from experience. Professionalism and action learning share the same values of taking individual responsibility for action and taking an active approach to the development of the organisation and of oneself. This is concerned with helping people become more aware of their own processes, and working models that develop their skills in helping others increase their effectiveness. This is the humanistic and personal face of action learning which embraces the discovery and clarification of the person and their values. Bourner and Frost (1996) suggest that action learning can increase our effectiveness in our work.
by enabling us to reflect on our actions (drawing from Schön, 1992) and helps people to overcome the tendency to become passive when faced with work or life challenges. Mumford sees this as providing a forum for personal development and learning, which may include the provision of a process to foster personal development and leadership (Raynor et al., 2002). Action learning (McGill and Beaty, 2001) supports the view that learning is about development and understanding in relation to the world rather than separate from it. The learning is developmental and integrates learning from experience with learning through the process of reflection. The learning cycle proposed by Kolb (1984) underpins action learning. This cycle links reflection with action in order to enhance learning from experience. Action-learning sets support a deep approach to learning, looking for connections and personal implications of action. Action learning helps to induce a deep approach by providing a supporting structure for the part of learning and development that is often neglected; that is, reflecting on past actions and planning next steps (McGill and Beaty, 2001).

2.13.5 Organisational development

Pedler (2008) argues that organisational development refers to ‘planned and systematic’ improvements in an organisation (leading to change) using tools from the social sciences, such as action research.

It has been argued that action learning has the potential to provide an organisational change strategy (McCormack et al., 2002; Meyer et al., 2003; Ashburner et al., 2004). Many authors have identified potential benefits for the health service in supporting their staff; specifically, these benefits are improved workforce retention; better communication; progressive, creative and self-directed staff; and better patient outcomes (Water et al., 2003). Nurses require a supportive environment in order to empower them to make sense of the challenges they are confronted with. Action learning provides one means of accessing the support and challenge they need.

Action learning has a real purpose, as participants focus on real problems in the real world (McGill and Brockbank, 2004); thus, it has the potential to be more authentic in terms of the outcomes it achieves. Revans saw action learning as enabling managers to share and tackle real problems and effect change in the real world. This implies a realist stance in terms of breaking through the conceptual frameworks that we use to interpret experience. Olsson et al. (2010) conclude that the action-learning method is suitable for enhancing the organisations’ ability to innovate and that a code of conduct and contract are essential for a commitment of trust. Not until trust-building is established can there be a phase of ‘competence trust’.
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Action learning is one of the most effective tools employed worldwide to develop and build leaders (Marquardt, 2004). Skipton-Leonard et al. (2010) reviewed 21 refereed articles, theses and dissertations that quantitatively or qualitatively measured the impact of action learning. They also reviewed the success factors in all action-learning programmes. The evidence supported the facts that:

(1) action learning develops leadership and management skills;
(2) action learning improves the ability of managers to deal with conflict situations;
(3) variables that were consistently identified as critical to the success of action learning included: questioning, taking action, learning from group members, listening, group diversity, feelings of conflict and wellbeing, a safe environment and the presence of a coach; and
(4) significant factors for conducting action learning programmes included:
   (a) team-level processes; and
   (b) organisational-level processes.

However, the authors argue that many gaps in knowledge still exist and that there is a need for a true experimental design study with random assignment of subjects, a double-blind assessment of results and a control group. In addition, there should be an analysis of the return on investment for several action-learning programmes.

2.14 Summary of the interpretation of action learning and its exploration within this study

For organisations that wish to use action learning for the purposes of staff development, the effectiveness of action learning is an important issue. This review has suggested that there continues to be considerable interest in using action learning for the purposes of personal and organisational development (Marsick, 2005; Rolland, 2006). There are many positive and enthusiastic reports and accounts of action-learning programmes and their effectiveness, even though they do not meet the standards for level I evidence (evidence obtained from at least one properly designed, randomised and controlled trial) (Cho and Egan, 2009). There are also many claims extolling how action learning has influenced leadership and management behaviour even though that behaviour has failed to be evaluated in terms of its impact on organisational culture (Leonard and Lang, 2010).
The review has also outlined a number of key challenges associated with using action learning. These include the following.

- Failure to take into account the social and political context of learning.
- Limited to being no more than a problem-solving approach.
- Need to develop and use the evidence base for action learning.
- Lack of knowledge and skills in using action-learning processes.
- Expensive and time-consuming to implement.
- Lack of knowledge about learning in groups (Cullen et al., 2002).
- Need to understand the interface between group learning and other information and communication technology (ICT) approaches.
- Need to understand individuals’ experiences of work-based learning (Cullen et al., 2002).

Thus, there is a need to carry out research into how the nature of work-based learning is shaped by economic, technological and societal factors. There is also a need for more empirical research on how to:

- create an environment that is conducive to learning in the workplace (Brown, 1995; Cullen et al., 2002);
- establish appropriate pedagogic frameworks to support learning in different organisational settings (Brown, 1995);
- establish further links between theory and practice (given the changing nature of practice); and
- establish a better understanding of how ‘tacit’ (Polanyi, 1967) knowledge can be recognised and developed.

Given these contradictions and challenges, more needs to be understood about why action learning is so powerful and why it is promoted as a method of helping people personally and in their work. Based on this literature review, the view taken in this study is that action learning:

- possesses no universally agreed definition or model;
- has not been studied or viewed in relation to participants’ existing learning styles;
- draws from a large number of different and complex learning theories;
- is used for a variety of purposes, including organisational development, professional development, personal development and team and community development;
- is supported by evidence and reports that are frequently inadequate and use case-study or reflective narratives as opposed to empirical research;
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- deals with complex and confidential issues but is not supported by an agreed ethical framework (participants are helped and supported with their issues through inquiry and discussion);
- has a student-centred rather than teacher-centred underlying theory (the tasks or issues are owned by the individual);
- is a social activity supported by a social context (it takes place within a group or set); and
- is guided by facilitators.

Further to the findings of this review I decided to adopt an exploratory approach to understanding what models of action learning are currently claimed to be in use from the perspective of those who have recent action-learning experience. Therefore, this study explored answers to the following questions.

- What models of action learning do people use?
- Is a participant’s learning style an important consideration when facilitating action learning?
- How confident and competent are people in using action-learning methods?
- How does action learning help people and organisations?
- What is the value of action learning for individuals and organisations?

The following chapter explores how nurses’ qualitative experiences of doing action learning in the healthcare sector (being a facilitator, a set presenter and a set member) can be evaluated. It specifically examines the methodological considerations that have informed the study design.
Chapter 3: Methodology

3.1 Design

3.1.1 Introduction

The guiding research question identified in chapter 1 was ‘How can action learning be used as a learning strategy to help people in their professional practice?’ Supplementary questions included the following.

1. **What is significant about the concept of action learning for practitioners?** What is meant by action learning? What happens in action learning? How is action learning different from other kinds of learning?

2. **How does action learning help practitioners in the development of their practice?** What evidence (if any) suggests that action learning helps people in their practice?

3. **How does action learning change the way in which practitioners approach their work?** What evidence (if any) is offered to substantiate these changes?

4. **What are the implications of understanding learning styles for establishing and facilitating an action-learning set?** In what ways (if any) are advocates of action learning more disposed to one particular learning style?

5. **What are the action learning ‘guiding principles’ for best practice?**

6. **What evidence is available to suggest how action learning should be planned, implemented and evaluated?**

This study was undertaken using naturalistic enquiry. It explores the real-world action-learning experiences of 10 nurses currently working in the healthcare system. The study adopted a qualitative exploratory approach (Guba and Lincoln, 1989). The study took an evaluation approach to methodology and explored each participant’s experience of being a member of an action-learning set. It drew upon constructivist approaches (Guba and Lincoln, 1989) to evaluation, the aim of which is to devise joint, collaborative or shared constructions or meanings. With this approach, parameters and boundaries are determined through an interactive and negotiated process. A number of organising tools were used for the purposes of collecting data. These included: (1) semi-structured interviews; (2) ‘claims, concerns and issues’ of the stakeholders (Guba and Lincoln, 1989); (3) a learning styles questionnaire (Honey, 2006); (4) documentary evidence of participants’ reflection and learning; and (5) my own personal reflective notes. This chapter describes the rationale for the methodological decisions underpinning the
design of the study. In addition, it outlines the sampling and ethical considerations and how these were addressed.

### 3.1.2 The definition of real-world enquiry

Naturalism is the philosophical belief that everything arises from natural properties and causes. It focuses on how people behave in natural settings. Naturalism rejects the view that the social world can be understood by employing those scientific modes of enquiry which have proved so successful in the physical sciences (Denzin, 1989). Social interaction should be studied in natural surroundings with a view to discovering the social meanings that such interactions have for participants. The naturalistic paradigm makes specific claims about epistemology (how one comes to know) and ontology (the nature of human existence). Reality is multiple, socially constructed and subjective rather than objective, because all knowledge is socially constructed (Blaikie, 1993). Robson (1993) highlights 14 characteristics of ‘naturalistic enquiry’. Those pertinent to this study include natural setting, human instrument, use of tacit knowledge, qualitative methods and purposive sampling. Understanding the subjective experiences of the participants (learning what participants consider to be important) is necessary for the appropriate design of action-learning programmes. It is the methodological decision to think naturalistically that has major implications for conducting evaluations (Guba and Lincoln, 1989). Although Guba and Lincoln (1982) originally referred to their approach as ‘naturalistic inquiry’ they have since taken to calling their paradigmatic stance ‘constructivist’. Constructivists place specific emphasis on the part played by the human mind in accounting for the nature and acquisition of knowledge: knowledge is a construction in the minds of individuals (Guba and Lincoln, 1989).

### 3.1.3 Rationale for using a qualitative exploratory approach

The research strategy and the methods and techniques employed should be appropriate for the questions one wants to answer (Robson, 1993). In this study I wanted to find out about people’s experiences of action learning. I wanted to seek new insights into action learning that would have the potential to increase the body of knowledge currently in existence. Specifically, I wanted to propose guiding principles for undertaking action learning that were informed by the ‘lived experience of participants’. A qualitative perspective was appropriate for the study for the following reasons.

1. Qualitative researchers attempt to make sense of or interpret phenomena in terms of the meanings people bring to them (Miles et al., 2014).
(2) Qualitative researchers study things in their natural settings (Robson, 1993). Action learning is carried out in a natural setting or in a setting that is appropriate to the task.

(3) Reality is socially constructed by the participants (Denzin and Lincoln, 1998). In action learning the set is the ‘human instrument’; the set is responsible for gathering and making sense of information.

(4) There are multiple realities (Robson, 1993). Whilst different forms of knowledge are drawn upon in action learning, tacit knowledge is a legitimate addition to other forms of knowledge.

(5) Qualitative knowledge involves the use and collection of a variety of empirical materials that describe routine and problematic moments and meanings in people’s lives (Miles et al., 2014). Action learning is concerned with problems and issues in people’s lives and how these can be managed or understood.

(6) Tesch (1990) has produced a complex typology of qualitative analysis, which she reduces to four basic groupings: characteristics of language; discovery of regularities; comprehension of the meaning of text or action; and reflection. Action and reflection are important attributes of action learning.

3.1.4 Fourth-generation evaluation

There are many evaluation models in existence, ranging from systems and behavioural models to decision-making and responsive models (House, 1978). Patton (1982) lists more than a hundred types of evaluation and warns of the potential for poor quality and subsequent dubious reputation. Some evaluations are categorised as formative/summative or outcome/process evaluations. All evaluations involve judging the value, merit or worth of something and often highlight political issues and matters to do with change and improvement. Responding to criticisms that many evaluations are prescriptive in their approach, Robson (1993) suggests that it is more useful to view evaluation in a descriptive manner by analysing the purpose of something.

Formal evaluation is defined as a form of ‘disciplined inquiry’ (Guba, and Lincoln 1989) that applies scientific procedures to the collection and analysis of information about the content, structure and outcomes of programmes, projects and planned interventions. Guba and Lincoln (1989) and Crotty (1998) argue that no evaluation is value-free, as values are reflected in the theory that may underpin the evaluation, in the interpretations that the evaluator and others bring to the enquiry and in the methodology adopted to answer the evaluation questions. Robson (1993) makes the point that evaluations are essentially indistinguishable from other research in terms of design, data-collection techniques and methods of analysis, although this is a view not accepted in some fields (Worthern and Sanders, 1973).
Chapter 3: Methodology

In fourth-generation evaluation the claims, concerns and issues of stakeholders serve as organisational foci and are explored within the methodological steps of the constructivist enquiry paradigm. A claim is any assertion that a stakeholder many introduce that is favourable to the evaluation. A concern is any assertion that is unfavourable to the evaluation. An issue is any state of affairs that people may disagree on (Guba and Lincoln, 1989).

According to Guba and Lincoln (1989), the key characteristics of fourth-generation research are as follows.

- The evaluation outcomes represent meaningful constructions that individuals form to make sense of the situations in which they find themselves.
- The constructions are shaped by the values of the constructors.
- The constructions are linked to the physical, social and cultural contexts from which they are derived.
- Evaluations can be shaped to enfranchise or disenfranchise stakeholder groups.
- Evaluations must have an action orientation that defines a course to be followed that involves stakeholder groups.
- The evaluator respects the dignity, integrity and privacy of all stakeholders.

3.1.4.1 Constructivist methodology

In this study the enquiry process was carried out within the ontological and epistemological presuppositions of the constructivist paradigm. Reality is considered to be constructed by the participants. There is no reality except that created by the participants as they attempt to make sense of what they are being asked. The product of the evaluation is not a set of conclusions, recommendations or value judgements but an ‘agenda for negotiation’ based on the ‘claims, concerns and issues’ of the participants (Guba and Lincoln, 1989). For the purposes of the study the interview questions were semi-structured in design. Participants were invited to check that the data were interpreted accurately. Participants were also part of the process of constructing the ‘principles’ to support effective action learning.

3.1.4.2 Responsive focus

Here, decisions are made about what questions are to be asked and what information is to be collected. For the purposes of this study the evaluation questions were:

(1) developed around the claims, concerns and issues of the participants (organising tool for fourth-generation evaluation; Guba and Lincoln, 1989);
(2) informed by what is known about the structure, processes and outcomes of action learning;
(3) informed by my own experiences of action learning; and
(4) reviewed through pilot interviews.

3.1.5 Rationale for using a constructivist evaluation approach

The primary purpose of evaluation research is not to discover new knowledge, but to study the effectiveness with which existing knowledge is used to inform and guide practical action. Evaluation, unlike the basic sciences, does not aim to uncover ‘truth’ or ‘certainty’. Its aim is to improve programming and policy making (Weiss, 1998). Therefore, as a form of enquiry it is action-oriented. What distinguishes evaluation research from other social research is not the methods evaluators employ but the purpose for which the methods are used. It is not only the research design that is seen as part of an emergent process; theory is also considered to unfold as data are collected. All or some of the measures involved in fourth-generation evaluation are fundamental to effective workplaces and organisations. Interpretivism is concerned with understanding and explaining human and social reality as opposed to predicting or controlling it. Within this worldview, constructivists emphasise the function of theory construction and knowing and the belief that each individual’s way of making sense of the world is as important as any other.

Action learning uses a wide range of techniques to enable personal development and promotes strategies for translating learning into action. The value systems of action learning make the stakeholder approach a natural choice for evaluation. Evaluation is one type of applied research and is concerned with defining real-world problems. It is primarily concerned with describing and finding the effects of a particular approach, policy or programme (Robson, 1993). It is also aimed at action (Patton, 1982). Evaluators are involved in collecting and processing information; consequently they have been identified as being in the business of knowledge construction. The action approach underpinning evaluation is key to the practice of action learning and, therefore, offers a range of techniques to enable the evaluation process.

Given the range of complex interventions involved in ‘doing’ action learning, it is perhaps not surprising that previous research has focused on the outcomes of action research rather than on the strategies individuals use to enable them to learn (Patton, 1982). This investigation in the context of nursing is motivated by a desire to identify how action learning is taking place as defined by the participants themselves. It seeks to obtain an understanding of their reality because they are on the inside.
Learning from evaluative enquiry is a social construction that occurs through the involvement of multiple constituencies, each of which represents different perspectives. It is socially situated and is mediated through participants’ previous knowledge and experiences. Evaluation approaches position the evaluator as a facilitator of learning, whereby stakeholders and programme participants learn about themselves and each other, and the programme, through their involvement in the evaluation process. In this context the evaluator seeks to support individuals to develop evaluation skills and processes. This philosophy underpins the notion of evaluative enquiry as a strategy for organisational learning and change. It also represents a shift from learning as a process of informing individuals (such as those in positions of power) to a socio-cultural model of learning. This provides an evaluation of the process from the perspective of the participants. When evaluation work is the subject of negotiation amongst stakeholders, the findings have the potential to influence the real world more than traditional research approaches do (Robson, 1993; Silverman, 2006). The findings are created through an interactive process that includes the evaluator in addition to the stakeholders. The constructions represent reality within the context under study (Guba and Lincoln, 1989).

3.1.6 Rationale for using a claims, concerns and issues framework to explore participants’ action-learning experiences

Learning and development does not take place in a vacuum, and in addition to the cognitive context it is important to emphasise the emotional and social aspects. The emotional and political aspects of learning need to be made explicit in order to promote deeper understanding. This can be achieved through the surfacing of claims, concerns and issues of stakeholders (Guba and Lincoln, 1989). The assumption is that the group can define their CPD through their action-learning experiences and their experiences as a ‘stakeholder’. I developed a number of operational definitions (adapted from Guba and Lincoln, 1989) for the purposes of understanding the action-learning experiences of each nurse participant. A ‘claim’ was interpreted as a positive experience of action learning. A ‘concern’ referred to any concerns about the structure, processes or outcomes of action learning. An ‘issue’ referred to any aspects of action learning that the participant either did not understand or did not agree with. Participants were also given the opportunity to raise any other issues of their choice during the interview process.

I had experience of using the claims, concerns and issues model in my own action-learning experiences and found that the framework provided a helpful tool for enabling me to think critically and analytically. For the purposes of consistency and transparency, I also used the tool to record my doctoral supervision sessions at the university. I found that this approach enabled me
to take a much more active stance towards the preparation and subsequent implementation of my research study.

### 3.1.7 Rationale for obtaining a learning styles data set

A learning style describes the attitudes and behaviours that determine an individual’s preferred way of learning. A review of the literature indicated that no studies had examined the relationship between how individuals learn and the degree to which this affects how they view action learning. There is also no evidence to suggest whether one particular learning style is better than any other. However, evidence does suggest that different types of learners are suited to different types of learning activities. Thus, a better understanding of individual learning strategies is more likely to lead to better selection of appropriate learning strategies and more effective teaching. Whilst it is not possible to make any generalisations about this, it is possible to explore what the implications of each participant’s learning style might be for how they experience action learning.

Honey and Mumford’s (2000) questionnaire was chosen for the following four main reasons.

- Participants would be able to complete the test themselves using the guidance booklet, obtain their result, and understand the implications of their learning style for their work.
- I had completed the questionnaire and was familiar with its use in action learning. Thus, I would be able to respond to any questions regarding its use.
- The questionnaire was identified as one of the 13 most influential learning-style models as part of a systematic and critical review by the Learning and Skills Research Centre (Coffield et al., 2004).
- Given their liking for discussion and participation, activists and pragmatists are described as reacting more positively to action learning.

My interpretation of the four different learning styles advocated by Honey and Mumford (2000) and their implications for how participants might respond to ‘doing’ action learning are outlined in table 3 below. These personal reflections are based on my own experiences of learning in practice.
### Table 3: Participants’ learning styles: implications for action learning

<table>
<thead>
<tr>
<th>Learning-style preferences (Honey and Mumford, 2000; Honey, 2006)</th>
<th>Implications for action learning (personal reflections)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activists like:</strong></td>
<td><strong>Implications for action learning</strong></td>
</tr>
<tr>
<td>To think on their feet.</td>
<td>Learning involves a passive role, e.g. listening to lectures, monologues, explanations, statements of how things should be done, reading, watching.</td>
</tr>
<tr>
<td>To have short sessions.</td>
<td>They are asked to stand back and not be involved.</td>
</tr>
<tr>
<td>Plenty of variety.</td>
<td>They are required to engage in solitary work, i.e. reading, writing or thinking on their own.</td>
</tr>
<tr>
<td>The opportunity to initiate.</td>
<td>They are asked to repeat essentially the same thing over and over again, e.g. when practising.</td>
</tr>
<tr>
<td>To participate and have fun.</td>
<td>They have precise instructions to follow with little room for manoeuvre.</td>
</tr>
<tr>
<td></td>
<td>They are asked to do a thorough job, e.g. attend to detail, tie up loose ends, dot the I’s and cross the T’s.</td>
</tr>
<tr>
<td><strong>Theorists like:</strong></td>
<td><strong>Implications for action learning</strong></td>
</tr>
<tr>
<td>Theorists find it more difficult to learn from activities where:</td>
<td>Activists are likely to enjoy the participative and ‘active’ element of action learning.</td>
</tr>
<tr>
<td></td>
<td>Activists may prefer to be more involved in the issues presented by the set rather than enabling the set member to ‘own’ their own issues/actions.</td>
</tr>
<tr>
<td></td>
<td>Activists may be uncomfortable with some of the processes (questioning, challenge, silence) used in action learning.</td>
</tr>
<tr>
<td></td>
<td>They may wish to solve problems for others quickly rather than use the discovery/experiential approach.</td>
</tr>
<tr>
<td>Concepts and models.</td>
<td>They are required to do something without enough background information or an apparent purpose.</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>To see the overall picture.</td>
<td>They have to participate in situations emphasising emotions and feelings.</td>
</tr>
<tr>
<td>To feel intellectually stretched.</td>
<td>They are involved in unstructured activities where uncertainty is high.</td>
</tr>
<tr>
<td>Structure and clear objectives.</td>
<td>They are asked to act or decide without proper guidelines.</td>
</tr>
<tr>
<td>Logical presentation of ideas.</td>
<td>They are faced with a hotchpotch of alternative/contradictory techniques/methods.</td>
</tr>
<tr>
<td></td>
<td>They doubt that the subject matter is methodologically sound, e.g. where questionnaires have not been validated or where there are not any statistics to support an argument.</td>
</tr>
<tr>
<td></td>
<td>They find the subject matter banal, shallow or gimmicky.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Reflectors like:</td>
<td>Reflectors find it more difficult to learn from activities where:</td>
</tr>
<tr>
<td>-----------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>To think before acting.</td>
<td>They feel out of tune with other participants, e.g. when with lots of activists or people of lower intellectual calibre.</td>
</tr>
<tr>
<td>Thorough preparation.</td>
<td></td>
</tr>
<tr>
<td>To research and evaluate.</td>
<td>They may struggle with the intellectual differences among individuals within the group.</td>
</tr>
<tr>
<td>To make decisions in their own time.</td>
<td>Reflectors find it more difficult to learn from activities where:</td>
</tr>
<tr>
<td>To listen and observe.</td>
<td>Reflectors are likely to feel uncomfortable in the ‘set’ role, particularly as set facilitator.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>They are ‘forced’ into the limelight, e.g. to act as leader or do role-play in front of onlookers.</td>
</tr>
<tr>
<td></td>
<td>They are involved in situations that require action without planning.</td>
</tr>
<tr>
<td></td>
<td>They are pitched into doing something without warning, e.g. to produce an instant reaction or a spontaneous idea.</td>
</tr>
<tr>
<td></td>
<td>They are given insufficient information on which to base a conclusion.</td>
</tr>
<tr>
<td></td>
<td>They are given cut and dried instructions for how things should be done.</td>
</tr>
<tr>
<td></td>
<td>They are worried by time pressures or rushed from one activity to another.</td>
</tr>
</tbody>
</table>
## Chapter 3: Methodology

<table>
<thead>
<tr>
<th>Pragmatists like:</th>
<th>Pragmatists find it more difficult to learn from activities where:</th>
<th>Implications for action learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>To see the relevance of their work.</td>
<td>The learning is not related to an immediate need they recognise/see or an immediate relevance/practical benefit.</td>
<td>Pragmatists are likely to be frustrated if a set member’s issues or concerns are not useful or relevant to themselves.</td>
</tr>
<tr>
<td>To gain practical advantage from learning.</td>
<td>Organisers of the learning or the event itself seem distanced from reality, i.e. ‘ivory towered’, all theory and general principles, pure ‘chalk and talk’.</td>
<td>They may be critical of a facilitator who rigorously and formally follows the set’s ground rules and action-learning processes.</td>
</tr>
<tr>
<td>Credible role models.</td>
<td>There is no practice or clear guidelines on how to do something.</td>
<td>They may be critical of not having been adequately prepared for action learning.</td>
</tr>
<tr>
<td>Proven techniques.</td>
<td>They feel that people are going round in circles and not getting anywhere fast enough.</td>
<td>They may be frustrated by the way in which action learning seeks to position issues/concerns within a social context.</td>
</tr>
<tr>
<td>Activities to be real.</td>
<td>There are political, managerial or personal obstacles to implementation.</td>
<td>They are likely to judge ‘reward’ based on personal value rather than the benefits to the set participant.</td>
</tr>
</tbody>
</table>
Participants received the learning styles questionnaire in advance of the interview. Questions regarding the outcome of the questionnaire were incorporated into the interview schedule.

