Report: A Realistic, Longitudinal Evaluation of Work-based Learning of Qualified Nurses

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July 2008
A Realistic, Longitudinal Evaluation of Work-based Learning of Qualified Nurses

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“...work-based learning is as a technology through which selves become enterprising, seeking betterment and fulfilment in the work context in ways that can be both personally and organisationally effective. Work-based learning therefore becomes the indicator both of self-management and a culturally sanctioned way in which employees in restructured workplaces can make a ‘project of themselves’ and at the same time add value to the organisation.”

(Garrick & Usher, 2000 p.9).
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Forward

Awareness of the importance of work-based learning (WBL) as a valid way of advancing practice and enhancing patient care is not just happening in the UK for as Jackson (2006) identifies it is important for raising the international standards of health care. The modernization agendas of the British National Health Service (NHS) are challenging traditional ways of learning and thinking; a move away from teacher-centred to one of a learner-centred approach (DH, 2001a & b), which recognises knowledge exchange and the importance of the knowledge economy. McKee and Burton (2005) argue that there needs to be a maturity of independent learning if healthcare workers are to succeed in their careers. This means that the existing workforce may need to undergo some radical transformations in order to develop the internal locus of control for learning and supporting change in the complex world of work. Sceptics have pondered on whether work-based learning can enable such transitions (Boud & Solomon 2001). In response to such scepticism this evaluation provides evidence and guidance to inform future policy and workforce development.

The release of the following evaluation report of work-based learning for nurses is timely when Lord Darzi’s current report and previous NHS white papers make reference to the growing need for workforce development to meet the needs of the 21st Century and the new NHS (Darzi, 2007 & 2008, DH 1997, 1998, 2000, 2001b). It is my view that the future of the NHS is dependent upon investment in the workforce. We need to be innovative, ambitious and focused on delivering a transformed and transformational workforce through learning in the workplace.

Although this evidence relates to nurses experiences of WBL the findings, conclusions, and recommendations can be applied to any workforce requiring development and which is conscious of sustainability. The evidence gained from this project applies to both the NHS and Higher Education Institutions, as the project was built on previous multidisciplinary developmental work to accredit and implement WBL (Moore 2003). Using the evaluation model of Pawson and Tilley (1997), this project has been able to identify enabling and disabling factors in the context, mechanisms and outcomes that impacted the WBL experience for learners.

When faced with managing learning in a very different mode, the findings revealed that learners were able to develop a range of intrapersonal, interpersonal and organizational skills that enhanced their sense of ‘value’ and empowerment in themselves as well as that perceived by colleagues and managers. Learners were more effective organizationally, with enhanced confidence and networking capacity, demonstrating leadership in their workplace, which resulted in some becoming promoted or developing
other new roles. They were valued by their colleagues for the shared learning that occurred.

Managers who had completed WBL themselves both understood and facilitated a very positive experience, which resulted in perceived greater tangible outcomes in the capability of the learners they managed, and the care that was delivered.

Conclusions drawn included that this managerial support was very influential in providing focused and successful WBL experiences, which were often initiated by an appraisal and personal development plan. The tools that are integrated within WBL, e.g. the learning contract, learning sets and learning needs analysis, helped to fashion a WBL experience that was fruitful for the individual learner, their colleagues and organization. This is because the work focused nature of the learning experience enabled the development of new services, service redesign and enhanced patient education, all of which had positive impacts on patient care. However, where the wide-ranging personal and organizational commitment required to support WBL was not in place, for example ‘space’ and time for learning and reflection were not available, or there was a lack of organizational support for the process, the learning experience could be compromised. This usually depended upon the personal commitment of the learner and their understanding of the demands of WBL, as well as the availability of support from other sources, for example academic facilitators and mentors.

This project has been able to demonstrate the evidence to support the utilization of WBL as an effective tool for workforce development and tangibly enhanced patient care. Thus WBL can be utilised to “ensure staff have consistent and equitable opportunities to update and develop their skills” (Darzi, 2008, p.14). Therefore I have much pleasure in supporting this research and its outcomes and endorsing the potential this mode of learning offers a continually evolving multi-disciplinary workforce in an evermore challenging health and social care sector.

Steve West
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Summary

Internationally, work-based learning has been hailed as a way of improving the global standards of healthcare (Jackson 2006). However, a review of British literature has revealed that there have been no reports of “robust evaluation of methods of delivery of WBL, assessment of learning, and evaluation of impact of WBL within the UK health sector,” (Hardacre & Schneider 2007b, p.5).

This three year, longitudinal evaluation study has been conducted to provide evidence of the effectiveness of WBL in the healthcare context.

Method

Pawson and Tilley’s (1997) evaluation framework was used for the design. The aims were to:

• Explore and examine the impact of work-based learning on practice.
• Explore the sustainability of the preferred mechanisms that have supported the outcomes in practice.
• Report on the learning that has been sustained and developed over time.
• Explore the nurses’ experience of work-based learning and changing contexts.

The data collection methods included:

• Examination of documentation such as: student evaluations; learning contracts; formative and summative feedback; assignments; portfolio evidence; reflective logs.
• Examination of evidence from the original developmental study, including case studies.
• Semi-structured interviews (30 minutes duration), or where appropriate focus groups with managers, learners, workplace (mentors) and academic facilitators.

The respondents came from the HE faculty, Acute and Primary Care Trusts (5), and the Nursing Home sector.

Results

Data pertaining to the context perspectives identified a range of enabling and disabling themes, namely:

• Flexible approach to learning.
• Enabling practice development.
• Legitimising personal development.
• Enabling collegial working.

The enabling and disabling mechanisms were grouped into four themes:

• Pivotal roles of managers.
• Integrating learning tools of WBL.
• The value of ‘time’ to learn.
• Facilitating the learning process.

The outcomes were vast and were grouped into the following themes:

• A transformed learner.
• Learning for self and the workplace.
• Organisational recognition of learning.
• Organisational impacts of WBL.

**Conclusion**

There was evidence from the data collected that there were some solid infrastructures in place to support the cyclical learning process with overt outcomes. However, this was not reciprocal across all organisations.

Both the HE and NHS are in transitions regarding becoming learning organisations and working as true partners to enhance knowledge exchange. However, there are still issues which need to be resolved if WBL is to be sustained in the health and social care sector.

As the prototype was designed by a multidisciplinary team it could be argued that lessons learnt and issues arising from this project could be applicable to the other disciplines.

The issues reported could change as organisations progress with partnership working to support WBL, but need to be monitored on a regular basis.

**Recommendations**

The following recommendations have arisen from the evidence and need to be considered by all parties involved in the partnership working for WBL. Some of these recommendations are being addressed by some NHS Trusts. The recommendations are:

1. There is still a need for some organisations to embed the mechanisms of appraisal, for example PDP into staff development processes.

2. Learners’ outcomes need to be fed back into the appraisal system.
3. A list of facilitators/mentors should be developed who have completed WBL and are willing to be facilitators/mentors within the workplace (for example the establishment of WBL Alumni within the Trusts).

4. Likewise, Academia needs to develop and maintain a pool of academic facilitators to engage in WBL.

5. Further debate needs to take place locally regarding different ways of mentoring. Consider more coaching, group mentoring, and mentors from other disciplines to provide different perspectives.

6. There is a need to explore what different parties feel is effective mentorship preparation, and ways of providing feedback to both learners and mentors.

7. Managers need to acknowledge and support the need for protected time for mentoring and separate time for assessing.

8. Managers need to be more mindful of their pivotal role in the support of their work-based learners - the need for protected time for learners, need to open the door to shadowing opportunities.

9. While the generic module handbook is comprehensive managers/mentors do not appear to be accessing this resource. Therefore they need to consider how they could be prepared for their role as mentor/facilitator for the WBL orientated process, perhaps through a WBL process.

10. There is a need for systems in place to enhance the reflection, problem-solving, triple loop learning, networking, collaborative and self-management capabilities of learners.

11. There is a need for more robust mechanisms to celebrate the achievements of WBL. Means to be considered include: collegial learning and sharing; on-line tools; organisational dissemination through, for example, forums, newsletters, conferences, seminars.

12. Academic facilitators need to engage more in the learning cycle so there is greater awareness of impacts on patient care/individual/organization, and any further educational needs arising – need to reflect themselves.

13. Schools within Academia need to develop their own communities of practice for WBL in order to provide support for new academic facilitators.

14. The WBL forum within Faculty should continue and be open to other interested parties from across the University and representatives of the partnership.
15. Knowledge exchange needs developing and could be facilitated through a model of learning sets and academics in practice. An example could be the development of a WBL project constructed by a manager and academic in conjunction with clinical teams who may include undergraduate and post graduate learners working towards improving health care. This offers a model to bridge the theory/practice gap for all parties, and promotes interdisciplinary learning, thereby responding to and anticipating the needs of patients and the organisation.

16. Module leaders need to audit impacts of WBL on the development of the learner. Collaboration with module leaders responsible for 40 credits and 60 credits research modules, or further research could explore the links between WBL outcomes and action research with a view to developing the outcomes into work worthy of dissertations.

17. There is a need for module leaders and learners to become adept at all levels in the organisations at maximising the use of a wide range of appropriate learning tools/objects that can support WBL. These are available within local and external partnerships which are mainly free to access on-line, except for a minority that are negotiated as part of an accredited learning package, such as Learning Through Work (Appendix H for further examples shared).

18. There is a need for managers and learners to acknowledge the need for and make space in work time to access IT for learning purposes.

19. Local NHS and independent care organisations and the university need to work closely together to enable the mutual development of the philosophy of WBL and the attributes of learning organisations. Hence these learning organisations will be supporting self-assessment and measuring capabilities of staff against frameworks such as the Skills for Health competencies, appraisals and PDPs.
1.0 Chapter One – Background

1.1. Introduction

Within the last decade there has been an increasing emergence and emphasis on the paradigm of organisational and personal learning for the British workforce with a focus on partnerships with educationalists, especially the National Health Service (NHS), (Fryer 1997, DfEE 1998, DH 2001b). The main focus of this partnership activity is work-based learning (WBL), described as: Learning for work; Learning at work; and Learning from work (Seagraves et al, 1996) and also referred to by some researchers as situated learning (Lave & Wenger 1991). Internationally, WBL has been hailed as a way of improving the global standards of healthcare (Jackson 2006), and suggested by Boud & Solomon (2001) as a challenge for a “New Higher Education.”

Within the past decade there have been a plethora of reports of partnership working to implement models of WBL but to date there is no reported evidence of “robust evaluation of methods of delivery of WBL, assessment of learning, and evaluation of impact of WBL within the UK health sector,” (Hardacre & Schneider 2007b, p.5). This evaluation study has been conducted to provide evidence of the effectiveness of WBL in the healthcare context.

1.2. Why the need for partnerships between the NHS and Higher Education (HE)?

Dearing (1997) recognised that Higher Education Institutions (HEIs) needed to work in partnership with employers to develop the ethos of learning in the workplace. This ethos can be nurtured by careful facilitation and support from skilled academics, mentors and managers (Swallow et al 2004, Caley 2006, Moore 2007).

The maturation of such partnerships could provide an important bridge between the boundaries of the workplace and education and support the development of inter-professional workforce development (Fryer 1997). Boud & Solomon (2001) also argue that partnerships where academics visit the workplace can contribute to knowledge exchange and help to reconstruct Higher Education, the curricula and lead to new research in the future.

While it is important to have partnerships between external agencies, employers and universities at a strategic level to support WBL it is the partnership at the operational level of the organisation that can make a real
difference. For those learners seeking academic accreditation, the partnership at this level is between the learner, manager and/or mentor, and the academic facilitator. With each role come responsibilities and a commitment to support a learning culture.

Garnett (2005) identified the need for universities to work closely with employers to unlock the potential for WBL programmes to contribute “to the human, structural and customer capital of the employer.” (p.85). Critten & Moteleb (2007) suggest that within the tripartite WBL relationship of learner, mentor and manager, it is often the organisation that is the sleeping partner in enhancing and articulating the capital gained from WBL. The successful learner may gain “…academic credit in exchange for their ‘human capital, and academia accumulates structural capital” (Critten & Moteleb 2007, p.141). It is the social capital, the sense making of knowledge and experience gained by the learner that may not be utilised and disseminated by the employing organisation (Gopee, 2002). Possible reasons for this may include traditional understandings of WBL, learners working in isolation to organisational needs and organisations not used to working as a learning organisation.

1.3. What is a learning organisation?
According to Senge (1990 pg 14) such an organisation is:

“…continuously expanding its capacity to create its future. For such an organisation, it is not enough merely to survive. “Survival learning” or what is more often termed “adaptive learning” is important – indeed it is necessary. But for a learning organization, “adaptive learning” must be joined by “generative learning,” learning that enhances our capacity to create.”

It is the generative learning that can arise from problem solving and action learning activities. In order to support such a culture of learning within the organisation certain aspects, indicated in table 1, need to be in place and sustained (Clarke 2001).
Table 1: Aspects of a Learning Organisation.

- Senior managers must provide a role model.
- Identify and employ influential members of staff as agents of change.
- Treat each error as a learning opportunity.
- Encourage cross-team-working.
- Teams need to record their experience.
- Teams must reflect on their experiences together.
- Reward collaboration.
- Encourage discussion across and within teams.
- Ensure that systems exist to capture learning.
- Review and document performance.
- Encourage calculated risk taking and experimentation.
- Delegate responsibility.
- Ensure that people share in the success of the enterprise.
- Value individual, team and organisational learning.
- Communication is vital to ensure a culture of shared beliefs.

(Clarke 2001)

It could be argued that if an educational partnership respects equity in knowledge exchange then both the NHS and HE should be learning organisations. Traditionally universities have been regarded as the ‘house of knowledge, but a major challenge that the WBL paradigm brings is the need to reconfigure HE so that it ‘works for’ and ‘not against’ WBL and supports the ‘co-production of knowledge’ (Boud & Soloman, 2001, p.226). It is recognised by many authors that educational partnerships should have a clear vision of the need for rigorous frameworks, systems as significant parts, and systems thinking to be in place to support more independent learning, especially within teams working together to re-engineer roles to meet the needs of the client and
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the organization (Firth-Cozens 1998, Yorke 1999, Garnett et al 2001, Senge et al 1999, Moore 2005). Senge (1990, p.69) refers to systems thinking as the “fifth discipline” of learning. He regards this as a “conceptual cornerstone” which with the disciplines of personal mastery, mental models (assumptions, generalisations), building a shared vision and team learning, underpins the development of a proactive workforce. Collectively the disciplines are:

“…concerned with a shift of mind from seeing parts to seeing wholes, from seeing people as helpless reactors to seeing them as active participants in shaping their reality, from reacting to the present to creating the future.”
(Senge 1990, p. 69)

It is this shift that will be a challenge to traditional ways of working and learning. In building capacity and a capable workforce an employing organisation will need to utilise many internal and external resources including the means of accreditation. An important internal system for employers is the means to review current capacity and capabilities of the workforce and to address any developmental needs so that the organisation can address change (Ellström et al 2008).

Davies (1998) predicted that “interactive partnerships between the worlds of management and work-based learning…open and virtual university networks and frameworks” will be the future of life-long learning (p.66). This suggests a mature partnership where IT learning materials (learning objects) are designed to support work-based learning and there is readiness of the workforce to engage with IT. The advances in technology are also challenging universities to reposition curricula to be more work focussed and include more ‘diverse spaces of opportunities’ (Savin-Baden 2008, p.144). In the future this could lead to a sharing of spaces to promote dialogue, reflection and true partnerships based on trust. These developments demand curricula that facilitate ‘work-based university learning:’

“That learning which…[utilises] opportunities, resources and experience in the workplace. It will, in general, have outcomes relevant to the nature and purpose of the workplace… The learning achieved will include appropriate underpinning knowledge and will be tailored to meet the needs of the student and the placement.”
(Margham, 1997, cited by Hunt, 2000, p.2)

This relates to the situational learning and independent learning that McKee & Burton (2005) have argued needs to be developed within the NHS to support the change agenda and to build and retain a capable workforce (Stephenson,1992). It is the
independent learning that can develop the skill of enquiry and promote the learner’s locus of control for education and development (Moore 2007).

Caley (2006, p.21) suggests that by blending the educational theories and approaches the outcome for the learner is a “more rounded learning experience.” They become more creative, flexible and enquiring. However, this process does demand more constructive and regular feedback which can challenge traditional roles of mentors (Caley 2006). Such changes in mentoring roles need to be recognised in workloads if the learning ethos is to be developed in the workplace.

1.4. Meeting the educational challenges.
Whilst WBL may not be new (Garnett 2005), it is the paradigm shift towards promoting the autonomous and responsible learner that is. It is challenging the cultures of both HE and the NHS (Boud & Solomon 2001, Caley 2006, Moore 2007), see Diagram 1.

