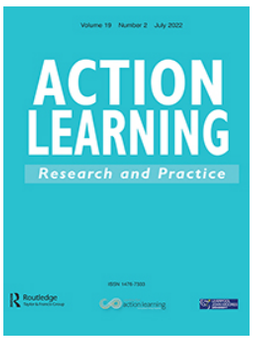

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Action learning and healthcare 2011–2022

George Boak

York Business School, York St John University, York, UK

ABSTRACT

This paper provides a review of the use of action learning in healthcare organisations, or by healthcare professionals, in the past decade, as evidenced in peer-reviewed journals. Action learning has a long history in healthcare and is perhaps particularly suited to an environment where wicked problems abound, where professional development is prized, and where many of the professions subscribe to reflective practice as a vehicle of development.

A systematic search for literature in peer-reviewed English language journals was undertaken, followed by a process of pursuing references from the publications revealed by that search. Papers that provided accounts or evaluations of programmes and projects that included action learning were analysed. Common themes concerning purposes, processes, benefits and challenges were identified.

Action learning was used for three purposes in the projects and programmes: to improve an aspect of healthcare services; to develop skills of the participants; to enhance collective capability. Whilst in some cases the intention was to achieve all three beneficial outcomes, it was apparent that in the majority of examples one or another of these purposes was prioritised as the principal aim of the programme or project.

KEYWORDS

Action Learning; healthcare; health; service improvement; individual development; collective development

Introduction

Although action learning was not defined by its originator, Reg Revans, there has been no shortage of subsequent definitions. It has been called a 'continuous process of learning and reflection supported by colleagues, with the intention of getting things done, it aims to be of benefit to the organisation and the individual' (McGill and Brockbank 2004, 21), while Pedler (1996, 13) characterises it as 'Working in small groups, people tackle important organisational issues or problems and learn from their attempts to change things'.

Action learning was used in a healthcare context at a relatively early stage in its development, in the Hospital Internal Communications project in London in 1965–68 (Revans 1972). Brook (2010, 183) argues that 'Action learning was by no means "fully formed" as the Hospital Internal Communications Project (HIC) project began in 1965; it developed in application'. She argues that Revans' work in the UK National Health Service (NHS) in this project was 'absolutely critical in terms of the formation and development' of his approach

CONTACT George Boak g.boak@yorksj.ac.uk

to action learning. The NHS has seen the use of action learning in a number of different contexts since the HIC project, including into the first decade of this century (Brook 2009; Currie et al. 2012) and, as the UK-based examples in this study show, in more recent times, too.

This paper provides an analysis of studies of the use of action learning in healthcare contexts, which began with a systematic literature search of papers published in peer reviewed journals from 2011–2022. The aim is to identify themes regarding the use of action learning in these contexts, in relation to purpose, processes, benefits and challenges, and also to provide a brief introduction to each paper, so that readers may pursue further details of examples that are of particular interest.

Methodology

The review began with a search across EBSCO databases for papers in peer-reviewed academic journals from 2011 to July 2022 with 'action learning' in the title and 'healthcare' in the abstract. Additional papers of possible relevance were identified from the reference lists of the original selection, and some further papers were recommended by a researcher active in this area.

Eighty-six papers in total were reviewed. Five papers, from the 'additional' selection, were judged not to involve action learning, but participative action research. Of the remaining papers, only those that reported on an example or examples of practice were included in further analysis: there were some conceptual papers and some papers that advocated the use of action learning in certain situations, or the use of a particular approach to action learning, and they were not included. Several of the papers from early in the target period concerned activities that began or partly took place before 2011: if they appeared to discuss some activities in 2011 or later, they were included in the review; if not, they were excluded. This left a total of 66 papers for analysis.

A range of types of action learning was evident across the papers, and there was also variety in the extent to which the processes of action learning were explained. In some projects it was clear that one or more action learning groups, or action learning sets – described by Revans (1998, 10) as the 'cutting edge of every action learning programme' – were a part of the process, and that discussions within these groups proceeded through questioning and reflection (Coughlan and Coghlan 2021). Other papers did not foreground the groups or this approach to dialogue, but claimed nonetheless that the activities they described constituted action learning. Whilst some appeared more clearly aligned with participative action research (for example, Lehman and Gilson 2015; Gilson et al. 2020; Eason 2017; Jenstad and Donnelly 2015; Ravalier 2022) or with experiential work-based learning incorporating reflection (e.g. Dowson 2019; Eaton et al. 2018; Leggat, Balding, and Schiftan 2015; Lenihan et al. 2015), they claimed to use action learning and were therefore included in this review. Mindful of the conclusion of Pedler, Burgoyne, and Brook (2005, 66) that we can observe a 'pluralisation of action learning into many forms', and the argument in Brook, Lawless, and Sanyal (2021) that action learning evolves and that it works best when it is thoughtfully adapted to the context in which it is used, papers were included in this study that demonstrated an ethos of action learning without providing details of classic action learning methods (Edmonstone 2018).

For each paper, the geographic, organisational and professional locations were noted. Descriptions of processes, such as how action learning groups were created and

facilitated, varied in terms of richness of detail: where available, key aspects of processes were summarised. The papers were analysed in relation to the purpose(s) for which the programmes and projects used action learning, the outcomes they achieved and any challenges they reported. Codes were applied to information provided in each of these areas, and themes were constructed (Braun and Clarke 2022).

This methodology undoubtedly provides only a partial picture of the use of action learning in healthcare in recent times. More activity is certainly taking place than is documented in peer-reviewed journals – for example action learning is evidently widely in use in the UK NHS Graduate Management Training Scheme (NHS Leadership Academy 2022). However, an analysis of the papers reviewed in this study provides some indication of themes and patterns in the use of action learning in the sector, and the papers identified in this study may be useful sources of information for those who wish to create new programmes or projects.

Findings

This section provides some factual details about the projects and programmes, and an analysis of their apparent principal purposes, the benefits claimed for them, and the challenges identified.

Locations

The largest number of papers included in this study were based in the UK (29), followed by South Africa (9) Australia (8) the USA (7) Ireland (5) Canada (3) and one each from Denmark, Finland, Sweden, South Korea and Bosnia–Herzegovina (this last on a programme designed by a UK university). See Table 1 for details.

These results are weighted heavily towards English-speaking countries, and it may be that a multilingual search would have produced additional results. Programmes using action learning in end-of-life care, for example, are taking place in a range of countries, including Brazil, Argentina, China and South Korea (Bryan 2022), but these have not as yet generated papers that were found by this research.

Many of the projects (described in 42 papers) were undertaken by partnerships between healthcare or social care organisations of different types and higher education institutions (HEIs – mainly universities) – such as those described by Bazos et al. (2013); Cleary et al. (2018); Kasasbeh, McCabe, and Payne (2016), although some programmes that led to qualifications were provided by universities alone (16 papers – for example as in Beniston et al. 2014; Boak 2011; Christiansen, Prescott, and Ball 2014). A small number were provided in partnership with consultancies, and a small number by healthcare staff or organisations alone. This review of publications focused on peer-reviewed journals, which attract papers from academics, and may thus under-report the amount of action learning carried out independently of HEIs.