### 3.1.8 Rationale for using semi-structured interviews

In keeping with the iterative process of generating qualitative data, the interview questions were developed based on:

- the research questions;
- the literature review;
- my personal experiences of action learning;
- piloting the interview process;
- a semi-structured interview approach; and
- the sample size.

The questions were also framed to investigate to what extent individuals had a traditional action-learning experience. What I mean by this is how far the action-learning experience deviated from the model proposed by Revans (1971) and outlined in chapter 2. Given the absence of an agreed ethical code of action learning, the research questions were mapped to six ethical components proposed by Johnson (2010).

Interviews are contrived artificial situations and interviewees often respond in ways that reflect this. For example, individuals may try to impress you or describe what they should be doing rather than what they actually do (Silverman, 2006). In this study, as a means of avoiding this where possible, semi-structured interviews were selected as opposed to structured interviews. This built some degree of flexibility into the conversation in terms of how and when things were raised. I also built in a number of other interventions (for example, ensuring participants had access to the questions in advance of the interview and reviewing documentary evidence and examples of action learning practice) to verify the accuracy of the questions and give respondents time to think about what they wanted to share.

Semi-structured interviews use open-ended questions and data is collected through allowing the respondent the time and scope to talk about their opinions on a particular subject (Denzin and Lincoln, 1998). The objective is to understand the respondent’s point of view. Based on the work of Denzin (1989) I identified the following advantages of this method.

1. A positive rapport – there would be an opportunity to observe and talk to the respondent.
2. High validity – there would be an opportunity for the respondent to speak freely and in depth.
(3) Questions can be clarified – probing questions could be asked where appropriate throughout the interview.

(4) Reduction of researcher bias - there would be an opportunity to listen to what is important for the respondent and to clarify any interview data that was unclear.

I also identified some potential limitations of this method and attempted to put strategies in place to deal with these. Whilst I had experience of interviewing, I was anxious about being overly enthusiastic about the subject matter; thus, influencing the respondent to answer in ways that they thought I would like or expect. I undertook a number of pilot interviews to test how the questions were interpreted and to assess how effectively I would be able to listen to the respondent’s point of view. The pilot process also enabled me to sequence the questions in a way that would best facilitate a ‘natural’ conversation.

I requested feedback on how I had conducted the pilot interviews. Three key actions were taken based on the feedback received. First, I reordered some of the questions so that the interview would flow more as a conversation than as an interrogation. Second, I developed a number of questions regarding the impact of action learning on the workplace, including a specific question about the employer’s engagement in the process. Third, I paid attention to ensuring that the interview questions did not overly rely upon some of the complex language of action learning; thus, enabling me to probe language for evidence of shared understanding. Rehearsing the questions enabled me to develop more confidence in using a digital recorder. Whilst I realised that the interviews would be time-consuming, I had negotiated study time away from my workplace in order to undertake them. I also ensured that I observed my interview protocol. I anticipated that the sample size would be small and that this would be likely to influence the reliability of the study findings. However, there would be depth to the interview and I had identified a thorough coding process. It would not be possible to generalise the findings to all populations but it would add to the body of knowledge currently in existence. Given that I would have no real way of knowing how truthful each intervention response was, I asked respondents to provide examples of scenarios to support their answers. I also asked them to provide documentary evidence that they had used during their action-learning experience. A question that is offered to a respondent to emphasise that it is acceptable for the respondent not to answer is generally referred to as a filter (Foddy, 1993). If filters are not used, the meaning of the substantive answers is likely to be vague. Filters were chosen to minimise the psychological impact of participants not being able to answer.
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3.1.9 Rationale for reviewing participants’ documentary evidence of their learning

Dictionary definitions tend to view documents in terms of their purpose. An important function is to provide facts and information for the purposes of proving something (Longman, 1992). Social researchers have increasingly begun to use documentary evidence for the purposes of investigating social interaction (Guba and Lincoln, 1982). Within the framework of evaluation, documentary analysis helps the researcher to ensure that investigation is not removed from its social and political context (Allport, 1942). Burgess (1984) makes a distinction between primary and secondary sources. Primary sources refer to documents compiled by individuals who have first-hand experience of the events described, whereas secondary sources consist of documents produced by individuals who do not possess personal knowledge of the situation. Burgess (1984) also distinguishes between solicited and unsolicited documents. The former category includes those documents that the individual is asked to produce by the researcher. This enables the researcher to have some control over what is included and how it is recorded. This can be subject to further content analysis.

In the case of documents, appropriate analytic tools include content analysis and case-survey methods. Documents may be personal (private) or public. Documents can provide a stable and rich source of information. They are often well-grounded because they represent a ‘natural’ source of information and provide information about the context under investigation. They are often freely available and easily accessible and have the potential to provide the most objective means for understanding human behaviour (Holsti, 1969; Guba and Lincoln, 1982).

Documentary evidence has also been subject to a number of criticisms. For example, documentary material requires careful handling. It should not be assumed that documents constitute independent, objective records of events or circumstances. The evaluator must develop an understanding of the process by which a document is produced and the social and political context in which it is embedded (Burgess, 1984). Documents also provide unrepresentative samples. However, in the context of action learning, different sets are likely to adopt different approaches, particularly in cases where action learning is part of the assessment of an education programme. Some critics have also suggested that documents may lack objectivity (Guba and Lincoln, 1982). Allport (1942) has strongly rejected this on the basis that personal documents will always, by their very nature, be subjective. To add to the list of criticisms there is also the concern about the validity of the document (Guba and Lincoln, 1982). This refers to the honesty, integrity and accuracy of the writer of the document.

In the context of this study a document was interpreted as an original written account providing evidence that the participant under study had recorded their personal learning. In classifying
documentary evidence within the study, there was a focus on the collection of primary evidence. Participants were asked to share any documentary evidence used to record their experiences of action learning and any information that would demonstrate their CPD. It was anticipated that some documents would be private but others would be able to be shared and may be in the public domain.

3.1.10 Deciding who to interview

Within this study, sampling was not undertaken for the purpose of identifying a group that would be representative of the population to which the findings would be generalised. Instead, the sample was selected based on its ‘purpose’. Therefore, I made the following purposive decisions regarding the sample population for the study.

- Participants would be registered nurses.
- Participants would be working in a nursing/healthcare context.
- Participants would be based in England.
- Participants would have experience of action learning.
- Approximately ten participants will be selected.
- A minimum of one-third of participants should be of male gender.
- Participants will be willing to be interviewed as an approach to sharing action-learning experiences.

The participants were selected from a wider sample of action-learning sets across England. A snowballing technique was used to find research participants. With this approach, one subject gives the name of another subject, who in turn provides the name of a third, and so on (Vogt, 1999). This approach was chosen for the study because:

- action-learning participants tend to be ‘unknown’ outside of the set in which they are working;
- action-learning sets meet and operate for very specific purposes;
- action-learning sets tend to work within an agreed set of ground rules, and confidentiality is often a key ground rule; and
- it can be difficult to access a group without the express permission of the lead facilitator.

The first subject was identified through a facilitator of action learning who was aware that I was completing my professional doctorate and agreed to forward details of my study to an action-learning set in her health care trust.
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The purpose of using snowball sampling as part of the study methodology was to assist in making inferences about a population that would have been difficult to enumerate using descending methods, which target more general populations. An analysis of the advantages and disadvantages of using this approach can be found in appendix G. Further discussion relating to the sampling approach can be found in chapters 4 and 5.

3.1.10.1 Informed consent

The constructivist paradigm openly acknowledges and seeks out political input. Political issues are not seen as detrimental to the research process; they are incorporated into the enquiry process. Active awareness, as opposed to avoidance, becomes the key driver for concern. Within the study I did not envisage myself to be in either a stronger or weaker position in terms of political awareness of the organisation. The potential for researchers to exploit and manipulate participants does exist (Grundy, 1982), but the criteria of trustworthiness and a contract of agreement may minimise the potential for this. There are criticisms of fourth-generation evaluation in practice; specifically the potential for misuse of power in two areas: (1) evaluator and client privilege; and (2) the accountability mechanisms for reporting processes and action outcomes (Laughlin and Broadbent, 1996). Some people are allowed to have their ideas advanced, whilst others have theirs constrained. However, these dangers can be minimised. One method of achieving this is to ensure that the evaluator or facilitator (in the case of action learning) ensures that decisions are made in an open and transparent way.

Central to this paradigm is to protect individuals against exploitation whilst empowering and enfranchising less powerful groups. It would be naïve not to acknowledge the potential powerful starting position I had in undertaking this work; particularly when participants were less familiar with action learning and fourth-generation evaluation methodology. If evaluators cannot be clear, direct and non-deceptive about their wishes to know how stakeholders make sense of their contexts then stakeholders will be unclear, indirect and probably misleading with regard to how they make sense of reality and how this reality is guided by their value systems. For these reasons I developed an interview protocol (see appendix H).

The study was approved through the University of Southampton ethics committee. Support to undertake the study was also sought and received through my own organisation by the research forum and through the protocol held in my organisation for staff seeking financial and study leave for professional development activity. The study was monitored through the supervisory arrangements within the doctoral programme.
Participants’ personal details were anonymised throughout the study. None of the reports named individuals or reported on any details that would make them identifiable. Participants received a copy of the proposal prior to the commencement of the programme and a participant information briefing sheet. Informed consent was obtained from all of the programme participants.

An opportunity to ask any questions or raise any concerns about the study was provided. One participant wondered whether they had sufficient action-learning experience and was reassured that all action-learning experiences were valid and that participants were likely to have very different experiences. I was asked a number of questions after the interview about my own views on action learning. I reflect on this in chapter 6 (personal reflections).

3.1.11 Researching ethically (challenges, approaches and interventions within the study)

The following table briefly summarises some of the ethical issues identified within the study and how they were addressed.

Table 4: Ethical considerations and implications

<table>
<thead>
<tr>
<th>Ethical consideration</th>
<th>Implication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worthiness of the project</td>
<td>Undertaken for the purposes of research training.</td>
</tr>
<tr>
<td></td>
<td>Supported personal career development.</td>
</tr>
<tr>
<td></td>
<td>Supported the advancement of what is known about action learning.</td>
</tr>
<tr>
<td></td>
<td>Enabled my own organisation and others to use action learning in their practice.</td>
</tr>
<tr>
<td>Competence</td>
<td>Evidenced by personal experiences of action learning as a facilitator and as a participant.</td>
</tr>
<tr>
<td></td>
<td>Evidenced by personal experiences of using qualitative research methods.</td>
</tr>
<tr>
<td></td>
<td>Evidenced by support of supervisor (appropriate knowledge and experience to support the implementation of the research process and compliance with doctoral regulations).</td>
</tr>
<tr>
<td>Informed consent</td>
<td>Project received full ethical approval and commendation.</td>
</tr>
<tr>
<td></td>
<td>The sampling process was followed.</td>
</tr>
<tr>
<td></td>
<td>Information was provided to participants verbally and in writing.</td>
</tr>
<tr>
<td></td>
<td>Participant consent was obtained verbally and in writing.</td>
</tr>
<tr>
<td>Benefits/costs/reciprocity</td>
<td>Benefits of the study were outlined in the participant information sheet.</td>
</tr>
<tr>
<td>Chapter 3: Methodology</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td></td>
</tr>
</tbody>
</table>
| **No monetary costs were incurred by participants.**
All interviews were conducted in individuals’ place of work using personal research equipment.
Participants were informed that the interview would involve one hour of their time.
Many participants thanked me for including them in the study and stated that they had benefited from the experience personally and professionally. |
| **Harm and risk** |
No harm occurred as a result of participation in the study.
Individuals were advised that they could withdraw from the study at any time without penalty. |
| **Honesty and trust** |
Research findings/analysis convey the truth.
All participants were given the opportunity to verify their data. |
| **Privacy/confidentiality and anonymity** |
Assurances were provided to each participant as part of the research protocol.
All participants were given the opportunity to withdraw from the study if their privacy, confidentiality or anonymity was compromised. |
| **Research integrity and quality** |
Supervision assisted in periodic checks to confirm integrity and quality.
An audit trail of the research process was maintained to testify to the accuracy of the methodology and methodological approach.
I was clear about my own thoughts and assumptions throughout the process. |
| **Ownership of data and conclusions** |
All participants were given the opportunity to verify their data as an accurate interview record.
My employer provided funding and study leave (it does not own the data but there is potential to benefit from the conclusions).
The research is conducted for the purpose of an award (Professional Doctorate in Education). Other students will be able to access the published work. |
| **Use and misuse of results** |
The implications of the study for nursing and healthcare policy and practice are described in this thesis. |
3.1.12 What and how questions were asked

The questions were developed through my knowledge, understanding and experiences of action learning. Importantly, they were also constructed to address some of the deficiencies identified by the literature on action learning; particularly the processes used in action learning and how these could be used to enhance the role of the facilitator in practice. The rationale for using open questions was linked to the assumption that this would: allow participants to respond in their own words; not suggest pre-conceived answers; avoid the format effects associated with closed questions; and allow complex motivational influences and frames of reference to be identified. I was aware of a number of challenges in relation to the assumptions I was making. Whilst enabling participants to answer in their own words, I faced the challenge of ensuring that the words they used were a true reflection of their meaning. In many instances, individuals communicated their thoughts verbally and in writing. The perceptions of the group were then themed and checked by the participants for accuracy. In terms of ensuring that the responses reflected each participant’s level of knowledge about the subject, it was recognised that they might not remember certain things and further opportunities were built into the study to check individual responses. I was also aware that what was important at that moment might change over time. This explains why documentary evidence was used to further confirm responses.

3.1.13 Arranging the interviews

One of the challenges of undertaking research interviews is convincing respondents to speak with the interviewer (Blaikie, 1993). In this study, individuals were very much targeted and the approach was personalised. Given that there were likely to be a fairly small number of participants who would be able to answer the questions, the consequences of rejection were likely to be much higher. Convincing potential interviewees to participate required a different approach for each person, whilst at the same time ensuring the interview protocol was followed.

3.1.14 Ensuring individuals participated without coercion

There was no monetary gain for respondents participating in the study. There were also personal travel costs and time associated with preparing and completing each interview. Much time was spent articulating the merits of the project and my legitimacy as a researcher. The legitimacy of the project was conveyed through my research protocol. This included details of my studentship with the university and provided information for participants about the study. I was also open and transparent about my own experiences of action learning. Participants were given the option to discuss this after the interview if they wished. I comment on this in my personal reflections.
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(chapter 6). I gave each participant options for where they would like the interview to take place. I was mindful of not trying to be the best dressed or use complex language. Some of the respondents were likely to have managers or gatekeepers; therefore, it was important to ensure that interview dates were appropriately diarised and rooms booked. It was also important that the gatekeeper understood the importance of the interview and how to contact me if necessary. I ensured that the respondent felt that they were important and had the potential to make a valuable contribution to how action learning is viewed and implemented in the future. I was enthusiastic about the project and attempted to frame the value of the study for their work. Telephone and email were chosen as ways of contacting potential respondents.

3.1.15 Cultural conceptions of time and commitment

Cultural conceptions of time often shape how much of a maze you have to go through to agree the timing for an interview. In this study, respondents were likely to be working shift patterns and it could have been a challenge to organise venues that would be quiet and free from interruptions. Given that I had specified how long the interview would take, I was mindful of the need to complete the interview schedule on time.

3.1.16 Using networks

A number of social networks were also used to gain access to participants. Networks underlie all aspects of society and organisations and provide opportunities to meet and discover potential interviewees. In healthcare there is a strong organisational hierarchy. Organisations that used action learning were more likely to value it as a learning intervention and more likely to assist.

3.1.17 Dealing with problematic situations

I was mindful that some respondents would require specific permission to be interviewed. Some might be more interested in the study design and results than in actually participating in the study. A level of persistence was required to ensure that energy was not wasted with people who, in the end, would not agree to be interviewed. Furthermore, given the complex and personal issues often discussed in action learning, it was important to be clear that I had no role in advising individuals how to facilitate, behave or intervene in an action-learning set. It was important to respect that each set would have its own particular ground rules that needed to be respected.
3.1.18  Recording the interviews

In this study, given the small number of interviewees, the interviews would tap into the depths of reality of the situation and discover subjects’ meanings and understandings. As the interviews were in depth, I recorded all interviews using a digital recorder that enabled the recording to be uploaded to a computer.

3.1.19  Analysis of interview material

Section 3.3 outlines in detail how the different data sets were analysed. Interviews were analysed using thematic analysis based on the approach of Miles and Huberman (2014).

3.1.20  Analysis of documentary material

- Claims, concerns and issues – thematic analysis
- Learning styles – Honey and Mumford’s learning styles questionnaire
- Reflective notes – analytic memoing
- Documentary evidence – evaluation and action-planning notes and personal development plans.

3.1.21  Keeping records of my own reflective notes

I recorded notes to enable me to keep records of participants’ verbal and non-verbal behaviours that I felt were important; record my own thoughts and how I was responding to the data; and assist me in completing my final personal reflections on the study. My personal reflections on the study are detailed in chapter 6.

3.1.22  Summary

Epistemology deals with the nature of knowledge and its possibility, scope and general basis (Hamlyn, 1995). Epistemology provides the philosophical grounding for deciding what kinds of knowledge are possible and how we can ensure that they are adequate and legitimate (Maynard, 1994). This study took a constructivist perspective because I believe that the meaning of action learning is constructed by the participants as they engage with, and reflect on, their action learning experience. Ontology is the study of being and is concerned with what is the nature of existence. Blaikie (1993) explains ontology as the claims or assumptions that a particular approach to social enquiry makes about the nature of social reality. This study was concerned with how individuals view action learning and then subsequently attribute meaning. Methodologically,
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Interviews are a method of data collection that enables individuals to report information for themselves. This study used semi-structured interviews as a means of investigating the real world of action learning through the lived experience of the participants.

This section has shown why, whilst a strong commitment to practical work is essential, evaluators need to have a clear understanding of research methods in order to make suitably informed methodological decisions. The following section summarises how the data were collected.

3.2 Data collection

3.2.1 Introduction

It is unusual to find an evaluation study based on only one method of data collection (Clarke and Dawson, 1999). Normally a range of techniques form the core of an overall research strategy; thus, ensuring that the information required has the depth and detail necessary to enable the evaluator to produce a report from which conclusions can be drawn with a degree of confidence (Guba and Lincoln, 1989).

Building on the methodological considerations outlined in the first section of this chapter, a range of data-collection approaches were adopted throughout the study as a means of evaluating participants’ understanding and experience of action learning. These included interview data and other documentation used for the purposes of action learning.

In summary, 11 semi-structured evaluation questions were constructed for the purposes of the study interview (see appendix I). A key focus of the evaluation occurred through the participants’ reported and agreed claims, concerns and issues in relation to their understanding of action learning. A number of documentary sources were also used to make sense of the evidence that was being studied in order to understand the potential effectiveness of action learning as a development technique. These included reflective notes and evaluations carried out by the participants.

3.2.2 Contacting participants

An initial review was undertaken to determine the scope of individuals and organisations currently using action learning as a key part of their nursing or healthcare work. This review identified a number of relevant sources: university business schools and nursing schools; independent consultants; organisations providing leadership and management-development support for qualified nurses; and research forums, individuals and organisations that were
investigating or evaluating the use of action learning in practice. Telephone contact was made with these sources to identify whether they would be willing to (a) be involved in the study; and (b) act as a conduit by sending out information on my behalf to potential participants. All individuals contacted were willing to either forward information or provide contact details to me with the participants’ permission. In addition, some provided other potential sources for me to contact. All individuals were contacted once only.

The snowballing technique was used for sampling and a full list of contacts was retained for audit-trail purposes. The sequencing of contact with participants is shown below. The emails were designed to provide consistent communication with all participants. These can be found in appendices A to F and are described below.

