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LEADERSHIP DEVELOPMENT THROUGH ACTION LEARNING SETS: AN EVALUATION STUDY

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Abstract

This article examines the use of action learning sets in a leadership module delivered by a university in south east England. An evaluation research study was undertaking using survey method to evaluate student engagement with action learning sets, and their value, impact and sustainability. Data were collected through a questionnaire with a mix of Likert-style and open-ended questions and qualitative and quantitative data analysis was undertaken. Findings show that engagement in the action learning sets was very high. Action learning sets also had a positive impact on the development of leadership knowledge and skills and are highly valued by participants. It is likely that they would be sustainable as the majority would recommend action learning to colleagues and would consider taking another module that used action learning sets. When compared to existing literature on action learning, this study offers new insights as there is little empirical literature on student engagement with action learning sets and even less on value and sustainability.

Key words: action learning, leadership, leadership training, leadership framework

Introduction

This paper examines how the use of action learning sets within a leadership module health care professionals to develop the leadership skills and qualities required of their role. The leadership module lies within the Faculty of Education and Health's portfolio of module and programmes for continuing professional development of senior health and social care professionals. The focus of the article is on the evaluation of the use of action learning sets. However, because the action learning sets were a part of a leadership development programme, reference is made to action learning for leadership development. The study presented here adds to the existing literature about action learning sets through its unique evaluation framework which explores engagement, impact, value and sustainability of the action learning sets.

Background/Literature review

There is much in the literature about action learning in general, and action learning within leadership training programmes. This review begins by focusing literature related to action learning and is followed by a review of literature related to leadership development in healthcare through action learning.

Action learning

Action learning is an educational process where people work and learn together by tackling real issues and through reflection. Participants in action learning sets learn through exploring and reflecting on actual actions and practice rather than through traditional instruction. When action learning is undertaken in conjunction with others, e.g., in a small group, the group is referred to as an *action learning set*. Action

learning as an educational process is attributed to Revans (1980). Whilst a research student at the University of Cambridge, he noticed as he worked alongside a very talented group of scientists that they spent a good deal of time with groups of like-minded scientists describing their own ignorance, sharing experiences, and communally reflecting on their work (cited by Trehan & Pedlar 2001). Revans used these experiences when he worked for the Coal Board in the United Kingdom (UK), encouraging managers to meet together in small groups, to share their experiences and to ask each other questions about what they saw, heard and did. This approach increased productivity by over 30%.(cited by Altounyan 2003)

Action learning links the world of learning with the world of action through a reflective process within small cooperative action learning 'sets' (McGill & Beaty 1995). The 'sets' meet regularly to work on individual members' real-life issues with the aim of learning with and from each other. The focus of action learning is taking action through learning. As McGill and Brockbank (2004) said, "action learning is 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." (p. 21). Bell et al (2007) suggested that action learning promotes individual ownership of learning and development.

Brook (2010), in a national survey within the NHS in 2004/5 found that action learning in the healthcare sector is growing. Action learning sets have been found to provide support (Richardson et al 2008) for newly appointed nurse and allied health care consultants. Action learning has been used in a number of healthcare settings such as mental health care (Taylor et al 2002; Douglas and Machin 2004). Lamont et

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al (2010) found that an action learning set with nurses working in acute mental health was perceived as relevant to their practice, an important experience of facilitation and promoted critical thinking and reflection. There is also a small amount of empirical evidence about the value of online action learning sets (Currie et al 2012) and with groups of nurse teachers for innovative course planning (Marlow et al 2008). In addition, Stark et al (2002) found that action learning can be successful when health care professionals from different disciplines work together on a specific project, a finding supported by Marlow et al (2008)

There have also been some negative findings about action learning sets in the literature. Taylor et al (2002) found that action learning sets failed to provide the support needed to improve an inpatient therapy group. They concluded that action learning had its limitations as a developmental process with patient groups in complex environments. Douglas and Machin (2004) found that when action learning sets were used to address organisational change, the process was found to be evaluated negatively by participants due to absence of support from managers, feelings of powerlessness in the groups and perceived need to produce a predetermined outcome. Finally, Gentle (2010) suggests that the morale of an organisation can influence the success or failure of action learning sets. This is supported by Stark (2006) who found that in addition to positive benefits of action learning, tensions within organisations and contextual factors can negatively influence the success of action learning sets.