A scoping exercise by Hunt (2000) of British universities for examples of WBL found many varied models, many of which reflected traditional, behaviourist ways of learning such as training sessions, study days, and courses, which invariably meant that learners were dependent on experts, such as teachers and instructors. In such situations creativity and self-expression may not be encouraged and as a result learners could remain quite passive, see Diagram 1, Paradigm A (Caley, 2006, Moore, 2007).

Educational researchers such as Caley (2006) have argued for a more constructivist approach to learning. This embraces the action learning paradigm, which includes the social learning from the organizational context. This can be a challenge to employers, academics and mentors who hold a traditional definition of learning and tensions can arise when the learner attempts to take the locus of control for learning (Moore 2006a & 2007).

Learning becomes an important mechanism within this action focused paradigm (Breen & Lindsay 2002). Addressing the challenges may mean that some unlearning in order to effect change may need to take place (Lewin, 1947). Academics and mentors who have traditionally been viewed as experts in their respective fields and have felt comfortable with the power of control and paternalism may need to let go of this comfort zone to develop and embrace the skills of facilitation and coaching to support learners learning in Paradigm B (Diagram 1).
1.5. Why the need for more emphasis on WBL in the NHS?

The need for WBL and associated infrastructures features in many Department of Health (DH) white papers as a new way of learning from current and new practices, and an important means of supporting radical change within the NHS (DH 1997, 1998, 1999, 2000, 2001a & b). Key features of WBL identified by Foster (1996) would appear to be attractive to organisations facing radical change. As Table 2 indicates there would need to be many changes in the systems and learning culture of the NHS.

Table 2: Features of Work-based Learning.

- It is performance-related, focusing on tasks arising in the workplace.
- It is problem-based, focused on tackling complex work-based problems in management or care.
- It is autonomously managed, with learners taking a large measure of responsibility for ensuring that they learn from their work activities.
Recent criticisms of learning in the British NHS workplace suggest that there needs to be significant change to enable the learning to be more effective (Davies & Nutley 2000). Evidence suggests that there is a need for a major cultural shift in traditional attitudes of learning to value more informal, independent and team learning methods (Lester 1999, Moore 2003, McKee & Burton 2005).

An investment by NHS employers in the development of this ethos, amongst the workforce could contribute to the vision of Darzi (2008) of equity in education and learning for change; the vision of a capable and sustainable workforce.

The evaluation being reported here reflects an attempt to put in place a structure to enable this vision to be realised.

1.6. Local Projects.

1.6.1 Developmental Project.

In 2000 a local Acute Trust and a Primary Care Trust approached the Health and Social Care Faculty of the University of the West of England (UWE), Bristol to work in partnership to scope practice for WBL opportunities and develop and validate a prototype to support and accredit WBL.

The outcomes of this developmental project included:

- It is team-based, tackling problems requiring effective co-operation between people with different roles and expertise.

- It is concerned with performance enhancement, and updating and upgrading of experience, which is now a normal feature of most people’s work experience.

- It is innovating, focusing on new techniques or approaches which create many opportunities for learning and provide experience of managing change. (Foster 1996 p.20-21)
A Realistic, Longitudinal Evaluation of Work-based Learning of Qualified Nurses from academic level 1 to Masters. The assessment was to be negotiated by the learner from a menu.

- Reflective exercises within the learning contract and learning needs analysis. The learning needs analysis supported stage 1b of the process as Personal Development Plans (PDP) arising from the fact that appraisals were not common practice at the time.
- Reflective logs, contributing to a portfolio of achievement.
- A comprehensive module handbook to be available to the learner, academic facilitators and mentors.
- Case studies of individual and team WBL, and examples of the potentiality of spiralling of learning, (Appendices D-G).

During the implementation period of this project the Faculty was successful in becoming part of the Universities for Industries (Ufi), Learning Through Work, HE initiative. Advice from clinical advisors was that this could be an alternative support mechanism for the learners.

Diagram 2: The stages of the work-based learning prototype.
The first professionals to use the prototype and the Learning Through Work initiative for at least three years following the validation of the academic modules were nurses, hence the focus for the longitudinal evaluation.

1.6.2 Longitudinal evaluation of WBL

This realistic, longitudinal evaluation project, undertaken between 2005 and 2008, builds on the three year developmental project to introduce frameworks to support work-based learning. It was jointly funded by the Faculty and the Burdett Trust for Nursing, and designed in partnership with representatives from the NHS workplace. The design was based on the context plus mechanisms = outcomes configuration of the realistic evaluation framework of Pawson & Tilley (1997).

The aim of the evaluation project was to focus on and explore the changing contexts in both HE and NHS practice, the mechanisms that could be described as blocking and others as enabling, the outcomes of learning and change achieved and how far the prototype had embedded. The agreed objectives reflected a need for a design that maximised the depth and breadth of data, using a triangulation methodology. The objectives were to:

- Explore and examine the impact of work-based learning on practice.
- Explore the sustainability of the preferred mechanisms that have supported the outcomes in practice.
- Report on the learning that has been sustained and developed over time.
- Explore the nurses’ experience of work-based learning and changing contexts.

A more detailed account of the design can be found in Appendix A. The data collection methods included:

- Examination of documentation such as student evaluations, learning contracts, formative and summative feedback, assignments, portfolio evidence, reflective logs.
- Examination of evidence from the original developmental study, including case studies.
- Semi-structured interviews (30 minutes duration), or where appropriate focus groups with managers, learners, workplace and academic facilitators.
The timescale and activities of the project is indicated in Table 3. The respondents came from the HE Faculty, Acute and Primary Care Trusts (5), and the Nursing Home sector. The final number of respondents included 28 learners (nurses), 9 academics (one physiotherapist and eight nurses) and 17 managers/mentors. Some of the managers had been work-based learners themselves but did not contribute to the learner sample if they were not currently learners.

A plotting exercise of the cumulative analysis identified similar findings from the methods used, adding validity to the project (Polit et al 2006). These were coded and grouped into four main categories:

- The learning experience of WBL,
- Learner/academic/organisational outcomes,
- Engagement with WBL and enabling infrastructure,
- Changing ways of working and learning.

Further analysis of the data using the categories as an infrastructure revealed specific themes which reflected the Pawson and Tilley (1997) framework. These themes also reflected the enabling and disabling features that were expressed by respondents during their experience of work-based learning and were also evident in the documentary analysis, see Diagram 3. These thematic findings are presented in the following three chapters according to the framework. Utilising data from interviews and documentary evidence, the enabling and disabling features are presented and whether they were facilitative or whether the context and mechanisms impeded progress of learning and change. The themes further reflect the personal, collegial and organisational perspectives identified during data analysis.

As can be seen by the different parameters that have been identified the data analysis has revealed a very complex picture of the challenges and the rewards accompanying personal and organisational change.
### Table 3

Timescale of project: Cumulative data collection and analysis

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<td>• Module Evaluations</td>
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Diagram 3: Diagrammatic summary of analysis of WBL evaluation data

**Themes**
- Flexible approach to learning
- Enabling practice development
- Legitimising personal development
- Enabling collegial working

**Themes**
- Pivotal role of managers.
- Integrating learning tools of WBL.
- The values of ‘time’ to learn.
- Facilitating the learning process.

**Themes**
- A transformed learner.
- Learning for self and the workplace.
- Organisational recognition of learning.
- Organisational impacts of WBL.

**Situational Analysis**
- **SWOT**
- **SNOB**

**CONTEXT** → **MECHANISMS** → **OUTCOMES**

**EXTERNAL** → **ACTIVE** → **INTERNAL**

**EXTERNAL**

**INTERNAL**

**SELF/COLLEGIAL/ORGANISATION**

**ACTIVE**

**SELF/COLLEGIAL/ORGANISATION**

**PASSIVE**

**DISABLEING**
2.0 Chapter Two
Contextual Findings.

2.1. Introduction.

This chapter presents the findings relating to the context surrounding the WBL experiences that have been established to date, and identified quantitative and qualitative themes that had both enabling and disabling facets (Table 4), namely:

Table 4: Enabling and disabling facets within the contextual evidence.

<table>
<thead>
<tr>
<th>Contextual enablers</th>
<th>Contextual Disablers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Flexible approach to learning</td>
<td>• Belief in traditional didactic learning style.</td>
</tr>
<tr>
<td>• Enabling practice development</td>
<td>• Transitions, legitimacy &amp; defending self.</td>
</tr>
<tr>
<td>• Legitimising personal development</td>
<td>• Cultural challenges.</td>
</tr>
<tr>
<td>• Enabling collegial working</td>
<td>• Unsupportive staff</td>
</tr>
<tr>
<td></td>
<td>• Lack of organisational systems, ie. Communication, commitment.</td>
</tr>
</tbody>
</table>

Throughout the period of the developmental and evaluation projects the Trusts and Faculty staff were at various levels of interpreting and implementing national policies (Table 5), and engaging in national IT initiatives such as the Ufi project, Learning Through Work.

Table 5: Significant NHS change policies and initiatives.

• Agenda for Change.
• Knowledge and Skills Framework (KSF).
• Skills for Health.
• Institutes of Health and Improvement.
• CHAIN network – Institute of Health.
• Connecting for Health IT initiative.
Initially, within the Faculty, the recruitment of module leaders and academic facilitators to undertake WBL modules was slow. This may be attributed to the many challenges and tensions for academics, identified by Boud & Solomon (2001), that this new way of working and learning can induce. Evidence from the module evaluations, reflections and assignments, and the interviews suggest that the challenges are similar in practice as paradigm shifts affect practice and education (Moore 2006 & 2007). Table 6, indicates some of those challenges that both facilitators and learners have faced.

As module leaders were identified across the Schools of the Faculty, communities of practice involving academic facilitators were encouraged. At the moment it is the Nursing School that has taken the lead on this means of support.

Table 6: The contextual challenges for the facilitators and learners.

- Scepticism and dealing with tribalism.
- Widening the perception of knowledge transfer.
- Academic understanding of tacit knowledge and ways of making it explicit.
- Letting go of teacher control and power.
- Embracing student centred approaches and locus of control.
- Facilitating action learning in the workplace.
- Promoting space for reflection and dialogue.
- Developing double and triple loop learning.
- Sowing the seeds for a learning organisation.
- Constantly reviewing learning resources and tool kits.

A WBL forum was formed to aid the academic facilitators’ understanding of changes in clinical practice and the principles of WBL. The need for the forum was identified by early module evaluations. The foci for discussions in the early forums included: facilitating WBL; reflection; critical thinking; tools of self assessment; ways of managing time and workload; and assessment of WBL. The latter was identified by an external examiner’s concern that there was a need for more equity between the use of transferable and traditional cognitive skills assessment in the marking process. Collectively, the foci reflected transitional needs as academics developed skills of facilitation and addressed power dimensions as they became more familiar with the autonomy paradigm of WBL (Moore 2007). The ‘safe space’ of the forum enabled staff development of own reflective and critical skills, and to gain confidence in facilitating other learners (Meyers 1986).
Other information, such as the CHAIN network and developments of the Skills for Health and management tools located on the Institute of Health Improvement website were shared. The network is proving to be a good information bridge between academic and practice knowledge. Such space could be made available in the future to mentors and managers within educational and clinical partnerships as a form of informal learning and support.

To aid a culture of openness and attract other academics to this way of learning any tensions and areas of good practice arising from the forums was further explored on Faculty staff development days.

Analysis of the learning contracts and the evidence submitted by the learners indicates an awareness of policies, but reference to a similar supporting culture as in the Faculty appeared to be minimal in practice settings. A minority of senior learners had been invited to share their work-based learning experience at NHS management meetings.

2.2. Flexible approach to learning
The first theme identified is the flexibility offered because of the work-based learning structure, and this theme is common to all sections of the framework.

“…I think it is sort of a flexible approach and its ability for you to pick up on an area that is your own interest. So, you have got the support in learning and developing in an area that is very specific to you. Do you know what I mean? So, you can plan your learning objectives and your own outcomes, but you see it in a supportive way, so that you have got the guidance there and you know sort of direction really.”

(Learner 27)

However, it was clear that flexibility enables some and challenges others.

“And…you know…some have done brilliantly in terms of really getting hold of what it was about, why they were doing it and how they’ve approached the work and made it a positive learning experience…not just for them but for their colleagues…and really…sort of…pushed the boat…and others have just made such heavy weather of it and haven’t really grasped the concept of what work-based learning is. They want it all to be lectures, sitting there, read it, write an essay and that’s it and what’s all this other stuff
“Um, it means I take a subject from my work environment and investigate it in an in-depth, out of the box thinking, so that I can present it in a different way or just understand what it has to do with the way in which I work, does that make sense?”

(Learner 17)

about... I can’t do with that. And I think that’s been interesting. That’s been... some of it’s cultural as well as age and previous experience but some find it a real.”

(Manager 6)

Further analysis of all the data identified that in order to enhance the workplace context for this flexible way of learning there were significant needs (Table 7).

The learners who found WBL hard work may not have developed the organisational skills that independent, experiential learning that WBL demands. However, there is strong evidence that as learners engage more with WBL by undertaking more modules their attitudes and organisational skills improve, as well as an appreciation of the flexibility of WBL.

**Table 7: Contextual needs (cumulative data)**

- Need for self-awareness.
- Need for awareness of the organisation.
- Need for academic support for transitions.
- Need to value experiential learning.
- Need for access to internal and external facilitators.
- Need for knowledge of the WBL process.
- Need for more synergy between service and university.

Manager 9 argued that flexibility was not to be seen as meaning that the WBL process was not as challenging as other ways of learning, as it made similar demands on the learner.

“...it’s so flexible, it was all that stuff about, ‘Oh, we don’t have to send people on modules, they don’t need so much time.’ I think they need as much time, I think its harder and it makes more demands on the student. The outcome is better but if you chop all the resources out and if you cut facilitation hours or the students don’t have the hours to do it then I don’t think it will work.”

(Manager 9).

Generally however, the flexibility of WBL was seen as one of its greatest strengths, en-
abling practitioners to maximise the outcomes of the WBL experience, one key point being practice development. A key part of practice development was the WBL structures in place to underpin it.

2.3. Enabling practice development

Within the 3 years since the implementation of the WBL project there appears to be significant changes in the utilisation of frameworks underpinning practice development, for example, Appraisal, Personal Development Plans (PDPs) and the Knowledge Skills Framework (KSF). Evidence of the use of these systems were clearly identified in the data and were seen as part of the culture of learning by many respondents. The following quote illustrates how national systems are being utilised in practice development, but this was not broached by all managers:

“Well I think appraisal should be the key thing, certainly with Agenda for Change and a Knowledge and Skills Framework I think it’s going to be more and more crucial...appraisals...to professional development. And the two, in the past, really haven’t gone hand in hand. They’ve...if I’ve done an appraisal they’ve talked about how good or bad you are and in the end you say: “Oh, there’s this course I’d like to go on. Can I go on it? I’ve been a good girl...” and actually the appraisal is turning that round and saying ‘This is what you can do. This is what your KSF is for this Band-5 and you are doing X,Y and Z of it but you’re not doing A, B and C. So, this is the work-based learning. You’ve got to get on and do it and we’ll see you in six months.’ So, I think that is going to be much more keyed in, so I think there’ll be much more focus on work-based learning because that’s the only way I think you can deliver it, the knowledge and skills framework. You can’t do it any other way, particularly.”

(Manager 6)

It was clear from the data that appraisals or their equivalent such as individual performance review (IPR), and the PDPs were considered important to enable learners to focus their enquiry appropriately at the initial stages of planning their WBL experience (Moore 2003). All learners had received advice regarding the learning process within their module handbooks. From the 28 learners 19 had been appraised by managers who were interested in and supportive of their PDPs. The appraisal was seen as the catalyst for WBL and subsequent change in practice:
“I think I had an appraisal in the October and it came out of that, what I could do, I had been working as a specialist nurse for nearly four years, what the next steps were and how I could develop....a very good manager because she could see what I was giving to my role here, but was very concerned about what I might be getting back.” (Learner 4)

This particular quote identifies the value of the appraisal in enabling the manager to know and support staff in developing practice. However, it has to be a process undertaken consistently at all levels, but currently there is a gap that needs to be addressed:

“I have got an appraisal, um, well I have had part of it done already, but they had to cut off half way through, a few weeks ago before I went on holiday. I have got to have that other half done in a few weeks time and that's the first appraisal that I have had in nearly three years, which, it is always difficult keeping appraisals on track, I appreciate that. But equally I have to give appraisals to other people, the expectation of my colleagues is that they will have regular appraisals. I don’t think it has made much difference to me based on the support I have had from my academic facilitator. I think if I was more junior, or less confident to get on and do it, I think that I would have probably struggled.” (Learner 4)

A preliminary stage of the appraisal process, which can enhance it’s effectiveness is the personal learning needs analysis (LNA). The LNA is also an integral part of the PDP and the WBL processes which should enable the learner to consider both own and organisational needs.

