

## **Enhancing care for older people living in Nursing Homes in Rural Australia using Action Learning as a catalyst for change**

### **Abstract**

The implementation of action learning workshops in three Nursing Homes in rural Victoria, Australia has been critical in the re-visioning of how care can be enhanced for residents. The workshops were designed with the intent of improving quality of care for residents by providing health care staff with opportunities to learn together and effect cultural change. Valuing what was accomplished well in these nursing homes was the starting point. The project was funded by a Commonwealth Government Rural Education Grant and was based on 'My Home Life' a popular program that promotes quality of life and delivers positive change in care-homes for olderpeople across the United Kingdom. This paper provides an account of the project including key components of the action learning workshops and subsequent evaluation of the program conducted in Australia. The lessons learnt throughout this project have provided the impetus to continue using appreciative inquiry and action learning to involve participants in reflecting on their practice, valuing what they do well while identifying areas that require change. Working together in a safe and respectful space provides participants with opportunity to harness their own collective wisdom and as the health professionals in this project experienced, also learn valuable skills that support progressive action that makes a difference to older people's lives.

Key words: action learning, cultural change, older people, appreciative inquiry

The beginning point of this project started with a meeting with Professor Julienne Meyer in Australia in 2011. The meeting highlighted our common interests in care of older people and inspired me (Wendy) to explore the My Home Life (MHL) vision and philosophy in more detail. Driven by a desire to improve care for people living in nursing homes, I visited the United Kingdom (UK) in 2012 to learn more about MHL and this led to a partnership with a rural health service in Victoria, Australia, the starting point for our action learning project. The partnership enabled us to apply collaboratively for a Commonwealth rural education grant to fund the implementation of a program based on 'MHL' UK <http://myhomelife.org.uk/>. Our aim was to improve the quality of care for people living in residential aged care. The intention of this paper is to provide insight into improving the care in these facilities and how the use of action learning and appreciative inquiry became key to enabling staff to effect change which not only impacted positively on resident care, but provided a skill set that is practical, transferable and inexpensive.

## **Background**

Prior to beginning the project, a literature review revealed concerns about the educational preparedness of staff and subsequent quality of care provided in nursing homes. Staff other than nurses may have limited formal education, particularly in the area of palliative and end of life care and unfortunately residents' needs may be overlooked as a consequence of this.

Delivering education to healthcare workers can be challenging due to organisational and cultural factors. For example, accessing funds, staff shortages and time constraints can contribute to task orientation and low morale. Traditional methods of education and training have been shown to be ineffective when learning needs identified by individuals are not taken into consideration (Curry, Middleton & Brown, 2009). This view and the often adverse portrayal of residential aged care supported our plan to use appreciative inquiry and action learning to help staff recognise options to how they currently care for residents. In addition, it draws on individual and collective knowledge of the strengths and challenges facing people in their everyday world. Having explored how action learning has enhanced care in homes in the UK, I was keen to try an alternative to traditional forms of didactic educational methods and a local health service agreed to be

part of the project. Choosing an approach to education that was different to what had been used previously we wanted to ensure that both the process of learning and the outcome of the project was clearly captured. Given this intention, action research informed the evaluative framework, while appreciative inquiry and action learning shaped the delivery of the workshops. In this project we chose to use the term workshop to describe small group learning instead of ‘action learning sets’ as termed in some of the literature (Dewar & Sharp, 2006; Pedler, 2009).

### **Understanding appreciative inquiry and action learning informing the workshops**

Appreciative inquiry takes as its starting point a social view of reality in which people co-construct their worlds by engaging with each other (Ludema, Cooperrider & Barrett, 2006). Typically, organizations approach cultural change by addressing problems and finding solutions. While this might be helpful in some circumstances, it fails to provide a fuller picture of how organisational structures influence ways of acting or behaving.