Leadership training in healthcare

The starting point for this part of the literature review was the Department of Health's Leadership Framework (NHS Leadership Academy 2011) which was influenced by a leadership framework created earlier for leadership in medicine (NHS Institute for Improvement and Innovation/Academy of Medical Royal Colleges 2010). This was designed to provide a consistent approach to leadership development for all health and care staff regardless of discipline, role, function or seniority. Through a consultation process the framework was created to encompass best practice in leadership and as such it has become the standard for leadership behaviours for all health and care staff.

The NHS Leadership Academy described leadership within the context of health and care.

. "...*leadership is not restricted to people who hold designated management and traditional leader roles, but in fact is most successful wherever there is a shared responsibility for the success of the organisation, services or care being delivered.*"
(NHS Leadership Academy 2011, p. 6)

The NHS Leadership Framework document provides useful guidance for staff at all levels of the organisation about leadership behaviours and indicators, and serves as a useful guide for the development and delivery of leadership courses for NHS Staff. However, one of the major weaknesses of the Leadership Framework is the absence of an evidence-base to support and underpin the Framework. However, there is existing literature about leadership that can be inferred to have influenced the Leadership Framework. For example, Alimo-Metcalfe and Alban-Metcalfe (2003)

found that individuals are effective when they are confident and competent, aware of their own behaviours, strengths and areas for development, when individuals work well with their team members and are patient-focused, when they are good at networking and are politically aware (both organisationally and nationally). These skills and qualities do appear to be reflected in the NHS Leadership Framework (See Figure 1)

(Insert Figure 1 near here)

Figure 1 shows that at the centre of leadership is delivering the service. This is at the heart of leadership in healthcare. Surrounding the centre are five sections (domains): demonstrating personal qualities; working with others; managing services; improving services and setting directions. These domains are applicable to healthcare professionals at any level/stage within the organisation. Around the outside of Figure 1 are two further domains- creating the vision and delivering the strategy, which are primarily within the responsibility of people in senior management within the organisation.

Since the publication of the NHS Leadership Framework, there have been a number of key events within the National Health Service including a reorganisation as a result of the Health and Care Bill (Great Britain 2012) which came into effect on 1 April 2013, and the report of the Inquiring into the Mid-Staffordshire Health Authority (Francis 2013). Work is now in progress on re-thinking the NHS Leadership Framework (Storey & Holti 2013) through addressing two questions:

- What should be the core elements in a new Leadership Model fit for the NHS of the future?

- What evidence is there, in health care or any other relevant sector, of a link between these leadership elements and service outcomes?

A new Leadership Framework is being proposed (Storey & Holti 2013) that is based on a meta-analysis of literature related to leadership. This is attempting to address the absence of an evidence-base in the original Leadership Framework, while at the same time responding to changes in the NHS and to recommendations from reports such as Francis (2013). Table 2 highlights some of the recommendations related to leadership from the Francis report into the Mid-Staffordshire NHSI Trust

(Insert Table 2 near here)

These recommendations highlight the need for leadership training at all levels within the health service. However, although the Department of Health's Leadership Framework provides the structure, content of and skills to be developed through leadership courses, it does not address the way these courses should be delivered, nor does it specify using action learning for leadership development.

Internationally, there is a significant amount of literature describing leadership programmes in nursing and their development. However, empirical research into these programmes is limited. MacPhee et al (2013) undertook a descriptive study of

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27 Canadian nurse leaders' perceptions of undertaking a formal leadership training programme. The study was undertake one year after the completion of the leadership programme. Findings showed that the leadership programme was an empowering experience that led to increased self-confidence with regard to carrying out their leadership roles and a perceived positive change in their leadership styles. This echoes earlier work by Curtis et al (2011) who argued that the research evidence shows that where leadership is effectively taught and integrated into nursing, it has a positive impact on nurses' leadership skills.

Leadership training is of international interest in health care and other industries, and action learning is increasingly being used for leadership training. Leonard and Lang (2010) for example, studied the use of action learning in leadership development programmes in United States (US) government departments. They suggest that action learning is effective in developing and sustaining leadership skills and behaviours and argue that action learning is more effective than other methods used to develop leadership competence. This echoed earlier work by Marquardt (2000) who noted that leadership styles and skills that may have worked in a more stable, predictable environment of the twentieth century may not be adequate in a new era of uncertainty and rapid change. He also noted that action learning is emerging as a powerful and effective tool being used by organisations worldwide to develop and build their leaders, citing companies such as Boeing, Du Pont, Motorola, Alcoa, and Nokia all of whom have turned to action learning to solve their complex problems as well as to grow the competencies and attributes needed by their leaders if they are to succeed in the twenty-first century.