Purposes

The outcomes of successful action learning activities have been described as a) the development and implementation of solutions to problems affecting organisations or

Table 1. Papers reviewed for this study.

	Location	Organisations	Service area/group	Main purpose
Bazos et al. 2013.	USA	Healthcare + HEI	Community health	Service improvement Improve collective capacity
Beniston et al. 2014.	UK	HEI	Medical scientists	Individual development
Biljon et al. 2019.	South Africa	Healthcare + HEI	Occupational therapy	Service improvement
Blanchard and Carpenter 2012.	South Africa	Healthcare + HEI	Senior managers	Service improvement + individual development
Boak 2011.	UK	HEI	Multidisciplinary	Individual development
Bradd, Travaglia, and Hayen 2018.	Australia	Healthcare + HEI	AHPs	Individual development
Brooks et al. 2022.	UK	Healthcare + HEI	GPs and pharmacists	Individual development
Christiansen, Prescott, and Ball 2014.	UK	HEI	Nursing	Individual development
Cleary et al. 2018.	South Africa	Healthcare + HEI	Managers	Individual development + collective capacity
Currie et al. 2012.	UK	HEI	Nursing	Individual development
Davis et al. 2012.	Australia	HEI	Academics	Individual development
Dinkin and Frederick 2013.	USA	Healthcare + HEI	Public health	Individual development
Dowson 2019.	UK	Healthcare + HEI	Palliative care – multi-professional	Individual development
Doyle 2014.	Ireland	Healthcare + HEI	Managers	Individual development
Dunne and Kelliher 2013.	Ireland	Healthcare + HEI	Multidisciplinary	Collective capacity – developing a team
Eason 2017	UK	Healthcare + consultancy	Learning disabilities	Service improvement
Eaton et al. 2018	Canada	Healthcare + HEI	HIV/AIDS	Individual development
Edmonstone and Robson 2014	Bosnia-Herzegovina	HEI + consultancy	Managers	Individual development
Folker and Lauridsen 2017	Denmark	Healthcare + HEI	Health and social care	Service improvement
Garrod et al. 2017	UK	Healthcare	Physiotherapy	Individual development
Gillett, Reed, and Bryan 2017	UK	Healthcare + HEI	End of life care	Service improvement + individual development
Gilson et al. 2014	South Africa	Healthcare + HEI	Primary care	Service improvement
Gilson et al. 2020	South Africa	Healthcare + HEI	Primary care	Service improvement
Haith and Whittingham 2012	UK	HEI	University	Individual development
Jang, Kim, and Park 2014	South Korea	HEI	Nursing	Individual development
Jenstad and Donnelly 2015	Canada	Healthcare + HEI	Multidisciplinary	Service improvement
Joyce 2022	Ireland	HEI	Physician associates	Individual development
Kasasbeh, McCabe, and Payne 2016	Ireland	Healthcare + HEI	Cancer care	Individual development
Kellie, Milsom, and Henderson 2012	UK	Healthcare + HEI	Nursing Infection prevention/control	Service improvement + individual development
Leggat, Balding, and Schiftan 2015	Australia	Healthcare + HEI	Nursing	Individual development
Leggat, Balding, and Anderson 2011	Australia	HEI + consultancy	Managers	Individual development + collective capacity
Lehman and Gilson 2015	South Africa	Healthcare + HEI	Primary care	Service improvement
Lenihan et al. 2015	USA	HEI	Public health	Individual development
Lynch, Scallan, and Allured 2021	UK	Healthcare + HEI	Multidisciplinary mainly physiotherapy	Individual development
Lynch and Verner 2013	UK	Healthcare	Multidisciplinary	Individual development + service improvement
Machin and Pearson 2014	UK	HEI	Nursing and midwifery	Individual development

(*Continued*)

Table 1. Continued.

	Location	Organisations	Service area/group	Main purpose
Maddison and Strang 2018	UK	HEI	Nursing	Individual development
Masango-Muzindutsi et al. 2018	South Africa	Healthcare + HEI	Neonatal managers	Individual development + service improvement
Mathews et al. 2017	USA	Healthcare + HEI	Multidisciplinary	Individual development + service improvement
McAlinden 2015	Australia	Healthcare + HEI	Older people's care	Service improvement
McCray, Warwick, and Palmer 2018	UK	Healthcare + HEI	Medics	Individual development
McKee and Markless 2017	UK	HEI	Medics	Individual development
McNamara et al. 2014	Ireland	HEI	Nurses and midwives	Individual development
Munns et al. 2017	Australia	Healthcare + HEI	Community health	Service improvement
Noga et al. 2016	UK	Healthcare + HEI	Mental health multi-disciplinary	Service improvement + collective capacity
Nordin, Kork, and Koskela 2017	Finland	Healthcare + HEI	Diabetes care multidisciplinary	Service improvement
Patterson, Dinkin, and Champion 2017	USA	Healthcare + consultancy	Community health	Individual development
Penney et al. 2017	Australia	Healthcare + HEI	Nursing homes	Service improvement
Phillips and Byrne 2013	UK	Healthcare + HEI	Ward managers	Individual development
Ravalier 2022	UK	Healthcare + HEI	Mental health	Service improvement
Rydenfalt, Larsson, and Odenrick 2017	Sweden	Healthcare + HEI	Multidisciplinary	Service improvement
Sanyal 2019	UK	Healthcare + HEI	Managers	Individual development
Schachter et al. 2014	USA	Healthcare + HEI	Community health	Individual development
Schifferdecker et al. 2016	USA	Healthcare + HEI	Community health	Individual development
Scott et al. 2014	South Africa	Healthcare + HEI	Multidisciplinary	Service improvement + collective capacity
Sharp 2020	UK	Healthcare + consultancy	Multidisciplinary	Service improvement + collective capacity
Shoobridge et al. 2021	Australia	Healthcare + HEI	Multidisciplinary	Individual development
Slater 2017	UK	Healthcare + HEI	Ambulance services	Service improvement
Snelgrove-Clarke et al. 2015	Canada	Healthcare + HEI	Nursing	Individual development
Traeger and Norgate 2015	UK	Healthcare + consultancy	Organisational development staff	Individual development
van der Merwe et al. 2021	South Africa	Healthcare + HEI	Multidisciplinary	Service improvement
Walia and Marks-Maran 2014	UK	HEI	Nursing	Individual development
Walsh et al. 2014	UK	Healthcare + HEI	Multidisciplinary – in a prison	Service improvement
Warwick, Palmer and McCray 2017	UK	Healthcare + HEI	Multidisciplinary	Individual development
Waugh et al. 2014	UK	HEI	Nursing – mental health	Individual development
Willis 2014	UK	HEI	Paramedics	Individual development
Winterburn and Hicks 2012	UK	Healthcare	Medics – end of life care	Individual development

Notes: The 'main purpose' is my interpretation of the intent of the programme or project. Additional benefits were also reported as outcomes in some of the papers.

communities and b) individuals learning from their attempts to analyse problems and to make changes (Pedler 1996). Sometimes this individual learning is reported in terms of developing leadership capabilities, or other kinds of specific skills, which are enhanced through undertaking the action learning processes (e.g. Bradd, Travaglia, and Hayen 2018; Beniston et al. 2014). These processes include the discussion and interchange

within the action learning set and also the processes outside the group, of taking action to bring about change.