1. Participants were contacted by email (appendix A) to introduce the study and provide background information. The email was developed to:
   (a) confirm that the participants had met the selection criteria;
   (b) explain the purpose of the study and what would be involved (appendix B); and
   (c) provide a consent form (appendix C).

2. Participants were contacted by email (interview preparation: appendix D). The email was developed to:
   (a) demonstrate confirmation that participants understood the study;
   (b) confirm completion of the signed consent form; and
   (c) ask participants to complete the learning styles questionnaire (hard copy sent to participants by post) and provide their claims, concerns and issues (appendix E).

3. Participants were contacted by email (interview preparation: appendix F). This was developed to:
   (a) confirm meeting arrangements; and
   (b) invite any further questions.

3.2.3 Data collection

A summary of the data-collection interventions is outlined below.

Step 1: Obtain consent

Formal written consent was obtained from each participant prior to their interview. Information relating to the purpose of the study and the participant’s role was provided as a written summary in advance of the interview. This was reinforced as part of the interview protocol.
Chapter 3: Methodology

Step 2: Gather baseline data

Prior to the interview, each participant was asked to provide baseline information relating to their gender, age and so on. The purpose of this was to identify each participant and assist in describing the types of individuals who were undertaking action learning. Additional documentary data was provided by the participants before and after the face-to-face interviews.

Step 3: Gather data on learning styles

Each participant completed Honey’s learning styles questionnaire (2006) in advance of the interview. A copy of the publication was sent to each participant for them to complete. Each individual’s preferred learning style was then discussed as part of the interview process. The purpose of completing the questionnaire was to help participants to understand how they learn and consider the implications of this for their professional development.

Step 4: Gather data on claims, concerns and issues

A copy of the claims, concerns and issues tool, including instructions for use, was sent to each participant to complete in advance of the interview. Participants were also signposted to examples of how the tool had been used within Guba and Lincoln’s fourth-generation evaluation methodology (1989). In addition, each participant was asked to reflect and make notes in writing on their claims, concerns and issues relating to action learning. This was completed once in advance of the interview and a written template was provided. The purpose of this was to enable participants to think critically about their action-learning experience. This was also probed during the interview process.

Step 5: Interview protocol

An interview protocol was administered to each participant to ensure that everyone was treated in the same way. Further assurances were also provided regarding confidentiality of information (see appendix H).

Step 6: Digitally recorded semi-structured interview data

All interviews were conducted on a one-to-one, face-to-face basis using the questions outlined in appendix I. Participants were asked about the skills and knowledge they had gained through using action learning.
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Step 7: Participants’ action plans/personal development plans

Given that all nurses are legally required to maintain an up-to-date personal development plan for their professional registration and employment practice, participants were asked to demonstrate how they used action learning for this purpose. I was aware that nurses are not required to follow any particular approach to this and, therefore, no template was imposed on any of the participants. I was also aware that in action learning a range of different action-planning tools are employed, so it would not be useful or helpful to prescribe what the personal development plan should look like. All plans were explored during the interview. Any supporting documentary evidence was discussed at the time of the interview and further scrutinised after the interview.

Step 8: Focus group

I had initially intended to conduct a focus group for the purposes of (1) agreeing on the interpretation of study outcomes and recommendations; and (2) obtaining a critique and feedback on the development of the principles for action learning. However, given the amount of data provided in the interviews regarding the processes involved in action learning, this was no longer necessary. Participants were all willing to check that the transcripts of their individual interviews were an accurate reflection of the meanings that they had intended to convey.

Step 9: Personal reflective notes

Personal notes were taken during and after the interview as a means of assisting me to think critically about what I was hearing and how this supported, rejected or challenged my own experiences of action learning. My reflections can be found in chapter 6.

Step 10: Manage data storage

A considerable amount of data were collected in the study. A system for collecting, recording, monitoring and evaluating the data were explained to participants in the information for participants sheet that was sent to each individual prior to consenting to take part in the study. This information was also repeated during the interview process. Given that participants brought some information and documentation to the interview themselves, checks regarding the reliability of the learning styles questionnaire, the claims, concerns and issues and the evidence presented of individuals’ action-learning experience was required for the purposes of checking against the interview conversation only. This assured respondents about anonymity and confidentiality. It also assisted me in ensuring the research process was followed. The approaches used are detailed in section 3.3.
Chapter 3: Methodology

3.2.4 Ethical issues and considerations

Individuals were approached to take part in the study on a voluntary basis. In order to prevent any violation of trust, individuals were advised that they may withdraw from the study at any time and without penalty. Decisions regarding what to include and what not to include in the final report were made with the express permission of the participants. Table 5 sets out the actions that were taken to address some of the ethical issues outlined in the previous section.

Table 5: Control of ethical issues

<table>
<thead>
<tr>
<th>Ethical issue</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>How was the study approved and monitored?</td>
<td>Study was approved through the University of Southampton ethics committee.</td>
</tr>
<tr>
<td></td>
<td>Monitored through support from University of Southampton supervisors and through own institution.</td>
</tr>
<tr>
<td>How was the privacy of the participants safeguarded?</td>
<td>Identified what would be evaluated.</td>
</tr>
<tr>
<td></td>
<td>A statement of the purpose of the evaluation was provided.</td>
</tr>
<tr>
<td></td>
<td>Agreement was obtained from the stakeholders on the conditions of the evaluation.</td>
</tr>
<tr>
<td></td>
<td>A summary of what would be expected of participants in terms of time and commitment was provided.</td>
</tr>
<tr>
<td></td>
<td>A description of the methodology was provided.</td>
</tr>
<tr>
<td></td>
<td>A guarantee of confidentiality and anonymity was provided.</td>
</tr>
<tr>
<td></td>
<td>A description of the type of report to be issued was provided.</td>
</tr>
<tr>
<td></td>
<td>Individuals were not named in reports and no details that would make them identifiable were included.</td>
</tr>
</tbody>
</table>
How was informed consent obtained?

Participants received a full briefing and a copy of the proposal.

Informed consent was obtained through the contract of agreement, which outlined how the investigation would be conducted, verified and disseminated.

What qualifications and experience did I possess to undertake the study?

I have considerable experience as a facilitator, supporting nurses working in complex, changing environments.

I have experience of working in an action-learning set.

I am a registered nurse teacher and have experience of supporting the professional development of nurses working in a range of roles and environments.

3.2.5 Summary

This section has outlined how a number of data-collection interventions were used to improve confidence in the accuracy of the data. In summary, ten participants were interviewed. The claims, concerns and issues of the ten participants were recorded once using the template provided. Ten learning styles questionnaires were completed using Honey and Mumford’s (2000) learning styles booklet. Supplementary material provided by the ten participants in the form of personal development plans or action plans were reviewed to substantiate the information provided through the interview process. The next section explains how the various data sets were stored and analysed.

3.3 Data analysis

3.3.1 Introduction

This section outlines how the data set was analysed and what research methods were used. Given the interpretive approach adopted within the study, the following framework is described.

- Analysis of baseline data (summary of participants’ defining attributes).
- Scrutiny of the learning styles questionnaire (a summary of each participant’s learning style).
- Analysis of claims, concerns and issues (evaluation of action-learning experiences).
Chapter 3: Methodology

- Analysis of semi-structured interviews (summary of interview responses).
- Analysis of personal development plans (summary of participants’ action-planning notes).
- Development of guiding principles to support best practice.

3.3.1.1 Analysis of baseline data (data set)

(1) What is the participant’s age and gender?
(2) What is the nature of their healthcare role?
(3) How much experience have they had of action learning?

3.3.1.2 Scrutiny of the learning styles questionnaire (data set)

(1) What are the learning styles of each participant?
(2) Are advocates of action learning more disposed to one particular learning style?
(3) What are the implications of understanding learning styles for establishing and facilitating an action-learning set?

3.3.1.3 Analysis of claims, concerns and issues (coding strategy data set)

(1) What are the positive experiences of action learning?
(2) What are the concerns related to doing action learning?
(3) What other questions have been raised about action learning (where there seems to be some lack of agreement)?

3.3.1.4 Analysis of digitally recorded semi-structured interviews (coding strategy)

(1) What is understood about action learning?
(2) How do participants prepare for action learning?
(3) How do participants work as a group?
(4) How do participants help and support each other?
(5) How confident and competent are participants in their use of action-learning techniques?
(6) How do participants summarise their outcomes of action learning?
(7) Does action learning change the way in which participants approach their work?
(8) Scrutiny of documentary evidence in the form of participants’ action plans and personal development plans.
(9) What do the plans say about how individuals use action learning to work on their issues?
(10) How useful is action learning in developing healthcare practitioners?
3.3.1.5 Analysis of personal notes and reflections

My own reflective notes were taken using Gibbs’ (1988) reflective model.

3.3.1.6 Development of principles to support action learning

The interview data were used to develop some key principles (outcome product) to support effective action learning. This was based upon the content of the whole data set.

3.3.2 Data storage

The table below summarises how the data were stored.

Table 6: Data storage

<table>
<thead>
<tr>
<th>Data type</th>
<th>Storage method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sampling approach (snowballing)</td>
<td>Excel spreadsheet for recording contacts, networks and communications with participants (conducted by email and telephone).</td>
</tr>
<tr>
<td>Ethical approval and consent</td>
<td>Consent forms signed and scanned for each participant (summary template retained for quick reference purposes). Participant information sheet developed as part of the ethical approval process (one copy provided for each participant in advance of the interview). Interview transcript provides additional evidence that approval and consent were obtained for each participant.</td>
</tr>
<tr>
<td>Baseline data</td>
<td>Microsoft Word template maintained for all participants. Participants were requested to confirm all details were correct prior to beginning the interview schedule. Interview transcript provides additional evidence that the baseline data were checked for each participant.</td>
</tr>
<tr>
<td>Learning styles</td>
<td>Learning styles questionnaire (resource booklet in hard copy publication; 40 item version – Honey, 2006) sent in advance of the interview and completed by each participant.</td>
</tr>
</tbody>
</table>
### Chapter 3: Methodology

<table>
<thead>
<tr>
<th></th>
<th>Learning styles recorded within interview transcript. Participants were given their own copy of the learning styles questionnaire after the interview.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claims, concerns and issues</td>
<td>A template setting out participants’ claims, concerns and issues relating to action learning was sent in advance of the interview and completed by each participant. Microsoft Word file maintained for each participant. Claims, concerns and issues discussed and recorded within the interview transcript.</td>
</tr>
<tr>
<td>Personal reflections</td>
<td>Reflective notes – Microsoft Word file for each participant. Claims, concerns and issues (Guba and Lincoln, 1989) retained throughout the supervision process (shared with research supervisors).</td>
</tr>
<tr>
<td>Interview data</td>
<td>Digital audio file stored electronically for each participant.</td>
</tr>
<tr>
<td>Interview transcript</td>
<td>Microsoft Word file stored for each participant.</td>
</tr>
<tr>
<td>Documentary evidence</td>
<td>Hard copies of materials and resources provided at the time of the interview or referred to within the interview transcript.</td>
</tr>
</tbody>
</table>

#### 3.3.3 Data management

#### 3.3.3.1 Baseline data

The average age of the study sample was calculated. In addition, a summary of the experiences of each participant was created including: the participant’s specialist field; the number of action-learning experiences they had had; and whether each experience related to being a set participant or a set facilitator.

#### 3.3.3.2 Learning styles questionnaire

Each participant was issued with a hard copy version of the learning styles booklet (Honey and Mumford, 2000). This particular learning series is comprised of five modules and examines people’s preferred learning style, learning skills, motivation and environment and the role that their manager plays. Against each of the 40 items, participants were asked to record whether they
mostly agreed or disagreed with each statement. The questionnaire took approximately five to ten minutes to complete. Using a key, each participant added up their scores for each question. This enabled them to calculate their preferred learning style. This score was then probed further by me during the interview process. The decision to provide the learning styles questionnaire in the published booklet format meant that participants would be able to learn about a number of different learning styles and their implications for learning and for working with others. The fact that participants completed the questionnaire in advance of the interview gave them the opportunity to interpret their results and to reflect upon those learning activities that best suited their learning style.

3.3.3.3 Semi-structured interviews

Table 7 on the next page summarises how the data were coded (based on Miles et al., 2014) for the analysis of participants’ claims, concerns and issues and the transcripts of each participant’s interview.

Coding is defined as labels that assign symbolic meaning to the descriptive information compiled during a study.
Table 7: Data coding

<table>
<thead>
<tr>
<th>Coding type</th>
<th>Application to study</th>
</tr>
</thead>
<tbody>
<tr>
<td>First level coding</td>
<td>Descriptive label applied to a ‘chunk’ of data (in this instance, interview data)</td>
</tr>
<tr>
<td>In vivo coding (supplementary evaluation coding)</td>
<td>Uses words or short phrases in the participants’ own language (in this instance, drawn from ten interview transcripts)</td>
</tr>
<tr>
<td>Evaluation coding</td>
<td>Applies non-quantitative codes to qualitative data that assigns judgements about the merit, worth or significance of programmes or policies (in this instance, provides an appropriate fit with the evaluation approach to the study)</td>
</tr>
<tr>
<td>Second-level coding</td>
<td>Grouping chunks of data into a smaller number of categories or themes (in this instance, provides an appropriate fit with one of the study aims, which is to develop some guiding principles to support the use of action learning in practice)</td>
</tr>
</tbody>
</table>

3.3.4 Documentary evidence

Given the confidential nature of action learning and the ground rules imposed by action-learning sets, I was aware that access to some action-learning experiences and documents would not be possible. In addition, it was likely that I would experience some difficulty with interpreting their experiences because: (1) they were based on self-report; (2) I was not present when the action-learning set took place; and (3) I would not be able to review some of the documents outside of the interview situation. For these reasons, a full content analysis was not possible. Therefore, I determined that the purpose of reviewing documentary evidence was to obtain a deeper understanding of the action learning context by:

1. developing underpinning knowledge (values and beliefs) about each participant’s action-learning experiences;
2. obtaining greater clarity on the type of action-learning sets experienced by the participants; and
Chapter 3: Methodology

(3) further verifying data obtained during the interview process (to triangulate information from different sources).

The guiding questions were as follows.

(1) What documents were developed?
(2) How have the documents been used, presented and interpreted?
(3) Do other documents exist that support, confirm or challenge the participants’ experience?
(4) Have the documents been shared or used by colleagues or employers?

I return to these in the discussion section (chapter 5).

3.3.5 Personal reflections

I took reflective notes throughout the research process. These were analysed using the process of analytic memoing. This approach involves writing a brief or extended narrative that documents the researcher’s reflections and thinking process about the data narrative. These notes informed my reflective account, which can be found in chapter 6.

3.4 Summary

This chapter has summarised the rationale for the study, the data-collection approaches adopted (including the ethical considerations) and the different approaches taken to analysing the study data. Consistent with research triangulation techniques, the use of multiple approaches provided the opportunity to strengthen the truth, value, applicability, consistency and neutrality of the study. The next chapter will summarise the results of the study using the analysis framework outlined above.
Chapter 4: Results

4.1 Introduction

This chapter describes the results obtained from all of the data sets collected within the study. All ten participants completed all elements of the study (learning styles questionnaire; claims, concerns and issues; face-to-face semi-structured interview; and submission of documentary evidence of learning). The results were recorded and confirmed by the participants as an accurate record. Each data set is described separately and includes: (1) a brief overview of the study sample; (2) a summary of each participant’s preferred learning style, using Honey and Munford’s learning styles questionnaire (2000); (3) a summary of each participant’s reported claims, concerns and issues with regard to action-learning experiences; (4) a summary of the documentary evidence provided by the participants to describe how they used action learning in their professional practice; and (5) a summary of each participant’s interview transcript.

4.2 Sampling characteristics / demographic data

Seven of the participants were female and three were male. Their average age was 47 years old. Participants worked across a range of clinical specialties, including renal care, emergency care, critical care and end-of-life care; they were all working in a senior practice-development, management, leadership or education role. Eight out of the ten participants worked in the NHS and all the participants were educated to postgraduate level, including one nurse who was completing a PhD.

Consistent with the sampling criteria underpinning the study, all participants evidenced more than one experience of action learning. Examples of formal action-learning experiences included being a set presenter, a set member and a set facilitator. Some participants had also used action learning as part of their clinical supervision. In its broadest sense, clinical supervision can be summarised as:

a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence assume responsibility for their own practice and enhance consumer protection and safety of care in complex clinical situations. (DoH, 1993)
Chapter 4: Results

4.3 Documentary data

4.3.1 Learning styles

Honey and Mumford’s learning styles questionnaire (2000) was initially developed to enable individuals to think about their own particular learning style. This self-awareness enables individuals to understand what kind of learning activities they will learn most easily from and which they are likely to find it more difficult to learn from.

Following an analysis of the learning styles inventory, the learning styles of the ten participants can be summarised as shown in table 8. The participants have been differentiated by the numbers P1 to P10, where P means participant.

Table 8: Learning styles

<table>
<thead>
<tr>
<th>Learning style</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>theorist/pragmatist</td>
<td>5 (P2 P3 P4 P7 P8)</td>
</tr>
<tr>
<td>reflector</td>
<td>2 (P9 P10)</td>
</tr>
<tr>
<td>activist/pragmatist</td>
<td>1 (P6)</td>
</tr>
<tr>
<td>theorist/reflector</td>
<td>1 (P5)</td>
</tr>
<tr>
<td>activist</td>
<td>1 (P1)</td>
</tr>
</tbody>
</table>

Whilst it was not the intention of this study to explore learning styles in detail (given the small sample), a number of brief observations can be made here. During the interviews participants reported upon a broad range of formal and informal action learning. Two common themes were that all participants: (1) had experienced action learning as part of an assessed professional development programme; and (2) associated action learning with reflective practice. Although not all of the participants had previously examined their individual learning style, they all reflected on the usefulness of doing so when learning and working with others. Seven out of the ten participants felt that the way in which they prepared for action learning was directly linked to their learning style. One participant (P5) suggested that their learning style influenced the interventions they used in the set. Others had not considered this before and felt it would be useful to reflect on it. Three participants (P1, P2 and P5) were aware that they ‘deferred’ to their preferred style of ‘rapid talking’ and ‘giving advice’ in stressful situations; to manage their practice they used feedback from the set and focused on listening and questioning skills. P1 argued that ‘you need to be a fairly open thinker to be involved in action learning’ and ‘be willing to share...
with others and trust others […] so […] if you’re not a risk-taker, you’re probably not going to be terribly keen on action learning’. P3 questioned whether action learning is a ‘luxurious’ way to learn when actually you need to ‘selfishly focus on your own issues’. P5 suggested that ‘not everyone is suitable or learns from action learning’. The implications of these results for how participants learn from action learning are considered in chapter 5, which provides a discussion of the findings.

4.3.2 Claims, concerns and issues

4.3.2.1 Claims

For the purposes of the study, claims were methodologically defined as positive statements relating to the aims, processes, outcomes and overall experiences of action learning (adapted from Guba and Lincoln, 1989). A thematic analysis was undertaken of: (1) each individual claim; and (2) the collective claims of all the participants. The headings attributed to each theme represent the words used by the participants themselves. Where examples are provided, these reflect the words of the participants. This section highlights three key positive attributes of action learning.

Leadership and management intervention

Specifically, eight out of the ten participants described how some of the processes and outcomes used in action learning could be applied to becoming an effective leader within a complex healthcare organisation. All participants found that the focus on taking ‘action’ was an important part of learning and felt this was relevant in their work and personal lives.

P2 described action learning as an important leadership and management intervention and provided the examples of ‘reflection’ and ‘trying new approaches’. P5 viewed action learning as a useful way to enable them to think differently about problems and situations. Only two participants (P1 and P3) described the strength of action learning in more informal terms. Neither of these participants associated action learning with leadership or management: P1 described it as primarily enabling individuals to ‘share experiences’, whilst P3 described it as primarily facilitating the ‘building of networks’. P3 did, however, report that action learning had improved their listening and facilitation skills.

The participants viewed action learning as a useful way in which to think differently about problems and situations. P9 reported that action learning enabled nurses to ‘take responsibility for their own actions’ and challenged the concerns expressed by some staff ‘that nothing ever changes’. Learned skills focusing on setting effective ground rules and timescales were seen as
important transferable competencies necessary for managing effective teams. P10 reported upon the challenging approaches that need to be adopted in critical care, expressing that action learning can embed good listening and questioning skills into practice and help nurses to manage complex and emotional situations.

**Learning from experience**

All of the respondents stated that they had undertaken a considerable amount of personal development in order to perform effectively in their role. Participants specifically highlighted the ‘learning from experience’ (P1, P2, P4, P5, P6, P7 and P8) associated with action learning. Two participants (P4 and P8) explicitly described action learning as a form of ‘experiential learning’. P4 went on to report that action learning is more challenging and is more deeply embedded in practice. ‘Reflection’ was viewed as a key defining attribute of action learning. Whilst only one participant (P10) saw this approach as a ‘new and different way of learning’, some participants gave examples of how they had used the learning in their own role and to support others: P2 mentioned individual and project development and helping people to take risks; P6 related it to finding alternative ways of thinking about a problem; and P2 and P5 mentioned reflecting in and on practice.

**Personal development**

Participants were mindful of the changes that they had experienced personally that they attributed to their action-learning experience. Some stated that they had become ‘more curious’ (P2, P3 and P4), ‘more aware of human behaviours’ (P2) and more ‘willing to take risks’ (P2). Some participants noted that colleagues had observed how these changes had manifested in their management style (P6, P9 and P10). P10 also reported that action learning had improved their emotional intelligence; in this context the participant was referring to their ability to manage their own emotions and those of others.

4.3.2.2 **Concerns**

For the purposes of this study, concerns were methodologically defined as any statement relating to a participant’s unfavourable or negative experiences of the aims, purposes, processes and outcomes of action learning and their overall experience of action learning (adapted from Guba and Lincoln, 1989). A thematic analysis was undertaken of: (1) each individual concern; and (2) the collective concerns of all of the participants. The headings attributed to each theme represent the words used by the participants themselves. Where examples are provided, these reflect the words of the participants.
Structure and organisation of action learning

All participants agreed that the structure and organisation of action learning is central to its success. Only two participants highlighted ‘trust’ and ‘confidentiality’ as critical factors for ensuring the group could function in an open and transparent way. Two participants (P2 and P5) were particularly concerned when set members moved into ‘giving advice’ as opposed to ‘facilitating individuals to work out solutions for themselves’. They experienced anxiety about giving advice because, whilst they were aware of the need to avoid this when possible, they often gave advice for reasons of expediency or because they genuinely thought that they were being helpful.

