

# Working = Learning

A complexity approach to workplace learning  
within residential care for older people



Miranda Snoeren



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VRIJE UNIVERSITEIT

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Maria Wilhelmina Cornelia Snoeren  
geboren te Udenhout

promotor: prof.dr. T.A. Abma  
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A good traveler has no fixed plans  
and is not intent upon arriving.

A good artist lets his intuition  
lead him wherever it wants.

A good scientist has freed himself of concepts  
and keeps his mind open to what is.

Tao Te Ching, no 27 (translation by S. Mitchell)



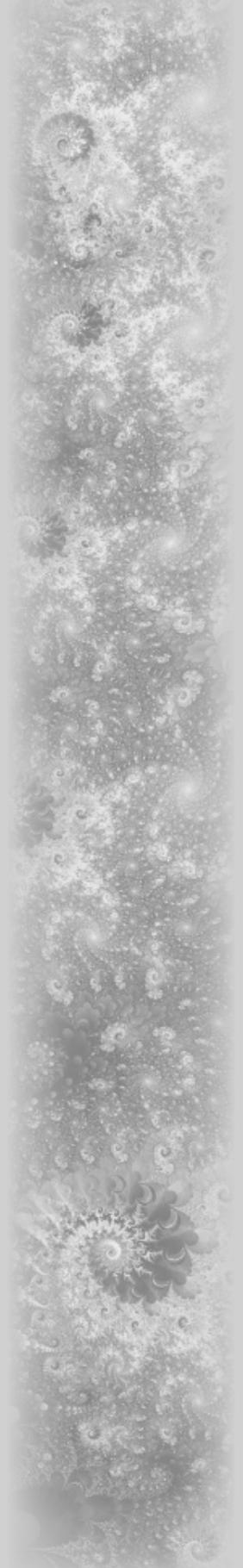
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# Chapter 1

General introduction





## Challenges within the residential care for older people

Like other countries, the Netherlands faces multiple challenges with respect to the care for older people. Due to changes in national policy, recent years have seen a reduction in the number of older people moving to and living in Dutch nursing and residential care homes. Those who are resident, however, include increasing numbers of frail older people living with multiple health conditions (Actiz, 2012; Hamers, 2011; RVZ, 2012). Consequently, care needs are changing within the context of residential care for older people and care demands are more complex.

There is also a call within health care delivery for a movement away from a traditional and medically oriented approach towards one in which more emphasis is placed on the autonomy, choice and self-determination of the individual older person (Abma, Bruijn, Kardol, Schols & Widdershoven, 2012; Baur, 2012; Chapin, 2010). Care personnel are expected to value and recognise the older person as an individual and care itself should be directed towards wellbeing and quality of life. Knowledge of the person, consciousness of the other's convictions, values and experience, being able to build mutual trust and understanding and maximise choice and autonomy have become increasingly important competencies for care staff within this field (Chapin, 2010; Jones, 2011; Kitwood, 1997; McCormack & McCance, 2010; Nolan, Davies, Brown, Keady & Nolan, 2004; van Zadelhoff, Verbeek, Widdershoven, van Rossum & Abma, 2011). Furthermore, the increasing pressure to be transparent about the quality of care to service users, insurers, and government requires practitioners to justify their actions based on the latest scientific findings and to be active in the implementation of new knowledge and insights (Hamers, 2011).

These growing demands concerning the content and quality of residential care for older people are however difficult to meet due to financial restraints and regulatory and organisational issues. The current funding system within the Netherlands, based on classifications of different types of residents and corresponding hours of and prices for service delivery, is often considered to be barely adequate (Abma, 2010; Schols, 2011). While costs continue to rise and collective resources are insufficient to meet the demand, the potential for further financial cuts and associated reductions in care remains real (RVZ, 2012). As well, systems intended to increase the quality of care have become dominated by performance-based instruments for measurement and control. They increase bureaucracy and have become ends in themselves putting pressure on health care organisations and care personnel, even though these norms and standards do not communicate anything about human to human relationships and person-centred care (Abma, 2010; Geelen, 2014).

In addition, despite the shift in policy and expectations nursing and residential care homes are often characterised as traditional and hierarchical, regulated by rules limiting innovation, change, and person-centred care (Chapin, 2010; Koren, 2010; van Waarde, 2007). The work force is dominated by less educated care personnel who act mainly on tradition, routine and personal experiences (Hamers, 2005), while there is undervaluation of the qualifications needed to address the increasing intensity and complexity of care (Hamers, 2011). Furthermore, the workload is high, care personnel experience little time for residents (Douwes, Van den Heuvel & Sonneveld, 2008), and the work environment is not considered as attractive (Bakker, Coppoolse & ten Have, 2012; Berntsen & Bjørk, 2010; Nolan et al., 2004). Retaining and attracting sufficient qualified staff is tricky, while competences of current staff members, generally health care assistants and vocationally trained nurses (>98%) (Prismant, 2009), may be inadequate to meet care needs of the older people (Hamers, 2011; Kim, Harrington & Greene, 2009).

As a result of these issues, the residential care for older people is under pressure within the Netherlands and gets a lot of social criticism (RVZ, 2012). Every hazardous incident is highlighted within the media, and the quality of care for older people is the focus of many public and political debates. There is a growing awareness that fundamental changes are necessary if the increasingly complex care needs of older people within residential care are to be met in professional and person-centred ways. Besides a more appropriate government policy and funding system, new shared cultural values and new knowledge, skills and ways of working within care organisations are needed to adequately meet these challenges (Corazzini et al., 2014; McCormack et al., 2009; Moles, 2006; Tyler & Parker, 2011).

To realise this learning, innovation and research should be facilitated and promoted within nursing and residential care homes (Hamers, 2011; Manley, McCormack & Wilson, 2008). According to Hamers (2011) the focus here should be on increasing the quality of nursing staff. Besides giving more attention and emphasis to care for older people in curricula, continuous professional development of practitioners is necessary. Manley et al. (2008) promote practice development as a systematic and continuous process of developing person-centred cultures based on various forms of evidence: scientific research, professional knowledge and expertise, the knowledge and preferences of the resident, and the knowledge present in the local context. It is argued that learning from current practices and stakeholders' experiences is central within practice development (Clarke & Wilson, 2008). Such learning at and from work has the potential to transform the context and to benefit professional and personal growth (Clarke & Wilson, 2008; Manley, Titchen & Hardy, 2009).

In line with this, the research reported in this thesis looks deeply at learning in the workplace in order to facilitate adequate responses to current challenges in

the residential care for older people. It describes the nature of learning and addresses how learning and professional development can be promoted and researched in the context of care for older people. This first chapter provides background information concerning learning at, through and for work and explains the chosen methodology.

## **Learning at, through and for work**

In the past two decades, there is an increasing tendency to see the context of work as important for learning both within and outside health care. Theories of learning within the context of work have evolved enormously (Hager, 2011) as learning at work has diverse advantages. It reduces costs compared to regular forms of training, is more flexible and tends to be 'just in time' (van der Klink, 2011). It also reflects the organisational dynamics and contributes to the transfer of that which is learned into daily work situations (Clarke, 2006; Garavan, O'Donnell, McGuire & Watson, 2007; Gould, Drey & Berridge, 2007; Woodall, 2000). As such, learning at work may prevent falling back into old behaviour and routines and makes it easier to adapt to the rapidly changing environment (Nijhof & Nieuwenhuis, 2008). Furthermore, learning at and from work can encourage personal growth, innovation and practice development (Manley et al., 2009; Williams, 2010). Consequently, the research into and literature on learning in workplaces and organisations is abundant and muddled.

## **General beliefs and assumptions regarding learning**

There are many different concepts and approaches to learning within organisations, like organisational learning (Argyris & Schön, 1978), learning organisations (Senge, 1990), work based learning (Manley et al., 2009; Realin, 2000), workplace learning (Billett, 1996), situated learning (Lave & Wenger, 1991), informal learning (Eraut, 2004; Marsick & Watkins, 1990), and expansive learning (Engeström, 2001). Also, there are more specific forms of learning described and explained for encouraging and organising the integration of working and learning, such as communities of practices (Bindels, Cox, Widdershoven, van Schayck & Abma, 2014; Wenger, 1998) and learning networks (Poell, Chivers, Van Der Krogt & Wildemeersch, 2000). A clear classification of such perspectives and approaches is hard to make as all are influenced by different and multiple theories and disciplines, such as cognitive psychology, (adult) learning theories, (human resource) management, organisational studies and socio-cultural theories, and thus have different foci. Nevertheless, some authors have put effort into analysing and categorising the diversity of workplace research literature in a certain way

(Fenwick, 2008a; Hager, 2011; Manley et al., 2009; Tynjälä, 2008, 2013; Williams, 2010), providing insights into common assumptions and general characteristics of learning during, from and at work.

First, workplace learning does not take place through formal education or training, but is situated within the working or organisational context in which learners (novice and experienced employees, students, managers, others) participate. Learning is thus dependent on the individuals' emotions, intuitive or tacit understanding and personal knowledge as well as socially and contextually informed and based on natural and often unexpected opportunities in real work situations (Tynjälä, 2013). It takes place by doing the job itself, by interacting and working with others, by experiencing and dealing with challenges, and by reflecting and evaluating work experiences (Berings, 2007; Eraut, 2004; Manley et al., 2009; Tynjälä, 2013).

Second, learning within the context of work can take different forms or modes (Tynjälä, 2008). It is often implicit, informal and incidental, but explicit, formal, and intentional forms of learning also occur and are needed (Eraut, 2004; Marsick & Watkins, 1990; Tynjälä, 2013). Self-directed learning and taking responsibility for one's own learning is therefore often valued (Knowles, 1975; Manley et al., 2009; Williams, 2010), and reflection is generally seen as important or even as a core process (Høyrup, 2004; Tynjälä, 2008, 2013; Williams, 2010). By reflecting on (spontaneously gained) experiences and integrating tacit or practical gained knowledge with other forms of knowledge, like propositional or conceptual knowledge, experiences become meaningful and individuals' frameworks of knowledge alter. Deeper insights are gained, leading subsequently to new actions and thus new experiences (Kolb, 1984; Schön, 1983).

Third, learning in and through work is not just an individual endeavour, but is also a social and collective process whereby knowledge is explicated, shared and co-constructed (e.g. Billett, 2006; Dixon, 1996; Fenwick, 2008a; Nonaka & Takeuchi, 1995). As such, workplace learning is multi-levelled and can be analysed on, for example, the individual, group, community, organisational and even inter-organisational level (Tynjälä, 2008, 2013).

And finally, the effectiveness of workplace learning depends on the characteristics, (learning) skills and motivation of the learner as well as the context of learning (Billett, 2004; Manley et al., 2009; Tynjälä, 2008, 2013). Promoting invitational qualities or affordances of the workplace (Billett, 2004), such as challenging and varied work activities, appropriated guidance, feedback and support, a permissive and safe atmosphere, and supportive infrastructures and possibilities for interpersonal interactions (Billett, 2002; Blokhuis, 2006; Manley et al., 2009) will enlarge the learning potential of the workplace (Nijhof & Nieuwenhuis, 2008) and is therefore considered as crucial.

## Emerging perspectives and future directions

These general assumptions and characteristics of learning at work, which are mainly based on cognitive, social-constructivist and socio-cultural insights into learning, form a common ideology. Nevertheless, differences exist and general beliefs concerning learning are increasingly challenged, indicating that the field is in motion. For example, there seems to be consensus that learning is an individual as well as a collective process taking place on multiple levels of learning. The conceptualization of the nature of the relationship between the individual, collective and the wider context however differs (Fenwick, 2008a; Hager, 2011). The dominant or taken-for-granted view in literature concerns that of the individual who learns and moves within the context, presenting the collective as a set of conditions for learning or as an outcome of learning (Fenwick, 2008a). Yet, some authors (e.g. Billett, 2006; Cunliffe, 2008; Fenwick, 2006; Hodkinson, Biesta & James, 2008; Küpers, 2008) argue that through such a view individual and social or cultural learning are approached separately and that learning is presented as primarily cognitive in nature thereby failing to explain the complexity of learning in organisations. These authors advocate a more holistic, embodied and embedded view of learning. Another point of critique is the limited attention in the body of literature for (1) power relations and politics, (2) the relation between knowledge creation and identity, agency and innovation in the workplace, and (3) the influence of learning taking place outside the workplace (Fenwick, 2008a, 2008b; Fuller & Unwin, 2011; Hodkinson et al., 2008; Sawchuk, 2011). Furthermore, it is argued that definitions and assumptions of learning are seldom explicated in the literature, hindering a cross-disciplinary dialogue concerning learning at work and thus the refinement and enrichment of learning approaches and perspectives (Fenwick, 2008a; Hodkinson & Macleod, 2010; Niessen, Vermunt, Abma, Widdershoven & van der Vleuten, 2004).

Following these emerging perspectives and critiques it is argued that researchers should engage in the on-going debate about the nature of learning and how learning at work can and should be conceptualised (Hodkinson & Macleod, 2010) and facilitated or guided in the actual workplace (Billett & Choy, 2013; Manley et al., 2009). Researchers need to engage closely with people within their daily practices to enhance and expand understandings into what people actually do and think in everyday work activity, and why, how and what they learn through and at their work (Fenwick, 2008b; Fuller & Unwin, 2011). In-depth research is necessary into the micro-relations among and between people and the levels of learning to explore how knowledge actually emerges and practices evolve and change (Fenwick, 2008a), and what consequences and outcomes there are for individuals, teams and organisations (Manley et al., 2009). Besides giving voice to the workers' perspectives (Fuller & Unwin, 2011), this requires the development

and use of more sophisticated research methods that can help illuminate the learning that unfolds in everyday work and that access knowledge that is implicit and embedded in working activities and interactions (Billett & Choy, 2013; Fenwick, 2008b; Fuller & Unwin, 2011).

## Research objective and question

To facilitate adequate responses to current challenges in the residential care for older people and to contribute to existing insights and the on-going debate concerning learning at work, this study aims to gain deeper insights into how workplace learning<sup>1</sup> can be conceptualised (conceptual objective), researched (methodological objective), and promoted (practical objective) within the residential care for older people.

The general question that is central in this thesis is:

What is the nature of workplace learning within the context of the care for older people and how can an in-depth emic understanding of learning be generated in a way that is also beneficial to generating learning itself?

## Context of the study

The research took place in a health care organisation providing residential care for older people in The Netherlands from January 2007 till December 2013. During the study three care innovation units (CIUs) were established within the organisation in association with initially two and later four faculties of nursing, in which qualified care personnel collaborate intensively with a large group of students (Niessen & Cox, 2011). Hoping to encourage staff to not act solely on tradition and instruction, the management aimed to combine care, education, innovation and research in the units with the object of increasing the quality of care for residents and developing a challenging workplace for team members (i.e. all nursing and care staff on the unit, whether qualified or still students).

The first unit was set up in 2007. As it was situated in an old building, this unit was demolished two years later. In 2009 two new CIUs were initiated in new buildings and these units are still operational. Each unit has particular

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<sup>1</sup> There are multiple terms used in literature which refer to learning at, through and for work. As I want to emphasise learning taking place in everyday work activities in the actual workplace (in this case within some units in the residential care for older people), preference is given to the use of the word workplace learning in this thesis. Nevertheless, sometimes other terms are used as synonyms.

characteristics as they offer places for residents with different care needs. The nursing care in the units is multifaceted and clinical activities are varied and variable. In table 1 details of each unit are given.

Table 1 Characteristics of the CIUs

Operational period	CIU	Number of involved faculties	Residents	Average number of	
				Staff members	Students (per half acad.year)
<b>September 2007 – April 2009</b>	Willow:	2	22	12	15
	Places for residents with chronic or rehabilitation care needs.			(9 FTE)	(11 FTE)
<b>From March 2009</b>	Rose:	4	22	25	20
	Places for residents with age related mental health conditions. They live temporarily on the unit for observation, rehabilitation or during crisis.			(16 FTE)	(15 FTE)
<b>From March 2009</b>	Maple:	4	34	39	23
	Places for residents with complex, chronic and/or intensive support needs, including palliative care.			(24 FTE)	(16 FTE)

In the units ward assistants, qualified health care assistants and nurses are employed, working under the supervision of a nurse manager. The majority is qualified as enrolled or diploma level registered nurse. Each qualified nurse is a mentor for one to three students. The mentors guide the students in planning and evaluating their learning process. Each unit accepts multiple students simultaneously on clinical placements, which for most students take half an academic year. The students study at different educational institutions for various qualifications: health care assistant, enrolled or registered nurse at both diploma and degree level. Students are in different years of their training and work during all common shifts. Like qualified staff, students are considered as members of the nursing team responsible for the daily care.

Each nursing team works together with an activities coordinator, some volunteers, a gerontologist and several allied health care professionals. Other stakeholders are a student co-ordinator, a lecturer practitioner in each unit, and nurse teachers. The student co-ordinator is employed by the organisation and coordinates the students' placements by assigning them to the units and liaising with the involved faculties. The lecturer practitioner (also called practice developer) is a nurse who has a background in education and research and works both in the unit (2-3 days per week) and in an affiliated higher education institute (Carnwell, Baker, Bellis & Murray, 2007; Frost & Snoeren, 2010). She collaborates intensively with students and staff, encourages dialogue and democratic processes, helps the team to develop their own knowledge and skills and advances practice

development (Manley et al., 2008). From the other participating (vocational) schools a nurse teacher visits the care facility once a week as a link tutor (Carnwell et al., 2007). The nurse teacher advises students in their learning and mediates between student and mentor when necessary.

## **My own role and position**

When the CIU project started, I worked as a lecturer at a higher education institute. From this position, I was seconded to the care organisation as a consultant to support and research the initiation and development of the CIUs. I was already familiar with the care facility as well as with another collaborating faculty, where I had worked as a student co-ordinator and nurse teacher respectively, for several years. I saw this position as my chance to integrate nursing, education and research while applying what I had learned during my years in practice, my study in Nursing Science and a practice development school I had recently followed.

From January 2007 I worked two days a week in the organisation to facilitate processes in the units by helping the teams develop their own knowledge and skills in working towards a transformation of the culture and context of care. Within the first unit, with the fictitious name Willow, I took on the role of the lecturer practitioner. I collaborated intensively with students and staff. I initiated and facilitated small projects aimed at improving the daily care and supported team members in working and learning in the unit. In 2009, when it was decided to create two new CIUs, a junior lecturer practitioner was appointed to each of the new units. Both were employed by the care organisation. I mentored and coached them in their further development as lecturer practitioners, supported the care innovation units in the areas of innovation and research, and initiated multiple (action) research projects and bottom-up improvements. When the (junior) lecturer practitioners became more proficient, my involvement decreased in intensity and frequency and finally I left the organisation in July 2011. Both lecturer practitioners continued the work independently and were supportive in gathering data until the end of 2013.

## **Methodology**

To realise the CIUs aims, participatory action research (PAR) was chosen as a strategy for both the improvement of practice situations in the CIUs and the encouragement of workplace learning. PAR is a participatory and democratic inquiry process concerning practical issues and purposes that has an emancipatory function (Carr & Kemmis, 1986; Fals-Borda & Rahman, 1991; Heron & Reason,

1997; Mertens, 2009). The intent is research with, for and by people to rediscover more equitable power balances in an educative manner, whereby the capabilities of participants can increase and the improvement of practice is integrated with the development of (scientific) knowledge (Reason, 2006; Reason & Bradbury, 2001). The process follows cycles of problem orientating, planning, action and evaluation (Kemmis & McTaggart, 1988; Lewin, 1946; Waterman, Tillen, Dickson & de Koning, 2001). Due to this cyclical character (see figure 1), the research process cannot be planned in detail in advance and is emergent (Reason & Bradbury, 2001). Thematic concerns and concrete methods and techniques are determined during the research process in consultation with those involved.

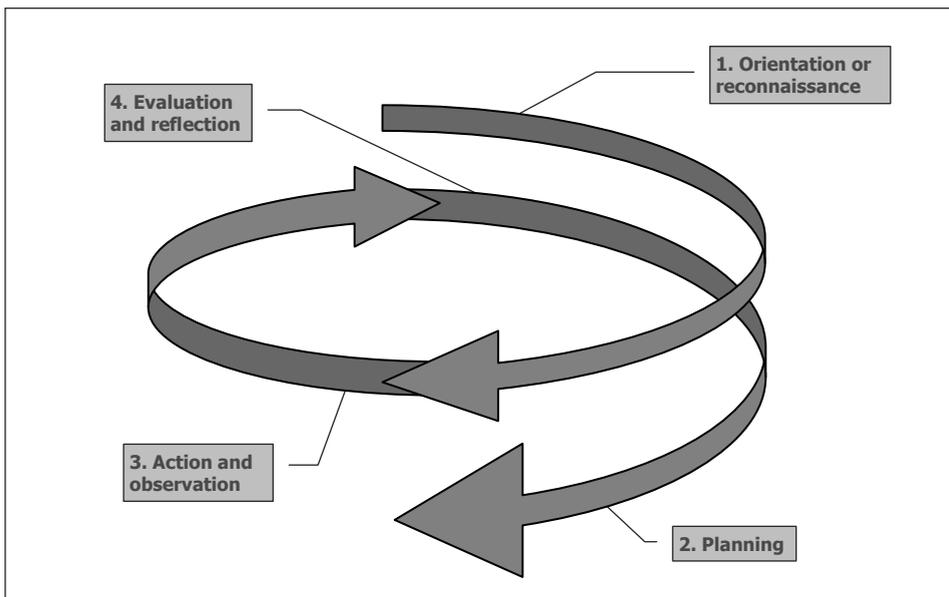


Figure 1 Phases of an action research cycle

As practitioners participate as actively as possible in the research process in the role of co-researchers, and share experiences in a dynamic process of action, reflection and collective research (Heron & Reason, 1997; Reason & Bradbury, 2001), such an approach fits the general assumptions and characteristics of learning at and through work based on cognitive, social-constructivist and socio-cultural insights into learning. PAR is in line with my values concerning the equality of human beings and my notion that activities should contribute to the learning and development of those involved in them (Guba & Lincoln, 2005; Heron, 1996; Mertens, 2009). Furthermore, within PAR the researcher is involved in the research process and does not have an independent stance (Heron & Reason, 1997;

Waterman et al., 2001), which corresponded with my close engagement within the CIUs.

Within the CIUs different PAR processes were initiated in order to achieve the CIUs aims. These were for example focused on the improvement of daily activities for older people (Rose), family participation (Rose and Maple), and residents handover (Maple). To realise the research aim and to answer the question central in this thesis, additional research was done from a naturalistic inquiry paradigm. Naturalistic inquiry is based on the assumption that there are multiple interpretations of reality. It takes place in the natural setting or particular context in which the researcher places him or herself in order to understand a phenomenon from the participants' perspectives (Lincoln & Guba, 1985). Data gathered within research cycles about that specific thematic concern and what and how practitioners learned while engaged in such processes were used. Also supplementary data that transcended the action cycles were collected on several occasions using multiple qualitative methods. Considering the multilevel nature of learning (Tynjälä, 2008, 2013), these data were gathered and analysed on five different individual and collective levels of learning (figure 2).

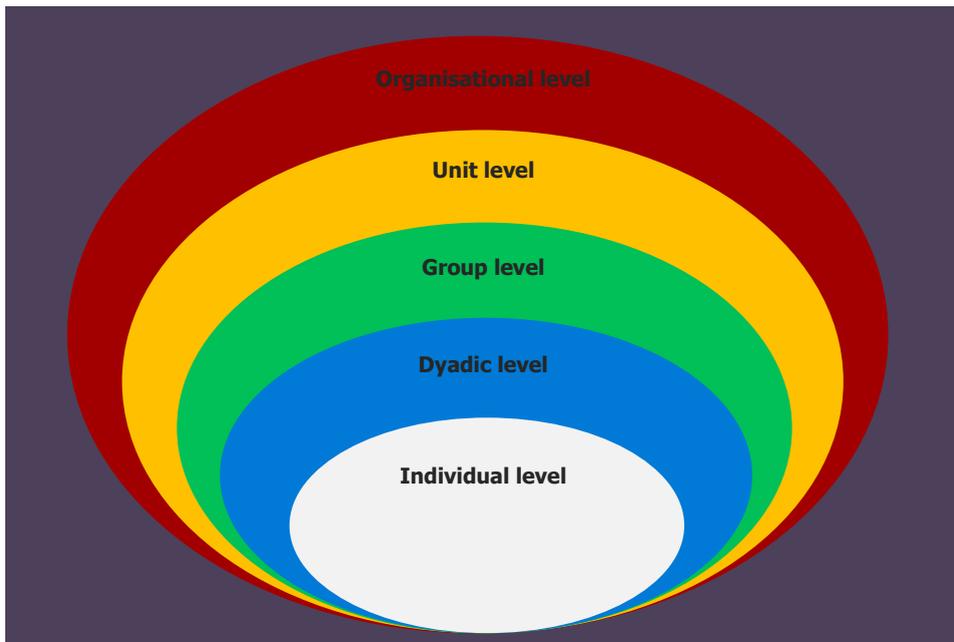


Figure 2 Levels of learning

Some of these findings are presented in this thesis as intrinsic case studies (Abma & Stake, 2014; Stake, 2003), (co-constructed) auto-ethnographic studies (Ellis, Adams & Bochner, 2010) and a secondary analysis of a focus group study

(Kamberelis & Dimitriadis, 2005). These studies were chosen for their learning potential (Abma & Stake, 2001; Stake, 2003) revealing crucial aspects of the research question as seen from an insider perspective on a certain level:

- The individual level concerning the relationship with self as a researcher and facilitator
- The dyadic level concerning the mentoring relationship between a junior lecturer practitioner and myself
- The group level concerning the learning of an action research group
- The unit level concerning the learning of the nursing team taking place within the unit
- The organisational level concerning the learning potential of the unit as experienced by students

## Outline of the thesis

The next chapters in this thesis discuss the learning taking place on the diverse levels. Each chapter focuses on one particular level, the specific scale of attention (Hodkinson, 2004), although the influence of other levels of learning are also recognisable in each chapter.

In chapter 2 my own learning as an action researcher is central. The chapter focusses on my engagement within the first conducted CIU called Willow. In this auto-ethnography my struggle to maintain self in the situation is highlighted. Lessons that can be learned from my experiences are explained.

Chapter 3 depicts the dyadic level and illustrates the growth of the mentoring relationship between myself and a junior lecturer practitioner who works in the CIU Rose. The nature of the relationship and how we learned from each other by facilitating (action research) processes is described from both perspectives and in detail, in a co-constructed auto-ethnography, giving insights into micro-processes that nurture mutual learning.

Chapters 4 and 5 elucidate an action research cycle that took place within the CIU Rose. The action research cycle concerns the improvement of participation of older people with dementia in daily occupational and leisure activities. Central to chapter 4 is the learning of the action research group that was responsible for initiating, coordinating and monitoring the research process on CIU Rose. Their perspective of the action research process and what and how they learned from the project is illustrated. In chapter 5 the perspective of the nursing team (staff and students) is presented. This case study exemplifies how learning and change processes unfolded and how, simultaneous to the improvement of the older people's involvement in daily activities, a cultural transformation took place and the care became more person-centred.

The organisational level of learning is discussed in chapter 6. The learning environments of the CIUs Rose and Maple are examined from the perspectives of students to deepen understandings concerning the conditions that facilitate workplace learning.

Finally, in chapter 7 the diverse individual and collective levels of learning are brought into relation with each other to answer the research question. Based on the research findings the concept of workplace learning is described as well as how learning within residential care for older people could be advanced and researched. Inspiration and suggestions for practice and further research are also given.

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# Chapter 2

## Engagement enacted: Essentials of initiating an action research project

*Individual level of learning*

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## **Abstract**

Engagement is seen as an important characteristic of action research. The term is often used to refer to the participation and involvement of the research participants. Within this article we take another angle and explore the concept of engagement in relation to the main action researcher. Using an auto-ethnographic approach, we illustrate that the involvement and ‘closeness’ of the researcher, although necessary within action research, can also have a darker side as people have the tendency to get trapped in their own beliefs and prejudices. If not mindful enough of their own involvement and way of being within the context, the researcher can lose him or herself in the situation and is no longer able to encourage or facilitate the participation of others. We give suggestions for realising productive engagement as a (participatory) researcher using concepts such as mindfulness and mindsight.

## Introduction

Building relationships and engaging with others is crucial within action research. The researcher is challenged to keep a balance between distance and proximity, to approach situations open-mindedly and to value and see clearly the beliefs and values of oneself and those of others. Such attentiveness is also needed to cope adequately with internal struggles and organisational and political pressures and differences.

Essential and obvious as this seems within this kind of research, the difficulties researchers encounter in building relationships, encouraging engagement between stakeholders and being involved are rarely highlighted in the literature. Particularly little has been written about the (pre-)initial stages of action research (McArdle, 2002). As these first steps can influence the further research process (McArdle, 2002; Wicks & Reason, 2009), stories and experiences about these stages are needed (McArdle, 2002).

This article focuses on the experiences of the first author during the pre-initiating phase of an action research project in a care facility for elderly people. As Wicks and Reason (2009) refer to this phase as ‘opening up the communicative space’, difficulties encountered in encouraging open communication, participation and engagement will be highlighted. These experiences will illustrate the need for learning and practicing mindfulness to be able to facilitate the process adequately and have a pedagogical value particularly for those new to action research.

## Theoretical background

The variety of traditions and approaches in action research are huge as is the degree of participation of those involved in it. In line with Heron & Reason’s (1997) participatory worldview, we believe that human beings are ‘part of the whole’ and consider individuals as ‘embodied experiencing subjects among other subjects’, giving meaning to their world through participating in it with others. Participation, therefore, is not just a cognitive phenomenon, but an embodied endeavour leading to experiential knowing as a foundation for learning and action. Furthermore, we value equality of human beings as well as the notion that activities should contribute to the development of those involved in them, including the action researcher him or herself (Guba & Lincoln, 2005; Heron, 1996; Mertens, 2009). The diversity of meanings, knowledge and abilities should be appreciated and people should have the opportunity to influence processes and transform their environments. This requires a rebalancing of power. Therefore, like many other researchers (e.g. Carr & Kemmis, 1986; Fals-Borda & Rahman, 1991; Heron &

Reason, 1997; Mertens, 2009), we view action research as an essentially participative and democratic process that also contributes to the empowerment of people.

Ideally, stakeholders participate as actively as possible in the entire research process as co-researchers. Or, as Reason and Bradbury (2001) put it: “Action Research is only possible *with, for and by* persons and communities, ideally involving all stakeholders both in the questioning and sense making that informs the research, *and* in the action which is its focus” (p.2.). If we wish to promote participation and engagement we should establish open, trustworthy and reciprocal relationships. This requires the formation of ‘communicative space’ (Wicks & Reason, 2009), which follows three phases. The (1) inclusion phase starts at the very first contact and concerns membership. The aim is to challenge and support people to contribute, and to clarify the inquiry task and the meaning of the inquiry. Power issues and differences regarding procedures and processes can arise and are discussed during the (2) control phase. This requires a safe climate in which participants feel free to express and explore differences. When issues around power and influence are negotiated successfully, relationships can grow and become more flexible and tolerant during the (3) intimacy phase. Participants will find their own identity in harmony with the identities of other participants, which enables the group to carry out its task effectively.

While the phases described by Wicks and Reason (2009) explain the process of creating communicative space, we believe it is the quality of the dialogue, and how it is initiated and developed during this process, that makes the difference. As new and shared understandings are generated by examining values, assumptions and ways of thinking, we agree with others (Abma et al., 2001; Maurer & Githens, 2010; Schwandt, 2001) that dialogue is a medium for reflection, (mutual) learning, and democratisation. This may lead to problem solving, decision-making and (organisational) change (Maurer & Githens, 2010), but contributes also to the emergence of a sense of self as participants discover their own identities (Abma et al., 2001). Ethically we place high importance on the involvement of all stakeholders; preventing exclusion, giving voice to marginal groups, encouraging equality, and rebalancing power (Abma, 2001; Widdershoven, 2001). Furthermore, involvement in decision-making about the research topic will encourage engagement and ownership as the topic will be important for participants (Abma, 2001; Abma, Nierse & Widdershoven, 2009; Lavie-Ajayi, Holmes & Jones, 2007).

Facilitating dialogue, participation and engagement can be quite an arduous task as is also shown by Jacobs (2010). Practical problems, such as time constraints (Chenoweth & Kilstoff, 2002; Mead, 2002) and challenges from the organisational context and politics (Baur, Abma & Widdershoven, 2010) can arise. Particularly difficult seems to be promoting bottom-up processes in top-down organisations like health care organisations, which are typically characterised by top down

structures, bureaucratic control and hierarchical working orders (Chenoweth & Kilstoff, 2002; Jacobs, 2006). An unsupportive organisational culture and little support from management can also hinder participation and engagement; a flattened organisational structure and supportive management can be accommodating (Chenoweth & Kilstoff, 2002; Khresheh & Barclay, 2007). Generally, issues of power and control arise not only in relation to differences in access to (financial) resources, but also when attempts are made to put into practice the aim of empowerment (Jacobs, 2006; Lavie-Ajayi et al., 2007). Potential results are resistance to change and feelings of discomfort (Khresheh & Barclay, 2007; Lavie-Ajayi et al., 2007).

In this article we will expand on some of the tensions that emerged as we were trying to open up the communicative space. These tensions may arise when researchers deal with their own and others' values and are related to researchers' abilities to establish relationships, monitor their own thoughts and reactions and to deal with political dynamics. Insight into these tensions can help researchers to reflect upon their own practices in order to learn and clarify the need for a mindful practice. First, we will explain the background of the research setting and the methodology we have used. Secondly, we present our findings in the form of short stories and reflections on them.

## Methodology

### Research setting

The action research project was designed to be conducted in a new ward, a so-called Care Innovation Unit (CIU), in a care facility for elderly people in the Netherlands. In the CIU, which was established by the care facility in collaboration with two schools of nursing, health care providers collaborate intensively with a large group of students to combine care, education, innovation and research (Frost & Snoeren, 2010). The goal was to develop a challenging workplace for practitioners and improve the quality of care using principles of practice development, which Manley, McCormack, and Wilson (2008) define as "a continuous process of developing person-centred cultures" (p.9). As the organisational structure traditionally had been more hierarchical, through the development of a CIU the management hoped to encourage practitioners not to act solely on tradition and instruction.

The first author, a lecturer at one of the faculties of nursing involved in the CIU project, was hired as a consultant for two days a week to facilitate this process by helping the team to develop their own knowledge and skills and to work towards transformation of the culture and context of care. She was used to working in a

non-hierarchical organisation in which learning and innovation are highly valued and hoped to operate as a free change agent in the formal structured health care facility. Since action research is known to be well suited to practice development and encourage participation, change and improvement (Manley et al., 2008), the first author set up an action research project. Having read the literature and shared ideas with colleagues involved in action research, she had built up a range of ideals. These would be useful, she thought, once the ward was in operation.

Before the ward opened in September 2007 the first author, hereafter referred to as the (initiating) action researcher, arranged a meeting with the executives and managers involved to promote commitment and partnership between the collaborating organisations. Ideas were shared to clarify the concept of a CIU and to explore the role of the stakeholders in establishing the CIU. Despite differing interests, the participants showed willingness to work together, strong enthusiasm and high expectations.

From the beginning, the action researcher had to work together with the nurse manager, a person regarded highly by the senior management and with a hierarchical position over the practitioners on the ward. Together with the student co-ordinator within the care facility and a nurse teacher from the second nursing faculty, the nurse manager and researcher had to become a team that could effectively support the staff members and the students in working and learning on the ward.

This supporting team also planned how and when to start up the unit. Qualified staff members were selected to join the team and eight half day meetings were organised with the twelve nurses and healthcare assistants to lay the groundwork for becoming a team. During the meetings, which were facilitated by the researcher, there was time for sharing ideas, critical dialogue and reflection. All parties evaluated the meetings as useful and it seemed as if there was a shared understanding about the goals to achieve and how to work together.

The first months after the CIU had opened were very chaotic. Twenty-two residents, fifteen students and the twelve nurses and healthcare assistants came together. The trained staff members were responsible for both supervising the residents and coaching the students, a combination that was new to most of them. After everyone had settled into the new unit, the situation kept changing because of a variety of circumstances. For example, the group of students changed every six months when their placement ended, some staff members left and the care needs of residents altered frequently. The research setting was very dynamic.

## Data collection and analysis

To present the researcher's experiences in setting up the action research project we used an auto-ethnographic approach; an autobiographical genre of writing and research that connects the personal with the cultural to look more deeply at self-other interactions (Ellis & Bochner, 2003; Reed-Danahay, 1997).

During the first six months of the CIU project, the researcher kept daily reflective notes about her experiences. These notes served as field notes for constructing a chronological and detailed story as close as possible to the experiences as the researcher remembered them. This chronological story was shared with four other researchers from different backgrounds, each with expertise in action or qualitative research. One of them was familiar with the research setting, another had also faced difficulties in setting up an action research project.

The peer researchers were asked to express their feelings on reading the story to judge its validity, which means to ascertain if the reader feels that the experience is authentic, believable and possible (Ellis, 1995). In addition, beliefs about crucial events and issues were shared in (one-to-one) dialogues helping the initiating researcher to develop a deeper understanding of the story and to identify key aspects and dynamics (themes). These events and issues were restructured in two short stories, each highlighting one or more identified themes. Reliability was examined by asking the peer researchers to give feedback on these stories. Also, the student-coordinator was asked to give her comments and interpretation of the stories to check their recognisability and representativeness from an insider perspective. Based on this feedback some small changes were made in the wording of the text and the degree of detail.

During the process of writing and (re)constructing the stories, the researcher engaged in reflection on her experiences, which resulted in increased awareness of her own and others' values and the influence of ideologies. In addition to the writing process, dialogue with others and the use of theory facilitated 'moving in and moving out to analyse the data from a cultural perspective' (Ellis & Bochner, 2003) and to alternate between narrative and categorical knowledge in giving meaning to the experiences.

Although we are aware of the role of influencing structures and systems in the research context, our analyses are mainly focused on individual acting and interactions with others to emphasise the impact of and the individual responsibility for relationships. In the next section lived experiences and insights are presented in detail providing opportunities for the reader to have vicarious experience (Stake, 1994) and to test the generalisability of the findings by determining whether they are in line with their own practices.

## Findings

We present two narratives that were selected for their ‘learning potential’ with regard to the research question (Abma & Stake, 2001): Which incidents have been pivotal in establishing the action research project and how were participants dealing with these incidents? Each narrative is followed by a reflection on how the researcher handled the incidents and dealt with internal and political dynamics.

### **A normatively laden care practice: conflicting values**

As explained earlier the first seemingly successful steps in opening up the communicative space were taken before the ward was actually established. However, soon after the CIU had started an incongruence between espoused values and theories-in-use (Argyris & Schön, 1974) became visible and frictions arose between the researcher and the nurse manager (box 1).

When we analyse this situation, it becomes clear that the nurse manager as well as the researcher were trying to define their roles and positions on the ward, a situation that is similar to Wicks and Reason’s (2009) explanations of the inclusion phase. Moreover, they valued different things and had different perceptions of how knowledge is gained. The researcher promoted dynamics, heterogeneity and inclusion of all stakeholders, whereas the manager valued stability, homogeneity and exclusion of those who were not part of the regular team; the latter three being characteristics of a closed culture (Hofstede & Hofstede, 2005). As is customary in the top down structures, bureaucratic control and hierarchy that are common in health care organisations (Jacobs, 2006), the nurse manager saw instruction and formal authority as the obvious ways to gain knowledge and insights. Where the manager supported autocracy and top down decision-making, the researcher promoted bottom-up approaches to encourage equality, partnership and democracy as well as the use of dialogue as a vehicle for knowledge production and shared understandings. In this she differed fundamentally from the nurse manager, who focused on ‘doing’ and ‘acting’ in practice, whereas the researcher valued theoretical insights, learning and change.

Differences in values, interests and power are common and can be enriching when recognised and acknowledged by explicating and discussing them with stakeholders (Brown, Bammer, Batliwala & Kunreuther, 2003; Lavie-Ajayi et al., 2007; Mead, 2002). In this situation, however, there was no genuine dialogue and the incongruence between espoused values and theories-in-use (Argyris & Schön, 1974) were not explicated. The researcher and the manager were trying to persuade each other of the superiority of their own value and belief system. They were not really prepared to explore each other’s perspectives. They did not

communicate openly and did not explore the differences and similarities between their views. By adhering to their own values, they triggered mutual stereotypical perceptions of each other. Although differences can be valuable for learning and collaboration, in this situation they created suspicion, distrust and resistance to change; bottlenecks also described by other action researchers (Brown et al., 2003; Lavie-Ajayi et al., 2007).

#### Box 1 Determining positions

Three weeks after the CIU had started, the nurse manager decided to organise a meeting for qualified staff members only. Dissatisfaction among team members had grown and she wanted to give staff members the chance to air their concerns. The manager told me she did not want to have me there as the subject of the meeting would only be 'practical things'. I felt left out and had a strong feeling that I was not taken seriously by her. Furthermore, I did not agree with the exclusion of the students. In my opinion the meeting provided an opportunity to share different perspectives on situations, which could help all concerned to improve their working together as a team.

Apparently, we thought differently about my role and position on the ward and valued participation differently. I decided to use every opportunity to share my beliefs about these topics and did so during a meeting with the supporting team (consisting of the nurse manager, nurse teacher, student co-ordinator and myself) that same day. The nurse manager had decided she was too busy to join, but came in unexpectedly after half an hour. She told us that things were tense on the ward and that the different cultures of the team members, who came from different work settings, did not mix well. I had the feeling that she was taking control of the supporting team meeting without asking what was on the agenda. She focused on her own concerns and solutions. For example, the manager was not happy with how and when the daily evaluation took place and felt that the hand-over was not necessary. She wanted to change that. I had the feeling she was pushing her ideas without first asking others what they thought should be done, confirming my view that we had different ideas about decision-making and the involvement of others in these processes.

Later during that same meeting I explained my idea about working on the ward and observing situations to discuss them with the team, so that they could decide what they wanted to improve. The nurse manager said that I should not tell the team members that I was observing, because this would scare them off. For me this was ethically unacceptable. I told her it was essential for me to tell the team members what I was doing and why, which provoked a reaction I had not expected. The nurse manager said that although I asked team members how they were doing, I did not do anything with that information when things were busy on the ward. She told me that she expected me to do bed-side work to help reduce the workload and increase the number of nursing hours that could be delivered.

I responded in all honesty that I felt I was an outsider and that I was not sure about my role. I explained I was looking for possibilities to build effective relationships and to co-operate with her and the team. She did not respond but repeated that I should deliver care. I saw no opening for further discussion and had the strong impression that I was expected to work on the ward to meet the goals of the nurse manager.

As a result of her strong individual (instead of joint) engagement, emotional involvement and perhaps lack of outside support, the researcher got lost in the situation and forgot to take an ‘attitude of inquiry’ (Marshall & Reason, 2007). She was unable to step back to reflect upon the situation and as a result unable to respond effectively to events. Based on her values, her theoretical ideas and the prevailing culture and habits in her own workplace, she kept using the same strategies to try and change the situation. These strategies, focusing on spoken communication (like convincing by arguments and showing one’s own vulnerability), did not match with the values of the nurse manager and the pragmatic and hierarchical culture of the CIU. Since the manager and other team members preferred not to talk but instead engaging in hands-on work and mimicking each others behaviour (role modelling), the researcher was not successful. In fact, she became inflexible and paid little attention to what the nurse manager and team members felt was important. She underestimated how important “simply” working on the ward was in building relationships and the development of her role in this context, where people place high value on practical skills and where finishing nursing tasks before a certain time is considered of prime importance. Hence, ideals were not translated to the present context, but were glorified in an absolute way.