These two types of outcomes are reported in many of the papers reviewed during this study – improvements to services achieved, and also the enhancement of individual skills – but in some cases the main purpose of the project or programme appeared to be to achieve one or another of these two outcomes. For example, in one project, occupational therapists took the lead in a series of cycles of action learning and action research to develop a screening tool to enable clinicians to assess patients' fitness to drive (Biljon et al. 2019). The intended outcome, which the paper states was achieved, was to take action to improve an aspect of healthcare service. In another example, Penney et al. (2017) give an account of how action learning and appreciative inquiry were used to challenge and change hitherto accepted routine practices in nursing homes and thus improve the quality of care for residents. In another example, an action learning group developed and piloted a health and social care assessment and planning process for older prisoners (Walsh et al. 2014).

In other cases, the primary purpose of the programme appears to have been skills development: for example, in the leadership development programme of the Chartered Society of Physiotherapists action learning sets of 6–8 met to share their work-based leadership challenges (Garrod et al. 2017); on an HEI-based programme action learning sets were used to help medical scientists develop skills of managing innovation (Beniston et al. 2014); on another programme, action learning was used to help nurses develop leadership skills (James 2018).

Some programmes of training and development incorporate work-based projects in their requirements as more than vehicles of skills development, and so the explicit purpose of action learning may be said to be both service improvement and to develop skills. For example, Kellie, Milsom, and Henderson (2012) described how a university-based 12-month programme was designed to help participants improve infection control practices in a large healthcare organisation and also to improve participants' abilities to bring about change. In another case, an allied health leadership development programme was designed to help participants develop their leadership skills, as part of which they were required to design, implement and evaluate a project in the workplace with their team (Bradd, Travaglia, and Hayen 2018). In a programme that used action learning to improve end-of-life care, Gillett, Reed, and Bryan (2017, 191) found that 'the action learning process [also] has the potential to develop the core competencies required by all health care professionals including critical thinking, problem solving, team working, change management and communication'.

A third type of purpose, explicitly stated in a smaller number of papers, was to improve collective capability. The project described by Cleary et al. (2018, ii67), for example, set out to develop 'a distributed relational leadership' across nine primary health care facilities. Dunne and Kelliher (2013) used action learning to establish and develop an audit team to strengthen a quality improvement process. Folker and Lauridsen (2017) describe how an action learning project brought together researchers and frontline healthcare staff to share knowledge and engage in joint problem-solving to improve services in a Danish municipal health setting. A project in Scotland used action learning to help local partnerships 'develop their collaborative responses to health and social care' (Sharp 2020, 10).

Enhanced teamwork and collaboration were reported in a number of projects (as discussed at greater length below in the review of benefits claimed for action learning) and in some programmes and projects this was evidently intended from the beginning as an outcome.

Participants

Where the action learning sets described in these papers were made up of a single professional group, the profession most actively involved was nursing (11 examples): as James (2018, 876) observes, action learning 'has similarities with the experiential learning and reflective practice approaches; it is therefore not an entirely new format for nursing education'. In other projects, action learning groups were made up of members from two or more different professional disciplines (21 examples). This included seven community health projects, where community leaders or service users were also part of the groups. Groups made up of healthcare, and sometimes also social care, managers were the subject of eight of the papers.

Scale

There is much variation in scale of the programmes and projects reported in the papers. Many of the individual action learning groups were said to have between six and nine members, but where action learning was coupled with participative action research to develop services over a period of time, there is often little detail about actual group numbers.

Schifferdecker et al. (2016) report 96 participants in a number of groups in a community health initiative, Leggat, Balding, and Anderson (2011) involved 137 participants, Shoobridge et al. (2021) report 174 participants took part in their skills development programme, spread across a number of groups, and a paper by Snelgrove-Clarke et al. (2015) is based on the behaviours of 99 participants – 44 who undertook action learning and 45 who were the control group in the study. However, several of the papers are accounts and evaluations of a single group of action learners, and so smaller numbers are involved: for example, seven in papers by Davis et al. (2012), Doyle (2014) and Eaton et al. (2018), eight in the paper by Edmonstone and Robson (2014).

Scale can be also measured in terms of time. Where the length of the programme or project is specified, most spanned 12 months or less for each participant, but recruitment of new cohorts in some cases means the evaluation presented in the paper covers a longer period. For example, the programme evaluated by Kellie, Milsom, and Henderson (2012) lasted 12 months per cohort of 15, but the authors presented results of three cohorts and therefore three years' of activity with 45 participants. The large programme described by Shoobridge et al. (2021) spanned 12 months, but each cohort of participants engaged in the programme for only four months. Four months is the shortest reported time for an individual action learning set. The service-development project by Biljon et al. (2019) took place over five years, the project to develop services described by Gilson et al. (2020) took place over two years, and action learning sets took place over the three years of the nursing course evaluated by Maddison and Strang (2018).

Programme design

The majority of the learning and development programmes described in the papers included some inputs (such as lectures) in addition to the action learning processes, and in some cases one-to-one coaching or mentoring was also used. For example, the programme of leadership development described by Cleary et al. (2018) also included group coaching, short courses and some day-long workshops. Beniston et al. (2014), aiming to improve the abilities of health scientists to manage innovation, provided an introduction to critical thinking tools and regular inputs on innovation. In the programme described by Warwick, Palmer, and McCray (2017) half-day action learning sets were accompanied by half-day sessions on topics that included finance, continuous improvement, leadership and strategy. One programme included workshops on leadership, resilience, teamwork and change management (Shoobridge et al. 2021). In another example, the ' … programme explored aspects of the theory behind leadership and change management with the aim of helping to develop the participants' skills in tackling issues' (Lynch and Verner 2013, 23). This programme also included coaching, as did programmes described by Bazos et al. (2013), Bradd, Travaglia, and Hayen (2018), Dowson (2019) and McNamara et al. (2014).

