



**VICTORIAN HEALTH SERVICE  
MANAGEMENT INNOVATION  
COUNCIL**

**ACTION LEARNING SETS 2007**

**Final Report**

***May 2008***

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# VICTORIAN HEALTH SERVICE MANAGEMENT INNOVATION COUNCIL ACTION LEARNING SETS 2007

## Final Report

### 1. Executive Summary

The Victorian Health Service Management Innovation Council (VHSMIC) initiated a 'management innovation action learning sets' project in 2006 to test the efficacy of a learning set approach in developing organisational capacity for innovation through the professional development of health services staff. This report describes the learning set process and outcomes for the 2007 sets.

Invitations to nominate health service managers and project personnel were sent to all Victorian acute and community health services, and resulted in the involvement of 56 participants across 8 learning sets. Three facilitators were contracted by VHSMIC to develop and facilitate the learning meetings, and these were run every 8-10 weeks throughout 2007.

The learning sets were based on an action learning process requiring participants to identify the barriers to their personal and organisational effectiveness in the management of change and innovation in the workplace. These issues were discussed in the sets, and the participants committed to responding to their issues through problem solving and strategic action as agreed with their set peers. Their actions were later reviewed by the set, and lessons and new knowledge noted and discussed in the context of relevant management theory and research around change and innovation.

The project evaluation showed an increase in the participants' feelings of empowerment over the course of the sets, with significant differences between the pre-set and post-set questionnaire responses relating to the participants' perceptions of their control, impact and influence in their organisations. The participants' verbal and written feedback also indicated that they had gained an increased understanding of the politics and organisational environment of health services, strengthened their ability to take effective action and added to their 'toolkit' of management and change tools. They also appreciated the time to reflect on their practice, apply their learning and to gain the support of their learning set colleagues. Overall, these gains resulted in them feeling better equipped to undertake the demands of their role, including change and innovation.

From both the participants' and facilitators' perspectives, the management innovation action learning sets appears to provide a useful and effective contribution to building health service organisational capacity for innovation by equipping health professionals in change and innovation roles with the skills, knowledge and confidence required to make a difference.

## 2. Genesis and Objectives of the Learning Sets

Internationally there is an acknowledged need for innovation in health care, but this remains an elusive concept for the majority of health service managers (Dwyer and Leggat 2002, Leggat and Dwyer 2005, National Institute for Clinical Studies 2003, Braithwaite and Hindle 1999, Ibrahim and Majoor 2002).

Through its discussions and consultations with Victorian health service executives, the Victorian Health Service Management Innovation Council (VHSMIC) identified the need to provide support for those middle and project managers charged with innovation and change management. It established a 'management innovation action learning sets' project to test the efficacy of learning sets in developing this capacity through the professional development of health services staff.

VHSMIC is a ministerial advisory committee, established to draw together the operational expertise to deliver improvements to health service governance and operational management. Focusing on innovation and change management, VHSMIC develops and leads a program of work aimed at achieving significant system-wide improvements in the operational effectiveness and efficiency of public health services.

In November 2006 VHSMIC invited consultants to tender for the development, implementation, facilitation and evaluation of the 2007 learning sets. A consortium of three consultants: Dr Cathy Balding (Cathy Balding Qualityworks), Professor Sandra Leggat (La Trobe University) and Ms JulieAnne Anderson (JA Projects), was selected by VHSMIC to undertake the project. The facilitators brought experience of, and commitment to, adult self-directed group-based learning, within a framework of sound management theory.

### **Objectives of the Sets**

Organisational innovation requires a multifaceted approach, including support for individual psychological safety and building on life-long, individual self directed learning (Edmondson et al., 2001; Edmondson, 1999; Baer and Frese, 2003). At the team level, innovation is best achieved through teams that are structured for innovation, demonstrate leadership and management practices that promote questioning, admitting and learning from mistakes, and which facilitate experimentation for better patient care (Anderson and West, 1998; Pech, 2001; Sutton, 2001). In most cases, demonstrating support for innovation requires organisations to change outdated structures for new ways of sharing information and educating staff, requiring a change in focus from training to facilitating of learning (Thite 2004, Pfeffer and Sutton 1999).

Based on this theoretical background, the aim of the learning sets project was formulated: 'to improve the capacity of managers and change agents to facilitate the integration and sustainability of best practice strategies into core organisational business, with a focus on enhancing and developing innovation and problem solving in Victorian health services.'

VHSMIC required that the learning sets be designed to:

- equip participants in health service project or change management positions with a range of strategies to act on challenges of organisational change
- enhance the capacity and confidence of the participants with project and change positions to deal with a range of situations using strategic thinking and problem solving skills
- establish and maintain ongoing multi-disciplinary professional peer support networks for the participants and cross fertilisation of ideas within and across the participating organisations through group learning.