The nurse manager reacted in accordance with her values by using her power to lay down the law. She gave instructions and directions to clarify her expectations of the researcher. The situation continued. Paradigm differences were not bridged and similarities were not used constructively to encourage relational empowerment (van der Plaats, 1999). Instead of encouraging open, trustworthy and reciprocal relationships, a breeding ground had been created for mutual misunderstandings, feelings of insecurity and power issues.

### **Temporarily crystallised enactment**

Although the relationship with the nurse manager was anything but perfect, the researcher tried to set up the action research process anyway. She kept promoting her beliefs and ideas about how to start an action research project. As a result she captured the attention of the student-coordinator and the nurse teacher and managed, temporarily, to take some steps forward (box 2).

The experiences described in box 2 illustrate how the difficulties that had arisen earlier had a lasting undesirable impact, or, in the words of Wicks and Reason (2009), “unfinished business may trip up the process at later stages” (p.254). We believe that the difficulty in escaping the reified character of the situation is rooted in the crystallisation of enactment. The situation described depicts a ‘slice of working life’ that is frozen (crystallised) for uses of reflection. To enact a situation in situ (spontaneously, physically, experientially and

afterwards -more indirectly- cognitively) is like being thrown into an environment that already has meaning given the history inscribed in it. Those involved act in accordance with that meaning and at the same time are influencing it by their participation.

#### Box 2 Reconnaissance phase

In December the nurse manager fell ill and was absent from the ward for two weeks and for another four weeks in January, which made me feel less insecure. I managed to reach consensus with the team about observing activities on the ward. These activities started after the nurse manager had returned and given her permission. She had little option as all those involved were enthusiastic. She also agreed to schedule two meetings with all team members to share feedback. It was a busy time for me. I observed situations on the ward and supported the nursing teacher and student co-ordinator in doing so. I analysed the written observations, checked those with the other observers and prepared the meetings with team members. I enjoyed the collaboration and felt more connected to team members. This was what my role should be. I was enthusiastic and full of energy again.

However, as soon as the nurse manager returned from her second period of absence, I felt unhappy again. I did not feel appreciated and valued for the work I had done, especially because the nurse manager had not actually scheduled the feedback meetings with the team. She said she had simply forgotten to do so. She was laconic and said that I could talk to the team members who would be on the ward that afternoon. This meant I could only speak with two staff members and three students at the most. In the end, we agreed that I would give feedback on the observations on three different afternoon meetings with the team members present on the ward. It was not ideal, but postponing the meetings for a couple of months was even less so.

The meetings themselves were great. I used creative and active work forms to support team members in expressing their beliefs about topics from the observations. We discussed different themes where improvement was needed and team members prioritised them.

The nurse manager, who had promised to attend all meetings, did not show up at any of them. She sought no information at all about the workplace analyses. I told her I did not feel supported and that her presence was important to reinforce the value placed on change and innovation; she responded that she trusted me to facilitate these processes and that her presence was not required.

The team members, on the other hand, evaluated the meetings as useful and were motivated to continue to participate. I felt we had made a really good start towards reaching consensus about what we wanted to improve first and in forming small groups of team members to make action plans for specific themes. We agreed to do this at the next monthly staff meeting.

However, for almost six months meetings were either not scheduled or were cancelled for different reasons. I felt very frustrated. In my opinion the nurse manager was not showing any willingness to engage in action research, although she explained she had limited possibilities to create the necessary resources. Since the team members generally deferred to the manager, were used to receiving instructions from her and valued her opinion, their interest in the process we had started decreased. By the time of the next meeting, other things were given higher priority for discussion and the motivation for improving the identified themes had evaporated. The momentum was lost.

When we reflect on the particular slice of life (the temporarily crystallised enactment) in the CIU, the researcher was trapped in a configuration that consisted of multiple heterogeneous elements (Niessen, Abma, Widdershoven, van der Vleuten & Akkerman, 2008). This configuration included real physical constraints (such as the limited time available for the research and the absences of the manager), but also the researcher's mental images (her ideals and self-image) and those of the health care providers (hands-on mentality). The developed pattern is neither purely physical nor purely mental, but a combination of the two. It is a way of dealing and coping with the issue at hand that is inscribed in flesh, mind and context. These patterns or configurations stretch the boundaries of the mental into the entire brain/body system (Niessen et al., 2008; Varela, Thompson & Rosch, 1991), since we are enacting beings grounded in experiential and bodily knowing (Heron & Reason, 1997). We can see this in the researcher's emotions and feelings of frustration; physical expressions of her values which she feels are under attack. There was no movement, no dynamics until the nurse manager was physically absent. Then the researcher experienced space to interact creatively with her environment.

Since this entrapment within a configuration is the result of a habitual (mindless) handling of the situation, grounded in and influenced by all the elements mentioned, it seems inevitable, according to Varela (1999), that participants slip into another enactment, or 'microworld', when elements change or disappear. This explains why the researcher had more (communicative) space (literally and mentally) when the manager was absent. The different configuration made it possible to enact another space. It also explains how, on the manager's return, the previously performed micro-world 'jumped in', since all the previous elements fell into place once again. Although she might have been able to partially recognise what was happening in a cognitive way, the researcher was unable to develop a new, more creative response. She was trapped in a micro-world that was inscribed in her and others to be triggered again by the nurse manager's re-appearance.

Not getting trapped in old patterns and encouraging movement requires a certain awareness and sensitivity of the researcher to identify configurations. This seems especially difficult for novice researchers, like the researcher in this situation, who initially develop their ideas and ideals of research on the basis of propositional knowledge and role taking (through role modelling). Yet literature tends to give a tidy impression of action research (Cook, 1998; McArdle, 2002) and propositional knowledge can be a barrier to flexible responses to events, which might involve creativity and looking beyond the present knowledge (Cook, 1998). According to Grant (2007), 'being and doing' participatory research is necessary to really see and understand what it means. Therefore, lived experiences and

embodied knowledge are important to develop awareness and sensitivity to detail in situations.

(Self)-reflection seems prerequisite for learning from these kinds of knowledge (Grant, 2007; Marshall & Reason, 2007). We believe, however, that prior to reflection or perhaps instead of it, a certain openness is needed, through which people are able to perceive without prejudice what comes to their awareness. Langer (1997) calls this mindfulness. It requires patience and courage to continually observe what happens without evading unwelcome or unexpected events or responding by re-enacting habitually formed patterns. Although reflection after action seems always appropriate, we would like to add that when appropriating a mindful posture or engagement in practice, one's way of handling (enactment) a situation will emerge spontaneously, holistically combining cognitive and more embodied ways of knowing, instantaneously on the spot and hands-on (Varela, 1999; Varela et al., 1991). Although organisational problems and power issues will not be solved immediately, it helps the researcher to deal with differences and her own feelings more constructively.

A researcher who adopts a participatory focus should therefore first and foremost (learn to) cultivate a mindful attitude. However, once a researcher has become trapped in a configuration without being mindful of the situation, it can be difficult to step back and observe it. It will be necessary to introduce new meanings by introducing other voices or exercises as was done, for instance, by Abma (2000) when exchanging roles with the individual with whom a dysfunctional conflict had arisen. This will lead to new experiences and perspectives allowing the researcher and others involved to see the fuller context again and to break with habitually formed patterns.

Siegel (2010) has explained this situation from a neuroscientific perspective, using the concept of 'mindsight' as a way to change from autopilot to mindful observation and (re)shaping of the internal workings of the mind and thus to become more flexible and free in one's response to situations. Siegel illustrated that mindsight can be learned through some practical steps, usually starting with focused attention (mindfulness) followed for example by narrative reflection, meditative practice or body scan, resulting in a better balancing of emotions, homeostasis of body and mind and ultimately in better relationships with oneself and others.

## Conclusion and discussion

The experiences that we have shared in this paper are of pedagogical value for (novice) action researchers; they show that there is a need to invest in relationships from the earliest phase in order to ensure participation and (joined)

engagement and confirm that it is crucial to create a communicative space in a participatory action research project (Wicks & Reason, 2009). This is not to say that the first phases of the research always determine the rest of the process. The emergent character of action research allows for adjustments. However, in this initial space, assumptions are clarified and ‘mental maps’ that guide people’s actions (Argyris & Schön, 1974) are explored with stakeholders. Sharing and explicating these values encourages open communication and awareness about differences regarding surfacing values and interests and power issues. Also, stakeholders as well as the researcher are helped to identify the extent to which behaviour fits espoused theories, which could encourage the development of congruence between espoused theories and theories-in-use (Argyris & Schön, 1974). Although our case examples portrayed a novice action researcher, there is ample evidence that more experienced researchers also run the risk of over-identifying themselves with the setting and their own mental maps. The challenges outlined are, moreover, not exclusive to action research.

Dialogue is essential in explicating values and acknowledging differences. It should be noted, however, that dialogue must be adapted to the context if it is to bridge differences in values and paradigms. Dialogue can thus involve different activities. It should not be sought solely in spoken communication, but also in physical forms: by doing and working together. Dialogue in the latter sense takes the role of performance (Denzin, 2003), in which understanding each other is initiated through working hands and embodied performance. Furthermore, the purpose of dialogue should not be consensus. Absence of consensus gives a feeling of disjunction which is helpful in recognising differences (Widdershoven, 2001), whereas feelings of harmony and coherence do not always trigger the exploration of underlying values and beliefs. This could give a false sense of shared understandings as happened in our case before the CIU was established. It seems better to achieve a second-order democracy that promotes ‘responsibility to ongoing processes of relating’ and in which differences are welcomed (Gergen, 2003), than a first-order democracy, which emphasizes coherence, agreement and effective coordination (Gergen, 2003). When differences are appreciated, a safe environment, openness and learning will increase, enhancing the opportunities for individuals and the collective to flourish. A group can grow and gain strength and power as a result of this type of relational empowerment (van der Plaat, 1999).

Our experiences have shown that beliefs and ideals are enacted within configurations (patterns) of multiple heterogeneous elements, including power relations. These configurations tend to be hard to change once they have become set and the researcher runs the risk of getting caught up in close involvement as is necessary within participatory research. To identify and deal with such configurations mindfulness (Langer, 1997) and mindsight (Siegel, 2010) are helpful in making sense of the situation and in recognising the own possibilities as well as

limitations in changing the situation. By attributing the situation to certain circumstances, the researcher will also be better able to maintain him or herself in the situation and to shape future behaviour. Becoming sensitive to configurations involves, besides a cognitive reflective component, a physical element. Being trapped within a certain adverse configuration will be accompanied by physical manifestations, such as feeling unwell. Like Gendlin (1981), we consider it wise to take these signals seriously since the body is the stage on which these issues will be played out.

Although several authors describe the requirements of a participatory researcher, such as skills and knowledge of communication and learning (Boog, 2003), change management (Khreshah & Barclay, 2007), and conflict (Abma, 2000), less has been written about the need for situational awareness (of configurations). Marshall and Reason (2007), however, focus on ‘taking an attitude of inquiry’ and the researcher’s ‘quality of being’ promoting self-reflexive practice and ‘an awake, choiceful and reflective’ attitude. This appears to be similar to our notion of *mindsight* or *mindfulness*, although their main focus seems to be the quality and validity of the methodology of action research and the production of knowledge about the topic under study. Yet *mindfulness* (Langer, 1997) and *mindsight* (Siegel, 2010) in particular, also guide self-development, personal growth and the establishment and maintenance of relationships. These concepts could therefore be useful in fostering ‘an attitude of inquiry’.

Agreeing with Heron and Reason (1997) that learning and knowing are grounded in participation or enactment, we suggest that researchers use the research process intentionally for their own learning and growth. In this way acting, experiencing and learning can become entwined (Heron & Reason, 1997). Moreover, by explicating this cyclic process of learning the action researcher becomes a role model of active learning (Dewing, 2008) for co-researchers, showing them how to use the research process purposefully for their learning and growth.

In line with Jacobs (2010), we believe that support and guidance are essential in addition to space for personal learning and experimentation. Support should perhaps even be provided ‘on the job’ to prevent researchers from drowning in their internal struggle and engagement. Such a critical companion (Titchen, 2003) can encourage *mindsight* and reflection, enabling the necessary distance to avoid becoming trapped in configurations.

Finally, we think it is time that participatory research is represented in a more honest way. The messiness of participatory research should not be polished into nice smooth paragraphs; unrealistic images represented in terms of propositional knowledge do not give (novice) researchers a clear picture of what this sort of research entails in practice. Let us be honest and vulnerable about our wrestling and searching, struggling and striving, because there are no easy answers.

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# Chapter 3

## Mentoring with(in) care: A co-constructed auto-ethnography of mutual learning

*Dyadic level of learning*

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## Abstract

Research into workplace mentoring is principally focussed on predictors and psychosocial and instrumental outcomes, while there is scarcely any in-depth research into relational characteristics, outcomes and processes. This article aims to illustrate these relational aspects. It reports a co-constructed auto-ethnography of a dyadic mentoring relationship as experienced by mentor and protégé.

The co-constructed narrative illustrates that attentiveness towards each other and a caring attitude, alongside learning-focussed values, promote a high-quality mentoring relationship. This relationship is characterised, among other things, by person-centredness, care, trust and mutual influence, thereby offering a situation in which mutual learning and growth can occur. Learning develops through and in relation and is enhanced when both planned and unplanned learning takes place. In addition, the narrative makes clear that learning and growth of both those involved is intertwined and interdependent and that mutual learning and growth enriches and strengthens the relationship.

It is concluded that the narrative illustrates a number of complex relational processes that are difficult to elucidate in quantitative studies and theoretical constructs. It offers deeper insight into the initiation and improvement of high-quality mentoring relationships and emphasises the importance of further research into relational processes in mentoring relationships.

## Introduction

There is increasing consensus that learning and professional development should take place as much as possible within the workplace and in interaction, partly because this accords with the complexity of organisations and encourages the transfer of knowledge to the everyday work situation (Carmeli, Brueller & Dutton, 2009; Eraut, 2004; Snoeren, Janssen, Niessen & Abma, 2014). In line with this insight, mentoring in organisations has become increasingly popular. There is also growing interest in workplace mentoring in the literature and, since the pioneering work of Levinson, Darrow, Klein, Levinson, and McKee (1978) and Kram (1983, 1984), the concept has frequently been described and researched.

Originally mentoring was portrayed as a long and continuously evolving relationship between a less experienced person (protégé) and someone more experienced (mentor), where the focus is on the protégé's career and psychosocial development (Kram, 1983, 1984). The mentor can be a peer, the supervisor or someone else in or outside the organisation (Eby, Rhodes & Allen, 2010; Kram, 1984), who supports the protégé in learning about the organisation and preparing for a (future) function through sponsorship, coaching, setting challenging assignments, role-modelling, counselling or friendship (Kram, 1983). Over the years the concept of mentoring has been extended, and other forms of mentoring have been described that are not limited to the original proposed long-term individual face-to-face relationship. Examples include team mentoring, e-mentoring, and network mentoring (Higgins & Kram, 2001; Ragins & Kram, 2007; Scandura & Pellegrini, 2010). Distinction is now also made between formal (organisationally initiated) and informal (spontaneously developed) mentoring (Chun, Sosik & Yun, 2012; Eby, Rhodes, et al., 2010).

The importance and value of mentoring has frequently been investigated. From these principally quantitative, correlational, and cross-sectional studies, usually from the perspective of either the protégé or the mentor (Allen, Eby, O'Brien & Lentz, 2008), it has emerged that the protégé, the mentor and the organisation all may benefit from mentoring. Results reported include, among other things, career development, job performance, work satisfaction, commitment to the organisation and interpersonal relations (e.g. Allen & Eby, 2003; Allen, Eby, Poteet, Lentz & Lima, 2004; Chun et al., 2012; Ghosh & Reio Jr, 2013; Hu, Wang, Yang & Wu, 2014; Kammeyer-Mueller & Judge, 2008; Lankau, 2002; Thurston, D'Abate & Eddy, 2012; Underhill, 2006). These effects can be influenced by various factors such as individual idiosyncrasies, experienced similarities, organisational characteristics, duration of the relationship, and the type of mentoring (e.g. Allen & Eby, 2003; Baranik, Roling & Eby, 2010; Sosik & Godshalk, 2000; Tonidandel, Avery & Phillips, 2007; Wanberg, Kammeyer-Mueller & Marchese, 2006), but also appear to be

dependent on the quality of the relationship and satisfaction with it. Marginal and dysfunctional mentoring relationships can lead to reduction in performance and work attitude, as well as increased stress and absenteeism (Eby, Butts, Durley & Ragins, 2010; Ragins, Cotton & Miller, 2000; Scandura & Pellegrini, 2010), while the expected outcome of high-quality mentoring relationships is learning and personal growth and development (Fletcher & Ragins, 2007; Ragins, 2010; Ragins, 2012). There seems then to be a growing awareness that the relating within mentorship is important and not just one-way. However, up until now research has mainly been limited to influential variable and instrumental outcomes.

There is little research on positive mentoring relations and relational characteristics and processes responsible for the development of effective mentoring relationships (Chandler, Kram & Yip, 2011; Chun et al., 2012; Fletcher & Ragins, 2007; Ragins, 2010; Ragins & Verbos, 2007). More knowledge is needed from the relational and reciprocal perspectives (Beyene, Anglin, Sanchez & Ballou, 2002; Ragins, 2010) and in particular about high-quality mentoring relationships (Ragins, 2010; Ragins & Dutton, 2007) if organisations, mentors, and protégés are to develop a broader picture of successful mentoring. Longitudinal research and intensive study of qualitative data from the mentor and protégé perspectives are required (Allen et al., 2008; Scandura & Pellegrini, 2010), and, according to Rutti, Helms, and Rose (2013), should begin with case-studies. This article aims to make such a contribution by offering a deep and emic insight into a high-quality dyadic mentoring relationship.

Firstly, a number of relational concepts and theories within mentoring literature and current insights into relational characteristics, processes, and outcomes of mentoring are discussed. Then the context and methods used in this research are explained. In order to understand the nature of the relationship and relational mentoring outcomes such as learning and growth, the experiences and insights of both mentor and protégé are presented as a co-constructed narrative (Ellis, 2004). This offers the reader the possibility of vicarious experience (Stake, 1994) and contributes to knowledge of relational processes and outcomes in mentoring relationships.

## Theoretical background

In the literature on mentoring a number of theories and concepts claim to describe mentoring from a relational perspective. Until now it appears that social exchange theory, in which the leader-member exchange approach can be included, is the most frequently used (see for example: Ensher, Thomas & Murphy, 2001; Haggard, 2012; Raabe, 2003; Rutti et al., 2013). This theory has been developed outside the domain of mentoring and suggests that people are inclined to invest in and be

involved in a relationship if it delivers as much, if not more, than it costs; i.e. there is perceived reciprocity and individuals experience a balance between investment and outcome (Blau, 1964; Cropanzano & Mitchell, 2005; Homans, 1958). In a mentoring relationship this implies not only that the mentor invests in protégé related outcomes, but also has personal gain in the relationship, for example, the protégé may supply critical and up-to-date information, or the relationships brings recognition and acknowledgement for the mentor (Allen, 2007).

Another theory that is presented as focusing on the relationship is the mentoring enacted theory (Kalbfleisch, 2002, 2007), which sees mentoring relationships as unique, personal relationships and elaborates on the function of communication during the initiation, development and maintenance of the mentoring relationship. It is based on a number of assumptions, such as that relationships seem to come into being by the parties involved becoming better acquainted, rather than because of a request for mentoring. Moreover, a mentoring relationship is seen as neither static nor linear, but one that changes and evolves over time and in which mentor and protégé use communicative strategies that are, among other things, dependent on earlier experiences, the perception of the situation, culture, gender and professional and emotional needs. Also, this theory states that women and protégés will invest more in communication (and therefore the relationship) than men and mentors.

Both theories offer a framework to examine relationships and the relations within them, more specifically the sort of exchange, structures and strategies in a mentoring relationship, but appear to pay less attention to emotions and affective dimensions or aspects such as relational connectedness. This is not the case in relational mentoring (Ragins, 2012), a recently formulated concept that draws on, for example, positive organisational scholarship (Cameron, Dutton & Quinn, 2003) and relational cultural perspectives (Comstock et al., 2008; Fletcher & Ragins, 2007). It approaches mentoring as an interdependent and high-quality work relationship that is focused on the continuously evolving needs of both those involved rather than on a particular expected return, and extends the conceptual lens of mentoring to those relational micro-processes that encourage mutual learning, growth, and development.

A high-quality mentoring relationship comes from successive episodes of strong and genuine connections and interactions between mentor and protégé that are flexible and resilient and demonstrate broad emotional capacity, mutual empathy, growth, and empowerment (Comstock et al., 2008; Dutton & Heaphy, 2003). This dyadic and reciprocal relationship is based on communal norms and interdependent and generative processes, characterised by relational trust and commitment, mutual respect, shared influence and ‘fluid expertise’ (Fletcher & Ragins, 2007). In addition to these principles and characteristics, Ragins (2009,

2012) also describes factors that influence relational mentoring, such as the degree to which those involved identify themselves in relation to others (mentoring identities), cognitive maps based on earlier experiences and relationships (mentoring schemas), and views of one's self in future relationships (mentoring as possible selves). In addition relational skills, emotional stability and intelligence, similarity of values, personalities and learning orientations, and a supportive environment and organisational culture encourage relational mentoring. Among the consequences or outcomes of relational mentoring are learning and personal development, increased relational competence, inspiration, self-confidence, empowered action, and the desire for more and deeper connections, whereby supporting skills and conditions (and so the relationship) are nourished and strengthened. It is also probable that increased relational skills are transferred to other relationships and settings (Fletcher & Ragins, 2007; Ragins, 2009).

This idea of interaction and reciprocal influence of various factors and elements has points of intersection with the work of Jones and Corner (2012), who see mentoring through a complex adaptive systems lens. They regard the dyadic mentoring relationship as a co-created and complex system, having a dynamic, emergent, and non-linear character. Jones and Corner (2012) go further than relational mentoring by emphasising the importance of studying the mentoring relationship within the wider context in which the relationship evolves. They explain that the mentoring relationship is not only influenced by the environment and the behaviour of the mentor and protégé, but also that the mentoring relationship influences the larger system or the broader context as well. Therefore the context forms the situation in which the relationship takes place, but at the same time is also part of the mentoring relationship.

The relational concepts and theories mentioned above have various levels of abstraction in their elaboration and explain a mentoring relationship each in its own way, and therefore interpret a relational perspective differently. Nevertheless, they all emphasise the reciprocal, dynamic and evolving character of a mentoring relationship that, at the very least, is dependent on those involved, what they are prepared to invest and their earlier experiences, their behaviour and competencies. Moreover, the theories complement each other; the social exchange theory and mentoring enactment theory for example, indicate the conditions for beginning and maintaining a mentoring relationship; relational mentoring adds affective dimensions, relational processes and outcomes like reciprocal growth and learning, while a complex adaptive systems lens encourages seeing a mentoring relationship within the larger context.

These concepts and theories, with the exception of the social exchange theory, have until now been limited to theoretical elaboration based on theories developed outside the mentoring domain and insights won from earlier, often quantitative, research into mentoring. Therefore further research is necessary. In

order to gain a more profound understanding of mentoring from a relational viewpoint, we explored a dyadic mentoring relationship and its relational processes from an insider's perspective.

## Methodology

The study presented here is a co-constructed auto-ethnography (Ellis, 2004); a method of systematic analysis of and collaborative writing about a shared experience or activity aimed at understanding both the essence of the relationship and how the researchers involved experienced the shared activity. The shared experience concerns the mentoring relationship and in particular the collaboration and reciprocal learning process of the first two authors as practice developers (PD'ers) learning to facilitate processes in a care organisation. First the mentoring context is explained, after which data collection and analysis is considered alongside a number of quality control procedures and ethical issues.

### The mentoring context

Although mentoring relationships can have many forms and can occur across organisations, the mentoring relationship central to this article is a traditional dyadic relationship taking place in one organisation, namely a care facility for older people in the Netherlands. From 2007 the organisation has cooperated closely with certain schools of nursing to improve the integration of care, education, innovation and research in a care innovation unit (CIU). In a CIU staff qualified in care collaborate intensively with a large group of students with the aim of creating a challenging work environment for care practitioners and improved quality of care for residents (Snoeren & Frost, 2011). In doing so the principles of practice development (PD), defined by Manley, McCormack, and Wilson (2008) as "a continuous process of developing person-centred cultures" (p. 9) are applied. Miranda is lecturer at one of the faculties of nursing involved and was hired as a facilitator, consultant and researcher (called practice developer) for two days a week to facilitate this process of helping the team develop their own knowledge and skills in working towards a transformation of the culture and context of care. In 2009, when it was decided to create two new CIUs, a junior PD'er was appointed to each of the new units. Miranda acted as mentor for their further development as PD'ers, with the intention that as they become more proficient, she would retreat from the organisation. In this article the focus is on the mentoring relationship between Miranda and Ragna, one of the junior PD'ers.

Ragna was already employed by the organisation as a student coordinator and was appointed as junior PD'er for 0.8 full-time equivalents (FTE) by the location

manager. Ragna and Miranda had previously worked together for a number of years as student coordinators and later, when Miranda was hired in as PD'er, in the development of the first CIU. Ragna was responsible for the planning and tutoring of individual students during their internship in the original CIU. She had much experience in this field, had a nurse and teacher training, but felt insufficiently experienced to facilitate groups and change processes or conduct research. Miranda had a nursing, educational and academic background and was experienced in facilitating change processes and involving others in (action) research in both educational and care contexts.

### **Initiation and structure of the mentoring relationship**

Miranda was not involved in Ragna's appointment as junior PD'er. But although the initial match was made by the location manager, making the relationship formal in its initiation (Eby, Rhodes, et al., 2010), there were no guidelines for mentoring in place. Additionally, neither the organisation nor the manager played a role in directing or checking the nature of the roles, the aims of the relationship, details of meetings or how long the mentoring relationship should last. As a result the relationship structure evolved informally (Eby, Rhodes, et al., 2010) between Ragna and Miranda.

The mentoring relationship lasted from January 2009 until the end of July 2011. Ragna and Miranda met weekly, usually face-to-face, to discuss progress in the development of the new CIU and consider the learning process from both perspectives. Generally speaking, Ragna dealt independently with tasks that concerned the support of individual members of staff and students in their learning processes, seeking support from Miranda for the facilitation of groups, change and research processes. As such, they both participated in activities that were aimed at the improvement of the quality of care in the unit, such as preparatory meetings with practitioners and setting up a participatory action research project as an emergent and cyclical research process aimed at studying the improvement of practice with participants (Reason & Bradbury, 2001). On the unit, three action research (AR) cycles (two with the aim of improving daily activities for the older residents and one aimed at increasing family participation) were consciously utilised by Ragna and Miranda as learning opportunities to develop competency as PD'ers. In addition Ragna and Miranda took part in a unit-transcending community of practice (CoP) (Wenger, 1998), consisting of both junior PD'ers, two nurses who worked in the CIUs, Miranda and an experienced senior PD'er from the faculty of nursing where Miranda was employed. The common goal of the CoP participants was to develop further as facilitators of guiding others in their learning, and as facilitators of change and innovation within CIUs.

See table 1 for an overview of shared activities undertaken during the dyadic mentoring relationship.

Table 1 Joint activities during mentoring relationship

Period	Activity	Participants	Aim of activity	Facilitation roles
January 2009 – July 2011	Weekly bilateral face to face meetings.	Ragna and Miranda	<ul style="list-style-type: none"> <li>- Monitoring the development of the CIU.</li> <li>- Mutual learning and monitoring the mentoring process.</li> </ul>	Changing, not formally defined roles.
February 2009 – June 2009	Five preparatory team meetings.	All practitioners (staff and students)	Developing a shared vision about care, learning, innovation and collaboration within the CIU.	Facilitated by Miranda, co-facilitation by Ragna.
April 2009 – April 2011	CoP 'learning to facilitate': seventeen meetings.	Six facilitators, including Ragna and Miranda, with different levels of experience and knowledge.	Learning from and with each other in facilitating others in their learning.	Initially facilitated by Miranda, later by others (including Ragna) with varying degrees of support.
May 2009 – July 2010	Action research project 'daily activities': seventeen meetings with research group 1.	AR group 1: <ul style="list-style-type: none"> <li>- Ragna and Miranda</li> <li>- Five staff members</li> </ul>	Improving daily activities for residents.	Facilitated by Miranda, co-facilitation by Ragna.
December 2009 – July 2011	Action research project 'family participation': twenty meetings with research group 2.	AR group 2: <ul style="list-style-type: none"> <li>- Ragna en Miranda</li> <li>- Three staff members</li> <li>- Two students</li> </ul>	Improving the communication with and participation of residents' family.	Facilitated by Ragna or other research group member, under supervision of Ragna. Decreasing support from Miranda.
October 2010 – July 2011	Action research project 'daily activities continued': five meetings with research group 3.	AR group 3: <ul style="list-style-type: none"> <li>- Ragna</li> <li>- Five staff members</li> <li>- Two students</li> </ul>	Sustaining improvements in daily activities for residents.	Facilitated by Ragna, without direct support from Miranda.

## Data collection and analysis

In a co-constructed auto-ethnography each participant shares their personal, incomplete and historically situated version of the shared experience, after which, in collaboration, these individual perspectives are integrated into a co-constructed narrative (Ellis, 2004; Ellis, Adams & Bochner, 2010). As illustrated by others (e.g. Cann & DeMeulenaere, 2012; Lapadat, 2009; Sambrook, Stewart & Roberts, 2008),

this integration is a dynamic, reflexive and dialogical process based on and contributing to the skills of the participants. In this way shared knowledge and insights and a deeper understanding of the relational experience are created (Cann & DeMeulenaere, 2012; Ellis et al., 2010) and outsiders are invited into the subjective world of the narrators (Ellis, 2004).

In this study the sharing of personal stories and the co-construction of a shared narrative took place, eighteen months after the mentoring relationship had ended, based on data collected during the mentoring relationship (see table 2).

Table 2 Data (stories) gathered during the mentoring relationship

Date / period	Data	Aim and content of data
January 2009 – July 2011	Journal of field notes on preparatory team meetings, CoP and AR projects (Miranda only)	- Monitoring CoP and AR projects - Reflections on own facilitation role
April 2009 – April 2011	Minutes and audio recordings of CoP meetings (n=17)	- Monitoring CoP - Reflections on own learning
April 2009 – July 2011	Portfolios with diverse personal notes and reflections on lived experiences.	Monitoring own learning
May 2009 – July 2011	Minutes and audio recordings of meetings with AR groups (n=42)	Monitoring AR projects
December 2009 – July 2011	Minutes and audio recordings of dyadic evaluations of meetings AR group 2 and 3 (n=21)	Reflections on facilitation of AR group meetings / monitoring own learning
June 2009	Collage to express own developing facilitation skills and notes of dialogue about this creative expression.	Baseline assessment of facilitation skills
October 2009	Short questionnaire	Exploration of learning needs and wishes
March 2010	Transcripts of individual interviews (held by CoP member) concerning own learning	Monitoring the development as a PD: What and how learned?
June 2010	Written narratives concerning own learning	Monitoring the development as a PD: What and how learned?
December 2010	Transcripts of presentations and reflections in CoP	Monitoring the development as a PD: What and how learned?
March 2011	Transcripts of individual interviews on own learning (held by CoP member)	Monitoring the development as a PD: What and how learned?

This data included interim experiences and stories collected at various times and by various means with a two-fold aim - monitoring the development of the CIU and monitoring own development as PD'ers. Miranda kept a log book with field notes on activities such as the CoP and action research projects, in which she reflected on both the progress made and her own role. Meeting minutes and audio recordings were made of CoP meetings and AR group meetings, as well as evaluative discussions of these meetings by Ragna and Miranda. Individual interviews were conducted by a fellow member of the CoP, on two separate occasions, and used to

monitor the development as PD'ers and to identify interim results. Data to nourish the learning process was also collected by an open answer questionnaire and creative expressions, such as making a collage and writing a story, that were then shared and discussed in the CoP. The interviews and conversations were audio recorded and transcribed verbatim. In addition, Ragna and Miranda expressed reflections of their lived experiences in a personal portfolio. At the end of the CoP, Ragna and Miranda presented their learning and development as PD'ers and results of facilitating the learning of others, to their fellow CoP members. These presentations or narratives, as well as the ensuing discussions, were recorded and transcribed verbatim.

Following what Ellis (2004) calls 'thematic analysis of content' (p. 196) to theorise narratives, the interim personal experiences (data) were given further meaning by the use of a critical creative hermeneutic data analysis (van Lieshout & Cardiff, 2011). This is a cyclical and collaborative process of analysis using creativity and dialogue whereby various types of knowledge and individual perspectives are brought together and integrated, rendering a deeper and shared meaning of themes that emerge from the narrative data. This was performed as follows.

Before a meeting in which Ragna and Miranda shared their personal stories, they individually read through the data collected during the mentoring relationship and relived, separately from each other, their experience of the relationship. The analysis question in mind was: What is the nature of the mentor relationship and how is personal en professional learning and growth reflected within this relationship? In the meeting that followed, personal experiences, thoughts and feelings about the mentoring relationship were further explored and articulated in a creative fashion by making an individual collage and then shared. By reacting to each other's creative expression, using critical questions and dialogue, shared meaning was given to the relational experience. Important episodes and recurring themes in the narratives, as well as similarities and differences between experiences and perspectives, were identified and explored further in dialogue, then illustrated with data from the collected material. By reorganising and relating collaboratively these episodes, themes and illustrative data in more or less chronological order, and making joint decisions about which aspects should be included as well as how that should be done, the narrative came into being. The co-constructed narrative was then written up by Miranda using audio recordings of the oral reconstruction of the story. The written narrative reflects the voices and authentic beings of both, and was checked and developed according to Ragna's feedback until both agreed with the content and atmosphere of the story.

Finally, by placing the narrative in relation to theoretical insights, an attempt was made to gain a deeper understanding of the nature of a high quality mentoring

relationship and the mentoring outcomes of learning and growth (Ellis et al., 2010).

### Quality procedures and ethics

The nature of a reciprocal, friendship-based mentoring relationship itself leads to rich data collection and analysis, and profound insights into the experience can be gained as the participants in the relationship are more open and vulnerable (Sassi & Thomas, 2012; Tillmann-Healy, 2003). A co-constructed auto-ethnography also avoids a number of ethical issues, such as consent and privacy (Ellis, 2007). Nevertheless, a number of quality procedure and ethical aspects must be borne in mind.

#### Quality procedures

It is difficult to recall in detail previous experiences and memories (Ellis et al., 2010) and greater involvement and reciprocal compassion can lead to an uncritical attitude or avoidance of disagreement. In order to increase the credibility of the meta-narrative, we worked with the previously recorded experiences and stories to refresh our memories of the experience. In addition, two independent researchers (Theo and Tineke, the third and fourth authors) were asked to read the written co-constructive narrative to share their thoughts and reflections on it. This provided a check: did the narrative seem coherent, realistic, verisimilar and sincere to readers and capable of allowing the reader to experience the subjective world of Ragna and Miranda (Ellis et al., 2010; Tracy, 2010)?

The thick description (Tracy, 2010), details of the context (Ellis et al., 2010) and explanation of the influence of Ragna and Miranda's earlier relationship (Garton & Copland, 2010; Owton & Allen-Collinson, 2013), enable the reader to compare the world of Miranda and Ragna to his or her own frame of reference and test whether the story could be generalised to his or her own context (Ellis et al., 2010; Stake, 1994). Consequently, the meta-narrative can lead to new insights for readers and opportunities to benefit from the lessons of others.

#### Ethical considerations

In co-constructed auto-ethnography relational ethics are of principle concern and demand continuous attention. They entail mutual respect, dignity, doing justice to the other and solidarity (Ellis, 2007; Tracy, 2010). The mentoring relationship itself was the subject of this study which meant that there was continuous reflection on the (changing) relationship. Attention was given to each other's welfare and both Miranda and Ragna explored their own identity and experienced the relationship as positive and of high quality (Dutton & Heaphy, 2003; Ragins & Dutton, 2007).

Both Miranda and Ragna were able to influence the research content and procedures and the chosen analytical method was familiar to both. Nevertheless, mutual compassion and a consequential danger of over-empathising, and the power imbalance resulting from differences in experience, demanded constant attention (Owton & Allen-Collinson, 2013; Sassi & Thomas, 2012). Through continuous negotiation (Ellis, 2007), discussion about how the relationship influenced the individual, and reflexivity (Etherington, 2007; Tracy, 2010), self-awareness and care for self and the other was encouraged.

## The story of mutual learning

The co-constructed narrative was created in dialogue and is as such presented here, following more or less chronologically the themes that emerged from the data analysis and letting them structure the narrative. By displaying both voices and perspectives the nature of the mentoring relationship and how personal and professional learning evolved are illustrated.

### Laying the groundwork

“I remember so well the day I found out that you were appointed as junior PD’er,” Miranda says while sipping her tea. She and Ragna are sitting in Miranda’s living room re-living their relationship. It is a sunny Friday morning. “I was excited and anxious at the same time. Excited, because I loved working with you in earlier days. We were often on the same wavelength and could always rely on each other. I really looked forward to a new close collaboration. On the other hand, it made me feel uncertain too.” Ragna frowns, wondering why Miranda had felt this way. Miranda continues, “I was concerned about the change in roles. I was not sure if you would accept me as a mentor and if I could offer you enough help to develop. I felt responsible and wanted this to work, but was afraid that you would be disappointed in me.” “Well”, Ragna responds, “it was actually because of you that I chose to be a PD’er. It made my choice easier. I felt comfortable with you and I trusted you.” Both chuckle. “Yes, it’s true. I felt the need for a new challenge and this was the logical step I had been searching for. I wanted to extend and develop myself and I was confident that with your collaboration and coaching this would be a pleasurable and fruitful experience.” Miranda blushes. “Really?” she asks. “Really,” Ragna confirms.

Both sink into their own thoughts till Miranda breaks the silence: “Do you remember that busy and hectic time shortly after our collaboration had formally begun? We were both absorbed with practical matters, in particular the preparatory meetings with the team on the new CIU.” Ragna nods. “You facilitated

those meetings to a large extent, for which I had great respect.” “Well, you were involved in preparing content and evaluation, and you took over certain organisational duties such as planning meetings. You relieved me of some tasks,” Miranda says while filling their tea cups. “You were a great help. It gave me the feeling that I was no longer alone; that we were both responsible for developing the CIU. As such, there was a social exchange early in our relationship (Rutti et al., 2013). That, your enthusiasm and open attitude towards learning, and your great confidence in me, which you explicitly expressed, made me feel less burdened. It created space for me to be more open about my own uncertainties and the difficulties and dilemmas I was experiencing in my work as a PD’er.” Ragna interrupts, “For me it was helpful that you emphasised what was going well as I have the tendency to be self-critical and focus on things I’m not satisfied with. You showed appreciation of my acquired knowledge and skills. It created space and support for me to take initiative and responsibility. I became more self-confident because of the way our collaboration developed.”

“Yep, the atmosphere and mood needed for a caring relationship of mutual collaboration were present early on,” Miranda responds, “and, like others (e.g. Carmeli et al., 2009; Ragins, 2012), I consider these necessary for and an outcome of a positive relationship”. Miranda points to a transcript of an interview she gave that lies on the ground among a lot of other documents. “Look here. Earlier I described this as:

*‘Having the fall-back and support, that there is a certain basis from which you can grow and learn.’ (Interview MS, March 2011).’*

“Yes,” Ragna replies, “we both increasingly dared to reveal our vulnerability, asked each other for feedback and expressed our appreciation of each other.” “Like we are doing now,” Miranda replies, laughing.

### **Organising purposeful learning processes**

Miranda’s cell phone rings. Although she normally ignores her phone when in a meeting, she picks it up expecting a call that can’t wait. While Miranda is answering, Ragna thinks more about the busy period in the beginning. She remembers that although preparing team meetings together had helped to promote their mutual collaboration, it was not sufficient to concentrate only on the content of the work, in which they were driven simply by the pressures of everyday working life. Ragna starts to search through all the papers that are spread out on the ground. By the time Miranda hangs up, Ragna has found what she was looking for: “Here, for example, I commented,

*‘My self-development comes under threat because I have to ‘produce so much.’ I do learn from that too, but not as quickly as I could if I consciously worked on it.’ (Questionnaire RR, November 2009).’*

“I beg your pardon?” Miranda answers. “Oh, sorry,” Ragna reacts, realising that she has lost Miranda in her musings. “I was thinking more about this busy period. It was a few months after the formal start of our mentoring relationship. Because of the hectic and bustle we were experiencing, we decided to pay more conscious and purposeful attention to our learning and development process. As is promoted by Schunk and Mullen (2013), we agreed to formulate learning aims and tasks on which we would focus and support each other, and which we would evaluate systematically. I remember that you formulated quickly and effortlessly a number of such learning tasks aimed at giving better support to others in a situation. They were concrete and tailored to your self-knowledge, strengths and weaknesses.” Ragna picks up a sheet: “Here, like this:

*‘Really listening to other people and keeping my own perspective and ideas more in the background, myself less in the foreground.’ (Aim MS in Minutes CoP, June 2009).*

You shared your aims with me and asked for feedback. For me, however, this period was very confusing.” Ragna sighs and sinks back into the couch. “Yeah, I remember your struggle,” responds Miranda. She senses the shift in Ragna’s mood. She encourages Ragna to talk further: “How do you look back on this period exactly?”

Ragna takes a minute to think. Then she says, “I had so much to learn and could not see precisely what that was or how to go about it. I was confronted with myself, my uncertainties and difficulties. Looking at myself made me insecure asking myself, ‘Do I really like this?’ I had to overcome personal resistance and self-doubt.” She starts to search the stack of papers. “I’m sure I wrote something about this period in my portfolio. Oh, here it is.

*‘Busy with too many things at one time. Critical, uncertain. Dreading it. The goal I set myself: throwing out my resistance to consciously looking at myself, experience what this gives me and with that define the learning process. Give myself a bit of peace.’ (Personal note portfolio RR, December 2009).*

Much later, when I mentored novice facilitators myself, I realised that it is quite normal for a novice to face such difficulties (Crisp & Wilson, 2011; van der Zijpp & Dewing, 2009).” “You were quite open about your struggle,” Miranda answers. “But after two months or so you still didn’t have anything on paper. I didn’t know

how to support you in this and because of that I let it go, I think.” “Yes, you did,” Ragna confirms. “But what helped you then?” Miranda asks. “Well, I felt that my struggle was okay for a while. I was a junior and you expressed that there was no need to rush nor that things had to be perfect. You believed in me. Furthermore, in the CoP meetings I heard that other less experienced facilitators also had difficulties in expressing learning aims and tasks. This gave me some air. Besides, you kept involving me in processes and activities within the CIU. You explained the reasons for your actions, let me practice under supervision and evaluated situations with me, which was in line with my learning preferences like I mentioned in this questionnaire:

*‘I like to decide my approach beforehand. Particularly, to discuss possible strategies in various situations. Try these out, preferably with a colleague. The exemplary actions of others help too. By means of feedback and conscious self-reflection I complete the cycle. A lot of practice situations help me to master skills. I learn from the experience by consciously considering it afterwards.’ (Questionnaire RR, November 2009).’’*

Ragna continues, “You were an example to me. I held on to the confidence I had in you and trusted that we did the right things within the CIU. You were sensitive to me and tried to adapt as much as possible to my vulnerability.” “Hmm,” Miranda reacts, “I don’t believe that my support or actions were so purposefully planned. I didn’t give it much thought. I just acted.” “Your support gave me security, back-up and a foot-hold in this unfamiliar and uncertain phase,” Ragna carries on. “I not only learned some basic facilitation skills, I also learned more about myself as I have mentioned in this interview here.” Ragna points to a piece of paper:

*‘In any case a bit more conscious of qualities and learning points. That is very different to when I began this eighteen months ago’ (Interview RR, March 2010).’’*

She continues, “Slowly I gained insight into what I still wanted or needed to learn in order to become a ‘good’ PD’er. My learning aims became more concrete and focussed on learning how to conduct myself in facilitation situations and facilitation strategies such as asking questions and then asking more. Although I still felt uncertain about my own capabilities I started to give more shape to my own learning process. I became more independent. I remember that it was then that I began to find this journey fun.”