In these cases, action learning was part of a larger whole, and the organisers provided some programmed knowledge (P) as well as supporting and facilitating the questioning processes (Q) that are at the heart of action learning. Where action learning was used to develop a particular skill set, the programmes followed a logical structure of some tuition followed by application supported by action learning. For example, Phillips and Byrne (2013, 2625) describe 'an integrated teaching programme to enhance leadership knowledge and skills and action learning to facilitate application to [the] individual's own leadership practice.' The programme to develop knowledge and skills in end-of-life care described by Gillett, Reed, and Bryan (2017) comprised five days of structured learning activity in a hospice followed by six months of workplace activity supported by action learning sets.

Benefits

The accounts of the benefits achieved by the use of action learning are often based on self-report by participants, although in many of the service improvement projects described in the papers the authors are able to point to clinical tools that have been developed or beneficial changes in practices. As noted above, the stated purpose of the project or programme was in some cases to improve a service, in some cases primarily to develop individual capabilities, in some cases a combination of these two aims, and in some cases the development of collective capability, and benefits were reported in each of these areas.

In a project to improve community care, for example, Bazos et al. (2013) reported good service improvement outcomes and also increased community capacity to work together to improve healthcare quality. But in a follow-up project, Schifferdecker et al. (2016) used action learning with members of the community to encourage healthy eating, more exercise and weight loss: the researchers hoped the group process would provide social support, but they reported only limited success. They reflected that the participants

appeared to want more inputs of information and education and less sharing and discussion.

In a paper reviewing a leadership development programme that required each participant to undertake an improvement project, Doyle (2014, 69) reported: 'The organisational impact of the various projects included: cost savings, introduction of new procedures, roll-out of new systems and policies, increased information-sharing and enhanced inter-disciplinary and cross-departmental working.' Service improvements in different areas of clinical practice were also reported by Kasasbeh, McCabe, and Payne (2016) (the management of cancer-related pain), Kellie, Milsom, and Henderson (2012) (infection prevention and control) and Masango-Muzindutsi et al. (2018) (neonatal services). The projects described by Biljon et al. (2019) and Walsh et al. (2014) produced screening tools that were put into use. McAlinden (2015) reported that the support of the action learning set had enabled her to develop and to begin to implement a comprehensive set of policies and procedures concerning care for older people. Folker and Lauridsen (2017, 203) reported a mixed – but mainly positive – set of results for their service improvement project. Of the nineteen units involved, three dropped-out of the project, 13 completed and 'performed well' in the project, and three units 'performed exceedingly well'.

Themes that emerged in relation to the development of individual capabilities concerned general leadership skills, also skills relating to communication and collaborative working, clinical skills and enhanced patient focus.

An improvement in general leadership capabilities was reported by participants in programmes discussed by Garrod et al. (2017), Lynch and Verner (2013), Walia and Marks-Maran (2014) and Bradd, Travaglia, and Hayen (2018). In addition, several papers reported that participants said that, through the programmes they undertook, their self-confidence, self-efficacy and/or sense of empowerment had improved (e.g. Leggat, Balding, and Anderson 2011; Masango-Muzindutsi et al. 2018; Doyle 2014; Noga et al. 2016; Kellie, Milsom, and Henderson 2012; Machin and Pearson 2014; Shoobridge et al. 2021).

In some programmes, participants reported improvements in skills relating to achieving change. For example, participants on a nursing programme said that: 'Through AL [they] were able to develop considerable interpersonal strategies to gain sponsorship, negotiate relationships and influence others within the clinical setting' (Christiansen, Prescott, and Ball 2014, 247). Christiansen and colleagues also found that participants in the programme believed they had improved their ability and willingness to challenge practices in the workplace, an improvement also reported by Blanchard and Carpenter (2012), Kellie, Milsom, and Henderson (2012), Machin and Pearson (2014), and McCray, Warwick, and Palmer (2018).

Improvements in analytical and communication skills were reported in some papers: for example, problem-solving and critical thinking skills (Masango-Muzindutsi et al. 2018; Gillett, Reed, and Bryan 2017; Doyle 2014; Waugh et al. 2014), listening skills (Christiansen, Prescott, and Ball 2014); listening and questioning (Doyle 2014; McKee and Markless 2017; Waugh et al. 2014).

More collaborative approaches to leadership and working with others were reported outcomes of some programmes. For example, Bradd, Travaglia, and Hayen (2018, 918–919) said that participants: 'described how the programme enhanced the way they interacted with their teams. For example, one participant reported that they now saw leadership as 'creating an environment that supports your team in being engaged to solve

problems and collaboratively engage in change and the process of change"'. Blanchard and Carpenter (2012) and Doyle (2014) also found participants reporting an improved ability to work collaboratively with colleagues and team members.

Improved relationships were also a reported benefit of some programmes. Davis et al. (2012, 106) found: 'In the context of this action learning project, the building of a community of practice has created an informal network of scholars who have demonstrated the potential for capacity building in higher education.' Noga et al. (2016, 144) said: 'Group members generally felt that the process had strengthened the working relationships they currently shared and had facilitated additional dialogue between themselves and other agencies' – in that case some collaboration on other projects followed. One project had brought together staff from two different organisations: 'The result [of the intervention, using action learning processes] reduced conflict between staff in the two organizations, leading to improved implementation of programme support' (Scott et al. 2014, ii59). The programme described by Kellie, Milsom, and Henderson (2012) improved communication between the nurses who undertook the programme and with others involved in infection control, and the authors suggested that the intervention improved distributed leadership in the organisation. Phillips and Byrne (2013) also linked their programme with distributed leadership and Cleary et al. (2018) argued that a benefit of their programme was more relational – and less directive – leadership.

The focus of some programmes was the improvement of specific clinical skills, and improvements in such areas were frequently reported, for example by Kellie, Milsom, and Henderson (2012), Brooks et al. (2022), Kasasbeh, McCabe, and Payne (2016), Gillett, Reed, and Bryan (2017), Snelgrove-Clarke et al. (2015). A more collaborative approach to working with patients was reported by Bradd, Travaglia, and Hayen (2018, 918): 'Participants described how their clinical practice had changed to be more focused on empowering patients in decisions affecting their care.' Machin and Pearson (2014, 414) said that programme participants developed: 'a more patient-focused approach' and Christiansen, Prescott, and Ball (2014, 247) reported: 'Findings suggest that students had developed a greater sensitivity to the patients' perspective'.

The means and the tools by which programmes were evaluated are not explained in detail in the majority of cases, but three programmes administered pre- and post-intervention tests and four implemented a control group. In the before-and-after audits, Brooks et al. (2022) found improved awareness, knowledge and confidence post-programme; Kasasbeh, McCabe, and Payne (2016) found significant changes in knowledge, attitudes and practices; Bradd, Travaglia, and Hayen (2018) found improved self-assessment scores on a leadership tool – but there was no significant difference in the pre- and post-programme ratings of participants by colleagues.

Jang, Kim, and Park (2014, 587) used a control group to evaluate their programme and found: 'The scores for problem solving, creativity and team-member exchange in the experimental group were significantly higher than those of the control group.' Dowson (2019) found that participants' knowledge and skills improved significantly, compared to the control group. However, Snelgrove-Clarke et al. (2015, 281) found that: 'Statistically significant change was not evident between nurses' rate of FHS [Fetal Health Surveillance] practices in the Action Learning group compared with Usual Care'.