### 3. Learning Set Establishment and Process

#### ***Establishing the Sets***

VHSMIC wrote to all public acute and community health services in Victoria, inviting them to nominate staff to participate in the learning set project. An information sheet provided health services with background information about the Council and the project. It specifically articulated the theory of action learning, the objectives of the sets, the evaluation component of the project and information on how the sets would work.

Detailed information was provided about characteristics of the staff members who would be may benefit from the learning sets project, such as project managers whose role:

- addresses a problem or important issue, the solution of which would be of benefit to the health service;
- is sufficiently complex and challenging to provide valuable learning experiences for the Set participants;
- is likely to achieve a concrete result within the stipulated time frame;
- will form productive links across the health service through collaboration between departments, units and/or administrative sections.

The 'ideal participant' was described as

- respected, energetic, bright and high achieving, who progresses tasks under the direction of a senior member of staff.
- prepared to commit themselves to the program and are continuous in their attendance at meetings.
- prepared to listen, debate, constructively comment.
- prepared to freely contribute their experience, success/problems and insights at meetings.
- prepared to undertake any necessary small tasks to prepare for meetings.
- prepared to commit to keep meetings confidential, in terms of outside disclosure of attributed/identifiable information without explicit permission from the parties that provided information in the learning set.

- able to challenge existing approaches and proposes innovative and effective solutions.
- identifies and takes action on areas for improvement of process and systems.

Another important issue that VHSMIC outlined for health services was the CEO role in legitimising the staff member's participation in a learning set. The Chief Executive Officer was required to support and sustain participant's involvement in the learning sets by:

- Recognizing the work the participant is undertaking.
- Giving the participant the time to participate in activities.
- Creating an environment in which the value of the program learnings are supported and acknowledged.
- Covering incidental costs that may be incurred by the participant's involvement in the program

VHSMIC also required that the participant agree to:

- Attend all meetings, held every two months for five or six meetings over a period of 12 months.
- Commit themselves to the program.
- Contribute their experience, success/problems and insights at meetings.
- Undertake any necessary small tasks to prepare for meetings.
- Keep meetings confidential, in terms of outside disclosure of attributed/identifiable information without explicit permission from the parties that provided information in the learning set.

### **Set composition**

Fifty six health service personnel participated in eight sets, ranging in size from seven to nine members, with six of the eight groups including both rural and metropolitan members, and seven of the eight groups a mix of acute and community health services. Two sets were held in rural areas (Maryborough and Beechworth) and the rest in the city and metropolitan areas. Rural participants tended to be senior managers juggling a number of roles, including change and innovation, whereas metropolitan participants tended to have more specialist strategic, change or senior management roles. (see Appendix 2 for a list of participating health services).

### ***The learning sets process***

Action learning addresses real problems of importance to participants in real time and is a quasi experimental approach, variously described in the literature, that follows a cycle of:

- ❖ problem
- ❖ diagnosis
- ❖ action
- ❖ review
- ❖ learning
- ❖ action.

(Bryman, 1989; Cherry 1999; Prideaux, 1990).

The VHSMIC action learning sets employed a loosely structured action learning approach to the discussion of participants' workplace issues. Participants took it in turns to table a problem or challenge from their workplace. Each issue was discussed by the set members and a plan of action developed. Set participants agreed, as part of their original commitment to the set, to implement the action (unless circumstances changed in such a way that the action would be inappropriate or pose a high risk). Participants were debriefed at the following set meeting, and the success of the action in achieving the objective evaluated. The discussion, action planning and debriefing took place within a context of relevant organisational, management and change theory, as supplied by the facilitator, and learning from others' experience.

The action learning framework ensures the learning sets are not 'talk fests', but follow a dynamic cycle of discussion, application of learning through action, evaluation of the action taken, rethinking and revising action if necessary, and further application. Participants are encouraged to define and analyse their issues to develop appropriate problem solving action. The action is then evaluated for effectiveness, lessons learned are applied, and further action taken if necessary. Building this cycle into the learning set process ensured that learning and action were central to participation, and that participants always left a meeting with a plan for testing an action in their workplace, and came to the next meeting with an evaluation of that action to discuss. Reviewing lessons learned and new knowledge were constant themes throughout the discussions.

### **The first set meetings**

The first meetings were held over February and March 2007 and were attended by two facilitators to ensure a consistent approach to facilitation and group process across the Sets for the remainder of the meetings.

At the first meetings, an overview of VHSMIC was given, the concept of action learning sets was introduced, the meeting process established and ground rules agreed. Participants had time to meet each other and discuss their background, experience and challenges. It was made clear that the participants "owned" the Sets, and were responsible for shaping the meetings to best meet their needs. The critical issue of confidentiality was discussed and agreed by each set. Dates and venues for the five remaining meetings were decided, and a "pre" survey questionnaire distributed to participants.