## Reciprocity, connectedness, and responsibility

“Yeah, I recognise what you are telling me,” Miranda says, distractedly exploring her own thoughts. As Ragna puts it, it looks like their relationship was one-sided in which only Ragna learned. However, for her this was not the case. Accompanying Ragna on her journey had enabled Miranda to become more conscious of her already developed knowledge and expertise which she implicitly used when facilitating situations and others. Miranda goes through the documents while Ragna follows her movements wondering what is on Miranda’s mind. “Read this,” Miranda says. “It is something I have said in an interview.”

*‘As a facilitator you’re your own tool. That is what I really feel, you must know yourself. And that is a difference I see in the other people [junior PD’ers and CoP members] whom I facilitate. [...] It’s not that they, by definition, do something differently, but when we discuss it I realise that I am far more conscious about my actions and can say why I do certain things in a certain way, or what other strategies I could use. So I uh... it also makes me conscious of the differences in experience’ (Interview MS, March 2010).*

Miranda goes on, “For me our relationship was reciprocal. By explaining my actions, seeing myself reflected in you and the feedback, appreciation, support and recognition I received from you, my self-confidence also increased. This was very important to me as it encouraged me to reflect on my role and my ‘being’ as a PD’er. It helped me to continue my development as a role model. What I’m trying to say here is, uhm... Despite the differences in expertise, I believe that a mutual learning process evolved in which we were companions. We were sensitive to each other, both experiencing a great deal of support and an atmosphere in which we could experiment and make mistakes. The respect for each other and the mutual trust increased and there was a strong sense of connectedness and responsibility for each other and the other’s learning process.” “Oh yeah,” Ragna responds, “I certainly agree. We were more sensitive to each other and tried to adapt as much as possible to the other’s vulnerability.” “Hungry?” Miranda asks. Ragna nods.

## Experimenting and adapting to the other

While Miranda is making some sandwiches in the kitchen, Ragna makes herself comfortable. She lounges on the couch petting Miranda’s cats. Her thoughts go back to how their intensive collaboration had deepened their relationship and how a dynamic interplay of discovery, complementing and supporting each other had come into being. Through the support she had experienced and the safety of the

mentoring relationship, it had become possible for her to leave her ‘comfort zone’ to start experimenting and improvising more; something which is important as she learned later (Wales, Kelly, Wilson & Crisp, 2013). Whilst she had been more of a follower and observer before, grasping at any and every concrete suggestion and form of help, she had begun to take initiative and increasingly took the lead in both facilitating processes and giving shape to her learning process. Miranda had tried to follow her, first by working alongside her. Miranda had given her positive feedback, and had supported her more and more from the background, only occasionally moving to the foreground. Nevertheless, Miranda had struggled with this.

Ragna stands up from the couch and looks among the papers on the floor. “What are you looking for?” Miranda asks entering the living room. “I’m searching for a note of yours concerning your struggle regarding your alignment with my increasing independence.” “Oh yeah,” Miranda responds, “I found myself constantly searching for a new balance between steering and controlling, ‘doing for’ you, and letting go for you to do for yourself and experiment, something van der Zijpp and Dewing (2009) have also struggled with. I’m sure there are more notes on this topic. Here is one”:

*‘It was pretty difficult to hold back. Whenever I have input I have to be careful not to take over. A couple of times I noticed that I would intervene earlier than Ragna. In evaluations afterwards it was agreed to make notes during the meetings whenever I felt the urge to intervene earlier or differently, so as to highlight the differences in our strategies’ (Personal note logbook MS, December 2009).*

“For me,” continues Miranda, “it was helpful to discuss and evaluate this issue with you regularly. Explaining my own difficulties and your positive, but critical feedback gave me the feeling it was alright when it didn’t go perfectly. It helped me to be more lenient with myself.” “Still, you increasingly took on the role of observer and gave me more room,” Ragna explains. “Okay, but you more frequently asked critical questions and gave me unsolicited feedback. I believe this led to a shift in the original roles, which strengthened and deepened our relationship further,” Miranda replies passing a plate with sandwiches to Ragna. “Those look delicious! Thank you.” Ragna chooses one, takes a bite and the opportunity to think for a moment before she confirms.

### **Equal partnership and being responsive**

“Yes, we learned more of each other’s inner being and the reasons for our behaviour. There was mutual understanding and I experienced equality, joint

responsibility and mutual trust. I guess we became more equal partners in the development of the CIU.” Ragna remembers further: “I increasingly facilitated projects and groups on my own. By experimenting, through dialogue with you and others, and through reflection in and on action (Schön, 1983), my knowledge and skills broadened. I experienced that I was increasingly in a position to flexibly apply multiple facilitating strategies and relevant theoretical knowledge in unexpected situations such as in group processes. My insight into my own functioning as a person and a PD’er, and how to use this in facilitating others, increased.” “Yes, your learning process evolved rapidly. You were less focussed on the application of tools and techniques (van der Zijpp & Dewing, 2009). This is a nice example of that, I think.” Miranda hands over a transcript.

*‘Even if I look at my own process I’m very inclined to rely on an example and do something with it. Even though I notice now that by more concrete consideration -‘what do I want from this meeting?’- and by thinking about what actions to take to realise this, my development is more rapid than through plain imitation. That’s how I regard facilitation now, purposefully looking at the other: ‘what do you need from me?’ That can be one thing for one person and something else from another’ (Interview RR, March 2010).*

Miranda continues, “I also grew, but not that fast. I believe it was more fine-tuning; I deepened my being as a PD’er. For example, I learned to follow others even better and to respond to what was happening. This wasn’t and isn’t a conscious enactment, though, it is more an intuitive or embodied knowing. I also explained this in an interview. It’s the same transcription I handed to you earlier.

*‘It’s not that it is the result of cognitive reasoning. It is more something I have experienced or I have an intuitive feeling about. Or I feel it physically as embodied knowledge that... “Heavens, perhaps I should do something else to reach these people?” So it is more through experiencing it’ (Interview MS, March 2010).*

“I believe that due to your rapidly evolving learning process, the differences in knowledge and expertise between us decreased. Our learning objectives became more and more similar. Do you recognise that?” Without waiting for an answer Miranda continues: “It was no longer our own individual needs and uncertainties that drove us, but those of others. Your learning aims, for example, shifted from learning practical facilitation skills and handling of self in situations to responding better to others. I recognise this in my own learning. I made such a shift before I started working within this CIU enabling me to connect and to adapt better to

others (Crisp & Wilson, 2011). Oh... your learning process was so similar to mine!” Miranda goes quickly further: “Here, for instance, you asked yourself,

*‘To what extent am I responsible for the process and the steps we take? How can I get an overview of what the group needs?’ (Evaluation meeting research group 2, March 2010).*

Great, isn’t it?” “Yes,” Ragna answers somewhat hesitantly. “But maybe it went too fast for me sometimes.”

### **Becoming and being critical friends**

Miranda looks at Ragna quizzically, waiting for her further explanation. She knows Ragna well enough to know that she will continue soon after organising her thoughts. “Well, first I facilitated meetings and so on myself, but there were other less experienced but talented team members, for example members of AR group 2, who wanted to develop themselves too. They were inspired through our learning processes, and wanted also to learn how to support others in improvements in their unit and how to facilitate AR group meetings. As a result, our roles shifted once again. Do you remember that?” “Yes, of course,” Miranda replies. Ragna clarifies, “I no longer facilitated all the meetings myself, but supported other members of the group in their facilitation similar to how you had supported me. Indeed, my learning process as a role model for others started to show similarities with that of yours earlier in our mentoring process. I even recognise the stages of development that Crisp and Wilson (2011) describe of becoming a PD facilitator in our learning processes. Do you remember their article that you let me read some time ago?” Ragna asks. Miranda nods, encouraging Ragna to continue. “They identify the preliminary stage, the progressive stage and the propositional stage in developing facilitation skills. I believe that at that time I was somewhere in my progressive stage, but I didn’t have the feeling that I had already mastered the facilitation of processes myself. That I had, myself, become a role model for others troubled me the most. On the other hand, I wanted and could move along with this change. I was able to adapt to this new situation through which I evolved as a critical and unique PD’er, slowly slipping into the propositional phase I believe.” Ragna pauses for a moment, then asks Miranda, “How have you experienced this?”

Miranda thinks for a moment. She remembered that as a result of this shift she had held herself more in the background, observing the processes and Ragna’s facilitation. This had provided her new information and had stimulated self-reflection on her role as mentor. She starts to search through all the sheets with

data and picks one up. “I think this will give you a good impression,” Miranda says handing the document over to Ragna, who reads it for herself.

*‘So I tried to stay right in the background. I noticed how Ragna now facilitated her [a member of AR group 2] in learning facilitation. There were a number of situations when I would have intervened differently [to Ragna]. And by discussing that with her, I made myself aware of why I would have done it a certain way. It helps me to explain it and so clarify my tacit knowledge’ (Interview MS, March 2010).*

“This change in roles was helpful for you too?” Ragna checks. “Yes, it was,” Miranda answers, realising that it was through this change that their relationship had continued as critical friends rather than mentor and protégé. They had used this critical friendship as a method (Tillmann-Healy, 2003) for further exploration of their development as facilitators. “I remember that we started to discuss our facilitation and our role as PD’er more at a meta-level, for example by evaluating the part we had played in particular situations. We discussed differences and similarities in our ways of ‘being’ a PD’er, without passing judgement, and spoke at a deeper level about the underlying and sometimes personal reasons for this, the consequences and our perspective.” “That’s true,” Ragna replies. “We questioned each other more critically, revealed ourselves to the other and gave each other constructive feedback. In this way we got to know each other even better. I believe that it created a deep and unshakeable trust in each other. For me this was inspiring more than that I considered it as learning.” “Yeah, I feel what you mean,” Miranda responds. “I believe it led to the further development of an authentic self and a more profound understanding and increased acceptance of self as a person and PD’er. I expressed this in my closing presentation in the CoP.”

*‘I think it is about being more accepting what I am good at and what I am not so good at. I think ‘Yes, everybody has their good and less good points’ as you might say. I think I have come to accept that in myself. Yes, that gives a certain peace of mind [...] And I notice that I can stay much truer to myself, even when choosing methods of work’ (Closing presentation CoP MS, December 2010).*

“Beautiful and recognisable,” Ragna reacts, smiling. “But it was also at this point that I became more aware of the reverse side of our caring relationship.” “Let’s zoom in on that a bit further,” Miranda says while offering Ragna another sandwich.

## Similarities and the importance of others

Both sit silently on the couch eating their sandwiches. They are lost in their own thoughts. Miranda remembers that she had wanted to meet Ragna's expectations and had tried to avoid having Ragna feel uncomfortable. She had reflected on this regularly during their mentoring relationship.

*'I've thought about mentioning my observations during a meeting and asking Ragna what she could and would do with such observations. The intention was to encourage her in the meeting to take it up and do something with it. I didn't do it. The reason is I felt reluctant to do so because I was worried that a) Ragna would feel uncomfortable with it b) that I would present myself to the other group members as 'someone who knows it all' (Evaluation meeting research group 2, September 2010).*

Like Sambrook et al. (2008) do, she wonders if their relationship wasn't too friendly.

It's Ragna who eventually breaks the silence, summarising Miranda's thoughts: "Due to our loyalty, understanding and concern for each other, we were inclined to offer each other more support than challenge. And we had so much in common, like our personal qualities, values, and standards; we frequently thought the same about things and often had the same pragmatic approach. Consequently, my need grew to learn from others, to see other examples and to broaden my horizon. I mentioned that in this interview:

*'If this hadn't been so, I would have stayed thinking more in my own little framework, my own little circle. The interaction with others, that really helps.'* (Interview RR, March 2011)."

Miranda responds, "Well, I also valued the fresh and stimulating input from others, like participants in the research groups and the CoP. Although I believe that our similarities nourished our caring and reciprocal relationship, as discussed by others (Allen & Eby, 2003; Ragins, 2012), they sometimes made it difficult to think creatively and out-of-the-box. Working with others challenged us to see issues from different viewpoints."

## Ending formally the mentoring relationship

"There is one other thing that puzzles me," Miranda says. "It concerns the ending of our relationship. I had the feeling that you had mastered aspects of facilitation and the essence of being a PD'er, but you found the step towards 'doing it entirely

on your own' and facilitating the further development of the CIU without me stressful. Did I overestimate you?" Ragna smiles: "Oh no! You know me: that was prompted by my uncertainty rather than not having the competencies to do so. We decided that I would facilitate processes without your physical presence in the organisation. By reflecting together on my experience afterwards, I gained the confidence I needed to manage without you as my safety-net. Here, this evaluative note is a good example of it."

*'Ragna has found greater chances to give support in the facilitating process. She feels freer and more certain without Miranda being there. She can react more spontaneously; otherwise she wants to do well and reacts more cautiously. In Miranda's absence, Ragna also accepts more readily that she could have done a bit better. Ragna now feels truly responsible whereas before she always had the idea that Miranda could come to the rescue.'* (Evaluation meeting AR group 2, November 2010).

Ragna continues, "It helped me, fully relinquishing your support." "For me, it felt that it was time to leave the organisation to meet new challenges. Yet, I still miss those good times," Miranda muses. "Me too. That's why I always look forward to other projects in which we work together," Ragna responds, while looking at her watch. She jumps up startled. "School is finished! My children are waiting for me. Sorry." She grabs her bag, hugs Miranda and disappears, leaving Miranda behind amidst the stacks of documents containing the beautiful stories of their mutual journey.

## Discussion

Reflecting on the research question concerning the nature of the mentoring relationship and how learning and growth evolve in it, it is notable that the relationship was characterised principally by person-centredness (Cardiff, 2014) and care. The mentoring process was given shape with care and consideration and included being attentive towards the other, respecting and valuing each other as a person, and having concern for the other's vulnerability and needs. This was made possible through sensing the state of each other's being, and supporting and acknowledging the other person in their being, sometimes called 'presencing' (Cardiff, 2014), for instance, by expressing appreciation of the other or being physically present at times when the other feels uncertain. In addition, both parties valued learning and there was a clear shared intention to learn.

Factors positively related to mentoring in previous (quantitative) research, such as female gender (Sosik & Godshalk, 2000), communication skills, emotional

intelligence (Fletcher & Ragins, 2007) and frequent face-to-face contact (Eddy, D'Abate, Tannenbaum, Givens-Skeaton & Robinson, 2006), are present in the narrative. Although these factors, being present, will have played a role, the analysis shows the mutual sensitivity for each other's being, and the caring and learning-focussed values to have particularly promoted the development of a high-quality mentoring relationship. They created the conditions for a context or atmosphere in which it was possible to reveal one's own vulnerability and for 'communing' - communicating at a deeper level (Cardiff, 2014), something that occurred, for example, when Ragna and Miranda evaluated situations and considered each other's uncertainties and their role in the situation. This contributed to strengthening communal norms, according to Ragins (2012) an antecedent for high-quality mentoring relationships, and the development of a deep and close mentoring relationship. There was connectedness, compassion, mutual support and trust, safety to learn and experiment, and equality at the relational level. Despite differences in expertise and experience, the mentoring process was continually and mutually being shaped. There was mutual influence and shared decision-making, resulting in what Kempster and Iszatt-White (2013) call co-constructed coaching. Both tried to respond to the other, feeling committed and responsible, not only for their own growth and learning but for that of the other too. It is in and through acting on these feelings of responsibility and the responsiveness to the other that personal and professional growth takes place.

As Walker (2007) explained, felt responsibilities come from and are given and taken by those involved in active processes and situations on the basis of how one defines one's self and others (identity), what one finds important (value) and where one stands in relation to the other (relationships). For example, Ragna defined herself as a novice in facilitating and researching group processes and valued 'meaning something to other people'. From the beginning she offered Miranda practical help in organising meetings, while at the same time she took hold of every form of help and relied on Miranda in her development as a PD'er. Miranda, defining herself as a mentor, felt it important to support Ragna in this. She did so by guiding her 'from the front and side-line' (Cardiff, 2014), using physical presence, exemplary behaviour and positive affirmation. This distribution of roles or positioning of the self in relation to the other, which Cardiff (2014) calls 'stancing', however, is not static or one-sided. Through engagement, doing and experimenting, both those involved and the situation change and an imbalance occurs, which then stimulates an active re-orientation of self and rearrangement of cognitive, embodied and experiential knowledge in order to find a new balance (Jones & Corner, 2012; Snoeren, Niessen & Abma, 2013; Varela, 1999). In other words, people learn and grow. For instance, Ragna started to identify herself more as an experienced facilitator increasingly taking the initiative and the lead, so that Miranda's facilitating strategy was no longer suitable and she adjusted herself to

facilitate ‘from alongside and behind’ (Cardiff, 2014). She identified herself and Ragna more and more as critical friends than as mentor and protégé, which made it possible for her to stay more in the background and to have dialogues at a deeper level about personal matters and their ways of ‘being’ a PD’er. Or as Walker (2007) explained: by acting on these felt responsibilities the socially and historically constructed identities, values and relationships are transformed so that another shift occurs in the felt responsibilities.

It is thus in and through this continual process of disturbance and rediscovery of balance that learning and growth occur, which can be unintentional and unconscious, but which acquire an explicit character when feelings of discomfort or puzzlement are experienced (Snoeren et al., 2013; Varela, 1999). For example, when Ragna took over the facilitating of the research group meetings, Miranda experienced a tension between controlling the situation and ‘letting go’. By feeling such internal and/or interpersonal unease, awareness and self-discovery took place and (collective) reflection on the lived experience was encouraged, which lead to new and more profound insights (Eraut, 2004; Kolb, 1984; Marsick & Watkins, 2001). This made sharing knowledge possible (Nonaka & Takeuchi, 1995) and triggered the link between doing and thinking, so that the future being is influenced (Cardiff, 2014). In addition, it encouraged both self-regulated learning (Zimmerman, 1989), which according to Schunk and Mullen (2013) is important in mentoring, and action learning (McGill & Brockbank, 2004). These elements are present in the narrative above as both Miranda and Ragna formulated, shared and tried out new insights, actions and learning activities, which in turn lead to new lived experiences, reflection and growth along with new disturbances and imbalance in the order of things.

In summary, the narrative illustrates, in line with others (e.g. Eraut, 2004; Marsick & Watkins, 2001; Schunk & Mullen, 2013), that purposeful, incidental and emergent learning reinforce each other and encourage reflective practice (Schön, 1983). It is also clear that learning and growth are continuous and relational processes that take place through participation and interaction, and that the learning of one person is dependent on the learning and growth of the other. The learning and growth of those involved is thus intertwined and interdependent. Learning and development becomes an active, dynamic, reciprocal and interrelated process that is nourished by a sensitive, responsive and caring mentoring relationship which simultaneously enriches and deepens this person-centred relationship.

## Meaning and further directions

The narrative presented here is specific to the narrators and context in which the relationship took place and therefore cannot be simply generalised to other contexts. Moreover, this research has limited itself to the relational processes in a dyadic relationship while it is probable that there was reciprocal influence with the broader context (Jones & Corner, 2012). Despite this, the detailed description offers the reader an opportunity of vicarious experience (Stake, 1994), so that he/she can test whether the narrative could be relevant within their own context or life world (Ellis et al., 2010). Mentors and protégés may therefore learn from the narrative insofar as it offers them new insights into the relational processes and outcomes of own mentoring relationships.

In addition, the co-constructed and detailed narrative reflects and connects relational theories and concepts within mentoring. It contributes to a better understanding of mentoring relationships as it illustrates the underlying relational principals and more profound processes that a concept description, such as relational mentoring (Ragins, 2012), might only allude to. Such a concept forms a simplified representation of reality, as it is difficult to capture the true complexity and underlying micro-mechanisms at play (Niessen, Abma, Widdershoven, van der Vleuten & Akkerman, 2008). For instance, mutuality is the norm in relational mentoring and according to Ragins (2012) a high-quality mentoring relationship enables development from an ideal to an authentic self, yet Ragins does not give any in-depth description of how mutuality or an authentic self can develop. The narrative offered here does offer more insight. It demonstrates that antecedents, functions and outcomes of relational mentoring (Ragins, 2012) are not separate elements, but are dynamic and intertwined. They come into being and develop in relation to each other, interacting with each other and continually and mutually influencing each other, more than is represented in the construct of relational mentoring. This makes it plausible that, for example, an antecedent such as mentoring schemas (Ragins, 2009, 2012) should not simply be seen as pre-existing static cognitive representations influencing expectations of behaviour and (inter)actions in the mentoring relationship, but that these schemas are in fact lived, felt and changeable, co-evolving for mentor and protégé through being in relation.

Finally, the narrative suggests a need for further research and indicates a direction for further conceptual elaboration of mentoring relationships. In the first place, it seems appropriate to approach a dyadic mentoring relationship as a co-created and complex system, as suggested by Jones and Corner (2012), by which the dynamic and emergent character of a (high quality) mentoring relationship receives more emphasis. We would advocate the integration of such a perspective

with the concept of relational mentoring. In addition the use of relational leadership theories, such as person-centred leadership (Cardiff, 2014), and their integration in mentoring literature is recommended. Theories of learning and knowledge construction could increase our understanding of relational processes and mentoring outcomes, and may offer frameworks to support the description of high-quality mentoring processes.

Considering the specific nature of this co-constructed auto-ethnography, further research into underlying and relational processes in (high-quality) mentoring relationships is recommended. Such research should focus on what happens in interactions. In addition to the large amount of quantitative research into mentoring relationships, deeper ethnographic studies are needed. These should take place within various contexts and with various types of mentoring relationships in order to further clarify the relational and interactive processes, complementing and deepening existent theoretical insights into mentorship.

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# Chapter 4

## Beyond dichotomies: Towards a more encompassing view of learning

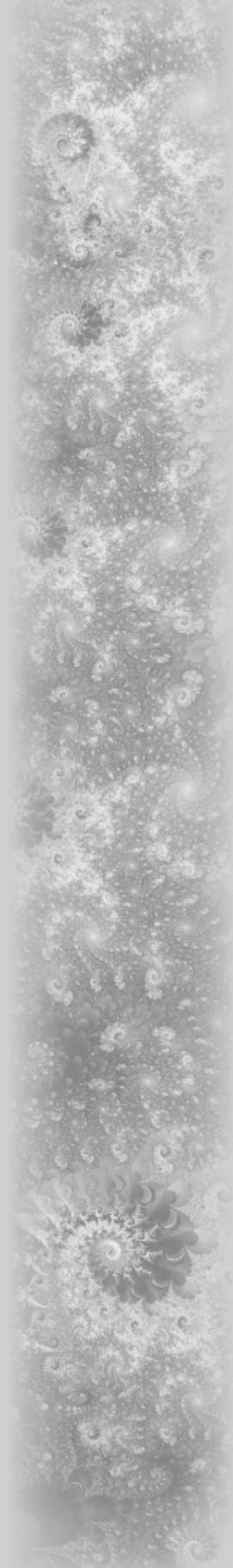
*Group level of learning*

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## **Abstract**

In organisations learning is generally seen as a dynamic, collective, and often conscious process that occurs by reflecting on real work experiences. In this article we discuss these assumptions about learning in the context of work by presenting a case study in the care for older people. The case illustrates that learning in and through work is predominantly an embodied and responsive phenomenon that usually occurs implicitly while acting. We argue that a learning perspective grounded in the worldview of enactivism encapsulates this pragmatic and embodied character of learning and at the same time provides a reality and language helpful in encouraging a critical attitude towards assumptions about learning in organisations.

Understanding learning from an enactive point of view carries consequences for studying and organising learning within organisations. These are outlined within this article to challenge managers' meanings of learning in health care and comparable settings and to encourage further dialogue on this issue.

## Introduction

There is a tendency within management and organisation studies to see the context of work as increasingly important for professional growth and the development of practice. Consequently the literature on learning in organisations is abundant. Concepts like organisational learning (Argyris & Schön, 1978), work based learning (Manley, Titchen & Hardy, 2009; Realin, 2000), workplace learning (Billett, 1996), situated learning (Lave & Wenger, 1991), informal learning (Eraut, 2004; Marsick & Watkins, 1990) and action learning (Pedler, 1997; Revans, 1976) are described and explained. Although these concepts have different foci, there seems to be a set of assumptions about work-related learning on which they build.

First, learning does not take place through formal education or training, but is situated within an organisational context in which employees participate. It is based on natural and often unexpected opportunities in real work situations. Therefore learning from these experiences is often implicit (Reber, 1993), informal and incidental (Marsick & Watkins, 2001). Moreover, it is also socially and contextually informed, as well as dependent on individuals' emotions, intuitive or tacit understanding and personal knowledge, since these will affect one's perception and experience of the situation (Andresen, Boud & Cohen, 2001; Billett, 2006; Eraut, 2004).

Second, reflection is generally seen as important or even as a core process (Høyrup, 2004) since (tacit) knowledge emerging (implicitly) from (spontaneously gained) experiences might lead to incorrect assumptions or might be used uncritically (Eraut, 2004; Marsick & Watkins, 2001). By reflecting on experiences and integrating tacit or practical gained knowledge with other forms of knowledge, like propositional or conceptual knowledge, experiences become meaningful and what has been learned can be criticised, tested and revised (Eraut, 2004; Marsick & Watkins, 2001; Schön, 1983). As a result individuals' frameworks of knowledge alter and deeper insights into the complexity of work are gained, leading subsequently to new actions and thus new experiences. This cyclical process is called experiential learning (Kolb, 1984).

Third, learning is a social and collective process whereby knowledge is co-constructed (e.g. Billett, 2006; Dixon, 1996; Nonaka & Takeuchi, 1995; Realin, 2001; Senge, 1990). By explicating and reflecting collectively on experiences, knowledge, thoughts and assumptions, shared meanings and understandings develop in dialogue and tacit knowledge is transformed in explicit knowledge (Dixon, 1996; Nonaka & Takeuchi, 1995). This process, called externalisation (Nonaka & Takeuchi, 1995), makes knowledge transferable. It requires frequent and intensive interaction between people, for example as organised through knowledge networks such as communities of practice (Abma, 2005; Wenger, 1998).

Fourth and consequently, work-related learning requires to a greater or lesser extent the intention to learn. Although learning in and from work has implicit elements, the employee's willingness to use his or her experiences as a source of learning seems to be assumed. Drawing on learning theories such as adult learning (Knowles, 1990) and lifelong learning (Field, 2006; Harrison, Reeve, Hanson & Clarke, 2002), employees are increasingly expected to be self-directed and motivated to learn (Ellinger, 2004; Knowles, 1975; Merriam, 2001; Zimmerman, 1989). Ideally, the employee determines his or her own learning goals, develops reflexivity and uses interactions intentionally for learning and development. This suggests that learning, among other things, is a purposeful and conscious activity that can be promoted through the development of learning skills (Marsick & Watkins, 2001; Simons, Linden van der & Duffy, 2000; Zimmerman, 1989), deuterolearning (Argyris & Schön, 1978) and even by planning and organising learning (Zimmerman, 1989).

Finally, work-related learning requires appropriate pedagogy and guidance. Examples of strategies include modelling, coaching, questioning, scenario building, organising and sequencing of workplace experiences, encouraging interpersonal interactions, helping to identify learning conditions, and teaching in the use of learning strategies (Billett, 2002; Marsick & Watkins, 2001). Furthermore, it is important to understand the readiness of the workplace to afford workers the opportunity to learn and the influence of cultural and situational factors (Billett, 2002).

These assumptions, grounded in cognitivism and social constructivism, correspond to the propositions identified by Tynjälä (2008) and emphasise that work-related learning is dynamic, context-bounded and based on natural and often unexpected opportunities in real work situations. At the same time they underline the importance of intentional learning, explication, and (collective) reflection. There is little emphasis on the learning that emerges spontaneously, or 'on the spot' while acting and doing. To find a balance between on the one hand implicit, serendipitous and embedded learning and on the other hand reflection and intentional learning, a critical attitude towards such assumptions is required.

With this article we aim to contribute to the development of this critical attitude. First, we will highlight some theoretical insights that may challenge the assumptions about work-related learning and explain why we believe these insights have not yet led to a sufficient critical attitude towards prevailing assumptions. Then we will present a case, set within the context of care for older people, in order to identify and discuss prevailing assumptions of learning in organisations. The case concerns a participatory action research initiated with the intention to increase the quality of care and work-based learning as defined by Manley et al. (2009). They argue that "the everyday work of health care is the basis for learning, development, enquiry and transformation in the workplace" (p. 121), requiring,

for example, skilled facilitation, active learners who learn with and from each other in formal and informal learning situations, and supportive infrastructures. Underpinned by the assumptions described, the facilitation of the project was focused on promoting intentional learning and reflection to encourage the development of learning skills and to increase and deepen participants' professional knowledge and insights. We will exemplify how learning evolved during the action research process to reflect on the social constructive perspective and the more cognitive verbal approach of the facilitators, as well as drawing attention to the importance of embodied, implicit and serendipitous learning that seems to characterise healthcare practices in nursing homes. Further, we bring nuances to the discourse around reflection, consciousness raising and intentional learning, and suggest an enactivist worldview (Niessen, Abma, Widdershoven, van der Vleuten & Akkerman, 2008; Varela, Thompson & Rosch, 1991) to encourage a more encompassing view of learning.

## Challenging assumptions

The assumptions described earlier are sometimes challenged in the literature. For example, Niessen et al. (2008) critiques the linguistic, methodological and ontological idiosyncrasies identifiable in cognitivist and constructivist worldview accounts. Others (e.g. Billett, 2006; Cunliffe, 2008; Fenwick, 2006; Hodkinson, Biesta & James, 2008; Küpers, 2008) argue that literature presents learning as primarily cognitive in nature thereby failing to explain the complexity of learning in organisations. They indicate that individual and social or cultural learning are often approached separately and advocate a more holistic, embodied or embedded view of organisational learning. Sometimes critics focus in one or two assumptions. Kayes (2002), for instance, argues that experiential learning is criticised from multiple angles and Taber, Plumb, and Jolemore (2008) show that situated learning and communities of practice are not always sufficient to explain learning that emerges from situated and responsive actions. Another point of critique is the limited attention in this body of literature for power inequalities and related issues (Fenwick, 2008; Hodkinson et al., 2008).

Despite the presence of these criticisms in the literature, we believe that the assumptions described remain dominant in the dialogue and research into work-related learning. The diverse and often independent nature of the criticisms contributes to this but so may the preference to think within the worldview that one has embraced. A worldview forms the foundation for thinking and believing; people will naturally use and search for language, knowledge and methodologies that are congruent with and thus confirm their view (Firestone, 1987; Niessen, Vermunt, Abma, Widdershoven & van der Vleuten, 2004). Existing (cognitive and

social constructivist) beliefs and assumptions are thereby strengthened, making it increasingly difficult to think outside the embraced paradigm.

We recognise this tendency in our own thinking and assume its influence on our initial identification and acceptance of the above mentioned assumptions as well. A cognitivist and social constructivist perspective on learning was emphasised in our formal educations and by people around us. The many publications underlining one or more of the assumptions described, or illustrating how to apply such principles in practice (see for instance Ellinger, 2004; Gray, 2007; Korthagen, 2005; Kuiper & Pesut, 2004; Realin, 2001; Sadler-Smith, 2008), and the still wide use of pioneering and foundational work within the organisational learning literature confirmed our thinking rather than refining or modifying a cognitivist and social constructivist worldview. For example, Senge (1990), who explains that five disciplines are necessary to achieve a learning organisation, including personal mastery and motivation for learning, team learning, and critical examination and sharing of own mental models, or Argyris and Schön (1978), who emphasise the importance of reflection and double loop learning, give no reason to question these assumptions. This combination of factors encourages, as in our case, the taken-for-granted adoption and uncritical use of these assumptions.

It remains difficult to foster a critical attitude towards one's own beliefs and assumptions, and it seems something more is required than current contributions in the literature. In our experience it was helpful to actually encounter how learning emerged and evolved within our practices, including the confrontation provided by the conflicting perspectives on learning held by ourselves and research participants. We argue that experience itself is most powerful in encouraging a critical attitude towards learning. More applied insights into *how* learning could unfold or could be encouraged in practice may complement the more theoretical and philosophical literature explaining *why* another, or a more encompassing, view of learning is helpful (e.g. Fenwick, 2006; Hodkinson et al., 2008; Küpers, 2008). In addition, concrete and practical examples of how learning occurs in demanding practice contexts and during action, like we will describe in this article, may lead to recognition. This may trigger reflection on own practices and encourage a critical attitude towards learning and theories around learning.

## Methodology

### Research setting

The case is set within a care setting for older people in the Netherlands, on a unit where care, education, innovation and research are combined with the overall aims of developing a challenging workplace for practitioners and to improve the

quality of care (Snoeren & Frost, 2011). Twenty-two people with psycho-geriatric problems live temporarily on the unit for observation, rehabilitation or during crisis. The members of staff responsible for the daily care are twenty vocational trained nurses and healthcare assistants and eighteen students, who are supervised by a nurse manager. Staff members vary in degrees of training, knowledge and experience. There are four ward assistants who help alternately in providing meals and doing household tasks. In addition, staff members work closely with (para)medical disciplines and one part-time activities co-ordinator, who is sometimes assisted by one of the three regular volunteers during the activities she undertakes with residents.

The practitioners had the joint ambition of improving the quality of care, starting by involving residents more in household tasks and recreational activities. To achieve this an action research project, in which practitioners were supported by two facilitators, was set up. Both facilitators have a background in nursing and education and were familiar with the care facility and research setting. One of them was employed by the care facility. She worked on the unit regularly and collaborated intensively with practitioners. For her own learning she worked closely as a novice or co-facilitator with the other, more experienced facilitator. This facilitator, the first author of this article, is a lecturer in a faculty of nursing and was seconded for two days a week to support the process as a consultant and researcher. Although her position was more distant, relationships with participants were constructive and open. Nevertheless, both participants and co-facilitator tended to look up to the facilitator as someone who was more experienced in initiating projects and doing research.

Both facilitators value equality, learning and innovation, and held the assumption that explicit and collective learning is important for growth and development. These principles influenced their facilitation strategy, which was focused on encouraging dialogue, sharing knowledge and reflecting on experiences. Prior to commencing the project the more experienced facilitator obtained permission, from the management of the care facility and project participants, to generate data during the project for use in a larger study into how and what people involved in care for older people learn. Using the project as it developed, additional data was collected at a meta level for the purposes of this research.

## Study design

A participatory action research project was initiated to increase the engagement of residents in occupational and recreational activities. Action research is an emergent and cyclic inquiry process concerning practical issues and purposes. It links action and reflection, and practice and theory (Reason & Bradbury, 2001).

Practitioners participate as actively as possible in the research process, alternating and integrating research, change and learning through which knowledge increases.

To enhance participation, collaboration and learning, staff members were invited to participate in a coordinating group: the research group. Five people joined the group: two diploma-qualified practitioners (an activities co-ordinator and a nurse), one practitioner qualified to certificate level (a healthcare assistant) and two unqualified practitioners (a ward assistant and a volunteer). The research group's task was to initiate the project, to facilitate improvements on the ward and to participate in evaluating the results. They were supported by the facilitator, who facilitated the research group meetings that took place every two to four weeks, and the co-facilitator.

The first action research cycle took one year and was established using Kemmis and McTaggart's (1988) four-phase framework.

- 1 Reconnaissance. Storytelling (Abma & Widdershoven, 2005), observations and dialogue were used to analyse the problematic situation. Goals of the action cycle were discussed, set and member-checked with the team in a team meeting.
- 2 Planning. Actions for improvement were identified by using different brainstorming techniques. These actions concentrated on various aspects, such as creating a shared vision, improving communication structures and encouraging sustainability.
- 3 Action and observation. The action plan was presented in a team meeting using drama (Mienczakowski, 1995) and dialogue. Research group members operated as change agents to achieve the actions planned. In research group meetings observations and experiences of practice were shared and the action plan was fine-tuned.
- 4 Evaluation and reflection. Through individual and group interviews, observations and questionnaires data was collected from all stakeholder groups regarding eventual improvement in resident involvement in day planning and activities. Results were reflected upon with staff members. Agreements were made about continuing the project.

Action research theory explicitly posits learning within action research as a goal in itself, not just collateral to the participants' main aim - in this case the intent to improve practice. As learning had the interest of the facilitator and was the focus of a more comprehensive study, a second closely related aim within this action research was to study how and what participants learn while engaged in an action cycle. For this reason, this action research cycle can be viewed as an intrinsic case study (Stake, 2003). An intrinsic case study tries, through longitudinal involvement of the researcher in the setting, to reveal crucial aspects of the research question as seen from an insider perspective. This particular site was chosen for its learning potential (Stake, 2003) and this case represents the participation of five staff

members in the research group during the first action cycle of the wider action research project. Examining how and what practitioners have learned is the focus of this article.

## Data collection and analysis

To understand how and what participants learn data additional to that mentioned in the list above was collected using multiple methods (Stake, 2003). Detailed notes and audio recordings were made of the seventeen research group meetings, and notes were taken during team meetings in which research group participants shared their work with colleagues. The facilitator kept a journal with field and reflective notes on her observations and experiences while working together with participants. These notes were helpful in reconstructing the case in chronological order.

To explore in greater depth how participants experienced learning through participating in the research group every meeting included a short evaluation in which two interview questions were asked. (1) What have you learned during this meeting? (2) What encouraged you to learn this? In addition, individual semi-structured interviews were held by the facilitator with all five participants after six months, just after the phase of action and observation had started. After finishing the research project, one year after its commencement, participants shared their experiences in a group interview. To encourage an equal contribution of all participants and to support the uncovering and sharing of experiential knowledge, photo cards were used for association and visualisation. Each participant was asked to choose photo cards reflecting their own ideas about 'meaningful activities for residents' and 'engaging residents in activities'. They were asked to choose a card representing their ideas (1) before the project started and (2) after the first action cycle was finished. Thirdly, a photo card was selected with reference to their ideas about what had caused any change in their own perspective. Participants shared their associations with the selected photos and explained how these associations related to their own experiences and ideas about the engagement of residents in daily activities, creating a dialogue on how and what was learned during the project.

The audio recorded and transcribed interviews and descriptions were analysed in collaboration with the co-facilitator and the second author independently in order to answer the research question: what and how have research group members learned through their participation in the project? By unravelling the data and putting them together again issues meaningful for the actors themselves, called emic issues (Stake, 1995), emerged from the case and patterns among these issues became meaningful.

## Quality procedures and ethical considerations

To enhance the quality of the research several procedures to increase trustworthiness (Lincoln & Guba, 1985) were used. First, the prime researcher stayed within the research setting for a considerable time. Through this prolonged engagement persistent observation of the situation was possible. Furthermore, triangulation of data and method occurred, documented in a detailed audit trail and a reflexive log. Data was member checked continuously by asking participants to provide feedback on minutes and reports. Reliability of the findings was enhanced through co-analyses of the data by three researchers. Credibility of the findings was examined from both an outsider and insider perspective by asking the co-facilitator, co-authors and participants to give their comments on the story presented here (see Findings). Based on their feedback a number of small changes were made in expressions and the degree of detail. For transferability thick description was used, which provides opportunities for readers to vicariously experience the events described and be able to estimate to what extent the context, and thus the results, are applicable to their own situation. This is what Stake (2003) calls the need for naturalistic generalisation.

To establish a viable insider perspective or emic account that does justice to the participatory character of this research we also paid attention to Lincoln and Guba's (1986) authenticity criteria: fairness, ontological authenticity, educative authenticity, catalytic authenticity and tactical authenticity. Fairness points to the amount in which relevant stakeholders are intensively involved and questioned on their experiences in the research. The remaining criteria refer to an enhanced understanding of own and other's views into the research topic, the degree to which the action research facilitates new actions and the degree to which the participants feel empowered to change their behaviour. In all aspects it is fair to say that the participants in this project have shown positive changes. Although differences in roles, knowledge and expertise might have affected the trustworthiness and authenticity of the research, participants felt they were heard, indicated experiencing a sense of safety and experienced the researcher's facilitation as enabling them to grow. This was realised by the creation of open relationships and partnership, by promoting equality and by achieving space to share ideas and discuss concerns. Furthermore, facilitators shared information constantly and created ownership and reciprocity during the on-going member checks, so that these member checks acquired a broader meaning than just validating findings.

In addition to these ethical considerations typical for participatory research, participants were fully informed about the aim of the research and the interests of

the researcher and participated voluntarily in the research. Furthermore, prior permission was asked to record meetings and interviews, transcripts were anonymised, and participants were asked to treat information shared by others in meetings and the group interview as confidential.

## Findings

The case is presented as a chronological narrative based on how the action research project proceeded. It consists of experiences and outcomes as expressed, often afterwards, by members of the research group.

4

### Start-up and expectations

Members of the research group enter the first meeting enthusiastically. They talk spontaneously together about their experiences on the ward. They state that, *“doing more with residents”* is their main motivation to participate in this project. Residents often seem to be bored and passive and participants expect that residents will become happier by *“doing more”* with them. Participants share their ideas about the kinds of activities they would like to undertake with residents. Volunteer Greet wants to organise an afternoon with games and drinks, while Eline, the ward assistant, wants to arrange a Reiki session.

The facilitators temper the spontaneous responses by explaining that a thorough problem analysis helps to determine the most successful actions. The phases in an action research project are then explained and visualised to both clarify the need for a thorough analysis of the current situation and to offer participants a structure for working together on the project. Additionally, the facilitators encourage participants to consider and express precisely how and what they want to learn during the project. It appears however, that participants have other expectations of the research group and their involvement in transforming the activity patterns on the ward: *“I expected it would happen right away with the activities [for residents] and not that there would be a process that preceded it”* (Eline, ward assistant). Or as Kim (activity coordinator) puts it: *“It’s all fun setting learning goals, but you just want to start. All those other things attract me less.”*

### Reconnaissance and action planning

The dynamic interaction between participants, characterised by telling stories and talking over each other, is a recurring pattern in next meetings. The facilitators influence these interactions and guide the research group towards purposeful sharing of experiences and observations in order to analyse the issue of resident participation in activities. It becomes clear that currently resident activities are

offered collectively (to groups of residents) by Kim, the activity coordinator, in a weekly programme. Participants express their hope that involving residents in activities will become a team responsibility and not just Kim's.

Dialogue within the group, as well as the input of others, seem to help participants to view the issue from a broader perspective. For instance, the nurse manager, physician and nurse Anja suggest that activities should be provided that correspond with the individual needs and interests of the resident, appropriate to the aim of the resident's admission. They give examples, like involving a resident in preparing meals to improve the resident's experienced independence. However, coming up with concrete suggestions themselves seems challenging for research group members, as Greet (volunteer) mentions: *"Yes, but individually oriented activities, thus resident focused; I totally have no idea yet."* Furthermore, some participants compare themselves to other, perhaps better educated, colleagues, saying that those others *"think faster"* and *"know more"*; feelings of insecurity follow.