An examination of the LNAs identified a gap in the frequency of annual appraisals (Graph 1).
Two learners stated in their LNA for the WBL module that they had not had an appraisal recently, but had been promoted to clinical managers in the last 3 years. Within this new role they were expected by their senior managers to conduct regular appraisals, but there appears to be a gap in the organisation where appraisal for these managers was lacking. Having experienced WBL they saw the value of the appraisal and PDP supporting the individual and the organisation and were committed to support these important mechanisms. This does suggest that perhaps senior managers may benefit from WBL themselves.

Many managers had undertaken WBL modules themselves and as a consequence of perceiving its value, they promoted WBL when appraising staff. However, staff did not always respond to the encouragement:

“…I am the only person that I know that has done it, in the last couple of years. But certainly as a manager of a fairly senior team in the last couple of years when I have done appraisals for example, I have pointed them in that particular direction. Have a look at work based learning, see what it can offer you, you know it is a good option and you know it is not so structured and you can choose something that interests you…I am not sure whether it is so freely funded now, it was when I did it..., but I have certainly pointed a few people in that direction and I know that none of my team have taken me up on it and that is because they are lazy basically when it comes to development, they want it but actually when it comes to taking the bull by the horns they are not very good.”

(Learner 23)
This lack of readiness to engage in WBL was evident in both the Acute and Primary Care sectors.

It may reflect the need for further investment of resources and development of a capable workforce. Stephenson (2001) defines capability as:

“...an all round human quality, an integration of knowledge, skills, personal qualities and understanding used appropriately and effectively – not just in familiar and highly focused specialist contexts but in response to new and changing circumstances.”

(p.87)

The concept of capability is valuable in that capable people are committed to “...get things done” (McGill & Beaty 1995, p. 21). They learn from experiences as individuals, and with others in a diverse, complex, changing society and workplace (McGill & Beaty 1995, Stephenson 1992, Eraut et al 2002.). However, Hase et al (1998), cited by Stephenson (2001) identified three important elements of capability, which need to be nurtured, namely: mindful openness to change; self-management of learning potential and; a problem-solving approach. This reflects a readiness to learn (Ellström 2008), to ask questions and explore; a form of informal learning which is reliant on good workplace relationships, teamwork and support (Eraut 2004). The ‘deliberate action and reflection’ of the problem-solving approach was seen by Bromme & Tillema (1995, p.262) as an important bridge between theory and practice. However, to support this bridge there is a need for rigorous frameworks and systems to be in place.

One key message from participants was the importance of organisational support:

“You know there was a good network out there of professionals that I could contact and my biggest influence and support was the GP who visits the home, he was extremely supportive and he came and told me what his problems were, you know with the same thing. He is, actually, on a committee and I was telling him what I had found out, so and like I said to you about using the computer and also the questionnaire I set up, he helped me with. The GP and I had one for the hospital based staff as well, so um, in that respect I got a lot of support there and how to word things. You know what was relevant to ask them and the hospital staff couldn’t wait to write things down. You know what problems they had. So it was basically the network of people I actually work with on an every day basis that were very supportive.”

(Learner 20)
If the learning opportunity had been negotiated through the medium of appraisal and PDPs then the engagement of the manager was more likely to be supportive. Additionally, such collaboration gave further legitimacy to the process.

“We sat down for a meeting at the beginning and we talked about what we needed from our job and what we needed from any training that we would have and a lot of the nurse practitioners within the group had been in the job for a long time and hadn’t really had any formal training. So it was a time that we all sat down and said what we would like out of the work based learning and then a plan was formulated for a sort of… itineray I suppose of all the training that we would be given, or teaching that we would be given.” (Learner 15)

This reflects a team ready to use WBL as a vehicle of change in managing learning in the context of work. Garrick and Usher (2000, p. 9) further add that:

“…work-based learning is as a technology through which selves become enterprising, seeking betterment and fulfilment in the work context in ways that can be both personally and organisationally effective. Work-based learning therefore becomes the indicator both of self-management and a culturally sanctioned way in which employees in restructured workplaces can make a ‘project of themselves’ and at the same time add value to the organisation.”

The ‘personally and organisationally effective’ suggests an important synergy between individuals and the employing organisation which is dependent on the capability to learn; an important driver in a supportive environment (Mayo & Lank 1994). Examination of evaluations of team cohorts undertaking WBL suggest various levels of being organised, but many agreed that WBL was an effective way of legitimising personal development.

2.4. Legitimising personal development

Traditionally there has always been discussion about releasing staff for professional development activities. In some workplace cultures, managers debate its affordability, and some staff feel that it is their due. There was a sense emerging from the data that WBL provided a means for both managers and staff to legitimise time and money spent on WBL activities, especially for projects focusing on change in practice:
“I don’t think you can just pick it as an option. I think that people that choose it would be choosing it because they generally felt that that was going to be relevant to work.”

(Manager 15)

“I think…she needed to be convinced of the validity of the project. So I think, while I chose it she needed to be convinced that it was valid and you need somebody whose enquiring, you wouldn’t want a manager who would just agree to anything. So I think she needed to be very clear on what I was doing and say I think this would be valid for practice because when you’re a student undertaking the module you have a lot of motives going on and they are not all practice related, so I think you need somebody who is on the trust side I suppose, speaking for the trust.”

(Learner 10)

A key part of the legitimacy of WBL for the managers was its relevance to the workplace from personal, collegial and organisational perspectives as indicated in the following quote:

“And you know there are modules where people come to me and want to do and its just isn’t, I can’t see a clinical relevance to them…I haven’t got the money to let people go off and do modules that aren’t directly, however interesting they might be, and however much they might want to do it and how skilled (…name) and it might have a reference to cancer at some point somewhere, but if its not clinically relevant and its not going to move on in our practice, I can’t let people do it. Whereas this I can, this I can say particularly if they come to me and say, actually I am quite interested in this topic.”

(Manager 2)

The range of activities was varied, but the most popular focused on reviewing current guidelines, inquiry and literature reviews. This suggests a positive picture of change management and evidence-based practice.

However, legitimacy has another perspective, and for the academic facilitators interviewed, it was concerns about academic legitimacy and the standards achieved given the flexible and student orientated nature of WBL:

“I think some people feel unsafe with it because they worry about standards. Quite rightly they can worry about standards…I don’t think that there is necessarily a shared understanding completely and that is partly because sometimes they are very different. So, you might have the module where the content is reasonably prescribed,
people do it themselves but work through a syllabus and you might have something where people literally they do their own thing with it. So it can be any of the above and that does give some people cause for concern really.”

(Academic 1)

Such concerns are well documented and could contribute to healthy intellectual scepticism (Boud & Solomon, 2001). However, it could be argued that perhaps these concerns were more about who was in control of the learning process, and who could determine what was valid to learn. This could be viewed as a challenge to the academics identity as they realise they may need to develop a new expertise (Boud & Solomon, 2001). With WBL, the academic plays much more of a supportive, facilitative and guiding role enabling the student to achieve the learning outcomes that have been agreed at the beginning of the WBL learning journey, and thus their established role is challenged (Boud & Solomon 2001, Moore 2007).

Learner 11 reiterated the point about support being in place to enable success through the WBL process.

“Yeh, I think you have got to be quite organised though and I think the support has got to be very organised, and you have got to have the support there …I think if you haven’t, it can be quite difficult and if people know they have got that, then yeh, I would definitely recommend it to them, but I think the systems have got to be in place.”

(Learner 11)

Support for the purposes of WBL also included Information Technology (IT) provision. As Graph 2 below indicates the majority of learners had access to computers in the workplace. Further documentary analysis identified that the majority were working in the Acute Trusts and the access was generally to input patient data and not to use for educational purposes.

Two cohorts of nurses had accessed the IT Learning Through Work resources through their home computers and gave positive evaluations.
One nurse had tried to access the resource in the workplace but this was met with negative responses by her manager. Other learners had reflected on the negative attitudes from colleagues and managers, such as wasting time and suspicious of staff exploring the internet in worktime. This suggests an unreadiness to support IT learning in the workplace and a need for a cultural shift in recognising and understanding how staff will learn from IT learning objects in the future. Others working in the community at the time did not have a choice of using computers in worktime as this was not available.

For practitioners in the south west of England, access to computers in the workplace, and the acceptance that this could be a valuable learning mechanism has been slow. Possible reasons could be historical where managers may be wary due to earlier failure of the clinical IT project, Wessex Regional Information Systems Plan in 1992. A more likely fact may be that the south west region was one of the last regions to join the Connecting for Health IT initiative which is behind the planned schedule (The National Audit Office, 2008).

It can be argued that work-based learning offered a mechanism for legitimising personal and organisational development and, also contributing to an enabling culture and collegial working.
2.5. Enabling collegial working

Another means of support that clearly emerged from the data was that of colleagues, and this was a major theme identified within the data. It was clear that this was for multiple reasons, including peer support, as well as the more obvious knowledge to be gained from peers.

“Getting together as a group and deciding on group objectives as nurse practitioners was quite useful because it made you feel like, even though our jobs are very different, we are able to find a level where we are all the same. So that was very beneficial. It was beneficial in the way that it made you stand back and evaluate yourself, evaluate where you are in your job, and say, ‘what can I do to make me move forward?’…Although for me personally there had been a lot of that over the last year.”
(Learner 15)

In developing a capable, creative and advanced workforce that can manage the challenges of change it is recognised that space and time to develop the skills of reflection leading to greater reflexivity are crucial if sense is to be gained from the messiness of practice (Schön 1983, Lester 1999, Glaze 2001, Johns 2002, Meyer et al 2007, Savin-Baden 2008, Taylor 2008).

Conversely, situations were described where it was felt that there was a definite absence of sharing, which could be a challenge in a work orientated learning experience.

“Some of the learners have not shared at all and yet are doing well on the course and they seem to be reflecting and they’re submitting really good pieces of work clearly based on their practice and… but when you talk to their colleagues and their senior colleagues they’re not getting anything at all. So that worries me slightly. What’s happening there? Is that an individual who is busy getting stuff for themselves so they can go elsewhere or what? Why aren’t they bringing that…or why are they not being perceived to be sharing that back into practice, yet on paper it looks fantastic and they are clearly thinking and reflecting… going back….So something’s changing but we’re not sure what.”
(Manager 6)
“But in order to learn you need to be able to exchange ideas so if you keep it close to yourself then you’re not going to be able to do that… exchange ideas…and there is a benefit from doing it in a group.”
(Manager 5)

If there is a lack of engagement by the learner in the workplace, this could potentially compromise the effectiveness of what they are trying to achieve. The evidence suggests that if knowledge is shared there is a positive rippling effect within organisations.

“Yeah. Yeah…and other people can learn. I think the colleagues from here that they’re working with can actually then see what’s happening and start either thinking, ‘Gosh, that’s something I’d really like to do because I find that really interesting,’ or just sharing some of the ideas and being able to just in a natural course of work, and what people do and how they’re interacting with patients saying, ‘Oh yeah, there’s something else I picked up and this has worked really well,’ or you know those kinds of things.”
(Manager 8)

In conclusion, the cumulative evidence suggests, there is some shift in how the context for WBL is viewed and what needs to be in place if it is to be sustained. The significant policies and the implications appear to be embedding still and impacting in some organisations, and understood at different levels of the workforce. Where learning is sustained, the work context is one of a rich learning environment where colleagues are willing to share learning and support appropriate opportunities to learn. This in itself is a powerful and positive mechanism for learning. Managers would appear to have a key role in moving the workforce to engage in developing a learning organisation; their pivotal role is identified as an important theme in the following chapter. The key values of the enabling context of WBL are summarised in Table 8.

Table 8: The values of an enabling context of WBL.

- WBL – flexible format, integrating work and learning.
- A way of increasing organisational awareness.
- A way of manifesting and maximising relevant learning for practice.
- A way of engaging others in learning.
- Active, supportive communication systems.
- A way of managing self and organisational change.
- A structured learning process.
- Empowerment within practice.
- Enabling peer support.
3.0 Chapter Three: Mechanisms findings.

3.1 Introduction
Data from the documentary analysis and interviews regarding both enabling and disabling mechanisms was grouped into the following four themes:

• Pivotal role of managers.
• Integrating learning tools of WBL.
• The value of 'time' to learn.
• Facilitating the learning process.

3.2 Pivotal role of managers
It became clear early in the analysis that managers at all levels in the organisations were pivotal to the enabling and disabling processes that underpinned WBL in the workplace.

However, there was substantial evidence that whilst many managers approved of WBL some kept their distance:

“The other lassie actually had a difficult relationship with her manager and so did get her manager’s agreement, her manager wasn’t difficult in making the agreement but her manager was quite distant from the process, and that was ok for her…it wouldn’t have been okay if we didn’t have quite a tight kind of relationship in relation to facilitation because I think in that sense I kind of had to play academic facilitator and try and wear a bit of a manager’s hat just so she could have some of that input really because the manager wasn’t able to show willing.”
(Manager 9)

Whilst the learner has a responsibility to engage the manager, the manager has a directional but facilitative role as indicated here:
“It’s about using influence to convince your manager that is what we need to do. It’s also where the manager needs to sort of, so they don’t go off down the wrong road, take the wrong turning, you have to bring them back and get them focussed on, so it’s a two way process I think.”
(Manager 7)

This ‘two way’ process was important when learners needed to negotiate and learn about management of choices and resources as indicated below:

“…I think they need to be behind what you want to do really, because like my interest was trying to develop links nurse groups and I felt that this was a really good way of trying to develop and for me to learn as well… but it could have been that she might have had something else that she felt that I might have needed to develop. So, you know that it could have been that she might have had some sort of motivation in me doing the course, rather than me developing me as a person but also giving something back to the organisation through the link nurses. So, I think it is about the choice, isn’t it, because you can sometimes say, ‘Yeah, you can do this but I would like you to do this in that area,’ whereas I was able to lead what it was that I wanted to do.”
(Learner 11)

While this learner had a vision of what she wanted to achieve, her focus was aligned with what would benefit her organisation.

However, from an organisational perspective it was felt that it was imperative to have support for WBL at all levels in the organisation as exemplified below:

“The high level managers in an organisation, sell it down to the ward managers, the modern matrons, whatever that tier is that starts to do the appraisal system and then it is them identifying the work that needs to be done and the person that needs to be doing it and whether they’re ready to do some academia to support it.”
(Academic 7)

It is the WBL that can engage the manager further in the education of their staff (Dewar and Walker 1999). As previously stated, those managers and facilitators who had greater insights and were more supportive of learners undertaking WBL were those who had completed the WBL modules themselves. They comprehended the structure, processes
and challenges of WBL and were able to guide and empathise throughout the process:

“...now as matron, clearly you know, I am involved in getting other members of staff enrolled on courses, and you know, being able to help support and mentor them. I am very much an advocate for work-based learning now and for people to see how, the projects that they need to get involved in or are already involved in, they could link that in with a work based learning module...There is still, I think, quite a lot of myths around about what is involved with these modules and some people just see them as not really very structured and not really, what it is about. So, I think really because I have done it and I felt it was quite effective for me, and having academic credit for something that I was doing already...I am able to share that with my colleagues and try and get some other members of staff involved.”
(Learner 24)

However, the following quote identifies that support from managers can be at different levels and can lack actual engagement:

“I felt that was a real opportunity in the fact that you know as facilitator I was meeting them in their place of work and facilitating you know the learning and being flexible and meeting them when it fitted in to clinical practice because we met very early in the mornings about 7.30...So, their place of work was very supportive in regards to...clinical practice but also managerial. Their manager was very supportive but not actually practically helping but supportive in...not contributing but just saying, ‘Whatever you are going to do I will support you.’ It’s just a start, they weren’t against it that’s for sure. So, it could be better, it could be much more proactive I think.”
(Manager 10)
This lack of support was also identified by learner 4, but in this case there was some positive interest from other professionals concerning her developments:

“We don’t have much senior nursing support with it. There is an awareness that there are people doing it. I can’t say that I know of anyone who has shown an interest, either in myself, or in a colleague, either in the fact that we have done it and what was our experience… I keep our Head of Nursing informed as well so she knows that I have been doing them, that I am in the MSc pathway. You know, most of the sort of interest comes from within our own department, predominantly the support is from our consultants.”

(Learner 4)

Many learners were conscious of how busy their managers were and sought creative ways of keeping them informed:

“I needed to get her to stay interested and that is where the learning contract came in really. So we had regular meetings and that kept her, well obviously she had masses of stuff going on and I was a very small part of her job with the contract and her booking time ahead kept her engaged”.

(Learner 10)

The working relationship with managers was crucial. Of the 28 learners 22 felt confident when negotiating learning opportunities in the workplace. Some of this confidence was attributed to a good working relationship with managers who were interested and supportive. In fact, the majority of respondents felt that the manager’s role was pivotal, as this quote indicates:

“The manager can also open doors, to people that student needs to talk to. They are a door opener, but they are also there as a safety net, so that the person has enough time to do it, and that the project is the right project for the ward, otherwise the project is meaningless.”

