Reflective learning in a learning organisation: the roles of action learning and coaching

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Introduction

The importance of reflective learning and, indeed, of reflective practice have long been common emphases in the nursing literature (e.g. Johns, 1995; Mackintosh, 1998; Taylor, 2006). Though many clinical decisions are experienced as intuitive (Cioffi, 1997), the importance of conscious deliberation and analysis in supplementing tacit knowledge is also acknowledged (Eraut, 2000). Reflection is thus a practice taught to pre-registration nurses (Davis, 1995; Pierson 1998) and encouraged in qualified practitioners by structures such as clinical supervision (NMC, 2008).

Whereas reflection is usually conceptualised as an individual or small group activity, literature about the learning organisation (Argyris and Schön, 1978; Senge, 1993; Argyris, 1999; Garratt, 2003) focuses on learning at the organisational level. Organisations can build on the individual learning of staff by,

> *'the assimilation of individual knowledge into new work structures, routines, and norms. Learning organisations see a central role for enhancing personal capabilities and then mobilising these within the organisation.' (Davies and Nutley, 2000, p. 998)*

'Reflective learning in a learning organisation', the name of a development programme commissioned in an NHS organisation in London thus signals an aspiration to promote individual learning in a context where the benefits could enhance the organisation as a whole.

The programme ran from 2009 to 2011 in a Primary Care Trust (PCT), and included four types of interventions: action learning sets, individual coaching, clinical supervision training, and workshops for specific services. It was delivered by a team from the local higher education provider. Middle and senior managers such as team leaders and service managers were offered the chance to benefit from the programme. All four components embodied a belief in the importance of reflective learning. This paper considers the action learning and coaching components of the programme.

Action learning sets (ALS) are,

> *'based on the notion that people learn most effectively when working on real-time problems occurring within their own work setting' (Young et al, 2010,* page 107).

They consist of regular meetings of a limited number of set members who meet to discuss their work, focusing in turn on situations in which an individual wishes to act effectively. Typically, an individual will describe the situation, after which other set members will ask questions or offer reflections designed to encourage the individual to reflect on possible courses of action and their consequences. The result is an action plan, and at the next set meeting, progress is reported and reviewed by the

individual to the group (McGill and Beaty, 2001). Typically, ALS include a facilitator though some sets are self-facilitated. Well-functioning sets require ground rules and a predictable structure within which individuals can trust their colleagues to be open and honest in discussions (McGill and Beaty, 2001), and in order to emphasise this the ALS literature often describes and recommends processes and structures for set meetings in some detail.

While ALS should help the individual to act more effectively in the situation of interest, set members learn from the *process* too, not only about how they might themselves handle a similar situation, but also about how to support problem-solving in others. Sets often include time to reflect not only on the content of the situation, but also on how set members offered and received support. ALS are frequently used in health care organisations to encourage reflective practice (e.g. Kinnane, 2001) and to develop leadership (e.g. Rayner et al, 2001).

Though some authors have argued that coaching is not clearly defined (Fielden et al, 2009, p. 92), a useful working definition is that coaching is,

> *'a process through which an individual is provided with one-on-one interaction to either address specific developmental issues, receive feedback on strengths and opportunities for improvement, or to receive support and guidance through times of transition.' (Karsten et al, 2010, p. 140)*

Descriptions of the process and content of coaching sessions tend to be less detailed than those for ALS. Whereas ground rules and predictable structures are regarded as essential to ALS, the structure of coaching sessions can be negotiated on the spot by the two people involved. Coaching is used for a range of purposes relating to skills for the workplace, e.g. communication (Egener, 2008; Croffoot et al, 2010), conflict resolution (Brinkert, 2010), etc.

This paper draws on an evaluation of the programme, concentrating on data relating to the first two interventions. Although there were significant levels of activity in connection with the last two (seven clinical supervision training courses attended by over 60 people, and eleven service specific workshops involving over 180 people), few evaluation data about them were obtained.

Aims and methods

The aim of the evaluation, which was carried out between May and July 2011, was to obtain participants' views of these interventions, both as experiences in their own right and as the springboard to changes in working practices at individual, team, service and organisation levels.

It gathered data as follows:

- analysis of documentation produced during the delivery of the programme (documents relating to the administration of the programme; feedback sheets completed anonymously by participants during or at the end of interventions; feedback summaries compiled by facilitators based on anonymous participant feedback during or at the end of interventions);

- an anonymous online survey of participating staff (one for each intervention type); and

- focus groups (audio-taped and partially transcribed) with participating staff.