Studies have been undertaken into the use of action learning for leadership development in healthcare. Dinkin and Frederick (2013) undertook a descriptive study of the use of action learning projects in 14 regional leadership development programmes in public health leadership institutes in the USA. Through interviews with directors of these public health institutes Dinkin and Frederick found that action learning presented a number of challenges for participants including lack of time for them to meet for project work, lack of resources available for team coaching and a perceived higher value of taking action over making time for learning. However, these were perceptions of the institute leaders and the study would have been greatly enhanced with interviews with actual participants in the action learning sets.

A summary of the literature about action learning and leadership appears to demonstrate that although action learning has been evaluated, evaluations undertaken are largely into overall experiences or participants and organisations. Only one study (Currie et al 2012) evaluated student engagement with action learning and none of the studies specifically evaluated value and impact. One study (Leonard and Lang 2010) examined sustainability. There is scope, therefore, for evaluative studies into action learning that examine engagement, impact, value and sustainability.

The leadership development programme

The module, "Leadership through Action Learning" was designed to reflect the Department of Health's Leadership Framework and is delivered through a 2-day introductory workshop followed by six action learning set meetings. The overall aims of the course are to extend participants' knowledge and skills of contemporary

leadership approaches in order to enhance their personal leadership qualities and to utilise action learning sets as a vehicle to promote innovative work based learning. The expected learning outcomes of the leadership module were at the end of the module students will be able to:

- Examine and analyse approaches to leadership within health and social care
- Propose change within a team or service to enhance local health or social care provision
- Reflect on successes and challenges, and justify ongoing adjustments to their leadership style

The broad content areas addressed in the programme through the 2-day introductory workshop and the action learning sets can be found in Table 2.

(Insert Table 2 near here)

Although initially created for leaders and potential leaders in nursing, the module attracted interest from other health and social care professionals and was therefore made available to a wider group of professionals. As the focus was on leadership, having participants from other professional groups has not posed any difficulty.

The two day workshop explored theories of leadership and the use and purpose of action learning sets. During this 2-day workshop all participants also competed the Myers-Briggs Type Indicator (MBTI), a psychometric questionnaire designed to measure preferences in how people perceive the world and make decisions (Myers

Briggs, Myers 1995, p. 1). The two-day workshop was followed by 6 half-day action learning set meetings. Each action learning set consisted of 6-8 participants and there were 2 or 3 action learning sets per cohort, depending upon the size of the cohort enrolled onto the leadership module. During each action learning set meeting there was a specific topic, known beforehand to the participants, with students expected to undertake some work prior to the action learning set meeting. For example, one topic was "motivation." Prior to this action leaning set meeting students were asked to complete a personal motivation profile, to reflect on their findings after completing this and then to reflect on an event from their own practice environment related either to their own motivation or that of their colleagues. All of this was then shared at the action learning set meeting. Each meeting focused on the use of different a different leadership or personal development tool for a specific topic.

The Evaluation Study

Methods

An educational evaluation framework from Marks-Maran et al (2013) was used to undertake this evaluation study. The framework guided the study and focused on four aspects of educational evaluation: engagement by students; impact; value and sustainability. Survey method was employed through a questionnaire which included 28 Likert-style questions, 3 open ended questions and 5 demographic question. Responses to Likert-style questions were analysed through use of descriptive statistics using SPSS version 18. Inferential statistics (Analysis of variance (ANOVA) and reliability testing using Cronbach's alpha coefficient were used to determine any relationship between age and number of years qualified. There was

no statistically significant difference between length of experience and student engagement, value, impact and sustainability.

Responses to open-ended questions were analysed using the Framework Method (Ritchie & Spencer 1994; Ritchie et al 2003). The population was made up of all students who had undertaken the module over a one-year period (n = 47) all of whom were sent a questionnaire together with an information letter explaining the study and ensuring anonymity and confidentiality. Consent was implied in that completion and return of the questionnaire implied that they were consenting to participate in the study. A total of 39 completed questionnaires were returned (response rate 82.98%). The research study was undertaken by a team of researchers independent of the module teachers.

