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Title:

Action learning sets for supporting postgraduate mental health nurses' transition to professional practice: A qualitative study

Date:

2021-06-01

Citation:

Hopkins, J. F., Hamilton, B. E., Prematunga, R. K., Ennis, G., Fairest, K. & Houghton, J. (2021). Action learning sets for supporting postgraduate mental health nurses' transition to professional practice: A qualitative study. *International Journal of Mental Health Nursing*, 30 (3), pp.772-782. <https://doi.org/10.1111/inm.12844>.

Persistent Link:

<https://hdl.handle.net/11343/298240>

TITLE PAGE

Title: Action Learning Sets for supporting postgraduate mental health nurses' transition to professional practice: A qualitative study.

Manuscript Category: Nursing Education

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This is the author manuscript accepted for publication and has undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the [Version of Record](#). Please cite this article as [doi: 10.1111/INM.12844](https://doi.org/10.1111/INM.12844)

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Author Declaration

The article is the author(s) original work, the article has not received prior publication and is not under consideration for publication elsewhere, and all authors have seen and approved the manuscript being submitted.

Funding Statement

There are no Conflict-of-Interest issues and the author has no financial or other interest in the product or distributor of the product.

Ethical Statement

The study received Quality Assurance Approval in accordance with National Statement on Ethical Conduct in Human Research 2007.

Name of the ethics committee: Melbourne Health Human Research Ethics
Committee

Approval Number: QA 2017153

Date of Approval: 23/10/17

Acknowledgements: The authors acknowledge the participants who gave freely of their time to participate in this research and the clinical nurse educators who facilitated access to the participants and who supported this research.

Disclosure statement: The authors have no conflict to disclose with respect to the content of this paper.

Word count: 5,168, (abstract, main paper and acknowledgements) excluding tables and reference

Article type : Original Article

Action Learning Sets for supporting postgraduate mental health nurses' transition to professional practice: A qualitative study.

ABSTRACT

This paper reports on a qualitative case study of postgraduate mental health nurses participating in a monthly facilitated ALS in order to support them while they transition from PGMHN to independent professional practice.

The aim of the study was to determine what the impact of participating in an ALS would have on how they perceived clinical practice issues. The ALS comprised a small group of PGMHN supported by a facilitator in order to explore issues from clinical practice by using Socratic questions to challenge their thinking.

Data was collected via a single focus group and a 20-item survey. Focus group textual data were coded line by line and codes were synthesised thematically.

The major theme to emerge from the qualitative results was: *'Learning from doing an Action Learning Set'*. Three subthemes were identified: *Think outside the box: Developing Socratic questions; there's rarely one right way: Applying action learning to practice; and Not easy to implement: Action plans in action.*

A 20-item evaluative survey indicated that ALS increased participant's confidence as a mental health nurse.

Using critical questions increased participants' confidence to explore different perspectives when engaged in problem solving.

Keywords: action learning set, critical thinking, mental health nurses, problem solving, Socratic questions.

Introduction

The transition from university student to registered nurse can be a daunting experience without good support. Transition is universally acknowledged as a difficult time by nursing educators and clinical leaders (Chang & Daly, 2016; Hussein, Everett, & Ramjan, et al., 2017; Masso, Sim & Loggie, 2019; Murray, Sundin & Cope, 2019). Others have conceptualised transition as a turbulent time where new graduates experience 'transition shock' (Duchscher, 2009). Some of this stress includes high workload, inadequate staffing and incivility from colleagues (Halpin, Terry & Curzio, 2017), where the first year is often marked by feeling overwhelmed along with insufficient support from seniors (Gairdner & Sheen, 2016). The gap between undergraduate perceptions of mental health nursing and the actual role was greater than they expected (Proctor, Beutel, Dueter, et al., 2011). Accordingly, several transition programs to support new graduates exist across Australia (Masso, Sim & Loggie, 2019).

These transition programs feature a set number of study days, with mentorship and preceptorship and reflective clinical supervision. Nurses who received clinical supervision reported less stress (Blomberg & Isaksson et. al.,

2016), and it is particularly restorative for inpatient nurses (Howard & Eddy Imishue, 2020).

However, in contemporary mental health nursing, the complexity of acute mental health care and challenging care environments demands something more from the graduate nurse such as the capacity to be open and to be aware of their own values, beliefs and assumptions. Understanding how values impact both positively and negatively on their practice is vital and according to some nursing researchers, mental health professionals need to possess a high-level critical thinking mindset in order to develop more innovative ways of thinking and behaving (McKie & Naysmith, 2014; Roberts, 2015).