(see appendices 1 – 4 for data gathering tools).

It was intended to run one focus group for each intervention type, but in the event participant staff attended when convenient rather than as designated. In any case, some had experienced more than one type of intervention. Details of the feedback sheets, survey questions and focus group topic guide are available in the appendices.

For a number of reasons, a robust quantitative analysis of the data could not be attempted. First, not all participants in the programme received invitations to take part, which explains why numbers in Table 1 are different from participant numbers in the text (see the paragraph headed 'Activity'). Second, there were low participation rates in focus groups and surveys. Third, some numbers cannot be identified (for example, numbers included in facilitators' feedback summaries). Fourth, while some participants have contributed no data, others may have contributed more than once, either because they contributed to more than one method of data collection, or because they attended more than one type of intervention, or both. Because of anonymity, such duplications cannot be identified. Quantitative generalisations are therefore not possible, although some quantitative data from the surveys are included for interest (Table 2).

Free text data from feedback sheets, summaries and the online surveys have therefore been treated as qualitative data, and together with focus group data, have been analysed thematically (Braun and Clarke, 2006): the data were read and re-read, compared, and significant themes were identified and categorised.

As an evaluation, the study did not require Research Ethics Committee approval, though the principles of informed consent, confidentiality and anonymity were observed throughout. The study was funded from the money made available for the programme as a whole.

Findings

Activity

Administration documents indicate that thirteen ALS were run, which together included sixty-five people. Each ALS comprised twelve three-hour sessions over a year. Fifty-four people received coaching. Twenty members of staff experienced both interventions during the thirty months of the programme.

<u>Response</u>

Sixteen people completed the ALS online survey; five attended focus groups; there were three completed individual feedback sheets, and ten feedback summaries. Twelve people completed the online survey about coaching; six attended focus groups; there were eighteen who completed individual feedback sheets, and three individual feedback summaries. Individual staff may have contributed to the evaluation by more than one method: four focus group members had experienced both interventions, for example, and this may also be true of those contributing to

other strands of the evaluation. Table 1 itemises the sources of data and the number of people contributing to each.

There were low response levels to the invitations to take part in the online survey and to attend focus groups. Though a limited response may be expected in any circumstances, a particular factor may have been the situation in which staff found themselves when invited, in that the PCT was in the process of being divided and merged with other organisations. Such turbulence is likely to have preoccupied staff and may have made them less likely or able to participate in the evaluation.

Source	*ALS* *N = 52*	*Coaching* *N = 32*
Feedback sheets (individual)	1	18
Feedback summaries (compiled by facilitators)	10	3
Online survey (number responding / number invited / *response rate*)	16 / 52 / *30.8%*	12 / 32 / *37.5%*
Focus group participants (number responding / number invited / *response rate*) (7 people altogether, 4 received both interventions)	5 / 52 / *9.6%*	6 / 32 / *18.8%*

Table 1 Data sources for the evaluation

It must be emphasised at the outset that comments by those contributing to the evaluation were overwhelmingly positive about the value of the interventions. It is not clear whether negative views were very rare, or whether those holding them declined to contribute.

As will become evident, participants reported that the two types of intervention yielded broadly similar benefits and outcomes, and these are therefore reported together, with differences noted as they arise.

<u>Learning</u>

Communication was a major emphasis. Many participants commented on having learnt not only about its overall importance, but also about particular communication styles and skills. There was frequent mention of how participants had learnt how to be more facilitative and empowering in communicating with others; how to improve their listening skills and how to use an appropriate questioning style (open questions). Some felt that their awareness of voice and body language was enhanced; some, that they had learnt about assertiveness and about techniques for giving feedback.

As well as communication skills, participants also reported learning about other specific skills relevant to their work: how to set clear objectives and targets; how to prioritise; problem-solving and action-planning; ‘thinking outside the box’ and finding alternative strategies; facilitation skills; and knowing when to address issues and when to let them go.

The interventions had also contributed to personal development. For example, some participants believed that their self-awareness had improved, together with increased confidence in their own skills and in being 'good enough'. Others felt that they had learnt how to manage stress at work better, and/or how to achieve a better work-life balance. A few reported that they had learnt the importance of taking responsibility for oneself ('*I do have options'*), and, on the other hand, not taking on too much responsibility ('*I can't change the world and protect everyone – I am not everyone's mum'*). Some explained that participation had demonstrated the importance of ring-fenced reflective time.