Finally, two studies reported tangible benefits for participants on action learning programmes: in the study by Beniston et al. (2014, 326) 'half of the first cohort […] reported

new positions/changes in career trajectory that they attribute, in part, to the learning they gained through the programme', and Bradd, Travaglia, and Hayen (2018) found that 57% of participants were appointed to more senior positions following the programme they undertook.

The range of reported benefits is positive testimony to the power and the potential of these projects and programmes, from improvements to services to the development of skills and attitudes relevant to leadership, change management, positive interpersonal behaviour and clinical performance. We must recall, however, that action learning was often combined with other elements of these interventions, and be aware that the evaluations of the interventions are likely to be of the whole programme. It is interesting nonetheless that many of the skills improvements, in problem-solving, communication, collaborative working, and challenging practices, are the kinds of skills that are needed and likely to be practised in action learning sets, as well as in taking action in the workplace to bring about changes, and their development is thus very likely to owe much to the use of action learning.

Challenges

Not all papers identified the challenges encountered by their programmes or projects, but for those that did, the main challenges concerned opposition to changes or lack of organisational support, practical issues of workload and logistics, reluctance by some participants to engage in action learning, and difficulties in finding skilled facilitators. The different perspectives of participants on issues addressed by a project was also indicated as a challenge in some cases.

Lack of commitment, lack of support, or opposition by line managers or others outside the project, were challenges specifically indicated in five papers. The infection control project described by Kellie, Milsom, and Henderson (2012) enjoyed significant success, but the paper notes that some opposition to change was encountered from line managers or from other clinicians. Gillett, Reed, and Bryan (2017) found that some line managers not actively engaged in the project, and participants themselves sometimes did not have the authority to influence change. An additional difficulty arose when there were job changes by the sponsoring manager or by the participant - Folker and Lauridsen (2017) also reported difficulties when organisational structures changed. In that project Folker and Lauridsen (2017, 103) also listed as a challenge 'ensuring buy-in from management'. Cleary et al. (2018), whose project aimed to improve relational leadership, reported positive progress, but reflected that the wider healthcare context, with its emphasis on hierarchy, accountability, and monitoring through numbers and statistics, constrained the extent to which they could achieve their aims. Shoobridge et al. (2021) noted that their programme was ultimately affected by changes in senior management, which led to a reduction of organisational support.

Workload and logistical problems were highlighted in a number of papers as obstacles to progress. Currie et al. (2012) identified their programme competed with participants' multiple commitments, Gillett, Reed, and Bryan (2017) talked of some participants reporting heavy workloads, staff shortages and time pressures, while Dinkin and Frederick (2013, 7) identified a lack of time for people to meet, 'and a perceived higher value of taking action over making time for learning by many participants'. Masango-Muzindutsi et al.

(2018, 1) listed difficulties that included 'permission to attend action learning meetings and logistical issues, including transport and other financial implications'.

In some cases, a lack of commitment by participants – at least at first – presented a challenge. For example, Beniston et al. (2014, 311) reported some 'scepticism about the usefulness of management literature' and Winterburn and Hicks (2012) said that the medical consultants in their programme were initially sceptical about action learning. Machin and Pearson (2014, 414) reflected that: 'A small number of participants needed some persuasion of the value of the ALS [action learning set] particularly where the sessions were perceived to be too negative or challenging'. In the programme reviewed by Willis (2014), some participants did not want to take part in the action learning set, and this frustrated those who did, and in the online action learning programme evaluated by Currie et al. (2012, 270), the most common complaint was about the lack of 'group formation and commitment due to on-line delivery'.

The facilitator of an action learning set can greatly influence the success or otherwise of the group processes (Pedler and Abbott 2008). Finding suitable facilitators was identified as a challenge in a small number of the papers: Maddison and Strang (2018) found that participants on a university nursing programme were critical of the initial facilitators, who were perceived as being too didactic. In the programme described by Edmonstone and Robson (2014) the facilitators were new to action learning, and this presented a challenge. Masango-Muzindutsi et al. (2018) reported that finding a skilled facilitator presented a challenge, and Dinkin and Frederick (2013, 7), reviewing 14 leadership development programmes in public health institutes, noted that a difficulty could be a 'lack of resources available for team coaching'

In two of the programmes where inputs of lectures were intended to support learning alongside the workings of the action learning sets, challenges of programme design and resourcing were noted. Beniston et al. (2014, 325–326) noted 'a tension emerged between the requirements of individuals interested in increasingly specific subjects, and the need to run lectures for the entire group'. Also in the first project designed by Bazos et al. (2013) the three constituent groups chose to address different issues, so it was difficult for the academics to provide support that was relevant to all three. In the second project, the problem was resolved by agreeing that all three groups would work on a common issue of relevance to them all.

Several of the service improvement projects brought together different groups to address an issue, and this is likely to have given rise to challenges, at least at the outset of the project. Jenstad and Donnelly (2015) indicated that initial challenges included the different expectations and perceptions of the issues by different groups. Presumably the project described by Scott et al. (2014), which brought together members of two organisations that had been in conflict with one another, also faced and had to overcome a similar difficulty.

Summary and conclusions

It is hoped that the analysis in this paper will help designers, providers and facilitators of future programmes and projects that use action learning to consider how to maximise the potential benefits and equally how to monitor for and manage potential challenges.

The publications reviewed in this paper indicate that action learning can be used in healthcare in a range of situations and for a range of purposes: to improve services, to develop the abilities of individuals, to improve collective capability. Any programme of action learning may aim to achieve one of these outcomes as its primary purpose, or it may be designed to give equal weight to achieving two or all three of them.

The examples included in this review demonstrate a range of designs. Examples were included if they appeared to demonstrate the ethos of action learning and the core processes of learning through action, aided by discussion with peers, even if they provided little information of the techniques they employed. Example ranged from large action learning-action research projects to improve community health to smaller-scale programmes, where participants worked on individual projects. The shortest programme formally took place over no more than four months, while another included action learning activity over the three years of a degree course, and one service development project spanned five years.

The designers of action learning programmes and projects can take advantage of the versatility of action learning and consider what structures and processes will fit with their aims and contexts. As well as an awareness of potential benefits, and how they might be achieved, designers might also maintain a cautious watch for challenges and difficulties identified in these examples.

Workloads and time pressures, for example, were cited as difficulties in a number of projects, and these are likely to be obstacles in healthcare organisations in present circumstances. How can the time commitment needed for action learning be made realistic in relation to the other demands on staff time? How can programme designers and facilitators best emphasise the value of action learning, to counter the danger of a lack of commitment on the part of some potential participants, who may believe in the 'higher value of taking action', as reported in one project, over investing time in discussions in an action learning set?