All of the participants identified time as key to effective action learning. However, time was viewed in different ways. Some commented that the group ‘did not manage time well’ (P3 and P4) and that the group ‘did not meet for long enough’ (P4). Some also felt that more time should be ‘given to embedding learning more widely in practice’ (P4 and P10). P2 reported a lack of ‘protected’ time for staff to participate in action learning. However, whilst many participants were critical of the considerable time and resources required to undertake action learning, none of them had any experience of virtual action learning. Virtual action learning takes place via a range of enabling, interactive and collaborative communication technologies (Dickenson et al., 2008; Dickenson et al., 2009). Given that many participants had seen the value of action learning, they had begun to ask how it could be made more accessible to others. Skype and other online opportunities were suggested as being worthy of investigation (P2, P4, P9 and P10).

Action-learning process – using action learning

All of the participants revealed a lack of understanding about the concept of action learning and how it worked. There was often a lack of clarity about the similarities and differences amongst action learning, action research, counselling and clinical supervision. Whilst there are fundamental differences between counselling and action learning, some participants (P5, P6 and P8) observed that not everyone is ‘suitable’ for or ‘learns’ from action learning. Some felt that the processes used in action learning could be ‘detrimental to the progress of the set’ (P6). In particular, this was associated with those participants who had experience of working in ‘formal’ as opposed to ‘informal’ action-learning sets. Some associated formal action learning with psychodynamic techniques, such as counselling (P5, P6 and P9). P8 noted that ‘sometimes you don’t want others’ opinions’ and therefore questioned whether action learning was a helpful tool for individuals who preferred to work more independently.
Chapter 4: Results

Many participants expressed concern about the skills of the set facilitators. P2 stated that not all facilitators had the appropriate level of skill or supervision, whilst P5 expressed concern that the role of the facilitator was not always clear. P5 further claimed that managers are judged upon what they do, not upon how they reflect and, therefore, participants had a responsibility to hold individuals to account for their actions. One of the participants (P2), who had experience of being a facilitator and a participant, was concerned about how to manage individuals who brought ‘exciting stories’ to the group. The participant described their experience of how groups tended to become ‘absorbed’ in the story. The person telling the story would sometimes use it to ‘coerce’ and would struggle knowing when to respond ‘objectively and subjectively’. Finally, two participants (P1 and P2) expressed concern regarding those occasions when action learning is prescribed for managing the behaviours of ‘dysfunctional teams’ (P1) or for individuals who ‘failed to deal with practice issues’ (P2).

Action-learning processes – being present physically and psychologically

Participants reported that they were often not aware of, or prepared for, the demands of action learning. ‘Lack of commitment’ (P4) and ‘lack of engagement’ (P5) were noted to be significant barriers to the success of the action-learning set. Some participants stated that this was not always a deliberate act, as individuals were not always confident about the type of response they should provide (P4, P5, P6 and P10). Some participants (P6 and P8) also struggled to hear and respond to emotional situations and experiences, often responding with sympathy rather than helping individuals to understand and manage their issues themselves. Several participants were not ready to take responsibility for ‘taking action’ or making the necessary ‘changes’ highlighted by the set (P2, P4, P5 and P9). One participant (P5) spoke at length about whether the role of action learning was to ‘enable or empower’ people and whether there was a shared understanding of what this meant. They did not feel it was appropriate for action learning to empower; however, they accepted that it has a function of ‘enabling’ others.

4.3.2.3 Issues

For the purposes of this study, issues were methodologically defined as any questions the participants had relating to something about action learning that they disagreed with, that needed further clarification or that required further development (adapted from Guba and Lincoln, 1989). A thematic analysis was undertaken of: (1) each individual issue; and (2) the collective issues of all of the participants.
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Concept of action learning

Participants highlighted a number of questions about some of the interventions used in action learning. One participant (P3) questioned: What is action learning? What are the stages of action learning? They reported some confusion around action-learning roles and questioned the difference between action learning and clinical supervision.

Action-learning interventions

One participant (P2) expressed confusion about when they should be ‘curious’ and when they should seek ‘clarification’. Others struggled with asking open, non-judgemental questions. There was also confusion about knowing when they were asking too many questions or too few questions and whether the questions were appropriate (P6). A number of participants were aware of the important role they played in providing information to staff and patients. They were confused about the extent to which they should provide knowledge and information to others or ‘signpost’ (P2, P3, P4, P9 and P10). P2 made the point that ‘sometimes you really have to think about whether it is worth spending half an hour asking open questions about something someone clearly doesn’t know’. There was also confusion about how they should respond or behave if someone left the action-learning set or if an individual in the group was unwilling to implement their action plan (P3 and P9). P3 also reported that if participants were not willing to actively participate, they should not continue as set members.

Uses of action learning

Participants began to explore action learning as a tool for learning and supervision. They began to think about how it could be used to promote an effective work-based culture (P2, P4 and P10). For example, they reflected on how it might be used to change the culture of healthcare practices. However, P4 also expressed concern that action learning had not been thoroughly tried and tested in difficult mental-health environments or in complex cases working with vulnerable young people. P4 attributed some of the difficulties of implementing action learning to the rapidly changing healthcare context where nurses’ priorities and responsibilities could change day to day.

Selection of participants

Whilst all of the participants claimed that the role of the facilitator is important, two (P3 and P5) began to explore how the action-learning group could be selected more appropriately. They also raised questions about the appointment of the set facilitator and suggested that they should be ‘impartial’ or ‘not known’ to the group.
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4.3.3 Recording action learning

Participants shared a number of examples of documentary evidence of how they were using action learning in practice. To review these documents, the following guiding questions were asked.

- What documents have been developed?
- How have the documents been used, presented or interpreted?
- Do other documents exist that support, confirm or challenge the participant’s experience?
- Have the documents been shared and used by colleagues or employers?

The findings are not provided in any order of hierarchy. A short summary of each is outlined below.

1. Reflective notes, diaries and journals
   Some participants used these as part of a formal education programme. Others used them to help them in their practice or to prepare for future action-learning sets.

2. Debriefing meetings
   Facilitators of action learning provided examples of how they shared some of the successes and challenges of set facilitation with their colleagues. Examples included managing difficult set members and using action-learning tools.

3. Supervision sessions
   Participants described using some of the action-learning techniques and tools to support supervision meetings. Examples included agreeing ground rules and using ice-breaking techniques.

4. Reports to senior members of staff
   Participants shared how they had developed short reports to managers to illustrate particular projects or clinical and educational interventions arising from action learning.

5. Professional development
   Participants described how they were using action learning either as part of a professional development programme or as a tool to enable colleagues to design a personal development plan.

6. Patient information
   Participants described how some action-learning sets were patient-focused and were set up to enable the development of patient information to support service delivery.
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(7) Research activity

One participant (P 7) aligned action research with action learning and described how set participants’ interventions were used to enable staff to work with patients and to develop local policies and protocols.

4.4 Interview data

This next section summarises the data from the digital transcripts of the ten semi-structured interviews. The headings represent the key themes identified within the interview schedule (see appendix I). Where appropriate, direct quotations are used to illustrate the key findings.

4.4.1 Knowledge and understanding of action learning (purpose and processes)

Participants summarised the purpose of action learning as follows.

(1) To reflect in and on practice, enabling them to become more self-aware as a result.
(2) To learn. All participants described how action learning enabled individuals to articulate their learning. Specifically, action learning was described as being different from more traditional learning. For example, it created ‘light bulb’ moments, provided a ‘collective approach’ to learning and ‘enabled individuals to learn about themselves’.
(3) To work as a group. Participants mentioned the importance of sharing and working together.

They identified the following nine action-learning processes.

(1) Asking questions – for the purpose of understanding different perspectives. Participants also mentioned that questioning enables the set to become curious about their practice.
(2) Observing behaviour – whilst verbal and non-verbal communication is key to action learning, only one participant stated that it was important to ‘pay attention to patterns of behaviour’.
(3) Not giving advice – the importance of not providing advice was noted. Facilitating a ‘conversation’ was seen to be important.
(4) Challenge and support – participants highlighted that a high level of challenge and support are important. They described action learning as providing a safe environment for challenge to take place.
(5) Ways of working – participants described a number of group processes. These included ‘establishing trust and respect’, ‘being engaged and present’ and ‘openness and honesty’.
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(6) Being open – participants described action learning as a method of enquiry. ‘Seeking clarification’ and ‘asking open questions’ were noted. It was seen to be important that action learning is not prescriptive and should not involve providing solutions or advice. One participant expressed concern that ‘being open’ meant that ‘people criticised you about your thinking’.

(7) Facilitation – the need for ‘skilled facilitation’ was seen to be key to the effectiveness of the set. Participants stated that the ‘key role of the facilitator’ is to ‘ensure that individuals know what to expect of action learning’ and that they have an ‘understanding of some of the processes used in action learning’. The facilitator should ‘enable’ sets to be ‘curious’ and ask ‘appropriate questions’.

(8) Looking at problems – some participants highlighted some of the ‘tools’ used in action learning to help them explore their problems; for example, ‘values clarification and claims, concerns and issues’.

(9) Evaluation – all participants reported that they documented their learning through ‘note taking, reflection and set evaluation’.

4.4.2 Experience of action learning: preparation

Whilst five participants stated that they undertook preparation for action learning, overall the sample demonstrated that no ‘consistent’ approach was adopted. Two participants reported that they did no preparation at all. A number of participants stated that their preparation was variable because they did not understand what kind of preparation would be most useful. An example of preparation included ‘individual reflection’. Some participants reflected on their ‘leadership expertise and learning style’, whilst others reflected on ‘patterns of behaviour in the group’. Some undertook ‘ice-breaking activities’ at the beginning of each meeting and others spent time working on how best to ‘avoid giving advice’. P4 reported on the need to develop strategies for not giving advice, especially given the fact that many healthcare professionals provide advice as a key part of their role. Participants who had experience of acting as a facilitator reported that they ‘debriefed’ with other facilitators; this formed part of their own learning experience. ‘Contracting, commitment and confidentiality’ were identified as important facilitator interventions. The importance of ‘agreed ground rules’ was noted. Only two participants said that they read the action-learning literature to learn about the ‘knowledge and skills’ used in action learning.

Five out of ten participants felt that the preparation they did was useful. One reported that this ‘increased their knowledge’, whilst another felt that it triggered a ‘conversation’ about differences in the set. P1 added ‘I think in action learning you have to be much more aware of the context of the conversation […] It’s certainly about getting the individual to ask their own questions rather
than direct suggestions of action’. P2 reported the importance of asking, ‘Why are we doing action learning? What is the intention?’ Conversely, two participants were more cautious in their preparation for action learning. One (P6) reported that ‘preparation was unhelpful’ to them because they liked to ‘interact more spontaneously’ and, therefore, action learning did not embrace their ‘preferred way of learning’. P6 reported displaying caution about the type of issues to bring to the group, because they found the formal approach constraining, particularly when they felt ‘they were not allowed to speak’ or were likely to be ‘criticised’. P6 also associated action learning as being like ‘counselling in groups’. The psychodynamic stance associated with action learning is returned to in chapters 5 and 6.

4.4.3 Experience of action learning: working as a group

Nine out of the ten participants stated that that their set ‘worked effectively as a group’. Positive examples of working together included ‘being present, respect, commitment, group cohesion and participation’. ‘Skilful facilitation’, ‘setting ground rules’ and providing ‘high challenge and support’ were also identified. Factors that enabled the group to be effective included using action-learning processes. Participants stated that action learning provided an adult approach and gave examples, such as a ‘more mature way of people finding answers for themselves’ and ‘allowing everyone to participate to the level they want to’.

The ‘support culture’ of the set and ‘valuing people equally’ is reflected by one participant who stated that ‘acknowledging people and allowing individuals to realise that what they are saying’ is ‘important’. P4 reported that group members who had initially viewed action learning as ‘touchy-feely and not for them’ became converts as they increased their confidence in the workplace. They also observed that if individuals were ‘really going to bear their soul’ then it was important to prevent the presence of an internal hierarchy. P3 reported that they experienced the most support from the networks and connections that they pursued outside the set meetings. These tended to be more private, informal one-to-one discussions. P4 also reported the importance of ‘keeping in touch’ outside the set meetings.

However, P2 reported experiences where ‘introverted and introspective’ set members struggled with action learning because they focused on negative experiences. This tended to create tension and discomfort within the group. P1 stated that they did not have a positive group experience and attributed this to the absence of a shared agenda (unlike participants within a political leadership programme) and the fact that the set was managing complex employment issues across hospital trusts with complex internal policies and procedures.
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4.4.4 Experience of action learning: helping and supporting others

All participants stated that they received support from their action-learning set and had no reason to leave. An example that was provided of this support is ways of ‘gaining perspective and understanding’. One participant (P1) stated that ‘action learning gives you a view on others’ experiences’ and ‘you get to see inside a lot of new worlds’. Participants (P1, P2, P6, P7, P10) described how action learning has changed the way they ‘think and feel’. P2 reported action-learning participants who said, ‘if it wasn’t for action learning, I don’t think I would ever have done the things I’ve done’. One participant stated: ‘action learning has taught me that there is a way of breaking things down into smaller components’. Participants became aware that helping and supporting others can be achieved through the ‘behaviours and actions of others’. ‘Critical and honest feedback’ was also highlighted as key to connecting with others. A number of examples of helpful interventions were described, including ‘commitment, engagement, active listening, tolerance, paying attention to behaviour, not judging, mindfulness, allowing individuals to speak as freely as possible, reflection, empathy and being present’. P5 claimed that participants required skill in dealing with the emotional behaviour that is often evident in action-learning issues.

Those who had some experience of facilitating action learning described the importance of action learning ‘preparation’. This included ‘identification of the right environment, making sure people feel safe, taking away their action plan’. P1 reported that it is ‘important to make sure the environment is right for action learning’ and cited the need for commitment, rules of engagement and expert facilitation. The participant went on to tackle the complex issue of responding to concerns about staff and patient safety whilst at the same time not wishing to be in breach of the set’s ground rules.

4.4.5 Impact of action learning: confidence and competence

No participants rated themselves as fully competent in using action-learning processes in their work. On a scale of 1–10 (where 1 = not competent and 10 = highly competent), the scores were 5 (two participants), 7 (one participant), 8 (five participants) and 9 (two participants). When asked at interview what would enable them to become more competent, participants highlighted the need for ‘more training and experience’, the ‘opportunity to use some of the tools of action learning’ and more ‘understanding of the theory underpinning action learning’. ‘Management support’ and ‘resources’ to undertake action learning were also highlighted.
4.4.6 Impact of action learning: outcomes

The outcomes of action learning were described in relation to their impact on practice and changes to how education is delivered. Participants noted that action learning had ‘improved their leadership style’ (P4) and ‘increased their self-awareness’ (P2), enabling them to take ‘more control of their learning’. Participants stated that their experience of action learning had made them become a more ‘reflective practitioner’ (P5, P1, P6). It enabled them to see ‘different perspectives’ (P6) and to begin to use action-learning techniques in their work. Participants explored how they could make changes to their practice, management approach and leadership style. P1 reported that action learning had changed their way of thinking, enabling them to understand different stakeholder perspectives. This was identified as critical to the success of their role, which frequently involved negotiating healthcare employment practices with employers and employees.

4.4.7 Sustainability of action learning: evaluating action learning

Evaluating action learning was seen as important for the purposes of ‘improving reflection, providing direction and focus and engagement in the learning experience’. However, five of the participants did not evaluate their action learning. P1 felt that this is the role of the set facilitator, whilst also suggesting that evaluations are not undertaken as effectively as they should be. One participant (P3) questioned how they would evaluate the process because ‘it is so subjective’ and uses ‘multiple complex tools and processes’.

The remaining five participants (P2, P4, P5, P6, P9) gave examples of formal and informal approaches to evaluation. Informal evaluations included ‘reflection and discussion’ and ‘reflecting on practice’ with a supervisor. P6 reported that journal writing was not compulsory and that not everyone took a journal to the set. Only one participant described approaching evaluations formally using a ‘constructivist approach’ (P2). Examples of formal evaluation included: reporting to a head of department; independent evaluation; 360-degree feedback; a 2000-word reflective narrative; feedback from patients that a patient-services directory should be developed; newsletters; and minutes of meetings. P4 reported that action learning had been used in their hospital trust to review and update a safeguarding children policy.

4.4.8 Sustainability of action learning: action planning

Eight of the ten participants stated that they ‘recorded’ their learning, providing examples such as ‘learning portfolios, reflective diaries, journals and workbooks’. ‘Clinical supervision’ was also
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reported as being part of the written record. A number of examples were cited in terms of how action learning had influenced participants’ approach to work. These included:

- recording individual learning more purposefully;
- exploring opportunities for how learning could be embedded across the workplace;
- using action learning tools in practice;
- adopting a more questioning approach to practice; and
- becoming accredited as a coach.

Only one participant (P3) stated that action learning had made no difference. The rationale they provided for this position was: (1) they were still struggling with action learning as a ‘new’ concept; and (2) they were unclear about the difference between action learning and clinical supervision and were currently in a supervisory relationship. In contrast, P1 reported that action learning had encouraged them to ask ‘What would I do differently?’ P6 felt that action learning has the potential to help ‘unblock’ some of the ‘barriers to change’ (such as the organisation’s cultural values) that would be less accessible through other learning methods.

4.4.9 Sustainability of action learning: employer’s organisational benefits/value

Nine of the ten participants stated that action learning ‘benefited organisations’. Two participants stated that their organisation used supervision to support and develop staff and the organisation. P1 reported that employers did not see the benefits of action learning and tended to regard action-learning sets as a training luxury. P2 and P4 reported that it was most likely that in the NHS, individuals would need to put together a good business case in order to be released for action learning.

Participants felt that they had a responsibility to articulate the impact of action learning in practice. A number of participants provided examples of how action learning had led to service development and a better patient experience. The ‘giving and receiving of feedback’ was seen as key to developing organisations. Participants explained that they had learned to observe and challenge poor practice. P7 suggested that cultural change could only be achieved through people’s participation and engagement and, therefore, action learning was an appropriate model for service development. Two participants reported that action learning has enabled them to ‘find their voice’ and to ‘challenge others’ in corporate roles and situations. Participants described how some of the skills used in action learning have enabled them to challenge and change their practice. P9 reported observing changes in set participants’ work, such as how they asked questions and how they completed patient reports. They noted that others had observed changes in their ward leadership, such as ‘enabling others to take responsibility’ and to ‘unlock people’s
ability’. Many participants reported that they were seeking ways of ‘embedding action learning in their organisation’. P8 linked the need for staff to be able to reflect on the day-to-day stressors within the clinical environment and the potential for action learning to reduce sickness and increase job satisfaction.

4.5 Summary

This chapter has provided a summary data set of participants’ preferred learning styles using Honey and Mumford’s (2000) learning styles questionnaire and participants’ reported claims, concerns and issues with regard to action-learning experiences. In addition, it has presented an overview of the documentary evidence provided by participants to explain how they use action learning in practice. Finally, it has provided a summary of the interview transcripts.

In summary, the key findings obtained from the documentary data sets are as follows.

- Although not all the participants were aware of their preferred learning style, they felt that understanding learning styles was useful and could help them when working and learning with others.
- All participants valued the fact that action learning enabled them to learn from their experiences.
- All participants had undertaken action learning for the purposes of personal development and noted that action learning had particularly improved their emotional intelligence, enabling them to support themselves and others.
- The majority of the participants (80%) recognised that experiences gained through action learning had the potential to improve their leadership and management capability.
- All participants had a lack of understanding about the concept of action learning and how it worked (particularly classical action learning).
- All participants agreed that the organisation and structure of action learning was central to its success.
- Participants sought further clarification regarding the use and effectiveness of interventions used in action learning (such as asking questions and the use of silence).
- Approximately half of the participants were able to see the potential for action learning to be used more widely to change workplace culture.
- Whilst there was a lack of formal and systematic evidence to support each participant’s action-learning experiences, there was clear evidence that participants had begun to transfer action-learning interventions to their workplace, where they were using them more informally.
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The key findings from the interview data are as follows.

- Whilst participants were unable to demonstrate a complete knowledge and understanding of action learning, they were able to articulate the key elements of reflecting in and on practice, active learning and the importance of working collectively with others.
- Whilst action-learning experiences were sometimes ad hoc or incomplete, participants had some experience of a large number of action-learning processes (all of which are present in traditional action learning).
- Preparation for action learning was generally inconsistent (however, where preparation had taken place, this was seen to be useful).
- The majority of the participants (80%) viewed action learning as providing an adult approach to learning.
- The majority of the participants (80%) acknowledged the important ‘support culture’ provided by action learning (helping and supporting others), which they described as often absent in the workplace.
- More work needs to be done to improve the confidence and competence of nurses using action learning (this will be co-dependent upon the opportunities provided by managers and workplaces).
- Whilst participants perceived action learning as benefiting individuals and organisations, many felt that employers were reluctant to see those benefits.

The next chapter provides an analysis of the findings of the study and a discussion of the methodological issues encountered.
Chapter 5: Discussion

5.1 Introduction

Expanding on the key findings of the study, this chapter analyses how far action learning can be used as a strategy to help nurses in their professional practice. The evaluation framework explored:

- participants’ learning styles and the implications for how action learning is practised;
- participants’ claims, concerns and issues regarding the role and function of action learning;
- documentary evidence of participants using action learning and how this supported or rejected the data obtained from the face-to-face interviews; and
- participants’ experiences of action learning (including the competence built, the impact on their practice and the sustainability of what they had learned).

5.2 Sample population

In relation to gender, age and healthcare role, there were no reported differences regarding participants’ action-learning experiences. This finding supports the potential value of using action learning across the healthcare system. In respect of action-learning experience, two of the participants had significantly more experience than the others. Whilst their experiences were consistent with the rest of the sample, they were able to articulate more specific information with regard to the systems and processes underpinning action learning. All of the participants claimed that they were relatively competent in using action learning and were willing to use it in the future to support their professional development. Given the small sample population of the study, it is acknowledged that the results may not be generalisable to the wider nursing population. Some of the methodological issues that had an impact on the findings of this study are considered in section 5.5. The next section summarises the documentary evidence obtained from each participant in addition to data from the face-to-face interviews.
5.3   Documentary evidence

5.3.1   Participants’ learning styles

One aspect of the study was to explore how an individual’s learning style potentially influences how action-learning sets work together and to examine whether some learning styles are more suited to action learning than others. Whilst action learning adopts particular methods and tools, it does not provide guidance on the type of participants or the constitution of the learning set. Its approach is more concerned with how individuals support the learning of others.

