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Learning organisations: the challenge of finding a safe space in a climate of accountability

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Abstract

The effects of health policy reforms over a twenty-five year period have changed the NHS as a place in which to work and learn. Some of these changes have had unintentional consequences for learning in the workplace.

A recent King's Fund contribution to quality improvement debates included an extensive review of NHS policies encouraging change 'from within' the NHS and renewed calls to develop learning organisations there.

I draw upon an action research project designed to develop learning organisations in primary care to locate quality improvement debates amid the realities of practice. The project identified key challenges primary care practices encountered to protect time and space for this form of work based learning, even when they recognized the need for it and wanted to engage in it.

Implications for policy makers, primary care practices and health professional educationalists are identified.

Keywords: Work based learning, learning organisations, policy, accountability

Introduction

There are renewed calls to develop learning organisations within the National Service (NHS) as a means of improving service to patients. Learning organisations form part of a broad strategy focused upon quality improvement proposed by the King's Fund

(Ham et al: 2016). Underpinning the strategy is a new approach to enabling change in the NHS, which places greater emphasis upon ‘change from within’. The case for this approach was carefully evidenced by the King’s Fund in their extensive analysis of over two decades of health policies in which they concluded:

“NHS reform has relied too much on external stimuli such as targets and performance management, inspection and regulation and competition and choice, and too little on bringing improvement ‘from within’” (Ham: 2014).

Government policies have also come under critique from doctors working in the NHS. For example, the recent industrial action of junior doctors drew attention to some of the contemporary challenges of providing care:

“Hospitals are now full of incredibly sick and frail patients who simply would not have been alive 20, perhaps even 10 years ago. That means the lives of junior doctors are very different to what they were in previous generations. The doctors’ feel run ragged and undervalued. A similar theme has emerged in general practice where many GPs feel they can no longer provide adequate care (for) their patients” (Triggle: 2016).

Learning organisations are an established method for supporting inquiry based learning and facilitating change in diverse contexts (Senge:1990 and 2006, Elliot:1991). Theoretically the approach is sound and the characteristics of health care learning organisations are evidence based (Rushmer et al:2004a).

In this paper I argue that health policy reforms have had unintended consequences which make it difficult to engage in the learning and development activities necessary

to become a learning organisation. If an approach to ‘change from within’ on a system wide basis is to be successful, these challenges need to be acknowledged, understood and addressed. Evidence for this argument is drawn from an action research and development study to develop multi-professional learning organisations in primary care practices in East Anglia. The study, which I directed, took place between 2009 - 2012. It illuminates how everyday working realities within primary care have reshaped the relationship between service provision and learning in the workplace.

Recruitment and retention of primary care practices was challenging from the outset of the project. Despite funding from the ‘Eastern Deanery’ to support practices participate, out of a total practice population of approximately 347 practices only seven committed to taking part in the study. Practices cited a lack of time as the main obstacle to participation. The deanery was keen to continue with a small number of practices to learn how to best support practices develop as learning organisations. Of these seven only four completed the project.

Why was recruitment and retention to this project so challenging?

There were four key constraints.

Lack of time

Practices tended to talk about the busy-ness of primary care in terms of a lack of time. Heavy clinical and administrative workloads were making it difficult for GPs and others in the primary care team to engage in learning and development activities. This was experienced in a variety of ways. One GP said:

“There is no energy in the system.”

This primary care team hoped that involvement with developing, as a learning organisation would give:

“permission to get some headspace (to engage in) development work”.

The pressure to deliver patient facing service created an escalating tension with engaging in learning and development. The capacity to take time away from clinical work was severely reduced. It was also difficult for practice teams to sustain established learning activities, as one receptionist described:

The doctors used to provide twenty minutes at lunch- time to explain (to receptionists) what the blood tests meant or what you do in ENT. That worked quite well but it fell by the wayside because doctors (had to work additional hours to catch up with their clinical work).

Lack of time to engage in ‘learning, training or development’ appeared to create frustration. This was described as a feeling of ‘being stuck’ or not improving service in ways primary care teams felt capable of.

