Shifting workplace behaviour to inspire learning:

A journey to building a learning culture

This paper discusses the journey of building a learning culture. It commenced with establishing acceptance and connection with the Nurse Unit Manager and the ward team. In the early phases of developing rapport bullying became apparent. As bullying undermines sharing and trust, the hallmarks of learning environments, the early intervention work assisted staff to recognise and counteract bullying behaviours. When predominantly positive relationships were restored then interactions that facilitated open communication, asking questions, providing feedback, all behaviours commensurate with learning in the workplace were developed during regular in-service sessions, role-play and role-modelling desired behaviours. Once staff became knowledgeable about positive learning interactions, reward and recognition strategies commenced to reinforce and embed those attitudes and behaviours that align with learning. Through rewards all nurses had the opportunity to be recognised for their contribution. Nurses who excelled were invited to become champions to continue engaging the key stakeholders to further build the learning environment.

POINTS

- Building learning cultures is a sequential process that requires a safe psychological environment, where bullying is not tolerated, as its basis
- Creating learning environments can't be imposed but rather processes need to be developed within the teams to build learning, therefore initiating change requires facilitators to engage and be accepted by the team
- A range of strategies such as role-modelling, creative in-service sessions including role play of effective techniques to promote learning in practice, as well as reward and recognition are needed to embed learning activities

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Introduction

Health care environments that support learning are essential if staff are to be effectively orientated to the workplace, taught to work in a safe manner, gain support from their peers to interact in a pro-active manner and ultimately contribute their ideas that benefit practice and health outcomes (Henderson *et al. in press*). An explanation of these characteristics from the literature is helpful in understanding how these attributes contribute to learning. Furthermore this knowledge is particularly useful when attempting to establish these attitudes and behaviours in the health care context. Therefore, what follows, is an exploration of the concepts central to learning environments.

Background

Workplaces need to be accepting for staff to engage and learn during practice. Acceptance is perceived by staff when they feel a sense of affiliation (Twentyman *et al.* 2006). The importance of acceptance as a prerequisite for learning has been particularly emphasised in relation to student experiences (Henderson, Winch & Heel 2006); that is, students need to feel a sense of connectedness, 'belongingness', with the team to engage in learning (Levett-Jones & Lathlean 2008). While this need for acceptance and affiliation is explicit with students it also needs to be recognised and developed for staff (Henderson *et al. in press*). If staff are to feel a sense of comfort and connectedness with the work environment, the work context needs to be free from bullying and immediate threatening behaviours (Murray 2009). Equipping staff to recognise this and also provide them with strategies is essential as bullying behaviours seek to undermine any possibility of learning. Students similarly should be prepared to deal with this (Levett-Jones & Lathlean 2009).

When staff feel psychologically safe it directly contributes to reduced anxiety and feelings of trust – essential considerations if learning is to be promoted. The team leaders of wards and units play a key role in setting the tone for sharing and openness (Andrews *et al.* 2006; Levett-Jones & Lathlean 2009). When trust is evident staff feel at ease sharing their knowledge, which is fundamental to learning environments (Spouse 1998). The techniques in fostering learning while relatively simple can be role-modelled to encourage their development in the team (Eaton *et al.* 2007) These techniques such as effective communication, constructive feedback and critical reflection can be guided through work based activities (Henderson *et al.* 2010).

Staff also need to be recognised for their work (Senge 1990). Team cohesion and respect from the rest of the team about the work that they do is important recognition (Duddle & Boughton 2007). In relation to learning environments it is important that the team recognises the value of supporting learners. Effective teamwork can directly enhance learning through team members voluntarily sharing learning opportunities with others, and more importantly, the rest of the team providing support for this through filling in any 'gaps' that may emerge when staff undertake this work (Usher, Nolan, Reser, Owens & Tollefson 2001)

The process of building a learning culture

Learning cultures need to be built from within as that is where the change of behaviour is desired. Our first step therefore in creating learning environments was to work to gain acceptance by Nurse Unit Manager (NUM) and their team, and to be included within this team. Acceptance as previously identified is a fundamental component of learning environments. It is imperative for any facilitator striving to create learning contexts as well as for the staff within the context.

Gaining acceptance

In the initial phases acceptance was gained with the NUM (the recognised gate-keeper) (Levett-Jones & Lathlean 2009; Andrews *et al.* 2006) of the unit. The facilitator introduced herself as a colleague who wanted to promote the 'facilitation of learning in practice settings' (FLIPS). At this time fears were allayed that we were not intending to change or modify behaviours or practices without full approval of the NUM. This aspect involved gaining their (the NUMs) vision, and discussing how they wanted to achieve their vision. The relationship developed through the facilitator making suggestions, offering time to explore ideas and also practical assistance eg finding out relevant information about resources available, and processes that need to be followed. Confidentiality in this relationship was vital to the success of the project as was honesty when questions were asked. Meeting with the NUM each day was essential to demonstrate commitment and support and to gain trust.