There are many ways to stimulate critical thinking from reflection to problem-based learning but as Brookfield (2009: 293) contends, reflection on its own is not by definition critical as critical reflection is more about calling “into question power relationships that allow, or promote, one set of practices considered to be technically effective”. Brookfield argues that for reflection to be considered critical it must cover power differentials and challenge hegemonic expectations in order to help people come into awareness. Recent emphasis suggests that contemporary mental health practice expects clinicians to be ready to provide informed, effective and responsive mental health care. (Roberts, 2015).

Given these considerations, an Action Learning Set (ALS) research project was created to develop critical reflection skills of postgraduate mental health nurses (PGMHNs), in a mental health service in Victoria. A set means a group,

usually a group of colleagues working in a structured reflective process to act as a '*brains trust*' to explore each other's practice issues using Socratic questions (Sommer, Larsen, & Nielsen et al., 2020). The study commenced with a one-day workshop for PGMHNs and their nursing educators to introduce the ALS process and the practice of working with Socratic questions. Monthly sets were organised and facilitated by nursing educators.

Using ALSs was also informed by Bandura's concept of social cognitive learning theory (Kurt, 2019). According to Bandura, people learn by paying attention to a new concept, retaining it by applying the learning to real life situations, to reproduce it and to imitate that behaviour in a practical setting. For example, the PGMHNs presented a clinical issue to the group that was then explored using Socratic questions to challenge underlying assumptions, values and beliefs. A sample of an assumption question could include: "*What could you be assuming about the consumer's eating disorder?* ; and of an evidence question: *What is your evidence for saying that your manager does not support you?* However, it not just a process of Socratic inquiry by itself because it is also about action, as the member who presents an issue then develops an action plan from reflections based on the group discussions and reports back on it at a future meeting (Sommer et al.,2020); <https://www.actionlearningassociates.co.uk/action-learning/>).

BACKGROUND

Prior to the study, I had developed a one day training workshop for mental health professionals that was delivered State-wide and presented at Nursing

conferences(https://healthsciences.unimelb.edu.au/_data/assets/pdf_file/0009/2857536/Clinical-Supervision-Symposium.pdf).

I was keen to see how an ALS would work as a learning and supervision tool in the clinical education of postgraduate nursing students as this group were not yet socialised in critical thinking (Chang & Daly, 2016), also to develop their professional identity (Happell, 2014), and build their critical reflection 'muscle'. Makhene (2019; 1025), states that "Critical thinking is a learnt skill, which means it can be facilitated during teaching and learning".

The workshop was contextualised by Reginald Revans (1982;1980), ideas that there can be no learning without some form of action. He viewed authentic knowledge as essential as programmed knowledge and stressed the importance of asking the '*right*' questions rather than looking for the '*right*' answer.

ALS comprises a small group known as set of colleagues (6-8), who meet regularly with the aim of learning from each other's issues by applying Socratic questioning (Makhene, 2019; Haith & Whittingham, 2012). The term Socratic refers to the techniques employed by the philosopher Socrates that he used to examine values, principles and beliefs in ancient Greece. Socratic questions have been employed by nurse educators as a method of teaching and learning to facilitate critical thinking skills of nursing students (Sommers et al., 2020; Makhene, 2019). ALS can promote joint individual and organisational change (Davis, 2017), by intentionally seeking a better way of approaching issues to increase confidence and autonomy in clinical judgements which could enhance

their professional self-confidence and self-efficacy (Lamont, Brunero & Russell, 2010, Davies, 2017).

ALS helps to develop leadership, knowledge and skills for newly appointed nurses (Walia & Marks-Maran, 2014), supports nurses in advanced clinical practice roles (Richardson, Ainsworth, Allison, et al. 2008; Huan Han, Zhang, Zhang & Lei-Lin, 2016) and to develop moral reasoning in nurses (Torabizadeh, Homayuni and Moattari, 2018). ALS can also be used as a form of group clinical supervision (Haith & Whittingham, 2012).

Accordingly, this study aimed to evaluate how the experience of participating in a facilitated ALS supported PGMHNS to transition to complex mental health practice. Consequently, a qualitative study exploring the experiences of PGMHN participants in a facilitated monthly set (ALS) of one hour over a period of eight months was conducted. The allocated time to conduct an ALS is normally three hours except in this study with one-hour time release from the clinical area.