The findings suggest that individuals do view action learning differently. This supports the interpretation of my own views and experiences as summarised in table 3. No participants reported being in action-learning sets where individuals learned in very similar ways. Some participants embraced the opportunity to work with individuals who learned differently from how they did, because this enabled their worldview to be challenged in a safe and supportive environment. Given that key outcomes of action learning include ‘action’ and the ability to reflect on and change practice, it would seem pertinent for action-learning programmes and strategies to consider how individuals can be enabled to learn and how learning-set interventions can be appropriately used.

One of the limitations of the study is that due to the small sample it is not possible to make generalisations about the impact of learning styles. However, the fact that participants reported that their learning style did influence how they prepared for action learning would seem to merit further examination. This evidence would suggest that more work needs to be done to understand how individuals learn and how action learning can be structured to take into account different learning styles. Learning styles are part of the fabric of action learning; therefore, programme developers and facilitators should acknowledge them when planning set activities.

Whilst action learning adopts particular methods and tools, it does not provide guidance on the type of participants or the constitution of the learning set. Its approach is more concerned with how individuals support the learning of others.

5.3.2   Claims for the value of action learning

This study identified the key attributes of action learning as: leadership and management development; learning from experience; and personal development. These themes were further validated throughout the interview process. The attributes are consistent with a number of studies that view action learning as one of the most widely used interventions for leadership and
organisational development (Boshyk, 2002; O’Neil and Marsick, 2007; Marquardt et al., 2009). Although action learning is frequently considered as a strategy for organisational change, it is often used for individual and organisational development (De Loo, 2001, 2002, 2006; Vince, 2003, 2004; Pedler et al., 2005).

What is significant about their claims is that participants in this study would appear to have been exposed to all three schools (Marsick and O’Neil, 1999) of action learning. Being enabled to ‘think differently’ and taking an ‘active’ managerial and leadership role are consistent with Revans’ scientific model (1982). Participants also highlighted some of the systems and processes of action learning that Revans had associated with the scientific method. Furthermore, they valued ‘learning from experience’, as characterised by the second experiential school of action learning (Kolb, 1984). This approach recognises the emotional and social context of learning. The fact that participants saw this as a very new and different way of learning could suggest that many nurses continue to be exposed to more formal than informal teaching methods. Participants reported that, over time, they also became more aware of their questioning approach and the behaviour of others. This is consistent with the third school of action learning, which is characterised by critical reflection (Reynolds, 1997): individuals can reflect on the assumptions and beliefs that may shape healthcare practices. Although the participants in this study had different types of action learning experiences, this data suggests (even if participants were unaware of it at the time) that through action learning the ‘potential’ existed for each individual and their organisation to experience transformational change.

5.3.3 Concerns about the value of action learning

The fact that all participants stated that they did not fully understand the meaning of action learning and how it worked is consistent with other research into action-learning sets in a healthcare setting. Dunphy et al. (2010) reported on using action learning as part of an accredited training programme for staff who were working with older people. The purpose of the programme was to equip practitioners with the knowledge and skills to go out into their workplaces to become peer educators. All peer-educator students viewed action learning in a negative context and reported on a sense of uncertainty and confusion about the way in which the group operated, its primary purpose and what was expected of the group. They also noted that they had a lack of clarity about what was considered appropriate matter to bring to the group. This would suggest that further research needs to be undertaken in order to define and operationalise action-learning concepts and methods. It would also suggest that action-learning facilitators, educators and other practitioners of action learning need to incorporate more information about action learning in their programme designs. McGill and Brockbank (2004)
suggest that the use of introductory workshops enables individuals to see how action learning works before they commit to being a participant. Given the ‘experiential’ focus of action learning (and the need to ‘do’ action learning), I feel that this is one of a number of strategies that could be adopted. Other types of preparation could include: expanding individual knowledge about action learning; engaging individuals in reflective practice; and enabling individuals to review different learning styles and their implications for group learning.

Whilst participants reported on the importance of confidentiality and timekeeping, the significance of setting specific ground rules was not highlighted. Ground rules are a means of indicating how a set will work; they can influence how participants demonstrate commitment and ownership to the set (McGill and Brockbank, 2004). I have experienced formal and informal action-learning sets. I use the term ‘informal’ to refer to sets that do not conform to any of the three action-learning schools previously described. I would advise that the ground rules are revisited at each meeting, because failing to do so assumes that nothing has changed in the group and set members may take for granted that what was agreed at the last meeting will continue to apply. I believe that such an omission claimed by the participants in this study is contradictory to the humanistic stance of action learning underpinned by Rogerian philosophy (Rogers, 1983). Dunphy et al. (2010) support this view in their observation of how the absence of a clear purpose for action learning (including ground rules) causes discomfort due to the level of self-disclosure that was taking place. Participants had not been prepared for this and did not feel that they had been given the opportunity to get to know each other at the beginning of the programme (Dunphy et al., 2010).

Participants highlighted their anxiety in relation to ‘giving advice’ as opposed to active listening. This is consistent with Dunphy et al. (2010), who also reported that participants struggled with the idea of not giving advice to their set colleagues. Nurses described struggling to enable others to work towards resolving their own problems. Support in action learning should not take the form of advice; rather, it should help individuals to work out their own solutions (McGill and Brockbank, 2004). I have experienced similar concerns whereby set members (often unintentionally) move into the realm of giving advice. This is often attributed to time pressures but can also be because the group feels uncomfortable about not helping their colleagues find a quick solution. Within this study, one participant (P1) made the point that ‘if people can’t see the answer that you can see, then that can be a bit frustrating’, whilst another participant (P4) found it difficult not to give advice when they had spent their whole professional life in the NHS advising on many healthcare issues. Whilst some authors suggest that this can be addressed through creating an extended set of ground rules (Weinstein, 1995), I would argue that further training in
active listening and questioning techniques may be required and could be addressed as part of the preparation for action learning.

The fact that nurses struggled with judging when to intervene and when not to intervene may be linked to a number of factors. First, their confidence in action learning was something to be developed; second, their learning style may have prompted different responses at different times; and third, they had limited experience of using the set skills of listening, summarising and questioning. One of the key skills here is for the group to avoid negative non-verbal responses, such as sighing or inappropriate laughter. Whilst participants were aware of what ‘not to do’, it would appear that there was a need to ‘unlearn’ some of the feedback approaches they had previously used.

Participants differed in terms of whether they felt that action learning should ‘enable’ or ‘empower’ individuals. Evidence from this study, suggests that action learning may be able to achieve both. This is supported by Morgan and Ramirez (1983), who recommend that those organising or facilitating the action-learning process should create enabling conditions in terms of resources and inputs, and provide help and guidance for the action-learning set to design its own future. The key challenge lies in whether healthcare organisations can accommodate individuals who are enabled and empowered to act. Pedler and Burgoyne (2008) suggest that for action learning to be effective, there needs to be a culture of organisational readiness for it. This is discussed further in section 5.4.4.

5.3.4 Issues for further exploration

Participants raised concerns about their use of questioning during their action-learning sets and were aware of the need to work on this part of their learning. Adams (2010) makes the point that skilful questions begin with awareness and curiosity. Participants were unclear about how many questions they should ask and what types of questions are appropriate. The fact that participants raised this is important, because questioning enables the set presenter to consider their issue, challenge embedded paradigms and encourage the exploration of possibilities without providing a solution. Socratic questioning (Jowett, 1953) is part of the reflective dialogue that takes place in action learning and is, therefore, a key action-learning intervention. In the Socratic method, questions are more important than answers (Kramer, 2007). The challenges associated with asking questions may be explained by the fact that asking a question can imply a form of ‘not knowing’ and people are sometimes uncomfortable or reluctant to show this (Goldberg, 1998). Boshyk (2002) also suggests that in some organisations a culture exists where values and beliefs are not challenged because people fear punitive measures if they ask difficult questions. My own
view is that if such an organisation chooses not to openly acknowledge the influence of others in how it is governed, it cannot aspire to be a learning organisation (Eraut, 1994, NMC, 2002, Willis, 2012, NMC, 2013).

Participants also reported not knowing how to behave if action-learning participants either left the group or were unwilling to take action (e.g. complete their personal development plan). Whilst the role of the action-learning facilitator is to manage such situations, there is a lack of research literature that explores the challenges and failings of action learning. From a critical perspective, this does little to enhance the rigour of action learning and serves to play into the hands of those who say they use action learning all the time because they learn by doing (Pedler, 1997). The focus on ‘doing’ does not necessarily imply intentional action.

With regard to the use of action learning, although none of the participants had experience of undertaking virtual action learning, they were beginning to consider this as a possibility. They were also beginning to question the methods of selecting the set participants and the facilitator. Given the fact that action learning is a voluntary and professional activity that is freely entered into by individuals who seek to learn (McGill and Brockbank, 2004), the notion of selection could be argued to go against action learning’s humanistic stance. Conversely, selection could be argued to be positive where it consciously seeks to bring together a) like-minded individuals or b) mixed individuals where they are more likely to be positively challenged. In addition, the differentiation of roles could suggest that the facilitator holds a hierarchical role in the set. Revans (1982) warned of the dangers of this, as he felt that the facilitator role should be a shared one throughout the life of the set; thus, reducing the group’s dependency on one member of the set. My personal view is that what is most important is that the facilitator fulfils their duties and models practices that will enable set members to participate and act. Examples may include demonstrating when to support and when to challenge, and when to question and when to listen.

In terms of using action learning, participants found some of the processes difficult to work with. They challenged the stages that are embedded in action learning, such as setting up ground rules, presenting in the set, and set endings. My experience of action learning is that this can happen with inexperienced sets and when the purpose of the set meetings is unclear. These challenges potentially reject the notion of action learning as an intentional learning strategy (McGill and Brockbank, 2004). However, these stages are part of what differentiates action learning from other learning approaches. It could be argued that where these stages do not exist, individuals are not practising action learning. Participants reported instances of using action learning methods in a selective way (supervision meetings, team meetings) where the primary intention was relationship building rather than intentional learning.
An action-learning set is not a therapy or counselling group (McGill and Brockbank, 2004). The participants’ perceived similarity between action learning and therapeutic activity is the use by set members of techniques (such as listening with respect and empathy) that are normally associated with counselling. Whilst a set may provide a place to explore personal issues, it should not be offering therapy for personal problems. Reflection and action are central to action learning, whilst therapy and counselling are concerned with a journey of self-disclosure within a therapeutic relationship.

In summary, participants highlighted five issues; concept of action learning, uses of action learning, action-learning interventions, selection of participants and uses of action learning. This study demonstrates that in some instances, nurses had not been adequately prepared for action learning. They were unclear what to expect and what their role should be. This caused some anxiety and in some instances is likely to have led to a lack of and/or negative participant response. This is clearly detrimental for the ‘set presenter’ and could potentially lead to a negative learning experience. These issues are discussed more fully within the interview analysis.

The next section summarises data obtained through the interview process.

5.3.5 Recording action learning

It is impossible to remember all of our experiences, let alone learn from all of them. Documentary evidence enables us to capture and reflect upon what is important. The fact that participants recorded reflective notes, diaries and journals reinforces the importance of reflection in developing practice. This process is more likely to provide sustainable learning. Documentation can be used for the purposes of portfolio development (developing individuals). Working anticipatively and progressing to effective collaborative working are important parts of personal development, practice development and organisational development. Stakeholders’ claims, concerns and issues are central to collaborative enquiry. It is, therefore, important that tools are developed that are sensitive to recording and interpreting the complexities of individuals and the professional culture in which they work. The findings can then be presented for the purposes of learning in practice. Whilst there were some excellent examples of how participants in this study were using action-learning outcomes in their practice, there was no joined-up approach to their evaluation and review. This is likely to have influenced the degree to which the participants were able to embed action learning into their practice.

This study has shown how reflective activities have helped people in their leadership and management roles. Whilst some participants stated that they evaluated their action learning, it was unclear how robust or useful this was. Most of the documentary evidence I reviewed was
Chapter 5: Discussion

linked to the debriefing role of the facilitator. This data raises a much wider issue that spans the whole of the study’s findings. This concerns the lack of evidence that demonstrates how the sets were working. In action learning this is called the process review (McLeod, 1998); drawing from psychodynamic theory, the process review allows set members to stand back from what they are doing in an attempt to understand or make sense of it. A structured analysis is likely to direct set members to events and incidents that are most helpful or most hindering and led to new insights emerging (McLeod, 1998). In my own experience, such reviews provide a personal record of learning, which can be used to extend the learning to practice.

A further intervention worthy of comment relates to how nurses used some of the tools of action learning in other work situations, such as team meetings, appraisals and supervision. Whilst it would not be appropriate to describe this as action learning in any traditional sense, what it does provide is the opportunity for individuals to practise some of the skills they have learned and to receive feedback. I am not averse to this, but would caution against any attempt to dilute the action-learning process. I would urge individuals who use action learning for this purpose to bring their experiences back to the set. This is one way of maintaining the critical reflective edge of action learning.

Documentary evidence indicated that some action-learning sets were patient-focused in how they were structured. This represents an opportunity for action learning to align organisational effectiveness with quality patient outcomes. I would argue that the absence of research studies that integrate patient outcomes with an organisational strategy is a serious omission and more work needs to be done to ensure that future evaluation studies of action learning incorporate patients as stakeholders.

One key area worthy of discussion is the close association that one participant (P7) made between the interventions in action learning and action research. Action learning and action research both: (1) involve action and reflection on action; (2) have learning as their goals; and (3) intend to improve practice (Dick, 1997). It has also been argued that action research is the umbrella term and action learning is the application of it. Historically action research and action learning were employed in different fields (education vs organisation) and drew from different types of experiences (collective vs individual) (Dick, 1997); however, I would suggest that this boundary is now much more blurred. My personal view is that what differentiates action research from action learning is less about the purpose, goals and outcomes and more about the processes and techniques. The one nurse in the study who reported on her experiences of action research had perceived both action learning and action research as part of the same continuum. P7 described how they used action learning to apply the findings of their action research in clinical
practice. They also made comparisons with the complimentary practices of stakeholder engagement and decision-making as being core to both approaches. Furthermore, I believe that both approaches have the potential to question and change practice and that reflection is what produces the learning (in action learning) and research (in action research). Therefore, it would seem that there is enormous potential to draw from action-research strategies when considering future action-learning designs.

5.4 Interview evidence

The next section provides a discussion of the data obtained from the face-to-face interviews and summarises nurses’ knowledge and experiences of action learning and their perceptions of how it had an impact on their practice. The section concludes by exploring implications for the future sustainability of action learning.

5.4.1 Knowledge of action learning

Morgan and Ramirez (1983) describe action learning as:

> a form of enquiry which is underpinned by a distinctive epistemological position that stresses that it is as important that knowledge be able to help one to act in a situation’, as it is to explain or understand that situation (p.10)

Rather than being guided solely by a quest for knowledge, action learning is guided by the need to develop capabilities for people to investigate their own situations. Burgoyne (2002) suggests that this can only be achieved by consideration of the nature of the world to be learned about in action learning and that it is ontological questions which should come to the fore in developing the theory and practice of action learning.

One of the prime difficulties in researching action learning is linked to the lack of an agreed definition (Pedler et al., 2005). Nurses in this study highlighted a number of key purposes of action learning, consistent with current thinking (Coghlan, 2013), including learning as a collective activity, reflecting in and on practice and learning about self. Reflection is essential to learning to convert tacit experience into explicit knowledge (Raelin, 2001). O’Hara et al. (2007) however suggests that a full understanding of action learning is not essential for success. This is linked to the fact that the role of individuals is not to provide others with solutions to their problems but to enable them to work out their own solution. In addition, Revans pointed out that self-development was part of organisational development.
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No participants associated action learning with organisational development or organisational effectiveness. Whilst this may appear at first glance to be a startling omission, this situation could be indicative of the participant’s clinical role and experience. Seven of the ten participants held team leadership roles as opposed to senior management roles and therefore may have had less knowledge and fewer interfaces with strategic organisational priorities.

5.4.2 Experience of action learning

The fact that participants emphasised the importance of set facilitation is consistent with Weinstein (1995), who identified this as the most important factor in an action-learning programme. However, Revans (1998) did not advocate the permanent use of facilitators and more recent studies have suggested that the ultimate fate of a good facilitator is redundancy (Pedler et al., 2005). The fact that participants reported a wide variation of facilitator experience, training and use suggests that more work needs to be done to support the consistency of action-learning facilitation practice.

Bion (1961), Egan (1977) and Foulkes (1975) make the point that groups behave like people, having distinctive characteristics that affect the group as a whole. This happens in action learning. Nine out of the ten participants in this study highlighted the importance of group working. The fact that the participants were aware of this means that group dynamics were an important feature of their action learning experience. Participants’ anxieties about group dynamics may be explained in two ways. First, action learning uses deliberate processes to manage group behaviour and, therefore, set members need to work hard at enabling trust and safety during the life of the set. Second, participants may need to get used to a different style and pace of working with others: facilitative methods and interventions may be slower and require more time for their effectiveness to be seen than is the case in the faster workplace environment. Effective action learning embraces the contribution of group dynamics as critical to the growth of the set.

Whilst participants mentioned confidentiality, commitment and respect, there was no formal reference to an ethical framework to support action-learning practice. This may in part be explained by the fact that no agreed ethical theoretical framework currently exists within the action-learning literature. Johnson and Spicer (2006) stress the importance of shared trust and confidence, open discussion and a mutually supportive environment in an action-learning set. Bourner and Frost (1996) argue that anxiety levels can be raised by the very suggestion that action-learning sets can be a place where increased levels of disclosure can occur. However, they also report that this anxiety is replaced by enjoyment as the process progresses and benefits are reaped.
The lack of preparation for action learning revealed by the nurses is inconsistent with the notion of participants taking personal responsibility for their learning and giving consideration to the issue they are going to present. This lack of preparation (reported by five out of ten participants) may be linked to the confidence level of the participants. Whilst some participants did undertake preparation, there was no evidence that they had received any training prior to their experience. Dunphy et al. (2010), reporting on reflections on using action-learning sets in healthcare education, recommend training in the principles of action learning to enhance the students’ experience. Students should be given the chance to learn about action learning in a way that is congruent with the process itself.

Current literature on virtual action learning is anecdotal, sparse and elusive (Dickenson et al. 2010), although there is a growing body of literature on online and networked learning (McConnell, 2000, 2006) and virtual team working (Kayworth and Leidner, 2000). The fact that no participants had experience of virtual action learning is not surprising, given the culture in the NHS. Many staff are unable to access online technology, whilst others would need specific training. Furthermore, it is possible that it would be more difficult to negotiate time for action learning and find an appropriate learning environment. However, participants were not closed to the idea of seeking more flexible ways of doing action learning and recognised that local technology may be more enabling in the future. This may be the changing face of action learning in the years to come.

The results of this study support the fact that nurses did engage in action-learning processes through a number of different action learning experiences. One of the limitations of the study is about understanding the degree to which participants could be observed to be confident and competent in using these processes. In addition, whilst all of the participants stated that they evaluated their learning, it is not clear how effectively the sets experienced by the nurses worked as a group or what the organisational impact of the set was.

5.4.3 Impact of action learning

The impact of participants’ action-learning experience was evidenced by claimed changes to their practice, management approach and leadership style. Action-learning practices are more often perceived to be successful when they are aimed at personal growth and learning but not necessarily at organisational learning and development (De Loo, 2001, 2002, 2006; Vince, 2004; Pedler et al., 2005). Johnson (2010) identifies three outcomes of action learning: self-development has occurred; the impact of the enquiry has improved the situation; and
demonstrable learning has taken place. All nurses in the study reported these outcomes within their action learning experiences.

Trehan and Pedler (2010) suggest that when evaluating the impact of action learning it is important to ask questions about practitioners’ use of knowledge. Although there were gaps in the nurses’ knowledge and knowledge use, in this study participants showed an awareness of how they might improve their skills. Revans refers to this as ‘questioning insight’, which is the starting point of learning (Adams, 2010). Beaty et al. (1997) confirm that participants often report that the most valuable and long-term learning outcome of participating in an action-learning set is developing the skills required to take part in the process (e.g. listening, questioning, giving and receiving feedback). Participants stated that these skills have helped them to take more control of their learning.

5.4.4 Sustainability of action learning

Given that only half of the participants evaluated their action learning, this is likely to have influenced the sustainability of their respective set and its effectiveness. Those who reported on their evaluation tended to do so in terms of citing specific outcome products or measures. How the set enables members to achieve their tasks is referred to in action learning as the process review. Mumford (1991) and McGill and Brockbank (2004) argue that there has been a lack of attention paid to the process by which the task is achieved. They go on to point out that the medium of the action learning process is part of the message for learning and tackling of problems elsewhere. The process review offers set members the opportunity to stand back from the work they have been doing and ‘process it’. The value of understanding this process is that it can sensitise set members to what is happening in the set at the same time as it is happening. Participants, by reporting on their own reflections, could answer the question ‘How have I developed?’ However, the question of how the organisation has developed may be less easy to deconstruct.

Given the busy working lives of the nurse participants, there may be many reasons why they failed to associate their experiences with organisational development, including factors such as time and motivation. Gentle (2010) suggests that organisational culture plays a significant role in how learning is valued and, further to an exploration of the influences of affective and organisational cultural factors on an action-learning set, argues that in order to derive beneficial organisational learning from the use of action-learning sets it is crucial to ensure consistency between the behaviours of senior managers and the emotional and political climate in the organisation they aspire to lead. Unless those in positions of leadership are able to build an
authentic culture of trust, feedback and openness, supportive declarations about organisational
learning are likely to remain at the level of rhetoric.

Cho and Egan (2009) state that striking a balance between action and learning is ‘one of the
greatest challenges to participants in action learning’ (p.432). In a systematic review of the
literature, they explored the extent to which action and/or learning took place. They concluded
that only 19 out of 50 studies could be classified as ‘balanced’. Half of the studies they analysed
were much more learning-oriented and investigated action learning being used for personal
rather than organisational development. Rigg (2008) argues that a major problem with action
learning as currently practised is that it is ‘often’ presented as a dichotomous choice between
benefit for the collective ‘we’ or the individual ‘I’ – it can be used either to enhance organisation
capacity and increase organisational performance or for the benefit of individual participants. This
study has indicated that such an imbalance continues to exist. Whilst participants were clearly
trying to apply their action learning to their practice, some reported attending action-learning sets
and completing action-learning reports in their own time. However, one participant (P6) reported
that one of the sets they had attended was compulsory and its primary purpose had been to
achieve one of the trust’s strategic objectives.

