How to use action learning sets to support nurses

5 key points

1 Action learning sets involve peer-discussion groups working to resolve individual workplace issues

2 Benefits include enhancing communication skills and developing self-awareness and leadership skills

3 ALS is a dynamic and evolving group process

4 Similarities between clinical supervision and ALS suggest they are equally suited to developing professional standards in nursing

5 ALS could be used as a supportive tool to empower nurses in today’s challenging healthcare arena

In this article...

- What an action learning set is and how to carry one out
- What the research says about using ALS in nursing
- Experiences of using this approach in the workplace

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Action learning allows staff to develop their own skills in resolving individual workplace issues, by using enhanced communication skills in a group setting. It is usually carried out using a set format: participants present issues, other group members then explore these and enable individuals to see what actions they can take to resolve them. The benefits of action learning sets (ALSs) extend beyond the individual, by enhancing communication skills and helping to develop self-awareness and leadership skills. Individual staff and the organisations they work in can benefit from employees developing these attributes.

ALSs have been incorporated into:
- Leadership programmes (Royal College of Nursing, 2011; Onyett, 2002);
- Projects to enhance standards of care (Hewison et al, 2011);
- Pre- and post-registration nursing and midwifery courses (Abbott, 2011; Lee and Porteous, 2010).

They could be used in everyday practice as a method of clinical supervision, without requiring specialist training for clinical supervisors.

As nurse teachers (registered with the Nursing and Midwifery Council), we used an ALS as a supportive mechanism to help with our transition to lecturer roles in a university setting. By using reflective analysis, we found there were many transferable benefits from being a member in an ALS.

This article explores how clinically based nurses could use ALS to help resolve the diverse issues they face during these challenging times for healthcare.

What is an action learning set?

An ALS is a “continuous process of learning and reflection supported by colleagues, with an intention of getting things done, it aims to be of benefit to the organisation and the individual” (McGill and Brockbank, 2004). Each member of the set presents a professional issue for confidential discussion. Other members, termed “enablers”, seek clarification of what is involved by challenging the assumptions the presenter makes.

A fundamentally important feature of the ALS process is the presenter’s responsibility to develop an action plan during the meeting based on greater understanding of their issue, through group discussions (Wilson et al, 2003). The impact of each member’s action plan in practice becomes the starting point for discussion in the next session. After presenting their issue, members can rotate and act as enablers so each person plays each role in turn (Fig 1).

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Peer-group discussions help build effective teams

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Abstract Haith MP, Whittingham KA (2012) How to use action learning sets to support nurses. Nursing Times; 108: 18/19, 12-14. Action learning sets involve regular, action-focused peer-discussion groups that address workplace issues. From reviewing the literature and our own experience, we found that ALS builds trust, helps professional development and enables action on issues/problems. This approach represents a workable peer-group supervision format worth considering in education and practice.

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Methods of undertaking an ALS
ALS is a dynamic and evolving group process; perhaps not surprisingly the method of undertaking it is also fluid. There are varying views in the literature on how to conduct an ALS in practice; the methods used in ours include these common features:

- Closed, set membership – a group of 3–7 is recommended (Johnson, 1998);
- Scheduled meeting times should be planned and supported by the employer to ensure attendance is possible – ALS should not be seen as a lower priority due to competing priorities or clinical practice, but rather as an integral supportive mechanism;
- Meetings should be ongoing and regular (perhaps every 4–6 weeks);
- Agreed time limits on presentations need to be set – often half an hour to one hour per member (West, 2005);
- Each member takes turns presenting and facilitating issues within every set meeting;
- The ALS must remain confidential without managerial involvement (unless duty of care requires disclosure);
- Meetings are normally facilitated by a permanent member of staff who does not present their own issues.

How other studies have used ALS in nursing
ALS research has been conducted in a number of clinical areas. All these included the broad aim of workplace improvement. Examples within nursing practice are:

- An acute nursing setting (Rivas and Murray, 2010);
- Palliative care (Hewison et al, 2011).

Comparing ALS with clinical supervision
Disclosure and exploring issues can be difficult and it is necessary to work through initial emotional discomfort in the ALS process to find practical solutions to problems (Lee and Porteous, 2010). The ALS emphasis on practical workplace developments and the uncomfortable nature of self-examination are processes also found in clinical supervision.

Further similarities between ALS and peer-group clinical supervision include: seeking to build trust between supervisors, and with their facilitator; confidential, work-focused, regular meetings; and seeking to empower members to develop personal solutions to workplace problems by challenging their own practice (Nursing and Midwifery Council, 2008; Wilson et al, 2008; Hawkins and Shohet, 2006). The major difference between ALS and other group supervision formats is the replacement of an individual supervisor by supervision from a group of suitably qualified and experienced peers.

