

# Evaluating action learning for strategic clinical leadership among consultant nurses

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# Aim

- To present the findings from four stages of reflection and action of a co-operative inquiry to evaluate a two year ALS with four consultant nurses and one therapy consultant.
- To report the lessons learned.

# Objectives

- Understand the ‘value-added’ of collaborative learning within a confidential action learning set.
- Through action learning, realise the impact of self leadership to empower senior clinical leaders to influence the culture within a whole organisation not just their clinical specialty.
- Realise the value of evaluating innovation through a co-operative inquiry approach where all contributors are equal as researchers and participants in the process of inquiry.

# Bournemouth





“Action learning is a continuous process of learning and reflection, supported by colleagues, with an intention of getting things done. Through action learning individuals learn with and from each other by working on real problems and reflecting” (McGill & Beaty 2001, p11)

# Background

- DGH NHS Foundation Trust – 5 consultant practitioners
- New in post, isolated Roles (peer group)
- Development of Modified Action Learning set to develop their strategic leadership – 2 years
- Evaluation: co-operative inquiry – 18 mths

# Methodology

## Co-operative inquiry:

“a way of working with other people who have similar concerns and interests to yourself in order to..

- understand your world, make sense of your life and develop new and creative ways of looking at things
- learn how to act to change things you may want to change and find out how to do things better” (Heron & Reason 2001, p179)



The process [partial co-operative inquiry]:

- Researching *with* each other as co-subjects
- All subjects fully involved as co-researchers in all research decisions: content & method
- Aim to learn through four main cycles of discussion, reflection and action
- Individual interview with DN for organisation perspective



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# Data collection/analysis



- Decided on each other's focus (through email), assessing each others concerns
- Met in focused discussion (digitally recorded, transcribed and reviewed independently)
- Following collaborative reflection and consensus on themes, engaged in 3 further cycles of inquiry
- As cycles progressed and reflection led to action, so the themes developed over time, ultimately involving Nurse Director for organisation's perspective

# Findings - feedback

- Action Learning Set (ALS) offered structure and support to keep focused
- ALS enabled wider influence
  - Developing scholarship and leadership
- ALS empowered to lead



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# Structure and Support



Disciplined meetings with structure:

*“it is the structure of the ALS plus the intermittent facilitation that’s made the difference..” Denise1, p20*

Peer support:

*“I had no peer group at all..so formally bringing it [ALS] together...yes I do have a peer group..a group that understands the role” Jenny1, p2.*

Organisation perspective [Nurse Director]:

*“I have seen them all develop more confidence, whereas I think before we started the ALS, they didn’t really have a group identity, they didn’t meet together, they didn’t probably see how they were dealing with the same issues and really as a leadership group they have a greater identity.. It is how do you learn to influence and get things done that is more effective, so yeh, very very positive”*



# Enabled a wider influence



Considered the wider aspects of their role:

*“I would never have come across the opportunity [to publish] before this group...that’s been a huge benefit to me.. how it all works, how do books get written and how do you get involved...” Denise1, p17*

Gaining permission to extend the boundaries:

*“they are a group who would seek permission and certainly, I don’t think they did recognise that how going and seeing other sites and networking... whereas I think they saw this as a ‘nice to do’ rather than essential.. [now] they are just letting me know, and that is good. That is what I want”. DN, p1.*

Organisation witnessing the benefit [Nurse Director]:

*“He [CEO] ...talks about the nurse consultant all the time and he has a high expectation of what they deliver” DN, p8/9*

# Empowered to lead

## Developing self-leadership:

*“Its me accepting myself internally” Denise 1,p10*

*“it is sort of letting them create their own leadership roles and actually working alongside each other and all we have done it point them at the outside world and say...go on then...go out there and come back and tell us what you think they need” DN, p6*

## Recognition of challenges and seeing progress:

*“..all of them are really very very good at what they do...I think they are really light years ahead of what they would have been if they had never done the ALS and so now..we are really raising the bar all of the time” DN,p4*

## Organisation perspective – looking to the future:

*“I worry in the long term about the future of these roles.... Our national leadership is ceasing to promote this as a good career move and I think that is being massively short sighted” DN, p9*

# Conclusion

- The ALS provided structure to gain and receive support from each other, to gain confidence to deal with the unexpected, and move forwards by sharing common goals, and vision for the organisation:
- Emphasised the four dimensions of their role (seeing the role rather than the person) and enabled them to reach out nationally/ internationally
- Recognising limitations of professional isolation

# Conclusion

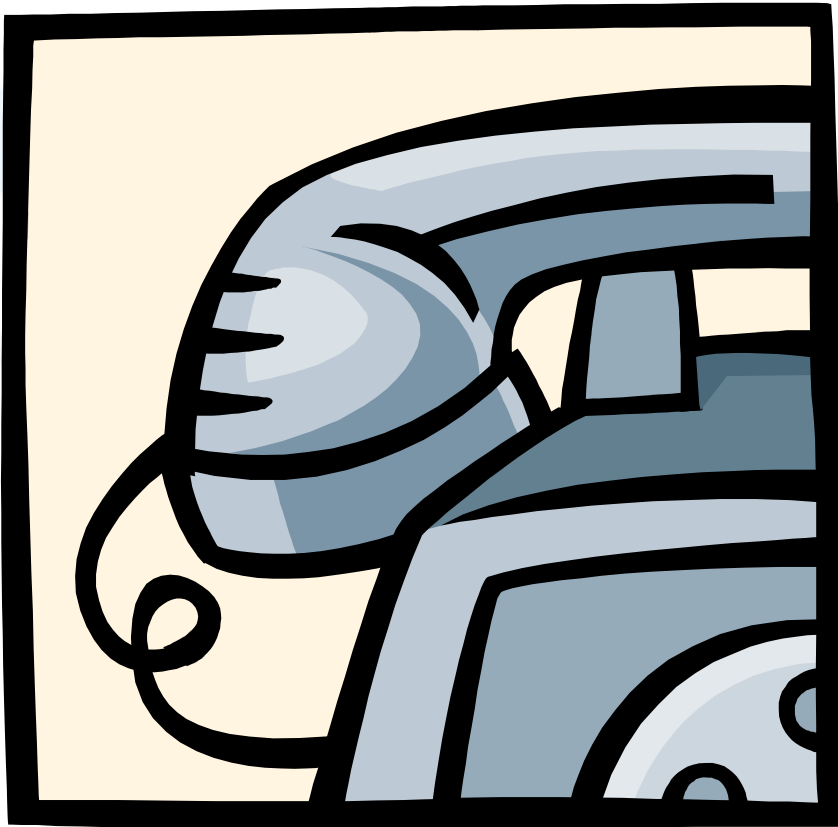
- Reflection, analysis and action, valuing 'air time' to problem solve for outcomes rather than moaning (value of external facilitator)
- Professional *purpose* to realise their individual potential
- Accepting self internally to achieve self leadership was key extending to lead in the organisation,



# References

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Questions and comments please



**Thank you**

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