Brook (2010) points out that the divide between personal and organisational development can be
blurred. The question then becomes ‘How can this learning be organisationally shared and
understood?’ Revans (1982) understood that personal development was part of the endeavour
for organisational development. Rigg (2008) suggests that action learning can advance
organisational development in public services through individual stakeholding in collectively
determined problems that affect everyone. The heart of the argument is expressed in Revans’
(1998) principle of ‘insufficient mandate’, meaning that ‘those unable to change themselves
cannot change what goes on around them’. Rigg suggests that in the context of public services it is
hard to argue that there is any point to action learning if it does not achieve results for people’s
lives. Despite a repeated emphasis in the literature on working together and engaging with
others, there is evidence of a considerable amount of action learning in the public sector that
does have an individualistic focus (Pedler et al., 2005; Rigg, 2008; Brook, 2010). Donnenberg and
De Loo (2004) suggest that organisational development outcomes from action learning ‘can be
negligible’. The connections with the wider organisation are often limited (Donnenberg and De
Loo 2004), there is too little discussion on action-learning ‘failures’ (Heidari and Galvin, 2003;
Brook, 2010; Dunphy et al., 2010) and action learning is not repeated enough in organisations to
become embedded (Brook, 2010).
Chapter 5: Discussion

Wilmott (1997) noted the differences between action learning and traditional management education and observed that action learning has the capacity to open up to inspection the darker aspects of organisational life. The most far-reaching debate has been linked to injecting criticality into action-learning practice. Critical action learning stresses the idea of critical questioning and offering up challenges to existing power relations. Critical action learners draw from critical theory to help the action learner stand outside the prevailing social or organisational situation in order to see how it could be different and changed for the better (Pedler et al., 2005). Lawless (2008) points out that once a manager begins to ‘question their taken-for-granted beliefs and theories-in-use they can begin to be isolated from his or her community’. Rigg (2008) states that action learning needs to prove its worth and to have organisational as well as an individual impact. Adding to this discussion, Thornton (2010) emphasises the importance of managing expectations of action learning. Therefore, there is a need to manage the outputs; having empowered the group it is important to ensure that it is feasible to implement change and action.

5.5 Methodological considerations: strengths and limitations

The data-collection methods used in this study represented an attempt to understand how far action learning helped people in their practice through: (1) an analysis of their experiences; and (2) evidence of how action learning is used in practice. One of the weaknesses of the study is that the narrative from the nurses was a major part of the study and so does comprise an element of self-reporting. However, the observation of documentary evidence went some way to verifying the verbal evidence, although it was only possible to sample evidence that participants chose to share. Whilst the sample size was relatively small, participants’ experiences were a reflection of multiple action-learning experiences across multiple sets, each operating different programmes.

More evaluation work needs to be undertaken to explore how far the reported experiences of action learning can be observed in practice. It would also be helpful to build appropriate ethical frameworks into research designs.

5.6 Summary

This analysis suggests that the participants agreed that action learning:

(1) did help them in their practice; and
(2) was used more successfully for the purposes of their personal development than in the development of their organisation.
Participants reported key differences in their:

(1) understanding of their preferred learning style;
(2) knowledge of action learning;
(3) experiences of action learning (formal and informal);
(4) competence in using action-learning tools; and
(5) competence in recording and evaluating action learning.

This analysis has highlighted the following gaps and omissions.

(1) How do learning styles influence how action-learning sets work?
(2) What definition of action learning could be applied to all action-learning models?
(3) How are ground rules used in action learning?
(4) How can questioning skills be nurtured?
(5) Does action learning work best in learning organisations?
(6) Can action learning be practised virtually?
(7) How can individuals and organisations learn about action-learning processes?
(8) Should action learning work within an agreed ethical framework?
(9) Should action learning work within an agreed evaluation framework?
(10) How can documentary evidence of action learning be used as part of a research strategy in order to advance the ontology and epistemology of action learning?

In chapter 7 I highlight a number of recommendations to address these issues. I also describe several key principles of action learning in order to support best practice. In addition, I highlight my own reflections on the study, which are informed by the reflective notes that I took at the end of each interview and throughout the data-analysis process.
Chapter 6: Personal Reflections

6.1 Introduction

Drawing from this study and my own experiences, this chapter will consider my reflections on the ontology, epistemology and methodology underpinning action learning. Reflection is integral to the practice of action learning and underpins the research process and the evidence-based practice movement. Reflective practice involves thinking critically in order to engage in a process of continuous learning (Schön, 1987). Reflective practice is an important tool in practice-based professional learning settings, where individuals learn from their own experiences rather than from formal teaching or knowledge transfer. In healthcare, there is concern that actions may run the risk of habitualisation; thus, dehumanising patients and their needs (Walker, 1996). Reflective practice has the potential to enable individuals to further understand motives, perceptions, attitudes, values and feelings associated with client care (Price, 2004).

6.2 Has action learning helped me in my work?

I recognise that action learning has exposed me to learning tools and processes that further enable my learning in practice and develop my curiosity. Intuition, common sense and personal insight are human attributes that are valued in qualitative research (Ely et al., 1991).

An important part of learning is to ‘hear how others see you’. Action learning has given me an important platform that has enabled me to understand how I communicate with, and respond to, others. I am aware that I pay attention to detail and can be quite ‘strict’ in terms of how I manage people. Whilst there are times when I might defer to this way of operating, the fact that I am aware of these tendencies is enormously helpful when working with others. Action learning has enabled me to give and receive constructive feedback and I have used feedback from others as part of my personal development. Research suggests that constructive feedback increases our self-awareness, offers us more options to choose from in terms of how we act and relate to others, and gives us the opportunity to change our behaviour (London, 1997).

Action learning has encouraged me to look at people, situations and problems from a range of perspectives, which have often challenged my own ‘world view’. I have become more curious and questioning. I have also become less concerned about achieving quick outcomes or finding immediate solutions. Action learning has enabled me to see that the outcome will be much more valuable if the journey and rationale for that outcome is better understood. I have heard about
many research projects through action learning and this has encouraged me to understand and value different ways of knowing in my work.

Before action-learning, my individual behaviour and personal feelings had not played a strong part in my lifelong learning. In fact, they tended to be discouraged and task and ritualistic learning have been valued. The emphasis has been on achievement and results as opposed to the learning process. I have often measured learning in work terms. What action learning has done for me is to give me the ‘permission’ to embrace different ways of knowing. It has enabled me to think about how I use an evidence-based approach to my work whilst, at the same time, recognising the importance of tacit knowledge in addition to the scientific knowledge that was so important in my early nursing career.

Action learning has encouraged me to ask more open questions. In particular, it has enabled me to think about not only the ‘timing’ of the question but also the ‘type’ of question. For example, in the early stages of participating in action learning, individuals often find it difficult to respond to questions about how they feel and act in a situation. They are more likely to be able to share what they already know. It is sometimes difficult to pose a question when the answer may appear to be so clear. Action learning has taught me that we do not all see solutions in the same way and what might first appear to be the most logical solution might not turn out to be the case when the full social and political context is understood. My experience of asking many questions is that it may expose uncertainty, risk and weakness. Action learning embraces the importance of questions and often demonstrates that there are many solutions, rather than a single solution, to an issue.

During my own experiences of action learning I have observed differences in how individuals facilitate and participate in action learning. As a nurse educator I have often attributed this to how individuals learn. This, in part, influenced my decision to ask research participants to complete a learning styles inventory. For example, when there has been a large number of ‘reflectors’ in the group, this has had an impact on the way in which the group interacts. Whilst reflectors still interact with the group (often non-verbally), they are more likely to need time to be able to respond verbally. This can be frustrating for the pragmatist who wishes to act quickly, moving into the heart of the matter with more spontaneity. Individuals who have an activist/pragmatist learning style are more likely to initially be responsive to action learning; however, these people are less likely to embrace the high support/challenge associated with doing action learning. The study reported in this thesis would suggest that more work needs to be done in order to understand the importance of learning styles and the implications of this for how action learning might be practised.
Consistent with the literature, this study supports the view that we do not all mean the same thing when we use the term action learning. My own view of action learning is most closely aligned with Revans’ classical model (1971). Critics of action learning often highlight deficiencies in the approach, particularly for more informal models. For example, the view that action learning does not satisfactorily incorporate the social and political context of learning is not strictly true. Revans’ work and other constructivist approaches to action learning openly embrace context as vital to understanding the real world. One of the key questions arising from the study is ‘What is the role and function of the facilitator?’ This study expressed the full range of responses. For example, some participants felt that a named facilitator was unnecessary, whilst others felt that this was vital to moving forward. Action-learning sets need to agree this role upon commencement of their action-learning journey.

In view of the particular findings of this thesis, I have been reflecting personally on whether there is a future for adopting ‘virtual action learning’ as part of the solution to embedding action learning in all areas of organisations. I am troubled about this for two reasons. First, the technology available in healthcare workplaces is extremely variable and may be a barrier to participation. In this context, it has the potential to be an unequitable approach to learning. Second, many verbal and non-verbal interventions happen in action learning and it is important to ‘be there’ in order to be able to observe and respond appropriately. A virtual approach feels like a way of distancing individuals from the heart of the action. If action learning is going to ultimately benefit practice and patients, these interventions need to be visible in order to understand how to practise them.

My own experience of working in a professional organisation is that the culture of that organisation will influence learning and management styles and will value different approaches to learning. Consequently not all individuals or organisations are ready for action learning. This will have implications for how far individuals can embed action learning. One of the powerful outcomes of action learning is that it empowers individuals to change themselves and challenge or change workplace practices. Organisations will need to acknowledge this in order for action learning to be used more widely. Action learning has enabled me to think more broadly about some of the barriers to learning and working in practice. Having time to think, being honest and providing support are all important attributes for promoting a positive learning culture. I will, therefore, pay attention to some of the enabling factors for learning and for simply getting the job done.
Chapter 6: Personal Reflections

6.3 What I have learned about the research process and my research capability

This study has enabled me to develop a detailed knowledge and understanding of:

- philosophical issues in educational research;
- educational and social science practices and skills;
- systems and practices in data collection; and
- systems and practices in data analysis.

In terms of problem-solving skills and decision-making, I have advanced my ability to:

- summarise the essential features of complex social and educational systems and cultures;
- evaluate social and scientific research;
- demonstrate familiarity with subject specific knowledge; and
- demonstrate familiarity with the research methods and resources necessary for advanced evaluation.

In terms of wider skills, I have demonstrated:

- competence in the analysis of social science research;
- the ability to research and work independently; and
- the ability to construct logical arguments and think critically.

I will outline a small number of learning points below.

6.3.1 Research planning

During my supervision of this work, I used the claims, concerns and issues methodology (Guba and Lincoln, 1989) to help me to:

- focus on my achievements throughout the process (using feedback from supervision);
- identify any areas that I was struggling with and needed to make sense of; and
- formulate key questions arising from the study that I would need to address.

This was an extremely helpful organising tool; it enabled me to focus on managing the different parts of the study whilst at the same time not lose the sense of the study as a whole.

I have reflected upon my original intention to conduct a focus group once all the interviews had been completed and analysed. I had initially felt that this approach would provide additional
accuracy to the study findings. Whilst I acknowledge the use of focus groups as an appropriate and expedient qualitative method, I feel that for the purposes of this study the decision not to conduct a focus group was the right choice. My reasons are as follows.

- Some individuals experience discomfort when speaking in larger groups (in the current study nurses may have felt disloyal about raising issues from other action-learning sets where they had agreed specific ground rules).
- It is likely that data from the focus groups would have been less in depth and, therefore, would not necessarily have added to the body of knowledge gained from the study. Thus, it would not have had an impact on the generalisability of the research findings.
- There would have been additional costs and resources. For example, in the current study it would have been difficult for nurses to obtain further leave of absence.
- Given my interest and involvement in action learning, it would have been challenging to moderate my own input in the discussion; thus, introducing the potential for bias. In the current study there would have been further resource and ethical implications if I had approached an experienced focus-group facilitator to undertake this role.

6.3.2 Sampling

Whilst I am confident about the validity of the study, its reliability is limited in terms of the generalisations it can make about action-learning sets more widely. The sample size was small and I did not interview any newly qualified nurses, so it was not possible to assess whether nurses need to be more experienced to be more confident in the use of action learning. However, the sampling approach was extremely effective in reaching the target population. The purposive nature of the sample was also a limitation in that to be included in the study; potential participants had to meet all the stated criteria.

6.3.3 Data collection

It is difficult to justify the assumption that concealing from respondents the purpose of individual questions is likely to result in the collection of more valid data. I believe that it makes more sense to tell respondents about the overall purpose of the study and the specific purpose of each question. This was achieved through the implementation of the research protocol. In this way, I could at least ensure that all respondents took the same contextual information into account when they answered each question.

Before doing this research, it had been some time since I had recorded and subsequently analysed a research interview. I had also not recently used a modern digital recorder. Whilst this was an
invaluable tool, I required training in how to use it. Transcribing and analysing the data was a time-consuming process. For this reason, even though a large sample would have potentially increased the reliability of the study, this was not a realistic option. In most cases, at the request of the interviewee, conversations continued long after the recorder had been turned off. Many respondents shared more personal accounts of their learning experiences and were pleased to share their personal notes and documents. I am unable to share these not only because some information deviated from the research questions but also because permission had not been obtained from the set members. Many of the participants were interested in hearing about my own experiences of action learning. Some used this time for the purposes of clarifying their knowledge of action learning. I was transparent about when I was speaking about the different models of action learning (primary evidence) and when I was speaking about my own experiences and views. It became clear to me that many participants were not aware of the full range of models and the different purposes of using action learning. This is something that could be addressed as part of set members’ preparation for action learning.

Knowing how and when to act was clearly an issue for many of the participants. It is important that more observation of action-learning sets is done in order to provide real examples of ‘helpful’ and ‘unhelpful’ interventions. Much of the literature focuses on the positive experiences of action learning rather than the negative ones. I was unable to find any study that focused solely on the problems and challenges encountered in action learning and why organisations should not choose it as their preferred learning approach.

6.3.4 Data analysis

The analysis took much longer than expected because all of the data-collection components required theming. However, one of the strengths of the analysis is that much of the information that emerged through the claims, concerns and issues tools was consistent with the data from the interview schedule; in addition, it enabled some triangulation and contributed to the trustworthiness of the work.

Responses are often limited by memory. Given that much happens in an action-learning group and the fact that difficult issues are often discussed, respondents will be more likely to recall pleasant events than negative ones. Also in the current study, participants may have wanted to please me given that I had been open about my experiences in action learning. This means that negative events are likely to be under-reported in comparison with positive events. I had not considered this when planning the study. The accuracy of recall depends upon the type and amount of processing at the time the learning takes place. Participants shared very little about the
'processing of action learning’ and, therefore, it would be difficult to recall specific interventions with any degree of certainty. Given the fact that participants were often recalling a number of separate action-learning experiences (based on self-report) and that few individuals are encouraged to evidence their learning, it would have been useful to have had more time and resources to analyse in more depth the documentary evidence of learning provided by the participants. In addition, observing the set to check how far self-report was an accurate picture of what took place in the set could inform future studies.

6.4 Measures taken to promote the truth value, applicability, consistency and neutrality of the study

6.4.1 Internal credibility

Several authors have highlighted the fact that qualitative research methods are often criticised for failing to clearly address issues of validity and reliability in their studies (Le Compte and Goetz, 1982; Brink, 1989). An important step is to recognise the different concepts and terminology used in addressing issues of validity and reliability in qualitative work. This is of particular importance in evaluation studies, which are not primarily about counting or measuring things but are more concerned with participation and involve making careful judgements about the worth, significance and meaning of phenomena. When applying rigour to their research studies, qualitative researchers have traditionally used terms such as establishing ‘truth value’, ‘applicability’, ‘consistency’ and ‘neutrality’ (Guba and Lincoln, 1981; Sandelowski, 1986; Marshall and Rossman, 1989). These terms were used as a framework for discussing validity and reliability in the context of this study, which adopted a participatory evaluation approach.

Truth value

Miles and Huberman (2014) state that a research instrument is valid when there is confidence that it measures accurately what it is supposed to measure. Meanwhile, Guba and Lincoln (1981) suggest that the truth value of a qualitative study should be judged by its credibility rather than its internal validity. They state that this can be achieved only by taking data and interpretations to the sources from which they were drawn and asking people to describe their perceptions. Thus, a qualitative study is deemed to be credible if it contains accurate descriptions of individuals’ experiences (Sandelowski, 1986). In this study, the evaluation tools (interview questions; learning styles questionnaire; claims, concerns and issues tool; documentary evidence; and reflective notes) were representative of the context domain that they intended to measure: in this instance, action learning as a strategy to help people. Participants were also given the opportunity to
ensure that their interview had been interpreted as they intended. I interviewed all participants in their workplace, either before or after their shift. Whilst it was not possible to mitigate the potential for this to have an effect on the study, it may have influenced how they felt about action learning. No weighting was applied to any of the questions; therefore, individuals focused more on some questions than on others. Whilst this did not appear to be a problem, it would have been useful to have more time to discuss their documentary evidence of action learning: what did they do with it? How far did it support their action-learning experience?

Whilst the study involved a relatively small sample, all of the respondents met the sample criteria and completed all parts of the study. The respondents had a range of clinical experiences and action-learning experiences. It was challenging to access willing participants and the snowball approach, where participants refer other participants, proved to be invaluable in terms of selecting the target population. It took some time to organise the interviews because participants were working complex shift patterns. Participants were generally willing to give up more of their time than had been requested. By using the snowball technique, I was able to reach action-learning sets beyond the NHS. This indicates that this type of learning is not used in any one specific speciality or sector and, therefore, it has the potential for wider practice application.

6.4.2 External credibility

Applicability

Applicability in qualitative terms is related to external validity in quantitative research. External validity is the extent to which the findings of a study can be applied or generalised to other populations or settings (Guba and Lincoln, 1981; Sandelowski, 1986; Miles and Huberman, 2014). The main threat to external validity comes from the selection and allocation of subjects. Whilst participants did express some concerns about action learning, no individual communicated that action learning had no value and should not be used to help people in their professional practice.

Guba and Lincoln (1981) suggest that the term ‘fittingness’ should replace ‘generalisability’. This is further reinforced when practitioners view the study findings as meaningful and consistent with their experiences. Since completing the study, I have had the opportunity to discuss the findings of the study with nurses and nurse educators across the UK and the interpretation of the analysis appears to be consistent with their experiences.

Specific strategies were adopted for ensuring the applicability and truth value of the study in order to reduce the threat of ‘elite bias’ (attributing weight to high-status and informed participants) and the ‘holistic fallacy’, which can occur as the researcher becomes more convinced
that their conclusions are correct (Miles and Huberman, 2014). In this study I repeatedly referred back to the interview and questionnaire data when developing the key themes. In addition, obtaining data from multiple sources diminished the risk of the holistic fallacy (Miles and Huberman, 2014).

**Consistency**

The reliability of a research instrument is concerned with the extent to which the findings of a study can be applied or generalised to other populations or settings (Miles and Huberman, 2014). In qualitative terms, this refers to the consistency, repeatability and replicability of a study in relation to the accuracy of the final research report (Guba and Lincoln, 1985; Sandelowski, 1986). They suggest that a study should be judged reliable if the reader can follow the ‘decision trail’ (Guba and Lincoln, 1981, 1985) of the research process. This study and this thesis have been carried out with a view to providing the reader (and research participants) with sufficient detail to check the decision trail.

Interviews were used in this study to explore in depth nurses’ experience of action learning and to obtain qualitative data. Thus, I was the primary instrument for data-gathering. In semi-structured interviews respondents are all asked the same questions, but there is flexibility in the phrasing and order of those questions (Hutchinson and Wilson, 1992). According to Barriball and While (1994), semi-structured interviews provide opportunities to change the wording, but not the meaning, of questions. This enhances credibility because respondents can be helped to understand the questions and interviewers can ask for clarification and probe for further responses if necessary. The reliability of the data obtained is dependent upon the experiences and ability of the researcher, the researcher’s interviewing skills and any researcher bias (Guba and Lincoln, 1981). Realistically, it is likely that as the interviews progressed, my techniques improved and the quality of the data increased. I was very explicit about my own experiences of action learning (see chapters 1 and 6). In order to increase internal reliability, I carried out a pilot interview to develop my interview skills. This resulted in modifications to the interview schedule. Reliability was also addressed in terms of equipment employed; a digital recorder was used to record each interview. In addition, I had received some training in the use and storage of digital information.

A necessary precursor to a successful question-and-answer cycle is that the researcher and the respondent have a shared understanding of the topic under investigation (Foddy, 1993). Respondents were aware of my experience and interest in action learning from the information that they had received about the study. They were also aware that I am a nurse and an educator.
Chapter 6: Personal Reflections

Given that semi-structured interviews are better for focusing on particular topics and questions (Foddy, 1993); it was possible to probe for answers. I recognised that this would lead to more depth of response, as opposed to breadth. The use of probes is limited to seeking clarification and obtaining more complete answers and does not involve uncovering new perspectives; this ensures that the respondent is not led or influenced by the interviewer. One of the challenges is to try to maintain standardisation whilst being flexible. The strength of this approach is that quantitative and qualitative answers can both be obtained and comparisons between respondents in the same study can be made.

I attempted to ensure that the questions were asked in a logical order. I asked questions about fact, then about opinion and then about behaviour. I avoided complex and lengthy questions. I asked some questions that required short responses and others that required longer ones. Questionnaires, as a research method, are rarely adequate on their own. Descriptive data often raises more questions than it answers. The need for further methods, providing different kinds of data, is important. At the time of piloting the questionnaire, and given that I would be basing the findings on self-report, I was asked how the data might be further verified. This, in part (in addition to my own action-learning experiences) influenced my decision to, at the time of the interview, review documentary evidence pertaining to participants’ experiences and evaluation of action learning.

The cultural context in which a question is presented often has an impact on the way in which respondents interpret and answer it (Foddy, 1993). Even when qualitative researchers honestly strive to absorb the culture of the group, in the final analysis they have to either infer or guess the nature of the cultural elements. For this reason, it has been argued that qualitative researchers are little better placed to claim that they have properly understood their subject’s behaviour than researchers who adopt a more positivist approach (Robson, 1993; Silverman, 2006). In this study I attempted to look for themes and patterns in order to establish shared meaning amongst the participants. One of the challenges of this study is that it would have been impossible to absorb the group culture, because participants were reporting on their experiences in multiple action-learning sets and, therefore, many different types of culture. The strength of my approach is that it has provided me with a wider reach of experience, studying many action-learning sets rather than just one set.