Despite encouraging findings from research on ALS in the nursing context (Hewison et al, 2011; Rivas and Murray, 2010; Young et al, 2010), the approach has not so far been proposed in policy documents as a means of improving nursing practice. However, parallels between clinical supervision and ALS suggest they are equally suited to developing professional standards of nursing in practice.

The NMC (2008) requires that: “Every registered nurse should have access to clinical supervision and each supervisor should supervise a realistic number of practitioners.” It went on to define clinical supervision as an activity that “supports practice, enabling registered nurses to maintain and improve standards of care”.

ALS offers an efficient supervision format, by working with multiple team members simultaneously, something useful in clinical areas experiencing under-staffing. The NMC did not advocate understanding and confidence in issues such as accountability and clinical competence. Hewison et al (2011) reported participants found ALS useful in organising and developing care within end-of-life workplace teams, enabling staff to gain necessary new knowledge and improve communication skills.

Some studies report the challenges faced by clinically based nurses to maintain attendance at ALS when faced with the competing demands of clinical activity (Hewison et al, 2011; Lamont et al, 2010).

Reflexstock
specific models of clinical supervision; instead, it suggested: “Registered nurses and managers should develop the process of clinical supervision according to local circumstances” (NMC, 2008). Therefore, ALS is a permissible and realistic approach to clinical supervision. Although nurses may still struggle to protect time for ALS (Hewison et al, 2011), at least there is no resource need for a trained clinical supervisor.

These are challenging times for nurses and time for one-to-one meetings with a clinical supervisor, although valuable, can be extremely difficult to maintain. Time to meet as a group, using ALS to facilitate peer-group learning, development and support may well be a more viable alternative solution. The ALS structure is flexible enough to support nurses experiencing a range of issues, but is sufficiently structured and has an evidence base that allows employers to see the potential benefits.

Our experience
Our experience of being part of an ALS led us to believe that it is a useful format for the practical application of clinical supervision. We are members of a new ALS created as a supportive package during our induction to a new workplace as nursing lecturers. This group is ongoing and, at the time of writing, has met every month over a 12-month period. An experienced member of academic staff, who did not manage or work directly with any of us, facilitated our sessions. Their role was to encourage enabling members’ use of open questions, and to ensure presenters focused on workplace issues (Bell et al, 2007). Members agreed to participate in an evaluative research project, where they wrote a reflective account of the impact of the ALS on their professional development. This research was approved by the Robert Gordon University ethics committee.

Our experience led us to conclude that ALS could be used as a supportive tool to empower nurses in today’s challenging healthcare arena, as well as in an educational environment. In our ALS, members expressed a number of key themes, which represent a successful clinical supervisory process (NMC, 2008; Hawkins and Shohet, 2006). These were:

- Developing trust;
- Professional development;
- Support to act;
- Greater self-awareness;
- Increased organisational thinking.

We include examples of our personal written statements in evaluating the impact ALS involvement had on us.

Developing trust
Establishing trust between staff is vital for professional practice within healthcare (Hawkins and Shohet, 2006). Discussing difficult confidential issues between participants means ALS represents a method of enabling trust to develop. For example: “Trust [was] required between members in challenging each other.”

Professional development
The NMC (2008) stressed that nurses have a responsibility to maintain ongoing professional development to provide high-quality care. Through the peer-challenge process, ALS provides a means of moving personal practice forward. For example: “This has been an empowering experience and useful in terms of my professional development.”

Support to act
The probing nature of focusing on professional concerns for the quality of our own practice means a successful ALS needs to balance challenge with empathic support (Johnson, 1998). This approach enables members to undertake actions they would otherwise have avoided. For example: “Professionally I feel responsible to carry out whatever actions I had planned at the ALS.”

Greater self-awareness
Individual self-awareness skills are important when working in a stressful team environment (Jack and Miller, 2008; Bell et al, 2007). The method of developing such skills is not obvious; ALS offers a realistic means of doing so by allowing participants to practise their self-awareness skills and receive feedback from an interested and supportive audience of peers. For example: “With an internal behaviour I find I have to try to be mindful of it all the time, otherwise my behaviour reverts to type.”

Increased organisational thinking
Despite the importance of personal practice in nursing, an awareness of broader issues is also needed. Within our own group, organisational thinking developed through participation. For example: “Being involved in the ALS developed a wider perspective in my thinking around the wider organisation... This was mainly gained through listening to the perspectives of others in the ALS.”

Conclusion
ALS is a supervisory method, representing an empowering approach for nursing practice development. It has been used in a variety of settings with positive evaluations. The approach needs commitment but is a relatively simple means of improving individual and team working.

ALS provides a practical framework for peer clinical supervision, with a flexibility that some approaches may lack. The main emphasis of this method is on members developing their own practical solutions to workplace problems, something that is particularly appealing for busy clinical nurses looking to improve professional practice during challenging times for healthcare.