Ethical approval was sought from the Faculty research ethics committee and the chair's decision was that the study constituted an educational audit of a module and formal ethical approval was not required. However, the researchers ensured that the study conformed to ethical practice through anonymity and confidentiality, and by ensuring that participation or non-participation in the study in no way influenced their success on the module. Returned questionnaires were kept securely by the module leader and then passed on to the researchers who transferred the data to computer which was stored securely at a site distant from the university. The researchers were the only people who had access to the data stored electronically.

The research questions were determined firstly, by the evaluation framework described earlier and focussed on collecting students' experiences in terms of

engagement with action learning sets, impact of action learning, their value and sustainability, and secondly, through ascertaining whether the learning outcomes of the module were achieved through the action learning sets.

The research questions therefore were:

1.   What are participants' perceptions in terms of engagement, value, impact and sustainability of the action learning sets?

2.   What are participants' perceptions of the extent to which the action learning sets enabled them to achieve the learning outcomes of the course?

Data/Results

Demographic data indicated that the respondents held a variety of posts in the health service. Individuals described their current jobs in different ways, e.g., charge nurse, case manager, clinical supervisor, matron, lead practitioner and so forth. The largest groups were as follows:

- Community/district nurse (public health nurses) (n = 4)

- Sister/charge nurse (Head nurses) (n = 7)

- Ward manager/matron/case manager (Head nurse/nursing officers) (n = 4)

- Paramedic (n-3)

- Other practitioner (e.g., clinical nurse specialist, lecturer practitioner (clinical instructr), practice development nurse, physiotherapist) (n -= 7)

The number of years since qualifying as a healthcare professional ranged from 1 year to 37 years (mean = 15.282 years). The age range of respondents was 23 years to 63 years (mean = 42.79 years) and the gender balance was 89.7% female and 10.3% male.

In terms of engagement with the action leaning sets, all respondents agreed/somewhat agreed that the action learning sets made them feel supported. All but one respondent indicated that the action learning set enabled them to share anxieties about the leadership module. In addition, all respondents agreed that they both valued the contribution made by their action learning set colleagues and that their action learning colleagues valued their contribution. Respondents were asked to rate whether they had understood the purpose of the action learning sets and the process prior to their first action set meeting. Findings showed that 79.5% understood the purpose and 71.8% understood the process prior to the first action learning set.

Respondents were asked to rate the extent to which the action learning sets enabled them to complete the various assignments for the module. All agreed/somewhat agreed that the action learning set enabled them to complete their personal logs for summative assessment. In addition, all but 2 respondents (94.8%) agreed/somewhat agreed that the action learning set helped them complete their essay assignment. One respondent did not answer this question.

In terms of impact of the learning sets all respondents agreed/somewhat agreed that they helped them to examine and analyse approaches to leadership and helped

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them to clarify the change that each of them wished to make within their team or service. All respondents also agreed/somewhat agreed that the action learning sets helped them to reflect on their successes and challenges in their leadership role and encouraged them to think about their leadership development.

An impact scale was created to ascertain the areas of greatest impact of the action learning sets. The impact scale showed that the greatest impact of the action learning sets was helping participants to reflect on successes and challenges of the leadership role, enabling participants to examine and analyse approaches to leadership and teaching them about leadership skills. Reliability statistical tests showed a Cronbach alpha coefficient of .855 which shows a high level of internal consistency. Different standards for an acceptable level of reliability have been suggested, with lower limits ranging from 0.5 to 0.7(Pedhazur and Schmelkin 1991). Areas of least impact were the extent to which the action learning sets taught respondents about the Department of Health's Leadership Framework and the extent to which they taught participants about managing change.

The qualitative data about impact added to these impact findings. The Framework Method (Ritchie & Spencer 1994; Ritchie et al 2003) is a means through which structured qualitative analysis can be carried out, themes identified and the strength of the themes can be ascertained. Table 3 shows the stages in the Framework Method.

(Insert Table 3 near here)

Using the stages in Table 2, the final theoretical framework that emerged related to the impact that the action learning sets had on participants was identified and can be seen in Table 4.

(Insert Table 4 near here)

Table 4 shows that there were three areas of impact for the participants in the action sets: leadership development, self-awareness/insight and confidence.

Leadership development emerged as the strongest of the three themes with four subthemes which suggest that the action learning sets developed their reflective skills, had an impact of developing leadership behaviours, helped them to learn delegation skills and helped them better manage their staff. Examples of statements made within this theme are:

"Action learning has had a positive and significant impact on my development as a leader...So much of the module has enabled me to reflect, with support, on my leadership behaviour..."