Rather than the traditional scientific approaches to research addressing organizational culture prevalent in nursing today, conversations and storytelling, enabled the workshop participants in the program to voice multiple perspectives. Shedding light on what grass-roots groups (in this case staff) think ‘works well’ in their practice context, enabled a flexible framework for participation to take place (Trajkovski, Schmied, Vickers & Jackson, 2013). Our conversations started with positive questions about practice. Conversations advanced from the question what is working well. This question spontaneously moved participants to an optimistic potential (envisioning), in which they engaged relationally, in partnership, co-constructing meanings to simultaneously transforming existing understandings into action thus building and sustaining the change cycle (Pedler, 2010; Trajkovski et.al 2013).

Assumptions underpinning appreciative inquiry include intentionality that is developed in-relationship, where reflective processes are designed to uncover, examine, scrutinize and learn from what participants consider to be important in their context(s). Reframing using unconditional positive questioning (for example, “what is it about this work place that enables you to feel passionate about it”) enables participants to co-construct

alternative practices, changing the attention from the present to focus on the future (Ludema, Cooperrider & Barrett, 2006).

Unconditional positive questioning also helps participants to situate themselves into a past context in which they have felt positive, yet move their ideas to the future as well. In this project we began by asking “what do you do well here to provide residents with a good quality of care?” this served as the beginning point for our conversations. These questions enhance relationships to a point where thought and action cannot be separated and where the flow of ideas deepen the inquiry opening up new courses for action and learning (Ludema, Cooperrider & Barrett, 2006).

Combining the theoretical framework of appreciative inquiry with action learning provides a powerful approach to transforming environments and peoples’ practices. Action learning is extremely successful in the UK resulting in significant sustainable cultural change in care homes. We explored more formal explanations of action learning to support our grant submission. In addition to challenging traditional forms of education, one of the key aspects of the action learning approach, is that it creates a safe reflective space within the group and therefore can assist in both individual and organisational development (Dewar & Sharp, 2006). Importantly, the workshops need to be explorative as opposed to the prescriptive nature of other methods. Action learning facilitates a dialogue where health professionals not only reflect on the topic under consideration but also gain insight into working with each other (Ludema, Cooperrider & Barrett, 2006). Shared learning using this approach is a continuous cyclical process involving reflection and reconstruction supported by colleagues which is empowering (Dewar & Sharp, 2006). It is a simple and effective means of supporting change by enhancing the group’s potential.

Because participants work together in a group setting, learning does not occur without action nor in isolation. By thinking about a particular concern, in the process of thinking, transformation occurs. Similarly, serious and deliberate actions do not happen without learning. As participants come together to share, they do so in an environment where they mutually create conversations that both supports yet challenges each other as they rework ideas (Pedler, 2010). Viewed from this perspective, action learning is a critical

process, a method based on a reflective strategy, emphasising shared learning in and from practice (Pedler, 2010). As a form of reflective enquiry it can occur individually, collectively, and organisationally. Valuing each individual's contribution is fundamental to the development of shared understandings. As the group learns from each other as well as their own actions and experience insights deepen in an ongoing integrated process highlighting opportunities for change.

When participants are actively directing the issues or ideas that are important to them rather than the facilitator, the power of action learning is enhanced. The ability of the facilitator to role model unconditional positive questioning (Ludema, Cooperrider & Barrett, 2006) becomes pivotal to generating the intensity of discussion that foreshadows changes in practice.

Bringing about change in terms of deliberate interventions arises from the envisioning aspect of the action learning process. It empowers participants by increasing their self-confidence and this has the capacity to test boundaries or disrupt the status quo. While the goal of action learning is to enable individuals to take action, the ultimate challenge is to transfer what is learned during the action learning activities into tangible changes in practice, thereby creating organisational change. While there are numerous approaches to action learning, the presence of reflection on actual experience serves to influence organisations with resultant changes in practice. Reflection is therefore common to all action learning approaches and crucial to the success of our project which was to improve the quality of care through the involvement of staff.