(Academic 7)

These relationship perspectives are supported by the work of Eraut et al (2002) who also identified many managers had not received appropriate training to facilitate such developments. A poor preparation and understanding of WBL can disable the learning relationship between the key players as well as a misunderstanding by some managers of the time to socialise into new roles. This was evident in the cohort evaluations of those nurses undertaking new roles which crossed boundaries.
Managers across the different contexts had ‘opened doors’ by working collaboratively, setting up communication lines and shadowing experiences in other communities of practice. However, it was the need for space to explore relevant theory and reflect on adverse behaviours and new learning as the nurses socialised into new roles that led to managers purchasing accredited WBL modules (Moore 2006). Engström et al (1995, p.321) identified the crossing of boundaries as ‘polycontexuality’ which “…involves encountering difference, entering onto territory in which we are unfamiliar and, to some significant extent therefore unqualified.” Their research was with expert professionals who experienced similar negatives to the nurses undertaking new roles within and across organisations. Communities of practice are built on trust and a shared knowledge and many can exist in an organisation but not necessarily share knowledge across their boundaries. Wenger et al (2002) suggest that managers have an important role in encouraging and supporting new ways of working, but need to understand the developmental and learning needs of staff and the challenges of crossing boundaries.

The need to understand WBL was a popular response from many participants, for example as indicated below:

“The second thing I think is really important is access to support from a good mentor or facilitator, somebody who understands about work based learning who doesn’t do everything for the person, but encourages them to do their learning. I think that is really helpful and I suppose I would say that in a practical sense one of the best things about it.”
(Academic 1)

The consequences of not understanding WBL could be dire for as one manager identified:

“Um, I do think in terms of their mentor’s and manager’s facilitation and understanding of work based learning. What they have to do is very important and if you have got somebody who doesn’t understand, or isn’t skilled to be a mentor then it could actually sabotage the learning. Support the learner through it, and that kind of thing then you have a more creative approach.”
(Manager 12)
Some practitioners participating in the evaluation project, who had been promoted to clinical managers, were more confident in supporting other work-based learners as they felt that from experiencing this way of learning themselves they had a clearer understanding of the infrastructure needed in the workplace. Wilson et al (2006 p.90) refer to this as developing the ‘responsible self’ which,

“...is key to the creation of a culture of learning where practitioners are able to develop mutually supportive relationships in order to learn in and from their practice.”

The module evaluations of the cohorts undertaking WBL support the points raised in the interviews. While some managers did not want to engage and held negative attitudes regarding WBL there were many starting to support and advise learners of useful tools to aid their learning in the workplace. It is the commitment of managers to engage in some proactive way that is crucial in developing a learning culture in the workplace (Caley & Reid 2004).

3.3. Integrating learning tools of WBL

An eclectic use of benchmarks such as competencies, management and applied research tools is central to the work of a work-based learner. The tools become a toolkit that contributes to the development of an infrastructure to support the WBL experience. An important tool that underpins WBL is the ability to self-assess against certain abilities and skills. There was some evidence in the portfolio material of self-assessment against identified national competencies such as infection control and Skills for Health, but these were minimal suggesting a need for more familiarity with such benchmarks.

The documentary analysis identified varying levels of the integration of the initial tools of the WBL prototype, namely, appraisals, PDPs, learning contracts, personal learning needs analysis, reflection logs, double and triple loop learning (Moore 2003).

The contract and other tools were enabling mechanisms that helped to guide managers and learners in determining the nature and degree of support required for undertaking WBL. The power of these tools was clearly evidenced in the data, both their enabling qualities and the disabling consequences if they were not utilised or understood.

It is the learning contract that can enable the learner to structure their learning needs and action plans (Knowles 1984, Donaldson 1992, Moore 2005, Ramage 2005).

The learning contracts are written agreements and can involve single (learner) or multiple parties (learner, manager, facilitator, mentor or significant other). Normally, they specify
agreed learning outcomes, resources required, learning activities to achieve the outcomes, agreed methods of assessment and the reporting of the outcomes.

It has to be acknowledged that learning contracts can be a difficult concept for some learners to grasp, as indicated in the following quote:

“…there are some people that find learning contracts difficult, find them really, really difficult and they can invest a lot of time in working on learning contracts. For some people I think that they need to do a level 1 on how to do a learning contract, because they just can’t get their head around it and that is nothing to do with intellectual ability, because we have had people at level one who can grasp how to do a learning contract who can be excellent at it very, very quickly. The idea that you have suddenly got to have a lot more ownership of your learning and do a contract to say, you know what evidence that you are producing and how you are going to gather that evidence, it is not on intellectual ability, it is just that some people find it more difficult thing to grasp.”

(Academic 5)

The ‘difficulty to grasp’ was raised as a frustration in some learners’ reflections of learning in their submitted evidence. Feedback from the academic facilitators on the 19 assignments raised many comments regarding the skill of reflection. Of the 16 positive comments most of these focused on the increasing depth of reflection. However, there were 11 comments that identified the need to go further. This may be an indication of a transitional need for the learner new to this independent and systematic way of learning, where the intervention of early academic facilitation and the organisation of self could be crucial to success (Donaldson 1992). Investment of time with academic facilitators and other members of the WBL relationship was one of the early foci for the WBL forum discussions. The basic principles of WBL, the process within the learning relationship and how the contract could be implemented and evidenced were shared in a common module handbook for learners and mentors as a backup in case there were difficulties in all parties meeting (Moore 2003). The contracts were submitted as portfolio evidence of the process of learning. Examination of nineteen learning contracts reflected varying abilities of construction. Additional entries at various times indicated the dynamic process as learners engaged more deeply with the learning process.

Twenty-four of the learners agreed that learning contracts had been an effective tool for them. For 6 of these learners, the learning contract was a very significant tool in the process as indicated in the following quote:
“I made myself a learning contract and that really focused me, and then from that point of view my own personal learning continued on despite all these other sessions, so I did develop myself from that point of view.”

(Learner 15)

By focusing down this learner was starting to take ownership of their professional development and WBL. The ability to gain the locus of control for learning was demonstrated at various stages by many learners. The standard learning contract used by the learners also had space for continuing, formative feedback from managers, mentors and academic facilitators. In reality, it was only the academic facilitators who frequently contributed feedback and the contributions from mentors and managers were very much in the minority. It was the learners’ responsibility to organize meetings and invite feedback so this may reflect a need for development during their transitions. One creative learner had recorded verbal feedback from the manager on the learning contract and sought verification at a later date.

Minton (2007) suggests that the creation of the learning contract also begins the process of reflection, with consideration of personal learning to date. However, if appraisals and PDPs are valued mechanisms in an organisation the reflection and identification of learning needs begins earlier (Moore 2003). The reflection also involves considering available learning opportunities and an audit of their own capability to manage the academic demands of the learning they are about to embark upon (Knowles, 1984, Moore, 2003, Minton, 2007).

Documentary analysis of the learners evaluations, learning contracts, LNAs and assessed evidence revealed it was the skills of reflection, inquiry and accessing relevant literature that appeared to promote confidence in self and the development of the internal locus of control for learning.

As Graph 3 shows at least half of the respondents identified in the LNAs that they had to initially review their study skills.
The repeat LNAs indicated that the learners were more articulate in stating their learning needs:

“I worked independently, so it was independent study, so it was identifying my own strength and weaknesses in terms of study skills, ... and gaining the resources that I needed or accessing the resources that I needed. So I suppose skills of enquiry, reflection, studying that type of thing.”

(Learner 8)

The point about reflections is not surprising as for many years nurses have been encouraged throughout undergraduate and Continuing Professional Development (CPD) taught programmes to apply this skill in theoretical situations. The ability to reflect is indicated in the LNAs (Graph 4).

**Graph 4: I was able to use the skills of reflection to enhance my practice.**
*(total number of LNAs: 28)*
However, according to the learners’ written evidence the skill of reflection was demonstrated at different academic levels. Some were at a surface level whilst others were more critical and indicated evidence of enhanced self knowledge and self awareness as well as situational awareness. Such evidence of deeper reflection is an indication of a transformed learner (Schön 1983, Boud et al 1985, Mezirow 1990 & 1991). Deeper reflection can enable a learner to move from task orientated learning to a new confidence of challenging and rethinking assumptions, routines, standards and decision making (Schön 1983, Argyris & Schön 1978).

Davies and Nutley (2000) call for more double loop learning in the NHS to aid deeper reflection. According to Argyris and Schön (1978), double loop learning is enabled by critical inquiry where the learner reflects on two main questions:

- Are we doing things right?
- Are we doing the right things?

Flood and Romm (1996) suggest that in complex organisations, like healthcare, ‘triple loop learning’ would be more effective. Here, there is a third question to explore:

- Is rightness buttressed by mightiness or vice versa?

While the first two questions enable the learner to reflect on and consider the ‘what’ and ‘how’ of learning it is the third question that enables the learner to reflect on the “power-knowledge dynamics” and consider the ‘why’ for learning (Flood & Romm 1996, p.227).

It is argued that there is a danger that “double loop learners” whilst reflexive can eventually “act according to the means and ends of their dominant loop,” whereas a “triple loop learner” could become more aware of diversity and new ways of working (Flood & Romm 1996, p.228). Such learners engaging in the higher levels of learning know how to learn and reflect and develop the reflexive practice needed to work in diverse and complex settings. (Argyris and Schon 1978, Gibbs 1992, Flood and Romm 1996, Moore 2007, Moon 2008).

Many respondents, especially those that had undertaken more than one WBL module identified that the vehicle for deeper reflection was WBL:

“I think it stimulates the reflective practitioner in you. I think you need a vehicle in order to be reflective. So, you need something in your practice to bring up something that you need to think about and I think that work-based learning does that very effectively.”  
(Learner 10)
While these are the words of an articulate learner, there was evidence that some learners had not made the connection between ‘doing’ and the need to read and reflect to identify significant learning. This promoted emotional feelings in some as indicated in the next quote:

“…I am not terribly impressed with the module and the framework. I think the framework is still too heavily emphasised on the academic and not the practical and it seemed to me that it was UWE’s agenda and not mine that they were interested in.”
(Learner 25)

According to this learner the university is seen as a negative power and mechanism. However, it is not always possible for learners to grasp the prior work required to ensure academic rigour when clinical experience is being accedited (Moore 2003). As Doncaster & Garnett (2000) identify the quality of the learning is dependent on the reflection activity and not the experience. Some learners may see the ‘doing’ as a means to owning routines and rituals in the workplace and may not feel confident to question and challenge current practices appropriately (Johns 1994). This may be evident where a traditional paternalistic paradigm of learning still exists in the workplace and tensions may arise when learners start to question (Moore 2007).

Another reason why a learner may not value reflective learning as a mechanism and block any engagement may be the emotional fear of being destabled (Dewar and Walker, 1999). Reflection can challenge initial understandings and assumptions about a situation which in turn raise many tensions and emotions (Argyris & Schön, 1974, 1978).

This may be a transitional situation where comfort zones are being challenged. However, once addressed through reflection, the learner can move on and become reflexive which Salmon (1988, cited by Weil and McGill 1989) identified as deep learning. Reflection is but one of many personal abilities for the work-based learner to achieve.

The LNA statements for personal abilities and the evaluations of the learning contracts and module evaluations were categorised further into intrapersonal and interpersonal skills. Intrapersonal skills included the understanding of self and self-management or self-directing regarding inquiry, reflection and internal locus of control to manage learning.

Weil and McGill (1989) and Garrick and Usher (2000) identified that the intrapersonal skills and attributes of self-developing, self-motivating and self-regulating and the ability to see how own objectives can be congruent with those of the organisation are needed if the learner is to make sense of and benefit from WBL. There may be a discipline of
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self-review of own situation and the workplace to be developed by learners which includes studying theoretical and situational knowledge such as goals of the organisation, reflecting on situations and opinions of work colleagues and how they have developed their work knowledge (Zembylas 2006). The skills of situational analysis, inquiry, and reading have had significant impacts on the learners such as:

“…it was an opportunity then to do a lot more reading in the subject, to see what different people had done in that area…a lot of my learning to start off with was actually more practical and my experience of it and watching other people, so actually doing the module meant that I was reading a lot more theory to support the practice, so that was quite useful. The nurses gained more confidence because they have been able to share. That has a knock on effect with patients, but also sort of questioning in care and decision making about care…sometimes we have discussed issues about vulnerable patients, which obviously means that the nurses involved have perhaps, been able to share and gain a greater understanding of working with vulnerable patients, or if there have been situations where they have felt themselves to be at risk working alone.”
(Learner 16)

The situational analysis as a ‘knowledge gathering tool’ of internal and external perspectives has enabled some learners to see the need for change within healthcare teams as indicated in the following:

“I think it showed up that there were a lot of discrepancies between the way disciplines work together and then I had to present the work based learning at a post grad meeting, which was interestingly full of doctors and physio’s and O.T’s and about one nurse. So I think that, I think that teams physio’s are so stuck in their ways of working and it is so alien to each other that actually it probably is just me doing a work-based learning and highlighting something like that.”
(Learner 22)

The situational analysis is a useful soft systems method which enables the ownership of change (Flood 2001). This knowledge gathering, referred to by Gibbons et al (1994) as Mode 2, can enable learners to reflect, to problem solve, to develop re-skilling and re-learning capacities to become a knowledgeable and capable employee who is flexible and can cope with change (Garrick and Usher 2000).
3.4. The value of ‘time’ to learn

One of the resources valued by many practitioners was time, that is ‘protected time’ to engage in WBL. In reviewing the delivery of WBL across the UK health sector, Hardacre & Schneider (2007a) found that this was considered to be an important element in the sustainability of WBL. Time and space to reflect within learning sets on such issues as tribalistic behaviours, sometimes experienced through role re-engineering and crossing boundaries (Moore 2006), has the added value of peer support and opportunities to share new knowledge and expertise (Owens et al 1995, Marshall & Cooper 2001).

Securing this time was not easy for most of the learners, mainly due to organisational issues and confidence to seek it as this quote indicates:

“…we have had a big period of change in our senior nurse structure. I think just an understanding of, trying to keep that balance of protected study time, so there would be someone to support you through that so it wasn’t something that you would lose.”

(Learner 4)

Williamson (2005) refers to this as ‘release time’, a space to reflect on learning, often in groups. Work-based learning was seen as providing that legitimate space to reflect:

“I just think it is good to look at how you work… having time to look at how you work, reflect on it. It has got to be good and actually you are meant to reflect on your work all the time, but often you don’t have time to, so actually it gives you a really good opportunity to reflect on your work and given space to do it.”

(Learner 22)

However, some practitioners had experienced difficulties in gaining ‘protected time’ and as the following respondent identified, careful planning and confidence in negotiating learning opportunities were necessary pre-requisites to the process of learning:

“I think it was perceived that because I wasn’t going to University that I didn’t need to…I therefore didn’t need study days to attend…and I really needed those to continue. Some of those I probably should have negotiated strongly but I found it quite hard to do that, so I would recommend somebody would negotiate their time beforehand. Therefore I think you should be very explicit about the minimum amount of time that would be required.”

(Manager 15)
Some practitioners were able to meet with their managers and mentors at least monthly, mainly to bounce ideas regarding any issues arising. This was not achievable by all learners but a few managers identified that this time was an excellent enabling mechanism for WBL. Lack of time to learn, to receive feedback and assess competencies was also identified by others such as Glen (2004), Curry et al (2005) and Meyer et al (2007). Ramage (2005,p.105) suggests that one possible reason for the lack of time could be due to “conflicting demands for the learner in their dual role as service provider and learner.” Harris & Chisholm (2008) suggest that the lack of time for personal and public reflection and dialogue could be more global and is one that needs to be addressed.

The issue of time required for learning was raised from another perspective, that of academics, and the time they spent working with learners. Resource issues were also raised as an impact that may affect the effectiveness of WBL as a learning mechanism, especially if the time to provide guidance from the academic side was not available.

“I think to do it well as a facilitator, takes quite a lot of hours and um I know there’s a lot of debate, we’ve been talking in the work-based learning meetings about what do we do about the hours allocated per student um and I think to get a good outcome and as a facilitator to feel that you’ve got a good outcome, it takes quite a lot of contact time and I think when I worked out the hours I’d spent with both of them, it was kind of 15-20 as opposed to the nine hours that you have with dissertation students and stuff. It took you know a lot more hours and so that does have an impact on work and that’s something that you know it means that actually taking on more work based learning students has to be negotiated, the hours need to be found really.”