"It has opened up my thought processes around leadership to move forward and make the transition from manager to leader."

The theme of self-awareness and self-development also emerged fairly strongly.

"(Through the action learning sets) I have developed much more self-awareness about...my personal leadership style which has enabled me to focus on specific areas which I need to develop further."

"It (the action learning set) focused my attention on my personal actions and behaviours."

Interestingly, self-awareness for one participant was about realising she was in the wrong job.

"It made me realise that I need to change my job."

The third theme, confidence, also emerged from the qualitative data related to impact of the action learning sets.

"I have become more confident within my role by being less afraid of speaking out to my colleagues."

"I am more assertive and confident when dealing with leadership issues."

In terms of the perceived value of the action learning sets 20 respondents (51.3%) agreed/ and 19 (48.7%) somewhat agreed that the action learning set was the most valuable part of the leadership module. In addition 29 respondents (74.4%) agreed and 9 (23.1%) somewhat agreed that they could not have successfully completed the module without the action learning set. One respondent somewhat disagreed.

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Finally, 35 respondents (89.7%) agreed and 4 (10.3%) somewhat agreed that action learning sets are a good way to develop leadership skills.

Qualitative data about value added to these findings. The qualitative data that emerged from the open-ended question about the value of the action learning sets yielded the themes shown in Table 5.

(Insert Table 5 near here)

As with the thematic analysis of the impact question (previously), self-awareness and self-development emerged as themes for the value of the action learning sets. This was evident though generalised statements, e.g.:

"I got to know myself and my peers better."

One participant identified the value of the action learning sets through her own journey. She said,

"...being able to critically reflect on my own leadership style and having the supportive criticism from others enables a personal journey to develop emotional intelligence."

Learning from colleagues emerged as the strongest value of the action learning sets.

"I have valued the action learning set because of its help...very constructive feedback

that is honest and educative. It helps to build one's leadership skills and

progression."

"The interaction with the rest of the group was very valuable to my leadership style."

"...You can see other people's issues and problems and learn from them as well."

In a study such as this, sustainability judgements are made from data received from respondents in a number of ways. In this study, respondents were asked the extent to which they would recommend action learning sets to colleagues and 33 participants (84.6%) agreed and 6 (15.4%) somewhat agreed that they would recommend action learning sets as a good way to learn. In addition, 28 respondents (71.8%) agreed and 9 (23.1%) somewhat agreed that they would consider undertaking another module that uses action learning sets. One respondent somewhat disagreed and one disagreed.

Respondents were asked to indicate whether action learning sets are a good use of their time and 32 (82.1%) agreed, 5 (12.8%) somewhat agreed and 2 (5.1%) somewhat disagreed. All respondents agreed/somewhat agreed that the action learning sets enabled them to achieve the learning outcomes of the module. Final module results showed that all candidates passed the module and were awarded the relevant credit points.

Respondents were also asked to indicate the extent to which the action learning sets influenced their knowledge and skills about leadership against the key content areas of the module identified in Table 2.

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Findings show that there was strong agreement amongst respondents that the action learning sets helped them learn much of the key content listed in Table 2. Particularly strong agreement was found for personal leadership qualities, leadership skills, personal development tools and action learning. Fairly strong agreement was found (with only 1 or 2 respondents somewhat disagreeing) for managing change, learning styles, and leadership theories and Myers Briggs tool. However, for the value of the action learning sets in learning about the Department of Health's Leadership Framework, 4 respondents (10.3%) disagreed, demonstrating that this content area was less likely to be addressed effectively in the action learning sets.

Qualitative data about the effectiveness of action learning sets in developing leadership knowledge and skills added depth to the quantitative data. The theoretical framework that emerged from the application of the Framework Method to the qualitative data that emerged from the open-ended question about leadership knowledge and skills can be seen in Table 6.

(Insert Table 6 near here)

The three themes that emerged from the qualitative data provide greater insights into the leadership knowledge and skills developed through the action learning sets. Self-awareness and self-development appeared to have two sides – painfulness yet at the same time positivity. One participant described action learning thus:

> *"Action learning is something I would be keen to undertake again. However, I feel it's value to the individual relies upon one being open to self-reflection and acceptance*

that one can change and develop one's less effective behaviours, even though that

may be painful...I consider myself lucky to have been a member of this course."