### **The action learning project**

We believed that action learning workshops involving staff would improve the quality of care for residents living in nursing homes. Following ethical approval from the university ethics committee and executive support from the health service the project commenced. It was conducted over a nine-month period using action research methodology and action learning. It involved a total of 31 participants (registered nurses, enrolled nurses, managers, personal care attendants and diversional therapists). Pre and Post workshop interviews and questionnaire data were collected and this information combined with workshop commentary provided rich dialogue to inform the findings. Analysis of the

data demonstrated quite clearly the value of action learning for participants. The worthiness of approach is confirmed by the activities and actions implemented by participants in their everyday practice. Reflections provided by participants at the completion of the project supported these findings. Throughout the project we developed a deeper understanding of the action learning process the unique trusting and respectful encounters that occurred through sensitive facilitation. Unconditional positive questioning and valuing the unique personal and professional contributions that people brought to the group were critical in establishing these relationships.

### **The action learning workshops**

Participants were advised from the outset that the project included workshops that were quite different to past experience. The expectation that participants would be actively involved in reflecting on existing practice and identifying strategies to improve quality of care for residents was explained in the information sessions before we began. Nine four-hour action learning workshops were conducted in total, three at each of the three nursing homes. The average workshop group size was eight to ten participants which is conducive for action learning. Participants were provided with an action learning log book and the first workshop involved a presentation designed to introduce the purpose of action learning, the role of the facilitator and the MHL vision and resources. A key component of the first workshop was the presentation of a summary of the pre workshop questionnaires and interview themes. This data provided the starting point for each group. The presentation of data enabled direct connections between establishing the appreciative inquiry framework with participants as it highlighted the positive aspects of care currently provided to residents.

### **Ground rules and facilitation in action learning**

Each action learning group worked together for a concentrated period of time. In this situation participants engaged with each other for a total of 12 hours (3x4 hour sessions). The focus for each session was on individual learning as the group was facilitated to share their experiences. These conversations not only uncovered what was working well but also enabled the group to co-construct strategies for future action. Each participant

had an opportunity to focus on an issue or activity they identified while collectively the group asked questions to support implementation. During these conversations the role of the facilitator supported the critical reflective process and ensured that each participants' idea's were respectfully heard. In order for action learning to be effective, a trusting relationship needs to be developed among group members from the outset. It is therefore important to establish accepted rules that are agreed and understood by all. The following list of 'rules of engagement' or ways the group would operate was presented at each of the first workshops. The group was encouraged to add to the list and the 'rules' were revisited as required.

- *Confidentiality and anonymity*
- *Respecting other group members*
- *Openness and honest - only speaking if I want to*
- *Commitment*
- *Not to openly advise unless invited to by the person presenting the idea or issue*
- *Other rules defined by the group*

The explanation about the engagement rules included reassuring individuals that they should only disclose information they felt comfortable sharing. Quite clearly the need to maintain confidentiality, respect others, and commit to the process was an expectation. Being open to ideas and listening were considered paramount. The rule of not advising on what someone *should do*, or give an opinion unless asked, were the most difficult aspects for participants to grasp. There was constant reinforcing and reminding of this (in a positive way) throughout all of the workshops. While this aspect was the most difficult one to establish in practice, it proved to be the most vital skill to the success of the workshops. The dialogical process was set up to work with the unconditional positive question, often taking the form of reframing a statement into a question to reflect on and develop participant action. The process of reframing statements became very powerful as it increased individuals' confidence in raising issues for discussion. Participants began to recognise that:

- *Listening and attending*

- *Reflecting back and questioning*
- *Disclosure and assertion*
- *Empathy*
- *Giving and receiving back*
- *Reflection on practice and process of the group*
- *Time management*
- *Personal planning*

were all integral in what they found to be a supportive environment. The workshops were designed to foster critical reflection, develop interpersonal and leadership skills, be action focussed and comprise outcomes or actions.