METHODS

Design

A qualitative study was developed to capture the rich experience of participating in an ALS. Case study research was chosen as it is useful when researchers are 'interested in insight, discovery and interpretation rather than hypothesis testing' (Merriam & Tisdell, 2016).

Setting & Recruitment

The study was conducted in a public mental health service in Victoria, Australia. All PGMHN's who were completing their first year of a postgraduate course in a metropolitan mental health service in Victoria were invited to participate in the study and were recruited by a Flyer sent to the Nurse Educators. Pre-evaluation activities included a one-day workshop to prepare PGMHNs to experience the process of an ALS and to practice using Socratic questions. This was delivered by the first author and the nurse educators. The nurse educators became facilitators for monthly meetings.

Participants

A total of eleven PGMHN participated in the study. The participation rate for the focus group was 42% (n=11/26). The response rate for the survey was 38% (n=10/26).

Demographic characteristics of the participants

Table 1 below shows the demographic characteristics of the participants including, age, gender, ethnicity and education. Most the participants were in the age groups of 20-29 (44%) and 30-39 (44%). As expected, all the participants who completed the survey had a mental health nursing education level of a completed undergraduate degree.

Table 1. *demographic characteristics of the participants.*

		n	%
Gender	Male	4	44
	Female	5	56

Age	20-29 years	4	44
	30-39 years	4	44
	40-49 years	1	11
Ethnicity	Anglo-Celtic	3	33
	European	1	11
	Asian	1	11
	African	2	22
	Other	2	22
Education	Post-graduate diploma	8	89
	Master's degree	1	11

Data collection

Data collection methods included a focus group and an ALS survey.

A focus group using a semi-structured interview was conducted to capture the richness and complexity of the qualitative data (Strauss & Corbin, 2008). It comprised nine questions formulated to explore the process of an ALS.

Questions targeted the experience of an ALS, critical/Socratic questions and an action plan.

Participants completed an ALS survey that comprised 20 evaluative statements with a Likert scale from 1 (strongly disagree) to 5 (strongly agree), and demographics.

See Table 2. ALS survey, pages 26-30

Data analysis

Qualitative

There is no universal approach to analysing qualitative data. However, Morse (1994) argues that to develop a coherent and rich description of the data, the raw data needs to be organised into a framework which will guide analysis. Morse (1994) proposed four stages to an analytical framework that included: comprehending, synthesising, theorising and re-contextualising. For this research, comprehending was enhanced by immersion in the data through listening and transcribing the focus group interview, prior to creating broad coding categories from the raw data. Synthesising involved organising and coding the data to look for 'pattern coding' (Miles & Huberman & Saldaña, 2014), and reassembling the data set as a whole while looking at linking and comparing the participants' responses to create subsets of themes.

Quantitative

Descriptive statistics was used to analyse the quantitative data gathered from the survey. Analysis of survey data was conducted using International Business Machines Corporation Statistical Package for the Social Sciences (SPSS) for Windows statistical software, Version 21 (SPSS, Chicago, IL, USA). Descriptive statistics reported were frequencies and percentages.

Ethical considerations

A Quality Assurance Low Risk Ethics approval was obtained from Melbourne Health Human Research Ethics Committee. Participation in the study was voluntary and consistent with the National Statement of Ethical Research (National Health and Medical Research Council, 2007).

RESULTS

Qualitative: Focus group

Semi-structured questions were used in the focus group which related to the learning experience from participating in the ALS process, using Socratic questions and the experience of applying an Action Plan. One major theme emerged: "Learning from doing an Action Learning Set". Three subthemes developed from the major theme that included: *'Think outside the box: developing Socratic questions; There's rarely one right way: Applying action learning to practice; and Not easy to implement: action plans in action.*

Learning from doing an ALS

The major theme identified that participating in an ALS during their postgraduate year offered nurses a broad range of benefits in relation to their clinical practice and their perceptions of themselves as clinicians as well as personally.

'Think outside the box': developing Socratic questions

Responding with a Socratic question during the ALS group surprised some of the participants as they found formulating the question harder than they expected. A participant stated:

...and I think for me developing a Socratic kind of question was quite difficult at the start, so that really forced me to think a little bit wider and critically myself about that question, so to be able to even formulate a particular question.