Neutrality

Neutrality refers to the ‘freedom from bias in the research process’ (Sandelowski, 1986). It is possible that researcher bias may have been present in the fact that I am a nurse and a healthcare educator and I have considerable experience of (and, thus, am an advocate for) action learning.
However, I tried to overcome this bias by adopting a neutral stance and not presenting my own perceptions during data collection. I have also outlined how I addressed some of the ethical issues in section 3.2.4.

6.5 Summary

Finally, despite some of the concerns and issues that this study has raised, my empirical belief is that action learning offers more potential for addressing issues and stimulating learning than many other management and learning approaches. In addition, action learning builds transferable skills that can be used in everyday life and in relationships. In my final chapter I propose a number of recommendations for the development of the ontology, epistemology and methodology of action learning. I also propose a number of working principles to guide best practice.
Chapter 7: Conclusions and Recommendations

7.1 Introduction

This evaluation study examined the question ‘How can action learning be used as a learning strategy to help people in their professional practice?’ Using an interpretive approach, the study explored insights from the action-learning experiences of a small group of ten nurses working in the UK healthcare sector. It sought to better understand the value of interventions associated with the practice of action learning. This study found that all participants valued their action-learning experience. Whilst many found it difficult to embed action learning in practice, they saw the potential for action learning to change practice and promote a positive culture of workplace learning. Specifically, the study has added to the body of knowledge pertaining to the use of action learning in nursing practice in the following ways.

1. By developing an evaluation framework, using semi-structured interviews, for understanding individuals’ personal experiences of action learning. This could be replicated more widely in healthcare settings.

2. By providing a rich narrative for describing the experiences and outcomes of individuals who have been participants of action learning. This narrative could be used to inform further studies and, in particular, to inform observations of action-learning practice.

3. By providing further clarification of the strengths and limitations of action learning in nursing, which could inform future methodological approaches to developing and using action learning.

4. By exploring how far the theory of action learning is used in practice. This study confirms that participants’ use of action learning is limited and highlights the important role that set facilitators play in establishing the structure and purpose of action-learning sets.

5. By providing further insights into how action learning is facilitated in practice. This study has confirmed the important, difficult and controversial role of the set facilitator.

6. By building a foundation for future work on: (a) the wider transferability of action learning in healthcare; and (b) developing guiding principles to support the implementation of action learning for the purpose of CPD (these are highlighted in chapter 2 and sections 1.6 to 1.10) and, on a practical level, given the absence of a uniform set of principles for nursing practice, to inform the structure, implementation and evaluation of action-learning sets.
Chapter 7: Conclusions and Recommendations

(7) By considering the importance of individual learning styles for selecting participants for action learning, this study has suggested that learning styles could be important; therefore, this is worthy of further investigation.

(8) Given that no reported studies had reviewed documentary evidence supporting the use of action learning in practice, by examining data set this study shows that there is a potential for confirming and triangulating participants’ verbal self-reports.

7.2 Recommendations

This study views action learning as an evolving practice; therefore, it suggests that the following recommendations and working principles should be considered in order to support this evolution. Whilst the study focused only on nurses and the healthcare context, the fact that some of the wider theoretical debates have been informed by education and the social sciences and interpreted within the context of a profession means that many of the recommendations and principles could be applied more widely across other professions.

Recommendation 1

Consider the appropriateness of action learning for different learning styles.

This could involve further and wider theoretical exploration of how other learning communities (such as communities of practice) have incorporated or considered the relevance of different learning styles in their work.

Recommendation 2

Use the interview protocol and questions to either replicate this study or form the basis of further exploratory work.

Given that the study sample was small, further exploration of nurses’ action-learning experiences could further support or question the value of action learning as a learning strategy for individuals, teams and workplaces.

Recommendation 3

Ensure programme developers possess appropriate experience and expertise in designing and implementing action-learning programmes.

Given the importance of ensuring that action learning is appropriately structured and facilitated, there is a need to agree what constitutes an appropriate action-learning programme, how it might
be assessed and evaluated, and what experience and qualifications should be held by set facilitators.

**Recommendation 4**

Consider how action-learning sets incorporate wider evaluation and stakeholder involvement into programme design, development, implementation and evaluation (including the use of virtual action learning).

Evaluating action learning and ensuring that it is sustainable requires the support, involvement and engagement of managers, leaders and other individuals or groups who may have a vested interest in the programme outcomes. Consequently, involving relevant individuals in the various stages has the potential to promote collective ownership and responsibility. This is more likely to achieve sustainable change.

**Recommendation 5**

Develop an agreed ethical framework to underpin the use and dissemination of action learning.

Given the absence of an agreed ethical framework, it is important to ensure that this is agreed as part of the ground rules. Nurses and other healthcare practitioners are required to manage difficult and confidential situations on a day-to-day basis. They require assurance that their experiences will be discussed confidentially where appropriate.

**Recommendation 6**

Develop action-learning tools to support the different stages of the action-learning process.

Given the ad-hoc nature of action learning and the few reported examples of ‘classical’ action learning (Revans, 1971), the development of different tools could assist practitioners to improve their confidence throughout the stages of the action-learning process and differentiate between formal and informal models of action learning.

**Recommendation 7**

Develop an agreed set of principles to underpin effective action-learning practice.

Given the broad range of action-learning models reported, a set of principles to inform the use of formal and informal action learning could ensure that action-learning programmes are better structured and facilitated.
Chapter 7: Conclusions and Recommendations

Recommendation 8

Explore the contribution of participants’ learning styles and how these impact on interventions in an action-learning set.

Action-learning sets could incorporate an understanding of individual learning styles as part of their set preparation. Set presenters and set participants could be encouraged to reflect on specific action-learning interventions that they find most helpful or useful. This may assist in identifying any emerging patterns across the key learning style groups.

Recommendation 9

Publish and disseminate the study widely.

There is a lack of evidence-based studies in nursing that explore the effectiveness of action learning, yet a rising number of healthcare organisations across the UK are claiming to use action learning. Therefore, it is important to report on the findings of the study across a range of key healthcare journals and to provide practical insight into, and wisdom on, how individuals and organisations can use action learning for the purposes of specific projects or to develop individuals, teams and organisations.

7.3 Principles

Building on the findings of the study, this report recommends the following action-learning principles to guide participants, facilitators and organisations in their use of action learning. The following principles may be used to guide beginners on their journey into action learning.

Principle 1

The role and purpose of action learning are defined by the action-learning set and agreed with commissioners where appropriate.

This should include key aims and objectives in addition to funding and reporting arrangements.

Principle 2

Preparation requirements, including the use of action-learning tools, are agreed in advance of the action-learning programme.

Given that some tools are very specific to action learning, advance preparation will be important in developing the competence and confidence of participants. Individuals will have reflective time to build on their knowledge before they use the tools in practice.
Chapter 7: Conclusions and Recommendations

Principle 3

The action-learning set is selected on a voluntary basis.

Classical action learning and more recent approaches agree that action-learning sets are more effective when individuals want to learn. Voluntary attendance is also consistent with the underpinning Rogerian philosophy of ‘freedom to learn’ (Rogers, 1983).

Principle 4

Ground rules are developed and agreed for the purpose of ensuring the commitment and ownership of the action-learning set.

Ground rules should be developed to reflect the specific role and purpose of the set. They should be revisited and reviewed as the set develops.

Principle 5

The action-learning set membership defines and agrees the role and function of the facilitator.

In classical action learning (Revans, 1971), the facilitator ideally ceases to exist. As the group develops, a shared responsibility is adopted for ensuring that members of the group are able to support each other. This avoids the power dynamics and hierarchy struggles that can negatively influence the attitude and behaviour of groups.

Principle 6

The action-learning set membership agrees how evidence will be collected for recording the outcomes and impact of action learning.

It is important that the set can provide appropriate evidence to justify its continuation and effectiveness. This should also reflect agreed ethical considerations. This evidence has the potential to be used for personal development (such as CPD and professional regulation) and the development of the profession (such as improving quality and promoting standards).

Principle 7

Stakeholders are involved in planning, implementing and evaluating the action-learning programme.

This ensures that action learning meets the needs of all stakeholders involved in planning and delivering care and provides a critical perspective on healthcare decisions, policy and practice.
Chapter 7: Conclusions and Recommendations

**Principle 8**

Appropriate measures are developed to assess the sustainability of action learning for individuals and organisations.

There are few studies that provide evidence for how action learning has developed individuals and workplaces over a period of time. Most measures are used during the life of the set only. Longer-term measures over longer-term programmes will be needed if action learning is to navigate being part of a wider programme of cultural change.

### 7.4 Possibilities for further research

Finally, I would like to suggest some further potential areas for research investigation. The broad range of experiences reported by participants would suggest that there is a need for an agreed framework to support the practice of action learning, including ethical principles. Evidence from this study would suggest that action learners should uphold Revans’ ‘gold standard’, which is based on the distillation of 23 critical markers of action teaching (Willis, 2010). Coghlan and Coughlan (2010) argue that these markers should be adopted to provide guidelines for assessing the quality of action learning research. These are rooted in Revans’ original principles. As a means of ensuring that action learning retains a critical approach as it evolves, more work also needs to be done to establish if action learning: (1) is appropriate for all forms of personal and workplace development; (2) is appropriate for all learning styles; and (3) provides a more effective way of promoting tacit learning.

From the point of view of timing, this study has the potential to influence the professional development of nurses and nursing. In 2015 the NMC published a code setting out the professional standards and behaviour for nurses and midwives. The code (NMC, 2015a) is designed to reinforce the professionalism of all practitioners and signifies what nursing and midwifery practice looks like. Action learning could be used to help nurses explore how far they meet the standards and how they can provide the appropriate evidence. In April 2016, through revalidation, when nurses renew their registration they will be required to provide evidence of their continued ability to practise safely and effectively. The code will be central to the revalidation process as a focus for personal reflection. Given the focus on reflection in action learning, there are opportunities for action-learning sets to assist nurses to support each other through these new revalidation processes.

The Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis, 2013) was a reminder to all healthcare professionals of what can happen to staff, patients and the wider
public when professional standards are not maintained. The trust failed to address poor standards and disengaged from its leadership and management responsibilities. In part, this was the consequence of allowing a focus on national targets, achieving financial balance and seeking foundation status at the expense of delivering acceptable standards of care. Given that more action-learning research has been undertaken in professional sectors outside of nursing and outside of the UK, further research needs to be done in the UK to enable nurse practitioners to understand the potential uses of action learning in: (1) maintaining standards of care; (2) supporting the development of people and organisations; and (3) promoting a culture of openness and trust. The outcomes of further studies may assist in providing a working definition of action learning that embraces the philosophy of work-based learning. Given that many studies have attempted to describe action-learning experiences from the perspective of the individual (Heidari and Galvin, 2003; Cho and Egan, 2009; Dunphy et al., 2010, Johnson, 2010), further work is also needed to describe how organisations experience action learning. Studies should move away from case-study analysis and evaluate action learning amongst all stakeholders, including set participants, nurse educators and employers. Designs should reflect a clear theoretical framework and should explore the full range of theories underpinning action learning and the interventions used, including an explicit ethical framework. These should incorporate reflective learning and experiential perspectives.

As a nurse educator, learning to evaluate and use research findings is an important part of my professional development. This study has enriched my ability to use research in practice and has provided me with the knowledge and skills to validate my action-learning practice. It is my intention to disseminate the findings of this study more widely and to continue to critically evaluate my own practice for the purposes of maintaining my professional standards.
# Glossary of Terms

**Action learning**
A reflective learning process that involves people meeting in small groups to explore and resolve problems related to their professional practice.

**Action-learning intervention**
Strategies and skills used in an action-learning set to enable others to work out solutions to their problems. Examples include effective listening skills and asking open-ended questions.

**Action-learning set**
Action learning takes place in a learning set, which is a small group of people who meet for the purpose of developing themselves or others in the set. Action-learning sets are also used by organisations to deal with organisational issues and priorities.

**Action research**
Includes a wide variety of evaluative, investigative and analytical research methods designed to diagnose problems or weaknesses — whether organisational or academic — and help educators develop practical solutions to address them quickly and efficiently.

**Claim**
Any positive statement made by a stakeholder about a problem. In the case of action learning this can provide a springboard from which individuals, teams and organisations can begin to learn about themselves and their workplace culture.

**Coding**
Labels that assign symbolic meaning to the descriptive information compiled during a study.

**Concern**
Any negative statement made by a stakeholder about a problem. The purpose is to highlight real or potential barriers: personal, systematic or organisational. An example might be that members of the action-learning set were giving too much advice rather than listening.

**Constructivism**
A philosophy of learning which argues that by reflecting on experience, people construct their own understanding of the world around them. Fourth-generation evaluation is located within this approach.
### Glossary of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td><strong>Continuing professional development</strong></td>
<td>Learning activities undertaken throughout a person’s career. In nursing, the purpose of learning is to ensure that healthcare professionals possess the appropriate knowledge and skills to practise safely, effectively and within their code of practice.</td>
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<tr>
<td><strong>Experiential learning</strong></td>
<td>Learning from experience. In the case of action learning this is achieved through reflecting on practice and participating in an action-learning set.</td>
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<tr>
<td><strong>Fourth-generation evaluation</strong></td>
<td>An evaluation approach that is based on negotiation and agreement with all stakeholders. It is educational because it gives stakeholders the opportunity to incorporate the perspectives of others, and it is empowering because the entire process is built on ownership of outcomes.</td>
</tr>
<tr>
<td><strong>Issue</strong></td>
<td>A reasonable question raised through a better understanding of claims and concerns. Issues are drawn from claims and concerns using ‘What?’ and ‘How?’ questions. Learning is reduced in action learning when issues are not addressed.</td>
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<tr>
<td><strong>Learning style</strong></td>
<td>An individual’s approach to learning. Whilst a number of learning styles exist, no one style has greater precedence than any other.</td>
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<tr>
<td><strong>Professional practice</strong></td>
<td>The use of skills and knowledge in a profession. In nursing, it includes the performance of professional activities to provide healthcare.</td>
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<tr>
<td><strong>Reflective practice</strong></td>
<td>An approach to applying knowledge to practice that enables individuals to think critically about their experiences and explore different ways of problem-solving.</td>
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<td><strong>Reliability</strong></td>
<td>The extent to which the application of a test or intervention can be said to produce a consistent result or outcome. Reliability is assessed to evaluate the usefulness of research.</td>
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<tr>
<td><strong>Set evaluation</strong></td>
<td>One of the processes used in action learning. Set members review how the set worked together, what they learned and how that learning will be used in practice.</td>
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<tr>
<td>Term</td>
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<tr>
<td>Set facilitator</td>
<td>The person who helps the group by guiding them through the action-learning process. The role includes establishing and maintaining ground rules, keeping time, encouraging members to reflect on their learning and providing support between meetings.</td>
</tr>
<tr>
<td>Set presenter</td>
<td>The member of the set who is seeking help and support by bringing their problem to the group. All members have an opportunity to be a set presenter within the life cycle of action learning.</td>
</tr>
<tr>
<td>Stakeholder</td>
<td>Someone who can affect, or be affected by, an organisation, strategy or project. In the context of action learning this may include members of action-learning sets and people in the workplace environment.</td>
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<tr>
<td>Validity</td>
<td>The extent to which the application of a test or intervention can be said to measure what it is supposed to measure. Validity is assessed to evaluate the usefulness of research.</td>
</tr>
<tr>
<td>Work-based learning</td>
<td>The delivery of learning in the workplace. The approach is designed to meet the learning needs of individuals, workplaces and organisations.</td>
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Appendix A  Introductory Email

Dear Colleague

I am undertaking a small research study to explore and evaluate the impact of action learning on the personal and professional development behaviours of nurses working in the healthcare sector.

Are you a Registered Nurse?

Do you work in nursing/health care?

Do you have experience of action learning?

If you have answered yes to all of these questions, you would be an ideal participant for this study.

Attached (appendix 1) is an explanation of the purpose of the study and what will be involved if you agree to take part.

Attached (appendix 2) is a consent form, which explains what your participation will mean and how the information you provide will be protected.

I would be grateful if you could advise whether you would be willing to participate in the study by ........

If you have any further questions or queries, please do not hesitate to contact me.

Best wishes

Linda Seward
Appendix B  Participant Information

**Study Title**: Developing healthcare practitioners through action learning: an evaluation study

**Researcher**: Linda Seward

Please read this information carefully before deciding to take part in this research. If you are happy to participate, you will be asked to sign a consent form.

What is the research about?

This research study is being undertaken in part fulfilment for the award of Doctorate in Education (EdD) at the University of Southampton.

The overall aim of this project is to explore and evaluate the potential impact of action learning on the personal and professional development behaviours of nurses working in the healthcare sector. The research will be undertaken with reference to the experiences of nurses who have been involved in action learning. Given that the intention of action learning is to illustrate how participants, when supported by their colleagues, can learn through their actions, this project will examine what nurses have learned about themselves as well as the management of their work.

My name is Linda McBride and I am a registered nurse and nurse teacher. I work as a Learning and Development Manager at the Royal College of Nursing. I am doing this research because I am particularly interested in how action learning could potentially add value to the range of continuing professional development approaches that nurses use to inform their practice.

I have identified the following questions to inform the overall design of my study.

1. Issues related to the concept of action learning. What is meant by action learning? What happens in action learning? How is action learning different from other kinds of learning?

2. (a) How does action learning help practitioners in the development of their practice?
   What evidence (if any) suggests that action learning helps people in their practice?

   (b) How does action learning change the way in which practitioners approach their work?
   What evidence (if any) is available to support these changes?

3. What are the implications of understanding learning styles for establishing and facilitating an action-learning set? In what ways (if any) are advocates of action learning more disposed to one particular learning style?
Appendix B: Participant Information

(4) What are the action learning ‘guiding principles’ for best practice?

Why have I been chosen?

I am inviting you to participate in this research because you are a nurse working in healthcare practice who has experience of being involved in an action learning group.

I would like to explore how far action learning has helped you in your practice. I am also interested in whether action learning has changed the way in which you think about or approach your practice.

What will happen to me if I take part?

If you agree to take part in the study, I plan to work with you in a number of ways:

Primarily, this will involve a face-to-face semi-structured interview (approximately one hour) where you will be able to provide a summary of your experiences of action learning. Before the interview commences you will have the opportunity to ask any clarifying questions about the project and your involvement.

I will also be requesting some supplementary documentary information (in advance of the interview) so that I can verify and better understand the information you have provided. This will specifically relate to how you learn and your overall thoughts about action learning. This can be provided electronically or in paper format.

Clear instructions will be provided regarding how to do this.

Finally, I would like to meet the group together (for approximately one hour) to share my findings (ideally face to face) and to check that I have accurately described your experiences. I would also like to share how this information will be used to develop guiding principles for best practice in action learning.

Are there any benefits in my taking part?

Your involvement will contribute considerably to the quality and usefulness of the research findings and outcomes. This study is important for how we think about planning for the future development of nurses. It will also help to inform guidelines for best practice for individuals who wish to undertake action learning.
Appendix B: Participant Information

Are there any risks involved?

There are no anticipated risks related to your involvement in the study. Should you believe that there is a risk, I will be happy to discuss this prior to you agreeing to participate in the study.

Will my participation be confidential?

I will explain how the information will be treated and stored confidentially, and that you will not be named in any reporting process.

You will be invited to read and sign a consent form to indicate that you have understood what is involved and your right to withdraw from the process at any time and without giving any explanation.

All of the information collected during the research will be kept strictly confidential and will only be seen by me. As required by the Data Protection Act, I will not pass on any person-identifiable data to any external agency.

I will write a report for the project and will use the research for articles in academic and professional journals. Any references to data gathered will be anonymised in reports and articles.

If you are comfortable with the process and give your consent, the interview and the group discussion will be tape-recorded. This recording will be accessed by me only and will be destroyed once the interview and group discussion has been transcribed. You are free to participate in this research with or without the use of an audio recording.

What happens if I change my mind?

Your participation in this research is voluntary and you have the right to withdraw from the process at any time. If you do so, any record of the information you have provided will be destroyed and it will not be referred to in the research.

What happens if something goes wrong?

In the unlikely event that you have any concerns or complaints about how the research has been conducted, please contact Dr Martina Prude, Head of Research Governance (02380 595058, mad4@soton.ac.uk).

Where can I get more information?

If you would like more information about this project, including on how the data will be used, please do not hesitate to contact me:
Appendix B: Participant Information

Linda Seward | Learning & Development Manager | RCN Accreditation Unit

Learning and Development Institute, Royal College of Nursing

Tel. 020 7647 3714 | Fax 020 7647 3892 | Email linda.mcbride@rcn.org.uk

Address: RCN, 20 Cavendish Square, London, W1G 0RN
Appendix C  Consent Form

**Study title:** Developing healthcare practitioners through action learning: an exploratory evaluation study

**Researcher name:** Linda Seward

**Study reference:** EdD (Doctorate in Education)

**Ethics reference:** to be confirmed

*Please initial the box(es) if you agree with the statement(s):*

I have read and understood the information sheet (insert date / final version of participant information sheet) and have had the opportunity to ask questions about the study.

I agree to take part in this research project and agree for my data to be used for the purpose of this study.

I understand that my participation is voluntary and I may withdraw at any time without my legal rights being affected.

I am happy to be contacted regarding other unspecified research projects. I therefore consent to the University retaining my personal details on a database, kept separately from the research data detailed above. The validity of my consent is conditional upon the University complying with the Data Protection Act and I understand that I can request that my details be removed from this database at any time.

**Data Protection**

*I understand that information collected about me during my participation in this study will be stored on a password-protected computer and that this information will be used only for the purpose of this study. All files containing any personal data will be made anonymous.*

Name of participant (print name).................................................................

Signature of participant..............................................................................

Date..............................................................................................................
Appendix D  **Interview Preparation – Information for Participants**

Dear Colleague

Further to our recent communications I am confirming that:

(a) You have read about and understood the purpose of the study

(b) You have signed the consent form.

Thank you for agreeing to be a participant in the study entitled, ‘Developing healthcare practitioners through action learning: an exploratory evaluation study’.

In preparation for the interview I would be grateful if you could complete the attached information:

(1) Learning styles questionnaire (Honey and Mumford, July 2006). The questionnaire should take approximately 10 minutes to complete.

(2) Claims, concerns and issues template. This should take between 10 and 20 minutes to complete.

This information will inform the interview process. If you have any further questions or queries, please do not hesitate to contact me.