### **Icebreaker activity**

Following the establishment of the ‘engagement rules’ and before presenting any of the pre workshop data and MHL resources, an icebreaker activity was conducted to assist group members to get to know each other. Participants were given an A3 piece of paper and asked to draw their life from childhood to later in life. These were shared with colleagues. Then, they were asked to list significant milestones/memories that influenced who they were, and where they are today. This activity and other material used in the workshops were adapted from the resources provided by Julienne Meyer Director of MHL. The icebreaker activity proved to be far more than an icebreaker. Participants revealed private and intimate details from their pasts and the result was the development of a close and trusting relationship amongst each group thus supporting subsequent reflection discussion and action. Participants commented on the powerful nature of the icebreaker activity and the following examples are taken from post workshop interview data to illustrate this pivotal aspect of the action learning process.

*I loved the first day, how everyone told their story. That was good, really good because you get to know people not work wise, as a person.*



Telling one's story was very powerful:

*I think that's a good icebreaker. More than an icebreaker, really that was quite incredible, wasn't it? And to have it as the first thing so that we could see each other a little bit differently.*

It was the beginning of new relationships:

*Well I think a rapport was made very strongly in the first week. I think it was very very evident...Really powerful and I think that to start with, brought us close as a group*

### **Improving quality of care with action learning**

Following the workshops participants were asked whether their practice had changed as a result of being involved in the action learning workshops. Evaluation suggested participants are thinking about caring for older people differently. They spoke about spending more time, looking for opportunities to be with residents and doing little things that make a difference to their life. The following excerpts capture participants' reflections –

*I do often think that some of these lovely, lovely people need to have more in their lives than they are getting from us. Even though they are well looked after, some of their needs are certainly not getting met ...*

Another participant mentioned –

*So I guess well, for myself, you sort of set up what you can do in small ways for them (residents)... but it's sort of made me more aware of, and think what else can we do?*

Participants spoke of concerns related to time and the heightened awareness of using time better.

*They are only little steps though, but I am so much more conscious of the fact that hang on let's take another five minutes and just chat and think the world is not going to fall apart. I am reinforcing the fact that it is their home...you become almost a little bit institutionalised. You don't mean to but it just becomes that way after years of that's the way we have worked.*

*I've come to a point and realisation that it's bad really not to spend some time with the residents now rather than just doing whatever you know...*

There was also greater awareness of the importance of developing relationships, realising that this was really important to residents.

*...what I've actually started doing is let's say when I'm on the late shift so instead of sitting outside having my dinner...because it's actually around half past six to seven and it's usually the news time or whatever on the TV. Instead of sitting out in the staffroom, I usually call the other residents. It's actually very fun watching TV and just sit with them while I'm having my dinner... so I have that like 30-minute time with them, watching TV with them like that. Which actually I think is good.*

Importantly, participants spoke of breaking the institutional rules or rather challenging the accepted routine practices. Questioning resulted in thinking about who makes the rules or in this case the routines.

*Just breaking down that barrier of nurse and client... both just being two people. It's hard to get yourself out of that headspace because you feel like, as I said, you feel like maybe not management but you feel like you are breaking the rules to a point.*

Reflecting on oneself as a professional and then as a person, helped to shift participants' everyday taken for granted practices to a much more personal level of involvement.

*I certainly look at it differently now. I still do all the things that I have to do but I'm also conscious of the fact that I might spend a little bit more time just chatting about something and that's come through just the awareness from the programme that you have brought here.*

Tasks generally taken-for-granted detract from being with residents:

*...after with this workshop yeah I realised that for them life is too short and they tend to be really lonely and sad. Cleaning and it's just, you know, it can wait...these people who actually need you at that moment ...*

Raising questions about one's everyday practice fostered a critique of what had been previously taken for granted as unchangeable situations that participants now felt needed to be addressed. In these circumstances challenging the dominant ways of doing things helped participants to see that there were alternatives which could be introduced to improve the quality of care. The power of such realisation was profound.