Another participant realised how much she used advice as a way of problem solving. She stated:

... I wanted to say how hard it was to stop myself from giving advice ... I didn't appreciate how much I did that...

Meanwhile, another participant found that he was supported to explore problems or issues from many perspectives.

He explained:

... it offers you support; it also gives you sort of an opportunity to think outside the box. I ... just because it's always been done one way doesn't mean that it's the only and correct way. ... think about other ways of doing things.

The realisation that problem solving skills were very emotionally charged was a significant insight for another participant and this insight helped her to gain some emotional regulation. She explained:

I find I'm more often than not able to separate my emotions from the situation, which helped heaps in my personal life as well as my professional life. And once I've separated the emotion from the scenario, I'm then able to think clearer and solve this without involving my values or my feelings in the situation.

Socratic questions helped another participant to have confidence in her ability to make decisions independently and helped her transition to practice. She explained:

I think it's probably given me more confidence in my own ability and judgement on different issues so by sort of taking the ALS framework in to my day-to-day practice, I think it does sort of empower you to make decisions independently.

Organisational responses to issues at some level may be bureaucratic, but Socratic questioning enabled one participant to explore other perspectives in relation to clinical issues. He explained:

...different ways to deal with different clinical scenarios and there's rarely ever one right way and I think ALS helped highlight that for me.

The use of Socratic questions in clinical practice had some unexpected applications. For example, a participant found Socratic questions could be used as a way of promoting recovery for consumers.

..... also working with consumers... and kind of goes in the recovery model by instilling hope and empowering them to come up with these ideas on their own... rather than just giving them the answers.

Applying Socratic questions in reflective supervision helped another participant to take control.

...they kind of leave it as an open book and then we discuss certain things, but it hasn't got any real structure to it like ALS. I can apply the Socratic questions that I've learnt here and question my colleagues when they're reflecting on their practice. So that kinda makes me a leader in that setting.

Summary of the sub theme.

Learning how to formulate Socratic questions in order to think critically was more challenging than the participants expected. However, they appreciated that Socratic questions helped them to become more independent in decision making and to be more creative in how they were applied.

Supporting undergraduates' students' by using Socratic questions helped the undergraduates to think differently about problems and source their own answers was also observed. A participant explained:

...Undergraduate students on the ward...the tendency of them coming...expecting an answer or asking for advice. And I explained to them that I could give you the answer because I know ... but how would you find out and learn more, how would you remember this information ... if you found out for yourself. She then ended up with a whole lot of [self-knowledge], [and] she opened a whole world.

Changing how they responded to help seeking in consumers was noted.

Participants became aware how they typically responded to requests for help by consumers that was normally by giving advice.

A participant explained:

...patients/consumers often come to us with questions that they're hoping for an answer, and we can easily just give them the answer, or advice ... but a growth and development for that person exists more or high level of growth when they themselves find the answer to their own question.

Valuing the slower and more considered process of unpacking an issue with questions rather than offering an immediate solution was appreciated. A participant explained:

In other situations, we would reach a solution quickly. The ALS slowed down, listening more to peers, more depth more perspective.

The usefulness of Socratic questions to shifting perspective on an issue was valued by the participants. A colleague who expressed a grievance was challenged by the participant and a change in their perspective was observed. A participant explained:

... was a different way of dealing with the situation, instead of it turning into a nasty, bitching session, so, it provoked the person that was making the negative comments to think about, what they were saying, and other ways to look at it.

A realisation that using the Socratic approach depersonalised interpersonal conflict was valued by the same participant who stated:

...it also got me out of this sticky situation where I'm a you know post grad in a hierarchy, of taking sides, because I didn't want to participate in that behaviour.

At the commencement of an ALS, each member gets to speak about their issue briefly and engage in what is known as a 'bidding round' where participants decide on one issue that they consider important to be presented. With one hour allocated to ALS, the number of presentations were limited to two and each lasting for 30 minutes, so some set members' issues are unexplored and some the participants' issues left feeling dissatisfied, as one participant discovered:

Sometimes you have these pressing issues but unfortunately the group choose one, but you feel like yours was pressing.

A clinical culture of mutual support was seen as a strong indicator of whether they could privilege attendance at an ALS over their normal duties as a participant explained:

I know how difficult ... working in the wards to take time out to attend supervision. ...there's cultural issues in nursing about taking time out and putting more workload on the remaining nurses ... So, I think ... that needs to be dealt with if we're going to be committing to action learning sets, a bit more resources available ... to cover the absence of the post grads.

