

In this article...

- What is action learning and how does it work?
- A review of its use with newly qualified nurses as they transition to the workplace
- Developing an online programme during the coronavirus pandemic

Using action learning to support newly qualified nurses in practice

Key points

Newly qualified nurses have to learn how to manage challenges such as workplace politics and increasing responsibility

Action learning is designed to deal with complex problems that have many possible responses

It uses structured peer support that aims to use questions, rather than giving advice, to help individuals find their own solutions

Our evaluation suggests the use of action learning in this group has been very positive

Action learning can be delivered successfully online

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Abstract Transition to the workplace is a challenging experience for many newly qualified nurses (NQNs). Since January 2018, preceptorship at Oxleas NHS Foundation Trust has included a six-month action learning programme, offering participants the opportunity to find solutions to real-life challenges through peer support. Evaluation shows consistently positive outcomes for NQNs' confidence and skills. In response to Covid-19, the programme successfully moved to online delivery in 2020 with no negative impact on outcomes. A pilot programme is being launched for ward managers to explore whether the programme is applicable to more-senior nurses.

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Oxleas NHS Foundation Trust in south-east London and Kent provides community health, mental health and learning disability services; it employs 1,333 nurses, with an average of 60-65 newly qualified nurses (NQNs) each year. Here, we describe how a six-month action learning programme, introduced in January 2018 as part of preceptorship, has supported NQNs' transition to the workplace. As the commissioner and facilitators of the programme, we explore the reasons for choosing action learning as a learning approach, along with its impact on NQNs and the organisation; we also review its successful transition to online delivery in 2020. Finally, we consider lessons learnt and how the programme might be extended.

Why use action learning?

The transition from student nurse to qualified practitioner is acknowledged as challenging. As pointed out by Kinman et al (2020): "[NQNs] can report feeling apprehensive and unprepared, being treated by

colleagues as if they were students, and feeling pressured as a result of being continually monitored. They tend to feel they have little autonomy, but face high work demands". NQNs have to learn how to negotiate workplace politics, take on new responsibilities, manage more experienced staff, and cope with an under-resourced system, all of which were amplified by Covid-19.

The words 'confidence', 'support' and 'empowerment' appear throughout the Nursing and Midwifery Council's (2020) *Principles for Preceptorship* – yet these qualities can be harder to impart than clinical knowledge and technical skills. A number of research papers, including Whitehead et al (2016), support the use of action learning to help students make the transition to registered nurse.

Until 2017, Oxleas' preceptorship programme comprised six study days with pre-planned content. Evaluation showed that NQNs valued highly the informal support that came from sharing their experiences with peers and wanted it to continue.

Clinical Practice Innovation

Based on her experience of facilitating action learning with student nurses, the preceptorship manager believed the strategy could meet this need. She added a six-month action learning programme to preceptorship, starting in January 2018, to create an opportunity for NQNs to develop skills by exploring real-life challenges in a structured process. She chose external facilitators to help create a sense of safety, recognising that participants would see them as neutral and without a stake in the organisation. She established procedures to deal with any safeguarding or policy issues the facilitators could not resolve.

How the programme works

Each year, three cohorts of NQNs undertake preceptorship. Since 2018, 163 NQNs have completed the action learning programme. The process involves a fixed number of meetings that have a defined structure, as outlined in Box 1.

Highlighted issues

Action learning is designed to deal with complex problems that have many possible responses, rather than puzzles with only one right answer (Fig 1). Only issues in which participants are willing, and able, to take action are appropriate for the programme. That said, actions need not be externally directed and may be internal, such as forming a new habit – for example, deliberately reflecting at the end of each shift on what has gone well, rather than just dwelling on negative experiences.

Most issues involve human dynamics, although some are clinically focused. Common issues include asking, how do I:

- Deliver patient-centred care under time pressure;
- Improve the quality of handover;
- Manage staff who are more experienced than me;
- Provide constructive challenge upwards;
- Influence colleagues to adopt up-to-date practice;
- Feel confident when I am still learning;
- Stay resilient and avoid burnout.

Questions not advice

The aim is to use questions rather than give advice, on the basis that the solution has to be right for this individual in their particular situation. This can be frustrating for participants who – especially at first – will ask “what should I do?” (as an issue-holder) or want to give advice (as a supporter).