ALS in particular provided a good model of how to work with others (see Box 1): a focus group participant said that ALS are *'a good place to practice skills you use as a manager'.*

ALS modelled good working relationships by helping participants to:

- acknowledge and appreciate different perceptions, professions and personalities ('*more than one way to skin a cat'*; '*my way is not their way'*);
- encourage information exchange about different roles;
- value mutual cooperation and support ('*nobody can do it alone'*; talking about problems helps; '*peer support is crucial'*);
- understand how problem-solving and ideas-generation come from discussion with others (learning from others' experience);
- realise that issues are commonly shared across different services and personalities ('*you share issues, though you don't always realise it')*;
- share knowledge and skills across the Trust; and
- develop influencing skills.

Box 1 ALS as model for relationships

Though the perceived learning from both interventions was similar, they were not identical. The data suggest that coaching was associated more strongly with learning about leadership and influencing skills, and ALS with learning about reflection and problem-solving. Such differences make intuitive sense: ALS are designed to use reflection to promote problem-solving, while senior staff would naturally discuss leadership in their coaching sessions.

<u>Impact on practice – qualitative data</u>

This section divides the impacts on practice into three categories: managing teams; managing upwards; managing self. Box 2, however, illustrates that this division does not necessarily convey the sense of multiple impacts reported by subjects. A fourth category (coping in difficult times) is also included, as questions about the interventions' role in helping staff to cope were included in the focus groups at the request of the PCT.

'I'm more aware of the purpose of conversations and steering things towards a positive outcome; also how to separate work from my personal identity; and asking questions that help others to think effectively and find their own solutions to problems rather than 'fixing it' for them.'

'Being assertive to undertake change management discussions with my manager regarding my caseload; educating other professionals to understand my role; manage my perfectionist/workaholic behaviour to ensure work-home balance; supporting a colleague to date on an issue I have gained experience from managing in the past; being pro-active in evaluating the future of my role and making recommendations.'

'You tend to believe that you have to do it all – and expect everyone along the way to not do it as well as you. But you can't, you work within limits – it is good learning, and has reduced my stress level – I've been trying to change the world. The need to understand that things happen by ripple effects that are beyond your control.'

Box 2 Multiple impacts of the programme

Managing teams

Outcomes mentioned were both general and very specific. Areas of improvement included team facilitation skills. One said,

'[I'm] more collaborative - engaging colleagues and line managers more.'

Another made the same point about the team she managed:

'each team member feels included (as appropriate) when key decisions are made.'

Participants described how they had improved their listening skills, and were more able to encourage others to speak*:*

'I have started to think about my style of questioning… the importance of open questions.'

Others spoke specifically of their improved ability to delegate responsibility.

'I focus on strengths of those I manage rather than weaknesses – delegate more.'

Another reported putting into practice learning about how

'to set boundaries with staff and influence them to be more responsible for their performance, both as an individual and as a team.'

Thus teams as well as team-leaders were being empowered as a result of the programme.

Some reported having learnt how to respond better to conflict: the programme had

'*provided a framework for managing and resolving conflict.'*

Another wrote:

'Meetings are more relaxed and … team dynamics are more manageable.'

Indeed, this person felt sufficiently confident with conflict to use it creatively:

'I consciously decide when to use support or to challenge, and I respond appropriately when there are clashes in the team.'

Others mentioned more specific skills, such as skills in appraising staff and using models to assess staff satisfaction and feedback.

Managing upwards

A number of staff mentioned instances of working better with their line manager. This might reflect a more realistic assessment of what to expect:

'Better relationship with manager, I'm not wasting energy fighting for something I can't have.'

Others mentioned assertiveness:

'I used to be quiet, I didn't always put my point of view across. I do now!'

This focus group participant added that she had pointed out to her manager that the latter gave only negative feedback: after this, she began to receive praise as well as criticism.

More commonly, improvements related to negotiating workload.

'More able to say 'no' and to do so in a manner where I provide my manager for reasons why I can't do something or how a different approach might help.'

A number of staff mentioned gains in confidence when working with senior staff in general:

'I'm more respected in debates, now that I challenge.'