This notion of painfulness was echoed by others:

"Action learning was difficult for me. I learned a lot from it in the end, but it was

traumatic for me."

However, for some the self-awareness was positive.

"It has given me direction, new knowledge and confidence."

"The action learning set has developed my leadership knowledge and skills by

becoming self-aware about my role and to self-manage and other more positively..."

Development of leadership knowledge was also cited by others.

"Leadership through action learning gave me a deep knowledge about leadership

styles and qualities."

The third theme – otherness - emerged as the antithesis of self-awareness and was
expressed by a small number of respondents.

"It has given me food for thought. I am mindful of other – personalities and types,

which help me to deal better with situations."

"I am aware of how individuals are varied in their own...motivation, time

management, etc. and how we as leaders need to be aware of these variations..."

Finally, inferential statistics (one-way ANOVA) showed that those respondents with more experience were more likely to evaluate action learning sets more positively. However, there was no difference in how younger versus older participants evaluated overall the action learning sets. In addition, psychometric analysis of all the Likert-style questions showed high reliability (Cronbach alpha coefficient of .880).

Discussion

The action learning sets have been viewed very positively by a large majority of participants in terms of their engagement with action learning, its value, impact and sustainability and the knowledge and skills gained through participating in the action learning sets. Only one other study (Currie et al 2012) explored student engagement with action learning but that study was into online action learning sets so comparison with these findings is difficult. Lamont et al (2010) did not deliberate set out to evaluate student engagement with action learning but one of their findings did indicate that participants engaged well with their action learning sets. Thematic analysis that was undertaken on the different open-ended questions showed that although comments were invited specifically about impact, value and knowledge and skills development through action learning sets, there were some overarching themes that were common across all questions.

The first is the theme of self-awareness and self-development. Thematic analysis showed that this was a theme related to impact of action learning, value and knowledge and skills development. This was balanced by the recognition that action learning also had an impact on participants' understanding of others and the need for leaders to recognise that people vary in their ways of being and action; a leader

needs to be mindful of these differences and develop understanding of others alongside awareness of self. The theme of confidence also emerged as being an impact, a value and a skill developed through the action learning sets. The themes of self-awareness and self-development appear very little in previous literature so this positive response to action learning is a fairly unique finding. However, Christiansen, et al 2013 did conclude from their study into action learning for developing safety improvements that there was an increase in self-efficacy and confidence.

Leadership evelopment also emerged as being common to impact, value and knowledge and skills. The action learning sets appear to have enabled a range of leadership skills and understanding to be developed both through providing resources for further reading and through learning through sharing experiences and gaining constructive feedback from others.

Finally, in all four areas of evaluation of action learning sets (engagement, impact, value, sustainability and knowledge and skills development) the qualitative data confirms the findings from the quantitative analysis, providing deeper understanding and insight into those quantitative findings.

In summary, slightly differing themes resulted from the qualitative analysis of student engagement, value, impact and sustainability. But the over-riding themes that emerged were leadership development, self-awareness/insight and confidence, otherness. Students appear to have engaged positively with the action learning sets.

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In addition, the action learning sets within a leadership module appear to have a positive impact on the development of leadership knowledge and skills and are highly valued by participants. It is likely that they would be sustainable as the majority would recommend action learning to colleagues and would consider taking another module that used action learning sets.

Limitations of the study

There are four limitations to this study. The first is the relatively small sample size and the small timescale over which the study was undertaken. Further and larger studies of multiple cohorts would be needed to affirm the findings here. The second limitation is the small amount of qualitative data obtained from a small number of open-ended questions. Further qualitative data from one-to-one interviews or focus groups would yield a richer and more comprehensive qualitative data set. Thirdly, the mixed level of experience of the participants in this study (from 1 year to 37 years) can call into question the reliability of the findings; however, reliability testing using Cronbach's alpha coefficient indicated that there was no statistical significance between number of years' experience and student engagement, value, impact and sustainability findings. Finally, to gain a richer understanding of sustainability, additional data related to resources would be required including cost-benefit analysis of using and sustaining action learning sets.

Conclusion

This study reported on an evaluation of action learning sets as part of a leadership module for healthcare professionals. The evaluative framework of examining engagement, impact, value and sustainability has proved a useful model for

undertaking a comprehensive evaluation of action learning. The action learning sets were largely positive in terms of all four components of the framework and when compared to the literature, this study provides a unique approach to evaluation of innovations in teaching and learning. As such, it adds new breadth of knowledge to our understanding of action learning sets.