The facilitator’s role in keeping the group in questioning mode, rather than advice mode, is critical. Gradually,

Box 1. What is action learning?

Action learning is a method of group learning, in which five to eight participants meet regularly with a facilitator for a fixed number of meetings. A ‘contract’ is agreed, which includes confidentiality. Participants take it in turns to share a current, unresolved workplace issue with the group and receive coaching to identify actions. At subsequent meetings, the issue-holder initially gives progress updates.

The process for a three-hour meeting is:

- **Check in** – each participant shares briefly how they have been since the last meeting
- **Bidding** – each participant outlines an issue they could present on that day. The group chooses two to three, based on urgency, potential learning for all and importance to the issue-holder
- **Airtime for each issue** – the issue-holder describes their situation while others listen; participants ask clarifying, then open, questions to help them explore the issue, consider the options and identify next steps. Open questions begin with words like ‘when’, ‘how’, ‘where’, ‘who’, ‘what’ and ‘why’. Finally, each participant offers the issue-holder a reflection, such as a piece of feedback or observation about the situation
- **Process review** – the group evaluate what has worked well in the meeting and what to improve
- **Check out** – each participant shares something they learned or found useful

participants appreciate that asking a question that creates a “light-bulb moment” for someone else is more satisfying than telling them what to do, and that working out one’s own solution creates a greater sense of empowerment than following advice.

It should be said that action learning does not necessarily suit everyone. One participant commented:

“If you are introvert in your reflective learning or communicate more effectively on a one-to-one basis, this may not be the ideal environment.”

However, the vast majority experience action learning as positive, as shown by the evaluation results for the seven cohorts from January 2018 to June 2020 (Table 1).

Impact of the programme

Participants self-assess their development against a range of criteria, including:

- Development of coaching skills;
- Progress against personal objectives and preceptorship core competences;
- Resolving workplace challenges;
- Developing supportive relationships.

Below, we discuss three key outcomes, namely supporting resilience, empowerment and skills development.

Supporting resilience

As Graham et al (2020) have highlighted, working in the Covid-19 pandemic is a challenge that will likely have an “enduring impact on the mental health and wellbeing of healthcare staff across the globe”. This challenge may be a particular issue for NQNs who are still building coping strategies to deal with stress; in addition, for the 73% of Oxleas NQNs from a Black or

minoritised ethnic group, who face an increased risk of illness or death (ONS, 2020) for themselves and their families (including relatives overseas), this may compound their stress and trauma. In this context, it has been crucial to be able to share the difficult emotions suppressed at work as part of ‘emotional labour’ (Hochschild, 2012) through the action learning process. The comments from 2020’s cohorts illustrate this:

“[Action learning] afforded me a safe space to air my concerns and needs without being judged.”

“[Action learning] helped me to talk about problems I might otherwise keep bottled up. It was a safe place for me to offload.”

“I have developed a coping mechanism, how to look after myself to be able to care for others.”

Empowerment

By encouraging participants to identify actions, action learning has an empowering impact. This is particularly important for those (many) situations in which NQNs have no control, but may have some influence. By exploring the desired outcome and reflecting on the potential consequences of different approaches, NQNs can increase their chance of success. Recent examples include:

- Influencing senior staff to increase their visible presence on the wards during the first wave of Covid-19;
- Encouraging nursing colleagues to allow older patients to carry out more self-care tasks for themselves, thereby supporting independence;

Table 1. Evaluation of action learning for respondents from the seven cohorts (n=131),^a January 2018-June 2020

Achievement of objectives	Mostly achieved (rated 4), n	Fully achieved (rated 5), n	Mostly/fully achieved, %
I achieved my objective relating to active listening skills	47	63	84
I achieved my objective relating to questioning skills	66	42	82
I achieved my personal objective	48	61	83
Experience of action learning	Agree (rated 4), n	Strongly agree (rated 5), n	Agree/strongly agree, %
Action learning has helped improve my practice in the workplace	33	71	79
Action learning was relevant to my work	14	114	98
I would recommend action learning to others	28	96	95

^aBased on 131 completed evaluation forms from 163 (completion rate: 80%). Participant self-assessment was based on a 5-point scale: 1 = low, 5 = high.