(Manager 9)

A few managers had a dual role of visiting lecturers to Faculty to support WBL. The quote above raises the issue of the ‘newness’ of WBL in the Faculty, and it is obviously a new process, requiring a different type of intervention that will take longer to become familiar with initially, but as the method becomes more mainstream, managing its processes will speed up. Airing issues and sharing good practice within the Faculty forum for the module leaders and facilitators was an effective way of raising academic confidence and inquiry.
3.5. Facilitating the learning process

At the core of new systems, until they are embedded, is the negotiation required among the parties involved in the learning relationship to take forward a new development. For all parties, negotiation can be challenging, especially so for managers as this quote indicates:

“She would want study time and it needed to be juggled about a bit...so there was a bit of negotiation needed to be done...but, on the other hand, I wanted to be supportive and let her go off and meet all these other people... I think it needed to have been a bit more time-constrained, there needed to have been a bit more of a focus of how long it was going to be and more thought at the beginning about how long it might be and, maybe, a more strict boundary set at the beginning so that it could be worked into her contract or her timetable a bit more officially, then.”
(Manager 5)

This manager clearly states the need for learners to have some idea of timing as well as learning opportunities when negotiating formally. For learners, negotiation skills are more challenging for those who do not have an internal locus of control. It is an important interpersonal skill to develop so that learners can identify their own learning needs and associated resources such as time, learning to learn, role models, mentors, networking, clear objectives, and organisational backing.

A weak locus of control may not enable the learner to articulate their learning needs to managers and mentors. This creates a lack of clarity within the learning relationship:

“...I don’t think I was involved with the actual concept and the agreement of how much time she would have, so perhaps from a manager and a mentor point of view it needed to have been clearly defined at the beginning and...you know...something written down about how much time out she should have...and when it was going to end (laughter) and what was required of me. It was all a bit nebulous, really.”
(Manager 5)

Within that learning relationship, commitment has to be developed and sustained by all parties involved as indicated by the following quote:
This quote emphasises the value of partnership working at all levels to support WBL. Zemblyas (2006) identifies that effective learning can fluctuate according to the power relationships between the significant people involved in the learning and that has to be considered in a learning partnership. Within the autonomy paradigm of lifelong learning (see Diagram 1) the relationship between learner and academic facilitator is different to the traditional paradigm as indicated in the following quote:

“...the learner here can be the facilitator as well because I think again if it’s done well, that’s the key, the facilitator and the students can learn together. So it is not really about me as a facilitator saying, well I think you need to learn this or, it is not me prescribing. It is the students saying, ‘Well this is really what’s important for my practice’...and I think the other impact on that, the implicit impact would be that the learner can see the facilitator as an equal and sharing and going on a journey together really.”

(Academic 2)

If the learning contract needs to be dynamic and responsive to changing conditions the facilitators need to be conscious of the assertiveness abilities of learners and their possible barriers to learning. Dewar and Walker (1999) identified that many facilitators expected the learner to be assertive and in control of their WBL journeys. This is in contrast to the findings of this study which indicates the need for support throughout the duration of the WBL process for transforming self. Novice academics learning to facilitate WBL were also mindful of both their learners’ and their own transitions, as indicated below:

“It stresses them because they, the first time they do the assignment they don’t really know what is expected of them. They don’t really know what level they are writing to, they don’t know, well they probably know what the criteria are, but they don’t necessarily know how to write to necessarily meet those criteria. A couple of them,
well one of them has failed the first attempt and possibly because I did not give enough guidance because I wasn’t familiar enough with it at the time and the module leader didn’t give enough guidance, or whatever and some of it is a learning experience, isn’t it. The first time that you put an assignment in you need to learn what the levels are, what you need to do.”
(Academic 8)

However, for learners, there were a range of impacts that caused them stress when trying to deal with their WBL. These included home commitments, a lack of time release from work, unfamiliarity with the academic process - particularly when compared with peers, and the adequacy of academic and mentor support.

The level and adequacy of support for learning was a common discussion point for most respondents. Views were mixed about the degree of support that was experienced by the different parties involved in the process. Each party needed different preparation to engage adequately in WBL, and the data revealed that experiences varied. Facilitation was considered to be a valuable high level skill which some mentors may need to develop. Mentors were mainly nurses who had previously undertaken mentoring courses.

“And you do…when I was having a mentor for something else actually it fell by the wayside. We spent the whole time…well she spent a long time talking about…because we had shared interests…about what was going on I didn’t actually feel she ever mentored me. I didn’t ever leave there thinking I’d got any further. And she also…the tool that we had to assess by was asking for very basic stuff and not about self-assessment, and I fed all that back to the person and now it’s completely changed so…but that individual…I would find that really difficult because she really wasn’t mentoring me. We were…kind of…having joint clinical supervision. I used to get a bit frustrated afterwards. But the mentor that I had, that I’d chosen for this, I did think carefully whether I could get mentorship from it.”
(Manager 15)

The remarks here highlight the complexity of selecting an appropriate mentor, and the importance of being aware of the skills of the mentor and possibly the availability of
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those fit for the purpose. Managers may need to monitor the skills and workload of the mentors available. According to the WBL assessment data one learner, a qualified nurse mentor, had used shadowing opportunities of academic facilitators and assessment to advance her skills of facilitation. The challenge for both managers and academics in the future could be the growing multi-professional pool of mentors arising as nurses cross boundaries and advance skills. Support mechanisms and clear, effective communication lines between practice and academia are necessary to make the system work as indicated below:

“I think if you’ve got the structure set up with people who know what they’re doing, are okay about what the expectations of both the organisation and the academic side of things, you know who to go to, you know that you’ve got easy access for communication. If you’re having a problem, or you know, it’s all basic communication things and structure and the supports there for the mentors who are perhaps supporting the learners in the environment whether they’re pre or post reg. I think that’s the for me, that’s the crucial side because if that’s not in place I think it would tend to go wholly wrong is very high….”

(Manager 8)

The cumulative data has identified a wide range of enabling mechanisms within the workplace that could underpin the developments of a learning organisation.

The analysis of the learners’ reflective assignments and the Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis of the individual learning contracts, identified enabling intrapersonal mechanisms (Table 9), some disabling intrapersonal mechanisms (Table 10), and some disabling organisational mechanisms.

The disabling mechanisms were perceived as barriers to learning. Some of these reflect a lack of structure and support for learning which Flood & Romm (1996, p232) refer to as “world one, the dark side” of practice.

The preferred ‘world 2’, according to Flood and Romm (1996) is where diversity management, problem solving and reflection are the norm, which is also central to WBL (Caley 2006). Contributions to the ‘dark side’ may be the organisational disabling mechanisms identified by the respondents (Table 11).
**Table 9: Enabling Mechanisms**

- Empowering others.
- Advocates for WBL.
- Committed facilitators.
- Good facilitation skills.
- Validity of project/focus for WBL.
- Positive questioning skills of facilitators.
- Perceived powers of others.
- Accessible support.
- Securing organisational support.
- Mentor role.
- Resourcing and supporting mentors.
- Collegial learning.
- Self reflector – managers, learners.
- Managers actively involved.
- Staff development.
- Shadowing opportunities.
- Organisational support, appraisals, PDP.
- Internal and external networking.
- Synergy between university and practice.
- Good working relationships with other professionals.
- Library and IT resources.
- Clear objectives.
- Time to study, access computer, visit library.
- Commitment to personal learning.
- Negotiation skills.
- Learning contracts.
- Learning sets.
- Reflective learning logs.
### Table 10: Disabling mechanisms – intrapersonal

- Stressful experience, feeling abandoned.
- Unrealistic goals.
- Expectation it was just about doing.
- Personal misunderstanding of WBL.
- Tough learning experience.
- Lack of academic learning skills, for example literature searching.
- Educational jargon.
- Dealing with negative attitudes from colleagues.
- Naivety regarding personal learning needs.
- Unclear about objectives.
- Lacking knowledge of ethical processes.
- Hindsight – need more support.
- Anxiety and stress over funding.
- Did not negotiate time, but needed to.
- Accessing IT information.
- Personal commitment – need to be disciplined

### Table 11: Disabling mechanisms – organisational.

- Academic concern about standards.
- Hidden costs of resourcing.
- Need for cultural shifts.
- Need for academics to understand mixed methods of supporting WBL.
- Need for HE involvement.
- Mentors not receiving feedback.
- Need for academic/mentor preparation.
- Organisational commitment to learning.
- Need to build capacity.
- Disparity of language between HE and practice.
- Need for more partnership understanding.
- Need for personal organisational skills.
- Implications of learner’s failure, especially regarding competency.
- Managers need to understand employees learning needs.
- Organisation positive about WBL, but does not get engaged with support.
- Colleagues threatened by change.
- Impact of change, lack of team support.
- Time constraints.
- Lack of access to IT in the workplace for learning.
Some of these are applicable to both HE and the NHS and would require more enhanced partnership working. According to Caley (2006) an investment in developing managers to understand learning and support will be crucial to the success of WBL.

Those mechanisms that were identified in the prototype, namely appraisals, PDPs, personal learning needs analysis, learning contracts, and reflection are starting to make a difference in how learners are structuring their WBL.

Time to learn in the workplace appears to be an important enabling mechanism that in many cases is compromised by the dual roles of being a practitioner and learner. Work-load analysis formats which identify time for learning, but are flexible to meet the demands of the workplace need to be in place if WBL is to be sustained.

As the NHS moves towards becoming a learning organisation the educational partnerships need to learn from any negatives such as the disabling mechanisms that have been raised. Pivotal to leading such learning and ensuring more enabling mechanisms are in place is the role of the manager. However, managers need to understand WBL, recognise the impacts on learning that IT will have, and appreciate the value of the synergy needed between the NHS and HE.
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4.0 Chapter Four: Outcomes Findings.

“...having successfully achieved a work-based learning module it has demonstrated to significant people like my manager, how effective something like that can be and therefore...as I said, it is a two pronged attack almost that the individual is demonstrating professional development but so is the service delivery, is developing as well. It is an effective, I personally think it is a cost effective method of taking somebody, because you can negotiate the amount of study time, but I know I keep going back to it, but the fact that you can change significantly the practices within your work area is quite a significant thing, because whatever topic you are picking is solely identified within your work area rather than if you were doing a teaching and assessing. I know that is equally as important...but you can make some fairly significant changes.”

(Learner 7)

4.1. Introduction
The cumulative data concerning outcomes of WBL was enormous - mainly reflecting enabling rather than disabling perspectives. The learners were either working as: individuals following an inquiry,(Appendix D); or learning to work as part of an interdisciplinary team to change practice, (Appendix E); or entering into new roles which bridged both the Acute and PCT Trusts (Moore 2006); or spiralling learning through an academic award such as a BSc, (Appendix F) or Masters programme. The majority of the learners were advancing their practice at the Masters level and the new learning was varied. There was clearly a multitude of impacts across the range of intrapersonal, interpersonal and organisational perspectives as indicated in the 19 learner assignments. Having reflected on the data and the complexity of the picture and players involved four themes emerged that described the outcomes from both their enabling and disabling features:

- A transformed learner.
- Learning for self and the workplace.
- Organisational recognition of learning.
- Organisational impacts of WBL.
4.2. A transformed learner

The transformed learners included the academic facilitators new to WBL as well as the learners themselves. There were many facets to the transformed learner identified from the data with the most common ones summarised in Table 12.

Table 12. The different facets of the transformed learner.

| Confidence.                                      |
| Self-directed independent and global learner.    |
| Effective use of learning tools.                 |
| Effective networker and collaborator.            |
| Greater sense of holism.                         |

These reflect predominantly, the intrapersonal outcomes of WBL which can enhance employability and the capabilities for meeting change (Romaniuk & Snart 2000).

4.2.1. Confidence

The positive impact of the learners’ confidence came across very strongly in the data. Managers recognised a new confidence in staff balancing academic and practical skills to the extent that there were significant changes in behaviours. This reflects a maturity of staff which Romaniuk & Snart (2000, p.30) suggests is an important competency to be “possessed by successful workers today.”

It would seem that major transitions of the learners were made over a short period of time as expressed here:

“We interviewed someone a few weeks for the second part of their modules and last year we were interviewing a very shy, timid, not confident, not articulate person but we felt that she was a good nurse and she wanted to do this. And the transformation was just fantastic…positive, articulate and…you know…she’s got it all there, she’s done really well in the course, teaching others…you know…just transformed this nurse. It really has. She’s really got it and it was a joy to see and remember what she was like just twelve months ago.”

(Manager 6)
The learners undertaking the WBL modules increased their credibility and capability in the workplace as well as their own sense of self-worth.

“...I would suggest that that comes from work-based learning, probably. The whole experience of that has given me the confidence to be able to do that, and people take me seriously.”
(Learner 14)

The sense of ‘self-worth’ is an important part of knowing oneself that deeper reflection can enable; the outcomes of which are confidence, adaptability and job satisfaction (Romaniuk & Snart 2000, McEvoy & Duffy 2008).

Conversely, there was some evidence that WBL appeared to suit some and not others, resulting in a lack of confidence in the process. The main reason for this was unfamiliarity with academic study and the skills required for independent learning:

“I wouldn’t recommend it for them as a first module unless they had everything really well set up, that they did have a supportive manager, that they did have... some confidence around their skills. I mean you can create the structure... but I think some people need much more of a structure to start with. So, I think it’s something about them as people, their previous academic skills and their current position in relation to their kind of other supportive options. So I would be nervous about recommending it for everybody....it’s something to do with their ability to know themselves I think, it’s not even about academic skills but I would strongly recommend it for those people.”
(Manager 9)

A preference for passive learning was also attributed to this situation, which can cause many tensions as the autonomy paradigm for learning moves forward and organisations grapple with educational issues that impact on how resources are managed to enable a learning environment and organisation (Clarke & Copeland 2003, Moore 2007, Munro 2008).

Work-based learning was seen by many respondents as organising the self. The need for self-knowledge and discipline in learning was echoed by many learners when they discussed their learning experiences, as the following example indicates:
“…and actually I suppose if I was truthful I am not a very disciplined person, you know. If I have got the day off to do study, you know, I would have to really chain myself in front of the computer to make sure that I got the best out of it and if I am truthful I didn’t always do that. So, you know it depends on what you are like.”

(Learner 22)

Discipline also relates to the learning experience and the structures underpinning decision making. Prior to engaging in WBL many learners identified their previous learning experiences as unstructured:

“I think that a lot of us develop a way of thinking where we actually identify problems and jumped to the solution straight away, but for me, now, it is slowing down that whole process to think about what my options are and gathering the evidence. I think it made me much more effective decision-maker at the end of it.”

(Learner 6)

Jumping to solutions suggests that reflection and searching for reliable evidence-based knowledge were not skills practiced previously, and this potentially has a negative impact on the organisation and the decision making within it. This was apparent in a recent Australian study (Henderson & Winch 2007) and another local, UK, but interdisciplinary project (Moore & Robertson 2007).

Traditional educational practices can be barriers for some, but this is not insurmountable if facilitators new to WBL are given the time to also gain confidence and reflect on any power issues evolving and see the benefits of this way of learning (Kirk & Broussine 2000, Timmins 2008). However, like learning to coach, facilitation as a skill takes time to master and at times the facilitators may revert back to the powerful traditional way of suggesting solutions and not preparing deep constructive feedback (Kirk & Broussine 2000, Truijen & van Woerkom 2008). This may be a transition tension as the facilitators learn to let go of their specialist power, develop more equitable dialogue and feedback and take time to reflect themselves. Such skills are necessary to inspire and develop the learners’ higher levels of critical thinking and reflection skills, and the skills of negotiating learning contracts and appropriate activities and assessments (Ramage 2005, Caley 2006, Moore 2007, Moon 2008).

As the following quote highlights there are benefits for both learners and facilitators for this way of learning:
“I have been bored with the undergraduate programme as the students are like little birds with their beaks open wide, waiting to be spoon fed. Whereas, the post grads. are so fired up by what they are doing, they are so willing to learn, they are so focused and I just find it really challenging and inspiring.”
(Academic 3)

Previous work by Bridger (2007) describes similar experiences of learning in developing countries where learners are passive, and used to the teacher having the control, and learning by rote. Bridger (2007) also describes the transition that students experienced when they were able to take an active role in their learning and see the true value of what this way of learning could offer them. This is an important perspective to consider for the NHS and private care sector organisations that are employing international nurses during the transitions of becoming learning organisations. Their learning experiences and needs may be very different and need exploring prior to them embarking on learning within the workplace.

4.2.2. Self directed independent learner

The positive impacts of the creation of a more self directed, independent learner are exemplified by many managers and learners, especially when describing transitions as learners took control to effect change in their clinical areas. Learner 19 reflects a new proactive approach to their practice:

“I think it just gives you the confidence to actually look at something and think…that needs to be changed, and rather than just sitting and moaning about it and saying that it needs to be changed it gives you the tools to go ahead and look at ways of changing things…you know the right procedures and the right people to go to, or how to go about managing change, which was part of my course. So I think that it has given me a lot more confidence and many more skills.”
(Learner 19)

This proactive behaviour was attributed by many learners to WBL, initial support mechanisms, and the development of skills and capacity to inquire and act in a different way:

“…I think quicker, I think…you know more eclectically. I can see things from other angles. It has really developed my whole practice, because I have got more knowledge and it’s, I now have the skills
also to think well I don’t understand that, so how am I going to do that…
I know that I know how to investigate, I can get on the website, and I can set up my own learning. I don’t have to be on a course to learn about something. You know if I want to know how something works, or why that policy says so and so I can investigate it on my own, it has set up that reaction in me.”
(Learner 17)

Many learners, such as the following, were surprised at the changes that occurred as a result of their WBL experience:

“Huge, it has given me an opportunity to…I have done three modules. Many skills, listening, negotiating, learning, more about myself really, and how I work as a person and recognising how other people work as well, which has been quite, quite revealing at times. I learnt a lot from that…it has been a voyage of self-discovery for me, as kind of gaining as well as academically…It has made a difference in the working environment and some ideas I have come away with.”
(Learner 4)

This broadening in breadth and depth and ability to look at self within the organisation was recognised by the academic respondents.