Where projects have been carried out to use action learning processes with participatory action research to help representatives of different groups come together to focus on some aspects of improving services, there has evidently been a need to overcome initial misunderstandings and different viewpoints. Whenever we engage in such projects in future, how can we usefully anticipate these initial difficulties and consider how they may be overcome?

In addition, participants in service development projects might be encouraged to reflect on what they have learned by undertaking the process. A focus on achieving the project-centred results of service improvement might obscure valuable outcomes of learning and development. Participants might also be encouraged to reflect on collective developments – of relationships and the development of networks – and consider what can be consolidated to improve future work.

Where action learning processes were designed to develop individual capabilities, using projects as vehicles for learning, programme organisers provided inputs – often in the form of lectures or structured discussions - for the participants. In some cases, such as when the programme concerned the development of specific clinical knowledge or practice, the inclusion of such inputs was an obvious integral element. In designing inputs in future to support learning, alongside the other processes of action learning, theories and tools relevant to bringing about change, to learning and development, and to

communication, may also add value. Where a purpose of the programme is to achieve changes in practices, the use of theories and processes of critical action learning may be useful to enhance awareness and understanding of power relationships in organisations and communities.

Given that the challenges experienced by participants on some of the programmes described in the papers in this review have included opposition to changes by other members of participants' organisations, including their line managers, it may be useful for the providers of programmes to consider ways in which to enlist support for the programme and, in principle, for the change projects that will arise from it, other than through the unaided efforts of the participants themselves.

Finally, the programmes included in this review undertook a range of approaches to evaluation of their impact. It is useful to make plans at an early stage for later evaluation. Service improvement outcomes are, perhaps, the results most easily accounted for, but in healthcare even these are rarely straightforward to evaluate, as other factors in addition to the action learning project influence service development and outcomes. The papers reviewed in this study indicate the range of different skills that participants in action learning programmes may develop, and evaluations can usefully gather information about these potential benefits. The possibility of improved collective capacity resulting from the programme should also be considered.

Healthcare settings are by no means uniform and, whilst we may see common themes in how action learning has been used in healthcare, there is little sense of a single model of action learning that will fit every situation. Unless that model is one that contains the ethos and the core processes of action learning and is in other respects flexibly designed to fit is setting and purpose.

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Notes on contributor

George Boak is an associate professor in leadership and innovation at York St John University. He has worked on aspects of individual and organisational development for over 25 years, with managers and professionals from the health service and other public sector organisations, and from a wide range of private sector companies. He is particularly interested in how change can be brought about in complex organisations.

References

Bazos, D. A., K. E. Schifferdecker, R. Fedrizzi, J. Hoebeke, L. Ruggles, and Y. Goldsberry. 2013. "Action-Learning Collaboratives as a Platform for Community-Based Participatory Research to Advance Obesity Prevention." *Journal of Health Care for the Poor and Underserved* 24 (2 Suppl.): 61–79.

Beniston, L., P. Ellwood, J. Gold, J. Roberts, and R. Thorpe. 2014. "Innovation Development – an Action Learning Programme for Medical Scientists and Engineers." *Action Learning: Research and Practice* 11 (3): 311–329.

Biljon, H. v., D. Casteleijn, S. Rabothata, and S. H. Jj du Toit. 2019. "Screening Fitness to Drive by Occupational Therapists in Gauteng Public Healthcare - an Action Learning Action Research Outcome." *South African Journal of Occupational Therapy* 49 (1): 4–11.

Blanchard, C., and B. Carpenter. 2012. "Experiences of Action Learning Groups for Public Health Sector Managers in Rural KwaZulu-Natal, South Africa." *Remote and Rural Health* 12 (2026): 1–11.
Boak, G. 2011. "Blending Q and P: Incorporating Action Learning in a Master's Programme." *Action Learning: Research and Practice* 8 (2): 165–172.
Bradd, P., J. Travaglia, and A. Hayen. 2018. "Developing Allied Health Leaders to Enhance Person-Centred Healthcare." *Journal of Health Organization and Management* 32 (7): 908–932.
Braun, V., and V. Clarke. 2022. *Thematic Analysis: A Practical Guide*. London: Sage.
Brook, C. 2009. Action Learning in the NHS: an inquiry into its development and practice. PhD Thesis, Lancaster University.
Brook, C. 2010. "The Role of the NHS in the Development of Revans' Action Learning: Correspondence and Contradiction in Action Learning Development and Practice." *Action Learning: Research and Practice* 7 (2): 181–192.
Brook, C., A. Lawless, and C. Sanyal. 2021. "Adaptive Action Learning: A Refusal to Define." *Action Learning: Research and Practice* 18 (1): 1–4.
Brooks, C. F., A. Argyropoulos, C. B. Matheson-Monnet, and D. Kryl. 2022. "Evaluating the Impact of a Polypharmacy Action Learning Sets Tool on Healthcare Practitioners' Confidence, Perceptions and Experiences of Stopping Inappropriate Medicines." *BMC Medical Education* 22: 499.
Bryan, L. 2022. Personal communication with Liz Bryan, July 2022.
Christiansen, A., T. Prescott, and J. Ball. 2014. "Learning in Action: Developing Safety Improvement Capabilities Through Action Learning." *Nurse Education Today* 34: 243–247.
Cleary, S., A. du Toit, V. Scott, and L. Gilson. 2018. "Enabling Relational Leadership in Primary Healthcare Settings: Lessons from The DIALHS Collaboration." *Health Policy and Planning* 33 (2): ii65–ii74.
Coughlan, P., and D. Coghlan. 2021. "What Happens to P? Lessons from Network Action Learning Research." *Action Learning: Research and Practice* 18 (2): 91–101.
Currie, K., J. Biggam, J. Palmer, and T. Corcoran. 2012. "Participants' Engagement with and Reactions to the use of on-Line Action Learning Sets to Support Advanced Nursing Role Development." *Nurse Education Today* 32 (3): 267–272.
Davis, K., S. Brownie, F. Doran, S. Evans, M. Hutchinson, B. Mozolic-Staunton, S. Provost, and R. Van Aken. 2012. "Action Learning Enhances Professional Development of Research Supervisors: An Australian Health Science Exemplar." *Nursing & Health Sciences* 14 (1): 102–108.
Dinkin, D. R., and S. L. Frederick. 2013. "Action-Learning Projects Used in Public Health Leadership Institutes." *Leadership in Health Services* 26 (1): 7–19.
Dowson, J. 2019. "Transferring Knowledge Into Practice? Exploring the Feasibility of Action Learning for Improving Knowledge, Skills and Confidence in Clinical Communication Skills." *BMC Medical Education* 19: 37.
Doyle, L. 2014. "Action Learning: Developing Leaders and Supporting Change in a Healthcare Context." *Action Learning: Research and Practice* 11 (1): 64–71.
Dunne, E., and F. Kelliher. 2013. "Learning in Action: Creating a Community of Inquiry in a Healthcare Organisation." *Action Learning: Research and Practice* 10 (2): 148–157.
Eason, K. 2017. "Action Learning across the Decades Case Studies in Health and Social Care Settings in 1966 and 2016." *Leadership in Health Services* 30 (2): 118–128.
Eaton, A. D., F. Ibáñez-Carrasco, S. L. Craig, S. C. Carusone, M. Montess, G. A. Wells, and G. F. Ginocchio. 2018. "A Blended Learning Curriculum for Training Peer Researchers to Conduct Community-Based Participatory Research." *Action Learning: Research and Practice* 15 (2): 139–150.
Edmonstone, J. 2018. *Action Learning in Health and Social Care*. Boca Raton: CRC.
Edmonstone, J., and J. Robson. 2014. "Action Learning on the Edge: Contributing to a Masters Programme in Human Resources for Health." *Action Learning: Research and Practice* 11 (3): 361–374.
Folker, A. P., and S. Lauridsen. 2017. "Using Action Learning to Reduce Health Inequity in Danish Municipalities." *Leadership in Health Services* 30 (2): 194–207.
Garrod, R., S. Harding, J. Head, A. Jepson, K. Minowa-Astridge, B. Walker, and H. Shannon. 2017. "Opportunities and Challenges of Using an Action Learning Set to Enhance Leadership Development: A Pilot Evaluative Study." *Physiotherapy* 103 (S 1): e8.