Several meetings are spent brainstorming around ways to raise and maintain the awareness of colleagues about involving residents in occupational and recreational activities, how to create a shared vision and organise individual and purposeful activities for residents. According to participants this part of the process is passive and bureaucratic. Feelings of doubt, expressed at the beginning of meetings, seem to be related to differences in positions and one's own role in the process. For example, Greet (volunteer) expresses concern when the nursing process and coordination of care, topics not related to her own job position, are discussed: *"then you think, 'am I still useful [in the project], as a volunteer?' "*. Also, the impression that there are other important things to do on the unit is sometimes a reason to question participation in the research group. Motivation is decreasing: *"I do not like meetings, because I must sit and listen and think. [...] And I think it takes a very long time, it is primarily more paperwork."* (Donna, healthcare assistant). Others agree: *"I am very practice orientated [...]. Yes, I would prefer more action and it is all taking a bit long. [...] I think it is pretty tedious"* (Eline, ward assistant). Nevertheless, after sharing their concerns, participants are affected by the others' enthusiasm and engaging stories; meetings end positively and with renewed enthusiasm. Despite varying motivation, participants continue in the research group out of commitment and a feeling of responsibility to each other and the team. With the help of the facilitators, who encourage creative thinking, ask challenging questions and give concrete suggestions, the group manage at last to identify several ideas and actions for improvement for themselves and other colleagues. Even at this stage participants continue to struggle to come up with ideas: *"I'm still trying to find out what I should do. I'm finding it difficult to think up an activity"* (Donna, healthcare assistant).

## Doing and acting

The research group holds a long discussion about how to inform colleagues about the content of the action plan and how to create commitment within the whole team. Anja (nurse) holds long monologues about this issue, while others have little to say. There are plenty of silences. Then Eline (ward assistant) suggests that the research group could perform a role-play for the rest of the team. At once everyone is enthusiastic. Ideas are exchanged about the content of the play and everyone talks with great animation, joking and laughter. Participants decide to play a situation in which a resident in the living room is feeling bored, but with two scenarios. The first time a participant will play a team member who acts in an old fashioned way typing a residents' progress report while ignoring the resident. The second time the participant plays the same scene in the desired manner, focusing on what the resident wants. Between these scenes a dialogue will be held with the team. Participants rehearse the play and hold a lively discussion about what they have seen and how the actor could clarify the desired situation even more. The role playing brings new energy to the group that is further enhanced when participants perform the play at a plenary team meeting. The enthusiasm inspires both the participants and other team members. *"Everybody's enthusiasm to work on this has helped too. Without enthusiasm it soon dies away. It expresses itself in dealings with residents"* (Donna, healthcare assistant). Participants become eager to take action with regard to providing activities attuned to residents: *"My motivation came back from the moment we had done the sketch. That was the doing, wasn't it? Then I thought: 'Now things are really going to happen' "* (Eline, ward assistant).

The participants start trying out the suggestions made earlier and a growing sense of solidarity seems to arise. On the ward participants talk to each other more often (informal and functional) and they ask each other for help when necessary. Kim (activity coordinator) for example asks Greet (volunteer) to help her with an activity or asks her to take something over from her. Through this and by trying things out participants seem to become more aware of what to do with residents and which role they can play in their own job to involve residents in activities. Anja (nurse) gives an example: *"During morning cares you can combine many things in the form of activities; making the bed, chatting, undertaking something intentionally between those moments. [...] It does not have to be big. Individual conversations with someone, or two people. However simple it is, what it is about, that does not really matter."* Donna mentions that just looking at others helps her to become more knowledgeable and motivated, especially when the other person differs in knowledge and expertise: *"Just keeping an eye out while I pass by. [...] For example seeing how the activity coordinator approaches people. I*

*find it hard to motivate people to engage in activities. She does this so easily. Her example helps me” (Donna, healthcare assistant). Meeting challenges in the work itself, like adapting constantly to a changing resident population, and simply trying out something new in one’s own practice also contribute to becoming more knowledgeable. Greet (volunteer), for example, has noticed: “One-to-one or one-to-two contacts that is easier to oversee, even for the people themselves, than when you engage five or six people [...]. But you must have experienced it first though.”*

Eline (ward assistant) explains how her new behaviour changes the situation on the ward, which in turn seems to increase a further awareness for engaging residents into meaningful activities: *“I noticed if you said something like: ‘Do you want to help?’ or ‘Do you want to set the tables?’, she [the resident] began to ask for more to do. Or, she did not ask at all, she started by herself. Then she said: ‘I might come to work here.’ [...] Because, at some point, they [residents] just come to ask if they can help: ‘Do you need help?’ And then I think: ‘oh yes, of course’.”*

These experiences are occasionally shared in the research group meetings provided that the facilitators explicitly invite participants to reflect on the progress made. When asked what they have learned participants recount vividly the activities with residents initiated by themselves or colleagues, and how residents responded to these initiatives. They occasionally talk about the difficulties they experience, for example in getting some team members involved, when the facilitators help them by asking critical questions.

## Project results

In reflecting on the project’s results participants conclude that they involve (individual) residents more often in daily (household) tasks and activities, and they feel this has become a shared responsibility of the entire team. As a result, residents are more alert and seem less often to appear distressed or restless. Changes in participants’ behaviour, however, are not limited to providing meaningful activities for residents. Relationships between participants have grown and some participants feel they are more part of the team now, like Eline (ward assistant): *“With respect to my colleagues, more of a doing it together feeling. As [ward] assistant you are sometimes left out. [...] I notice that in a group like the research group, that there is more... It is different, you get to know each other in a different way. A bit more solidarity.”*

Role-changes and personal growth are also evident: *“I really am more secure, like ‘this is going to happen, because that is what we agreed upon’. I also feel as if I am a change agent. Because I participated in this process I know more than the rest, which encourages me to involve others. [...] For example, with the students, then you often have to provide guidance, or make suggestions for the student like*

‘what if we do it like this and you undertake an activity with those people?’ ” (Donna, healthcare assistant). Research group members are enthusiastic about the results; they have reached their goal.

## Analysis

Reflecting on what and how participants have learned during the project, we see that they developed a broader view of engaging residents in meaningful activities and thus improved the quality of care and care practice itself. They came to know better how to motivate residents to participate, increased their sense of confidence and developed more equal partnerships as well.

These expanded understandings took time. In the beginning there were feelings of insecurity, inequality and doubt. Expressing these feelings in the group reduced concerns temporarily; the enthusiasm of others was inspiring and commitment to the team maintained motivation to participate. However, real understandings and actual coping with these issues arose by acting in daily practice. Understanding and effective coping were the result of and grew out of a compound of being experientially, cognitively and bodily engaged in repeated efforts to change practice by seeing examples, listening to others and by ‘just being there and doing it’ (trial and error). Within the practice encounter itself (involving residents in meaningful activities), participants engaged hands-on in building up their repertoire of effective responses. This in turn changed the situation on the unit, encouraging further learning and change. We can see this when one of the practitioners engaged in new activities with a resident and found that the resident became more likely to initiate similar activities. The practitioner altered the situation by acting differently, and in reaction to the resident’s response to this changed situation the practitioner’s own inner condition altered subtly at the same time. She became more open and sensitive to her own and the resident’s signals. Parallel with this hands-on coping, confidence rose: instead of taking a subordinate position, participants developed more egalitarian roles and shared ownership. Differences between participants no longer led to uncertainty, but promoted mutual learning. Also, practitioners gradually became better at finding words to express their experiences and understanding, for example when practising the play or sharing experiences in meetings with the research group.

In contrast, the facilitators’ social constructivist approach, focussed on expressing and sharing experiences and explicit and intentional learning, appears to have had less influence or impact than we expected. It even generated tension as this approach did not do justice to the participants’ collective preference for *doing* and *acting*. It appears that the norms and values of the two groups differed, regarding learning and the purpose of learning, and that the facilitators had privileged their own view.

Whereas facilitators valued learning as a process or a goal in itself (in that it promotes development and empowerment), participants had first and foremost the intention to improve practice. They appreciated contributing to and enhancing practice, in this case doing more activities with residents. All participants were highly motivated on this issue, but an intrinsic motivation for learning *as such/in itself*, generally seen as a necessity for learning (Knowles, 1990; Merriam, 2001), seemed to be absent. For instance, participants talked about *what* they could do with residents, but did not mention their own behaviour nor did they ask questions about *how* they could learn or improve their own actions concerning this matter. Consequently, learning as a goal in itself was not a process to be easily organised or actively steered towards: it was “merely” a by-product (Doornbos, Bolhuis & Simons, 2004). Moreover, participants did not develop learning skills or strategies that they could deploy consciously in the future.

The facilitators valued explicit learning and reflection. Their intention to focus on more abstract verbal knowledge and generalities however, seemed artificial and time consuming to the participants. This dampened participants’ enthusiasm during the analysis and planning phases. Although cognitive and verbal explication of insights and understandings could have contributed to the further deepening of knowledge, it seemed more likely that the interaction between resident and caregiver and being bodily present within the situation provided the baseline for learning. For example, by performing the play participants had a physical experience and *saw* and *felt* how they could react in a situation through which their understanding seemed to grow and deepen. This was also helpful in transferring these lived insights to everyday situations, resulting in a changed behaviour towards residents and an emphatic presence on the unit. Similarly, contacts with residents and seeing and experiencing how their own actions influenced and altered the situation directly was helpful. Learning seemed to be a process therefore, that is mainly mediated through bodily acting and coping with care situations. This embodied learning remained mostly accidental, unconscious and implicit as participants initially hardly gave words to experiences. Only when they were invited to share their experiences or when they experienced difficulties did they explicate their learning by telling stories. Then they examined dialogically their feelings of discomfort and searched cognitively for possibilities for dealing with the situation, for example in encouraging other staff members to undertake recreational activities with residents. Reflection, generally seen as fundamental to experiential learning (e.g. Kolb, 1984; Korthagen, 2005; Realin, 2001; Schön, 1983), appeared to have little place and to take place collectively on the basis of dialogue about concrete examples. Furthermore, reflection seemed to be less individual and in-depth than is usually suggested in literature (Kolb, 1984; Korthagen, 2005; Schön, 1983).

## Discussion

On the one hand the case confirms common social constructivist assumptions on learning in organisations as presented in the introduction; learning is based on experiences gained in the particular situation, it is informal and generally incidental and it is socially formed. On the other hand, the case shared in this article does, in our view, give reason to refine and balance this view.

First, practitioners might not always fulfil the image of self-directed learners as idealised by several authors (Ellinger, 2004; Field, 2006; Harrison et al., 2002; Knowles, 1975; Merriam, 2001; Zimmerman, 1989). They might not determine their own learning goals or use interactions purposefully for their own learning. As this requires an intrinsic motivation for learning (Knowles, 1990; Merriam, 2001), the development of learning skills seems to be an aim too far reaching. In our case, this is linked to a moral inclination to do good for vulnerable and dependent others. Therefore this might be particularly at issue when practitioners are more focused on the well-being of others than on their own development, as in health care, educational and pedagogical professions.

Furthermore, learning at and through work seems less cognitive and explicit than is often suggested. Kolb (1984) argues that it is necessary to complete the whole learning cycle; in our case this is scarcely noticeable. Participants reflect little and superficially and do not integrate these insights explicitly or deliberately with existing knowledge. Yet learning, resulting in changed behaviour and more equal relationships, is evident. Participants gained new insights and built up their repertoire of effective responses and coping through engaging by chance of occurrence within the daily working process to change practice ‘to do more with residents.’ This learning or coping seems to be a continual process, often without deliberate mediation of cognition, as if through the learning and acting the situation is altered directly, through which on the part the participant him or herself is influenced again (changing one’s behaviour).

Therefore, in line with Billett (2009), Fenwick (2001), Niessen et al. (2008), and Gold, Thorpe, Woodall, and Sadler-Smith (2007), we argue that learning is an embedded and embodied process enmeshed within a web of many heterogenic elements that reciprocally influence each other, more than is outlined in most literature. Although we acknowledge the value of reflection for testing and correcting spontaneously and unconsciously gained knowing, as do for example Eraut (2004), Marsick and Watkins (2001) and Schön (1983), we argue that the importance of reflection, and the great attention paid to the concept in the literature, is overstated in relation to learning within organisations.

In our case reflection seems to happen only when there is a lack of grip on the situation. At such times reflection is characterised by telling stories to each other

about experiences (reminding and evaluating) instead of thinking individually and in-depth about one's own acting (analysing and reflecting). This argues for a reinterpretation of the role and manner of reflection as is also suggested by van Woerkom (2010). As it is also not completely clear that reflection leads to better choices, increasing motivation for learning or clearer work identity (Luken, 2010), we argue that the assumption that explicitness and consciousness raising are required for learning (in organisations) should be challenged. This position contrasts starkly with that taken by others (e.g. Marsick & Watkins, 2001; Realin, 2001; Simons & Ruijters, 2004), who consider cognition and reflection paramount for learning and who emphasise the benefits of explicating implicit learning. Recent insights in brain research and psychology, however, show that reflection may even be counterproductive, as it can foster worry and perhaps increase the risk of depression (Luken, 2010). Research by Dijksterhuis (2008) shows that a focus on cognition within learning and decision making could lead to poor choices as it leads a person further away from their feelings. According to him, the unconscious thinking mode has a much higher capacity for information processing than the conscious mode (Dijksterhuis, 2008). This position is congruent with that of Hodgkinson, Sadler-Smith, Burke, Claxton, and Sparrow (2009) and Sadler-Smith (2008) who value unconscious processes such as intuition for (collective) learning and decision making in organisations.

### **A more encompassing view of learning**

We are aware that our findings are based on a single case within a specific setting and thus not capable of being generalised. Furthermore, our analysis will have been affected by our own beliefs and the experiences gained during the project. Because these experiences were powerful in causing shifts away from our initially held assumptions, we may have unconsciously used language and sought evidence to establish and confirm our shifting understandings and values. Nevertheless, we believe that the findings could be complementary to the discussion on learning within the context of work. They give reason to re-think the value placed on reflection and explicit and deliberate learning, and to interpret work-related learning in such dynamic settings more widely than is commonly expressed. Hence we argue for an approach to learning that takes the hands-on, embodied, pragmatic and dynamic acting of practitioners in its own right. A view that moreover acknowledges that learning is holistic and responsive, and a 'by-product' gained in passing while working to improve practice. This type of learning is more in line with a practice-based view (Gold et al., 2007; Marshall, 2008) or a non-educational perspective (Doornbos et al., 2004) on professional development. It has strong similarities with the relationally responsive orientation as explained by Cunliffe (2008) and the embodied 'inter-learning' as described by Küpers (2008),

who also state that the complexity of work-related learning is oversimplified and explain the on-going embodied, responsive and interrelated nature of learning. As previously stated, although these alternative views of learning are present in the literature, the dominant discourse is centred on a social constructivism approach to work-related learning. There seems little room in this view for a wider interpretation of learning although we feel it inadequately reflects the complexity of work-related learning. To broaden the discussion and develop alternative understandings, it may therefore be useful to approach learning from a different paradigm instead of refining or expanding the existing worldview. Another paradigm presents a different perspective on reality, revealing or accentuating different aspects of learning, and offers an alternative language in which to express the process of learning.

We believe that an alternative worldview for this more encompassing learning perspective could be grounded in enactivism (Varela et al., 1991); a view that partially draws from evolutionary biology, and complexity theory. Enactivism acknowledges that learning is grounded in activity and provides an opening for both implicit and non-intentional learning and explicit and intentional learning processes. Being at once bodily, cognitively and experientially engaged in the world by moving, acting and participating in it, people enact a world. To enact a world or practice means that practitioners shape their practice and at the same time are influenced by it (Snoeren, Niessen & Abma, 2012; Sumara & Davis, 1997), as we saw in our case when the practitioner experienced the residents' changed behaviour. Learning from an enactivist perspective is therefore inherently interdependent and socially informed and is not so much a process in which one explicitly accumulates knowledge, rather it is a recursive process in which one adapts and expands one's space for possible action. Learners continually and actively re-orientate and rearrange their mental and their bodily and experiential structures to maintain these in relation to their world. As they do so, they create new possibilities for understanding and acting that emerge out of their situation specific actions.

Learning is thus the result of minor and major perturbations in situations caused by actions that lead to disequilibria within us and between us, which we deal with on the fly. Varela (1999) calls this 'immediate coping', which he considers a meta level of understanding that transcends logical analysis. Within enacted, immediate coping people move continuously from one 'readiness-in-action' to another (Varela, 1999). Mostly this is imperceptible. It has similarities with tacit knowledge (Polanyi, 1966), but differs in the sense that Varela (1999) emphasises less that people have prior knowledge which is activated or applied in a situation since knowledge arises through the co-emergence of the person and the setting.

The movement from one situation to another can sometimes be overwhelming, for example when people do not feel they are on top of the situation. Having no suitable response readily available, feelings of discomfort, puzzlement or chaos can occur. It is only at these moments that people become reflective, consciously deliberate and analyse the situation (Varela, 1999). In our case, this happened when participants experienced difficulties in encouraging other staff members to undertake activities with residents. By telling stories and using dialogue they reflected on the situation and became mindful (Langer, 1997) of the situation. In this way enactment and embodied ways of knowing can bring forth more purposeful, articulate and explicit learning, or in Varela's words: "immediacy precedes deliberation" (Varela, 1999, p. 33).

## Implications

Approaching and understanding learning as an embodied, implicit and co-emerging phenomenon has implications for learning facilitators, managers and researchers. Given the complex nature of practice, it takes for instance confidence and trust for learning facilitators and managers to value the happenstance character by which people learn. This suggests that they should not have the ambition to completely organise and manage learning processes. Besides focusing on the content of learning and explicit learning outcomes, one should be mindful of unanticipated directions and possibilities for action to exploit and facilitate these.

Such opportunities for embodied and serendipitous learning could be encouraged by creating a challenging and changing work context, possibly achieved through job rotation. Working together side-by-side with (experienced) others in daily activities is helpful since these persons are able to function as role models and coaches in an experienced and non-verbal manner providing and living examples of best practice. On the contrary, a more encompassing and time-consuming project such as presented in this article puts the focus on meta cognitive abilities and processes and does not align easily with the abrupt dynamics of practice and learning in the midst of activity. Therefore rapid cycle improvement (Plsek, 1999) in which the action plan will not be fully developed before implementation but in which interventions will be immediately tested on a smaller scale would be more appropriate.

For the same reason, multiple forms of reflection that highlight an embodied and co-emerging practice should be promoted and integrated. Being mindful (and thus embodied) in the situation enables 'knowing in action' and 'in-the-moment' response (Keevers & Treleaven, 2011). It encourages mindful open-ended reflection (Varela et al., 1991, p. 27): reflection being a form of experience itself that takes into account the metacognitive ability to sense one own senses while being engaged in the moment, enabling "openness to possibilities other than those

contained in one's current representations of the life space". In addition collective, contextualised and future-orientated reflection, such as productive reflection (Boud, Cressey & Docherty, 2006), is useful especially in problem or unusual situations. Active work forms like drama and creative imagination might be useful in these reflection activities. They encourage the use of all senses and different forms of knowledge, which could lead to new insights (Higgs, 2007) and can strengthen cooperation (Stuckey, 2009; Titchen, 2009).

Finally, alternative perspectives or views on evaluating and assessing learning within a work context are required (Niessen, Abma, Widdershoven & Van der Vleuten, 2009). Küpers (2008) presents an integral framework and cycle of learning that might be appropriate for developing and evaluating learning within the context of work. Pridham, O'Mallon, and Prain (2012) also suggest a framework that could be useful in this respect. Furthermore qualitative approaches for studying and measuring learning, such as participant observation, storytelling or creative expression could be suitable. Multi-source feedback (Bracken, Timmreck & Church, 2001) could also be helpful in measuring and explicating enacted and embodied learning. Besides asking the learner, peers and clients to identify learning outcomes, experts could relate and compare the learner's being and enactment to their own knowledge and expertise and that of others.

## Conclusion

This study examines common assumptions concerning work-related learning and questions the value placed on reflection and explicit and deliberate learning. It shows that learning in organisations is characterised by a combination of embodied and implicit approaches as well as cognitive and explicit approaches to learning like social constructivism. These perspectives on learning are closely interrelated and mutually reinforcing. How this relationship manifests itself and which approach is dominant will vary according to context or practice, but both forms of learning will be present.

The findings confirm and complement earlier critiques that cognitive and social constructivist approaches of work-related learning inadequately reflect the complexity of learning in and through work. Furthermore, the case described gives a concrete example of how learning may emerge while working and doing with which readers could identify themselves. This practical focus is complementary to the generally more theoretical and philosophical critiques and may encourage a more critical attitude towards own values and assumptions concerning learning than abstract contributions do.

Finally, our case may encourage further discussion on learning in organisations as it suggests another philosophical baseline for approaching learning in

organisations. This enactivist position encompasses existing approaches to learning, but provides a different view of reality and an alternative language through which different aspects of learning will be revealed and accentuated. Enactivism could therefore encourage a broader view of work-related learning and may be useful not only in care for the elderly but also in other professions where rapid decisions are made within the practice encounter itself.

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# Chapter 5

## Nurturing cultural change in care for older people: Seeing the cherry tree blossom

*Unit level of learning*

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## Abstract

There is a need for person-centred approaches and empowerment of staff within the residential care for older people; a movement called ‘culture change’. There is however no single path for achieving culture change. With the aim of increasing understandings about cultural change processes and the promotion of cultural values and norms associated with person-centred practices, this article presents an action research project set on a unit in the Netherlands providing care for older people with dementia.

The project is presented as a case study. This study examines what has contributed to the improvement of participation of older people with dementia in daily occupational and leisure activities according to practitioners. Data was collected by participant observation, interviews and focus groups. The results show that simultaneous to the improvement of the older people’s involvement in daily activities a cultural transformation took place and that the care became more person-centred. Spontaneous interactions and responses rather than planned interventions, analysis and reflection contributed to this. Furthermore, it proved to be beneficial that the process of change and the facilitation of that process reflected the same values as those underlying the cultural change.

It is concluded that changes arise from dynamic, interactive and non-linear processes which are complex in nature and difficult to predict and to control. Nevertheless, managers and facilitators can facilitate such change by generating movement through the introduction of small focused projects that meet the stakeholders’ needs, by creating conditions for interaction and sense making, and by promoting the new desired cultural values.

## Introduction

Since the end of the 1990s there has been a perceptible shift in models of long-term care for older people. There is movement from a traditional and medically oriented approach to one in which more emphasis is placed on the autonomy, choice and self-determination of the individual older person (Baur, 2012) and empowerment of staff (Rahman & Schnelle, 2008), aiming at increasing the quality of life of both. In the United States this is known as culture change (Chapin, 2010; Jones, 2011; Rahman & Schnelle, 2008) - a concept for which there appears to be no single accepted operational definition in literature, although there is consensus that it is a systematic and long-term transformation process towards a holistic therapeutic community based on person-centred care and dignified workplace practices (Chapin, 2010).

Person-centred care offers a philosophical basis for gerontological care that demands respectful and meaningful relationships between professionals and older individuals in need of support or care (Chapin, 2010; Jones, 2011; Kitwood, 1997; McCormack & McCance, 2010; Nolan, Davies, Brown, Keady & Nolan, 2004; van Zadelhoff, Verbeek, Widdershoven, van Rossum & Abma, 2011). The older person is valued and recognised as an individual and care is directed towards his or her wellbeing and quality of life. Knowledge of the person, consciousness of the other's convictions, values and experience, building mutual trust and understanding and maximising choice and autonomy are important. Furthermore, it is essential to create a supportive physical and organisational environment in which community and place-making are crucial components (Chapin, 2010). This means working together to create a meaningful and appreciative environment in which people, organisation, programs, etcetera are seen as a coherent system. Everyone working or living in the organisation is regarded as an informed and integral team-member or partner and valued for their input, talent, and potential. Ideally, there is power-sharing between the older person and staff, leading to joint decision-making (McCormack & McCance, 2010) and residents are urged to help create community life (Chapin, 2010).

Culture change appears to be difficult to bring about in care for older people due to the traditional and hierarchical character of organisations (Chapin, 2010), a standpoint confirmed by Koren (2010). She indicates that deep culture change is rare and that the adoption of culture change and person-centred practices remains inadequate, although the awareness of the culture change movement has grown in recent years. The main challenges to fundamental change seem to be staff motivation and vision, relationships between staff, residents and family, team work, and empowerment of staff (Caspar, Cooke, O'Rourke & MacDonald, 2013; Corazzini et al., 2014; Shield, Looze, Tyler, Lepore & Miller, 2013; Tyler & Parker,

2011). Such challenges could be met by developing new shared cultural values, deep beliefs and patterns of unconscious basic assumptions (Cameron & Quinn, 2011; Corazzini et al., 2014; Moles, 2006; Schein, 2004; Tyler & Parker, 2011). According to Schein (2004), these emerge when a group learns to adapt to the environment (external adaptation) and develops internal methods and procedures (internal integration), whereby the most successful solutions or elements are retained and passed on to new members of the organisation. Little is known, however, about *how* to achieve such fundamental cultural changes as much research in the culture change industry has focused on superficial attributes and observable issues, for example concerning bathing and dining or consistent assignment of staff (Tyler & Parker, 2011).

This article aims to contribute to an increased understanding of the development of cultural values and norms associated with person-centred practices by examining an action-research project, aimed at the improvement of daily activity for older people with dementia. The desire to improve the level and type of resident activity arose from problems experienced by staff members, who had the tendency to think and do *for* instead of *with* residents. During the project opinions about what constitute meaningful daily activities changed gradually together with what staff members regarded as good care. Values altered and unplanned changes in workplace culture also took place, contributing to the development of culture change. This action-research project is therefore seen as 'good practice' and, due to the educational potential as a case-study (Stake, 2005), is examined and described in this article. First some philosophical perspectives of organisational change and transformational processes are outlined. Then the context is sketched and explanation given of the action-research project and its examination at meta-level. By considering the factors contributing to the improvement of daily activities and the wider effects of this improvement in relation to the perspectives on change, philosophical insights about cultural change processes are offered and the lessons learned are shared.

## Transformational change processes

Although there are ample perspectives on change, there is no consensus about the *nature* of organisational change processes or *how* to transform cultural values. For example, van de Ven and Poole (1995) identify four 'motors' of change that Kezar (2001) completes with two typologies. Graetz and Smith (2010) on the other hand define ten change philosophies. Notwithstanding these differing perspectives, one is able to make a division into two general and contrasting beliefs about change processes (Hallencreutz & Turner, 2011; Kezar, 2001).

A first belief is that change is a planned and manageable process that follows some sequential steps, for example as is suggested by Lewin (1947) who claims that change occurs through the phases of ‘unfreezing’, ‘moving’ and ‘refreezing’, or Kotter (1996) who explains that change processes start with creating urgency, convincing others that change is necessary leading to the formation of a coalition, and creating and communicating a vision. This technical orientation to change is top-down and linear or cyclic (Hallencrutz & Turner, 2011; Todnem By, 2005) and seems to be dominant and most widely accepted (Higgs & Rowland, 2005; Lee, Weiner, Harrison & Belden, 2013; Walsh, Crisp & Moss, 2011). A second, opposite view of change concerns a continuous and emergent process of adaptation to changing circumstances, which cannot be fully predicted, managed or controlled. Change is a bottom-up, complex and ongoing learning process based on particularity instead of universality (Hallencrutz & Turner, 2011; Higgs & Rowland, 2005; Weick & Quinn, 1999). This adaptive view is considered to be better suited to the reality and complexity of practices, and seems to be more successful (Higgs & Rowland, 2005). Nevertheless, most change processes described in literature, especially within health care, are top-down, and linear or cyclic following a pre-descriptive plan (Lee et al., 2013). This tendency seems to be also recognisable in the culture change literature.

Within the culture change literature it is clarified that there is no single path to person-centred care. Each organisation has to find its own, which is not a fixed or linear plan (Shields & Norton, 2006; ThePioneerNetwork, 2004), but ‘a journey that continues through time and evolves’ (Jones, 2011: 19). It is a process that can vary in scope and size and can take various forms (Rahman & Schnelle, 2008). However, several authors have described stages or phases of the transformational process of culture change suggesting some kind of linearity and manageability. For example, Grant and Norton (2003) explain that facilities developing culture change move through four successive stages, while Shields and Norton (2006) describe the change process using Prochaska’s stages of change (1994). They suggest that in every stage some tasks have to be fulfilled before moving to the next stage. Such phase models give the impression of a mechanical reality and change being predictable. Furthermore, culture change publications appear often to be addressed to executives and change agents, emphasising a top-down approach.

Underlying philosophical assumptions and principles of the cultural change process are seldom explained explicitly in the culture change literature. The focus is mainly on enabling conditions, such as staff participation, joint decision-making, training of staff, a willingness and capacity to change, facilitative leadership, and appropriate procedures and policies (Berkhout, Boumans, Mur & Nijhuis, 2009; Crandall, White, Schuldheis & Talerico, 2007; Robinson & Rosher, 2006; Shield et al., 2013) and the development of supporting tools, like training modules (Jones, 2011), the Artifacts of Culture Change Tool (Bowman & Schoeneman, 2006), and

Culture Change Living Toolkit (PiDC), among others, in which these knowable conditions can be managed. Only recently some authors have contributed to the discussion on implementing culture change on a philosophical level by approaching the transformational process from complexity theory (Corazzini et al., 2014; Sterns, Miller & Allen, 2010). In-depth research into underlying micro processes of cultural change and transformation of normative values could inform the promotion of necessary conditions and the development of detailed guidelines, which according to Rahman and Schnelle (2008) are needed. The action research project examined in this article aims to contribute to this field of interest.

## Research approach and design

### Setting and participants

The action-research project took place in a nursing home in the Netherlands, in a unit in which a shifting population of 22 older people with psycho-geriatric problems temporarily reside for observation, recuperation or as crisis admittance. The unit is housed in a new building with two home-like living-rooms and a private bedroom for each resident, and had been in existence several months when the project started.

Working in the unit are a nurse manager and 20 licensed practical nurses, registered nurses and healthcare assistants, together with a varying group of circa 18 students from various care training programs doing their clinical placement in the unit. In addition there are four ward assistants who help with household tasks and serving meals. The unit also has a part-time activities coordinator, often aided by a voluntary worker. This nursing team works with other members of the multidisciplinary team such as a gerontologist, psychologist and physiotherapist.

Hoping to encourage staff to not act solely on tradition and instruction, the management aimed to combine care, education, innovation and research on the unit with the object of increasing the quality of care and developing a challenging workplace (Snoeren & Frost, 2011). This process was supported by two facilitators, one of whom is employed by the care organisation, was present in the unit part-time and had an intensive collaboration with the nursing team. She worked with a more experienced facilitator, the first author of this article, who was seconded to the project two days each week as consultant and researcher to support the process (Heron & Reason, 1997; Reason & Bradbury, 2001). Inspired by principles of Practice Development (Manley, McCormack & Wilson, 2008; Munten et al., 2012), both facilitators have the intention to involve all stakeholders in this process, whereby personal qualities, creativity and professional knowledge are acknowledged. They value equality, participation and mutuality, which they strove

to give substance by creating social conditions (such as openness, safety and mutual trust) and encouraging democratic processes, joint decision-making and the bottom-up initiation of improvements. Instead of 'doing for', practitioners were invited to and supported in giving form to the process. They were regarded as collaborating partners and co-researchers, with the facilitators supporting them in investigating their own practices (Heron & Reason, 1997; Reason & Bradbury, 2001).

### The action-research project

In order to improve the quality of care in the unit an action-research project was set up - an emergent and cyclical process that links action and reflection, and theory and practice, and by which learning and change take place and knowledge is developed (Reason & Bradbury, 2001). Using a responsive approach whereby practices were evaluated in dialogue and from various stakeholder perspectives (Abma, 2005; Abma, Molewijk & Widdershoven, 2009), nursing team members (meaning, as in the rest of the article, both staff and students) reached a consensus on the first area to be improved by means of an action-cycle: they wanted to 'do more with residents' and offer residents more (group) activities.

An action-research group, formed on a voluntary basis and consisting of the co-researchers (an activities coordinator, nurse, healthcare assistant, ward assistant and volunteer) and both facilitators, initiated the project, monitored its progress and evaluated its results with others involved. Residents and/or family members were not part of this group. The residents' limited and fluctuating cognitive capacities make full participation and decision-making challenging, an ethical issue which is also raised by Munthe, Sandman, and Cutas (2012). Furthermore, co-researchers indicated that they themselves were not yet ready for this. Participating in a research group was in itself new and challenging for them. As they were not used to cooperating with residents and family as equal partners, the co-researchers expressed fears that residents and family would not understand the group discussions and felt that resident and family participation would hinder them in speaking openly in the group about their experiences delivering care on the unit. Although not entirely in line with their values, the facilitators' understood this position and accepted it as a starting point, hoping that team members would gain new insights about resident and family participation during the process, as well as develop the confidence to engage in more co-operative practices.

To plan and guide the project the research group met once every two to four weeks for an hour and a half. In addition, the research group organised a number of meetings with members of the nursing, medical and allied health teams to involve them and to exchange ideas. The action cycle lasted a full year and was set up according to Kemmis and McTaggart's (1988) four-phase framework. The

process began with (1) the reconnaissance phase in which the issue was analysed, followed by (2) planning, resulting in an action plan, (3) action and observation and (4) reflection (figure 1).

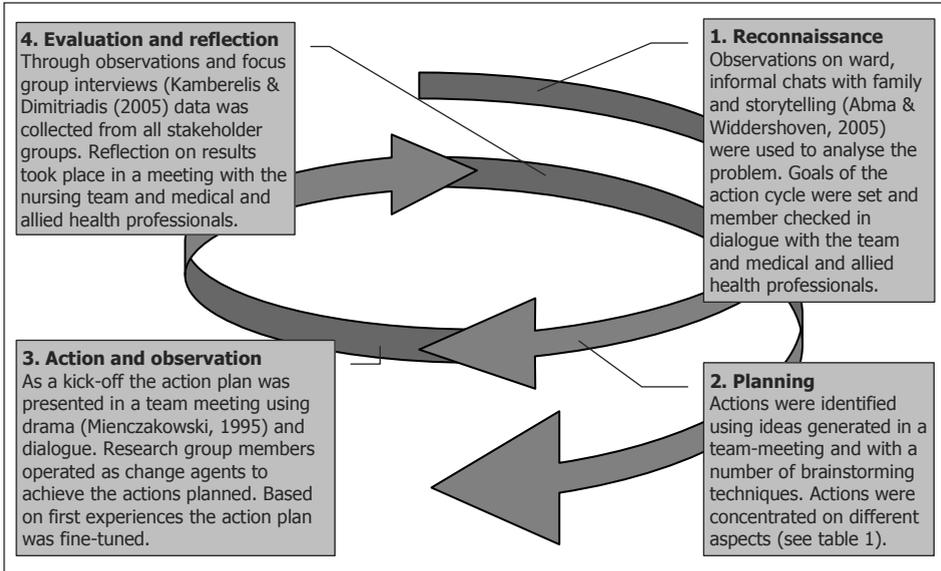


Figure 1 The action research project

In the reconnaissance phase it became evident that many practitioners did not know how to involve residents in activities and that the activities coordinator offered groups of residents activities on a fixed weekly basis. Family members had no active role in undertaking activities with the residents. When no activities were on offer residents drowsed and appeared bored. The research group aimed, therefore, to offer more group activities, to involve family where possible and for this to be the responsibility of the whole nursing team. The nurse manager and the gerontologist added that activities should suit the needs and interests of the individual resident and contribute to meeting admission aims, such as the improvement of the resident's independence. This was not in team members' minds as yet and not their focus. However after one year, according to diverse stakeholder groups residents were more involved with activities suited to their needs and preferences, which influenced their well-being positively. See table 1 for a summary of the action and evaluation plan.

## Meta-study

The action-research project was also studied on a meta-level as a case study in order to acquire more insight into how such processes unfold over time and

Table 1 Summary of action plan

Aims
<ul style="list-style-type: none"> <li>- Members of the nursing, medical and allied health teams feel responsible for purposefully involving residents in activities and (household) tasks.</li> <li>- These practitioners know their residents' interests so that activities can be suited to them.</li> <li>- The daily activities in which the resident is involved contribute to the aims of admission.</li> <li>- Residents appear more alert and their personal expressions and actions give an impression of increased wellbeing.</li> <li>- Family members are acquainted with activities in which the resident is involved and, if possible, take an active part in these.</li> </ul>
Actions
<p><b><i>Generating ideas for (group) activities</i></b></p> <ul style="list-style-type: none"> <li>- A file is available for nursing team members and family members with suggestions for activities that can be undertaken with residents.</li> <li>- Nursing team members share with each other which activities were and were not successful and report this in the care dossier.</li> </ul>
<p><b><i>Suiting activities to the interests and needs of the resident</i></b></p> <ul style="list-style-type: none"> <li>- At the resident's admission a form is distributed and completed by family members in order to collect data on the background and interests of the resident. This information is included in the care dossier.</li> <li>- 'Daily activities' is a fixed item on the agenda in the multidisciplinary meeting so that agreements are made about how each discipline will give form to the residents' activities in relation to the aims of admission of the resident.</li> <li>- Practitioners note agreements and particulars in the area of welfare and daily activity in the resident's care dossier.</li> </ul>
<p><b><i>Increasing family involvement</i></b></p> <ul style="list-style-type: none"> <li>- During the admission procedure the primary nurse discusses the expectations and possibilities that exist for daily activities and issues an explicit invitation to family members to join in with these.</li> <li>- The unit's monthly newsletter intended for practitioners, residents and family will include the month's agenda of group activities and a review of activities that were undertaken the previous month.</li> </ul>
<p><b><i>Increasing co-operation, consultation and support</i></b></p> <ul style="list-style-type: none"> <li>- Undertaking activities and involving residents in household tasks is a fixed agenda item at the morning meeting with nursing team members (daily 10.15 – 10.30). Aim: organising who does what.</li> <li>- During the afternoon meeting with the nursing team (daily 13.00 – 13.30) the way in which residents can be involved in activities is discussed. Aim: learning from each other and sharing practical and resident-oriented knowledge.</li> <li>- Members of the research group and other motivators bring activities to the attention of colleagues at times both planned and unplanned. At the same time they act as role models in offering activities.</li> <li>- Each month the research group posts a pithy saying concerning activities as a reminder for other practitioners.</li> <li>- Involving residents in activities is a fixed part of the orientation program for students and new staff members and during supervisory meetings with students.</li> </ul>
Evaluation
<ul style="list-style-type: none"> <li>- Interim evaluation on the basis of experience in the research group meetings and team-meetings.</li> <li>- After one year evaluation of the whole project using a responsive evaluation approach (Abma, 2005; Abma et al., 2009):             <ul style="list-style-type: none"> <li>o Observation of residents' actions and expressions in various situations: with no activities, during visits, during small-scale activities (&lt; 4 residents) and large-scale activities (≥ 4 residents).</li> <li>o Focus group meeting with family members (n=6) about involvement, expectations and satisfaction with daily activities.</li> <li>o Focus group meetings with medical and allied health professionals (n=7) about residents' behaviour and the degree to which daily activities targeted at the admission aims are implemented.</li> <li>o Focus group meetings with nursing team members (n=7) about residents' behaviour, the degree to which daily activities targeted at the admission aims are implemented, and relations with residents and family.</li> </ul> </li> </ul> <p>Data-analysis through critical creative hermeneutic analysis (van Lieshout and Cardiff, 2011) – a cyclical and collective analysis process based on creativity and dialogue.</p> <p>Meeting with nursing team and medical and allied health staff members for dialogue on the results and reflection and response.</p>

contribute to changes. A case-study explores a complex phenomenon within its context, to understand the particular case and learn from it (Stake, 2005).

Complementary data to that gathered by the co-researchers was therefore collected by the first author (see table 2), using a number of methods (Stake, 2003). Based on her participant observations the first author kept a diary with observational notes and reflections on her own role. The seventeen research group meetings and those with other practitioners involved were also audio-recorded and detailed minutes were taken to enable a reconstruction of the case.

To gain insight into what contributed to changes in the unit, after six months the first author held semi-structured interviews with the five co-researchers. Topics touched on motivation to participate in the research group, the influence of the process, and the interim (learning) benefits. After a year, three group interviews (with respectively three co-researchers, two students and three staff members) and an individual interview with a ward assistant were held. The dialogue in these interviews concerned what participants thought about daily activities (1) before the project, (2) after the end of first action cycle and (3) what had contributed to changing their perspective on daily activities. The interviews, lasting an hour, were audio-recorded and fully transcribed.

Data was thematically analysed in collaboration and using ATLAS.ti 6.2. The research question was: "What, according to the nursing team, had contributed to the improvement in participation in daily activities and what were the results?" The data was read in order to become familiar with it; then the same three interviews were independently open coded by the first three authors. Next, consensus was reached about the code words used by discussing agreements and differences and clarifying meaning. The list of code words was then tested on an earlier coded interview and two sets of minutes, also independently coded, resulting in some supplementary codes. The rest of the data to be coded was divided between the first two authors. The code list was used as an aid without being directive and still allowing fully open coding.

Subsequently, the code words were categorised and thematised by the first three authors in dialogue. Due to constantly moving between focus on parts of the whole and testing interpretations against the greater whole (Niessen, 2007; Paterson & Higgs, 2005) patterns between themes became visible. By integrating themes and bringing them in relation to each other by using a metaphor, further meaning was given to the data. These results were discussed with the whole research team. Because the fourth author was not so closely involved in the analysis process her critical eye was helpful in refining the results.

Table 2 Summary of collected data

Time period	Data	Collector	Aim / focus of data
March 2009 – July 2010	Diary with notes based on participative observations.	Researcher	Monitoring process, construction of case, identifying project outcomes and aspects that fuelled the improvement process.
May 2009 – July 2010	Audio-recordings and minutes from research group meetings (n=17).	Researcher	
June, September and November 2009	Audio-recordings and minutes from team-meetings (n=3) with members of the nursing, medical and allied health teams.	Researcher	
November and December 2009	Transcriptions of individual interviews with co-researchers (n=5).	Researcher	Identifying project outcomes and aspects that fuelled the improvement process.
April 2010	Audio-recordings and reports of two focus groups with medical and allied health professionals (n=7).	Co-researchers with support from facilitators	
	Audio-recording and report of focus group with family members (n=6).	Co-researchers with support from facilitators	
May 2010	Audio-recordings and reports of two focus groups with nursing team members (n=7).	Co-researchers with support from facilitators	
	Four reports of residents observations.	Students with support from facilitators	
	Audio-record and report of critical creative data-analysis.	Co-researcher and facilitators	
June 2010	Audio-record and report of reflective meeting with participants.	Researcher	Evaluation of the project
July 2010	Transcription of focus group with co-researchers (n=3).	Researcher	Identifying project outcomes and aspects that fuelled the improvement process.
	Transcription of focus group with students (n=2).	Researcher	
	Transcription of focus group with nursing staff (n=3).	Researcher	
	Transcription of individual interview with ward assistant.	Researcher	

## Quality procedures and ethics

The research made use of triangulation of data and methods, and a number of researchers were involved in the process of analysis, which encouraged the exploration of the phenomenon from varying perspectives (Stake, 2005). In addition prolonged engagement and persistent observation contribute to the credibility of the results (Lincoln & Guba, 1985). Data was also continuously member-checked by asking for participant feedback on reports and summaries of interviews.