One focus group participant explained how finding her voice in meetings with senior staff had enabled her to challenge a very senior member of staff, thereby bringing about the adoption of a patient pathway that was cheaper as well as clinically more appropriate.

Managing self

Staff frequently mentioned being better at organising their own work. This included time management and prioritisation. Staff receiving coaching in particular mentioned using specific tools that their coaches had suggested:

'I use models for appraising situation and options.'

Another reported improved tactical planning:

'Thinking about what I want the outcome of a situation to be and preparing myself in advance regarding wording and approach.'

This might involve using increased self-awareness to inform decisions:

> *'Being aware of my weaknesses and avoiding replicating situations which I look back on in anger.'*

Participants frequently reported that they communicated better:

> *'I have learned to focus better (waffle less) and to present the important issues more succinctly so that I achieve greater clarity.'*

Reductions in work-related stress was also reported.

> *'Over my career I have required approx. three 'unscheduled' duvet days a year as it all 'gets too much' and I take on responsibilities which are not necessarily mine to take. ALS and coaching has helped me to 'pace myself' as well as learn to take a step back and see things in small chunks, to then not feel overwhelmed by them. No duvet days this year!!!'*

Impact on practice – quantitative data

Participants in the online surveys were asked to consider a list of possible benefits of the interventions and to tick those that matched their own experience. The results are listed in Table 2. For the reasons already pointed out, the results cannot be treated as a reliable indicator of the views of programme participants as a whole. In particular, the Total Number will include twice anyone who replied to both surveys. However, the quantitative data are consonant with the qualitative data, and make intuitive sense; they are therefore presented here for interest.

Being in an ALS/ receiving coaching helped me to:	*ALS Number (%) N = 16*	*Coaching Number (%) N = 13*	*Total Number (%) N = 29*
Use problem-solving methods more	14 (87.5)	9 (69.2)	23 (79.3)
Improve my leadership/influencing skills	12 (75.0)	11 (84.6)	23 (79.3)
Be more reflective	14 (87.5)	8 (61.5)	22 (75.9)
Be more self-aware	11 (68.8)	9 (69.2)	20 (69.0)
Be more confident	11 (68.8)	9 (69.2)	20 (69.0)
Think about work more clearly	11 (68.8)	8 (61.5)	19 (65.5)
Improve my communication skills	10 (62.5)	7 (53.8)	17 (58.6)
Be more assertive	8 (50.0)	8 (61.5)	16 (55.2)
Improve my facilitation skills	8 (50.0)	8 (61.5)	16 (55.2)
Have better relationships with the people I manage	10 (62.5)	4 (30.6)	14 (48.3)
Be more positive about myself	8 (50.0)	6 (46.2)	14 (48.3)
Have better relations with colleagues	10 (62.5)	2 (15.4)	12 (41.4)
Work more collaboratively	7 (43.8)	4 (30.8)	11 (37.9)
Have a better relationship with my manager	6 (37.5)	4 (30.8)	10 (34.5)
Manage my work life balance better	5 (31.3)	5 (38.5)	10 (34.5)
Manage my workload better	6 (37.5)	3 (23.1)	9 (31.0)

Table 2 Benefits of the interventions

The large percentage differences (47.1% and 31.9%) between the two surveys for better relationships (with colleagues and 'people I manage') are interesting, and perhaps unsurprising, given that ALS deliberately provides a forum for social rather than individual learning.

Coping in difficult times

Those participating in focus groups were asked whether the interventions had helped them to deal with team and personal turbulence resulting from the consequences of budget pressures and the forthcoming dismantling of the PCT and merging with other organisations. Some felt that the skills they had learnt had helped them support staff better.

> *'[Coaching] has helped me to have clear supportive discussions with staff about the uncertainty.'*

Some felt that they had used their assertiveness to defend their staff's interests:

> *'I try to support people at risk and help them to see that their supervisor is fighting to save them, make them feel supported.'*

Others felt they had been able to communicate more effectively, to the advantage of their teams.

> *'I've used the skills I learnt to get information about the re-organisation and to pass this on to the team, who were feeling in the dark.'*

The programme had also been helpful personally: it

> *'helped me to feel sane in difficult times.'*

Discussion

These very positive findings should not be assumed to be typical. It is unclear if non-respondents would report similar benefits; non-respondents may have been less satisfied and less convinced that their skills had been enhanced by their participation in the programme. These interventions are not suitable for everyone, which is one reason why it is suggested that attendance at ALS should be voluntary (McGill and Beaty, 2001).

