

## Start a community of practice through Action Learning: the nurse manager to support the changing health care practices

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### Abstract

This paper is part of the trend of studies defined as *workplace studies* which have the intent to focus the relationship between learning processes, communities of practice and organisational change processes. The field of intervention is the health field, in relation to nurse manager roles with particular attention to problem solving and communication skills among Operating Unit (OU) managers and repercussions on working practices. The study/intervention is triggered by some key questions emerging from the organisational requirements in health care contexts, such as: how to reshape coordination roles that are traditionally centred on executive management towards a proactive function that is motivating for the nursing team? How is it possible to promote a community of practice between managers, consolidating the sense of company belonging? How to design a managerial role such as nurse manager suitable for an organisation based on processes and not just tasks?

The answers to these questions involve two plans of action; one of a training and advisory nature, the second centred on the logic of research.

**Keywords:** Action Learning, Community of practice, Workplace Learning, Nursing Management.

### The reference framework

Many studies in the context of *workplace learning* (Eraut, 2004; Engeström, 2004; Rainbird, 2004; Gherardi, 2006) highlight how the most effective organisational learning processes are closely related to the practices implemented in the working context, and to the cultural artefacts produced. For the purposes of our study/intervention, we focus on three aspects that emerge in *workplace learning*: a) the first point highlights how learning in work contexts transitions through processes of problem solving, reflecting on experience and active construction of one's own thoughts (Revans, 1983; Schön, 1993; Rossi, 2001).

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Therefore, to encourage changes in working practices, a training proposal requires close proximity to the issues faced by workers, as well as awareness of the cultural and technical-professional instruments aimed at solving problems and change (Edmondson, 2007; Marsick, 2007; Engeström, Sannino, 2010); *b*) the second thematised factor for promoting *on-the-job* learning is represented by its social dimension (Bandura, 1977). Many studies carried out in the last three decades confirm the significance of society as a triggering factor for learning (Lotz-Sisitka, 2012). In this regard, the distinctions made by Eraut (2007) between formal and informal learning are important. These distinctions highlight how the social dimension passes through various communicative codes and relational settings, including informal ones; *c*) a third question brings to light the pathway to a community of practice triggered by a shared reflection on experience that reinforces a habitus of role which serves as the basis for the establishment of a community of practice. Wenger also considers central the formulation of a common language and the shared idea of a collective enterprise (Wenger, 1998, 2006).

These conceptual premises that form the backdrop of the research system fall within the specific context of health care work.

The first consideration to be made examines the transformations that have occurred in recent years in health care contexts, in particular in hospitals. Work organisation in the last five years in Italy has undergone significant streamlining given the general crisis that has affected every sector.

In the face of a cost reduction, the production of services has seen a notable increase in personalisation and differentiation, through increasingly complex and technologically advanced services. This innovation consists of in the clinical, organisational and technological contexts as well as in the expectations and needs of citizens that are progressively attentive to the quality of the services offered.

In 2002 Cicchetti already indicated that knowledge is the key element of the hospital's ability to meet its mission of contributing to the wellbeing and health of the population, hence the search for integration between the necessity for correctness and respect for the intervention protocol and the necessary discretion that every professional must implement as part of each care process. As indicated by P. Benner (Benner, 1992) excellent skill is not given by simply performing a procedure but from full awareness of the meaning of the protocol as part of that specific care relationship, implementing any necessary changes that are appropriate for the context.

Training is the liaison between organisation and change, but on the condition that it is in continuous dialogue with the individuals involved, and located in work contexts (Bonometti, Maioli, 2008).

In light of this transformation, which every hospital organisation has scheduled, the Foundation in question has identified a vision for its nursing department aimed at overcoming pure sequential execution in favour of a continuous dialogue to promote professionalism and the quality of the service. Nurse managers have been requested to update their functions according to a logic of transformational leadership (Bass, 1995), by becoming a guide for the team and assuming an attitude based on the joint search for solutions to problems.

The study-intervention has been structured over two levels: the first focused on the issues present in the nursing teams of the various Operating Units involved and on the leadership function of the nurse manager. At this level, the main objective for nurse managers was to gain an awareness of their own mode of managing work groups and to articulate a change/learning strategy in teamwork practices.