- Successfully challenging pressure from non-clinical colleagues (in a prison setting) to rush clinical assessments.

West, et al (2020) commented that NQNs are able to offer unique, new perspectives on service delivery if their colleagues are “open to feedback, learning and the potential of new ways of working”. Even if colleagues are not open to feedback, action learning encourages participants to persevere with different approaches, thereby developing their influencing skills. Small local changes led by NQNs can add up to improved clinical outcomes.

Skills development

Active listening and asking open questions are skills that are central to action learning. This intensive practice increases NQNs' competence and helps them see the value of such working, which may not come naturally. Once embedded, these skills can greatly improve participants' professional practice, as shown by these responses:

“I have been able to listen and empathise more [...] I am able to use this approach to gather the thoughts of my patients and put this into a person-centred care plan.”

“[Action learning] has increased my listening skills, helped with patient care [...] and helped shape the type of intervention I provide at work.”

“[Action learning] has prepared me for becoming a better practice supervisor and gave me ideas of how to support future nurses.”

“[Action learning] has improved my knowledge in the competences, especially in ethical practice, patient care and planning, knowledge of policy and legislation and interventions. [It] has improved my problem-solving skills in dealing with difficult situations.”

This positive self-assessment is reinforced via informal feedback from NQNs' managers, who have witnessed improved skills and confidence.

Transition to virtual delivery

Until 2020, action learning all took place face to face; the first cohort in 2020 had three face-to-face and three virtual meetings. For the second cohort, all meetings were virtual. When asked for preferences:

- 50% of cohort 1 had no preference, 25% preferred virtual meetings and 25% face-to-face meetings;
- 75% of cohort 2 preferred virtual and 25% face-to-face meetings (although they had no experience of face-to-face meetings for comparison).

Overall, only a minority preferred face-to-face meetings; this was mainly because they felt it offered a greater sense of connection. For some, virtual meetings with children at home was distracting – although the primary issue was providing childcare while working, rather than virtual learning itself. The main reasons for preferring virtual action learning were saving time and money on travel, and feeling comfortable at home (Box 2); for a few, turning off their cameras gave a sense of privacy, encouraging fuller disclosure.

What explains this generally positive response to the virtual programme? Brammer's (2020) small-scale study of nursing students' online learning experiences found the main disadvantages were inadequate communication, support and interaction; action learning mitigates these problems in the following ways:

- Communication is reciprocal and based on active listening and questioning. It explores issues of concern to participants in much greater depth than everyday conversations;
- Action learning offers a balance of support and constructive challenge that, over time, can strengthen relationships – several groups established WhatsApp chats for informal support outside of meetings;
- There is plenty of interaction, and the meeting offers multiple opportunities to contribute. In addition, the structured process with regular ‘rounds’ provides protected space for less-vocal participants. As action learning is dialogue based, it requires active engagement rather than the passive participation that can occur when watching talks, slideshows or videos.

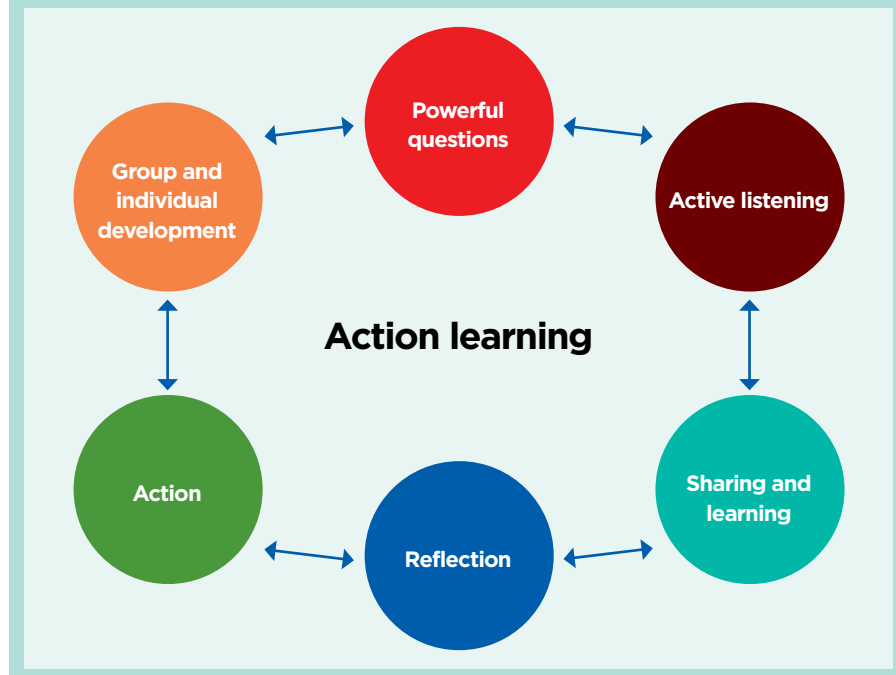
Both facilitators were experienced in virtual action learning, so could model authentic confidence in the process. There was still a chance to work in pairs or trios in breakout rooms, building confidence for more-reticent participants.