“It is not just about academic learning, it is about personal development, being able to take what they learn and actually use it.”
(Academic 5)

Learner 17 also reinforced the paradoxical nature of WBL. It can be very challenging but on reflection the rewards more than compensate for the demands required which leads to a commitment to the WBL way of learning:

“When I did the first one, I finished it and I thought I am never doing that again and I would never recommend it to anyone, but then of course I got sucked into the second one, and because I have got more familiar with it, and it does give you a lot of freedom. You are not just answering the question that they want you to answer, whether it is…to do with what you are doing, even though you obviously bring in your own aspects, so yes I would, now having travelled the road twice and I am on my third trip yes I would, but it is...
a different way of learning and you have
to change your way of thinking about it...I am very grateful that I
have already done two, because they are all flapping about like I was
when I first did one.”
(Learner 17)

Other learners, however, clearly demonstrated that they understood what was required
and had the necessary self-directed abilities to cope with the demands of WBL and
were confident in taking control and using skills of reflection and retrieval of information.

Some academics challenged the capacity of some learners to work at the breadth and
depth that WBL demanded and questioned their readiness to learn:

“I mean there are people you can educate, you can bring them in and
you can throw information at them, and they won't go away any more
educated or change their practice, because there is just some people
that they are not ready, not that they are not teachable, but they are
not ready to be taught, so they have got to open up their mind, they
have got to accept that. Oh God! I have been on the receiving end
of very angry students that haven’t understood why they have had to
come into academia.”
(Academic 7)

Varying emotional outbursts from learners were experienced by many of the academic
facilitators initially, as learners began to understand the principles of WBL, and their
need to be more proactive and ready to take more responsibility for inquiry and
gathering information. The readiness to learn in a self-directed way is key to adult
learning (Knowles 1984).

Enabling the transition from a traditional paradigm to a more active one for the learner to
engage in, requires the academic facilitator to be mindful of where the learner is coming
from and the politics of their organisation (Kirk & Brouissine 2000).

Another possible reason for not being ready to undertake WBL, and the negative
emotions, may be the journey across the paradigms and the learner's belief initially, that
WBL could be an easier option, as indicated below:

“...I think maybe my colleague and I thought that maybe we were
taking the easy option by doing the whole module. We got a couple
of weeks in and thought, 'flipping hell, this is a lot harder than we
expected', but it was really interesting, actually. It was very
different compared to how I have done in the other modules...and

“...You see a much more refined, global thinking sort of clinician.”
(Academic 3)
many other courses that I have done. So it was interesting and I would do it again...I think it is probably harder in some respects rather than just going along and sitting down, and having someone talk to you and having discussions and you know. So, I think it can be a bit more difficult, but I think if you are set up properly and you know I really felt quite well supported by (the university) and here, you know it can actually be really useful.”

(Learner 11)

Many learners found that WBL was not easy, that it was hard work. Ramage (2005, p.109) found similar responses and argues that the ‘hard work’ “is bound up in the very nature of work-based learning.” It is a social and constructivist approach to learning, where practitioners try to make sense of their learning, drawing on and integrating a wide range of knowledge such as socio-political, personal, tacit, practical type 2 knowledge (Gibbons et al 1994), and practical judgement which past researchers have acknowledged are difficult to articulate (Polyani 1958, Carper 1978, Schön 1983, White 1995, Hager 1999). It is tacit knowledge, gained from working, which Blake et al (1998) believe, is a major source of innovation, where the decision makers can, in conducive environs, reflect and demonstrate a “high level of metacognitive control” (Eraut 1995, p.19). This control is the reflexivity, the ability to think about one’s thinking and learning and act with new insights, which in itself is an essential skill for learning to learn (Moore 2005, & 2007, Moon 2008). It is the reflection on learning, a requirement for accreditation, that is the glue in the menu of assessment, that has challenged the way the learners have viewed themselves. It has given them the confidence to move towards the self-directed, independent and global learner that was capable of thinking outside of the box and experimenting with an ever growing toolkit to aid their ongoing enquiries.

4.2.3 Effective use of learning tools

The culture of a ‘can-do’ attitude and effective use of learning tools such as questioning, thinking, deeper reflection, and the evaluation of change management, contribute to the cycle of action learning, which McGill & Beaty (1995) suggests is a continuous process of experience, understanding, planning and action (EUPA). The following learner identified that using these tools meant they used a more structured approach to practice:

“I mean both of us that have actually done work based learning in here actually work very similarly now and maybe before we just changed things, we think very hard about how you go about changing things, doing something like, not even a SWOT analysis,
but looking at, should we be changing it? Why are we changing it? Evaluating what happens when it changes and we actually think quite early on about how we are going to audit things, before we even think to change things. So yeah, I suppose it does, it has done that. I think it also makes you think, both of actually think quite clearly about, if we do not make mistakes, but if we have got negative things that happen in our work that we do work with them rather than…Yeah, I suppose there is that…I do evaluate all of the work where change is taking place now…whereas, I didn’t used to. I would probably write a couple of reflective notes and think that that would be enough, but now I actively evaluate every change that I do within this department now, whereas I didn’t used to do that…but I think the major thing is that I am very structured in the way that I evaluate things now.”

(Learner 21)

As learners became more adept at using the tools integrated within the WBL processes they developed an appreciation of the power of the tools and the results that could be achieved. Those that engaged in learning sets evaluated them as positive sharing experiences:

“…because of the work I did, this learning needs analysis which was very much based on the work based learning project, it allowed a number of people to get together and all share their views about particular things and voice their opinions…So, in a sense the work based learning facilitated being able to share those views and thoughts, so I suppose it facilitates communication and also sort of voicing concerns about things and voicing where change is needed.”

(Learner 27)

The sharing of both positive and negative aspects was seen by Revans (1982) as an effective way of developing managers facing enormous change to work and life worlds. The increased awareness of the learners’ value systems, a risk of personal failure in solving problems as well as creative innovations are all outcomes of this way of learning.

More practical tools that enabled more sharing in the local and global workplace also included presentation and project management skills:
“That was the first time that I had done in the course, that I had done a presentation. So, since then I have done lots of presentations that I probably would not have wanted to do before, not offered to do. So, it doesn’t bother me now to do a presentation, which is good and using the computers and using Power Point. It was things that I had never really done before.”
(Learner 19)

It would appear that learners have developed or enhanced their project management and decision-making skills, and their global capacity to undertake projects as a result of undertaking WBL. This is confirmed by 25 of the 28 learners, as evidenced by the post personal LNAs. These following quotes clearly describe the more global range of skills that also enable the learners to become more effective decision makers through networking and collaboration.

4.2.4 Effective networker and collaborator
A very common theme within the data was the development of networking and collaborative skills as the result of WBL activities. Facilitators, whether academics, managers or mentors, have an important role in encouraging networking across and external to the organisation:

“…and you know, the resource of talking to your colleagues. What do they think? You know, this is your problem but what do your colleagues think about this problem.”
(Manager 9)

“I think because I was doing something I could go along to anywhere within the organisation and say, ‘Look, I am doing this work-based learning, therefore could you help me with this?...and because I am doing something for the organisation that is fine, do you know what I mean?’
(Learner 22)
Utilizing networking and collaboration skills made the learners aware of current research as indicated by the individual learner, and the interdisciplinary case study, (Appendix D and E) and other literature (Moore & Robertson 2007). Collaborating in interdisciplinary teams across boundaries requires the maturation and confidence which WBL can enable (Williamson, 2005). The idea of working together and learning together was an aspiration of the DH (2001b). According to Senge et al (1999, p.334) such activities could eventually have a positive contribution to “the type of flexibility that has long eluded traditional hierarchical organisations.”

Both learners and managers expressed their concerns, awareness and frustrations when there was a lack of collaboration or no evidence of networking, especially with mentors who had not developed the skills themselves:

“...because I think if they don’t understand what work-based learning is about, I don’t think they have got a hope in hell really of, a being able to support the work based learner. You know, that’s my personal and through my own experience of when I did have…my first module with the mentor I had at the time, she wasn’t particularly interested in me she didn’t really know what she had to do…I suppose I probably felt more frustrations at the start than I do now, because I learnt from my first module and I am fortunate that I can be quite self sufficient.”

(Learner 4)

Mentoring in the NHS has been under scrutiny for some time and as learners cross professional boundaries it may be timely to develop inter-professional mentorship (Marshall et al 2004), or group mentorship if working in teams (Pickersgill 2008). Historically, nurse mentors have undertaken the role for supporting pre-registration learners with little time and support. Some managers and learners identified that many nurse mentors were too busy to get involved with mentoring in a continuous professional development (CPD) setting.

Paid inter-professional mentorship was used to support the CPD community Department of Health case study (Moore 2006). This was not wholly successful with regards to GP mentors who did not always deliver on their commitment to mentoring nurses, although financially remunerated for it. Other GPs were keen to support their practice nurses without payment. This complex picture does identify that time and commitment are required for mentoring, and time means money. Further debate on mentorship and appropriate types is timely at both national and local strategic levels of the partnership between HE and the NHS organisations if Darzi’s (2008) plans for CPD are to be actualised.
It was clear from the documentary evidence that the impacts of WBL meant that learners were more collegial in their approach to their work, enabling informal mentoring across the organisation and more effective team working. However, what was also very evident was that the learners were more collaborative, and what can only be described as more organisationally capable, astute and understanding of inter-disciplinarity. According to D'Armour & Oandasan (2005) inter-disciplinarity is “a response to the fragmented knowledge of numerous disciplines.” (p.9). There is evidence of this happening, as indicated here:

“Well as I say…actively through the PCT but also for here with the trained nurses…they have known about everything that has gone on, and I have shared the information with them and hopefully they act on things…immediately rather than leaving it for me to do…I have shared with them the problems that they have at the hospital. So, there is an understanding between both sides now, rather than just blaming them for a problem; you know they have got problems of their own, you know with, you know, as an example you know agency staff, there is no follow on so communication gets lost. So, that is important thing is to keep it going.”

(Learner 21)

Interdisciplinary knowledge arises out of collaborative practice when disciplines within a team “open up their territorial boundaries in order to ensure more flexibility in the sharing of professional responsibilities,” (D’Amour et al, 2005,p.120). The goal of interdisciplinary collaboration is to enable positive outcomes for patients (Fewster-Thuente & Velsor-Friedrich, 2008). Therefore it was vital for radical change initiatives that were steered, initially, by the Modernisation Agency (MA) of the NHS (Prowse & Heath 2004).

Knowing the staff that had developed the advanced skills enabled managers to engage them in more complex projects:

“…and I would say that’s benefited me because I can now go to those individuals and say: “Right, OK. We need to do this,” like…particularly with this nurse-practitioner…One of the things that we’re looking at, at the moment, is pre-assessment clinic, with regard to the 18 week wait and obviously the new MRSA screening guidelines coming down from the DH. We’ve got to look at the time that we pre-assess our patients, particularly with…well…with the 18 week wait…and also with MRSA…you know…We’ve got to make sure that patients are screened, and we get the results back in a timely
manner before they actually have their surgery. So, those are the sorts of issues I’m looking at with this particular individual and I have the confidence that she will take that on board.”

(Manager 4)

It could be argued that this was because there was a greater sense of collaboration because of the mechanisms inherent in the WBL process.

4.2.5 Greater sense of holism
Such abilities as a mature learner, accountable for own learning, the readiness to share knowledge and enquire when there is a gap in knowledge are important if nurses are to lead and encourage holistic practice (Crookes et al 2001, McEvoy & Duffy 2008, Maben & Griffiths 2008). The report by Maben & Griffiths (2008) identifies that specialist nursing will increase and so will the need for holistic care. A criticism of current specialist nursing by McEvoy & Duffy (2008, p.417) is that it has fragmented care and that “a paradigm shift is required to embrace holistic nursing.” Some of the learners had come to realise this as they followed their specific enquiries of recent complaints from patients to address gaps in care, such as the following research nurse:

“Well, we haven’t had as many complaints about people being... abandoned...that the follow on care after randomized controlled trials is actually much better than it was. I mean if we were to look at the amount of complaints before I did the thing I think we had, well I had had two and I haven’t had one since, and other nurses have said that they haven’t had complaints either and that was the main complaint that, “You used and abused me now, and now I am not in the study anymore you don’t see me anymore.”

(Learner 21)

This learner was able to take the results at the first stage of enquiry to the clinical governance board of the directorate to gain support for an interdisciplinary working party to change practice. It was the implementation of change that was the focus for the learner’s second WBL module.

The ethos of WBL has started to impact on how nurses are working, especially in recognising the continual need for evaluation. Whilst audit was not recognised as part of the learners’ toolkit for work-based learning in the interviews, it was identified as a need for further action within the learners’ assignments (Appendix G). Also, during the interviews many learners recognised the need to audit their innovations, as indicated below:
“Well, the project that I started as my course I have completed now and it was about changing practice and introducing new practice and a form and documentation…I followed it all through and implemented that and am in the process of auditing that system now, to see whether or not it is working and if people are adhering to the system. So I think it has made a huge difference with the practice for my clinical area.”

(Learner 19)

Audit is not new but has not always been integral to the daily practice of health professionals (DH 2002). It is an important mechanism which is integral to the total quality improvement process and one which all healthcare professionals should be engaging with (DH 2004).

Many learners identified how they had become more holistic in their outlook. This prepared them to work more collegially with their colleagues within and external to their departments, and enabled them to see the ‘bigger picture,’ the ‘360 degree view.’ It almost appears to enable learners to be more steadfast in their approach to their practice as described below by the following learners:

“…I would think that certainly in my case, it does obviously because of the structure of it, it does make you stand back and positively reflect on the whole process and evaluate that. So, it does make you think very carefully about what you are doing and what you have done and is that what you would repeat if you were going to that again…”

(Learner 24)

4.3. Learning for self and the workplace

Analysis revealed a significant outcome of the study was a greater sense of astuteness by learners with regards to knowing how to match own personal development needs with those of the organisation:

“You can pick something yourself, but you do it with the objectives of the organisation in mind. So, I have talked with my manager about things to do and I was interested in multi disciplinary working. So… which is what I looked at in the end and she said, ‘Well that’s what
For the majority of respondents WBL was a very relevant vehicle to enable mutual learning for self and the organisation:

“I think people, practitioners have learnt more about the way the system runs. So therefore, and because my project actually came up with answers and came up with different solutions, people are more aware of alternative strategies now. And, actually sort of question them more.”
(Learner 7)

WBL was seen as a means to integrate and value learning and its relevance to practice.

“I think for the learner I can think it enables them to utilise that knowledge that they’ve gained or whether it’s knowledge, skills or whatever in a place that they’re comfortable with because it’s in their main area so they’re used to that environment, and it feels normal, it feels natural.”
(Manager 8)

While the weaker and often more junior learners struggled with combining both needs the academic facilitators could see the challenge of facilitating:

“So, the actual opportunity to actually learn on the job, or articulate the learning on the job is very appealing, but also as well, I think, because you are actually valuing that individual. You know the organisation sees the worth because they are being able to focus the learning of the individuals that they have got to their own strategic intent. You know, their own strategic goals. The individual values it, because as I say they have this ‘ah ha’ experience and they suddenly think, ‘I am quite clever, you know I am able, I can do this and I am able to challenge and argue and all the rest of it.’ So that’s that value there as well and in here I think for me, it is just the creativity that it offers, the challenge; it is a challenge to facilitate that sort of thing and one that I embrace and I enjoy.”
(Academic 6)
What was surprising from the evaluation was the enormous amount of data describing the tangible impacts of WBL. However, what was also surprising was the apparent lack of knowledge and sometimes vagueness of the outcomes of WBL amongst some respondents:

**Interviewer:** “What do you think the impact of work-based learning is on the client or the patient?”

**Respondent:** (Long silence). “First answer, I have no idea.”

(Academic 4)

This reflects quite a challenging realisation that some respondents were not really engaged in the entire learning process, including some learners:

“I don’t expect there has been a great deal of impact for them. I don’t know whether they would have noticed any difference. Maybe they’d have a slightly shorter waiting time sometimes.”

(Learner 18)

There may be many reasons why there was a lack of awareness and engagement. This issue has to be one that is explored further, to make sure that all parties involved are committed to the process and aware of the tremendous impacts that can potentially arise from WBL. As Clarke & Copeland (2003) identified the educational support through facilitation is necessary and a light touch to processes by the key players in the partnership is not the way forward. A more committed approach, supported by managers could enhance more opportunities for knowledge exchange and the development of inter-disciplinarity within the workforce.