Gillett, K., L. Reed, and L. Bryan. 2017. "Using Action Learning Sets to Support Change in end-of-Life Care." *Leadership in Health Services* 30 (2): 184–193.
Gilson, L., S. Elloker, P. Olckers, and U. Lehmann. 2014. "Advancing the Application of Systems Thinking in Health: South African Examples of a Leadership of Sensemaking for Primary Health Care." *Health Research Policy and Systems* 12 (30): 1–13.
Gilson, L., S. Ellokor, U. Lehmann, and L. Brady. 2020. "Organizational Change and Everyday Health System Resilience: Lessons from Cape Town, South Africa." *Social Science & Medicine* 266: 113407.
Haith, M., and K. A. Whittingham. 2012. "How to use Action Learning Sets to Support Nurses." *Nursing Times* 108 (18–19): 12–15.
James, A. 2018. "Action Learning Can Support Leadership Development for Undergraduate and Postgraduate Nurses." *British Journal of Nursing* 27 (15): 876–880.
Jang, K.-S., N.-Y. Kim, and H. Park. 2014. "Effects of an Action Learning Based Creative Problem-Solving Course for Nursing Students." *Journal of Korean Academy of Nursing Administration* 20 (5): 587–598.
Jenstad, L. M., and M. Donnelly. 2015. "Hearing Care for Elders: A Personal Reflection on Participatory Action Learning with Primary Care Providers." *American Journal of Audiology* 24: 23–30.
Joyce, P. 2022. "Quality Improvement in Healthcare: An Action Learning Approach." *Action Learning: Research and Practice* 19: 3. doi:10.1080/14767333.2021.2018288.
Kasasbeh, M. A. M., C. McCabe, and S. Payne. 2016. "Action Learning: An Effective way to Improve Cancer-Related Pain Management." *Journal of Clinical Nursing* 26: 3430–3441.
Kellie, J., B. Milsom, and E. Henderson. 2012. "Leadership Through Action Learning: A Bottom-up Approach to 'Best Practice' in 'Infection Prevention and Control' in a UK NHS Trust." *Public Money & Management* 32 (4): 289–296.
Leggat, S. G., C. Balding, and J. A. Anderson. 2011. "Empowering Health-Care Managers in Australia: An Action Learning Approach." *Health Services Management Research* 24: 196–202.
Leggat, S. G., C. Balding, and D. Schiftan. 2015. "Developing Clinical Leaders: The Impact of an Action Learning Mentoring Programme for Advanced Practice Nurses." *Journal of Clinical Nursing* 24: 1576–1584.
Lehman, U., and L. Gilson. 2015. "Action Learning for Health System Governance: The Reward and Challenge of co-Production." *Health Policy and Planning* 30: 957–963.
Lenihan, P., C. Welter, P. Brandt-Rauf, B. Neuberger, E. Pinsker, M. Petros, and K. Risley. 2015. "The University of Illinois at Chicago School of Public Health Doctor of Public Health Program: An Innovative Approach to Doctoral-Level Practice Leadership Development." *American Journal of Public Health* 105 (S1): S55–S59.
Lynch, J., S. Scallan, and B. Allured. 2021. "Action Learning Sets to Support the First Contact Practitioner Role Working Within Primary Care." *Journal of Physiotherapy* 10: 244.
Lynch, M., and E. Verner. 2013. "Building a Clinical Leadership Community to Drive Improvement: A Multi-Case Educational Study to Inform 21st Century Clinical Commissioning, Professional Capability and Patient Care." *Education for Primary Care* 24 (1): 22–28.
Machin, A., and P. Pearson. 2014. "Action Learning Sets in a Nursing and Midwifery Practice Learning Context: A Realistic Evaluation." *Nurse Education in Practice* 14 (4): 410–416.
Maddison, C., and G. Strang. 2018. "Do Action Learning Sets Facilitate Collaborative, Deliberative Learning?: A Focus Group Evaluation of Graduate Entry Pre-Registration Nursing (GEN) Students' Experience." *Nurse Education in Practice* 28: 285–291.
Masango-Muzindutsi, Z., L. Haskins, A. Wilford, and C. Horwood. 2018. "Using an Action Learning Methodology to Develop Skills of Health Managers: Experiences from KwaZulu-Natal, South Africa." *BMC Health Services Research* 2018 (18): 907.
Mathews, S., S. Golden, R. Demski, P. Pronovost, and L. Ishii. 2017. "Advancing Health Care Quality and Safety Through Action Learning." *Leadership in Health Services* 30 (2): 148–158.
McAlinden, F. 2015. "Using Action Research and Action Learning (ARAL) to Develop a Response to the Abuse of Older People in a Healthcare Context." *Journal of Work-Applied Management* 7 (1): 38–51.