Subsequently through building rapport with the NUM the facilitator established a connection with the NUM and then with the whole team. Relationship building with the team was through a series of meetings that the NUM endorsed and where possible attended. Concurrently with the in-service sessions further relationship building occurred through interacting with the staff within the work context, sharing expectations, contributing to describing the vision, and helping staff to realise their vision (Senge 2006). Of particular interest to staff was 'what was in it for them': So early in the interactions expectations were shared, so that disappointments could be minimised. During this relationship building it emerged that across many areas, morale was low because of bullying. Staff are unlikely to engage in the teaching others in a threatening environment.

Combating bullying

Relationship building focused on assisting staff to recognise inappropriate behaviours. Staff were encouraged to modify their behaviour to obstruct and undermine bully type behaviours so that these could be at least reduced if not eliminated (Rocker 2008). In-service sessions also focused on a positive attitude, survival skills, building morale, and managing stress. Confronting these discussions created a climate of trust where concerns and difficulties could be raised.

One on one role playing with the Nurse Unit Manager assisted them to develop skills in dealing with these difficult behaviours. In larger groups during the in-service sessions strategies were demonstrated. Supporting one another included an activity whereby staff were encouraged to physically stand close to the staff member being bullied. In medieval times during war, full body shields worn by the soldiers that linked at the sides were powerful in battle because the barrier was impenetrable. This initiative was used in sessions where colleagues physically practiced moving along side each other to assist each other face

difficult individuals. This behaviour invariably results in the bully retreating, allowing for staff to remain safe. Staff reported that this was very effective strategy. These sessions were successful with some staff actually leaving the organisation and other staff examining their own practice and realigning with both the organisation's and also the nursing professional code of conduct (Australian Nursing and Midwifery Council).

Fostering learning in practice

Encouraging learning in practice was through promoting connections with the staff, and between staff and students (Twentyman *et al.* 2006). The facilitator role-modelled behaviours that assisted staff and students to interact with each other (Henderson *et al.* 2010). In-service sessions were also conducted on 'top tips to assist students' and preparing the Registered Nurse to work alongside a student. These sessions included effective techniques when interacting with students, role modelling, reflection in practice, and delivering positive and negative feedback.

A positive relationship between staff and students assisted in providing acceptance, thereby reducing student stress through placing value on them (Duddle & Boughton 2007). It directly contributed to the confidence of staff and students. Once confident both staff and students were receptive to learning and extending their knowledge through practice based experiences (Henderson *et al.* 2006).

Using reward and recognition

Reward and recognition was a major part of embedding positive practices. Within 6 weeks of beginning FLIPS, WOW awards were initiated to provide very specific feedback to staff that recognised their unique qualities and value. WOW awards had space to record the activity that 'wowed' the individual. It was more than just thanking the team for a good shift, it was the personal details about what they did that was impressive. Keeping in mind that recognised and rewarded behaviour is repeated behaviour it was vital that we were as specific as possible so that these behaviours would be repeated. Examples of this are, "thank you for the way you took that extra student on board and for how comfortable you made them feel", or "thanks for showing me how to use that new IV machine without making me feel like a goose".

Nurse Unit Managers were encouraged to lead the way in this initiative as they handed out very personal WOWs to express their gratitude. Within a short time staff were asking for copies of the WOW awards so that they could also recognise each other for a job well done. WOW awards were also used within education sessions – they were particularly useful when conducting sessions about feedback to colleagues and reflection in practice. Each team member was given a blank WOW award. They were asked to reflect on their learning experiences during the week and then give specific feedback to a team member of their choice about what had been significant to them. This activity is particularly powerful in sustaining positive teaching practices because immediate feedback and rewards directly influence the degree to which practices will continue. Further encouragement was through morning and afternoon teas provided within the in-service timeframes. Cards sent and celebrations shared became common place as staff were interacting on a more collegial level. Lists of upcoming events and in-services were posted to sustain staff motivation.

Building champions

Champions do things and have characteristics that make them stand out from the rest. Our aim was to build as many champions with the qualities that build exceptional workplaces. These champions continue the legacy of the learning culture through continuing the core activities of engagement of key stakeholders (NUMs), in-services about teaching and learning, distribution of rewards and sustaining recognition, and developing new champions.

Champions were privileged with particular roles and responsibilities. FLIPS project champions also presented WOW awards (refer Figure 1). Building champions with the FLIPS leaders encouraged collegiality, sharing of resources and ideas, mentoring and coaching and capacity building within the team. Role modelling of a champion inspires others to greatness. Once explained and demonstrated FLIPS began to be contagious. Staff verbalised they no longer want to leave this environment that previously they had not enjoyed.