It is also important to make sure that there is joined up communication at a strategic level as well as the operational level between the workplace and the university to ensure that systems remain relevant and effective in underpinning the effective functioning of WBL.

### 4.4 Organisational recognition of learning

From the analysis of the data there was evidence of members of the academic institution recognising learning, particularly the intrapersonal perspective:

“I think it helps people build a focus. It also, if the manager is involved…people seem to get a sense of self-worth and self-satisfaction that maybe they haven’t had before. So, it is about how they see themselves in a positive role with that manager, they
see themselves as contributing to some kind of a project, and that what they have to say is very worth listening to...I think that that is good for their self-esteem as well, and I think that one of the problems with the older systems of, you know, you come in we teach you, you do your assignment, you get it marked, you go off and it never makes any difference, is that you didn’t have that link. So you could have an excellent piece of work done, but because there wasn’t that relationship with a manager it never got implemented. Whereas, with this the manager has got a role in helping to develop that piece of work and has an invested interest in it being implemented.”

(Academic 5)

However, after examining the interview transcriptions, the module evaluations and learners’ reflections, it appeared that recognition of their achievements from their workplace was largely absent. This was acknowledged by some managers. This lack of recognition occurred in many areas across the Acute, Primary Care and Independent sectors; the most common indications expressed were:

- Lack of feedback from senior nurses in the organisation.
- Outcomes being ignored.
- No dissemination of outcomes.
- No opportunities for promotion.
- Continuing lack of understanding about WBL by the organisation and some mentors.
- Lack of a structure in place to ensure organisational as well as individual benefits are identified.

While some learners identified supportive systems and a chance to share and disseminate their work, they were very much in the minority. However, they did describe that sharing and dissemination can be achieved:

“I mean I presented at an acute stroke conference, the development of the service. I can’t say I necessarily spoke at the conference about my specific learning achievements but the result of the project I presented at the conference. I’ve also given feedback at our special interest group meetings as well and as I say facts and figures that were collated for the report had been used to…obtain
more staff for the service and generally build and expand on the service.”
(Learner 28)

As indicated in the following quote there is still a lot of work to build systems to support the developing educational ethos of a learning organisation. However, there were some positive examples:

“...I think at the moment that it is just filtering through and I don’t think that there is enough awareness about the benefits of it, and I think that a lot of people out on the wards are actually doing really fantastic projects and ongoing pieces of work, mini audits and things like that...I think if awareness was raised they could really sort of embed those in an academic framework which would actually empower them. I am always encouraging people to actually undertake a process of enquiry.”
(Learner 6)

This learner was identifying a work-based learning ethos in the workplace that is to be commended but her main point was lack of awareness amongst the workforce of the accreditation of WBL. Ultimately, this can have a negative impact on staff retention, as learners move on to other organisations to seek more support for professional development, promotional prospects or more demanding projects:

“So, to a certain extent, they lost me, but they had every opportunity to give me a promotional position.”
(Learner 17)

This evaluation appears to have identified that although there are profound impacts on individuals and their organisations, achieved through WBL, this is not generally highlighted and celebrated within the workplace. This has a number of implications, for example:

- Limits opportunities to promote and develop the organisation.
- Limits opportunities for collegial learning.
- Limits improvements in patient care.
• Impacts on retention of motivated staff keen to develop self and practice.

• Poor use of resources, for example: Training and education budget.

• Inadequately prepared staff to meet organisational goals.

These points are not just local but may be more global as healthcare organisations are gradually changing. Harris & Chisholm (2008, p.121) warn that a negative of the “paid work approach to learning” is that in developing the organisation there is sometimes a bias towards groups rather than individual autonomy which may “satisfy the capitalist neo-classical model,” but will not necessarily support the individual to think creatively in a new and challenging world. What will be important are the systems in place to recognise individual learning needs, time to reflect on personal and public needs, and ways of disseminating and supporting learning within and external to the organisation. The culture of dissemination is happening in pockets and as the following academic recognised it is an important part of WBL:

“In practice certainly…there is a lot of development work going on out there. I know for a fact, some of the students that I have had, having completed one module they have developed policies, they have looked at different procedures in their work area and updated them, they have given talks to their work colleagues about particular things. So, shared their information and presented what the findings were when they actually looked into it a little bit further and all of that benefits patients and clients. So, it is about not just doing it, it is disseminating what you have learnt about, your findings, whatever, and sharing it with the people that you work with and that is one of the great values of work-based learning.”
(Academic 4)

4.5 Organisational impacts of WBL

The data has revealed that many nurses have led initiatives within their organisations and in partnership with others to introduce new services, systems and projects to change practice, and have a vision of what needs to be achieved in the future. New roles such as consultant nurse, matrons and an engagement in WBL have enabled nurses to be

“I think it’s back to that whole celebration thing because I don’t think people recognise the achievements enough. It’s you know, how many people are completing, you know how many will stay, how many people reinvest, you know we do need to do more of that as an organisation, I think.”
(Manager 11)
promoted, to set up nurse-led clinics, as well as move across boundaries of other sectors to promote learning as indicated below:

“I think that it just affects my day to day practice, I just sort of bear in mind. I think there’s a few things, sort of when I am assessing patients I utilise that knowledge and skills, but I think also, I have probably got as greater awareness about others’ learning needs with regard to lower limbs…I go in and advise about treatments, say to the community nurses I will probably take a bit more time explaining what needs to go where, you know treatment wise - if they are using steroids how much to use and that sort of thing. So, I think I probably, I have got that greater awareness now of what their needs are and trying to put that into practice a bit more.”

(Learner 27)

The evidence from the learners’ negotiated activities and reflections suggests that there is more engagement with service users to solve problems and identify gaps in the delivery of care.

Table 13, indicates the tangible outcomes that have impacted on staff and patients.

**Table 13: Impacts on staff & patient care: evidence from interviews, documentary analysis of learning contracts, portfolio assignments.**

- More protection of patient confidentiality, privacy and safety in the theatre complex.
- Wider team of nursing staff, mortuary staff, bereavement services working together to respect the dead patients and needs of the bereaved.
- Nurses using patient stories as evidence to challenge practice.
- Quicker patient access to community services, for example, a bed in a community hospital.
- Enhanced team working with the patient, better communication.
- Increased knowledge of medications and safe handling.
- New, safer manoeuvre of stroke patients - nurses and physiotherapists.
- More efficient and quicker services and professional service due to documentation of patient information.
- Better care and liaison with relatives.
- Patients are referred directly to the nurse who is more aware of differential diagnosis and treatment plans - new nursing clinics.
Work-based learning has been hailed as an important mechanism in raising the focus and centrality of the patient within organisations, as indicated in the following quote:

“I think helping the nurses to use the patients’ stories within…you know…the evidence and the experience…I think those have been very, very powerful…bringing the patient story into the work-based situation and getting a response. So…quite positive, I think, really.”

(Manager 6)

In taking the leadership for projects and time to reflect on self and situations there is strong evidence that nurses are what Pipe (2008, p.118) refers to as “cultivating a mindful, intentional leadership practice.” There is evidence that the caring principles are applied and articulated more, especially in recognising the needs of the more vulnerable patients:

“I think, that is the nurses got more confidence because they have been able to share. That has a knock on effect with patients, but also sort of questioning in care and decision-making about care… and sometimes we have discussed issues about vulnerable patients, which obviously means that the nurses, involved, have perhaps been able to share and gain a greater understanding of working with vulnerable patients. Or, if there have been situations where they have felt themselves to be at risk working alone. So you know it is sort of a whole variety of things…”

(Learner 25)
It is strong leadership that can take organisations forward towards becoming a learning organisation in the future.

In considering the future many respondents in both Academia and the NHS identified that organisations were still in transitions concerning the KSF, new standards and competencies, knowledge exchange, and the promotion of synergy within the partnerships. There are still issues that need addressing for organisations and individual practitioners to enhance the impacts of WBL and the business of the organisations.

Within Academia there is still work to be achieved to engage more academic facilitators in WBL, as indicated by the following:

“We are constantly relying on the same individuals to move this through and…and I don’t, that isn’t because there has been some sort of secret society set up within the faculty, the inner sanctum of WBL and you are not allowed in. In fact it has been the opposite, you know we have tried to encourage people to come in, and feel comfortable about facilitating it and all the rest…So, you know I am very clear in my head about who has engaged in it and who I would go to as (Academic) is I am sure and we do encourage people you know to try and shadow others and all the rest of it, but that resource and that capacity will not be built until the attitude and the culture shifts as well.”

(Academic 6)

Within clinical practice, especially in new organisations such as PCTs there is evidence that systems are in place to support WBL, for example:

“…and then we undertake this 2-3 hour process of a personal development review which now it’s completely switched to a good 90% of it being really work-based learning, where they’ve…you know…what they’ve done over the previous year, how their objectives have been met, what learning they’ve undertaken in the last year, how it’s relating to the care, and the job description.”

(Manager 14)
However, evidence suggests that there is certainly the need to celebrate learning within organisations as well as address any anxieties and confusion of portfolios, for example:

“The other thing about work-based learning although you can evidence it and get accreditation, what I mean by celebrating that learning is just recognising it’s happened, you know, and we don’t do enough of that, and there is really confusion about evidence and portfolio and ongoing regulations and again there is new legislation about revalidation for practitioners and stuff like that and I think it’s a bit like the ‘prep’ years it’s going to happen again across all professions medical and healthcare professionals.”
(Manager 11)

Nurses have been required to establish and maintain a professional portfolio as evidence of their professional development for some time (UKCC, 1992). However, where nurses have not been committed to keeping a portfolio, the threat of more stringent re-validation processes, and the journey to learn this way, can take time and evoke some strong emotions; hence the need for more synergy between practice and HE (Moore 2006b).

Both managers and academic facilitators identified the need for more synergy in partnership working between HE and the NHS. They felt that WBL was a good catalyst to achieve this, and without the synergy WBL could not be sustained. Work-based learning has been identified as challenging but the success can add more to the quality of care in the organisation and the partnership, as indicated below:

“It challenges the way that somebody thinks and behaves and learns. Then that change is there forever in a way, one hopes, and so they will continue to be more challenging, learn more reflectively and all the rest of it, and hopefully that then will make this whole concept of having a learning organisation and having learning in practice. You can also, what you will also be doing is working with teams of people to develop a project and that’s, the university would see that, I would imagine, because university and practice are then working together. That is a really good public relations exercise, because academia and practice become immersed, like this rather than as it has been in the past, I mean you can make these really strong inter links, what you’re doing is you are valuing each other and understanding each other. You are building more strategies and more respect for each other.”
(Academic 6)
The findings from this evaluation clearly demonstrate that WBL can offer beneficial outcomes that are as much global as personal for staff and patients, and the organisation concerned. Leadership and teamwork skills are developed as well as technical skills, and the lessons learnt by the participants are remembered longer than those learnt from a book or lecture (Raelin 2000).

“I just think that for any of these things to be working well it does need that good partnership working between the organisations to fundamentally make sense otherwise...you either get some antagonism between the organisations or you get poor participation and then the whole thing falls flat, really. That’s all I can say, really.” (Manager 14)
5.0. Chapter Five: Conclusions, recommendations

5.1. Conclusions

What has been reported here, are the findings of a three year longitudinal study using the realistic evaluation tool of Pawson & Tilley (1997). The findings of the triangulated data indicate transitions and transformations of learners, especially in interpersonal and intrapersonal skills. This evidence also emphasises the importance of reflection in supporting the development of mode 2 knowledge in WBL, enabling self-awareness, confidence and the internal locus of control of learners to manage own learning.

The impacts on patient care have resulted from facilitated learning, through improved communication, collegial learning and enhanced team working to effect change. This is potentially hampered however, if the academic facilitators, managers and mentors who are integral to the success of WBL are unable to understand and facilitate the process. Managers have a pivotal role in supporting WBL. Indeed, it is the managers who understand and value WBL, that are the strongest advocates, especially those who have been work-based learners themselves. It could be argued that from a WBL perspective, it is the managers who are the key players in leading learning not academics, which represents another paradigm shift towards partnership working.

There was evidence from the data collected that there were some solid infrastructures in place to support the cyclical learning process with overt outcomes. However, this was not reciprocal across all organisations.

There was some evidence of vagueness and a lack of awareness of the impacts of WBL on patient care and the organisation by some academic facilitators, learners and managers. Conversely, many managers were cognisant of positive changes in their staff and improvements in change management and patient care. There is strong evidence from the triangulated data supporting the view of Jackson (2006) that WBL is a valid way of advancing practice and enhancing patient care.

What is striking is that WBL can be the catalyst for the change in learners to become reflexive and as Garrick & Usher (2000,p.9) said, “selves can become enterprising,” capable of meeting the challenges of continually restructured workplace environments.

Both the HE and NHS are in transitions regarding becoming learning organisations and working as true partners to enhance knowledge exchange. However, there are still issues which need to be resolved if WBL is to be sustained in the health and social care sector. As the prototype was designed by a multidisciplinary team it could be argued
that lessons learnt and issues arising from this project could be applicable to the other healthcare disciplines.

The issues reported could change as organisations progress with partnership working to support WBL, but need to be monitored on a regular basis.

5.2. Recommendations
The following recommendations have arisen from the evidence and need to be considered by all parties involved in the partnership working for WBL. Some of these recommendations are being addressed by some NHS Trusts. The recommendations are:

1. There is still a need for some organisations to embed the mechanisms of appraisal, for example PDP into staff development processes.

2. Learners’ outcomes need to be fed back into the appraisal system.

3. A list of facilitators/mentors should be developed who have completed WBL and are willing to be facilitators/mentors within the workplace (for example the establishment of WBL Alumni within the Trusts).

4. Likewise, Academia needs to develop and maintain a pool of academic facilitators to engage in WBL.

5. Further debate needs to take place locally regarding different ways of mentoring. Consider more coaching, group mentoring, and mentors from other disciplines to provide different perspectives.

6. There is a need to explore what different parties feel is effective mentorship preparation, and ways of providing feedback to both learners and mentors.

7. Managers need to acknowledge and support the need for protected time for mentoring and separate time for assessing.

8. Managers need to be more mindful of their pivotal role in the support of their work-based learners - the need for protected time for learners, need to open the door to shadowing opportunities.

9. While the generic module handbook is comprehensive managers/mentors do not appear to be accessing this resource. Therefore they need to consider how they could be prepared for their role as mentor/facilitator for the WBL orientated process, perhaps through a WBL process.

10. There is a need for systems in place to enhance the reflection, problem-solving, triple loop learning, networking, collaborative and self-management capabilities of learners.
11. There is a need for more robust mechanisms to celebrate the achievements of WBL. Means to be considered include: collegial learning and sharing; on-line tools; organisational dissemination through, for example, forums, newsletters, conferences, seminars.

12. Academic facilitators need to engage more in the learning cycle so there is greater awareness of impacts on patient care/individual/organization, and any further educational needs arising- need to reflect themselves.

13. Schools within Academia need to develop their own communities of practice for WBL in order to provide support for new academic facilitators.

14. The WBL forum within Faculty should continue and be open to other interested parties from across the University and representatives of the partnership.

15. Knowledge exchange needs developing and could be facilitated through a model of learning sets and academics in practice. An example could be the development of a WBL project constructed by a manager and academic in conjunction with clinical teams who may include undergraduate and post graduate learners working towards improving health care. This offers a model to bridge the theory/practice gap for all parties, and promotes interdisciplinary learning, thereby responding to and anticipating the needs of patients and the organisation.

16. Module leaders need to audit impacts of WBL on the development of the learner. Collaboration with module leaders responsible for 40 credits and 60 credits research modules, or further research could explore the links between WBL outcomes and action research with a view to developing the outcomes into work worthy of dissertations..

17. There is a need for module leaders and learners to become adept at all levels in the organisations at maximising the use of a wide range of appropriate learning tools/objects that can support WBL. These are available within local and external partnerships which are mainly free to access on-line, except for a minority that are negotiated as part of an accredited learning package, such as Learning Through Work (Appendix H for further examples shared).

18. There is a need for managers and learners to acknowledge the need for and make space in work time to access IT for learning purposes.

19. Local NHS and independent care organisations and the university need to work closely together to enable the mutual development of the philosophy of WBL and the attributes of learning organisations. Hence these learning organisations will be supporting self-assessment and measuring capabilities of staff against frameworks such as the Skills for Health competencies, appraisals and PDPs.
References


Department of Health (1999) *Making a difference; Strengthening the nursing, midwifery and health visiting contribution to health and healthcare*. London: DH.