Summary of the sub theme.

In this subtheme, new insights emerged into the development of critical thinking skills, particularly as they moved from a stance of advice giving to independent problem solving issues. One of the challenges to the ALS process was the insufficient time allocated to an ALS for every member to explore their issue, due to the ALS being only offered for one hour.

Not easy to implement action plans in action

Action plans are a part of the ALS process where the presenter agrees to undertake some actions in relation to the issue they presented, and in the next meeting reporting on whether the action plan was achieved or not. The effectiveness of applying the action plans varied and some participants felt it helped them to achieve their outcomes. She explained:

When I presented a problem, I took away positive ways of proceeding, I could come up with a plan, took it to my workplace....they were supportive.

Others saw them as less effective, especially where it involved organizational change particularly, when managers and organisations were involved. He stated:

Took things to managers, want looked at but actions not followed through. When it's about us yes, but when it involves a lot of people it takes time.

The progress of the action plans was to be reported at subsequent ALS however, this was sometimes overlooked although it is an important part to completing the cycle of reflection. A participant noted:

It would be good to reflect even for myself and to hear other people how they went with their action plans so I think it should be the part of then a follow up session ...

Summary of the sub theme.

In this subtheme, participants recognised the value of action plans, and the need to report on them at subsequent ALS. However, they identified that the action plans could be compromised, at the discretion of the manager. In addition, in this instance, the facilitators were constrained by the insufficient time frame allocated to the ALS, which typically should normally be over 3 hours, rather than the allocated 1 hour, so the action plan was not prioritised in the need to explore the set members immediate issues. Usually, time is built into subsequent ALS to hear how members operationalised their action plans which is a vital part of the cycle of action learning as this provides a sense of follow up, continuity and progress. Moreover, it is important for set members to hear about how the action plan has been implemented as this demonstrates change of orientation in the situation or the thinking about the issue (McGill & Beaty, 2013).

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Results of ALS Survey

The ALS Survey questions 1 to 5 explored members experience of participating in an of ALS and its impact in clinical work. Responses to these items complemented the qualitative findings that in clinical work ALS had a positive impact with increases in confidence around decision making, listening and being more reflective. ALS helped the postgraduate nurses to not look for an immediate solution and instead to remain open to several different options. Questions 5-13 explored the specific use of Socratic questions, where the majority strongly agreed that it helped them to see other perspectives, to think about asking effective questions, to question their own assumptions and to seek clarification on issues or problems. Action Learning Sets supported the participants to trust the reflective process, with questions 14-20 demonstrating that 90% of participants valued the relationships within ALS and looked forward to participating in ALS in the future. Overall, survey responses indicated that learning from participating in Action Learning Set increased their awareness of critical thinking and provided support as they transitioned to more complex clinical settings.

Table 2. ALS Survey questions see pages 26-30.

DISCUSSION

The aim of this study was to explore the experience of participating in an ongoing facilitated ALS for a cohort of PGMHNs, during their transition year to professional practice at a large mental health mental health service in Victoria. The purpose of the study was to promote skills in critical thinking through an ALS approach using Socratic questioning. As a nursing academic, I was aware of the importance of developing critical thinking in novice nurses to support their

transition to a professional practice and to make meaning of the world of work. This was achieved by using techniques from Socratic inquiry such as questioning the questions, challenging assumptions and thinking in a broader, social cultural and political context and is well supported in contemporary nursing literature (Makhene, 2019; McKie & Naysmith, 2014; Roberts, 2015; Adams & Juergensen, 2019).

Data analysis led to the emergence of one major theme '*Learning from doing an ALS*' that was concerned with the way participants experienced working in an ALS structure. From the major theme, three subthemes were identified: '*Think outside the box: developing Socratic questions*'; '*There's rarely one right way: applying action learning to practice*'; and '*Not easy to implement: action plans in action*'.

The survey data also supports the findings of the qualitative data in that ALS has the potential to support postgraduate nurses in their transition to practice, including confidence, reflective skills, perspective seeking and valued connection with colleagues through the ALS process.

Although the sample of eleven participants is small, the evaluation of the ALS process does concur with several explanations from the ALS literature (Makhene, 2019; Machin & Pearson, 2014; McGill & Beaty, 2013; Walia & Marks- Maran, 2014).