Managing 'up' and continuing to engage stakeholders

When embarking on the process of reward and recognition the importance of engaging with the NUM was of increasing significance. This was addressed through 'Managing Up'. Level one staff sought WOW awards to reward their managers. One Nurse Unit Manager said, "I see my team performing really well". In such teams many champions are able to be created and continue the cycle of success.

Evidence of success

While hard data is still to be collected and collated around these initiatives staff were forthcoming in verbalising their new gained satisfaction with the work environment . Excerpts from staff members were as follows -

I wanted to share my experience of FLIPS, it has been a HIGHLIGHT of my career and I feel proud to be part of this project. In a very short time, I have learned the many skills required to make FLIPS successful. This has included developing my listening skills, de-briefing staff while they describe negative experiences and up-skilling staff with the education sessions.

I find the information that I have been made privy to and the tools provided to us whilst being involved in this project, has the power to change an age old culture that is embedded in blame and inequality. Truthfully, I have had to examine my own practice and ensure that I adopt an attitude that reflects the behaviours of what I would expect back from my colleagues. Practice what you preach.

I do feel that the recognition that we were given in the way of WOW awards was very much needed in the beginning as the morale was very low in the ward, and when this ward gets busy you work extremely hard and it is very heavy so it was nice to feel appreciated and have some form of verbal and material recognition for how well we have been doing.

Schoonbeek S. & **Henderson A.** (2011) The journey of building a learning culture. *Journal of Continuing Education in Nursing*, 42(1), 43-48.

Conclusion

Building a learning culture is a sequential process that needs a clear direction, effective facilitators to lead the change process with staff, and strategies to increase capacity of staff to sustain this process. If staff are not assisted to keep growing, they may end up with coping skills that no longer match the challenge for the future direction in nursing. If success for tomorrow depends on what we do today then we need to be cognisant of how we prepare now for our future nurses.

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REFERENCES

Andrews GJ, Brodie DA, Andrews JP, Hillan E, Thomas BG, Wong J. (2006). Professional roles and communications in clinical placements: a qualitative study of nursing students' perceptions and some models for practice. *International Journal of Nursing Studies*, 43, 861–874.

Australian Nurses and Midwifery Council Code of Professional Conduct retrieved 4 June 2010 [http://www.anmc.org.au/userfiles/file/New%20Code%20of%20Professional%20Conduct%20for%20Nurses%20August%202008\(1\).pdf](http://www.anmc.org.au/userfiles/file/New%20Code%20of%20Professional%20Conduct%20for%20Nurses%20August%202008(1).pdf)

Eaton A, Henderson A. & Winch S. (2007) Enhancing nurses' capacity to facilitate learning in nursing students: effective dissemination and uptake of best practice guidelines. *International Journal of Nursing Practice*, 15(3): 316-320.

Duddle M. & Boughton M. (2007). Intraprofessional relations in nursing. *Journal of Advanced Nursing*, 59, 29-37.

Henderson A, Haywood A, Stapleton P, Cooke M, Alexander H, Patterson E, Dalton M. & Creedy D. (2010) Promoting and providing expert guidance in work-intensive clinical settings, *Vocations and Learning*, 3, 141-156.

Henderson A, Walker R, Creedy DK, Boorman R. & Cooke M. (in press) Development and psychometric testing of the Clinical Learning Organisational Culture Survey (CLOCS), *Nurse Education Today*.

Henderson A, Winch S. & Heel A. (2006) Partner, learn, progress: a conceptual model for continuous clinical education. *Nurse Education Today*, 26: 104-109.

Levett-Jones T. & Lathlean (2008) Belongingness: a pre-requisite for nursing students' clinical learning, *Nurse Education in Practice*, 8,2.

Levett-Jones T. & Lathlean J. (2009) The ascent to competence conceptual framework: an outcome of a study of belongingness, *Journal of Clinical Nursing*, 18(20), 2870-2879.

Murray JS. (2009) Workplace bullying in nursing: a problem that can't be ignored. *MedSurg Nursing*, Sept-Oct.

Rocker C. (2008) Addressing Nurse-to-Nurse Bullying to Promote Nurse Retention *OJIN: The Online Journal of Issues in Nursing*, 13, 3.

Senge P. (2006). *The Fifth Discipline. The Art and Practice of the Learning Organisation*. (New York: Doubleday/Currency.)

Spouse J. (1998). Learning to nurse through peripheral participation. *Nurse Education Today*, 18(5), 29–31.

Twentyman M, Eaton E. & Henderson A. (2006) Enhancing support for nursing students in the clinical setting. *Nursing Times*, 102(14): 35-37.

Usher K, Nolan C, Reser P, Owens J. & Tollefson J. (2001) An exploration of the preceptor role: preceptors' perceptions of benefits, rewards, supports and commitment to the preceptor role, *Journal of Advanced Nursing*, 29 (2), 506-514.