Best wishes

Linda Seward
Appendix E  

**Interview Preparation – Claims, Concerns and Issues**

**Purpose:** to inform my understanding of your perceptions of action learning

**Name of Participant:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Claims</th>
<th>Concerns</th>
<th>Issues</th>
</tr>
</thead>
</table>
|      | A claim is any positive statement relating to:  
   (a) aims of action learning;  
   (b) the processes you have used in action learning;  
   (c) the outcomes of action learning;  
   (d) your overall experiences of action learning. | A concern is any statement relating to your unfavourable or negative experiences of:  
   (a) the aims, purposes and outcomes of action learning;  
   (b) the processes of action learning; and  
   (c) your overall experiences of action learning. | An issue is any question that relates to something about action learning that:  
   (a) you may disagree with;  
   (b) requires clarification; or  
   (c) requires further testing or development. |
Appendix F

Interview Preparation – Confirmation Email

Dear Colleague

Thank you for agreeing to be a participant in the study entitled, ‘Developing healthcare practitioners through action learning: an exploratory evaluation study’.

An interview has now been set up for <insert date/time/venue>.

We have agreed that the interview will be for 1 hour and will be tape-recorded.

Thank you for your help and support with this research project. Should you have any questions or queries, please do not hesitate to contact me.

Kind regards

Linda Seward
## Appendix G  **Sampling Approach**

<table>
<thead>
<tr>
<th>Snowballing criteria</th>
<th>Explanation of criteria</th>
<th>Application of criteria to action learning study</th>
</tr>
</thead>
</table>
| Defining snowballing | ‘a technique for finding research subjects. One subject gives the researcher the name of another subject, who in turn provides the name of a third and so on’ (Vogt, 1999). A non-probability sampling technique based on the judgement of the researcher. | Action learning participants tend to be ‘unknown’. Action-learning sets meet and operate for very specific purposes. Action-learning sets tend to work within an ‘agreed set of ground rules’ (one such ground rule is linked to confidentiality). Difficult to access group without permission of the set ‘lead facilitator’.

| Methodology | Ascending/descending methodologies (Van Meter, 1990) Descending methodologies = quantitative strategies executed at the level of general populations. Ascending methodologies = qualitative strategies executed at a local level and adapted to selected groups. Ascending methodologies can be used to work upwards and locate those on the ground who are needed to fill in the gaps in our knowledge on a variety of social problems and contexts. Placed within a wider set of link-tracing | Opportunity to provide more complex data on a research question. Enables wider applicability. Methodology enables the researcher to use the action-learning facilitator to access a range of individuals. Methodology enables the researcher to access the different kinds of experiences that will be offered by different sets (this is because the purpose, values, ground rules and dynamics within the group will have individual differences). |
methodologies (Spreen, 1992; Berg, 1988) that seek to take advantage of the social networks of identified respondents in order to provide a researcher with an ever-expanding set of potential contacts (Thompson, 1997).

Process based on the assumption that a ‘bond’ or ‘link’ exists between the initial sample and others in the same target population, allowing a series of referrals to be made within a circle of acquaintances.

Rests on the assumption that social networks consist of groups with relatively homogenous social traits.

Basic conceptual origin is that the behaviour or trait under study can be conceived as a social activity, where the target members are involved in some kind of network with others who share the characteristic of interest.

<p>| Purpose | An ‘informal’ method to reach a target population. Used most frequently to conduct qualitative research, primarily through interviews. Can be applied as a more formal methodology for making inferences about a population of individuals who | If the study is primarily explorative, qualitative and descriptive snowballing offers practical advantages (Hendricks et al., 1992). Provides the advantage of seeking out a range of participants who will fulfil the sampling criteria (best fit). |</p>
<table>
<thead>
<tr>
<th>Uses</th>
<th>Obtaining respondents when they are few in number.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Obtaining respondents when some degree of trust is required to initiate contact.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Creating a snowballing sample (medium of contact)</th>
<th>More suitable for small size sample studies (Black and Champion, 1976).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Identify one or more units in the desired population. Use these units to find further units until the sample size is met.</td>
</tr>
<tr>
<td></td>
<td>In person or by phone or email. Email is easiest but least likely to get a response (Noy, 2008) – best used for</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Uses</th>
<th>Under these circumstances, ‘chain referral’ techniques may provide the researcher with characteristics associated with being an insider or group member (this can aid entry to settings where conventional approaches do not succeed).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provides confidence that the researcher is interested in understanding the value of action learning.</td>
</tr>
<tr>
<td></td>
<td>I will be explicit that I have experience of action learning.</td>
</tr>
<tr>
<td></td>
<td>I will understand the ‘trust’ that they will be expected to observe – I will provide assurances of how I will protect/respect that trust.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Creating a snowballing sample (medium of contact)</th>
<th>This is a small study.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Researcher ‘sales pitch’ persuades individuals/gatekeepers of the merit of the research project and the legitimacy of the researcher – involves a delicate balance of developing own cultural capita (attitudes, skills, tastes and credentials) that position individuals</td>
</tr>
</tbody>
</table>
## Appendix G: Sampling Approach

<table>
<thead>
<tr>
<th>Follow-up contact. Telephone – it is time-consuming to track down phone numbers (Noy, 2008). Using networks/social networks. Cultural conceptions of time and commitment. Wading through bureaucracies. A statistical formalisation of snowball sample biases is not available (Van Meter, 1990).</th>
<th>within social hierarchies). As an academic, making the respondents feel important and gathering a feeling of personal connection with them.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Advantages</strong></td>
<td>Enables access to previously hidden populations. Trust may be developed as referrals are made by acquaintances or peers rather than other, more formal, methods of identification. Economical, efficient and effective. A valuable tool for studying the lifestyles of groups often located outside of mainstream research.</td>
</tr>
</tbody>
</table>
Appendix G: Sampling Approach

<table>
<thead>
<tr>
<th>Disadvantages</th>
<th>(Faugier and Sargeant, 1997).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of data (selection bias) (Van Meter, 1990; Kaplan et al., 1987)</td>
<td>Selection bias can be addressed by the sample size and the replication of results to strengthen generalisations.</td>
</tr>
<tr>
<td>impossible to determine the possible sampling error and make generalisations.</td>
<td></td>
</tr>
<tr>
<td>Sample not randomly drawn – dependent upon the subjective choices of the respondents first accessed.</td>
<td>Need to rely on the ‘face validity’ of the contacts/data to judge its representativeness (types of individuals, learning styles).</td>
</tr>
<tr>
<td>Sample will be biased towards the inclusion of individuals with inter-relationships and, therefore, will over-emphasise cohesiveness in social networks (Griffiths et al., 1993) and will miss ‘isolates’ who are not connected to any network that the researcher has tapped into (Van Meter, 1990); that is, some individuals are more likely to be selected than others.</td>
<td>Manage the five sources of bias (Rapoport, 1957):</td>
</tr>
<tr>
<td>Gatekeeper bias (Groger et al., 1999) – gatekeepers are sometimes reticent or protective of those they care for and can hinder researcher access.</td>
<td>- Social distance between individuals.</td>
</tr>
<tr>
<td>Finding respondents and initiating ‘chain’ referrals.</td>
<td>- Island model (several subsets of individuals may exist).</td>
</tr>
<tr>
<td>Some referrals may not be accurate.</td>
<td>- Overlapping acquaintance circles.</td>
</tr>
<tr>
<td>May encounter initial hostility and suspicion from targeted individuals</td>
<td>- Reflexive bias (a connection from an individual to a target individual enhances the likelihood of a connection back from the target person back to the original person).</td>
</tr>
<tr>
<td>Action-learning set lead facilitators may hinder access.</td>
<td>- Force-field bias (some individuals, because of certain characteristics, have a greater likelihood of being targeted than others).</td>
</tr>
<tr>
<td>Action-learning set ‘ground rules’ may hinder access.</td>
<td></td>
</tr>
</tbody>
</table>
Limited amount of literature available surrounding the utilisation of snowballing sampling or link-tracing methodologies. Problem areas to address (Biernacki and Waldorf, 1981):

- Finding respondents and starting referral chains.
- Verifying the eligibility of potential respondents.
- Engaging respondents as informal research assistants.
- Controlling the types of chains and the number of cases in any chain.
- Pacing and monitoring referral chains and data quality.

Previous knowledge of insiders (my own).

Establishing trust is essential – participants need to be reassured of the protection of the information they provide.

Consider access to research setting, social relationships, acquisition of information and maintenance of researcher interest (Faugier and Sargeant, 1997).
Appendix H  **Interview Protocol**

<table>
<thead>
<tr>
<th>Thank you for agreeing to participate in the study.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thank you for reading the ‘information for participants’ sheet and signing the consent form.</td>
</tr>
<tr>
<td>There will no longer be a requirement for you to participate in a focus group. All participants will be asked to confirm that the information transcribed is accurate.</td>
</tr>
<tr>
<td>The information you provide will be strictly confidential.</td>
</tr>
<tr>
<td>The tape-recorded interview will take no longer than one hour. If you are unable or do not wish to answer any of the questions, please do not hesitate to say so.</td>
</tr>
<tr>
<td>I may take handwritten notes to enable me to reflect on the interview process.</td>
</tr>
<tr>
<td>If you have any questions, either at the time of the interview or afterwards, please do not hesitate to ask.</td>
</tr>
<tr>
<td>If you would like to suggest any other networks/contacts that I could link to, this would be appreciated.</td>
</tr>
<tr>
<td>I would be grateful if I could, prior to commencement of the interview, take some brief personal details. These details will be used for the purposes of ensuring baseline data is obtained consistently across all interviewees.</td>
</tr>
</tbody>
</table>
## Appendix I: Interview Questions

### INDIVIDUAL LEARNING STYLE

1(a) How would you best describe your ‘preferred’ learning style?

1(b) What strategies do you use to make sense of difficulties/challenges in your life/work?

### KNOWLEDGE OF ACTION LEARNING

2(a) How would you summarise the purpose of action learning?

2(b) How would you describe the processes used in action learning?

### EXPERIENCE OF ACTION LEARNING (based on claims/concerns and issues – information requested in advance and probed at interview)

### EXPERIENCE OF ACTION LEARNING (PREPARATION PLANNING)

4(a) Did you undertake any preparation for action learning? (Yes/No)

If no, would this have been useful, and how?

4(b) Can you provide any examples of the types of preparation?

4(c) Is the way in which you prepare/plan for action learning influenced by your learning style? (Yes/No)

If yes, can you provide any examples?

4(d) How far did you find this preparation helpful/useful?

### EXPERIENCE OF ACTION LEARNING (WORKING AS A GROUP)

5(a) Did the set work as a group? (Yes/No)
<table>
<thead>
<tr>
<th>Appendix I: Interview Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>If no, would this have been useful, and how?</td>
</tr>
<tr>
<td>5(b) Can you provide any examples of how the action-learning group worked together?</td>
</tr>
<tr>
<td>5(c) How far did you find working as a group effective?</td>
</tr>
<tr>
<td>5(d) What factors enabled the group to be effective?</td>
</tr>
<tr>
<td>EXPERIENCE OF ACTION LEARNING (HELPING AND SUPPORTING OTHERS)</td>
</tr>
<tr>
<td>6(a) Did you receive help or support from the action-learning set? (Yes/No) If no, would this have been useful, and how?</td>
</tr>
<tr>
<td>6(b) Can you give any examples of the support/help you received?</td>
</tr>
<tr>
<td>6(c) What strategies did you use to help and support others?</td>
</tr>
<tr>
<td>6(d) Have you ever left an action-learning set ‘mid cycle’? (Yes/No) If yes, what were your reasons for this?</td>
</tr>
<tr>
<td>IMPACT OF ACTION LEARNING: CONFIDENCE/COMPETENCE IN USING ACTION LEARNING</td>
</tr>
<tr>
<td>7(a) On a scale of 1 to 10, how confident do you feel in using action-learning methods in your work?</td>
</tr>
<tr>
<td>7(b) What would make you feel more confident?</td>
</tr>
<tr>
<td>IMPACT OF ACTION LEARNING: OUTCOMES OF ACTION LEARNING</td>
</tr>
<tr>
<td>8(a) How would you summarise the outcomes of action learning?</td>
</tr>
<tr>
<td>8(b) In what ways did you act on or learn from the outcomes?</td>
</tr>
<tr>
<td>SUSTAINABILITY OF ACTION LEARNING: EVALUATING ACTION LEARNING</td>
</tr>
<tr>
<td>9(a) Did you evaluate your action learning (formally or informally)? (Yes/No) If no, would this have been useful, and how?</td>
</tr>
<tr>
<td>9(b) In what ways did you carry out an evaluation?</td>
</tr>
<tr>
<td>Appendix I: Interview Questions</td>
</tr>
<tr>
<td>--------------------------------</td>
</tr>
<tr>
<td><strong>9(c) How far did you find evaluating action learning helpful/useful?</strong></td>
</tr>
<tr>
<td><strong>SUSTAINABILITY OF ACTION LEARNING: ACTION PLANNING</strong></td>
</tr>
<tr>
<td><strong>10(a) Did you record your learning? (Yes/No)</strong></td>
</tr>
<tr>
<td>If no, would this have been useful, and how?</td>
</tr>
<tr>
<td><strong>10(b) How did you record your learning?</strong></td>
</tr>
<tr>
<td><strong>10(c) Has action learning made any difference to how you approach your CPD or work?</strong></td>
</tr>
<tr>
<td><strong>SUSTAINABILITY OF ACTION LEARNING: EMPLOYER/ORGANISATIONAL BENEFITS/VALUE</strong></td>
</tr>
<tr>
<td><strong>11(a) Do the outcomes of action learning benefit employers and organisations? (Yes/No)</strong></td>
</tr>
<tr>
<td>If yes, how would you summarise these benefits?</td>
</tr>
</tbody>
</table>
Appendix J Learning Styles Questionnaire

Name: _______________________________________

This questionnaire is designed to find out your preferred learning style(s). Over the years you have probably developed learning ‘habits’ that help you benefit more from some experiences than from others. Since you are probably unaware of this, this questionnaire will help you pinpoint your learning preferences so that you are in a better position to select learning experiences that suit your style and having a greater understanding of those that suit the style of others.

This is an internationally proven tool designed by Peter Honey and Alan Mumford.

There is no time limit to this questionnaire. It will probably take you 10–15 minutes. The accuracy of the results depends on how honest you can be. There are no right or wrong answers.

**If you agree more than you disagree with a statement put a tick by it.**

**If you disagree more than you agree put a cross by it.**

**Be sure to mark each item with either a tick or cross.**

- 1. I have strong beliefs about what is right and wrong, good and bad.
- 2. I often act without considering the possible consequences
- 3. I tend to solve problems using a step-by-step approach
- 4. I believe that formal procedures and policies restrict people
- 5. I have a reputation for saying what I think, simply and directly
- 6. I often find that actions based on feelings are as sound as those based on careful thought and analysis
- 7. I like the sort of work where I have time for thorough preparation and implementation
- 8. I regularly question people about their basic assumptions
- 9. What matters most is whether something works in practice
- 10. I actively seek out new experiences
- 11. When I hear about a new idea or approach I immediately start working out how to apply it in practice
- 12. I am keen on self-discipline such as watching my diet, taking regular exercise, sticking to a fixed routine, etc.
- 13. I take pride in doing a thorough job
14. I get on best with logical, analytical people and less well with spontaneous, ‘irrational’
15. I take care over the interpretation of data available to me and avoid jumping to conclusions
16. I like to reach a decision carefully after weighing up many alternatives
17. I’m attracted more to novel, unusual ideas than to practical ones
18. I don’t like disorganised things and prefer to fit things into a coherent pattern
19. I accept and stick to laid down procedures and policies so long as I regard them as an efficient way of getting the job done
20. I like to relate my actions to a general principle
21. In discussions I like to get straight to the point
22. I tend to have distant, rather formal relationships with people at work
23. I thrive on the challenge of tackling something new and different
24. I enjoy fun-loving, spontaneous people
25. I pay meticulous attention to detail before coming to a conclusion
26. I find it difficult to produce ideas on impulse
27. I believe in coming to the point immediately
28. I am careful not to jump to conclusions too quickly
29. I prefer to have as many resources of information as possible – the more data to think over the better
30. Flippant people who don’t take things seriously enough usually irritate me
31. I listen to other people’s points of view before putting my own forward
32. I tend to be open about how I’m feeling
33. In discussions I enjoy watching the manoeuvrings of the other participants
34. I prefer to respond to events on a spontaneous, flexible basis rather than plan things out in advance
35. I tend to be attracted to techniques such as network analysis, flow charts, branching programs, contingency planning, etc.
36. It worries me if I have to rush out a piece of work to meet a tight deadline
37. I tend to judge people’s ideas on their practical merits
38. Quiet, thoughtful people tend to make me feel uneasy
39. I often get irritated by people who want to rush things
40. It is more important to enjoy the present moment than to think about the past or future
41. I think that decisions based on a thorough analysis of all the information are
Appendix J: Learning Styles Questionnaire

- sounder than those based on intuition

☐ 42. I tend to be a perfectionist
☐ 43. In discussions I usually produce lots of spontaneous ideas
☐ 44. In meetings I put forward practical realistic ideas
☐ 45. More often than not, rules are there to be broken
☐ 46. I prefer to stand back from a situation
☐ 47. I can often see inconsistencies and weaknesses in other people’s arguments
☐ 48. On balance I talk more than I listen
☐ 49. I can often see better, more practical ways to get things done
☐ 50. I think written reports should be short and to the point
☐ 51. I believe that rational, logical thinking should win the day
☐ 52. I tend to discuss specific things with people rather than engaging in social discussion
☐ 53. I like people who approach things realistically rather than theoretically
☐ 54. In discussions I get impatient with irrelevancies and digressions
☐ 55. If I have a report to write I tend to produce lots of drafts before settling on the final version
☐ 56. I am keen to try things out to see if they work in practice
☐ 57. I am keen to reach answers via a logical approach
☐ 58. I enjoy being the one that talks a lot
☐ 59. In discussions I often find I am the realist, keeping people to the point and avoiding wild speculations
☐ 60. I like to ponder many alternatives before making up my mind
☐ 61. In discussions with people I often find I am the most dispassionate and objective
☐ 62. In discussions I’m more likely to adopt a ‘low profile’ than to take the lead and do most of the talking
☐ 63. I like to be able to relate current actions to a longer term bigger picture
☐ 64. When things go wrong I am happy to shrug it off and ‘put it down to experience’
☐ 65. I tend to reject wild, spontaneous ideas as being impractical
☐ 66. It’s best to think carefully before taking action
☐ 67. On balance I do the listening rather than the talking
☐ 68. I tend to be tough on people who find it difficult to adopt a logical approach
☐ 69. Most times I believe the end justifies the means
☐ 70. I don’t mind hurting people’s feelings so long as the job gets done
☐ 71. I find the formality of having specific objectives and plans stifling
☐ 72. I’m usually one of the people who puts life into a party
73. I do whatever is expedient to get the job done
74. I quickly get bored with methodical, detailed work
75. I am keen on exploring the basic assumptions, principles and theories underpinning things and events
76. I’m always interested to find out what people think
77. I like meetings to be run on methodical lines, sticking to laid down agenda, etc.
78. I steer clear of subjective or ambiguous topics
79. I enjoy the drama and excitement of a crisis situation
80. People often find me insensitive to their feelings

Learning styles – general descriptions

Activists
Activists involve themselves fully and without bias in new experiences. They enjoy the here and now and are happy to be dominated by immediate experiences. They are open-minded, not sceptical, and this tends to make them enthusiastic about anything new. Their philosophy is: ‘I’ll try anything once’. They tend to act first and consider the consequences afterwards. Their days are filled with activity. They tackle problems by brainstorming. As soon as the excitement from one activity has died down they are busy looking for the next. They tend to thrive on the challenge of new experiences but are bored with implementation and longer-term consolidation. They are gregarious people constantly involving themselves with others but in doing so; they seek to centre all activities on themselves.

Reflectors
Reflectors like to stand back to ponder experiences and observe them from many different perspectives. They collect data, both first hand and from others, and prefer to think about it thoroughly before coming to any conclusion. The thorough collection and analysis of data about experiences and events is what counts so they tend to postpone reaching definitive conclusions for as long as possible. Their philosophy is to be cautious. They are thoughtful people who like to consider all possible angles and implications before making a move. They prefer to take a back seat in meetings and discussions. They enjoy observing other people in action. They listen to others and get the drift of the discussion before making their own points. They tend to adopt a low profile and have a slightly distant, tolerant unruffled air about them. When they act it is part of a wide picture which includes the past as well as the present and others’ observations as well as their own.
Appendix J: Learning Styles Questionnaire

**Theorists**

Theorists adapt and integrate observations into complex but logically sound theories. They think problems through in a vertical, step-by-step logical way. They assimilate disparate facts into coherent theories. They tend to be perfectionists who won’t rest easy until things are tidy and fit into a rational scheme. They like to analyse and synthesise. They are keen on basic assumptions, principles, theories models and systems thinking. Their philosophy prizes rationality and logic. ‘If it’s logical it’s good.’ Questions they frequently ask are: ‘Does it make sense?’ ‘How does this fit with that?’ ‘What are the basic assumptions?’ They tend to be detached, analytical and dedicated to rational objectivity rather than anything subjective or ambiguous. Their approach to problems is consistently logical. This is their ‘mental set’ and they rigidly reject anything that doesn’t fit with it. They prefer to maximise certainty and feel uncomfortable with subjective judgments, lateral thinking and anything flippant.

**Pragmatists**

Pragmatists are keen on trying out ideas, theories and techniques to see if they work in practice. They positively search out new ideas and take the first opportunity to experiment with applications. They are the sorts of people who return from management courses brimming with new ideas that they want to try out in practice. They like to get on with things and act quickly and confidently on ideas that attract them. They tend to be impatient with ruminating and open-ended discussions. They are essentially practical, down to earth pile who like making practical decisions and solving problems. They respond to problems and opportunities ‘as a challenge’. Their philosophy is: ‘There is always a better way’ and ‘if it works it’s good’.

In descending order of likelihood, the most common combinations are:

1st Reflector/Theorist

2nd Theorist/Pragmatist

3rd Reflector/Pragmatist

4th Activist/Pragmatist
Scoring and interpreting the learning styles questionnaire

The questionnaire is scored by awarding one point for each ticked item. There are no points for crossed items. Simply indicate on the lists below which items were ticked by circling the appropriate question number.

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TOTALS

Activist     Reflector     Theorist     Pragmatist