In the first subtheme, '*Think outside the box: developing Socratic questions*' the data shows that when participants commenced the ALS with their educators,

they experienced difficulty adapting from flowing conversation style communication that would characterise their previous experience of clinical supervision. Instead, they had to think about a 'right' Socratic question to respond to the issue that was presented. Mental health nurses are used to responding with empathy and reassurance, so Socratic questions challenged their conventional way of expressing themselves. The tendency to revert to advice-giving was high in the beginning. Their awareness of how they normally asked questions, solved problems and engaged in perspective taking increased. This was expressed as '*thinking outside the box*'. McGill and Beaty (2013, 71), propose that the experience of set members is rooted in the culture within which they work, with normative thinking characterised by the way '*things get done around here*' criterion. Before they participated in a set they realised how quickly solutions to problems were reached, now they learned about not having an answer. Torabizadeh, Homayuni and Moattari (2018) emphasise that the essence of Socratic inquiry is that characteristically there is more than one 'correct' answer and, more often, no well-defined answer at all. This theme captures some new insights about striving for certainty, is a departure from their known world where certainty is valued to sitting in a more liminal state of unknowing and perhaps this state needs to be appreciated by the set facilitators. According to Makhene (2019), educators should be mindful that Socratic questions are balanced by thoughtful questioning that takes the student from the known to the unknown.

Awareness of how they normally responded to clinical problems increased and for one participant whose personal response changed from starting with an emotional response to becoming more bounded in her thinking.

Translation of new insights and learning in the set to the clinical practice arena revealed that some participants felt they had gained independence in their decision-making capabilities, as well as perspective taking. According to Sommers, et al., (2020), personal as well professional growth is one benefit of participating in a reflective set.

The findings from this theme suggest that the experience of working with Socratic inquiry had a positive impact on self-efficacy. These findings accord with other studies of ALS that recognise the value of it to the organisation and to the individual (Sommers et al., 2020; Markhene, 2019 & Davis, 2017).

The second theme '*There's rarely one right way: Applying action learning to practice*' revealed some unexpected insights when working with consumers and students and managing interpersonal relations. Most of the participants worked in bed-based services and it is reasonable to say that they had been socialised to fit into that clinical practice culture (Chang & Daly, 2016). In the practice setting the PGMHNs felt that Socratic inquiry positively influenced how they responded to requests from undergraduate students for help and it also supported them to work in a more recovery centred way with consumers. Instead of immediately trying to provide students with answers, they responded with questions which they found encouraging. According to Walia & Marks-Maran, (2014), participating in a set positively influences leadership abilities. Leadership abilities were demonstrated in both the participant (individual) and outside it to the culture of the clinical setting.

For example, responding to consumers by using thoughtful questions rather than resorting to first giving advice felt empowering for them and is consistent with Roberts's (2015), proposals. He argues that the culture of mental health nursing and the way of responding to mental distress is coming under increasing scrutiny not only from professionals but also from service users. He contends that the need for mental health professionals to have high-level critical thinking capabilities is crucial in contemporary times. This small study can claim that critical thinking was fully embraced by the participants, and it shifted their ways of responding to a more sensitive and growth orientated stance particularly to the consumer's and students' capabilities. Some small disruption in interpersonal culture was evident in the way in which a participant described the use of Socratic inquiry to positively challenge her colleague's views of one another.

This theme indicated that learning was taking place not just inside the set but also outside the set in the clinical practice arena. This theme shines a light on the modest ways in which the participants found the courage to do something different than 'business as usual' (McGill & Beaty, 2013; Chang & Daly, 2016), during their transition to practice.

The final theme '*Not easy to implement action plans in action*' pointed to the difficulties with maintaining fidelity of the ALS process in a mental health service with a culture that was both time and resource poor. Some managers and colleagues did not agree to implement their action plan or did not prioritise it in the way they expected. Reporting back on how the action plan

was developed was not built into the ALS time as the set was run for only one hour and gave priority to two new presentations per set. The PGMHNS agreed at the outset of each meeting which bids will be successful to be presented are confirmed. Those whose bid was not successful missed out on having their issue heard which left them dissatisfied. This study indicates ALS was compromised by lack adherence to the fidelity to feedback on previous action plans and insufficient time for everyone's issue to be aired. An organisational culture of commitment and understanding by clinical managers is needed if ALS become the vehicle to growing critical thinking in the organisations and the individual self-efficacy.