Moore, L.J. & Robertson, Y. (2007) Facilitating inter-professional action inquiry through work-based learning in the NHS. *Conference paper given at the European Inter


Appendix A

The Research Methodology

Introduction & background
The partnership ethos developed in the original project was transferred to the design and planning stage of this project. A team of academics and stakeholders from various Trusts was drawn together to design the project. The stakeholders’ representatives were senior nurse managers. To reduce bias the only member of this team who had been involved in the previous developmental project for WBL was the principal investigator. Research associates were employed for the fieldwork and to work with the principal investigator at the analysis stage to help maintain an objective and less biased view. A small steering group reflecting a partnership between Faculty and practice supported the project, see Appendix B for membership.

The aims and objectives of the evaluation project
The aims of the evaluation project were to focus on changing contexts in both Higher Education and NHS practice, and mechanisms that could be described as blocking and others as enabling, and the outcomes considered learning achieved and how far the prototype had embedded. The agreed objectives reflected a need for a design that maximised the depth and breadth of data, using a triangulation methodology to:

• Explore and examine the impact of work-based learning on practice.
• Explore the sustainability of the preferred mechanisms that have supported the outcomes in practice.
• Report on the learning that has been sustained and developed over time.
• Explore the nurses’ experience of work-based learning and changing contexts.

Conceptual framework
As WBL is an innovative approach to staff development and a change to how people may view education it is important to triangulate the evaluation methods to capture the
worth and the reality (Denzin, 1989, Polit and Hungler 1991). In determining an appropriate evaluation framework it was important to consider the purpose of a longitudinal evaluation as opposed to previous short term evaluations. The latter had provided evaluation feedback of implementing the WBL prototype at a given time. They had not been designed to reflect the impacts of WBL on individuals and organisations over longer periods of change. However, the previous evaluations did provide cumulative data to inform a longitudinal evaluation. In establishing and understanding the realism of change it was important to triangulate from other sources (Guba and Lincoln 2000).

The realistic evaluation model of Pawson and Tilley (1997) was chosen as the preferred framework because it had been used effectively in other educational settings to evaluate police and other professional areas educational programmes. There is a particular emphasis in the framework on learning in practice and the realism of change and therefore widens the perspective of the evaluation. This allows links to be made between various stakeholders’ views and individuals’ practice and the organisation’s policy, procedure and strategic intent.

The key stakeholders for this evaluation project were the learner, manager, academic facilitator and mentor, that also reflects the partners in the WBL relationship.

Pawson and Tilley (1997) uses a configuration of contexts, mechanisms and outcomes (CMO). They proposed that “causal outcomes follow from mechanisms (blocking and enabling) acting in contexts,” (Pawson and Tilley 1997, p.58). The purpose of their configuration is to produce middle-range theory which is concrete and robust enough to inform future policies and practice. The framework encourages dissemination and a cycle of evaluation.

Methodology and methods

Design
The study was mainly qualitative in nature in order to provide more depth. Additional depth was secured by using a triangulation of methods to enhance the validity of the evidence (Denzin & Lincoln 2008). In interpreting the configuration for the design, perspectives were agreed by a working party of academics and stakeholders from various Trusts (Appendix C).

Ethical considerations
Throughout the planning stage and the lifetime of the project it was important to respect confidentiality and anonymity and the rights of all who contributed to the process and
the outcomes. Ethical approval was sought from a local NHS research ethics committee and the university ethics committee. Research governance, according to both the NHS and the university guidelines was applied.

Structured information and informed consent as per research governance was sought from all respondents. All data collected was anonymised and stored securely for the duration of the evaluation. There was a potential risk that the participants would be anxious and concerned about taped material. The participants were given the opportunity to review their transcripts and reminded of their right to withdraw from an interview at any time. Every effort was made to anonymise direct quotes.

**Sampling**
A purposive sampling was made of approximately 50 learners, 15 managers, 25 workplace facilitators (mentors) and 10 academic facilitators. The inclusion criteria was that all participants had undertaken a role within the WBL relationship. The respondents came from the HE faculty, Acute and Primary Care Trusts (5), and the Nursing Home sector.

**Data collection**
The data collection methods included:

- Examination of documentation such as: student evaluations; learning contracts; formative and summative feedback; assignments; portfolio evidence; reflective logs.
- Examination of evidence from the original developmental study, including case studies.
- Semi-structured interviews (30 minutes duration), or where appropriate focus groups with managers, learners, workplace (mentors) and academic facilitators.

A framework of questions, to support the semi-structured interviews, using Pawson and Tilley’s (1997) framework, was collated by the working party. (Appendix C - for the interpretation of Pawson and Tilley’s framework). Table 1 indicates the agreed foci for the semi-structured interviews.
Table 1. Foci for semi-structured interviews.

| Understanding and expectations of WBL and supporting roles and responsibilities. |
| How opportunities, skills and knowledge were identified and agreed. |
| Aspects that blocked or enabled learning. |
| Learner responsibilities. |
| Support mechanisms in place within the organisation. |
| Preparation of mentors. |
| Tangible outcomes shared across and external to the organisation. |
| Impact of WBL on the learner and patient care. |

Data analysis.

Over the 3 years there were 3 phases to the project:

1. Piloting tools and exploring and analysing the documentary evidence and experience of the first wave learners;

2. As above, but concentrating on the those learners who have accessed more than one WBL module;

3. A content and thematic analysis of the evidence from 1 and 2, followed by a further cumulative and integrated analysis to produce the concrete evidence for dissemination.

The analytical tool for the qualitative interview data was NVivo. The LNA forms included a Likert Scale, so the IT SPSS package was used as a convenient analysis tool. However, it was acknowledged at the outset that it would not be possible to generalise from this due to the small number of learner respondents. The SNOB (Strengths, Needs, Opportunities to learn, Barriers) framework was used for analysing the assignments, learning contracts and the module evaluations.

Results

The final number of respondents included 28 learners (nurses), 9 academics (one physiotherapist and eight nurses) and 17 managers/mentors.

Some of the managers had been work-based learners themselves but did not
Contribute to the learner sample if they were not currently learners. The learners ranged in their level of seniority and experience of WBL. Some were using the WBL modules as part of an academic award route at BSc or Masters level, others were undertaking the module to upskill or underpin a new role, and others saw the opportunity as a good promotional prospect. The foci of their work ranged from selecting competencies from Trust developmental programmes, Skills for Health competencies, a group of specific national competencies to underpin new roles such as the Evercare programme, and Infection Control competencies, to negotiating and managing or contributing to projects identified by Trust managers. There was evidence of an increase of the number of WBL modules that learners were undertaking.

A total of 19 assignments, learning contracts and the initial, personal learning needs analysis (LNA) forms were retrieved from the archives. This was lower than expected due to a culling of data by administrators. Twenty-eight personal LNA forms, post WBL experience were collected, and one of the respondents declined an interview due to relocation. Module evaluation reports from 7 cohorts were randomly selected from the years 2002 to 2005, and 2 case study reports from 2006 to 2007. See Table 1, Chapter 1, for the stages of cumulative data collection.

Interviews were undertaken within a private area of the respondents’ workplaces.

Learners were invited to repeat a personal learning needs analysis (LNA) form at the beginning of the semi-structured interviews. This form was previously designed for the developmental project to enable learners to identify any personal skills and resource deficits and plan for their learning needs.

Overall, there was a good response rate for the interviews.

**Limitations**

At first glance the focus on nurses could be considered a limitation. During the developmental phase of the original, interdisciplinary project, only nurses came forward to engage in the modules. These nurses have either been engaged in or led multidisciplinary initiatives in practice. It is only within the last couple of months that other disciplines have started to enquire through WBL. This may indicate a gap in knowledge of changes in workforce development, and at the moment the resource of multidisciplinary learners is not readily available.

Another limitation could be possible bias of the chief investigator who has previously led work-based learning initiatives and is currently the coordinator within Faculty for work-based learning initiatives. It is for these reasons that triangulation, and the use of critical readers, and research associates have been included in the design and the implementation of the project. The research associates were appointed as neutral to previous local projects and therefore were more objective at the analysis stages.
Appendix B.

Steering Group members:

Professor Robin Means – Chair

Lesley J. Moore – Principal investigator.

Sister Ellis-Jones – Stakeholder representative

Ms. C. Underhill – Research Associate 2005

Ms. E. Haycock – Research associate 2006

Dr. Jane Bridger – Research Associate 2007 - 2008
Appendix C.

Agreed perspectives of Pawson and Tilley’s framework to guide the design of the project.

CONTEXT

Learner - where are they coming from as an individual their working environment, their roles in the organisation.

Manager - organisation and government frameworks frameworks for learning and support in the organisation.

Mentor - organisational and learning opportunities.

MECHANISMS

Learner - support for learning access, funding.

Manager - funding streams and learning resource in the organisation.

Mentor - learning resources, funding to support the role, support frameworks.

OUTCOMES

Learner - impact of learning on practice, further needs – what and where next.

Manager - impact on organisation and integration value for money.

Mentor - their ability to support, impact on personal development and organisational change at a more local level.
Appendix D.

Example of individual WBL

A staff nurse had been concerned for some time about the management of paediatric pain. Staff had to deal with many children admitted to the minor injuries unit with fractures to the limbs. While the unit had X-Ray facilities, it did not have the Orthopaedic staff to treat the fractures. This meant that following diagnosis and initial stabilisation of the fracture the children were transferred to a District General Hospital (DGH), 27 miles away. Entonox and injections were the current means of pain management.

The focus for the work-based learning module was a situational analysis of pain assessment and management within the department. Throughout the process of working through her learning contract the staff nurse kept a reflective log. Internally, there was a review of a random selection of records to identify if pain assessment tools and results were documented, and the most common means for treating pain. A questionnaire for staff to identify beliefs, practices and learning needs was also circulated and results analysed. A literature search via IT means enabled the nurse to access current research and ideas for networking. Externally, the staff nurse networked locally and nationally which included:

- Contacted researchers at Great Ormond Street Hospital to learn more of pain assessment tools and alternative ways of managing pain.

- Visited the pain control sister at the local DGH to shadow and learn more of the audit of paediatric pain management for children undergoing surgical treatments, undertaken a few years previously.

- Introduced to the newly appointed Paediatric Pain Sister and through discussion learnt more about the use of nasal narcotics to relieve children’s pain. This paved the way for more local networking and was seen as a possible conduit for partnership working in the future.

- Contacted the local pharmacist to learn more about the nasal drugs and the cost/benefit analysis.

Evidence of the actions and learning were presented in a portfolio with a reflective account of her learning and an action plan for further development. As part of the action plan the Accident and Emergency Consultant at the nearest DGH was contacted to support the preparation of a protocol and appropriate training for staff of this advanced skill.
Appendix E.

Example of group, interdisciplinary WBL.

Focus of learning: a safer environment for patients admitted with a spinal injury.

Activities: Mapping the patients’ journey, spot and gap analysis of specific resources and manual handling knowledge and teaching, networking with specialist centre and national colleagues, exploring IT material, teaching, practical sessions on specific manual handling, presentations to colleagues, discussions with managers.

Outcomes: Change to Trust wide manual handling policy, teaching new manoeuvres and standards to staff, bidding for new resources, early referrals to OTs, safer handling of patients in X-Ray and ITU.
Appendix F

INTEGRATING WBL: AN EXAMPLE OF AN ALTERNATIVE ROUTE TO A BSc(Hons) CRITICAL CARE

Staff nurse B has worked part time on a Coronary care unit/cardiac ward for 1 year and has been qualified for 14 years. Her personal objective is to gain a BSc (Hons) and focus on developing her knowledge of nursing the cardiac person. In order to access level 3 modules her academic profile at level 2 needs developing. At the moment she has no plans to gain higher qualifications or alter her working hours due to family commitments.

At a recent appraisal with the senior sister the staff nurse identified a gap in her knowledge and skills of assessing the patient with acute coronary syndromes and understanding how the proposed management of the cardiac patient form admission to rehabilitation. She has been a mentor to pre-registration students for 5 years and within this development she would like to expand her skills in group work and action learning sets. It was agreed to advance her scope of practice to BSc level by developing the skills of:

- Specific knowledge and skills of assessing and managing cardiac patients.
- Project management.
- Time and resource management.
- Group mentorship skills through action learning.
- Applied research knowledge.
- Leadership

Priorities of development for the first year were agreed between the sister and the staff nurse. With support for undertaking the BSc, and a query whether to undertake a workbased learning (WBL) route or a mixture of taught and WBL modules (a blended approach) the staff nurse was advised to contact the programme leader.

Options were explored with the programme leader. The staff nurse was advised to undertake the level 2 portfolio module which would increase her credits and help her to evidence knowledge and skills and undertake a self assessment and plan a programme for level 3. Such components could help her to steer her development, the priority of which could alter each year. The priority for her BSc route would be determined by a balance of the needs for self development and those of the ward/organisation.
Staff nurse B. Focus- Critical Care. Learning contract – activities

**Taught**

Study days and course work

Applied Coronary Care Theory module

**Independent Study**

Investigation of applied research skills.

**EWBL**

Developing assessment skills of patients cardiac conditions

Internal and external review of policies and practices – Cardiology and the Older person to reflect the aging population, Shadowing Cardiac Physiologists and Specialist Nurses. Supervised practice. A&P Cardiovascular system. Review of recommended tools/models used in clinical practice.

**Dissertation**

Leadership project – a situational analysis management

Stage 1. Literature review of leadership and management of change, internal and external policies. Team meetings, presentations/actions review assess of acute coronary syndromes. Stage 2 – planning the change and evaluation of processes. Maintaining records. Reflective logs.

**EWBL**

Developing assessment skills of patients cardiac conditions

Distance learning or workshops. Further reading. Reviewing curricula. Shadowing an academic facilitator during WBL days. Supervised practice. Reflective logs

**EWBL**

Advanced mentoring through action learning sets

Distance learning or workshops on governance and evaluation methods. Further reading. Audit /review. In house dissemination processes.

**SEL**

**EASE**

**SS**

**ME**

**G&A**

**STI**

**NED**

**ASSESSMENT & MEETING ORGANISATIONAL NEEDS**
### Appendix G

<table>
<thead>
<tr>
<th>Personal development actions</th>
<th>Organisational</th>
<th>Identified learning needs</th>
<th>Team need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthen links between practice &amp; theory.</td>
<td>Involvement in a group.</td>
<td>Continue project</td>
<td>Further discussion</td>
</tr>
<tr>
<td>Apply learning to other areas of advanced practice</td>
<td>Strengthen links in partnership for providing placements</td>
<td>Further reading</td>
<td>Encouragement of others</td>
</tr>
<tr>
<td>Continue to make time for clinical supervision</td>
<td>Gather data from audits to inform future guidelines</td>
<td>Liaise with manager to agree future goals</td>
<td>Develop participation and psychological ownership</td>
</tr>
<tr>
<td>Read situations more realistically</td>
<td>Write a training and competency list</td>
<td>Take learning forward regarding change process</td>
<td>Move towards interdisciplinary working and manual handling training</td>
</tr>
<tr>
<td>Apply research knowledge</td>
<td>Write a protocol</td>
<td>Prioritise my own personal development</td>
<td>Encourage the development of writing skills within infection control</td>
</tr>
<tr>
<td>Monitor back injuries.</td>
<td>Produce further information to educate carers, students &amp; staff</td>
<td>Need to practice assessment techniques to be competent.</td>
<td></td>
</tr>
<tr>
<td>Move onto new projects</td>
<td>More emphasis on emergency preoperative situations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incorporate writing for publication into work plans</td>
<td>Standardisation of training to ensure quality of care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Set an annual objective to publish.</td>
<td>To continue to have notes audited</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue to use mentor</td>
<td>Gain feedback from referrals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explore educational opportunities for students to develop writing skills.</td>
<td>Introduce change</td>
<td></td>
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<tr>
<td></td>
<td>Explore educational opportunities for students to develop writing skills.</td>
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</tbody>
</table>
Appendix H

IT resources/learning objects shared during the project:

• **Intute search engine** –
  International interdisciplinary and uni-professional learning objects.
  www.intute.ac.uk/healthandlifesciences/nursing/

• **Institute of Health Improvement for Health and Social Care** –
  change management tools.
  www.institute.nhs.uk

• **Health Protection Agency** –
  legal aspects and scenarios.
  www.hpa.org.uk/ehealth

• **Critical Appraisal Skills Programme (CASP)** –
  critique frameworks.
  www.phru.nhs.uk/Pages/PHD/CASP.htm

• **Care Services Improvement Partnership (CSIP)** –
  examples of good practice to improve the quality of life for people of all ages.
  www.nimhe.csip.org.uk/

• **National Institute for Clinical Excellence (NICE)** –
  advice regarding treatments. QALY’s.
  www.nice.org.uk

• **Contact, Help, Advice and Information Networks (CHAIN)** –
  international network – health improvement.
  chain.ulce.ac.uk/chain/

• **Learning Through Work (LtW)** –
  generic learning objects, self assessment and learning tools. Commercial partnership with HE.
  www.learningthroughwork.org.uk

• **Skills for Health** –
  competencies, self assessment tools, evaluation framework.
  www.skillsforhealth.org.uk