This research falls outside the provisions of the Dutch law on medical research with people (Ministerie van Volksgezondheid, 2006). Ethical approval from a

Medical Ethics Review Committee is therefore not possible. The organisation and researchers involved are expected to ensure that the research is conducted in an ethically responsible way. Ethical challenges in the participatory research concern the achievement of partnership with research participants, mutual respect, inclusion, equality and learning from each other (Banks et al., 2013). For practitioners these challenges were met by the manner of facilitation, the involvement as co-researcher and through shared decision-making. However, the practitioners' partnership limited the participation of residents and their family to informants in the data collection. Although there was respect for every individual and one's wishes and needs, this created unintended inequality.

Practitioners and family members (as research participant and as the resident's representative) were given prior information about the aim and methods of the research and took part voluntarily. Previous permission was requested for the recording of meetings and interviews and transcriptions were made anonymous.

## Results

The results demonstrate that aspects that fuelled the improvement process were also seen as outcomes of the project, while the outcomes mentioned by the nursing team led to changes in cultural values and norms, and in their turn contributed to the improvement process. There appears to have been positive mutual influence and growth, and this seemed to be a messy process (Cook, 1998) that gradually developed in interaction with the context. To demonstrate this messiness and mutuality we present the metaphor of 'the cherry tree' in which the growth and development of the tree is the symbol for the improvement of the daily activities in the unit. It should be noted that any description of the research results gives only a temporary and relatively simplistic image of the reality; such a description does not do full justice to the actual dynamic and messiness that occurred during the project.

### The germination process (figure 2)

A cherry tree comes from a cherry-stone seed, but only in the presence of suitable fertile ground and favourable growing conditions. In our case the cherry-stone 'daily activities', found fertile soil when there was consensus on greater involvement of residents in activities, an area that the participants (meaning all those involved in the study, not just the research group) themselves found important to improve. The desire or intrinsic motivation to 'mean a bit more' to residents encouraged the cherry-stone casing to break open. In addition, favourable external factors ensured the seed's germination, such as a changing

context. An example of this is a reduction of the hours that the activities coordinator was available in the unit. This led to participants experiencing a degree of urgency around allocating tasks differently or even reviewing one's own function. Contributing most to the experienced fertility seem to have been the feeling that 'we all want the same', or having a common purpose, and noting the enthusiasm of others, giving a feeling of solidarity.

*"On your own you can think that it is important to do something with someone [a resident] but it doesn't really go any further. But now I see others think it important too. I get new ideas about how others look at it. I find that stimulating" (licensed practical nurse 1, group interview).*

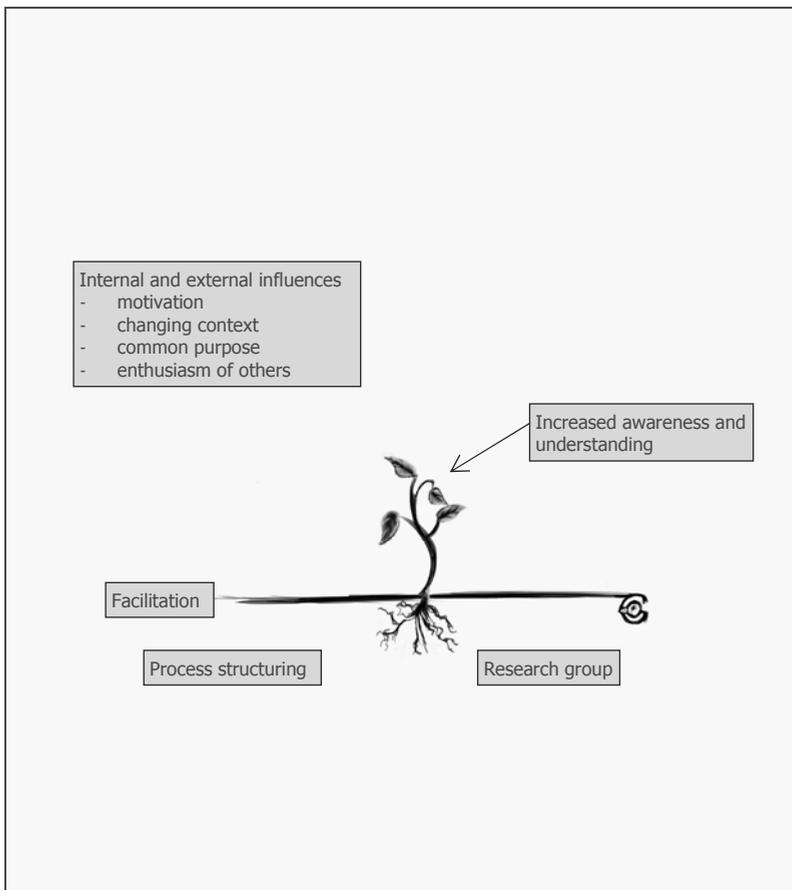


Figure 2 The germination process

These favourable growing conditions suppressed less fertile factors, such as an uncritical attitude, a tendency to accept the status quo and not taking the initiative to change. The seed took root and fragile roots sought an anchor in the earth. In the project this anchor was the facilitators who structured the process. They suggested the formation of a research group, organised meetings of its members and offered the phases in an action-research project as a possible method. The facilitators also promoted the necessary social conditions, such as safety, equality and respect for others, in which the members of the research group dared to be themselves so they could grow and develop. The research group developed into a root in terms of promoting meaningful daily activities.

*“With the team and research group, in any case the research group, we’ve begun to give a lead to get the whole team on board to achieve this. We take it up and lay it out for the others so that we can all get to work on it. If we hadn’t done that, it wouldn’t have happened” (co-researcher 1, group interview).*

The still fragile roots absorb water rich in nutrients necessary for the growth of the cherry tree. In our case-study co-researchers fed on the facilitation which helped them to grow as a group and to shape and structure the process. This ensured that the subject received and retained attention, among other things, by involving everyone and by organising and encouraging regular meetings and dialogue among participants. During these contacts and interactions participants spontaneously told each other stories and shared experiences related to the involvement of residents in daily activities, which contributed to growth in these early stages. The seed gives forth a shoot with a few tender leaves, in our case a growing awareness and increased understanding among participating individuals of the importance of daily activities and what one can do about it. For example, the realisation that activities do not always have to be large-scale to have an effect.

*“Now I realise I should do something with the people [residents]. For example I see there isn’t any music; we set about making it cheerful and, in the evenings too, I try to make things cosy. Those are the things I’m conscious of, and for me that is a change in myself” (licensed practical nurse 1, group interview).*

Germination stimulates the growth of new roots. More and more participants, including the nurse manager, demonstrated the value of involving residents in activities and the subject was discussed more often in the unit. The number of roots was increasing through which the seedling could absorb more nutrients from the earth, thereby encouraging growth.

### From seedling to tree (figure 3)

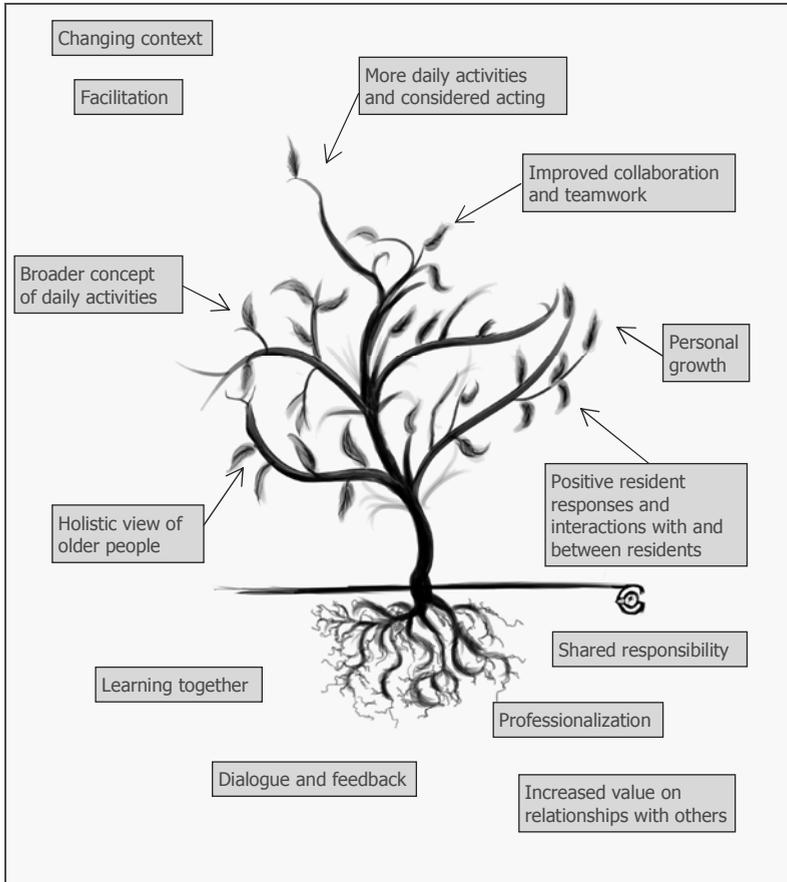


Figure 3 From seedling to tree

A seedling is fragile: it can be trampled and is vulnerable to extreme changes in weather. It is helpful to optimise conditions, for example by fertilising the earth. For this reason, the facilitators kept working on social conditions and continued to organise meetings with the research group and the team. A continually changing context also encouraged growth. For example, the ever-changing population of residents stimulated the participants to adapt their actions to suit the needs of new residents, and the input and questions of family members and the changing group of students kept staff members 'on their toes' and limited routine actions.

*"It used to be working on automatic pilot. Not now, you can't do that anymore. It changes too much. That is what is so good about change; it keeps*

*you alert in the unit. You can't just go on with routine. It is different every time" (co-researcher 1, group interview).*

In increasing measure a seedling can provide its own energy by photosynthesis, thereby stimulating growth both above and below ground, transforming into a tree. The tree becomes stronger, less dependent on external influences and more resistant to disease. This increasing independence and mutual growth above and below ground is also to be found in our case-study. Due to the fertile circumstances (favourable external factors), participants were more occupied with the subject, both consciously and unconsciously. Participants learned from each other by being in the situation, seeing how colleagues involved residents and by sharing experiences. They did things on a trial-and-error basis and saw the first results or growth: residents reacted positively when involved in activities. This encouraged the participants to involve them still more.

*"But seeing the examples and watching... Just doing it, daily activities, you learn to do it too [involving residents in activities]. I think it's good this way. Then you start to think more about it [...] You try something; in the beginning it's difficult to do that - you see the reactions and you learn more" (student 1, group interview).*

Through this shared and unplanned learning process the roots of the tree (the participants) became stronger. There is personal growth. Team members said that they gained in self-confidence, dared to trust their own judgment and to stand up for themselves. In addition, the co-researchers could talk more easily in a group. The result was that participants, especially co-researchers, took more initiative and another position or role in the unit; they guided others more often, supported others, led by example, made suggestions, delegated and gave feedback.

*"I think I've become more sure of myself and I can express that a bit, so I can delegate more" (co-researcher 2, group interview).*

Not only did the roots strengthen, but a whole network of roots came into being with primary, secondary and tertiary roots and root-hairs: Participants developed a consciousness of being part of a whole. They saw their task or function less sharply defined and 'doing something with residents' became encompassed in their view of their job.

*"It said in my job description: serving food and drink, filling in lists. Nothing about activities. For me it was a case of 'doing what I do well'. Now I think about what more I can do" (ward assistant, individual interview).*

In this way daily activities grew into a common goal for which everyone, not just the activity coordinator, was responsible. This shared responsibility increased feelings of safety, belonging, support and common cause.

*“It’s a common goal. [...] Thinking together, doing together, a unity. Particularly during meetings, getting a discussion going, sharing with the team in a light-hearted way. Then getting feedback on it to take it further, that’s the process. [...] That we come to the conclusion that we are very close, because we do something together” (co-researcher 3, individual interview).*

The tree becomes stronger and better able to draw nourishment from the earth, more and thicker branches develop and buds appear. Translated to our project, individuals developed a broader concept of activities. ‘Meaningful activity’ was no longer solely regarded as larger activities for groups of residents, but also as involving the individual resident in everyday (care) activities. Exploring and adapting to the resident’s interests and needs became more important.

*“I never asked about it [about the new resident’s interests, hobbies and what they used to enjoy doing]. Now I always ask and follow it up during the admission interview. [...] I consider this to be part of my job, it has become normal.” (licensed practical nurse 1, group interview)*

This changed view contributed to making true contact between practitioners and residents and building a closer relationship with the resident.

The image held by team members of older people altered generally: it became more holistic. For example, participants said that they could better understand and respond to a resident’s actions and personal expressions when they knew more of a resident’s background. Participants began to see residents’ potential rather than focussing on limitations, and became more aware of their own actions influencing the expressions and responses of residents.

*“I have the idea that I see things more as a whole, sometimes a bit of the past of the resident. Perhaps I get a better picture that way.... [...] Yes, less a patient. You learn to know them differently. There’s another side to them, but it isn’t so obvious. [...] You see them in another light, more as a person you could say” (primary nurse, group interview).*

And so the tree grows. Participants undertook more activities with residents, more frequently considering consciously and deliberately how a contribution could be made to the welfare of the resident.

*“My client I suppose, who was allocated to me, is pretty negative and I know that when she’s involved in an activity she cheers up and it has a positive influence on her mood. I’ve set up an intervention for her so that every afternoon she is offered some activity. [...] Now for me, it’s part of the care I offer, it is part of my system” (student 2, group interview).*

Participants saw and experienced the results of their changed practices. Teamwork improved, residents’ personal expressions appeared to reflect a greater sense of well-being and contacts with and between residents increased and were more harmonious.

*“With some clients there is actually deeper contact, therefore more of a trusting relationship. That was partly there already but it has increased. [...] So then you get something in return” (co-researcher 3, individual interview).*

This enthused and energised participants. A self-sustaining mechanism came into being, expressed in the project by continuous dialogue, giving and receiving feedback and a growing professionalism based on new values and norms. It was no longer the norm to focus on ‘getting the day’s work done’ or on the number of residents washed, but instead on the satisfaction of the resident. Furthermore, increasing value was placed on relationships with residents, their families and with colleagues. Participants evaluated their actions in relation to these changed norms and values and continued searching for ways to develop and improve such interactions. The changed norms and values appeared to have become internalised which contributed to the sustainability of the changes.

*“With some clients I don’t know how I can motivate them. But due to the meetings I know that I’ll not give up easily on getting clients to do something. At first I thought pretty quickly ‘okay, they don’t want to’. And now it’s ‘wait a bit, try something else.’ We try this and that. And then it works” (co-researcher 2, individual interview).*

### **The cherry harvest (figure 4)**

When the tree is sufficiently grown and sturdy it will blossom and produce cherries. This is the ultimate aim and result of the tree. The results of this project were improved collaboration, a broader view of daily activities, and a more person-centred approach to care, anchored in the appropriate cultural values and norms.

The workplace culture seems to be more effective. Relationships are improved and practitioners now find it easier to work together, to ask each other for help

and to give each other positive feedback. Individuals also feel valued and have a sense of belonging so that they have the feeling of safety and space in which to raise points and to guide others in offering meaningful activities to residents. Not only is there more collaboration but participants go out of their way to help each other. This can have far-reaching consequences.

*“You get a motivated team and that is expressed in so many ways. If somebody is sick it used to be an ordeal to find someone to fill in and now it’s ‘I’ll come’. Everybody is there for everybody else. Absence due to illness is low. It comes out in so many ways” (co-researcher 2, group interview).*

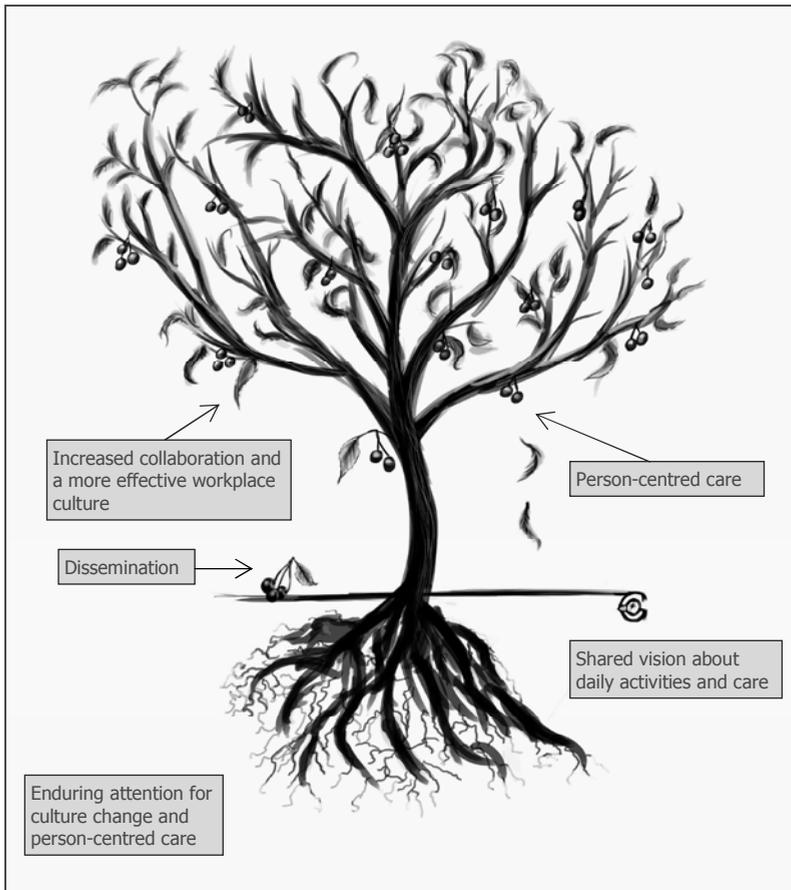


Figure 4 The cherry harvest

It appears that a broad and deeply rooted shared vision about daily activities came into being. Activities and care seem no longer to be viewed as separate things, but

to increasingly form an integrated whole. Daily activities are valued, whereby it is accepted that time and attention is given to individual residents, even if other tasks are set aside.

*“The client is here temporarily. Assessing care needs and giving care when needed is an important [part of our] role. During an activity I find that you can see a lot about what the client can do themselves and where they need help. [...] We also look to see which stage of dementia they are in. So you can really discover a lot [during activities]. You can assess physical, but also cognitive and psychosocial functioning” (co-researcher 3, individual interview).*

Care seems to be more person-centred, starting from the needs and abilities of the individual.

*“Yes something has changed, because it is really person-centred. The planned activities really suit the client and they are carried out as well; going for a walk, playing cards, household chores. But that [household work and recreational activities] is focused on what is suitable for the client” (licensed practical nurse 2, group interview).*

Based on residents’ personal expressions and actions participants believe that such changes have positively contributed to resident welfare. Also, relations between residents and team members and between residents themselves seem to be improved, which, among other things, benefits the ambience in the unit’s living room.

*“If nothing had been done then people become easily distracted or irritated, or just sit and drowse. [Now,] if I start to do a jigsaw with one lady then the others come and help or start chatting about what they can see in the puzzle. It just has a positive influence. Distraction, so they can have something else to pay attention to. If you go and do something with people, even just one, it has an effect on the whole group” (student 2, group interview).*

While recognising that care can be further improved, for example by involving family as equal partners in the care for their relative, participants are satisfied with the quality of these ‘cherries’ (activities and care). Individually and as a group participants express feelings of satisfaction, enthusiasm, and motivation, which promote growth and make enduring attention for culture change and person-centred care more probable. Conditions are right for the ‘tree’ to continue to produce a good crop of ‘cherries’.

Cherries can be consumed in many ways such as jam, liqueur and tarts, but new trees can also grow from the stones that fall to the ground. This dissemination is true of the project as well. Participants now see other aspects of care that should be improved and this awareness seems to arise from an increased concern for the well-being of the residents. Projects focused on improving the ambience at mealtimes and increasing family participation have been started. In addition it is possible that there will be spin-offs in other units and organisations when participants move to another workplace.

*“Now that I’ve seen what you can achieve, it is something I’ll take up and possibly during a clinical placement in a hospital I’ll introduce activities in some way or another” (student 2, group interview).*

## Discussion

The action-research project has led not only to more daily activities for residents but also to a development in the direction of culture change, characterised by more person-centred care (Jones, 2011; McCormack & McCance, 2010), a more effective workplace culture (Manley, Sanders, Cardiff & Webster, 2011) and increased empowerment of the practitioners. Although the ideal of power-sharing between the older person and staff has not yet been achieved, these developments make the participation of residents and/or family as equal partners in future processes more likely.

Reflecting on the question of what had contributed to the improvement of daily activities and the development of cultural values associated with person-centred care, this research largely confirms that of earlier research (Berkhout et al., 2009; Caspar et al., 2013; Corazzini et al., 2014; Crandall et al., 2007; Robinson & Rosher, 2006). The promotion of dialogue, participation and influence of the staff during every phase of the project, joint decision-making and continuous appreciative and adaptive facilitation all contributed to transformational change. Additionally, the case study provides insights into how cultural change processes may unfold.

The transformation in the direction of culture change was not the intention of team members. They only wanted to ‘do more with the residents’. Although it is generally assumed that there must be a degree of openness or readiness in regard to change, before any such transformation can take place, in this study the values that lie at the basis of person-centred care grew gradually and were not in place when the trajectory started. This contrasts with the ‘common sense’ or ‘traditional’ literature that states that there needs to be a philosophical mission to initiate person-centred care and to become a culture change organisation

(Crandall et al., 2007; Jones, 2011; Kotter, 1996; Manley et al., 2011; Robinson & Rosher, 2006; Sterns et al., 2010). When these conditions are not met, this view holds that the transformation process should start with explicit development of a shared vision around these topics.

As already mentioned, such a mission was not present beforehand, neither were the values at the basis of culture change and person-centred care explicitly discussed. Nevertheless the seed germinated and person-centred values grew in interaction and without much direct steering or planning: through dialogue, through doing and experiencing, through seeing examples and the positive responses of the older people themselves. The facilitation and relatively concrete action-research project provided the occasion for culture change actions and increased awareness of other aspects in the care situation that were not person-centred, such as the lack of democratic partnerships with the residents' families. It has put the transformational process in motion and kept it running. Yet, participants scarcely mentioned the previously planned and consciously initiated interventions of the action plan as factors that promoted the improvement process, instead bringing up aspects that related to involvement, collaboration and the culture of the unit. Although phases, like that of Lewin's (1947) or Prochaska's (1994) are discernible and may be helpful, they are less neatly identifiable in our case.

Despite the initial more linear and planned action research project, the change process was messy and happenstance rather than neatly ordered. Once the process got under way, changes, great and small, 'just happened.' This accords with an emergent and complexity view of change rather than a planned and top-down approach, while dialogical constructions or structures like the action research project put such emerging processes in motion.

From a complexity approach an organisation is regarded as a holistic and complex adaptive system, consisting of a number of loosely coupled parts or individuals (Davis & Sumara, 2005; Laidlaw, 2004; Morgan, 1997; Phelps & Hase, 2002; Pina e Cunha & Vieira da Cunha, 2006). Through dynamic networks of interaction come continuous and unpredictable changes or mutations, which in turn have spontaneous and unforeseen effects on individuals and the system. In this way a self-organising emergent mechanism comes into being, which, without guidance from outside, gives rise to non-linear changes. Small incidents, actions and interactions (aimed at improvement of activities) can scale up to greater effects (the development in the direction of culture change) occasioning changes in the system as a whole (Sumara & Davis, 1997).

Individuals deal with such complex situations by sense making while enacting alternative behaviour or as a social and retrospective process of giving meaning to situations and experiences by verbally expressing these and sharing them with others (Snoeren, Niessen & Abma, 2013; Thurlow & Helms Mills, 2009; Weick,

Sutcliffe & Obstfeld, 2005). These interactive and responsive processes of sense making contribute to the individual and collective development of identity. It creates shifts in definitions of one's own role and those of others and enhances collective action and enactments of new behaviour making progress and change possible (Weick et al., 2005). For example: the team members in the case did not know how to involve residents in activities and gave this (collective) meaning by sharing experiences, by trying things out and seeing how others approached something. It is this shared and spontaneous learning process that influenced the actions of individuals and caused (gradually) shifts in individual and collective values and norms. It brought change to all layers of the culture - at the level of artefacts and espoused values as well as the deep-rooted and underlying assumptions (Schein, 2004).

Cultural change, it seems, is not always particularly susceptible to conscious action and does not necessarily come about by the implementation of a concrete plan. The system itself, and therefore the mutually linked and interacting individuals, are the culture, which can evolve through chaos and momentum. More detailed guidelines for implementing culture change, advocated by Rahman and Schnelle (2008) would then appear to be difficult to formulate. Furthermore, the strategies and phased changed models suggested in the culture change literature could be helpful when flexible and loosely used, but taken at face value appear to conflict with values underlying the culture change movement as they seem prescriptive and to promote a top-down and planned approach.

## Limitations

This study has its strengths, such as the use of triangulation and prolonged engagement, but also its limitations. For example, during interviews the questions were chiefly concerned with what had contributed to the improvement process, so that it is possible that factors that hindered the process received too little attention. In addition, the team had not been in place very long before the start of the project so that routines, values and norms were less fixed. Because of this it is probable that it was easier to bring about momentum or that there was already a degree of imbalance.

Another limitation is that the study does not reflect the perspective of residents or their family. Practitioners assume that the care and activities undertaken with residents are more person-centred, but these interpretations are mainly based on observations of the residents' responses. There is also little known about whether and how the project increased the autonomy and empowerment of the residents, which is an important aspect of culture change. However, while residents and their family were not involved in an equal and collaborative venture, the project could have led to an increased willingness among practitioners to

involve them as equal partners in future projects. It even may have brought a sense of urgency to examine how this could be achieved working together with residents who have limited and fluctuating cognitive capacities.

Thick description makes it possible to give readers a vicarious experience and to test the naturalistic generalisation of the findings by seeing how these fit with their own practice (Stake, 2003).

## Implications

The case demonstrates that it makes sense to approach processes of change from a complexity angle. A complexity approach modifies the value of a detailed and realistic plan of change, which Berkhout et al. (2009) thought important for transformation towards a culture change facility, and offers an explanation for the co-evolution of the daily activities and the context through which this process of change took place. This indicates that development towards a culture change facility should begin somewhere, and on a small scale as is also suggested by Shield et al. (2013), instead of waiting for more ideal conditions for change or a certain organisational readiness, which according to Manley et al. (2011) is a favourable factor in the realisation of an effective workplace culture. By inspiring stakeholders to participate and by beginning with a theme that is concrete and meaningful to them, and which they feel is urgent (Kotter, 1996) momentum can emerge more quickly and easily than if starting from purposeful development of a person-centred mission and vision, for instance by means of intensive training or education in culture change as advocated by Robinson and Rosher (2006). Through this momentum and imbalance patterns and structures will emerge and changes in the system will occur (Laidlaw, 2004). Consequently the case teaches us that culture change comes into being from the system itself through a continuous and emergent process of dynamic adaption and action, and therefore learning. This process cannot be completely managed or prescribed. However, as part of the system managers and facilitators influence these processes by definition, but may also do this more consciously by intervening and interacting with others.

It is important that managers and facilitators practice what they preach and model the desired values as is also argued by Tyler and Parker (2011). Adaptive leadership (Corazzini et al., 2014) and a style of facilitation that is based on the principles of Practice Development (Manley et al., 2008; Munten et al., 2012) and is distinguished by an appreciative approach and attitude (Cooperrider, Barrett & Srivastva, 1995) support this. Furthermore, inclusion of all stakeholders, the acknowledgement of various insights and the realisation of possibilities for collective interpretation (Davis & Sumara, 2005) are important. The facilitation of such changes should therefore be aimed chiefly at the enhancement of conditions and possibilities that promote this, such as the development of a meaningful and

valued place for all involved (Chapin, 2010), the creation of space for multiple voices, the encouragement of interaction, and the support of the process of sense making (Thurlow & Helms Mills, 2009; Weick et al., 2005). This could advance reflexive processes in routine practices.

By encouraging collaborative decision-making and flexibility throughout the process adaptive and general plans may arise in response to the changing context, which could give some direction to the process. A participatory action-research project can help in this (Davis & Sumara, 2005; Phelps & Hase, 2002), as long as the accent lies on rapid improvement cycles of attempting and evaluating interventions that arise from earlier actions rather than a thought-out analysis and planning phase (Weick et al., 2005). By making use of the often surprising possibilities that arise during the process, also known as improvising and occasioning, the participatory and emergent character of learning is supported and purposeful interactions and actions can be combined with those that arise spontaneously (Davis & Sumara, 2005). In addition it is unrealistic to expect great results immediately, rather it is necessary to be able to challenge and support stakeholders to participate and to keep the process going, whereby it is essential as facilitator to be mindful of the possibilities that emerge from the process (Davis & Sumara, 2005; Snoeren, Niessen & Abma, 2012).

A final suggestion following from this research concerns the explicit embedding of existing strategies and guidelines within a philosophical perspective. By approaching these explicitly from a complexivist perspective, the flexible and noncommittal use of strategies and guidelines appropriate within the particular context will be emphasised. Furthermore, the use of another language that is more supportive to the complexivist perspective will be helpful to gather a common sense perspective to culture change. Regular cultural change theories give the impression of being prescriptive and are informed and supported by Western languages using nouns as building blocks for change. These perpetuate linear thinking (Niessen, Abma, Widdershoven, van der Vleuten & Akkerman, 2008). “A shift in vocabulary from change to changing directs attention to actions of substituting one thing for another, of making one thing into another thing, or of attracting one thing to become other than it was.” (Weick & Quinn, 1999, p. 382). A preference for nouns (‘change’) denote a final stage while a descriptive approach and verbs (‘changing’) draw our attention more to the process. Terms like occasioning, caring and dialoguing seem to provide a space in which both structure and eye for emerging deviations are possible.

## Conclusions

The detailed description of the case provide insights into how cultural norms associated with person-centred practices unfold. As such it contributes to a more philosophical dialogue concerning the implementation of culture change and the generation of some general guiding principles for facilitating cultural change processes. This research illustrates that the improvement of care and cultural change are dynamic, interactive and non-linear processes that evolve together. These processes are characterised by complexity and are difficult to predict or control. Managers and facilitators can support the process of change and the development towards a culture change facility by creating momentum by means of small, focused projects that are suited to stakeholders, by creating conditions for sense making and collaborative decision-making, practicing the desired values and by occasioning and improvising. Action research can support this.

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# Chapter 6

## Dutch care innovation units in elderly care: A qualitative study into students' perspectives and workplace conditions for learning

*Organisational level of learning*

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This chapter has been submitted as:

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## Abstract

To promote workplace learning for staff as well as students, a partnership was formed between a residential care organisation for older people and several nursing faculties in the Netherlands. This partnership took the form of two care innovation units; wards where qualified staff, students and nurse teachers collaborate to integrate care, education, innovation and research. In this article, the care innovation units as learning environments are studied from a student perspective to deepen understandings concerning the conditions that facilitate learning.

A secondary analysis of focus groups, held with 216 nursing students over a period of five years, revealed that students are satisfied about the units' learning potential, which is formed by various inter-related and self-reinforcing affordances: co-constructive learning and working, challenging situations and activities, being given responsibility and independence, and supportive and recognisable learning structures. Time constraints had a negative impact on the units' learning potential.

It is concluded that the learning potential of the care innovation units was enhanced by realising certain conditions, like learning structures and activities. The learning potential was also influenced, however, by the non-controllable and dynamic interaction of various elements within the context. Suggestions for practice and further research are offered.

## Introduction

As nursing is a practice-based profession, learning in care practice is vital in nurse education. It enables students to develop skills and competences in real, dynamic and complex work situations which are difficult to reproduce in a school environment (Nijhof & Nieuwenhuis, 2008), and encourages them to view patients as unique individuals (Henderson, Cooke, Creedy & Walker, 2012). In addition, it is assumed that learning during clinical placement bridges the theory-practice gap (Field, 2004). Also for qualified staff members, learning in the workplace makes it easier to adapt to the rapidly changing environment (Nijhof & Nieuwenhuis, 2008) and can encourage personal growth, innovation and practice development (Manley, Titchen & Hardy, 2009; Williams, 2010).

The effectiveness of workplace learning depends on both the characteristics of the learner and on the invitational qualities or affordances of the workplace (Billett, 2004), which Nijhof and Nieuwenhuis (2008) call the learning potential of the workplace. This learning potential is defined as “the power of a work setting to integrate learning at work with the result of behavioural changes and the generation of new knowledge” (p.6). It is influenced by learning conditions like the nature and complexity of the nursing care (Henderson et al., 2012; Papastavrou, Lambrinou, Tsangari, Saarikoski & Leino-Kilpi, 2010; Warne & McAndrew, 2008), the quality of supervision (Gidman, McIntosh, Melling & Smith, 2011; Jonsén, Melender & Hilli, 2013; McClure & Black, 2013; Warne et al., 2010), support and feedback mechanisms (Killam & Heerschap, 2013; Manley et al., 2009), and the ward atmosphere (Bradbury-Jones, Sambrook & Irvine, 2011; Henderson et al., 2012; Jonsén et al., 2013; Killam & Heerschap, 2013).

When the learning potential of the workplace is not optimal students and staff can feel insecure and demotivated and may even leave the nursing profession (Chan, Tam, Lung, Wong & Chau, 2013; Eick, Williamson & Heath, 2012). In such situations evidence based knowledge will be harder to implement (Killam & Heerschap, 2013), and the environment will not be experienced as open to innovation and change (Berntsen & Bjørk, 2010; Henderson et al., 2012). Promoting workplace learning in nursing by enhancing the workplace’s learning potential can therefore be rewarding for students, staff and the quality of care (Clarke & Copeland, 2003; Williams, 2010). This may be particularly relevant within the care for older people, a field strongly influenced by tradition and authority (Hamers, 2005) and often not considered as an attractive career option (Berntsen & Bjørk, 2010; Nolan, Davies, Brown, Keady & Nolan, 2004).

As working within ‘enriched’ environments contributes to the development of positive attitudes towards working with older people (Berntsen & Bjørk, 2010; Brown, Nolan, Davies, Nolan & Keady, 2008) and collaboration between health

care organisations and universities can enhance workplace learning (Clarke & Copeland, 2003; Killam & Heerschap, 2013), a partnership was formed between a residential care organisation for older people and several nursing faculties in the Netherlands. The goal was to develop and implement two care innovation units. A care innovation unit (CIU) is a ward where qualified staff members, a large number of students and nurse teachers collaborate intensively to integrate care, education, innovation and research with the overall aims of creating a challenging workplace and improving the quality of care (Snoeren & Frost, 2011). A CIU is a concept for promoting workplace learning in nursing (Gloude-mans, Schalk & Reynaert, 2012; Niessen & Cox, 2011). It has similarities with development units that have the aim to improve nursing practices (Draper, 1996; Gerrish, 2001), but puts more emphasis on student learning, like in educational units (Budgen & Gamroth, 2008; Mulready-Shick, Kafel, Banister & Mylott, 2009), as well as collaborative learning between students and staff. CIUs have not yet been systematically evaluated.

The purpose of this article is to gain insight in a CIU as a learning environment from a student perspective and to deepen understandings concerning conditions that facilitate learning in the care for older people. The article presents the experiences of 216 nursing students within a CIU over a period of five years. First more background information is given about the CIUs. After explaining the qualitative design, the results are presented and discussed and implications for practice and further research are defined.

## Background

In 2009 two CIUs were initiated in a residential care organisation for older people. One unit, called Rose, has places for 22 older people with age related mental health conditions. They live temporarily on the unit for observation, rehabilitation or during crisis. In the other unit, Maple, are 34 places for residents with complex, chronic and/or intensive support needs, including palliative care. In both units the nursing care is multifaceted and clinical activities are varied and variable providing many learning opportunities.

Each unit accepts 20 to 28 students (ca.16 FTE) simultaneously on clinical placements, which for most students take between 20 to 22 weeks. Twice an academic year (in August and January) a new student group starts their practicum. The students study at four different educational institutions for various qualifications: health care assistant, enrolled or registered nurse at both diploma and degree level. Students are in different years of their training and work during all common shifts.

In the units around 25 (Rose Unit) and 39 (Maple Unit) ward assistants, qualified health care assistants and nurses (respectively 16 and 24 FTE) are employed, who work under supervision of a nurse manager. The majority is qualified as enrolled or diploma level registered nurse, although the number of bachelor degree nurses has been increasing due to recruitment of higher qualified employees (often graduates that had worked on one of the CIUs during their training). Each qualified nurse is a mentor for one to three students. The mentors guide the students in planning and evaluating their learning process, while all staff members have the responsibility to work together with the students in the unit and to give them timely and constructive feedback.

The nursing team works together with an activities coordinator, a gerontologist and several allied health care professionals. Other stakeholders are a lecturer practitioner in each unit and nurse teachers. The lecturer practitioner is a nurse who has a background in education and research and works both in the unit (2-3 days per week) and in an involved higher education institute (Carnwell, Baker, Bellis & Murray, 2007; Frost & Snoeren, 2010). The lecturer practitioner helps the team to develop their own knowledge and skills and advances practice development (Manley, McCormack & Wilson, 2008). She collaborates intensively with students and staff encouraging dialogue, democratic processes, and the bottom-up initiation of improvements. From each of the three other participating (vocational) schools a nurse teacher visits the care facility once a week as a link tutor (Carnwell et al., 2007). The nurse teacher advises students in their learning and mediates between student and mentor when necessary.

Before the CIUs were initiated, stakeholders participated in five preparation meetings facilitated by the lecturer practitioner to create a shared vision for the CIU and to explore underlying concepts of learning, mentoring, innovation and research (for details: Snoeren & Frost, 2011). Agreements were made about multiple activities, structures and facilities aiming to support stakeholders' learning, change and innovation (table 1).

Although both units have the same facilities and arrangements to enhance learning, change and innovation, they differ, besides the content of care, in some aspects. Rose Unit was initiated on a new ward adopting staff interested in mentoring students and working in a CIU. In contrast, Maple Unit was an existing regular ward. Although staff members could opt to shift to another unit, they were confronted with the transformation to a CIU. Also, the nurse manager and lecturer practitioner in the Maple Unit shifted mid-2012, while the starting manager and lecturer practitioner still work in the Rose Unit.

Table 1 Learning arrangements

Learning arrangements and structures	Aim
Group introduction and preparation (prior to placements)	<ul style="list-style-type: none"> <li>- Increasing students' understandings into the CIU, underlying values and expectations.</li> <li>- Getting more familiar with each other and some practical matters.</li> </ul>
<p>Student supervision and assessment</p> <ul style="list-style-type: none"> <li>- Students arrange individual consults with their mentor(s), for example once every two weeks.</li> <li>- Students are evaluated by their mentor and nurse manager twice during their placements using the assessment instrument as provided by their faculty.</li> <li>- Every team member is expected to work with the student in the unit providing timely and constructive feedback.</li> </ul>	<ul style="list-style-type: none"> <li>- Planning and evaluating individual student's learning process.</li> <li>- Promoting responsibility for own learning; enhancing self-directed learning.</li> </ul>
<p>Co-mentorship</p> <ul style="list-style-type: none"> <li>- Another mentor, being a staff member or senior student, operates as a 'critical companion' (Titchen, 2003) and offers the first mentor guidance and support when necessary.</li> </ul>	<ul style="list-style-type: none"> <li>- Ensuring adequate guidance for students.</li> <li>- Promoting collaborative and peer learning.</li> </ul>
<p>Sharing and evaluating learning objectives</p> <ul style="list-style-type: none"> <li>- Every person present shares his/her learning goal for that day at the beginning of the shift, which is evaluated at the end of that shift.</li> </ul>	<ul style="list-style-type: none"> <li>- Making agreements about the assignment of residents and other (care) activities and the guidance of the learner appropriate to individual learning needs.</li> <li>- Promoting and valuing individual and collaborative learning; enhancing self-directed learning.</li> </ul>
<p>Action research projects (facilitated by the LP)</p> <ul style="list-style-type: none"> <li>- Long-term innovative projects in which representatives of the nursing team examine and improve care practices by integrating learning and working (Reason and Bradbury, 2001; Snoeren and Frost, 2011; Snoeren et al., 2014)</li> </ul>	<ul style="list-style-type: none"> <li>- Promoting and valuing individual and collaborative learning.</li> <li>- Encouraging integration of theoretical and practical knowledge.</li> <li>- Improving care practices; encouraging change and innovation.</li> </ul>
<p>Change projects (facilitated by a bachelor student)</p> <ul style="list-style-type: none"> <li>- Each student is expected to work together with other students in a small, 20-week change project concerning the improvement of an aspect of care. Staff members are informed and involved by students.</li> </ul>	<ul style="list-style-type: none"> <li>- Promoting and valuing individual and collaborative learning.</li> <li>- Encouraging integration of theoretical and practical knowledge.</li> <li>- Improving care practices.</li> </ul>
<p>Skills lab</p> <ul style="list-style-type: none"> <li>- Each team member is expected to practice and test clinical skills in the skills lab before performing these (under supervision) in the unit.</li> </ul>	<ul style="list-style-type: none"> <li>- Supporting the development of clinical skills.</li> <li>- Encouraging the provision of care in a responsible manner.</li> </ul>
<p>Study day with various activities (once every two weeks), in which students</p> <ul style="list-style-type: none"> <li>- join workshops and clinical lessons concerning diverse care-related topics facilitated by experts or a senior student</li> <li>- work together in change projects</li> <li>- participate in reflective meetings and action learning (McGill and Brockbank, 2004)</li> <li>- practice their skills in a skills lab</li> <li>- work on study assignments provided by the care or educational facility.</li> </ul>	<ul style="list-style-type: none"> <li>- Promoting and valuing individual and collaborative learning.</li> <li>- Encouraging integration of theoretical and practical knowledge.</li> </ul>

## Research design

A qualitative and descriptive design was selected for a secondary analysis of focus group data to identify students' perspectives regarding the learning potential of the CIUs. A secondary analysis involves a process of re-constructing data that was previously gathered with another main objective (Heaton, 2004; Long-Sutehall, Sque & Addington-Hall, 2010).

The semi-structured focus groups were originally held with the aim to evaluate and improve students' practicum. Focus groups are group conversations concerning a particular set of topics to explore multiple meanings and perspectives as well as interactions between participants (Liamputtong, 2011). As focus groups have also a pedagogical and political function (Kamberelis & Dimitriadis, 2005), focus groups correspond with the purpose and values of a CIU; participation may give students new insights in own learning or behaviour and could give marginalised groups, as students might feel, a voice.

The aim of the focus groups to explore students' meanings and perspectives into their placements on the CIUs fits closely with the purpose of the secondary analysis into students' perspectives of the CIUs' learning potential. As such, using the original dataset for additional analysis had practical advantages and was more efficient than collecting new data.

## Sampling

In the years 2009-2013, 402 students started their clinical placements in one of the units. As most students' practicum took 20-22 weeks, per unit one or two focus groups were planned in these last weeks of practicum (thus twice a year) to which all students still working in the unit were invited. In addition, from 2012 extra focus groups were planned after approximately ten weeks of internship to utilise the pedagogical function of focus groups (Kamberelis & Dimitriadis, 2005); it gave students the opportunity to act on insights gained by participating in the focus group.

Students in their first year (n=65), who had a one-month internship, or students who had prematurely left, for example due to personal reasons, were not included. As participation was voluntarily, some invited students chose not to join because of perceived workload, illness, or a day off. Some students have participated twice (in interim focus groups as well as during the closing weeks); at least 216 (54%) different students participated in a total of 47 focus groups (table 2).