These factors may explain why action learning has translated well to virtual

Box 2. Action learning and Covid-19

- The challenges facing NQNs have been particularly great during the Covid-19 pandemic, heightening the need for support though action learning
- Social distancing meant we had to move to online meetings
- Our evaluation shows positive feedback with only a small minority preferring the face-to-face meetings
- Many welcomed the benefits of a virtual programme, including reduced travel
- Action learning may be particularly suited to online delivery because interaction is built into the process

Fig 1. Action learning process



delivery. Our evaluation of 2020's cohorts shows no demonstrable change in outcomes against previous years.

Lessons learned

Action learning – like any organisational intervention – can succeed or fail, depending on context. Here, we review the factors that have contributed to this programme's success, potential for wider use and systemic limitations.

Factors for success

Sponsorship. The preceptorship manager actively promotes the benefits of action learning to NQNs. As facilitators, we see that participants trust and respect her, so her endorsement helps them engage with a learning experience that differs from the didactic approaches they are used to. As one respondent explained:

“Initially [I] thought [action learning] would be a waste of time but now I think it's the best bit [of preceptorship] to make me reflect what kind of nurse I want to be.”

Safety. Using external facilitators to enhance a sense of confidentiality is balanced by a clear process for referring safeguarding and policy issues.

Enabling attendance. The preceptorship manager liaises with NQNs' line managers to secure their study leave and follows up any unnotified absences. Work pressure

“NQNs have to learn how to negotiate workplace politics, take on new responsibilities, manage more experienced staff, and cope with an under-resourced system – all of which were amplified by Covid-19”

might otherwise impact on attendance, and negatively affect the continuity and quality of the action learning experience. Average attendance to date is 83%.

Potential

Themes that emerge from action learning are written up in evaluation reports, which are subsequently shared at workforce meetings with senior managers. Recently, we highlighted the following issues:

- The impact of compassionate leadership during the pandemic;
- The value of managers using a coaching approach, rather than defaulting to authoritative mode;
- The need to respond to Covid-19's disproportionate impact on staff from Black and minoritised ethnic groups.

As a result of this evaluation, a pilot action learning-based programme for ward managers started in autumn 2020; this is set to explore whether similar benefits can be created for a more-senior cohort.

Limitations

Some of the challenges facing NQNs stem from systemic issues, such as:

- Chronic understaffing due to increasing numbers leaving the profession;
- Additional hours to compensate for low pay and high cost of living;
- Institutionalised racism – as noted by Ross et al (2020) – and other “wicked” problems (Rittel and Webber, 1973), which have been defined as those that avoid straightforward articulation and are impossible to solve in a way that is simple or final, such as the lack of integration between health and social care.

Participants may find personal solutions (such as leaving a very stressful role or dysfunctional team), but these underlying problems continue to affect other NQNs.

Conclusion

Action learning has had a consistently positive impact on the skills development and confidence of NQNs since it was introduced. It demonstrates the value of a learner-led agenda, based on live workplace issues and a learning process that develops transferable skills. We are hopeful that action learning can be extended throughout the workforce so it becomes embedded in the organisation's culture and all nurses' working practice.

• Declaration of interest: as the facilitators commissioned by Oxleas NHS Foundation Trust, Jane Garnham and Mandy Hetherington have a commercial interest in the action learning programme. **NT**

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