A further limitation of the data is that, although there is no reason to doubt that respondents' reports of changes in their practice were sincere, the evaluation design did not allow for such reports to be confirmed or disconfirmed by others. It is possible to gather evidence that is more robust than self-report (e.g. using a 360° appraisal model to evaluate changes in communication, management and facilitation skills as experienced by colleagues, managers and managed staff). But such methods are much more expensive, and were beyond the resources available in this case. In any case, improvements in service provision are the results of the complex and cumulative interplay of multiple factors over time and across departments. Colleagues, managers and managed staff might therefore be unable to attribute observed changes specifically to the programme, like the participants themselves. As one focus group participant noted,

> *'coaching works in conjunction with ALS. It's a long-term change process, incremental development rather than epiphanies. And that makes it hard to say what's changed.'*

Similarly, there is only limited evidence that the learning reported resulted in identifiable actions intended to lead to specific outcomes. These are important not only in the current NHS, but also in learning organisation theory: for example, Argyris (1999) writes of 'actionable knowledge' (p. 297). But for the reasons outlined above, robust evidence of cause and effect is necessarily elusive when structures and processes are complex.

Although 'reflective learning' might be regarded as somewhat vague and 'fluffy', and has been challenged as 'a flawed strategy for the nursing profession' (Mackintosh, 1998, page 553), the data show that the programme's impacts relate clearly to improved management skills. This is partly because the interventions were offered to staff with management or leadership responsibilities. However, there was little evidence that the programme had enhanced the degree to which the PCT was a learning organisation. To be fair, the programme had not explicitly aimed or claimed to do this. Nevertheless, the question arises, particularly in times of acute financial pressures such as the NHS is currently experiencing, to what extent do programmes such as this create sustainable rather than one-off learning? Davies and Nutley (2000) assert that learning in a learning organisation

> *'occurs at different levels—single loop learning is about incremental improvements to existing practice; double loop learning occurs when organisations rethink basic goals, norms, and paradigms; and meta-learning reflects an organisation's attempts to learn about (and improve) its ability to learn. Learning organisations attempt to maximise learning capacity by developing skills in double loop learning and meta-learning'. (Davies and Nutley, 2000, p.998)*

From this point of view, the programme appears to have achieved only single-loop learning. There was an assumption that the organisation would benefit cumulatively from individual development, but specific mechanisms were not put in place to ensure that this should happen. This is not unusual; for example, in discussing another programme, Easterby-Smith et al (1997) noted that

> *'the missing link between Action Learning and the creation of a learning organization was integration at the strategic level' (Easterby-Smith et al, 1997, p. 353).*

In writing about learning organisations, Garratt (2003, p. ix) sees a role for three distinct groups (leaders, staff and consumers). Those attending the programme were managers, but they were not the organisation's leaders. Garratt (2003, p.3) also identifies three sorts of learning: policy learning, strategic learning, and operational learning. These frameworks are helpful in defining the scope of the programme, which was aimed at promoting operational learning among staff (to be sure, staff with management responsibilities) rather than policy and strategic learning among leaders.

This limited aim might be viewed as evidence of a lack of ambition. However, it is debatable whether NHS organisations such as PCTs have sufficient freedom in the realms of policy and strategy to make those areas of learning a realistic objective. Evidence suggests that PCTs, for example, have not felt empowered to set policy and strategies other than those prescribed by the Department of Health (Abbott et al, 2008). Commentators have long noted that the way the NHS is organised obstructs the creation of learning organisations (Timpson, 1998; Sheaff and Pilgrim, 2006).

> *'The capacity of NHS organisations to follow 'learning organisation' norms remains constrained by two powerful interests – policymakers and clinicians. Policymakers are often disinclined to publicise, let alone openly learn from, organisational evidence or experience that challenges current policy norms. We also have pointed out some tensions between learning organisation norms and the institutions through which the clinical professions continue to train and socialise their members.' (Sheaff and Pilgrim, 2006, p. 10)*

There is no reason to doubt that respondents in this study were constrained by both these interests, though they did not articulate these constraints.