Table 2 Overview of participants

	Level/ degree	2009		2010		2011		2012			2013		
		TOT st	FG end	TOT st	FG end	TOT st	FG end	TOT st	FG int	FG end	TOT st	FG int	FG end
Rose	Bach.	13	3	11	6	18	8	14	9	4	20	9	11
	Dipl.	6	4	12	10	20	7	25	13	6	30	10	11
	Assist.	2	0	3	0	3	0	2	1	0	2	1	1
	Total	21	7	26	16	41	15	41	23	10	52	20	23
Maple	Bach.	18	7	12	14	20	8	17	3	16	17	11	6
	Dipl.	14	9	27	12	32	13	28	5	15	19	22	7
	Assist.	3	0	2	0	4	0	4	1	0	4	1	2
	Total	35	16	41	26	56	21	49	9	31	40	34	15
Total		56	23	67	42	97	36	90	32	41	92	54	38

TOTst: Total students, including first years, that started their placement  
 FGint: Number of students that participated in interim focus groups  
 FGend: Number of students that participated in focus groups at the end of their placement  
 Bach: Bachelor level  
 Dipl: Diploma level  
 Assist: Health care assistants

## Focus group interviews

Due to pragmatic considerations the 90-minute focus groups were held in a quiet meeting room by two trained researchers, usually a lecturer practitioner and a nurse teacher. A safe environment and the equal contribution of all participants was encouraged. Also, participants were invited explicitly to share negative viewpoints of the CIUs, as the main aim of the focus groups was to improve students' practicums. One moderator facilitated the group dynamics and dialogue using guiding questions and topics based on theoretical insights (box 1), while the other acted as an observer who took notes as literally as possible and made a detailed report of the conversation following a standardised format. This report, in which no names or other personal data were included, was sent to the students involved for member checking. This usually provided confirmation and led rarely to any changes.

### Box 1 Guiding questions and topics used during the focus groups

#### Opening questions:

- What feelings do you have concerning your placement in the care innovation unit?
- What was and was not helpful in your learning?

First students' input was further explored, where after more focused questions were asked concerning:

- the learning opportunities and activities in the unit
- support and guidance during placement
- role and position within the team
- relationships and collaboration with others
- learning resources and facilities

## Data-analysis

Data (reports of all 47 focus group meetings) was subjected to a secondary thematic analysis using the computer software ATLAS.ti7. To become familiar with the data, the reports of the focus groups were read with the research question in mind: What are factors that increase or decrease the learning potential of the CIUs according to students? The first author labelled sentences and paragraphs using 'sensitizing concepts' (Blumer, 1954): concepts informed by previous literature, in this case on workplace conditions that promote learning, and which provide an understanding of the phenomenon and directions in which to look. These sensitizing concepts are neither fixed nor definitive (Blumer, 1954) and were only used as a starting point in the analysis. During the coding process code words were discussed and refined with the second and third author. In addition, relations and patterns between codes were explored in dialogue with the whole author team through which some central themes emerged and deeper insights were gained regarding the dimensions and aspects of the CIUs as learning environments. For example, code words like 'helping each other', 'giving feedback', 'feeling supported', and 'safe learning environment' were considered as related leading to the comprehensive theme 'co-constructive learning and working'.

## Ethics

As this research falls outside the provisions of the Dutch law on medical research with people (Ministerie van Volksgezondheid, 2006), ethical approval from a Medical Ethics Review Committee was not necessary. Organisations involved gave their permission and participated in the research by providing moderators for the focus groups. Before starting a focus group, students were informed about the aim of the focus group as well as the voluntarily basis of participation. Students' informed consent was gained for both participating in the focus group and for using data anonymously on a meta-level for other purposes than placement evaluation, like informing the collaborating organisations about the students' satisfaction with placement. The results were processed anonymously.

## Results

Regardless of their grade and level of education, students experience that they learn a lot in the CIU. They attribute this to co-constructive learning and working, challenging care situations and learning activities, being given responsibility and independence, and supportive and recognisable learning structures. Time constraints can have a negative impact on the CIUs learning potential. There are

no differences between the CIUs and the lifetime of the CIUs seems not to influence the learning potential.

Results are illustrated with quotes and referred to by date of focus group (YYMMDD) and first letter of the unit's name.

### Co-constructive learning and working

Within the CIUs “staff members are committed to learning” (090617M+R). Although the mentor supports the student at a meta-level in planning and monitoring the learning process, students experience that they can go to anyone with questions or concerns. Staff (including nurse managers, lecturer practitioners and nurse teachers) as well as fellow students are open to and feel responsible for helping and giving feedback. Specifically, students feel supported by the presence of other students in the CIU.

*“We can share information with each other and support each other. We can learn from each other. [...] We don't have to face things alone” (110119M).*

Staff and students participate together in care situations, change projects and action research through which learning emerges, and is co-constructed. This learning is nurtured by differences in levels of education and experiences, which are experienced as “enlightening and challenging” (130410R). Everyone (staff and students) brings his or her own area of expertise and is a role model for others, which ensures that “everyone gives you another perspective and this teaches you to take a broader view.” (131116R).

*“The team members are all very different, but then you learn something different from everyone. The one is more practical, the other more theoretical. In particular there is a lot to learn from people with a different level [of education]; there is something to be learned from everyone” (130612R).*

Although there are individual exceptions, team members generally give each other honest but constructive feedback. They question assumptions or illustrate alternative approaches, complement and challenge each other, and there is “appreciation for all levels [of education and position]” (130612R). This fosters feelings of safety, equality and belonging.

*“You are [treated as] a real member of the team, you have the chance to really be part of the work. Team members are receptive to suggestions and ideas, and to our learning goals” (090617M+R).*

Students feel appreciated and “allowed to be who they are with their strengths and inadequacies” (100714R), as “a student within the team, but allowed to think and act as a member of staff” (130116M). This in return re-strengthens collaboration and reinforces the emergence of mutual and co-constructive learning and working, regardless of one’s position or experience.

*“Most of the staff members pay attention to learning and innovation. They consider their own learning goals important and take this seriously. [...] They ask students to observe and then give feedback. They intentionally ask about knowledge and insight. It is an exchange of learning and teaching. There is a good balance in this aspect” (130410R).*

## Challenging care situations and learning activities

Regardless of the student’s level of education, relationships with residents and the complexity and variety of the work are experienced as rich and challenging. Students are faced, for example, with learning to respond adequately to residents’ emotions, coordinating care and supervising others, and providing palliative care. Having the space to explore issues and to make tasks and situations their own without undue pressure enhances learning and is appreciated by students.

*“They don’t say to students that they need to rush or keep an eye on the time or things like that. That is really fine” (120408M).*

In addition, learning of practice is expanded and deepened when students are critically questioned about the situation and challenged to integrate practical and theoretical insights themselves, instead of “having such connections pointed out” to them (120606M). Bachelor level nurses, lecturer practitioners and nurse managers seem to do this more often than other mentors and are experienced as more challenging, encouraging students to explicate and reflect on different kinds of knowledge.

*“They [senior nurses, nurse manager and lecturer practitioner] ask really critical questions and help you to look at and think about things more deeply. You look and think further. It is a stimulant. Others could develop [their skills] in this area” (100111M).*

Working and learning with and from others in projects and other situations not directly related to care foster positive relationships with others and “complement the lessons within the school and learning within the unit” (110126M). Inspiring

workshops or clinical lessons, facilitated by students themselves or experts, also encourage critical thinking and the linking of practical knowledge with theoretical insights.

*“The experts are often up to date with the situations and clients on the unit; this makes the translation from theory to practice easier” (110126R).*

Although the large number of students makes it difficult to suit educational content to everyone's needs, students claim that “the theory falls into place here and is applicable” (130619R). Understanding of care situations within the unit is herewith promoted, enabling students to work more independently.

### **Being given responsibilities and independence**

Another affordance is getting and taking responsibility and being able and allowed to act independently. Students experience that “much is allowed in the unit” (131113M) and that they are challenged to work autonomously and pushed to get more out of themselves.

*“And then 'all at once' I was let loose and I had to find everything out for myself. It was a little scary, but I did learn a great deal from this” (090617M+R).*

As a result, students gain more confidence and feel they can make a difference as they are “also responsible for running the ward” (120118R). Participation in new, more challenging activities and situations in which they are more self-directed is thus encouraged, as long as the student feels that the responsibilities and expected independence match existing knowledge and expertise.

*“Through having many possibilities offered to me I was able to demonstrate all the competencies that belonged to my level. It is naturally your own responsibility to take these situations on and not avoid them” (100816M).*

Dialogue prior to the activity about what can be expected and evaluation afterwards contribute to this; the student gains a better understanding of the situation, giving confidence that he or she is ready for the suggested responsibility.

*“It helps a lot that you are trusted, that people make clear that they think that you can do it” (130123R).*

## Supportive and recognisable learning structures

Supportive and recognisable learning structures encourage students to pay on-going attention to their own learning. According to students this starts with the group introduction as it provides insights into the underlying values of the CIU, learning arrangements (table 1) and staff-expectations. Additionally, the first weeks in which students interact and orientate within the CIU prove to be essential. Students are paired with staff members or more experienced students in care situations. Within these encounters there is explicit attention to what, why and how the student wants to learn. “Independence and complexity [of care] is built up slowly,” (120111R) based on the student’s existing knowledge, skills and personality.

*“I got a good orientation. I could determine what I did or did not want. There were sufficient exchanges in which we discussed what to look out for and what still needed to be done” (120111M).*

Consequently, students feel “freedom to learn and to make mistakes” (100626M), while their confidence in self grows making it easier to engage in different situations, to take initiatives and to claim time and space for their learning.

Supervision sessions with the mentor encourage continued attention for learning, although not every student feels the need for frequent sessions.

*“I could have a talk anytime I wanted. Only I never really felt the need for this, personally. But the conversations I had with my mentors about my learning process were always functional” (100607M).*

Also, the daily structures aimed at formulating and evaluating a learning goal at the start and end of a shift contribute to on-going learning.

*“Reporting back every day at 13:30 hrs. was certainly useful. You ‘must’ evaluate. In this way you remain aware of your own process of learning and that of others. Everyone knows your learning goal, you learn from each other” (110608R).*

It helps the student to understand “where he stands” (130123M), improves self-directed learning, and promotes the structural and focused attention for the learning of others.

*“I was asked about it [formulation of a learning goal]. It set me to thinking. I have become more active in this area myself [asking about someone’s learning goals] when mentoring my own students” (120111R).*

## Time constraints

The above, mutually reinforcing affordances could be inhibited by time constraints and perceived workload. Due to time constraints standard learning structures are sometimes not followed, for example when “a staff member does not specify his or her learning need” (130417R) or “care situations and learning objectives are not evaluated” (120612M). As a result, students themselves “take less trouble and don’t look under the surface” (130410R). Furthermore, time constraints can lead to assigning too many responsibilities too quickly to students.

*“Sometime permanent staff members would say, ‘Just do it’, and then no one checks if you have done it properly. It seemed as if you were forgotten” (131106R).*

Students experience such situations as difficult and undesirable, especially those students who have difficulties expressing their limitations and boundaries.

Many students face challenges in balancing learning, working and their personal life. They experience their practicum as a busy period with high expectations, sometimes resulting in “delaying study assignments and avoiding participation in projects” (100111M). This can cause competition for less common learning situations, such as chairing a multidisciplinary meeting or practicing specific technical skills, hindering less mature students “who can’t stand up for themselves” (120613R) the most.

*“Near the end of the placement it is sometimes a bit of a puzzle, working out who is going to do what, because multiple students have the same things they still need to do” (120118R).*

## Discussion

Generally, students experience the learning environment of the CIUs as nourishing as a result of multiple, mutually influencing invitational qualities or affordances. These workplace affordances interact achieving a self-reinforcing loop that seems to promote a workplace culture that embraces learning. It is unclear how this workplace culture precisely evolved, however it seems plausible that it is the reciprocal and dynamic interplay between the diverse workplace affordances as

well as the individual agency of stakeholders that promote the learning-centred culture, as is also suggested by Billett (2004). As workplace cultures are based on shared and deep-rooted values that stakeholders act on, retaining and passing on such beliefs to new members (like students) of the organisation (Schein, 2004), such a culture is difficult to change once achieved. This may explain why shifts in leadership within Maple Unit are less influential, while time constraints, a hindering factor also identified by Gidman et al. (2011), put pressure on acting congruently with underlying values, thus disrupting the CIUs' self-enforcing learning potential.

Whereas this research illustrates coherence and synergy between inter-related and self-reinforcing affordances, the distinct workplace affordances are in line with previous research often conducted in a hospital setting. Possibilities for engaging in challenging and varied clinical activities and relationships with patients (residents) are commonly considered important, because these contribute to the development of a person-centred attitude, nursing skills and confidence (Henderson et al., 2012; Papastavrou et al., 2010; Warne et al., 2010). Students appreciate having responsibilities and staff taking a step back in order to give them the opportunity to engage independently in nursing care (Bourgeois, Drayton & Brown, 2011), in which they need time without undue pressure imposed by staff (Chuan & Barnett, 2012; Killam & Heerschap, 2013). Other affordances emphasised in literature are high-quality supervision and the supportive attitude of nurse mentors, and a permissive and safe ward atmosphere in which students can learn and get feedback (e.g. Chuan & Barnett, 2012; Gidman et al., 2011; Henderson et al., 2012; Killam & Heerschap, 2013; McClure & Black, 2013). As in the study presented, these affordances can foster feelings of belonging and being valued as both a team member and a person promoting self-efficacy, responsibility for own learning, and empowerment (Bourgeois et al., 2011; Bradbury-Jones et al., 2011; Gloudemans et al., 2012). Peer learning (Bourgeois et al., 2011), involvement of nurse teachers and lecturer practitioners (Carnwell et al., 2007), and structures that guide and promote self-directed learning (Williams, 2010) are also conditions valued in literature.

Although the distinct workplace qualities are in line with previous research, the descriptive results presented in this article query the tendency to focus on individual affordances, illustrating as they do a responsive and mutually reinforcing process between various elements. As explained in complexity theories (Davis & Sumara, 2005; Laidlaw, 2004; Osberg & Biesta, 2007), although every single learning condition is of interest, it seems to be the synergy that emerges (that is, the process in which the individual elements in interaction with each other create a whole that is greater than the sum of its parts) that makes the difference. For example, mentorship as an element is at least as important as the learning attitude of everyone in the unit. Both shape and influence each other reciprocally

within a context (another element) that is characterised by equal relationships between students and staff, and in which both students and qualified staff support one another and learn from each other while engaging with each other. It is this mutually reinforcing interaction between relevant elements that enables mutual and interdependent learning and strengthens co-constructed working, creating also new learning opportunities in return (Davis & Sumara, 2005). In a similar manner the results illustrate that participation in challenging activities and situations is essential, but in itself not sufficient to facilitate learning. Students learn from these situations and are challenged to dig more deeply as a result of the confluence of elements, like sufficient time to engage in the situation, the student's previous experiences and agency, values and qualities of other individuals involved, and supportive learning structures. This suggests that learning within the CIUs is a relational and responsive phenomenon and that the CIUs' learning potential is amendable, but not totally controllable (Davis & Sumara, 2005; Laidlaw, 2004; Osberg & Biesta, 2007).

## Limitations

This study has its strengths, such as its duration and the large number of students and focus groups, but also its limitations. Focus group facilitators were often themselves stakeholders within the CIUs. Although students were used to participating in dialogical work forms, as these were normal in the CIU, and social conditions (like safety, equality and joint decision-making) were promoted, there remains a risk of desirable responses. Bias may have also arisen by not including students who had quitted their placements prematurely and through summarising meetings instead of recording and transcribing them. Nevertheless, member checks intended to validate the credibility of data by asking for participants' feedback on reports confirmed the contents of reports and led rarely to any changes. Also, data collected during multiple focus groups indicated much the same things and confirmed each other.

Although results cannot simply be generalized to other contexts, the description of learning arrangements within the care innovation units could inspire readers and could encourage further dialogue on workplace learning within the care for older people as well as other fields.

## Conclusions

This descriptive study provides insights into a CIU as a concept for enhancing the learning potential of clinical placements in nursing homes. It stresses placement

learning as a relational phenomenon and illustrates coherence and synergy between different inter-related and self-reinforcing invitational qualities or affordances. It suggests that the learning potential of workplaces can be enhanced by promoting certain conditions and different structures and activities, while being neither completely predictable nor manageable given the co-emergent and reciprocal nature of context and individuals (Davis & Sumara, 2005). Based on these insights practical suggestions are:

- Involve stakeholders in bottom-up processes to enhance the workplace's learning potential from the early beginnings. Encourage ownership and the development of shared learning-centred values to set in motion the development of workplace affordances and self-reinforcing mechanisms.
- Value and model the attitude that everyone is a learner.
- Promote shared decision-making and agreements concerning supportive learning structures and arrangements.
- Encourage space for interaction and multiple voices, and occasions for collaborative working and learning (Davis & Sumara, 2005). Inspire stakeholders to engage with rather than controlling and managing learning.
- Keep an open mind and attitude for unforeseen hindering or positive reinforcing interactions. Specifically, have enduring attention for time constraints and respond to these promptly as time constraints can disrupt self-reinforcing mechanisms.

Further research is necessary from other stakeholders' perspectives, like staff and residents, and within different fields to gain more insights into CIUs as a concept for promoting workplace learning and improving the quality of care. As this study only identifies coherence and synergy between inter-related workplace affordances and reciprocity between contextual influences and individual engagement, more in-depth research into the relational dynamics between those elements may give more insights into learning processes within CIUs.

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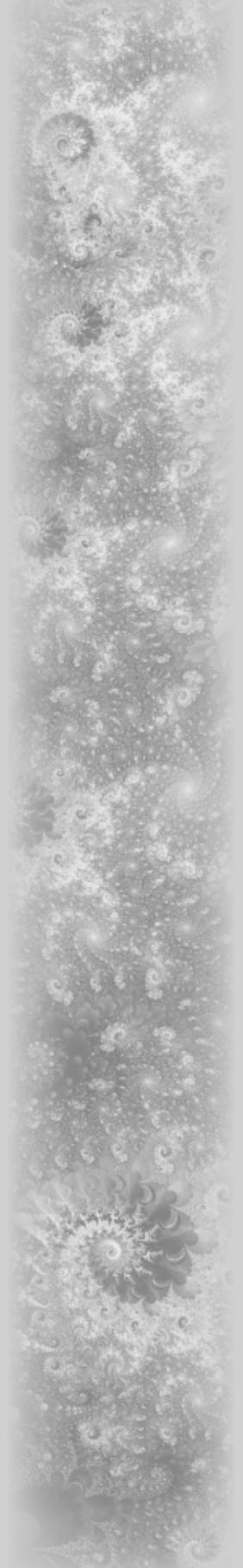
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# Chapter 7

General discussion and conclusion





Care providers within the residential care for older people face multiple challenges and changes. An adequate response to these challenges requires on-going professional development and continuous learning from current practices and workplace experiences. The research reported in this thesis was focused on exploring and facilitating such learning and professional development within a number of care innovation units (CIUs) within a residential care organisation for older people in the Netherlands.

The research question in this study was, “What is the nature of workplace learning within the context of the care for older people and how can an in-depth emic understanding of learning be generated in a way that is also beneficial to generating learning itself?” I built reciprocal relationships, promoted dialogue and equality, and used participatory action research (PAR) to enhance learning in and from work within the CIUs. By enabling practitioners to participate and share experiences in a dynamic processes of action, reflection and collective research (Reason & Bradbury, 2001), I hoped that learning, growth and change would take place and that care practices would improve. Subsequently, I studied these processes on five different but related levels (see figure 1) to gain deeper insights into how workplace learning can be conceptualised (conceptual objective), researched (methodological objective), and promoted (practical objective) within the care for older people.

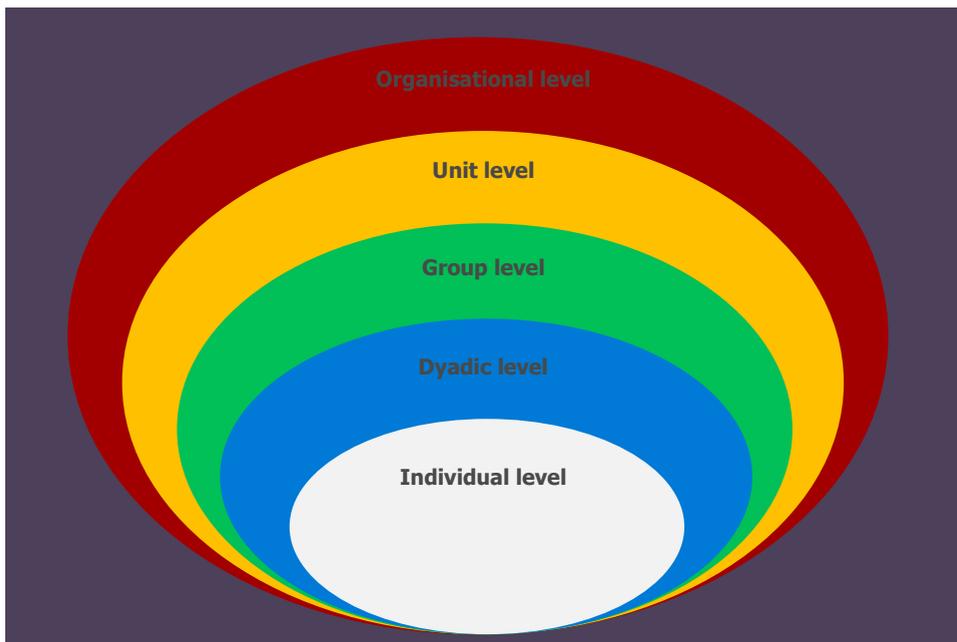


Figure 1 Individual and collective levels of learning

The results show that at all five levels learning took place through participation: by being, doing and acting in real work situations and by experiencing these situations with body and mind. Furthermore, the study demonstrates that there were reciprocal interactions between all the elements within the context (individuals, processes, structures and artefacts) and that the person as well as the context emerged and co-evolved. I propose, therefore, that learning at, through and for work is a relational, complex and co-emerging phenomenon.

In this final chapter I explore this complexity view of learning. After connecting the different levels of learning by means of my own learning within the CIUs (individual level), I examine more closely the nature of workplace learning within the context of the care for older people. Subsequently, I recount how I studied and facilitated learning to explore how workplace learning within the residential care for older people could be researched and promoted, leading to some methodological suggestions. The chapter closes with inspirational suggestions for both practice and further research.

## **The concept of workplace learning**

The first part of the research question is central in this section. It concerns the inquiry into the nature of learning in and from work and is aimed at conceptualising workplace learning. I begin with my own learning within the workplace and my process of sense making (Weick, Sutcliffe & Obstfeld, 2005). As a facilitator or researcher I played an explicit role in each of the processes and operated at all five levels. I cannot disregard myself as a person, nor my feelings and learning experiences in and during the research process, as my own learning has influenced the meaning that is given to workplace learning and thus the research findings expressed in this thesis. From there I will explain learning further from the perspective of complexity theory and problematize some taken for granted dualisms within the literature about workplace learning.

### **My own learning: Inadvertent transformation of my values and beliefs concerning learning**

In 2007, when I started as a lecturer practitioner, I had clear ideas about the role and about how to encourage learning and change within the CIUs. These ideas were based on my work experiences within health care and educational contexts and on propositional knowledge gained during my teacher and academic education in the 90's and beginnings of this century. Corresponding with common sociological insights into learning, as for example explained in social-constructivists and socio-cultural theories of learning (Hager, 2011), I believed learning at and from work to

be an on-going process that arises through participation within real work situations and that such learning is socially and contextually informed as well as influenced by the individual's beliefs, values, emotions and (tacit) understandings (e.g. Andresen, Boud & Cohen, 2001; Billett, 2006; Eraut, 2004; Pridham, O'Mallon & Prain, 2012).

I considered reflection to be important for such learning as does Kolb (1984), for example. Kolb explains that new insights are gained by reflecting on (implicitly gained) experiences, which are in turn integrated into altered frameworks of knowledge, leading subsequently to new actions and thus new experiences. Furthermore, I valued collective learning and interpretation highly, believing that explicating knowledge, thoughts and assumptions makes knowledge transferable and contributes to the development of shared meanings and understandings (Dixon, 1996; Nonaka & Takeuchi, 1995).

In line with these beliefs, I assumed that the promotion of learning skills, for example by teaching others how to learn, and planning and organising (collective) learning, would support the integration of learning and working within the CIUs on individual and collective levels. I therefore put effort into promoting social conditions like safety, openness and equality, encouraged knowledge sharing and (collective) reflection on experiences, and invited others to set clear goals and to identify learning activities as both individuals and as a group. However, so doing I experienced that my beliefs and assumptions did not always match those of others, like the nurse manager (chapter 2) and staff members (chapter 4). They 'just' wanted to provide good care for residents, seemed not to be interested in enhancing their own learning purposefully and were less cognitively oriented than I had expected.

### *Values and beliefs in motion*

It was through my cognitive and bodily engagement in the CIUs that my values and beliefs unfurled and simultaneously became challenged by others, triggering new bodily sensations and emotions that I eventually interpreted further. This is recognisable, for example, in chapters 2 and 3. My values and beliefs did not fit those of others in the units and this difference generated tensions. I tried to adapt and to affiliate with others' learning (preferences) to encourage learning and change: sometimes mindfully and as part of a plan, sometimes unconsciously. For example, I experimented with other methods, like drama, and became aware that this fitted better a practice orientated and hands-on preference for learning. The drama brought energy and movement within the research group as well as within the team, and triggered research group members to behave differently in the unit, encouraging other alterations (chapter 4). In a similar manner, I adjusted more or less automatically to the gradually changing behaviour of the junior lecturer

practitioner Ragna, who I mentored, through which our own relationship and our relationships with others co-evolved. In this way learning, change, and personal growth for us as well as for other practitioners came into being (chapter 3).

I realised that unplanned and unforeseen incidents, actions and interactions, like the reduction of hours that the activity coordinator was available in the unit (chapter 5), a changing group of students (chapters 5 and 6) or a resident noting to a staff member that she wanted to do house hold tasks (chapter 4), encouraged momentum, learning and change. Such changes, no matter how small or distinct, led to new circumstances and incremental changes both within and between the levels of learning. For instance, the resident's desire to help served as a reminder to the ward assistant (a member of the research group) to also involve other residents in household tasks. She experienced cognitively and bodily that involving residents in activities can facilitate positive relationships between residents and reduces residents' distress and restlessness. The practitioner shared her learning experience with fellow research group members and other colleagues and started to role model on the ward, encouraging others to do the same. As a result not only did the ward assistant feel more appreciated and connected with other team members, but involving residents in daily activities grew into a common goal. Together with other incidents and actions, this contributed to a shared responsibility and a gradual change of values in the direction of person-centred care, which led to a more effective workplace culture (Manley, Sanders, Cardiff & Webster, 2011) and other initiatives to improve practice (see chapter 4 and 5).

I experienced that (unplanned) shifts and changes created momentum and new changes. Everything (individuals, interactions, processes, structures etcetera) was interrelated and what was present at one level, for example openness, care and interrelated learning and change at the dyadic level, was also recognisable at other levels, like on the group, unit and organisational levels. All elements, interactions and processes at a particular level, as well as all the different levels, were not merely related, but interwoven, influencing and strengthening one another reciprocally. I learned that the levels at which learning takes place were neither static nor demarcated. Rather they were lively and inextricably interrelated spaces or spheres creating a dynamic whole in which on-going shifts, feedback loops and movements unfold. Consequently, I began to understand workplace learning to be 'much more', less 'black or white' and insular, and harder to organise and manage than I had initially assumed. I came to see these learning experiences and beliefs to have features in common with insights from complexity theories and recently emerged postmodern theories of learning (Hager, 2011). I realised that through my bodily engagement as a lecturer practitioner and by doing my PhD, my beliefs, values and worldview had been and will be altered. Gradually and unforeseen I had broadened my scope and realised that what I

thought was workplace learning and a sociological occurrence, was first and foremost a relational, complex and co-emerging phenomenon.

### **Learning as a relational, complex and co-emerging phenomenon**

As argued above and within the previous chapters, learning in dynamic workplace settings is on-going and often spontaneous and implicit. It emerges through bodily and cognitive engagement and in reciprocal relationships with all elements (individuals, interactions, processes and structures) at and between interrelated and evolving levels of learning. My unfolding and expanding understanding of these levels of learning has led me to the conclusion that they can be more aptly described as 'learning spheres', a point I will elucidate in the closure of this section. These insights advocate an approach to learning that takes the embodied, pragmatic and dynamic acting of learners as a given, and acknowledges that learning is relational, responsive and complex. As the dominant discourse, centred on social-constructivist and socio-cultural theories of learning, insufficiently reflects these insights into learning (Cunliffe, 2008; Fenwick, 2000b; Küpers, 2008), I propose an alternative worldview to broaden the discussion and develop more encompassing understandings of learning at, from and for work. I suggest that such a view could be grounded in complexity theories and, more specifically, that of enactivism. There are others (Davis & Sumara, 1997; Fenwick, 2000b, 2001; Niessen, 2007) who see learning in this light but with the exception of Fenwick they conceptualise learning within a school setting instead of a workplace.

#### *Complexity theory and enactivism*

Within complexity theories an individual is considered as a living and dynamic system, while at the same time the individual is a subsystem (a linked part or element) of a larger dynamic system: the environment or the context (consisting of individuals, interactions, processes and structures) in which the specific individual acts (Davis & Sumara, 1997; Laidlaw, 2004; Osberg & Biesta, 2007). The interconnected subsystems interact, influencing each other reciprocally, through which all parts unfold and evolve continually in relation and over time, while at the same time the system as a whole arises from the interrelations between the parts.

This concept of complexity is not to be confused with complicatedness. Within a complicated world both the parts and the way they interact are identifiable and observable, like the little cogwheels in a clock intermeshing to rotate the hands (Davis & Sumara, 1997). Although a complicated mechanism, the clock's parts or components are discrete from each other and unchangeable as is the way they work together, leading consistently to the same result (showing the time). In a complex world however, parts are intertwined and inseparable, transcending

themselves in relation through a mutually informed process, while unfolding the system as a whole. Parts and the system co-emerge, which is a messy rather than an orderly process, while the whole is much greater than the sum of its parts (Davis & Sumara, 1997).

From a complexity view, each of the five related levels central within this research could be understood as a dynamic part or subsystem of a bigger whole as well as a living system consisting of several subsystems. Recognisable in the previous chapters, these levels, or spheres as I will refer to them from now on, are indeed strongly interconnected as they reveal and evolve in relation. In chapter 2, my entrapment in the situation (individual sphere) influenced, in this case hindered, modifications within other individuals (the unit manager, practitioners) and thus the unit. My entrapment was also perceivable within other learning spheres, and later changes in the situation, for example the unexpected absence of the unit manager, led to shifts in diverse spheres: I felt the freedom to interact differently and to develop myself; the student co-ordinator, nurse teacher and I started to collaborate as co-researchers in initiating an action research project while the nursing team participated actively in the project aimed at creating change on the ward. All these subsystems thus co-evolved and strengthened each other, unfolding changes in the unit (the bigger system). Other chapters also show that the dynamics in play are recognisable within all spheres and that learning and growth between and across spheres are interrelated. For example, the development of the mentoring relationship (chapter 3) was rooted in the learning and growth of Ragna (the junior lecturer practitioner) and I, and in turn our relationship encouraged further learning for us as well as for others such as research group members. They wanted to learn how to facilitate meetings and learning and change processes within the unit. Doing so encouraged new shifts and changes in the group, unit and organisational spheres, enabling, for example, the engagement of residents in daily activities (chapters 4 and 5) and a workplace culture that embraces learning (chapter 6).

Complex systems consist of feedback loops (Laidlaw, 2004); each incident, action and interaction affects those that follow erratically and small events and interactions can scale up to greater effects. These feedback loops can be positive and self-reinforcing or negative and self-correcting (Schneider & Somers, 2006). Put differently, through dynamic networks of interaction responsive processes emerge. Patterns and structures unfold and continuous and unpredictable changes or mutations occur. For instance, shifts in roles in our mentoring relationship encouraged other members of the action research group to learn how they could support improvements in the unit (chapter 3). In turn, this led to spontaneous and often unforeseen effects on individuals and the system as a whole. Personal growth and role modelling of research group members led, for example, to increased collaboration and shared responsibilities in the research group and the unit

(chapters 4, 5 and 6). In this way a self-organising emergent mechanism comes into being, which gives rise to non-linear shifts and changes (Davis & Sumara, 1997; Laidlaw, 2004; Osberg & Biesta, 2007).

Responsive shifts and changes within and between parts and the greater system (the interrelated spheres) are considered as evidence of learning through adaption (Laidlaw, 2004). How such learning processes in and at work unfold can be further explained from an enactivist perspective, a view that draws from evolutionary biology and complexity theory (Davis & Sumara, 1997; Fenwick, 2001).

Enactivism (Varela, Thompson & Rosch, 1991) acknowledges that learning is grounded in activity. Being at once bodily, cognitively and experientially engaged in the world by moving, acting and participating in it, people enact a world. To enact a world means that people shape their world and at the same time are influenced by it (Davis & Sumara, 1997; Niessen, Abma, Widdershoven, van der Vleuten & Akkerman, 2008). Learning from an enactivist perspective is therefore inherently interdependent and socially informed and is not so much a process in which one explicitly accumulates knowledge, as it is a recursive process in which one adapts and expands one's space for possible action (Varela, 1999).

In the dyadic sphere (chapter 3), for example, we can see that the mentoring relationship between Ragna and I, which was based on our being and acting, created the conditions for engagement and enactment. In turn, these enactments led continuously to imbalances: Ragna increasingly took the initiative in supporting action research group meetings, with the result that my facilitation strategy was no longer suitable. Within such situations I felt this imbalance physically and sometimes cognitively leading to alterations (unconsciously) in my acting to rediscover balance. Learning arose through the active re-orientation of self and our relationship evolved, creating thereby possibilities for new acting and consequently new disturbance. Put in generic terms, learners continually and actively re-orientate and rearrange their mental and their bodily and experiential structures to maintain these in relation to their world (Davis & Sumara, 1997; Fenwick, 2001; Varela, 1999). As they do so, they create new possibilities for understanding and acting that emerge out of their situation specific actions, called 'work knowing' by Fenwick (2001).

Learning is thus a responsive, embedded, and embodied process enmeshed within a web of many heterogenic elements that reciprocally influence each other (Davis & Sumara, 1997; Niessen et al., 2008), more than is outlined in most learning literature. Such a complex or enactivist view of learning problematizes assumed dichotomies often present in (workplace) learning literature.

## Challenging common dualisms

In literature there are diverse positions about learning, each emphasising different assumptions and specific aspects of learning. In line with our western preference for analytical and conceptual thinking and clear distinct categories, this often leads to dualistic classifications that force a one-sided focus, constricting our understanding of learning (Hodkinson, 2004). A complexity or enactivist perspective<sup>2</sup> of learning problematizes these dichotomies. I restrict myself here to a discussion of those dichotomies most relevant within the methodological and contextual boundaries in which this research was carried out.

### *Mind and body*

Within the western world we have the tendency to approach the mind and the body as separate entities, and the mind is generally valued over the body (Fenwick, 2006; Hodkinson, 2004; Küpers, 2008). The body is not ignored within the literature as it is recognised that learning arises from the individual's participation and engagement in diverse work situations (e.g. Andresen et al., 2001; Billett, 2006; Eraut, 2004; Pridham et al., 2012). However, cognitive processes like thinking, reflecting, and analysing (collectively) are usually seen as essential and are not usually regarded as having a bodily base (Argyris & Schön, 1978; Høyrup, 2004; Schön, 1983). In fact, these mental processes are often considered to be detached from bodily actions (Hodkinson, 2004). Kolb (1984) and Korthagen (2005), for example, explain that learning takes place after experience by reflecting on and theorising that experience, leading to new insights and thus new acting.

This study, however, indicates that cognitive and embodied processes are strongly intertwined. Embodied processes are explained by Varela et al. (1991) as being physically present within a situation, perceiving and experiencing one self and all elements within the context with the body and all senses. These cognitive and embodied processes are neither distinctive from nor alternatives to each other, but seem to be inseparable, interwoven, interdependent and equally valuable. Within the individual sphere (chapter 2), for example, I became aware that cognitive and embodied processes should not be treated as distinctive from each other as attempting to separate them had not helped me. In this case I experienced the situation mainly physically as I felt the tensions within the relationship with the nurse manager first and foremost within my stomach,

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<sup>2</sup> The concepts of complexity and enactivism are strongly related to each other. The relational and often unforeseen dynamics of constant change are central in both concepts. Enactivism gives further meaning to complexity by emphasising the intertwined bodily and cognitive engagement as a whole. In this chapter I refer interchangeably to both concepts. I use complexity as the overarching concept, but refer specifically to enactivism when embodiment is central in the text.

influencing my thoughts, behaviour and self-esteem. Motivated by these unpleasant physical feelings, I engaged cognitively, reflecting *on* situations *afterwards* and intending to act differently in future encounters. Although I partially recognised what was happening in a cognitive way, I was unable to develop a new, more creative response while continuing to distance body from mind. Although reflection after action seemed to make sense, adopting a mindful posture or an engagement *in* practice that was more responsive to bodily senses (Langer, 1997; Macintyre Latta & Buck, 2008) could have helped me to deal with the situation differently. It could have prevented me from getting trapped in habitual (body-mind) patterns and enabled, instead, ‘knowing in action’ and an ‘in-the-moment’ response (Keevers & Treleaven, 2011) encouraging ‘mindful open-ended reflection’ (Varela et al., 1991). Mindful open-ended reflection is a form of experience that itself takes into account the metacognitive ability to sense one’s own senses while being engaged in the moment, opening up possibilities for acting differently than contained in one’s current representations.

Within the group and unit spheres (chapter 4 and 5) it is learned that practitioners prefer to learn by doing, seeing examples and by trial and error. While facilitators remained cognitively orientated and encouraged intentional learning, verbalisation and reflection, it was the bodily experiences of role playing and trying things out in practice that unfolded mental processes, like storytelling and sharing experiences. As such, enactment and embodied ways of knowing can bring forth more purposeful, articulate and explicit learning (Varela, 1999). This study thus illustrates that “knowing, doing and being are inseparable” (Davis & Sumara, 2005, p. 461) and that cognitive and embodied processes form an integrated and on-going whole. Fenwick (2000a, p. 267) has expressed this as “cognition is embodied enaction”. Consequently, working and learning should not be approached as separate activities, as for example the work of Kolb (1984) and Argyris and Schön (1978) suggest, but as one and the same process. They are inseparable and entwined, thus, working = learning and vice versa.

### *Individual and social*

As many have described (e.g. Billett, 2006; Cunliffe, 2008; Fenwick, 2006; Hodkinson, Biesta & James, 2008; Küpers, 2008), another dualistic classification dominant in the learning literature is that of the individual and the social. Some authors, especially those influenced by psychological theories of learning like Kolb (1984) and Schön (1983), focus on the individual learner and consider the social context as external to and divided from the learner. Learning is then considered as acquiring and transferring knowledge and skills located in the individual’s mind and body (Hager, 2011; Hager & Hodkinson, 2009). Others (e.g. Eraut, 2004; Lave & Wenger, 1991; Manley, Titchen & Hardy, 2009; Pridham et al., 2012) emphasise

that learning is social and/or context dependent. Learning is then seen as a process rather than a product, which arises through engaging in work settings influenced by contextual factors such as social, organisational and cultural dynamics (Hager, 2011). Instead of acquisition and transfer, participation becomes the learning metaphor used (Hager & Hodkinson, 2009). However, in these social-cultural theories it is the individual as part of the context who develops within that context (Fenwick, 2000b), while in this research the individual, the social and the context have no inherent separate status, but emerge and evolve together. Or, as explained by Davis and Sumara (2005, p. 458), “individual knowing, collective knowing, and cultural identity are three nested, intertwining, self-similar aspects of one ever-evolving whole.” It is therefore important to focus on the relational aspects of learning and not on the individual per se.

Within the dyadic sphere, for example, my learning was interwoven with Ragna’s learning, altering our mentoring relationship continuously. We, and thus our relationship (the larger whole), co-evolved. In a similar manner, the research group members (chapter 4) grew in relation, unfolding their environment simultaneously as their enactments shifted (they started to act as role models) and thus altered the unit’s context of which they were inseparable parts. This was an on-going and emerging process recognisable *within* each sphere, but also *between* the spheres. For example, as our mentoring relationship (dyadic sphere) evolved, our role and position towards each other and other practitioners, like the research group members, transformed, through which shifts arose within the research group and the unit sphere: as Ragna grew as a facilitator some other research group members began wanting to learn to facilitate the research group meetings (chapter 3). Characteristics of the caring mentoring relationship with Ragna (dyadic sphere) were copied and adapted by research group members and other practitioners (group and unit level): they enacted a caring and responsive attitude towards each other, unfolding a supportive ward atmosphere as is illustrated in chapter 5. This learning attitude seeped into the organisational sphere (chapter 6) as not only nurse mentors, but all practitioners guided students in their learning promoting invitational qualities or affordances of the workplace (Billett, 2004).

Thus, that which is seen in smaller parts is also evident in the larger whole mutually strengthening each other. Everything is interrelated suggesting that learning is not individual or social, but relational and on-going. According to Hager and Hodkinson (2009), this relational, co-emergent and on-going perspective of learning is reflected in the metaphor of learning as becoming.

### *Planned and happenstance*

A third dichotomy that this research challenges is the nature of the learning process as being planned or happenstance. In all spheres it is the more or less

accidental configuration between both consciously employed strategies, like meetings with the research group (chapter 4) or learning arrangements as expressed in chapter 6, and unforeseen (inter)actions and changes, for instance an encounter with a resident (chapter 4), that encouraged and enriched learning. Although it is acknowledged that workplace learning is based on natural and often unexpected opportunities in real work situations, the focus in the learning literature seems to lie on the purposeful promotion of learning, especially when it comes to individual learning.

Influenced by learning theories such as adult learning (Knowles, 1990) and lifelong learning (Field, 2006; Harrison, Reeve, Hanson & Clarke, 2002), several authors value intentional and self-directed learning (e.g. Ellinger, 2004; Knowles, 1975; Merriam, 2001; Zimmerman, 1989) and emphasise the importance of planning and organising learning and the development of learning skills (e.g. Argyris & Schön, 1978; Manley et al., 2009; Marsick & Watkins, 2001; Simons, Linden van der & Duffy, 2000; Zimmerman, 1989). Within this perspective, the learner ideally determines his or her own learning goals, develops reflexivity and uses interactions intentionally for learning and development. In order to guide the learner in this learning, it is recommended to deploy strategies like modelling, coaching, questioning, scenario building, organising and sequencing of workplace experiences, encouraging interpersonal interactions, helping to identify learning conditions, and teaching in the use of learning strategies (Billett, 2002; Marsick & Watkins, 2001). Furthermore, it is assumed that collective learning and shared meanings and understandings arise through explicating and reflecting collectively on experiences, knowledge, thoughts and assumptions (Dixon, 1996; Manley et al., 2009; Nonaka & Takeuchi, 1995). This requires frequent dialogue and intensive interaction between people, which for example could be promoted by realising knowledge networks such as communities of practice (Abma, 2005; Bindels, Cox, Widdershoven, van Schayck & Abma, 2014; Wenger, 1998).

Within this study, it is illustrated that deliberately arranged strategies aimed at promoting learning were indeed helpful. The planned action research project (chapters 4 and 5), for example, encouraged momentum and change, while organised moments for dialogue between stakeholders provided a platform for learning. Also, the conscious attention Ragna and I paid to our mutual learning process prevented us from lingering in the daily issues driven by the pressures of everyday working life (chapter 3). The daily sharing and evaluating of learning goals within the organisational sphere (chapter 6) had the same function. On the other hand, practitioners did not always fulfil the image of self-directed learners: practitioners were not interested in determining their own learning goals or using interactions purposefully for their own learning. As illustrated in the earlier chapters, learning was foremost a 'by-product' gained in passing while working to improve practice. It emerged spontaneously or 'on the spot', by doing and

experiencing, by seeing examples and the responses of others, and by small incidents and unforeseen mutations (Fenwick, 2000b; Gold, Thorpe, Woodall & Sadler-Smith, 2007), such as the absence of the nurse manager (chapter 2), the ever-changing group of students (chapter 5 and 6), or questions from the residents' family members (chapter 5). It seems therefore that learning is first and foremost an emergent process encouraged and enriched through both the (random) assembly of planned strategies and unforeseen (inter)actions, bodily responses and changes.