The second level, observed in terms of research, aimed to capture the processes of progressive integration between managers, their willingness to share experience and skills, build a common language, and develop the sense of a community of practice. The research team, forming the basis of these references, has formulated the objective of understanding whether the creation of shared meanings and the consolidation of the professional identity into a group of nurse managers within the same organisation may give rise to a community of practice and an increase in organisational integration. Specifically, two levels of intervention have been identified to trigger the change and launch of the community of practice: a) promotion of a shared language and categories for work analysis via cognitive-cultural artefacts through which to read the working reality; b) the consolidation of a new professional vision that also transforms and reinforces the role identity from the perspective of a more managerial and less executive coordination function.

The work presented below intends to contribute to providing an answer to the three organisational questions posed at the beginning through a study-intervention in a Hospital Foundation in Central-Southern Italy, aimed at understanding the learning processes in the work place and transforming the individual practices into a community of nurse managers.

The study-intervention commenced in the spring of 2015, involving 15 nurse managers from different Operating Units, who entered a deep process of organisational change, both from a cultural and operational point of view.

### **The training intervention plan: from analysing the problem to learning skills**

Going into the specifics of the first part, the pre-selected reference model for the training and consultancy intervention refers to the methodology of

Action Learning (Cecchinato, Nicolini, 2005; O'Neil, Marsick, 2007) and Problem Based Learning. Some elements common to the two models are the centrality of the value of the context, meaning a system of interconnected activities, the centrality of the relationships formed in the workplace, the value of the “problem” as a trigger from which to start the learning and change progress, and the non-linear configuration of the training/learning itinerary that will develop.

The first phase was launched by directly involving health and nursing management in order to develop a shared *learning agreement* between management and coordinators, concerning the operational impacts to be attained at the end of the course, by maintaining high commitment among the actors involved. Here a dimension of forecasting comes into play in relation to the final goals and their organisational impacts which cause the actors involved to assume responsibility and, even more important from an educational point of view, to assume a proactive, leading role. In other words, the co-construction of the training trajectory that is not predetermined in advance by an external design (Rivoltella, 2014; Rossi, 2011).

In this phase, managers started to reflect on their leadership style through self-assessment systems and with the use of a logbook in which they reported what they saw in the ward through real data (observable behaviours and activities). After finishing taking notes in their diaries, participants were asked to express a personal reflection in relation to the situations observed and to report what they actually thought about the ward. The group of managers revised and shared this survey, displaying the questions considered important graphically, through visual mind mapping.

Starting from the revision presented and shared in the group, the managers then met in subgroups for similar problematic areas. Beginning with these areas, each expressed a reflection that was shared with the other members of the group, in relation to their operating unit and to aspects of leadership considered central to exercising their role. Or rather, certain behaviours, activities or processes identified as critical were thematised in relation to the manager's leadership action in order to define an improvement in their managerial skills for solving the issues that emerged. The learning pathway of each manager was thus progressively constructed through their own training trajectory, taking its cue from reflecting on the experience and identifying improvement actions that required new skills and new practices.

The structure of the improvement actions were formulated with the aid of a logical schema based on Project Work, bringing to light: a) general purposes of the PW; b) analysis of the context and needs; c) general objective and sub-objectives of the intervention; d) articulation of the intervention to be carried out in the work context; e) verification and assessment methods.

Each nurse manager produced a PW in which he/she indicated the strategic and leadership skills to be learned through identifying the activities to implement in the Operating Units (point *d*).

At the end of the meetings between the managers, before actually launching implementation, the individual PWs were discussed and shared with the nursing and health management with the purpose of promoting organisational changes undertaken by the various managerial roles.

### **The research plan: understanding the launch of the community of practice**

From a research point of view, the study team monitored whether or not there was actually a positive correlation between the development of the dimensions named “shared repertoires of practices” (*maps, diaries, leadership skills and P.W*), “social participation” (*cooperative work*) and “communal enterprise” (*objective sharing in the individual and the group*) and the increase in the perception of feeling like a community of practice.