Furthermore, by the end of this programme, the organisation was being split into two segments, each of which was to join another organisation. It was therefore not well-placed to achieve double-loop or meta-learning about policy, strategy or operations. In theory, it would be possible to create structures for sustaining reflective learning in the new organisations, without the sustained investment that this programme required. Those who benefited from the programme could be enabled to provide alternatives to ALS and coaching such as peer support forums, buddying and mentorship schemes. However, though we do not have data to confirm this, it seems unlikely that many participants would have felt able to prioritise such initiatives at a time of job losses and major reorganisation; nor can it be assumed that the new organisations would themselves adopt such priorities.

Conclusion

What the programme and its evaluation demonstrate is that ALS and coaching are effective ways of enhancing a range of leadership skills among middle managers, as well as providing them with support. The challenge for organisations wishing to achieve double-loop learning and meta-learning is to ensure effective links between operational and strategic levels. Though structures were not put in place to diffuse learning from the programme, such diffusion may happen informally. A more extensive evaluation could have examined whether participants' learning had 'knock-on' effects; whether, for example, the newly-acquired ability to manage workload better was resented by those trying to delegate work to participants. Allowing for data limitations, however, this evaluation demonstrated the potential of both ALS and coaching to provide effective management training.

Acknowledgements

We are grateful to all staff who took part in the evaluation; and to Janet Murat, who commissioned the programme (including the evaluation).

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Appendix 1. Action Learning Evaluation Sheets

Please answer the following questions in relation to the action learning process
What are the most significant/important/valuable things that you have learned?
What is the most important thing that you have learned about yourself?
Which aspect of action learning stands out most for you?
In what way could the learning set have been improved for you?
What things did you enjoy most about the learning set and why?
What things did you find most difficult about the learning set and why?
Are there any other comments you would like to make about your experience of working in a learning set e.g. facilitator?

Appendix 2. Coaching evaluation sheet.

Against the background of the objectives which brought you to coaching –

1. What has changed for you? What are you able to do now which you were not doing previously?
2. What did you find particularly useful about the coaching sessions and your coach? Please mention as many factors as you wish
3. Has there been anything that you have not found helpful or could have been handled differently?
4. In summary, how useful have you found the coaching overall:

1 = not at all useful, 10 = extremely useful. Please circle a number
1 2 3 4 5 6 7 8 9 10

Appendix 3. Topic guide for focus groups.
In which aspects of the programme did you participate?
Have you noticed differences in your behaviour / practice as a result of the programme?
What have been the consequences, if any, for yourself, your team, your service, your organisation?
Would the staff you work with notice a difference?
Did the programme help you to deal with current organisational turbulence?

Appendix 4. Online survey questions.

4a. Coaching survey

1. We are interested in learning about the outcomes of the coaching you received. Please tick all of the following statements that apply to you, and list any other outcomes at the end. Coaching has helped me to:

- ☐ be more self-aware
- ☐ be more reflective
- ☐ be more confident
- ☐ be more positive about myself
- ☐ be more assertive
- ☐ think about work more clearly
- ☐ use problem-solving methods more
- ☐ manage my workload better
- ☐ manage my work-life balance better
- ☐ improve my communication skills
- ☐ have a better relationship with my manager
- ☐ have better relationships with the people I manage
- ☐ have better relationships with colleagues
- ☐ work more collaboratively
- ☐ improve my leadership/influencing skills
- ☐ improve my facilitation skills

Other (please specify)

2. Were there any negative outcomes of coaching? If so, please describe.

3. Please give examples of how you have applied your learning in practice.

4. Please add any other comments you wish to make about coaching.

4b. ALS survey

1. We are interested in learning about your experience of being in an Action Learning Set. Please give examples of how you have applied your learning from the Set in your practice.

2. Please tick all of the following statements that you agree with.

Being in an Action Learning Set has helped me to:

- ☐ be more self-aware
- ☐ be more reflective
- ☐ be more confident
- ☐ be more positive about myself
- ☐ be more assertive
- ☐ think about work more clearly
- ☐ use problem-solving methods more
- ☐ manage my workload better
- ☐ manage my work-life balance better
- ☐ improve my communication skills
- ☐ have a better relationship with my manager
- ☐ have better relationships with the people I manage
- ☐ have better relationships with colleagues
- ☐ work more collaboratively
- ☐ improve my leadership/influencing skills
- ☐ improve my facilitation skills
- ☐ understand better how to be a clinical supervisor

Other (please specify)

3. Were there any negative outcomes of being in an Action Learning Set? If so, please describe.

4. Please add any other comments you wish to make about being in an Action Learning Set.