### **Closure of this section**

The first part of the research question concerns the nature of learning within the context of the care for older people and is aimed at conceptualising workplace learning. In answer to this question, it is argued that workplace learning is a complex phenomenon, which could be defined as the on-going and relational adapting through the enactment of small and large perturbations in which both agent(s) and environment change and co-evolve towards enlargement of the space for possible action. Enactment in this sense means being at once bodily, cognitively and experientially engaged in the world by moving, acting and participating in it (Varela, 1999).

At the start of this study, it was assumed that this learning took place at different individual and collective levels of learning. Indeed, the term 'level' has been used as such throughout this thesis. However, as mentioned earlier, I now consider the term 'sphere' to be more appropriate than 'level'. A level could be interpreted as a more or less static and clearly defined stage, and multiple related levels may suggest a layered and thus ordered phenomenon. During this study, however, it became evident that boundaries or lines between inner/outer or distant/near become blurred or deconstructed and do not fit neatly or linearly with actual practice. Consequently, the word 'level' as well as the figure (figure 1) in which the individual and collective levels of learning are illustrated in relation to each other, now seem inadequate representations of the relational, responsive and emerging complexity. They fit a complicated instead of a complex world. A sphere, in contrast, I envisage as lively and changing, with not well-defined but semi-permeable 'fluid boundaries', and instinctive rather than tangible and observable. A sphere is holistic, relational and dynamic.

However helpful it has been for focusing in on different learning relationships and structuring this thesis, the figure in which the individual and collective levels of learning are related seems to be mechanical and does not adequately reflect the dynamics of the processes within and between levels. While recognising the necessarily simplistic representation of reality afforded by a model, I now suggest a more dynamic and organic 'model of learning spheres' to illustrate learning as a

complex and interrelated phenomenon in which every sphere is a dynamic part or subsystem of a bigger whole as well as a living system consisting of several subsystems (figure 2).



Figure 2 Learning spheres

## Researching and advancing workplace learning

In this section I focus on the second part of the research question: how can an in-depth emic understanding of learning be generated in a way that is also beneficial to generating learning itself? The aim is to increase understandings on how to study and promote workplace learning within the context of the care for older people.

I examine the consequences and implications of workplace learning approached from a complexity, and specifically an enactivist, perspective. Again, I begin with my own learning, perspective and beliefs as a facilitator and researcher within this study. From there, I look more closely at the research of workplace learning and argue that it is intersubjective, flexible, inter-relational and multi-method while accelerating workplace learning.

## **My own learning: developing more flexibility using creative and pedagogic methods**

Based on social-constructivist and socio-cultural theories of learning (Hager, 2011), I initially valued planning and organising (collective) learning, (collective) reflection and the explication of knowledge, thoughts and assumptions. Participatory action research (PAR) fitted this social perspective of learning, as well as the CIUs' aim to improve practice, and offered guidance to enhance and research learning. I used Kemmis and McTaggart's (1988) framework to structure the action research process (see chapters 4 and 5) and to provide the direction I needed as a novice action researcher. I encouraged others to set clear goals, to identify learning activities and to reflect on lived experiences as individuals as well as a group (see chapters 3 and 4). Additionally, I researched these processes on a meta-level, for example by individual interviews with research group members (chapter 4), to answer the research question presented in this thesis.

My somewhat rigid adherence to structure was, however, de-motivating for my co-researchers. They experienced the action research process as both passive and bureaucratic (chapter 4). The somewhat slow process, in which thinking and doing, and planning and acting were separated and divided in diverse phases, did not fit the hands-on, embodied and responsive nature of learning and did not reflect the dynamic context. It hindered practitioners in taking action and the energy within the group decreased (chapter 4). Furthermore, the ward atmosphere and relationships with others were considered as more influential than the strategic planned actions (chapters 3 through 6), while unforeseen incidents, actions and interactions did encourage momentum, learning and change. The data gathered by individual interviews gave me information to answer the research question (chapter 4), but felt extraneous to practitioners and did not feed (mutual) learning and research processes.

### *Developing flexibility and promoting narration*

Based on these lived experiences, I attempted to respond more flexibly to events and tried to adapt to and affiliate with others' learning (preferences) to encourage learning and change. Instead of controlling and planning the learning and research processes, I started to use opportunities that arose within the research process and on the unit for advancing and researching learning. For example, I spent less time encouraging deep reflection and the formulation of learning goals, but embraced the often spontaneous narrative expression of felt experiences that arose when practitioners met each other in daily proceedings on the unit or in planned meetings. In this way processes were shaped by practitioners and their stories and thus considered important. This kept practitioners (and myself) energised and

motivated, as can be seen in the narrative presented in chapter 4, and created momentum and led to (unforeseen) movement and change (see chapter 5).

These transformations made me realise that my beliefs, values and way of being as a facilitator and researcher had been and were of great influence. Furthermore, experiencing that (unplanned) alterations led to new changes, gave me the feeling that it was not so much *what* I did, but that it was my (and others') being in the situation and doing *something* which created momentum, learning and change. *Sensing* what others needed and 'maintaining the flow of energy' made a difference. This gave me further confidence in letting things go and trusting processes such as these to unfold. I became more focussed on generating and role modelling social conditions for learning and change, like safety, openness and equality. Embracing and valuing everyone's input explicitly encouraged practitioners to share their narratives.

I learned that telling and sharing stories revealed how and why individuals (including myself) valued, experienced and coped with situations in relation to other parts of the system, such as other people and (social) structures, and thus the wider context, in the same manner as the stories presented in the previous chapters do. Telling stories advanced learning particularly when the narratives depicted opposite or different perspectives or urgent and messy issues, like how to involve older people in meaningful activities (chapter 4 and 5) or how to deal with time constraints (chapter 6). Narratives unfolded relational aspects and new possibilities for acting, and initiated unforeseen responsive processes. Sharing stories also led to mutual understandings, positive and deeper relationships, and further collaboration. For example, within focus groups (chapters 4, 5 and 6) participants gave each other positive feedback and shared suggestions by relating their experiences about how to cope with similar situations. By telling of their own experiences they became aware of their own positions, uncertainties and enactments in relation to other elements (colleagues, structures and routines) within the bigger whole (the CIU as environment). These gave new insights, empowering themselves and each other to take responsibility for their own learning.

By experiencing these responsive processes, I began to understand that the (spontaneous) narrative expressions of lived experiences were occasions for researching as well as advancing learning, and that knowledge and real understandings arose in interaction and through a compound of experiential, cognitive and bodily engagement. Consequently, I started to experiment with other methods that acknowledge the embodied, tacit and pragmatic ways of knowing that arise through enactment. Such methods support the narrative expression of experiences for generating learning and enable deeper understandings.

I fed back observations, for example those of research group meetings (chapter 4) or those concerning how practitioners involved residents in activities (chapter 5), to encourage narration of these experiences and to give further meaning to relational aspects and responses. Furthermore, I started to integrate creative and art-based methods, like staging a play (chapter 4), using photo cards for association (chapter 4) and making collages (chapter 3 and 5). These are active and bodily experiences in their own right. I experienced, as have others (e.g. Battisti & Eiselen, 2008; Gherardi & Perrotta, 2014), that creating and sharing these expressions in a genuine dialogue was useful in bringing tacit and embodied knowledge more to the surface, unfolding new understandings and ways of doing and being. In addition, a deeper creative exploration of multiple, earlier told or written narratives via the (co)construction of auto-ethnographies (chapters 2 and 3) and critical creative hermeneutic analysis (chapter 3 and 5), linked the inter-related spheres further and deepened the layers of meaning given to experiences from multiple emic perspectives and thus learning. New understandings about perspectives, roles and positions unfolded and deeper insights into how personal growth was interrelated with and influenced by own qualities and uncertainties, the nature of relationships as well as the wider environment emerged. Experiencing this, I realised that explicating and interpreting or studying felt experiences, and thus workplace learning, by the use of different creative and active methods contributed to participatory sense making (De Jaegher & Di Paolo, 2007; Weick et al., 2005). Such methods embraced the natural flow of energy and change through the different spheres (Tosey & Llewellyn, 2002) while momentarily slowing down the pace in order to accelerate learning.

### **Intersubjective research: preserving complexity and advancing learning**

Approaching learning as a complex phenomenon (the ontological principle) has axiological, epistemological, and methodological consequences. First, the research process should acknowledge embodied, tacit and pragmatic knowing that arise through enactment. It needs to embrace and inspire on-going processes of learning and change and contribute to the human flourishing of stakeholders. As such, research and thus learning processes should be flexible and adaptive, following practitioners' interests, needs and experiences. Second, the focus of research and learning should not only be on learning conditions (like places, resources, objects and structures), outcomes or separate experiences of individuals or groups, but on the relations that merge these parts or elements in action, both within and between the reciprocal interrelated spheres. This requires processes of sense making and giving profound meaning to lived and felt experiences in relation to oneself and others. And third, it must be acknowledged that the researcher's

position is neither value-free nor distinct. He or she is a living subsystem and part of the interrelated spheres (the whole), and is thus self a participant and learner.

This said, I agree with Sumara and Davis (1997) that the research of workplace learning should not be approached as a complicated task by adding a set of research practices to existing practices nor to reflect on research practices as separate descriptions and analyses of particular events. Instead, the research should be focused on the exploration of interactions as complex responsive processes of relating (Stacey & Griffin, 2005b) in such a manner that learning is advanced and accelerated. In line with McDaniel, Jordan Lanham, and Anderson (2009), I believe that this requires a different stance towards research, one that goes beyond traditional or well-known quantitative, qualitative and transformative methodologies. Others, however, argue that a whole new methodological approach or framework for science is needed to study complex processes (Ali, 2014; Jörg, 2009), which according to Jörg (2009) “cannot be simply found, but has to be invented” (p. 15).

This study could contribute to this methodological shift. It challenges some common fundamental dichotomies regarding traditional methodologies as such dichotomies present barriers for researching learning in order to facilitate this learning. Based on these insights and my experiences within this research, some methodological suggestions could be given to advance a complexity view of research into workplace learning within the residential care for older people. In addition, this study gives some insights into the role and being of the researcher who intends to research and advance learning from a complexity view.

## Challenging common dualisms

The various research methodologies described within the literature propagate contrasting underlying ontological and epistemological assumptions (Niessen, Vermunt, Abma, Widdershoven & van der Vleuten, 2004). The research into learning as a process that is grounded in complexity theory challenges such classifications and problematizes some common dichotomies. I highlight those two that are most prominent in this research with the aim to deepen further understandings in researching and advancing learning from a complexity view.

### *Knowledge generation and practice improvement*

A traditional approach to quantitative as well as qualitative research is that of observing or interpreting reality from a greater or lesser detached stance to uncover and represent the predictable and definite reality without influencing this reality (Polit & Beck, 2004). Such research should be valid and reliable (Polit & Beck, 2004) or trustworthy (Lincoln & Guba, 1986), and is aimed at developing knowledge that is somehow generalizable or transferable to other contexts.

Oppositely, transformational forms of inquiry, like PAR, have the aim to improve practices following a cyclic process of sequential phases like analysis, planning, doing and acting, and evaluating (Kemmis & McTaggart, 1988; Reason & Bradbury, 2001). Such designs are focussed on practical issues and purposes alternating action and reflection, and practice and theory (Reason & Bradbury, 2001). The assumptions underlying this view acknowledge the intersubjective nature of reality and allow the interpretive differences to become visible.

Reality from a complexity perspective, however, is an experienced reality, and not pre-given or fixed, but ever-changing. It arises and transforms simultaneously in and through the embodied (inter)actions of agents within the greater context (Varela, 1999). These embodied actions are based on past experiences and expectations about the future (Stacey & Griffin, 2005a). Past experiences and future expectations are not 'givens', as these are reconstructed and reinterpreted in the present and thus constantly changing. The present itself is not seen as merely a point in time that divides the past and future in a linear manner: past experiences and future expectations are not separated but interwoven and expressed in, what Stacey and Griffin (2005a) call, 'the living present'. Inherent to such an experienced reality and view of time is the notion that theory and practice are not split (Stacey & Griffin, 2005a). Indeed, theoretical, practical, and other kinds of knowledge are reflected in knowing, doing, and being, which are inseparable and an integral part of the experiences and expectations unfolding in embodied actions in the living present.

The primary aim of researching an experienced reality, in this case workplace learning, is not the generation of generic knowledge. Neither is it a planned and purposeful change of practice in which thinking, analysing and planning are separated from doing and experiencing (see for example chapter 4). Instead, this research into workplace learning should be understood as "a way of organising and interpreting one's lived identities" (Sumara & Davis, 1997, p. 420): an interpretative, reflexive and on-going process of sense making (De Jaegher & Di Paolo, 2007; Weick et al., 2005). It focusses on the spontaneous and improvisational nature of relating by way of exploring embodied actions and responsive interactions of those involved, which generates learning. This is an emergent and self-organising mechanism which gives rise to changes of which the direction is often hard to predict.

Instead of generating general knowledge or improving practices purposefully, the research into workplace learning is thus a form of learning itself aimed at supporting and accelerating learning processes. Although not the main purpose of such research, these processes may lead potentially to improved practices. Additionally, responsive processes made visible in in-depth case studies (Anderson, Crabtree, Steele & McDaniel, 2005; Hetherington, 2005), perhaps presented in text (like in this thesis) or other forms, may have a learning potential for readers.

### *Science and art*

As explained earlier, knowing and thus learning emerges in and through the intertwined combination of cognitive and bodily engagement (Varela, 1999), which is difficult to express, especially *in the midst* of action (Cherry & Am, 2011; van Manen, 2008). Aside from it being challenging to bring embodied and tacit knowing to the surface, moments of (inter)action change at the same time as they unfold. The practice being researched is thus continually transforming, being always in the modus of becoming (Clegg, Kornberger & Rhodes, 2005).

To study such embodied and temporal processes it is important ‘to grasp the world pathically’: to see the world as being relational, corporeal, situational, temporal, and actional, and to acknowledge non-cognitive understandings about self in situations and felt senses of being in the world (van Manen, 2007). Furthermore, it is important to focus on the relation between knowing and acting and the articulation of a practice while it is being practiced. According to Gherardi (2011) this could be realised by using practice as an epistemology through which the dynamics of the becoming of a practice as a socially sustained mode of action are highlighted; neither the value of knowledge nor the way knowledge is acquired is central, but how knowledge transforms and circulates by using it, and how it is produced in contexts of practices. Within such a pathic, relational and ecological model of inquiry I believe that science and art meet each other and should therefore be integrated.

Science concerns the systematic acquiring of knowledge aimed at the discovery of general truths and patterns. It focuses on that which is perceptible and presented (Battisti & Eiselen, 2008), requires evidence to support claims and provides explanations related to theories (Eisner & Powell, 2002). As such, science is based on the rational and cognitive, while it tends to overlook the emotional and affective dimensions and underlying, often unconscious, dynamics of social situations (Battisti & Eiselen, 2008). Traditional approaches and methods, especially those within quantitative research, do therefore little justice to the complex nature of reality. Although in literature quantitative research methods and statistical analysis are sporadically advocated for researching complexity (e.g. Gilstrap, 2013), such research seems to be embedded within a paradigm of simplicity (Horn, 2008): it is controlled within a set of parameters, and is observed from a distanced and ‘objective’ stance seeking for principles of order. It thus reduces complexity (Davis & Sumara, 2005). Qualitative methods seem to have a better fit with a complex world as these methods are phenomenological and study processes, events and interactions in-depth (Denzin & Lincoln, 2011; Niessen et al., 2008). However, traditional methods like interviews have their limitations concerning the expression and sharing of relational, embodied and tacit knowing unfolding in practices (Battisti & Eiselen, 2008; Eisner & Powell, 2002).

Art, on the other hand, is not concerned with truth, but with the expression or application of creativity and imagination. It depends on feelings and sensory experiences, is based on personal preferences, addresses particulars, and is appreciated for its beauty and emotional power (Eisner & Powell, 2002). Art is historical and culturally based and goes beyond the rational and cognitive level (Alexander, 2005; Battisti & Eiselen, 2008). In view of that, the use of art-based methods, like creative writing (stories, fairy tales and poems), painting, sculpting, drama, dance, and film, could usefully complement traditional research methods, as I have experienced in this research (see the section concerning my own learning).

The creation and performance of art within research is not an aesthetic attempt, but an experiential, empathic and body-centred method of knowing, in which the coming to know and representing the known are intertwined (Alexander, 2005; Roberts, 2008). For example, by using drama (chapter 4) members of the research group expressed their feelings, performed current practices and constructed the desired situation, through which they became more sensitive to the contextual and relational nature of their experiences and understandings, as to how they could involve residents in meaningful activities, grew. The drama was helpful in revealing and exploring embodied and tacit knowing (Battisti & Eiselen, 2008; Loftus, Am & Trede, 2011), and in constructing, visualising and reliving past (individual and cultural) experiences in the present (Roberts, 2008). Furthermore, art-based methods can contribute to the understanding of underlying dynamics, relational processes, emotions, ambiguities and resistance (Battisti & Eiselen, 2008; Loftus et al., 2011), and encourage the engagement of and open dialogue with others (Alexander, 2005; Roberts, 2008). As such, the use of art-based methods reflects the embodied cognition as explained within enactivism as well as the underlying principle of the research into learning as being a form of learning itself, while supporting and accelerating this learning.

### **Some methodological suggestions**

The small amount of literature concerning the study of complex systems generally or the study of (workplace) learning as a complex phenomenon specifically, gives mainly general and abstract methodological starting points. The experiences within this research and the foregoing ontological and epistemological interpretations, however, could offer some concrete suggestions for researching and thus accelerating workplace learning within the residential care for older people.

### *Promote participation and a communicative space*

As illustrated within this research, a complexity stance moves the analysis of learning away from the individual or social and towards the relational web of heterogenic parts or elements (Davis & Sumara, 1997; Fenwick, 2000a; Küpers, 2008; Niessen et al., 2008). No one other than the person concerned can express a felt sense of being and knowing in the world. There is none other better placed to identify the interplay of various elements and the relational significance thereof. As such, the research of an experienced reality and a complex phenomenon like workplace learning is participatory and intersubjective by definition, while the common ideal that the researcher should not affect what is being studied, disregarding his or her own ideas, emotions and values, is not feasible (Stacey & Griffin, 2005b).

Participation in research processes could be promoted by encouraging a ‘communicative space’ (Wicks & Reason, 2009) in which people, including the researcher (see chapter 2), feel respected, and challenged and supported to contribute and to participate. Such a space should provide safety and those in it should experience openness to express and explore differences. It is important to negotiate issues around power and influence, to realise shared decision-making, and to allow others to influence processes, as all of these aspects will contribute to the growth of reciprocal, equal and tolerant relationships.

The promotion of communicative spaces and reciprocal relationships is neither a linear, one-time process nor a purely dialogical endeavour. It requires continuous attention and care as these spaces and relationships evolve over time: they are in themselves complex systems (see for example chapter 3). As explained in the previous chapters, person-centred (Cardiff, 2014) and adaptive leadership (Corazzini et al., 2014), a style of facilitation that is based on the principles of practice development (Manley, McCormack & Wilson, 2008; Munten et al., 2012), and an appreciative approach and attitude (Cooperrider, Barrett & Srivastva, 1995) are helpful to influence and support such spaces and relationships. Furthermore, the research process itself should contribute to the growth of communicative spaces and reciprocal, equal and tolerant relationships by acknowledging the diversity of insights and realising possibilities for collective interpretation and sense making (Davis & Sumara, 2005; De Jaegher & Di Paolo, 2007; Weick et al., 2005).

### *Create a flexible and longitudinal design*

From a complexity perspective it seems particularly necessary to set, in any case, the research process in motion because this will unfold new shifts and changes within the various spheres. As seen in this study (chapter 5 and the section concerning my own learning), this can be accomplished by using and nurturing

natural energy flows within the unit (Tosey & Llewellyn, 2002) and giving attention to events or topics that are concrete and meaningful to participants. Situations and procedures experienced as ambiguous or messy (Cook, 1998, 2009) or an issue which practitioners feel is urgent to improve (Kotter, 1996) are good starting points.

Subsequently, instead of a traditional and linear research process comprising separate and successive phases of collection, interpretation and dissemination of data, a flexible and emergent design is needed to study the complex responsive processes of relating (see chapter 4 and the section concerning my own learning). A flexible design makes it possible to adapt to the learning preferences of practitioners and the felt sense of energy (Tosey & Llewellyn, 2002), to encourage on-going processes of learning and to anticipate unpredictable and unforeseen changes during the research (McDaniel et al., 2009; Sumara & Davis, 1997). As such, the research design is not a product, but an activity defined by McDaniel et al. (2009, p. 5) as “the on-going process of updating the strategies and methods one needs for studying [and enhancing learning processes]; it is a dynamic system of inquiry that coevolves during the research.”

If used loosely an evolutionary and developmental form of inquiry, like PAR, can fit such a purpose, as we have experienced in this research and is argued by others (Davis & Sumara, 2005; McMurtry, 2010; Phelps & Hase, 2002). It can provide a methodological framework for setting emerging processes in motion and for following and monitoring these complex processes. In addition, such research has a longitudinal nature which makes it possible to study the evolution of workplace learning over time and adopts mixed methods and models, which is considered necessary for the study of complexity (McDaniel et al., 2009; Phelps & Hase, 2002).

Such a research process should not be dominated by detailed plans (Davis & Sumara, 2005; McDaniel et al., 2009) as I have explained in chapter 4 and 5. In case of an action research project, prescribed phases of an action research cycle, like those of Lewin (1947) or Kemmis and McTaggart (1988), should be viewed flexibly and used loosely as the process is considerably shaped by small incidents, and unforeseen actions and interactions. Furthermore, as explained in chapters 4 and 5 the accent should be on rapid improvement cycles of attempting and evaluating interventions that arise from earlier actions and sense making rather than a thought-out analysis and planning phase (Plsek, 1999; Weick et al., 2005). This will keep the energy flowing.

### *Use multiple creative and active methods for sense making*

As previously argued, learning can most usefully be investigated as on-going, dynamical and sensorimotor processes of participatory sense making and mutual

incorporation in the moment-to-moment (inter)action of embodied agents (De Jaegher & Di Paolo, 2007; Fuchs & De Jaegher, 2009). I believe that the narrative and pathic expression of past experiences and future expectations could support and encourage such processes. A narrative, individually or collectively constructed and presented in oral, written or other form, is non-linear, holistic and temporally ordered. It shapes and orders past events and objects in a meaningful whole from the narrator's point of view (Chase, 2005). As such, a meaningful narrative provides in-depth insights into lived experiences and embodied perspectives of people, how these were shaped by history and in relation to other parts (individuals, structures, etcetera) and the wider context. It gives information of the single system and the interweaving of more complex systems (Stacey & Griffin, 2005a; Uprichard & Byrne, 2006), and thus a better understanding of *how* the inter-related spheres are connected and complex responsive processes unfold. As new understandings and knowledge arise through this activity of shaping and giving meaning to experiences, the narrative expressions enable intertwining of research and learning in one and the same process. Evolutionary and incremental change is in this way supported.

Sense making of multiple narratives on a meta-level can generate more in-depth insights. It will enlarge understandings into the relational dimensions of experiences from multiple emic perspectives, unfolding change and action. For example, in this research the blending of experiences from diverse stakeholder groups concerning the improvements in daily activities within the unit (chapter 5) and the (co-)construction of auto-ethnographies (chapters 2 and 3) brought attention to both micro interactions and greater patterns that were evolving. This led to a multi-layered understanding among participants and thus the promotion of learning and change, corresponding with Stacey and Griffin's (2005a) perspective, in which the person's reflective narrative is seen as raw material for deeper exploration, or that of Ali (2014) who promotes story circles of generating anecdotes, sense making and shaping interventions.

As explained in the section regarding my own learning, the narrative expression of embodied and relational knowing and doing can be supported and powered by the use of multiple qualitative research methods. Participant observations and group interviews, like focus groups (Kamberelis & Dimitriadis, 2005) and collaborative and auto-ethnographic interviews (Ellis, 2004) in which lived experiences are shared and explored to encourage the co-emergent of knowledge, are good options. Creative or art-based methods can complement these methods and are especially useful for exploring and explicating embodied and tacit knowing to create meta-understandings that go beyond pre-existing understandings (Battisti & Eiselen, 2008; Loftus et al., 2011). Being experiential, empathic and body-centred, they form a counterpart to dialogical expressions of experiences and can offset the limits of language (Gherardi & Perrotta, 2014). Art-based methods

create a creative space, promote participation and empowerment, and reduce the gap between the known and unknown, thereby initiating change (Alexander, 2005; Roberts, 2008). They unfold multiple and alternative perspectives and interpretations, and thus other ways of being, doing and knowing in everyday practices (Battisti & Eiselen, 2008; Loftus et al., 2011). Additionally, the creation of an art piece as a (re-)enactment of experience is both a research process and a form of (re)presentation (Alexander, 2005; Roberts, 2008). Data-gathering, interpretation and dissemination can therefore overlap each other. This challenges traditional and linear research processes and promotes open, flexible and recursive approaches to research, as are necessary in the research of complex phenomena in which the end point is not clearly defined (Roberts, 2008).

### **The researcher's skills, being and attitude**

The researcher does not have a detached or objective role when researching and advancing learning from a complexity view. In line with my own experiences, he or she is a complex system as well as part of the whole and is therefore also a co-evolving participant in the research: the researcher is thus subject as well as object of study. In turn, participants are co-researchers or research partners and thus also both subjects and objects of study. This changes the traditional role of the professional researcher as a detached observer in that of both the participatory facilitator and the learner. Consequently, the researcher requires diverse skills and knowledge, for example concerning communication, learning, and group processes (Boog, 2003), change management (Khreshah & Barclay, 2007), power issues (Jacobs, 2006), and conflict (Abma, 2000). Over and above these areas of expertise, I believe that the researcher's being and attitude are of greatest influence and particularly important when researching and advancing learning as a complex phenomenon.

First, as a complex system, the researcher should be aware of the influence of his or her own values and beliefs, as shown by my own experience (see chapter 2 and the section concerning my own learning). This requires knowing self and feeling, observing and acting on inner signals as well as the willingness to explicate and explore own purposes, assumptions, perspectives, and sense making (Lieshout van, 2013; Macintyre Latta & Buck, 2008; Marshall & Reason, 2007). As role models for others such researchers need to demonstrate a learning attitude and learning-focused values, for example by asking for feedback, explicating their own learning and showing their own vulnerability as illustrated in chapter 3. Furthermore, they should be aware of and take seriously their own intuition and bodily sensations within their own energy field (Tosey & Llewellyn, 2002). Recognising their own possibilities as well as limitations in changing a particular situation are helpful in

maintaining self in the situation and in shaping future behaviour as explained in chapter 2.

Second, the researcher should have an open, respectful and caring attitude towards others, and be ready to build reciprocal, equal and tolerant relationships with co-researchers (Boog, Slagter & Zeelen, 2008; Maiter, Simich, Jacobson & Wise, 2008). He or she must have the intention to involve all stakeholders in the research process, supporting them in investigating their own practices, whereby personal qualities, creativity and professional knowledge are acknowledged. As can be learned from this research, this can be enhanced by valuing and promoting equality, participation and mutuality and by creating particular social conditions (such as openness, safety and mutual trust) and encouraging democratic processes and joint decision-making (Boog et al., 2008; Manley et al., 2008). Furthermore, such research necessitates a reflective curiosity in the researcher, characterised by really wanting to know other perspectives while continuously looking for and working with feedback (Marshall & Reason, 2007).

Third, the researcher needs to understand and live the underlying principles and mechanisms of a complexity perspective on researching learning (Horn, 2008). This means being able to adapt facilitation to the energy he or she feels (Tosey & Llewellyn, 2002), embracing emergent processes and having the willingness and ability to act in circumstances of uncertainty (Cook, 2009; Marshall & Reason, 2007). Instead of predicting and controlling, the researcher should be open to the dynamics within practices, prepared to learn from observed changes and capable of shifting and adapting as a result of new understandings (Lieshout van, 2013; McDaniel et al., 2009). This way of working is supported by being sensitive to and mindful of shifts in the felt energy and the uniqueness of events and possibilities that arise (Davis & Sumara, 2005; Langer, 1997; McDaniel et al., 2009; Tosey & Llewellyn, 2002), while creativity, supported for example by the use of art-based methods, encourages questioning of the familiar and thinking outside the existing boxes (Loftus et al., 2011).

### Closure of this section

Besides conceptualising learning, the aim of this research is to increase understandings on how to study and promote workplace learning within the context of the care for older people. This section has focused on the second part of the research question: how can an in-depth emic understanding of learning be generated in a way that is also beneficial to generating learning itself?

In answering this question it has become clear that understandings and thus learning arise by an on-going, interpretative, reflexive and recursive process of exploring embodied actions and responsive interactions by those involved (Davis & Sumara, 2005; Stacey & Griffin, 2005a). Grounded within enactivism, this process

is not limited to collective reasoning to construct or represent shared meanings intended to interpret, predict or explain the behaviour, thoughts or actions of self and/or others (Fuchs & De Jaegher, 2009). Instead, social understandings arise in the moment-to-moment (inter)action of embodied agents, and these are on-going, dynamical and sensorimotor processes of participatory sense making and mutual incorporation (De Jaegher & Di Paolo, 2007; Fuchs & De Jaegher, 2009). Consequently, there is always sense making and thus learning as these conscious or unconscious processes are interwoven in (inter)actions. This study indicates, however, that such learning processes can be enhanced by explicating and interpreting learning: these activities go beyond the intention of traditional quantitative and qualitative methodologies.

Research into workplace learning within the residential care for older people should be intersubjective, participative, and flexible. It should bring embodied and tacit knowing, unfolding as they do in action and relation, to the surface. Such surfacing is encouraged by the narrative expression of experiences (Stacey & Griffin, 2005a; Uprichard & Byrne, 2006) and the use of creative and multiple methods (Hodkinson & Macleod, 2010; McDaniel et al., 2009; Phelps & Hase, 2002; Roberts, 2008). The researcher is self a part of the research. The researcher's being and attitude is therefore of great influence. He or she should be open and respectful, sensitive to the flows of energy within him or herself and the unit, and mindful and adaptive to dynamics and (surprising) possibilities that arise within daily practices.

Such research grounded in complexity and specifically enactivism raises, however, issues of verification. Criteria of trustworthiness (Lincoln & Guba, 1986), for example, cannot be straightforwardly applied. Consideration must be given to the ways in which others can review the research process and check if the research did justice to the complexity.

## Some methodological reflections

The study reported in this thesis has several methodological strengths and weaknesses. One such strength is the prolonged engagement. I stayed in the research setting for a considerable time through which persistent observation of the situation was possible. Furthermore, triangulation of data and method occurred and a viable insider perspective or emic account is established as practitioners were intensively involved and questioned on their experiences in the research. Although differences in roles, knowledge and expertise might have affected the trustworthiness and authenticity of the research, participants felt they were heard and indicated experiencing a sense of safety and equality. There was space to share ideas and discuss concerns, and ownership and reciprocity were

created during the research. Nevertheless, the perspectives of residents and their family, as well as those of managers, are absent in this research. Although not the focus of this research, their voices would have given additional perspectives on the consequences of workplace learning, for example concerning the residents' autonomy and empowerment, and could have encouraged practitioners' further learning.

This research has been affected by my own beliefs and the experiences gained during the research. Because these experiences were powerful in causing shifts away from my initially held assumptions, I may have unconsciously used language and sought evidence to establish and confirm my shifting understandings and values. I tried to minimise this by gathering and analysing data jointly with participants and by working together with other researchers not familiar with the research context. I reflected continually on my own being as well as my assumptions and beliefs, adapting and interweaving these with perspectives of others as is congruent with a complexity view.

I am aware that the research findings are based on a single case within a specific setting limiting generalisation. Yet, the detailed narratives reflect underlying relational principals and micro-mechanisms at play and contribute to a better and in-depth understanding of workplace learning. They illustrate how knowledge actually emerges, practitioners learn and grow and practices evolve and change, all of which may be of pedagogical value for researchers and managers, and contribute to the on-going dialogue concerning emerging perspectives about learning at, through and for work.

## Inspirations for practice

Workplace learning, defined as the on-going and relational adapting through the enactment of small and large perturbations in which both agent(s) and environment change and co-evolve, is not completely predictable or manageable. Given the complex nature of learning, learning facilitators (for example (action) researchers, supervisors, mentors, managers and colleagues) should value the happenstance character by which people learn and should not have the ambition to completely plan, organise and manage learning processes and outcomes in advance. Instead of applying prescribed learning objectives, linear action plans and rigid management strategies, they should inspire and invite others to participate and engage (together) in daily work situations and sense making (De Jaegher & Di Paolo, 2007; Weick et al., 2005), and encourage conditions that preserve and promote complexity and emergence (Davis & Sumara, 2005; McMurtry, 2010). To help achieve this some suggestions for practice are given here in the form of suggestions for facilitators.

Realising decentralised forms of organisation in which bottom-up changes can emerge and in which decisions are made collectively and shared with all members seem to be important, as decentralisation is more effective in adapting to changing circumstances (Davis & Sumara, 2005; McMurtry, 2010). Allowing messiness (Cook, 2009) and minimising the structures and rules through which the unit or organisation balances on the edge of chaos without actually drifting into chaos (McMurtry, 2010; Pina e Cunha & Vieira da Cunha, 2006) will also facilitate emergence, learning and rapid action. Furthermore, promoting reciprocal relationships and collaboration within the unit and organisation as well as with other (health care or educational) organisations, for example by working in shared projects and by inviting nurse teachers to educate within the care organisation, are crucial for learning as well as for creating possibilities for interactions (Davis & Sumara, 2005; McMurtry, 2010). Through collaboration and in interaction people can influence each other, creating perturbation, especially when diversity is valued and promoted. As such, achieving a second-order democracy that welcomes and appreciates differences and promotes responsibility for continuous processes of relating, instead of a first-order democracy that emphasises coherence, agreement and effective coordination (Gergen, 2003) will increase momentum, thereby enhancing learning and change.

Other suggestions for encouraging challenging and changing workplaces and advancing responsive, embedded, and embodied learning processes include offering multiple learning placements to students in the unit, job rotation and working together side-by-side with (experienced) others in daily activities. Both staff and more experienced students can function as role models and coaches in an experienced and non-verbal manner providing living examples of best practice, or can ask critical questions which encourage sense making and mutual learning. Moreover, workplace learning can be advanced and accelerated by researching learning in ways which include the encouragement of occasions for active learning, the narrative expression of experiences and the use of multiple creative methods aimed at promoting dialogue with self and others using all senses (Battisti & Eiselen, 2008; Dewing, 2008; Loftus et al., 2011; Stacey & Griffin, 2005b; Uprichard & Byrne, 2006). These dialogical and creative constructions and opportunities for participatory sense making (De Jaegher & Di Paolo, 2007; Fuchs & De Jaegher, 2009) can advance reflexive processes in routine practices and afford moments of evaluation and opportunities for intentional actions.

Finally, learning facilitators should develop and embrace self-observation, and a sensitive and mindful attitude to noticing shifts in own and others' felt energy, and becoming aware of unanticipated directions and possibilities for action that emerge (Davis & Sumara, 2005; Langer, 1997; McDaniel et al., 2009; Tosey & Llewellyn, 2002). This could be supported by valuing and taking seriously felt senses and bodily experiences but also by realising a system of support, for

example by engagement in a mentoring relationship, and critical and creative dialogues about self with others may be helpful (Lieshout van, 2013).

## Recommendations for further research

As this research has taken place in just one residential care organisation for older people, more research into how complexity could be maintained and how learning at, through and for work can be advanced is necessary in other health care organisations within the care for older people as well as in other fields. Findings arising from this study could be further refined and developed while insights in workplace learning within other types of health care organisations could give new suggestions for advancing and researching learning from a complexity approach. Such research should explore in more depth the relational and emergent processes within the spheres as well as between multiple learning spheres. To explore such interdependent relational processes, longitudinal, flexible and participatory research designs and the use of mixed methods are advised as well as analyses of different narrative data gathered within the diverse spheres from a multiple emic perspective. Besides involving health care practitioners, it would be useful to include service users and their family as well as managers and executives in such study. Their perspectives on workplace learning will likely influence the relational processes in ways unexplored in the present research. Furthermore, transcending organisational boundaries by researching more expansive environments would also seem useful (Engeström, 2011; Fuller & Unwin, 2011). Exploring for example the collaboration and learning between different organisations, like a health care organisation and an educational institute, could extend the interrelated spheres giving insights into the bigger whole and inter-organisational spheres as subsystems.

Further development and trying out of methodologies to achieve a better fit with complexity and more specifically workplace learning grounded within an enactivist worldview are necessary (Ali, 2014; Jörg, 2009). Besides experimenting with art-based and other methods that may be helpful in exploring embodied knowing and supporting sense making and workplace learning, it seems useful to further explore how learning and knowing unfolding in the midst of action could be researched and thus promoted (Fenwick, 2008). These insights could contribute to a greater use of opportunities and occasions that arise in daily practices, however may require less well-known or not yet developed research methods and approaches. An important focus of future research should be the further development of quality and ethical procedures appropriate to a flexible and emergent research design, procedures that go beyond those used within participatory or narrative and auto-ethnographic research.

Finally, as the researcher's attitude and being is of great influence, further insights are needed into how learning facilitators or researchers could develop sensitivity for felt energies and inner and bodily signals, as well as an attitude mindful of others' needs and the surprising learning opportunities within daily practices. Research is necessary into how to develop and cultivate such an enacted stance of inter-being, and how such a stance is able to facilitate research that is also enhancing learning and human flourishing. Such research should be longitudinal, multi-method and acquired in relation with knowledgeable others so that subtle changes within the person as well as other living systems can be brought to the surface, articulated and cultivated.

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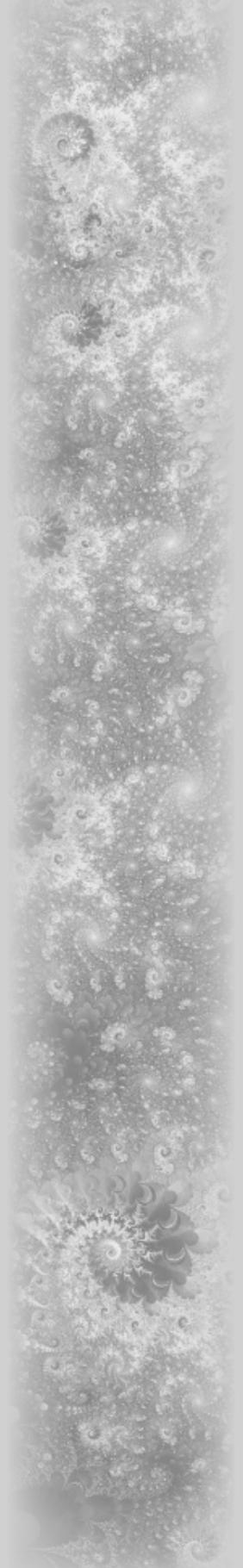
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# Summary





Social developments and trends lead to multiple challenges within the residential care for older people within the Netherlands. For example, the magnitude and complexity of care have increased as has the expectation that the care provided should better reflect the care needs and desires of the older person concerned. The limited financial resources and bureaucratic quality systems that are often imposed by the government make it difficult for care providers to adequately deal with these challenges. In addition, nursing and residential care homes are often hierarchical and traditionally organised, and employ mainly vocationally trained care workers who are not always sufficiently prepared to meet the increasing complexity of care.

Besides a more appropriate government policy and funding system, surmounting these challenges requires new shared cultural values and new knowledge, skills and ways of working within residential care organisations for older people. Workplace learning has the potential to benefit professional and personal growth, to promote innovation and to transform the context, and should therefore be facilitated and promoted within nursing and residential care homes. The research reported in this thesis investigates how workplace learning can be conceptualised, promoted and researched in the context of residential care for older people.

## Chapter 1

Besides describing common challenges within the residential care for older people, the first chapter recounts the common assumptions and general characteristics of learning during, from and at work and shows how these draw heavily on cognitive, social-constructivist and socio-cultural insights into learning. It is argued that workplace learning is situated within the working or organisational context in which learners (employees, students, and others) participate. Workplace learning is based, furthermore, on natural and often unexpected opportunities in real work situations and takes place by doing the job itself, by interacting and working with others, by experiencing and dealing with challenges, and by evaluating and reflecting on work experiences. Workplace learning can take different forms. It is often implicit, informal and incidental. However, explicit, formal, and intentional forms of learning also occur and are needed; this type of learning can be encouraged by learners taking responsibility for their own learning and reflection. Besides being an individual endeavour, workplace learning is also a social and collective process whereby knowledge is explicated, shared and co-constructed. As such, workplace learning is multi-levelled and takes place, for example, on the individual, group, community, organisational and inter-organisational level. Further, it is assumed that the effectiveness of workplace learning depends on the

characteristics, (learning) skills and motivation of the learner as well as on the characteristics of the context in which the learning takes place.

Alongside these general assumptions and characteristics of learning within the context of work, differences exist between the many learning theories that are present in literature, for example regarding the relationship between the individual, the collective and the wider context. Also, common beliefs concerning learning are on occasion challenged within the literature. They are seen as primarily cognitive in nature and therefore insufficiently holistic, and other aspects, such as power relations and politics, are often neglected in research on learning. Furthermore, definitions and assumptions of learning are seldom explicated in the literature hindering a cross-disciplinary dialogue and the refinement and enrichment of approaches to and perspectives on learning. For these reasons, it is argued that researchers should engage in the on-going debate about the nature of learning and how learning at work should be guided or facilitated in the actual workplace. It is concluded that in-depth research is necessary into the underlying relational processes among and between people and the levels of learning, to explore how knowledge actually emerges and what the consequences and outcomes are for individuals, teams and organisations.

This research contributes to this field and is aimed at gaining deeper insights into how workplace learning can be conceptualised (conceptual objective), researched (methodological objective), and promoted (practical objective) within the residential care for older people. The general question that is central in this thesis is:

What is the nature of workplace learning within the context of the care for older people and how can an in-depth emic understanding of learning be generated in a way that is also beneficial to generating learning itself?

The research took place in a health care organisation providing residential care for older people in The Netherlands from 2007 till 2013. During the study three care innovation units (CIUs) were established within the organisation in association with several faculties of nursing. A CIU is a ward where qualified staff members and a large number of students collaborate intensively to integrate care, education, innovation and research with the overall aims of improving the quality of care and creating a challenging workplace. As a facilitator or lecturer practitioner I supported and researched the initiation and development of the CIUs. I collaborated intensively with students and staff helping them in the areas of innovation and research, and mentored and coached two junior lecturer practitioners in their further development.