This study could have important application to nursing and nursing education. As shown in the literature presented earlier, leadership training for nurses is seen as important nationally and internationally. How leadership training is delivered (i.e., through action learning) is less well-researched. The findings presented here suggest that where leadership training is being offered to nurses (and other healthcare professionals) consideration needs to be given by educators about how best to delivery this leadership training.

There are no conflicts of interest

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Figure 1: The NHS Leadership Framework

Table 1: Findings from the Inquiry into Mid-Staffordshire NHS Trust (The Francis Report, 2013) related to the need for leadership

- The Inquiry recommends that the NHS, and all who work for it, adopt and demonstrate a shared culture in which the patient is the priority in everything done. This requires leadership at all levels from ward to the top of the DH, committed to and capable of involving all staff with those values and standards

- The report focuses on the leadership and development of a staff college or training system to provide common professional training on leadership and management, promote healthcare leadership and management as a profession, administer an accreditation scheme and promote and research best leadership practice.

- The Department of Health needs to exercise leadership with regard to patient safety in terms of get the balance right between "light touch" regulation and the need to protect service users from harm

Table 2: Broad content areas

- The Department of Health's Leadership Framework

- Personal leadership qualities

- Leadership theories

- Leadership skills

- Learning styles

- Myers Briggs tool

- Personal development tools

- Action learning

- Managing change

Table 3: The Framework Method of qualitative analysis

- **Familiarisation** – This involves reading and re-reading transcripts/responses to open-ended questions in order to become completely familiar with the data keeping in mind the aims and objectives of the research study

- **Developing a draft theoretical framework** – This involves making notes in the margins of the data of the main ideas that appear to be recurring, drawing together similar ideas that appear to be emerging

- **Indexing** – This involves using the draft theoretical framework and applying in back to the data to check whether the data is fitting into the draft theoretical framework. The statements from the data are coded against the items in the draft framework

- **Charting** – After coding, the data are summarised into individual charts for each theme. Each theme chart contains the statements from the data that fit the theme so that all the statements about each theme can be seen together

- **Synthesising the data** – This involves reviewing each theme chart to make sense of the entire data set. Descriptive summaries of each theme are written. It is also useful to add up the total number of statements made for each theme to get a feel for the "size" of each theme and the percentage of statements per theme against the total number of statements coded

- **Agreement of final theoretical framework**

Table 4: Impact of action learning sets

Themes/subthemes	No. of statements coded	%
1.0 Leadership Development	**12 (out of 23)**	**52.2%**
1.1 developing reflective skills	(3)	
1.2 developing leadership behaviours	(5)	
1.3 developing delegation skills	(1)	
1.4 managing staff	(3)	
2.0 Self-awareness/insight	**6 (out of 23)**	**26.1%**
2.1 "drawing a line under the past"/moving forward	(1)	
2.2 Realised a job change is needed	(1)	
2.3 Awareness of strengths/weaknesses/areas for development	(4)	
3.0 Confidence	**5**	**21.7%**
Total	**23**	**100%**

Table 5: Value of the action learning sets

Themes/subthemes	Number of statements coded	%
1.0 Self awareness/self-development	**6 (out of 22)**	**27.3%**

1.1 getting to know oneself better
    1.2 reflection on leadership style/skills
    1.3 seeing areas for self-improvement
	(2)
	(3)
	(1)	

2.0 Learning from colleagues	**10 (out of 22)**	**45.4%**
2.1 sharing ideas and experiences 2.2 constructive feedback	(6) (4)	
3.0 Safe environment	**6 (out of 22)**	**27.3%**
Total	**22**	**100%**

Table 6: Development of leadership knowledge and skills through action learning sets

Themes and subthemes	No. of statements coded	%
1.0 Awareness and development	**8 (out of 19 statements)**	**42.1%**
1.1 painfulness and vulnerability of self-awareness	(4)	
1.2 positivity/new direction	(4)	
2.0 "Otherness"	**3 (out of 19 statements)**	**15.8%**
3.0 Knowledge	**8 (out of 19 statements)**	**42.1%**
3.1 Knowledge about leadership styles/tools/frameworks	(5)	
3.2 Guide for other things to read on leadership	(2)	
3.3 Realisation there is more to learn	(1)	
Total	**19**	**100%**