In summary, this theme indicates that participants were committed to following the ALS process through to completion, but organisational and time constraints thwarted their effort to achieve the most benefits of the ALS. It indicates that implementation of an ALS should respect the conditions in which it best flourishes that is, a respect for the process and approach which includes sufficient time given over to each stage of the reflective process of a set.

CONCLUSION

The aim of this study was attained. It introduced action learning sets to a group of graduate mental health nurses to support them during the transition to taking up the role of a qualified mental health nurse. It also served as a form of critical reflective clinical supervision. Participating in an ALS helped them to

appreciate the importance of critical thinking. Applying Socratic inquiry to their work with consumers, students and colleagues facilitated and increased self-confidence and self-efficacy.

The study shines a light the use ALS as a form of group clinical supervision to support new graduates transition to practice and showed the way it increased critical thinking, self-confidence and self-efficacy.

LIMITATIONS

There are two limitations to this study. The first is the relatively small sample size and the second is the reduced duration time for conducting the ALS. Sets normally take up to 3 hours and in this study, they were conducted in 1 hour. Further and larger studies of multiple cohorts would be needed to affirm the findings here.

Relevance for clinical practice.

This study indicates that new graduates are capable of developing their critical thinking skills when given the support and opportunity. Action learning sets are a useful approach for future proofing their critical thinking skills by using Socratic questions which can help them to challenge existing standards of practice from *“this is how we do things around here”* to *“how can we do this differently?”*

ACKNOWLEDGEMENTS

The authors acknowledge the participants who gave freely of their time to participate in this research and the clinical nurse educators who facilitated access to the participants and supported this research.

DECLARATION OF INTEREST

The authors have no conflict to disclose with respect to the content of this paper.

Quantitative: ALS Survey

Table 2. ALS Survey. A total of 10 participants completed the survey following the focus group. Below are the ALS survey questions.

Table 2. ALS Survey

Evaluation statements		n	%
1. ALS have improved my confidence to work competently as a mental health nurse	Somewhat Agree	5	50
	Strongly Agree	5	50
2. ALS have improved my ability to think critically about work problems or issues	Somewhat Agree	4	40
	Strongly Agree	6	60
3. ALS has helped me to listen more effectively to issues or problems of my colleagues	Somewhat Agree	1	10
	Strongly Agree	9	90
4. ALS has helped me to be more reflective about my work	Strongly Agree	10	100
5. ALS has helped me to not look immediately for solutions to a problem or issue	Somewhat Agree	3	30
	Strongly Agree	7	70

6. ALS has helped me to ask better questions	Somewhat		
	Agree	2	20
	Strongly Agree	8	80
7. ALS has helped me to question my assumptions	Somewhat		
	Agree	3	30
	Strongly Agree	7	70
8. ALS has helped me to ask for clarification if I'm not clear about an issue	Somewhat		
	Agree	4	40
	Strongly Agree	6	60
9. ALS has helped me to consider other perspectives on the problem or issue	Somewhat		
	Agree	1	11
	Strongly Agree	8	89
10. ALS has helped me to stay with uncertainty about a problem or issue	Somewhat		
	Disagree	1	10
	Neutral	4	40
	Somewhat		
	Agree	1	10

	Strongly Agree	4	40
11. ALS has helped me think about the effectiveness the question I am posing	Somewhat Agree	2	20
	Strongly Agree	8	80
12. ALS has helped me consider other possibilities that I would not normally have considered	Neutral	1	10
	Somewhat Agree	2	20
	Strongly Agree	7	70
13. ALS have helped me to be more open about my learning	Somewhat Agree	1	10
	Strongly Agree	9	90
14. I would recommend ALS to colleagues	Somewhat Agree	1	10
	Strongly Agree	9	90
15. ALS has helped me to cope with challenges in my work	Somewhat	5	50

	Agree		
	Strongly Agree	5	50
16. I have supportive relationships with the colleagues in my ALS group	Somewhat		
	Agree	3	30
	Strongly Agree	7	70
17. I trust the people in my ALS group	Somewhat		
	Agree	1	10
	Strongly Agree	9	90
18. I look forward to participating in my ALS group	Somewhat		
	Agree	1	10
	Strongly Agree	9	90
19. I trust the facilitator of my ALS group	Somewhat		
	Agree	1	10
	Strongly Agree	9	90
20. I would participate at the same level in ALS, even if attendance was not compulsory	Somewhat		
	Agree	2	20
	Strongly Agree	8	80

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