In particular, in light of the reflections proposed by Wenger (2006) on communities of practice and the subsequent reworking by Fabbri (2007) and Alessandrini (2007) the goal was set to observe whether or not the progressive consolidation of *shared repertoires of practices*, (for example using mind maps to analyse problems, using diaries for observation, revising the micro-changes in the O.U. with the use of project work), a *good degree of social interaction* (through a focus on communication flows) and the *sharing of objectives*, either organisational or personal, would lead to the consolidation of the sense of belonging to a homogenous community among nurse managers in the same hospital.

The research pathway put certain methodological activators in place to observe their validity, studying the impacts implemented by participants.

The first dynamic observed was activated with the introduction of work instruments, such as mind maps, diagrams for structuring problem solving, and diaries for recording daily activities. Allowing all participants to understand and internalise these work instruments progressively reinforced a shared methodological perspective for analysing the activities, processes and critical events. The impact observed evidenced the reinforcement of organisational micro-analysis skills and, in particular, shared professional language and categories. It was also noted that an attitude of seeking and resolving problems was consolidated, giving a greater role identity and organisational belonging to the nurse manager.

The second activator was given by the creation of work groups, used to both tackle problems and resolve them. Hence we observed manager’s willingness to play the role of “critical friend”, who, by virtue of a relationship based

on trust, mutual respect and competence, was permitted to express his/her opinion, even when contrary, in relation to the matter under consideration. This is a relationship space granted only to those who are bound by an *agreement*. Critical friends, given their closeness, their competence and, at the same time, their distance (they are from another O.U) are given the possibility to have a function that facilitates focusing on certain steps, may ask for clarifications and comparisons, refer to monitoring, and enable hospital workers to have another point of view. It goes without saying that such a relationship is consolidated in different ways between all the components of the community, highlighting a priority between elective affinities and similar skill areas.

Furthermore, this role encouraged a new attitude in relation to the commitment to seek solutions to problems, even those not related to their own Operating Unit. This particular dynamic shed light on a cooperative and non-competitive dimension, a focus on not only the needs of one's own O.U or method of leading the team, but a focus on an overview in relation to a global and cultural change. The managers underscored this change of perspective, considering it mutually beneficial while dealing with the individual matters through an overview. As a consequence, this change has evidenced that in a context with no shortage of resources the cooperative approach is beneficial for both the group and the individual members.

The third dimension observed stems from the methodological device of Action Learning which is meant to on the systemic dynamic of the organisation. In light of the methodological process of AL, the group of managers showed openness to other O.Us' problems and issues in relation to organisational governance. This emerged when, in order to solve problems related to their own O.U, managers also took into consideration the situations of the other O.Us and general governance strategies. Furthermore, the vision of intervention was increasingly characterised by a longer time frame, surpassing a single emergency logic, but implementing a perspective of objectives and priorities.

Therefore, the development of a community of practice requires a consistent organisational system, in the absence of which every effort would be in vain.

## Conclusions

In light of the direction of such studies, it is possible to outline certain considerations by going back to the questions posed at the start of the study/intervention. The first significant finding of the study shows how on-the-job training activates non-linear trajectories that do not conform to the design given, but that are connected with the actual context. On-site training is an

effective method as it gives meaning to the effort of learning, with the purpose of responding to authentic problems in an innovative way. The organisational impact of the training, even if only in one's own *workplace*, is an important *driver* for motivation; hence, the necessity for courses that are not only flexible, but also guided and co-created by the participants themselves, who can identify trajectories that are not necessarily pre-ordered.

A second consideration examines the sense of belonging to the community of practice, considering it essential to share a model for analysing reality. The participants in the community expressed a sense of belonging when they defined categories to interpret reality together, therefore also sharing the language and a constructive communication method.

The third standpoint is given by the centrality of an organisational vision, since an agreement over the short, medium and long term facilitates adherence to a common enterprise, by making participants feel useful to the cause, and see their own contribution since an important factor for the organisation.

Finally, the most delicate factor, that is the *agreement* with the management indeed, without this contribution of focus and expectation, the project immediately loses scope and impact. If motivation from the top management is lacking, the individuals take refuge in their field and do not invest in the change and in training. The study, in fact, has shed light on how this dimension is a necessary factor, although not sufficient for the success of the project.