Relevance

As finding time for development became more difficult, greater emphasis was attributed to the relevance, utility and accessibility of learning provision for practices. The distinctiveness of practice needs and their priorities formed a key part of discussion with the action research facilitator. For example:

“I don’t think (general courses) are much good to us. But if it is tailored to our practice and you get us talking about our issues, our problems, it works.” (Senior Receptionist)

The importance of relevance also had a values dimension, as another receptionist described:

Lots of courses are tailored to customer service but we (receptionists) are not customer service really. Our skill is pointing people in the right direction in a kind and pleasant way.” (Senior Receptionist).

Customer service held connotations of ‘business ‘and commerce. This appears to have sat uneasily with a long-standing value within participating practices of public service.

In addition to problems of finding time to develop, practices were encountering difficulty in developing in ways that aligned not only to the changing demands of the NHS but also changing in ways that accommodated their organisational values and identity.

Working in a climate of accountability

From an early stage the action research facilitator found access to practices could be uncertain. Agreed meetings were subject to last minute re-scheduling or cancellation.

The action research team had not anticipated the significantly high demands practices faced from NHS regulatory bodies. These took many forms, such as requirements to produce information. The annual report from practices evidencing attainment on a range of targets related to the ‘Quality Outcomes Framework (QOF), was particularly onerous and cited among a range of reasons for dropping out of the project. This report is consequential as the income of practices depends upon performance.

External demands appeared to be high stakes as well as high volume. These demands would relate to either performance targets or other accountability obligations.

One of the action researcher facilitator field notes recorded:

“(People) seem to respond to every demand as if it was a crisis.”

The dual pressures of responding to clinical demands and performance information requirements had significantly reduced time for engagement in learning and development. It also appeared to have consequences for the kind of learning environments that practices had become. This was illustrated in the communication-focused projects of the completing practices.

Communication

The participating practices chose to focus on communication as their challenge to address. This focus emerged from self –assessment questionnaires administered at intervals during the study. Across practices scores were low in the following categories: *working in a safe environment, sharing information and learning and time for reflection*.

These conditions characterize a learning organisation and underpin the values necessary to be a learning organisation. (Senge:2006 , Rushmere et al: 2004b 2004c, 2006 and Kline: 1998)

It seemed that time pressures, which had limited practice engagement in development, were also constraining communication with implications for the kind of learning environment the working environment was becoming.

Addressing this the action research study established ‘improving communication projects’ whose aim was to create opportunities for discussion and group problem solving.

Reflections

The busy-ness of general practice has critically reduced any residual capacity within

primary care teams to engage in learning and development activities, even when they recognise the need for it and want to engage in it. There are two aspects to the busyness, providing a service to patients and responding to external demands for performance reporting. Both of these appear to have increased significantly to the point that there is an acute and escalating tension between clinical and administrative service requirements and engagement in learning and development.

Under pressures created by accountability requirements, practices emphasised that work based learning needed to address their needs, their priorities and the practicalities of their context. There appeared little time or appetite for additional work unless it benefited practices in a direct way.

It is of fundamental importance that communication was a key issue for practices. With this focus they were addressing perceived erosion in; respect for individuals, trust and safe spaces to learn. As discussions about the reporting of practice projects revealed, there was concern that data relating to what is happening in a practice might be of interest to, and perhaps accessible to, those who externally are responsible for performance management. In a climate of accountability the assumption of inspection appeared to be keenly felt.

This represents a challenge for academic and health professional education providers supporting work based learning. The challenge includes: the need for a sharp focus on workplace needs, realistic expectations about how to support and pace learning activities in a stretched and often stressed work environment, and sensitivity about how practice learning is reported and assessed. Learning requires a safe space.

Conclusions

If we are to develop learning organisations as a means of creating ‘change from within’ then policies that take seriously lessons from the past about how to bring about change, are needed.

Change from within, from an educational perspective, is about an approach to learning that values and empowers people to improve their clinical and organisational working practices. Participating practices raised issues of values, culture, organisational identities and a forbidding range of service related demands.

To maximize potential for success in this endeavour an educational strategy that is appropriately resourced and targeted at learning in clinical settings is urgently needed.

The NHS continues to change as a place in which to work and learn. Supporting evidence based learning and innovation in ways that are responsive to emerging contexts of practice is a critical educational need. The argument of this paper is that this might be seen as exceptionally challenging given the current climate of accountability. More optimistically, addressing this challenge involves work based learning initiatives that incorporate safe ways in which to encourage reflection on the inhibiting effects of this climate, This should press medical and health professional educationalists to develop ways of supporting work based learning that creates open, safe, high trust and low risk learning environments.

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