## **Transferable skills**

In discussing how participants practice had changed as a result of the workshops, it was evident that there were skills learned that were transferable, and hearing this was encouraging. The framework of action learning and the reflective and communication skills were of particular importance.

*...coming along to the sessions, really brought it to the fore for me. I thought, well no, this is something that I can look at and can use this framework to say, look how can we do this better? How can we improve this? How can we do it better, to protect the staff and make the families feel a lot more comfortable as well. Yeah, so it was great...*

Using the framework to develop respectful relationships is transferable to other situations.

*I think that action learning gives you a whole heap of framework. There's that rule making that goes with it yet it doesn't contain you. The rule making just keeps the relationships happening well and then your own experiences can keep coming in, you respect another person's experiences - you don't have to be taught to respect - but it shows you how to - the tools then show respect but still question.*

For example, applying the framework to staff meetings.

*Yeah, change management meetings rather than staff meetings. So what we're going to do is to try and sort of change things around a bit and swap things around a bit, and let's have a guideline on how we present ourselves at these meetings.*

Shifting the communication language to unconditional positive questioning resituates how participants in this project related to each other. The approach to conversations was critical to being able to discover the strengths or best aspects of practice from the participants' perspectives. Grass roots conversations such as these are pivotal to laying bear the realities of the everyday understandings that stand in the way of best practice. More importantly however is that participants moved their attention to 'what we do well' and this then uncovered a tendency to move towards ways other activities could be altered to accomplish better care. By exploring best practice participants moved to finding ways to reshape their work towards what they thought would be best in their context. Rather than the organization dictating change to the employees, it was the

participants who identified new practices in residential care. Driven by their desire to change participants were able to support cultural change within their everyday worlds. As care changed in the three residential care facilities, participants were the ones directing organizational practices and improving residential care for older people.

Reflecting on the experience we can vouch for the power disclosed in what Ludema, Cooperrider and Barrett (2006) describe as an appreciate inquiry that starts with discovery, (the best of what is); involves a sense of dreaming (envisioning how one could do this differently); require design (co-constructing the alternatives) and invites attention to sustaining best practice in the notion of destiny (p.192-193). The power in this process is experienced by participants in comments such as this one:

*It actually changed some of my philosophy when it comes to working in aged care.*

## **Conclusion**

The strength in action learning can be adapted to any situation where change is warranted. It is a very thoughtful grass-roots form of action that can make a difference to care. Opportunities can be created to establish alternative practices for organizations in which participants can flourish. In drawing conclusions about the outcome and success of the project, the impact and importance of the process, cannot be underestimated. The process of action learning with the ice-breaker, the appreciative positive questions, and reflective activities provide the catalyst for actions that are developed with, and by, the group. The group works together in a supportive and trusted environment to identify the possibilities. Once these possibilities become articulated, actions can be selected, implemented or tried in practice. There is opportunity to bring back the activity or action to the group at the next workshop for discussion. The idea is then refined or celebrated improving the quality of care and becomes a point of change in the environment encouraging new found ways to initiate best practice. Evidence is gathered through the

process and it substantiates changes that occur. Our perceptions of the process were that it ignited participants' interest in what they did well and their ideas for change. Through insightful shared reflections staff who participated in the project were able to develop new approaches to the practices in which they engaged with resultant impact on residents' lives and participants' best thoughts about 'best' care.

*...I can see the awareness of people (staff) giving more time to them (residents)...and the residents responding a lot better.*

### **Acknowledgments:**

We would like to acknowledge the Commonwealth Government 2012 Rural Health Continuing Education Grant for making this Project possible.

The project was based on and used resources from My Home Life UK [www.myhomelife.org.uk](http://www.myhomelife.org.uk)

Sincere thanks must also go to the participants who shared their experiences so others could benefit.

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