To realise the CIUs aims, participatory action research (PAR) was chosen as a strategy for both the improvement of practice situations in the CIUs and the

encouragement of workplace learning. PAR is a participatory and democratic inquiry process with, for and by people. It concerns practical issues and purposes and has an emancipatory function. Different PAR cycles were initiated within the CIUs, for example concerning the improvement of daily activities for older people, and enriching family participation on the unit. Data gathered within those action research cycles to evaluate the specific action research project were also used to answer the research question central in this thesis. Furthermore, additional data that transcended the action cycles were collected on several occasions using multiple qualitative methods. Taking into account the multilevel nature of learning, these data were gathered, analysed and presented as case studies, auto-ethnographies and a secondary analysis of a focus group study on five different individual and collective levels of learning:

- The individual level concerning the relationship with self as a researcher and facilitator (chapter 2)
- The dyadic level concerning the mentoring relationship between a junior lecturer practitioner and myself (chapter 3)
- The group level concerning the learning of an action research group (chapter 4)
- The unit level concerning the learning of the nursing team taking place within a unit (chapter 5)
- The organisational level concerning the learning potential of the unit as experienced by students (chapter 6).

## Chapter 2

Chapter 2 explores the individual level and my own learning. It presents an auto-ethnography: this is an autobiographical genre of writing and research in which the personal is connected with the cultural to look more deeply at self-other interactions. The focus is on my engagement within the first established CIU. 'Engagement' is seen as an important characteristic of action research and the term is often used to refer to the participation and involvement of the research participants. Within this chapter another angle is taken. The concept of engagement is explored in relation to me as an action researcher.

The chapter highlights how I got lost in the situation within the CIU. I faced differences in values, interests and power, but did not respond effectively to these differences. I was unable to step back in order to reflect upon the situation and as a result I held on to my own values. I kept using the same strategies to try and change the situation. As my strategies did not match the pragmatic and hierarchical culture of the CIU, they led to mutual misunderstandings, feelings of insecurity and power issues.

Based on my experience, it is explained that the involvement and ‘closeness’ of the researcher, although necessary within action research, can also have a darker side as people have the tendency to get trapped in their own beliefs and prejudices. If not mindful enough of their own involvement and way of being within the context, the researcher can lose him or herself in the situation and is no longer able to encourage or facilitate the participation and learning of self and others. A lesson that can be learned from this experience is that it is necessary to invest in relationships and to create a communicative space from the earliest beginning in order to ensure participation, (joined) engagement and learning. Dialogues as spoken communication and in physical forms in which differences are welcomed and jointly explored are helpful. Furthermore, the (participatory) researcher or facilitator should have a mindful attitude, meaning that he or she perceives without prejudice what comes to his or her awareness. He or she should be sensitive to the situation and underlying micro-processes as this will guide self-development, personal growth and the establishment and maintenance of relationships.

### Chapter 3

Chapter 3 depicts the dyadic level and illustrates the growth of the mentoring relationship between myself and a junior lecturer practitioner who works in one of the CIUs. Research into workplace mentoring is principally focussed on predictors and psychosocial and instrumental outcomes, while there is scarcely any in-depth research into relational characteristics, outcomes and processes. This chapter is aimed at illustrating these relational aspects to gain insights into the micro-processes that nurture (mutual) learning. The nature of the relationship and how we learned from each other by facilitating (action research) processes are described in detail, from both perspectives, in a co-constructed auto-ethnography, a method of systematic analysis of and collaborative writing about a shared experience or activity.

The co-constructed narrative, in which my voice and that of the junior lecturer practitioner are presented, illustrates that an other-centred and caring attitude, alongside learning-focussed values, promoted a high-quality mentoring relationship. This relationship was characterised, among other things, by person-centredness, care, trust and mutual influence, thereby providing a situation in which mutual learning and growth could occur. Learning developed through and in relation and was enhanced when both planned and unplanned learning took place. In addition, the narrative makes clear that the learning and growth of both persons involved were intertwined and interdependent and that mutual learning and growth enriched and strengthened the relationship.

It is concluded that the narrative illustrates a number of complex relational processes that are difficult to elucidate and present in quantitative studies and theoretical constructs. It offers deeper insight into the initiation and improvement of high-quality mentoring relationships and mutual learning as a responsive process.

## Chapter 4

Learning at group level is central in chapter 4, in this case the learning of the action research group that was responsible for initiating, coordinating and monitoring an action research cycle concerning the improvement of participation of older people with dementia in daily occupational and leisure activities. The groups' perspective of the action research process and what and how they learned from the project is presented as an intrinsic case study. In an intrinsic case study the researcher tries, through longitudinal involvement in the setting, to reveal crucial aspects of the research question as seen from an insider perspective.

The chapter discusses general cognitive and social constructivist beliefs into workplace learning as a dynamic, collective, and preferably conscious process that occurs by reflecting on real work experiences. Based on the case study and in addition to the usual conceptualisation of workplace learning, it is illustrated and argued that learning in and through work is predominantly an embodied and responsive phenomenon that usually occurs implicitly while acting. A learning perspective grounded in complexity, and more specifically in the worldview of enactivism, encapsulates this pragmatic and embodied character of learning and at the same time provides a reality and language helpful in encouraging a critical attitude towards assumptions about learning in organisations.

Understanding learning from an enactive point of view carries consequences for studying and organising learning within organisations. It takes for example confidence and trust for learning facilitators and managers to value the happenstance character by which people learn. They should be mindful of unanticipated directions and possibilities for action to exploit and facilitate these. Furthermore, a challenging and changing work context, role modelling, and multiple forms of reflection that highlight an embodied and co-emerging practice should be promoted and integrated, while multi-source feedback and qualitative approaches for studying and measuring learning, such as participant observation, storytelling or creative expression are suitable.

## Chapter 5

Chapter 5 explores the unit level of learning presenting the perspective of the nursing team (staff and students) concerning the action research project that is also central in chapter 4. In this case study it is exemplified how learning and change processes unfolded and how simultaneous to the improvement of the older people's involvement in daily activities a cultural transformation took place and the care became more person-centred.

The findings show that spontaneous interactions and responses rather than planned interventions, analysis and reflection contributed to both the improvement of the older people's involvement in daily activities and a cultural transformation. Changes unfolded by sense making while enacting alternative behaviour or as a social and retrospective process of giving meaning to situations and experiences by verbally expressing these and sharing them with others. Such shared and spontaneous learning processes contributed to the individual and collective development of identity. They created shifts in definitions of one's own role and those of others, enhanced collective action and enactments of new behaviour, and caused (gradually) shifts in individual and collective values and norms. Furthermore, it proved to be beneficial that the process of change and the facilitation of that process reflected the same values as those underlying the cultural change.

It is concluded that cultural change is not always particularly susceptible to conscious action and does not necessarily come about by the implementation of a concrete plan. Rather the improvement of care and cultural change are dynamic, interactive and non-linear processes that evolve together. These learning and change processes are characterised by complexity and are difficult to predict or control. Nevertheless, managers and facilitators can facilitate learning and change by creating momentum by means of small, focused projects that are suited to stakeholders, and by realising conditions for sense making, collaborative decision-making, and interaction. Continuous appreciative and adaptive facilitation and practicing the desired values are also required. Action research can support such processes as long as the accent lies on rapid improvement cycles of attempting and evaluating interventions that arise from earlier actions rather than a thought-out analysis and planning phase.

## Chapter 6

The organisational level of learning is discussed in chapter 6. From the perspectives of students the learning environments of two CIUs are studied to

deepen understandings concerning the conditions that facilitate workplace learning.

This study concerns a secondary analysis of focus groups held by lecturer practitioners and teachers with 216 nursing students with different levels of education and experiences over a period of five years. The thematic analysis revealed that students are satisfied about the learning potential of the units, which is formed by various inter-related and self-reinforcing qualities or affordances of the workplace: co-constructive learning and working, challenging care situations and learning activities, being given responsibility and independence, and supportive and recognisable learning structures. Time constraints sometimes had a negative impact on the units' learning potential.

The study stresses placement learning as a relational phenomenon and illustrates coherence and synergy between the different inter-related and self-reinforcing invitational qualities or affordances. It is argued that the learning potential of workplaces can be enhanced by promoting certain conditions and different structures and activities, while being neither completely predictable nor manageable given the co-emergent and reciprocal nature of context and individuals. Based on the insights gained it is suggested to involve all stakeholders in bottom-up processes to enhance the workplace's learning potential from the early beginnings, and to encourage ownership and the development of shared learning-centred values. Furthermore, it is advised to keep an open mind and attitude for unforeseen hindrances or positive reinforcing interactions to be able to anticipate and play to these circumstances.

## Chapter 7

In chapter 7 the diverse individual and collective levels of learning are brought into relation to one another to answer the following research question: What is the nature of workplace learning within the context of the care for older people and how can an in-depth emic understanding of learning be generated in a way that is also beneficial to generating learning itself? After connecting the different levels of learning by means of my own learning within the CIUs, the concept of workplace learning within the residential care for older people is examined more closely as well as how learning within this context could be advanced and researched.

It is argued that learning in dynamic workplace settings is on-going and often spontaneous and implicit. It emerges through bodily and cognitive engagement, and in reciprocal relationships with all elements (individuals, interactions, processes, structures) at and between interrelated and evolving levels of learning. It is thus a responsive, embedded, and embodied process enmeshed within a web of many heterogenic elements that reciprocally influence each other. Such a

perspective of workplace learning could be grounded in complexity theories and, more specifically, enactivism, and questions common dualisms in the learning literature like body and mind, individual and social, and processes being planned or happenstance. It is therefore concluded, in answer to the first part of the research question, that workplace learning is a complex and embodied phenomenon that can be defined as the on-going and relational adapting through the enactment of small and large perturbations in which both agent(s) and environment change and co-evolve towards enlargement of the space for possible action. Furthermore, it is argued that such learning takes place within multiple holistic, relational and dynamic spheres rather than on static and clearly defined levels.

As an answer to the second part of the research question it is clarified that researching workplace learning is a form of learning itself aimed at supporting and accelerating learning processes. Such research focusses on the spontaneous and improvisational nature of relating by way of exploring the embodied actions and responsive interactions of those involved, which generates learning, emergent and self-organising processes and changes. Appropriate designs are intersubjective, participative, flexible, and multi-method, and should bring embodied and tacit knowing unfolding in action and relation to the surface. Suitable methods encourage the narrative expression of experiences and include the use of creative qualitative methods. In addition, it is claimed that the researcher's being and attitude is of great influence. He or she should be open and respectful, sensitive for flows of energy within him or herself and the unit, and mindful and adaptive to dynamics and surprising possibilities that arise within daily practices.

This thesis finishes with some practical suggestions intended as inspiration for the enrichment of workplace learning. These are focussed on inspiring and inviting people to participate and engage (together) in daily work situations and sense making, and on the promotion of conditions that preserve and promote complexity and emergence, like allowing messiness, minimalizing structures and rules, and creating a challenging and changing workplace. Recommendations for further research concern the broadening of such research to other organisations, the further development and attempting of methodologies that fit complexity and more specifically workplace learning grounded within an enactivist worldview, and the garnering of insights into how the researcher or facilitator can develop and cultivate a mindful and adaptive attitude and stance of inter-being.

# Samenvatting





Maatschappelijke ontwikkelingen en tendensen leiden tot meerdere uitdagingen binnen de intramurale ouderenzorg in Nederland. Zo neemt bijvoorbeeld de zwaarte en complexiteit van de zorg toe en dient de zorg beter aan te sluiten bij de persoonlijke behoeften en wensen van de oudere. Beperkte financiële middelen en bureaucratische kwaliteitssystemen die vaak opgelegd worden door de overheid bemoeilijken het om adequaat om te gaan met deze uitdagingen. Daarnaast zijn verpleeghuizen en zorgcentra vaak hiërarchisch en traditioneel georganiseerd en werken er voornamelijk zorgverleners met een middelbare beroepsopleiding die niet altijd bekwaam zijn om te voldoen aan de toenemende complexiteit van zorg.

Naast een beter passend overheidsbeleid en financieringssysteem zijn nieuwe gedeelde culturele waarden en nieuwe kennis, vaardigheden en manieren van werken binnen ouderenzorgorganisaties nodig om adequaat om te kunnen gaan met deze uitdagingen. Werkpleklers heeft het potentieel om de context te transformeren, innovatie te bevorderen en bij te dragen aan professionele en persoonlijke groei en zou daarom gefaciliteerd en gestimuleerd moeten worden binnen verpleeghuizen en zorgcentra. Het onderzoek waarvan verslag wordt gedaan in dit proefschrift gaat hier op in door onderliggende processen te bestuderen en door te beschrijven hoe werkpleklers binnen de intramurale ouderenzorg kan worden geconceptualiseerd, bevorderd en onderzocht.

## Hoofdstuk 1

Behalve uitdagingen binnen de intramurale ouderenzorg worden in het eerste hoofdstuk gangbare uitgangspunten en kenmerken van het leren op en van het werk beschreven, welke voornamelijk gebaseerd zijn op cognitieve, sociaal-constructivistische en sociaal-culturele inzichten. Uitgelegd wordt dat dit leren plaatsvindt binnen de organisatiecontext door te participeren in werksituaties waarbinnen zich natuurlijke en vaak onverwachte leermogelijkheden voordoen. Dit leren vindt plaats door het uitvoeren van het werk, door interactie en samenwerking met anderen, door het omgaan met uitdagingen en door te reflecteren op en het evalueren van werkervaringen. Werkpleklers kent verschillende vormen. Het is vaak impliciet, informeel en incidenteel. Ook komen expliciete, formele en intentionele vormen van leren voor, wat gestimuleerd wordt door het nemen van verantwoordelijkheid voor het eigen leren en reflectie. Naast een individuele inspanning is werkpleklers een sociaal en collectief proces waarbij kennis wordt geëxpliciteerd, gedeeld en geconstrueerd. Als zodanig is werkpleklers een gelaagd fenomeen dat plaatsvindt op het niveau van het individu, de groep, de gemeenschap en de organisatie als ook tussen organisaties. Verder wordt aangenomen dat de effectiviteit van werkpleklers afhankelijk is van

enerzijds de kenmerken, (leer)vaardigheden en motivatie van het individu en anderzijds de kenmerken van de context waarbinnen het leren plaatsvindt.

Naast deze gangbare uitgangspunten en kenmerken van leren op en van het werk bestaan er ook verschillen tussen de vele leertheorieën die in de literatuur bekend zijn, bijvoorbeeld ten aanzien van de relatie tussen het individu, de groep en de bredere context. Ook worden de gangbare overtuigingen over werkplekleren soms ter discussie gesteld. Dit leren zou te cognitief van aard en te weinig holistisch zijn. Andere aspecten, zoals machtsverhoudingen en politieke issues, worden minimaal belicht in onderzoek. Verder wordt gesteld dat de definities en veronderstellingen van leren zelden worden geëxpliciteerd in de literatuur. Dit bemoeilijkt een interdisciplinair dialoog en belemmert de verfijning en verrijking van leerbenaderingen en -perspectieven. Onderzoekers moeten zich daarom bezig blijven houden met het voortdurende debat over de aard van werkplekleren en hoe dit leren begeleid of gefaciliteerd kan worden op de feitelijke werkplek. Diepgaand onderzoek naar onderliggende relationele processen binnen en tussen alle niveaus waarop leren plaatsvindt is nodig om te verkennen hoe kennis daadwerkelijk ontstaat en ontwikkeld wordt en wat de gevolgen en resultaten zijn voor individuen, teams en organisaties.

Dit onderzoek draagt hieraan bij. Het heeft als doel om dieper inzicht te verwerven in hoe leren op de werkplek kan worden gedefinieerd (conceptueel doel), kan worden onderzocht (methodologisch doel) en kan worden bevorderd (praktisch doel) binnen de intramurale ouderenzorg. De vraagstelling die centraal staat in dit proefschrift is:

Wat is de aard van het werkplekleren zoals dat plaatsvindt binnen de intramurale zorg voor ouderen en hoe kan vanuit het deelnemersperspectief een diepgaand begrip van leren gegenereerd worden waarbij het leren zelf ook bevorderd wordt?

Het onderzoek vond plaats tussen 2007 en 2013 in een intramurale ouderenzorgorganisatie in Nederland. Tijdens het onderzoek werden drie zorginnovatiecentra (ZIC's) binnen deze organisatie opgezet en ontwikkeld in samenwerking met een aantal middelbare en hogere beroepsopleidingen in de (verpleegkundige) zorg. Een ZIC is een zorgafdeling waar gekwalificeerde medewerkers en een groot aantal studenten intensief samenwerken en waar zorg, onderwijs, innovatie en onderzoek geïntegreerd worden. Dit met als doel om de kwaliteit van zorg te verbeteren en een uitdagende werkplek te creëren. Als facilitator (lecturer practitioner) ondersteunde en onderzocht ik de oprichting en ontwikkeling van de ZIC's. Ik werkte intensief samen met studenten en medewerkers en hielp hen op het gebied van innovatie en onderzoek. Tevens

begeleidde en coachte ik twee junior lecturer practitioners in hun verdere ontwikkeling.

Om de doelstellingen van de ZIC's te realiseren werd participatief actieonderzoek gekozen als strategie voor zowel het verbeteren van praktijksituaties als het stimuleren van leren op de werkplek. Het betreft een participatief en democratisch onderzoeksproces uitgevoerd met, voor en door betrokkenen waarbij praktische kwesties en doelen centraal staan. Tevens heeft participatief actieonderzoek een emancipatoire functie.

Verskillende actieonderzoeksprocessen werden geïnitieerd binnen de ZIC's, waaronder actiecycli gericht op het verbeteren van de dagbesteding voor ouderen en het vergroten van familieparticipatie. Gegevens die binnen de actiecycli werden verzameld om het betreffende onderzoeksproject te evalueren zijn ook gebruikt om de onderzoeksvraag die centraal staat in dit proefschrift te beantwoorden. Daarnaast zijn op verschillende momenten overstijgend aan de actiecycli aanvullende gegevens verzameld met behulp van meerdere kwalitatieve methoden. Aangezien leren een gelaagd fenomeen is zijn deze gegevens verzameld, geanalyseerd en gepresenteerd als case studies, auto-etnografieën en als een secundaire analyse van een focusgroepstudie op vijf verschillende individuele en collectieve niveaus van leren:

- Het individuele niveau betreffende de intra-persoonlijke relatie als onderzoeker en facilitator (hoofdstuk 2)
- Het dyadische niveau betreffende de mentorrelatie tussen mij en een junior lecturer practitioner (hoofdstuk 3)
- Het groepsniveau betreffende het leren van een actieonderzoeksgroep (hoofdstuk 4)
- Het afdelingsniveau betreffende het leren van het verzorgend en verpleegkundig team op een afdeling (hoofdstuk 5)
- Het organisatieniveau betreffende het leerpotentieel van de ZIC's zoals ervaren door studenten (hoofdstuk 6)

## Hoofdstuk 2

In hoofdstuk 2 wordt het individuele niveau geëxploreerd in een auto-etnografie over mijn eigen leerproces. Een auto-etnografie is een autobiografische manier van schrijven en onderzoek doen waarbij het persoonlijke met het culturele verbonden wordt om interacties met het zelf en anderen diepgaand te bestuderen. De focus ligt op mijn betrokkenheid bij het ZIC dat binnen de organisatie als eerste werd opgezet. Betrokkenheid wordt gezien als een belangrijk kenmerk van actieonderzoek. De term wordt vaak gebruikt om te verwijzen naar de participatie en betrokkenheid van de deelnemers aan het onderzoek. Binnen dit hoofdstuk

wordt een andere invalshoek gevolgd. Het concept van betrokkenheid wordt onderzocht in relatie tot mijzelf als actieonderzoeker.

Het hoofdstuk belicht hoe ik verstrikt raakte in de situatie binnen het ZIC. Ik werd geconfronteerd met verschillen in waarden, belangen en macht, waar ik niet effectief mee omging. Ik was niet in staat een stap terug te doen en effectief te reflecteren op de situatie en hield vast aan mijn eigen waarden. Ik bleef dezelfde strategieën gebruiken om de situatie te veranderen die niet overeenkwamen met de pragmatische en hiërarchische cultuur van het ZIC. Dit leidde tot wederzijdse misverstanden, gevoelens van onveiligheid en machtiissues.

Gebaseerd op mijn ervaring wordt uitgelegd dat de betrokkenheid en nabijheid van een onderzoeker, hoewel noodzakelijk binnen actieonderzoek, mogelijk ook een donkere kant kent, omdat de mens geneigd is verstrikt te raken in diens eigen overtuigingen en vooroordelen. Wanneer de onderzoeker niet bewust of met te weinig aandacht de eigen betrokkenheid en de manier van ‘zijn’ binnen de context waarneemt, kan de onderzoeker zich verliezen in de situatie. Hij of zij is dan niet meer in staat het leren en participeren van zichzelf en anderen te faciliteren en te bevorderen.

Een les die geleerd kan worden uit deze ervaring is dat het noodzakelijk is om vanaf het prille begin te investeren in relaties en het creëren van een communicatieve ruimte om participatie, (gezamenlijke) betrokkenheid en leren te garanderen. Dialoog, zowel in gesproken communicatie als in fysieke vorm, waarbinnen verschillen worden omarmd en gezamenlijk worden verkend is nuttig. Verder moet de (participatieve) onderzoeker of facilitator een ‘mindful’ attitude hebben, wat inhoudt dat hij of zij onbevooroordeeld en met aandacht datgene waarneemt wat tot zijn of haar bewustzijn komt. Hij of zij dient een bepaalde gevoeligheid te ontwikkelen voor de situatie en onderliggende micro-processen. Dit zal bijdragen aan zelfontplooiing, persoonlijke groei en het opzetten en onderhouden van relaties.

## Hoofdstuk 3

Hoofdstuk 3 geeft het dyadische niveau weer en illustreert de groei van de mentorrelatie tussen mijzelf en een junior lecturer practitioner die binnen één van de ZIC's werkte. Onderzoek naar mentorprocessen op de werkplek richt zich voornamelijk op voorspellende variabelen en psychosociale en instrumentele uitkomsten. Relationele kenmerken, uitkomsten en processen zijn nog nauwelijks diepgaand onderzocht. Dit hoofdstuk heeft als doel deze relationele aspecten te illustreren om inzicht te verwerven in onderliggende micro-processen die (wederzijds) leren beïnvloeden. Vanuit beide perspectieven wordt de aard van de relatie en hoe we van elkaar leerden via het gezamenlijk faciliteren van processen

beschreven in een gedetailleerde gecoconstrueerde auto-etnografie; een methode van systematische analyse en collaboratief schrijven over een gezamenlijke ervaring of activiteit.

Het gecoconstrueerde verhaal, waarin de stemmen van mijzelf en de junior lecturer practitioner in dialoog worden gepresenteerd, illustreert dat een op de ander gerichte en zorgzame attitude samen met op leren gerichte waarden de ontwikkeling van een kwalitatief sterke mentorrelatie vergemakkelijkte. Deze relatie kenmerkte zich onder andere door persoonsgerichtheid, zorgzaamheid, vertrouwen en wederkerige invloed, waardoor een omgeving gecreëerd werd waarin wederzijds leren en groei plaats kon vinden. Leren ontstond in en door de relatie en werd bevorderd door een combinatie van doelgericht en ongepland leren. Daarnaast maakt het verhaal duidelijk dat het leren en de groei van beide betrokkenen vervlochten en onderling afhankelijk waren en dat wederzijds leren en groei de relatie verrijkt en versterkt.

Geconcludeerd wordt dat het verhaal enkele complexe relationele processen weergeeft die in kwantitatieve studies en theoretische constructen moeilijk te ontrafelen en te presenteren zijn. Het biedt diepgaander inzicht in het ontstaan en bevorderen van kwalitatief sterke mentorrelaties en wederzijds leren als een responsief proces.

## Hoofdstuk 4

Leren op groepsniveau staat centraal in hoofdstuk 4. Het betreft in dit geval de actieonderzoeksgroep die verantwoordelijk was voor het initiëren, coördineren en bewaken van een actiecycclus met betrekking tot het verbeteren van de dagbesteding voor ouderen met dementie en het betrekken van hen in dagelijkse (huishoudelijke) taken. Het perspectief van de groep op het actieonderzoeksproces en wat en hoe zij leerden van het project wordt gepresenteerd als een intrinsieke casestudie. In een intrinsieke casestudie probeert de onderzoeker, door een langdurige aanwezigheid in de setting, cruciale aspecten met betrekking tot de onderzoeksvraag te ontrafelen, zoals deze ervaren en beleefd worden door betrokkenen.

Het hoofdstuk bespreekt gangbare cognitieve en sociaal constructivistische opvattingen over werkplekieren. Werkplekieren wordt daarin voorgesteld als een dynamisch, collectief en bij voorkeur bewust proces dat optreedt door te reflecteren op echte werkervaringen. Op basis van de casestudie en in aanvulling op de gangbare conceptualisering van werkplekieren wordt geïllustreerd en beargumenteerd dat het leren in en door het werk voornamelijk een belichaamd en responsief fenomeen is dat meestal impliciet plaatsvindt tijdens het handelen. Een leerperspectief gegrond in complexiteit of meer specifiek een enactivistisch

wereldbeeld omarmt een dergelijk pragmatisch en belichaamd karakter van leren en verschaft tegelijkertijd een werkelijkheidsconstructie en taal die een kritische houding stimuleert ten opzichte van aannames over leren in organisaties.

Het begrijpen van leren vanuit een enactivistisch oogpunt heeft gevolgen voor het bestuderen en organiseren van leren binnen organisaties. Dit vraagt bijvoorbeeld van facilitators en managers om geloof en vertrouwen te hebben in het toevallige karakter van leren. Zij dienen bewust te zijn van, een gevoeligheid te ontwikkelen voor en rekening te houden met onverwachte richtingen en mogelijkheden voor verandering om deze te kunnen benutten, uit te buiten en te faciliteren. Verder zouden een uitdagende en veranderende werkcontext, de inzet van rolmodellen en meerdere vormen van reflectie die een belichaamd en responsief ontstaan van praktijken ondersteunen gestimuleerd en geïntegreerd moeten worden. Feedback vanuit meerdere invalshoeken en kwalitatieve methoden, zoals participerende observatie, het vertellen van verhalen en creatieve expressie, zijn geschikt om leren te bevorderen en te onderzoeken.

## Hoofdstuk 5

Hoofdstuk 5 onderzoekt het leren op afdelingsniveau en presenteert het perspectief van het verzorgend en verpleegkundig team (medewerkers en studenten) met betrekking tot het actieonderzoek dat ook centraal staat in hoofdstuk 4. In deze casestudie wordt geïllustreerd hoe leer- en veranderingsprocessen zich ontvouwen en hoe gelijktijdig met het verbeteren van de dagbesteding voor de ouderen een culturele transformatie plaatsvond en de zorg meer persoonsgericht werd.

De bevindingen tonen aan dat spontane interacties en reacties meer dan geplande interventies, analyse en reflectie bijdroegen aan zowel de verbetering van de betrokkenheid van de ouderen in dagelijkse activiteiten als aan een culturele transformatie. Veranderingen ontstonden door zin- en betekenisgeving die plaatsvonden ofwel tijdens het uitvoeren van werkzaamheden en het uitproberen van alternatief gedrag ofwel tijdens het vertellen en delen van situaties en ervaringen in een sociaal en retrospectief proces. Dergelijk gedeelde en spontane leerprocessen droegen bij aan de individuele en collectieve identiteitsontwikkeling. Ze creëerden verschuivingen in de definities die men toekende aan de eigen rol en die van anderen, leidden tot collectieve actie en reconstructies van nieuw gedrag en veroorzaakten (geleidelijk) verschuivingen in individuele en collectieve waarden en normen. Bovendien bleek het gunstig dat het proces van verandering en de facilitering van dat proces dezelfde waarden weerspiegelden als die ten grondslag lagen aan de culturele verandering.

Geconcludeerd wordt dat culturele verandering niet altijd gevoelig is voor bewuste actie en niet noodzakelijkerwijs tot stand komt door de uitvoering van een concreet plan. Verbeteringen van zorg en culturele veranderingen zijn eerder dynamische, interactieve en niet-lineaire processen die gezamenlijk ontstaan en ontwikkelen. Deze leer- en veranderingsprocessen worden gekenmerkt door complexiteit en zijn moeilijk te voorspellen of te controleren. Desondanks kunnen managers en facilitators leren en veranderen vergemakkelijken door het creëren van beweging en momentum via kleine, gerichte projecten die van belang zijn en betekenis hebben voor betrokkenen. Ook het realiseren van randvoorwaarden voor betekenisgeving, gezamenlijke besluitvorming en interactie zijn aan te raden. Daarnaast zijn een continu waarderende en adaptieve faciliteringsstijl en het uitdragen van de gewenste waarden vereist. Actieonderzoek kan dergelijke processen ondersteunen zolang de nadruk ligt op snelle verbetercycli van uitproberen en evalueren van interventies die voortvloeien uit eerdere handelingen in plaats van doordachte analyses en planning.

## Hoofdstuk 6

Het organisatorische niveau van leren wordt besproken in hoofdstuk 6. Het perspectief van studenten op de leeromgevingen van twee ZIC's wordt bestudeerd om beter te begrijpen welke condities werkplekleren ondersteunen.

Dit onderzoek betreft een secundaire analyse van focusgroepen die door lecturer practitioners en docenten gehouden zijn met 216 studenten met verschillende opleidingsniveaus (kwalificatieniveau 2 t/m 5) over een periode van vijf jaar. Uit de thematische analyse blijkt dat de studenten tevreden zijn over het leerpotentieel van de ZIC's. Bevorderend zijn de verschillende onderling samenhangende en zichzelf versterkende kwaliteiten van de werkplek: co-constructief leren en werken, uitdagende zorgsituaties en leeractiviteiten, het krijgen van verantwoordelijkheid en zelfstandigheid en ondersteunende en herkenbare leerstructuren. Tijdsdruk heeft soms een negatief effect op het leerpotentieel van de ZIC's.

Het onderzoek benadrukt dat leren in de (stage)praktijk een relationeel fenomeen is en laat zien dat er sprake is van samenhang en synergie tussen de verschillende onderling verbonden en zichzelf versterkende uitnodigende werkplekkwaliteiten. Beargumenteerd wordt dat het leerpotentieel van de werkplek kan worden verbeterd door het bevorderen van bepaalde voorwaarden en verschillende structuren en activiteiten, maar dat deze niet volledig voorspelbaar noch beheersbaar zijn gezien het wederkerige karakter en het in gezamenlijkheid ontstaan en evolueren van de context en individuen.

Op basis van de verkregen inzichten wordt voorgesteld om alle belanghebbenden vanaf het prille begin te betrekken in bottom-up processen om het leerpotentieel van de werkplek te vergroten en eigenaarschap en gedeelde waarden met betrekking tot werkplekleren te ontwikkelen. Daarnaast wordt geadviseerd om een open vizier en houding te hebben voor onvoorziene belemmeringen of versterkende interacties om hierop te kunnen anticiperen.

## Hoofdstuk 7

In hoofdstuk 7 worden de verschillende individuele en collectieve niveaus van leren gerelateerd aan elkaar om de volgende onderzoeksvraag te beantwoorden: Wat is de aard van het werkplekleren zoals dat plaatsvindt binnen de intramurale zorg voor ouderen en hoe kan vanuit het deelnemersperspectief een diepgaand begrip van leren gegeneerd worden waarbij het leren zelf ook bevorderd wordt? Na het in relatie brengen van de leerniveaus vanuit het perspectief van mijn eigen leerproces binnen de ZIC's, wordt het concept werkplekleren binnen de intramurale ouderenzorg verder conceptueel geëxploreerd. Ook wordt verkend hoe dit leren binnen deze context kan worden gestimuleerd en onderzocht.

Er wordt uitgelegd dat leren binnen een dynamische werkplek een voortdurend en vaak spontaan en impliciet proces is. Het ontstaat door het lichamenlijk en cognitief betrokken zijn in situaties en in wederkerige relatie met alle aanwezige elementen in de context (zoals individuen, interacties, processen, structuren) binnen en tussen de onderling verbonden en in gezamenlijkheid evoluerende leerniveaus. Werkplekleren is hiermee een responsief, ingebed en belichaamd proces dat plaatsvindt in een web van vele heterogene elementen die elkaar wederzijds beïnvloeden. Een dergelijk perspectief op werkplekleren kan worden uitgelegd en onderbouwd vanuit complexiteitstheorieën en meer specifiek enactivisme en stelt voorkomende dualismen in de literatuur over leren, zoals lichaam en geest, individu en collectief, en planning en toevalligheid, ter discussie. Als antwoord op het eerste deel van de onderzoeksvraag wordt daarom geconcludeerd dat werkplekleren een complex en belichaamd fenomeen is dat kan worden omschreven als het voortdurend en in relatie creëren van en zich aanpassen aan kleine en grote verschuivingen, waardoor zowel individuen als hun omgeving veranderen en co-evolueren en mogelijkheden voor acties verruimd worden. Hierbij wordt uitgelegd dat een dergelijk leren plaatsvindt binnen meerdere holistische, relationele en dynamische 'sferen' in plaats van op meer statische en duidelijk omschreven leerniveaus.

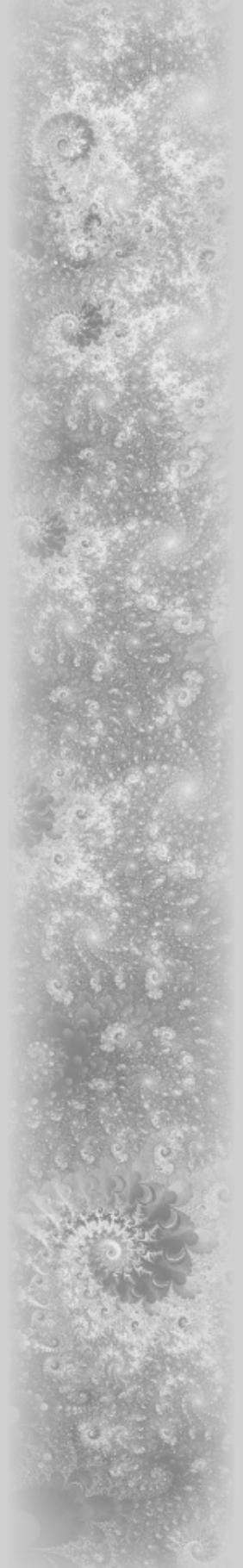
Als antwoord op het tweede deel van de onderzoeksvraag wordt verduidelijkt dat het onderzoek naar werkplekleren een vorm van leren op zichzelf is dat zich richt op het bevorderen en versnellen van leerprocessen. Dergelijk onderzoek richt

zich op het spontane en improvisatorische karakter van verbinding. Hierbij gaat het om het verkennen van belichaamde acties en responsieve interacties van betrokkenen, waardoor leren en zelforganiserende processen gegenereerd worden en ontwikkelen. Het onderzoeksdesign moet intersubjectief, participatief en flexibel zijn en dient het belichaamd en impliciet weten dat zich ontvouwt in actie te belichten en naar boven te brengen. Dit kan aangemoedigd worden door de verhalende expressie van ervaringen en het gebruik van creatieve en meerdere kwalitatieve methoden. Daarnaast wordt beweerd dat het 'zijn' en de houding van de onderzoeker van grote invloed is. Hij of zij dient open en respectvol te zijn, dient veranderingen in de energieën in zichzelf en de afdeling te kunnen aanvoelen en dient bedachtzaam en adaptief te zijn ten einde te kunnen afstemmen op dynamische en verrassende (leer)mogelijkheden die zich voordoen binnen de dagelijkse praktijk.

Dit proefschrift wordt afgesloten met een aantal praktijksuggesties ter inspiratie voor de verrijking van werkplekklaren. Deze zijn gericht op het inspireren en uitnodigen van mensen om te participeren in allerlei dagelijkse werksituaties en (samen) betekenis te geven aan ervaringen. Daarnaast zijn deze gericht op het bevorderen van condities die complexiteit omarmen en spontane processen en gebeurtenissen bevorderen. Voorbeelden zijn het toestaan van 'rommelige' en diffuse processen, het minimaliseren van structuren en regels en het creëren van een uitdagende en veranderende werkplek. Aanbevelingen voor verder onderzoek betreffen de verbreding van dergelijk onderzoek naar andere zorgorganisaties en het verder ontwikkelen en uitproberen van methoden die passen bij een complexiteitsperspectief en werkplekklaren benaderen vanuit een enactivistisch wereldbeeld. Daarnaast is het nodig inzicht te vergroten in hoe de onderzoeker of facilitator een bedachtzame en adaptieve houding en een bepaalde zorgzaamheid voor zichzelf kan ontwikkelen en cultiveren.



# Dankwoord





“Ik heb in 1 jaar meer geleerd dan dat ik in al die andere jaren heb gedaan”, vertelde een medewerker me enthousiast. “En dat gewoon tussen neus en lippen door”. Het was een jaar nadat we het eerste actieonderzoek startten binnen het betreffende zorginnovatiecentrum (ZIC). Het was zo’n moment waarvan ik energie kreeg en waardoor ik na mijn werkdag binnen De Hazelaar tevreden naar huis fietste. Het was ook zo’n moment waardoor ik me realiseerde dat ik zelf minstens zo veel leerde door het samenwerken met anderen en het faciliteren en doen van (actie)onderzoek. Een woord van dank is dan ook op zijn plaats aan al die mensen die ik mocht ontmoeten, waarmee ik mocht samenwerken en van wie ik mocht leren gedurende mijn promotietraject.

In de eerste plaats bedank ik mijn promotor Tineke Abma en copromotor Theo Niessen. Tineke, dank je wel voor jouw altijd positieve, opbouwende en enthousiaste inbreng en ondersteuning. Hoewel wat we bespraken voor mij soms ‘rijping’ nodig had waren de bezoeken aan de VU en onze afspraken altijd verfrissend en prikkelend. Je gaf mij alle ruimte om mijn eigen weg te bewandelen, terwijl je me soms ook op een geheel andere wijze naar situaties liet kijken en me stimuleerde om meer uit mijn werk en mezelf te halen.

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Ragna, onze samenwerking zette zich na jaren voort op een geheel andere manier. Het was meteen weer vertrouwd en als vanouds. Vaak hadden we maar een half woord nodig. Jouw openheid en hoe je, al was het soms met gezonde tegenzin, grenzen verlegde heb ik erg gewaardeerd en bewonderd. Doordat jij buiten jouw comfortzone trad, daagde je mij (onbewust) uit dat ook te doen. Jouw eerlijke feedback en onze reflecties hielden me scherp en waren leerzaam.

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snel een warme samenwerking ontstond. Je verraste me positief met jouw eerlijkheid, kordaatheid en lef en ik bewonder de wijze waarop jij met lastige zaken of netelige situaties omgaat. Jouw positief kritische houding en prikkelende vragen confronteerden mij soms met mezelf, maar waren altijd verrijkend.

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Nanny, Irene, Marieke, Joyce, Tracy, Jeanne, Amanda, Marinus, Nga, Kim, Maureen, Lieke, Ilona, Nick, Ferenc, Desiree, Els, Gerda, Karin, Anita, Sanne, José, Mariska, Laura, Monika, Evelien, Aafke, Pia, Wendy, Marian en Brenda, ik vond het bijzonder om samen met jullie in de verschillende actie- en onderzoeksgroepen te participeren. We hebben veel bereikt samen, veel meer dan dit proefschrift weergeeft.

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Willem Kieboom, voorzitter Raad van bestuur van De Wever, en Theo van Summeren, voormalig directeur van De Hazelaar, bedankt voor jullie ondernemende en inspirerende leiderschap. Zonder jullie vooruitstrevende visie op ouderenzorg en werkgeverschap waren er simpelweg geen ZIC's geweest binnen De Hazelaar (en later Damast) en was dit promotieonderzoek dus nooit mogelijk geweest. Dank jullie wel voor de ruimte en kansen die jullie mij en anderen gaven om een eigen kleur te geven aan de ZIC's en dit onderzoek.

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echt ervaren wat empowerment betekent en leerde me de waarde van creativiteit en expressieve vormen in onderzoek. Ik heb je directheid, eerlijkheid en creativiteit altijd erg gewaardeerd en heb veel plezier beleefd aan het samen participeren in de onderzoeksgroep. Dank je wel ook dat je mijn paranimf bent. Het is een geruststellende gedachte dat ik even op je mag leunen in deze spannende periode.

Donna, lieve soul mate en paranimf, het is bijzonder hoe wij elkaar leerden kennen. Hoewel alle factoren daar waren om onze samenwerking te doen laten mislukken, werden we al heel snel meer dan collega's van elkaar. Jouw sensitiviteit, op de ander gerichte attitude en waardering voor mijn 'zijn' en werk hebben daar een groot aandeel in gehad. Het is altijd vertrouwd en tevens inspirerend om elkaar te spreken of met elkaar samen te werken. Onze gesprekken over actieonderzoek en elkaars promotieonderzoeken geven meer diepgang en laten altijd weer de overeenstemming zien in onze ideeën, waarden en opvattingen. Daarnaast ben ik je zoveel dank verschuldigd voor al het correctiewerk van mijn Dutchie English. Wat had ik zonder jou gemeeten?

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Met mijn studievrienden van verplegingswetenschap ofwel choco+, Mark en Lilian, Eline en Bart, Leo en Joke, Anne-Margreet en Frits, deed ik mijn eerste onderzoekjes in de collegebanken. Aansluitend bij jullie academische wereld waarbinnen kwantitatief onderzoek hoog in het vaandel staat, waren deze doorgaans kwantitatief georiënteerd. We proefden allerlei chocolade blind en gaven cijfers voor de smaak. Later, zoals tijdens onze kampeerweekendjes, werd chocola ook wel kwalitatief geëvalueerd en werden ervaringen en belevingen geuit zoals 'gevoel in de mond' en 'smeltgehalte'. Ik hoop dat jullie door het zelf maken

van bonbons tijdens een workshop ook ‘mijn onderzoekswereld’ wat beter hebben leren begrijpen en zelf ervaren hebben hoe doen en actie kunnen leiden tot allerlei vormen van kennis.

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Curriculum Vitae  
&  
List of publications





## Curriculum Vitae

Miranda Snoeren was born on January 4, 1973 in Udenhout, the Netherlands. After secondary school she successfully completed a three and a half year in-service nursing training in the care for people with intellectual disabilities. Graduating in 1994, she worked in this field until 2000. Miranda held diverse positions, first as a registered nurse, later as a student coordinator and policy staff member. It was during these years that she became passionate about learning and change.



While working almost full-time, Miranda studied part-time to become a nurse teacher. She obtained her bachelor degree in education at the HAN University of Applied Sciences in 2000. During and for a year after this study she was also a visiting teacher at a vocational nursing school.

In 2000, Miranda started working in the residential care for older people as an educator and student coordinator where she was employed until 2007. Concurrently she began part-time studies in Nursing Science at Utrecht University. Her master thesis was about the learning strategies of vocational trained staff members within four residential care organisations for older people and the influence of these learning strategies on change processes within these organisations. In 2004 she obtained her master degree with distinction.

Since 2005, Miranda has been working as a lecturer at Fontys University of Applied Sciences, school of Nursing, where she continues to teach in bachelor and master degree courses. Over a period of years she was involved in the initiation and development of three care innovation units in the residential care for older people. As a lecturer practitioner she was seconded to facilitate processes in these units by helping nursing staff, students, and other stakeholders to develop their own knowledge and skills in working towards a transformation of the culture and context of care. She got the opportunity to do a PhD study into workplace learning in the care innovation units. Since 2010, Miranda has combined her educational activities with a membership within the knowledge centre 'Person-Centred and Evidence Based Practices in Health and Social Care', which gives her the opportunity to engage in joint appointments to facilitate various practice development and action research projects in several health care organisations. More recently she has started leading a program of activities within the knowledge centre exploring professional development and person-centred practices.

Miranda is one of the editors of KWALON, a Dutch methodological journal for qualitative research, and a member of the steering committee of the Dutch speaking section of the Collaborative Action Research Network (CARN).

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