McCray, J., R. Warwick, and A. Palmer. 2018. "Impressions of Action and Critical Action Learning: Exploring the Leadership Development of Senior Doctors in an English Healthcare Organization." *International Journal of Training and Development* 22 (1): 69–85.
McGill, I., and A. Brockbank. 2004. *The Action Learning Handbook. Abingdon*. Oxfordshire: Routledge Falmer.
McKee, A., and S. Markless. 2017. "Using Action Learning Sets to Support Students Managing Transition Into the Clinical Learning Environment in a UK Medical School." *Action Learning: Research and Practice* 14 (3): 275–285.
McNamara, M. S., G. M. Fealy, T. Casey, T. O'Connor, D. Patton, L. Doyle, and C. Quinlan. 2014. "Mentoring, Coaching and Action Learning: Interventions in a National Clinical Leadership Development Programme." *Journal of Clinical Nursing* 23: 17–18.
Munns, A., C. Toye, D. Hegney, M. Kickett, R. Marriott, and R. Walker. 2017. "Peer-led Aboriginal Parent Support: Program Development for Vulnerable Populations with Participatory Action Research." *Contemporary Nurse* 53 (5): 558–575.
NHS Leadership Academy. 2022. https://www.leadershipacademy.nhs.uk/als/ accessed August 2022.
Noga, H., A. Foreman, E. Walsh, J. Shaw, and J. Senior. 2016. "Multi-agency Action Learning: Challenging Institutional Barriers in Policing and Mental Health Services." *Action Research* 14 (2): 132–150.
Nordin, P., A.-A. Kork, and I. Koskela. 2017. "Value-based Healthcare Measurement as a Context for Organizational Learning" *Leadership in Health Services* 30 (2): 159–170.
Patterson, T. E., D. R. Dinkin, and H. Champion. 2017. "Team Sponsors in Community-Based Health Leadership Programs." *Leadership in Health Services* 30 (2): 171–183.
Pedler, M. 1996. *Action Learning for Managers*. Great Britain: Lemos & Crane.
Pedler, M., and C. Abbott. 2008. "Am I Doing it Right? Facilitating Action Learning for Service Improvement." *Leadership in Health Services* 21 (3): 185–199.
Pedler, M., J. Burgoyne, and C. Brook. 2005. "What Has Action Learning Learned to Become?" *Action Learning: Research and Practice* 2 (1): 49–68.
Penney, W., J. Meyer, P. Cash, L. Clinnick, and L. Martin. 2017. "Enhancing Care for Older People Living in Nursing Homes in Rural Australia Using Action Learning as a Catalyst for Change." *Action Learning: Research and Practice* 14 (1): 62–71.
Phillips, N., and G. Byrne. 2013. "Enhancing Frontline Clinical Leadership in an Acute Hospital Trust." *Journal of Clinical Nursing* 22 (17–18): 2625–2635.
Ravalier, J. M. 2022. "Co-Design, Delivery, and Evaluation of Wellbeing Initiatives for NHS Staff: The HOW (Healthier Outcomes at Work) NHS Project." *International Journal of Environmental Research and Public Health* 19: 4646.
Revans, R. W., ed. 1972. *Hospitals: Communication, Choice and Change: The Hospital Internal Communications Project Seen from Within*. London: Tavistock.
Revans, R. W. 1998. *ABC of Action Learning*. London: Lemos and Crane.
Rydenfalt, C., P.-A. Larsson, and P. Odenrick. 2017. "An Action-Oriented Method for Interprofessional Organization Development at a Hospital Operating Unit." *Action Research* 15 (2): 177–197.
Sanyal, C. 2019. "Integration of the Practice of Mindfulness Within Action Learning as an Added Component Within a Post Graduate Leadership Programme: An Account of Practice." *Action Learning: Research and Practice* 16 (2): 159–165.
Schachter, K. A., M. Ingram, L. Jacobs, H. Hafter, J. Guernsey De Zapien, and S. Carvajal. 2014. "Developing an Action Learning Community Advocacy/Leadership Training Program for Community Health Workers and their Agencies to Reduce Health Disparities in Arizona Border Communities." *Journal of Health Disparities Research and Practice* 7 (2): Article 3.
Schifferdecker, K. E., A. M. Adachi-Mejia, R. L. Butcher, S. O'Connor, Z. Li, and D. A. Bazos. 2016. "Translation of an Action Learning Collaborative Model into a Community-Based Intervention to Promote Physical Activity and Healthy Eating." *Health Promotion Practice* 17 (1): 70–79.
Scott, V., N. Schaay, P. Olckers, N. Nqana, U. Lehmann, and L. Gilson. 2014. "Exploring the Nature of Governance at the Level of Implementation for Health System Strengthening: The DIALHS Experience." *Health Policy and Planning* 29 (S2): ii59–ii70.

Sharp, C. 2020. "Practising Change Together – Where Nothing is Clear, and Everything Keeps Changing." *Action Learning: Research and Practice* 17 (1): 10–23.
Shoobridge, J., T. Schultz, G. Harvey, and N. Kirby. 2021. "Using an Implementation Science Approach to Build Leader Facilitation Capability in Healthcare: A Novel Approach for Enhancing Action Learning set Facilitation." *Journal of Health Organization and Management* 35 (7): 846–867.
Slater, A. 2017. "An Action Learning Approach to the Question: Are Ambulance Response Time Targets Achievable?" *Action Learning: Research and Practice* 14 (3): 258–268.
Snelgrove-Clarke, E., B. Davies, G. Flowerdew, and D. Young. 2015. "Implementing a Fetal Health Surveillance Guideline in Clinical Practice: A Pragmatic Randomized Controlled Trial of Action Learning." *Worldviews on Evidence-Based Nursing* 12 (5): 281–288.
Traeger, J., and C. Norgate. 2015. "A Safe Place to Stay Sharp: Action Learning Meets Cooperative Inquiry in the Service of NHS OD Capacity Building." *Action Learning: Research and Practice* 12 (2): 197–207.
van der Merwe, M., L. D'Ambruoso, S. Witter, R. Twine, D. Mabetha, J. Hove, P. Byass, S. Tollman, and K. Kahn. 2021. "Collective Reflections on the First Cycle of a Collaborative Learning Platform to Strengthen Rural Primary Healthcare in Mpumalanga, South Africa." *Health Research Policy and Systems* 19 (66): 1–13.
Walia, S., and D. Marks-Maran. 2014. "Leadership Development Through Action Learning Sets: An Evaluation Study." *Nurse Education in Practice* 14 (6): 612–619.
Walsh, E., K. Forsyth, J. Senior, K. O'Hara, and J. Shaw. 2014. "Undertaking Action Research in Prison: Developing the Older Prisoner Health and Social Care Assessment and Plan." *Action Research* 12 (2): 136–150.
Warwick, R., A. Palmer, and J. McCray. 2017. "Action Learning: Ripples Within and Beyond the set." *Leadership in Health Services* 30 (2): 138–147.
Waugh, A., L. McNay, B. Dewar, and M. McCaig. 2014. "Supporting the Development of Interpersonal Skills in Nursing, in an Undergraduate Mental Health Curriculum: Reaching the Parts Other Strategies do not Reach Through Action Learning." *Nurse Education Today* 34: 1232–1237.
Willis, S. 2014. "Student Paramedics' Perceptions of Action Learning: A Mixed-Method Study." *Journal of Paramedic Practice* 6 (12): 626–632.
Winterburn, K., and F. Hicks. 2012. "A Mirror in Which to Practice – Using Action Learning to Change end-of-Life Care." *Action Learning: Research and Practice* 9 (3): 307–315.