### **Bibliografia di riferimento**

- Alastra V., Kaneklin C., Scaratti G. (2012). *La formazione situata. Repertori di pratica*. Milano: FrancoAngeli.
- Alessandrini G., a cura di (2007). *Comunità di pratica e società della conoscenza*. Milano: Carocci.
- Bandura A. (1977). *Social Learning Theory*. New York: General Learning Press.
- Bass B.M., (1995). Theory of transformational leadership redux. *Leadership Quarterly*, 6: pp. 463-478. doi:10.1016/1048-9843(95)90021-7.
- Benner P., Tanner C. & Chelsa C. (1992). From beginner to expert: Gaining a differential clinical world in critical nursing. *Advances in Nursing Science*, 14 3. doi.org/10.1097/00012272-199203000-00005.
- Bonometti S. (2013). *Lavorando s'impura. Riflessioni didattiche sulla formazione esperienziale*. Bari-Rovato: Pensa Multimedia. DOI: 10.3280/ERP2012-002007
- Bonometti S. (2012). Apprendere nel gruppo di lavoro. *Educational Reflective Practices*, 2: 127-142.
- Bonometti S., Maioli S. (2008). *La formazione nel contesto organizzativo sanitario*. In: Maioli S., Mostarda M.P., a cura di. *La gestione della formazione nelle organizzazioni sanitarie*. Milano: McGraw-Hill.

- Brizioli E., Trabucchi M. (2014). *L'ospedale e l'anziano non autosufficiente*. In: Id, a cura di, *Il cittadino non autosufficiente e l'ospedale*. Ravenna: Maggioli.
- Cecchinato F., Nicolini D. (2005). *Action learning. Metodi e strumenti per lo sviluppo manageriale basato sull'azione*. Milano: IISole24ore.
- Cicchetti A. (2002). *L'organizzazione dell'ospedale. Fra tradizione e strategie per il futuro*. Milano: Vita e Pensiero.
- Engeström Y., Sannino A. (2010). Studies of expansive learning: Foundations, findings and future challenges. *Educational Research Review*, 5: 1-24. doi.org/10.1016/j.edurev.2009.12.002
- Engeström Y., Virkkunen J., Helle M., Pihlaja J., Poikela R. (1996). The Change laboratory as a tool for transforming work. *Lifelong Learning in Europe*, 1(2), 10-17.
- Eraut M. (2004). The practice of reflection. *Learning in Health and Social Care*, 3, 2, 47-52. DOI: 10.1111/j.1473-6861.2004.00066.x
- Fabrizi L. (2007). *Comunità di pratiche e apprendimento riflessivo*. Roma: Carocci.
- Gherardi S. (2006). *Organizational Knowledge: The Texture of Workplace Learning*. Malden: Blackwell Publishing.
- Lotz-Sisitka, H.B. (Ed.) (2012). *(Re) Views on Social Learning Literature: A monograph for social learning researchers in natural resources management and environmental education*. Grahamstown / Howick: Environmental Learning Research Centre, Rhodes University / EEASA / SADC REEP.
- Marsick V.J., O'Neil J. (2007). *Understanding Action Learning*. NY: AMA Innovations in Adult Learning.
- Quaglino G.P., Casagrande S., Castellano A. (1992). *Gruppo di lavoro, lavoro di gruppo*. Milano: Raffaello Cortina.
- Rainbird H., Fuller A., Munro A. eds. (2004). *Workplace Learning in Context*. London: Routledge.
- Revans R. (1983). *L'ABC dell'“imparare facendo*. Torino: Ispes Edizioni.
- Rivoltella P.C. (2014). *La previsione. Neuroscienze, apprendimento, didattica*. Brescia: La Scuola.
- Rossi P.G. (2011). *Didattica enattiva. Complessità, teoria dell'azione, professionalità docente*. Milano: FrancoAngeli.
- Schön D. (1993). *Il professionista riflessivo. per una nuova epistemologia della pratica professionale*. Bari: Dedalo Edizioni.
- Yorks L., O'Neil J., Marsick V. (2005). *Action learning: basi teoriche e modalità applicative*. In: Cecchinato F., Nicolini D. a cura di. *Action Learning. Metodi e strumenti per lo sviluppo manageriale basato sull'azione*. Milano: Il Sole 24 Ore.
- Wenger E. (2006). *Comunità di pratiche. Apprendimento, significato e identità*. Roma: Cortina.