Participants' issues were then raised and discussed. The agreed process for each meeting ensured that those that presented an issue at one meeting were debriefed at the next meeting, before moving on to the remaining participants who were due to raise an issue.

There appeared to be a range of understanding of learning set process, with some participants having a low level of initial understanding of what they had signed up for, and some very aware of the learning set process. Some members appeared more comfortable than others with a reflective

style of learning and with learning from others' experiences. It is possible that a number of participants were still unsure at this stage about whether or not learning sets were going to meet their needs, or fit with their preferred style of learning.

### **Goals**

Each Learning Set discussed and agreed a number of goals to be revisited over the period of the set meetings. Key themes included:

- To develop more knowledge of the theory and application of change management, and apply it in the workplace.
- To examine leadership styles, apply this to managing up and down the organisation and develop as better leaders ourselves.
- To better understand workplace dynamics through exploring personality styles and approaches.
- To model good problem solving skills
- To take the sharing and learning of the group beyond the group
- To develop a mindset that enables us to challenge the status quo
- To improve our credibility and respect so we can better influence policy
- To learn from the literature on change, influence, organisational behaviour and implementation.
- To develop a 'toolkit' of leadership and management tools and strategies
- To access expert input and contacts
- To further develop the habit of personal reflection
- To examine and apply adult learning principles
- To recognize our own gaps and blind spots.

### **Areas of interest**

The participants also raised key issues that they wanted to explore over the course of the set meetings – these included:

- Managing people - up and down, including: building teams; breaking bad news to staff; managing poor performance; getting ideas heard and implemented
- Managing change
- Improving organisational culture
- Addressing the difficulties experienced in trying to promote multidisciplinary approaches
- Issues associated with the implementation of approved policy, especially, tactics to ensure senior management support and medical staff compliance
- Working with others to set priorities for action
- Feasible energy/utility management approaches
- Lobbying local and state government.

To facilitate networking, e-mailing lists were established for each learning set. A Learning Set Reference and Resource List was also commenced and a number of articles and an innovation-related web site were circulated to members (see Appendix 3).

### **Review of the first meeting**

The facilitators reviewed the first set meetings and identified a number of opportunities to further meet participants' needs such as:

- Proposing a structured problem solving model for discussing members' issues – both as a useful tool, and to avoid the reactionary "straight to solution" approach typical of the health industry,
- Dedicating time at the second meetings for reflection on the first meeting, including process and goals
- Further discussion on variations on the current Set process such as dedicating a meeting to a specific common issue such as managing change
- Assisting members to focus more on innovation issues
- Exploring the possibility of a combined Set workshop on common issues.

These opportunities were discussed with each Set at the second round of meetings, where the participants also reflected on their first meetings as follows:

- Meeting was valuable- unusual to have 'me' time
- Feel more empowered to speak up and take action in my organisation
- Makes me think about my own role in situations as well as others' roles
- Interesting and helpful to see other people coping with the same sorts of issues
- Helpful to briefly discuss the broader healthcare context
- Uncomfortable to have to face issues
- Useful problem solving process.

Many similar comments were made at the end of the set processes, as described within the evaluation component of this report.

### ***How the sets evolved***

It was clear from the outset that the sets were not discussion groups, but a focused exchange of information designed to solve problems and provide proactive support for each participant. The self directed action learning basis of learning sets was continually emphasised, including the importance of all participants contributing their knowledge and experience to problem diagnosis and action planning, and stressing individual responsibility for testing the action and bringing the outcomes back to share with the set.

At the early set meetings there was a strong tendency for set members to move straight from problem identification to solution, not an uncommon approach by those new to management roles, and a structured problem solving model was introduced in some sets to establish a more analytical, consistent and lateral approach to the discussions.

There appeared to be commitment by participants to individual and group accountability in so far as promised actions were undertaken and reported back. Some extremely successful and satisfactory outcomes were reported, with a number of participants noting that they felt empowered to take different approaches through the advice and support of their set. Where action taken was not successful, they were able to bring that back and debrief with their fellow set members, and apply those lessons to future action.

Most participants were able to report positive progress on their issues and it was gratifying for the facilitators to observe so much achievement and enthusiasm. The amount of time it took for some issues to be actioned, especially when it involved managing poor performance, was a feature of discussion in some sets and it was interesting to observe the growing understanding of the realities of managing change and innovation in complex health care organisations.

As the sets progressed through the year, many participants broadened their interest and focus from local issues to generic health care organisational issues, including:

- the health care organisational environment
- learning about tools for better understanding personality types and how people operate in the organisational environment people and communication tools
- review of articles regarding change and leadership and management disseminated between Set meetings.

This was an important professional development step for many participants, with some reporting that it was the first time they had taken an interest in the broader political environment and its impact on their organisation.

### **Networking**

One objective of the learning set project was for the groups to become self-sustaining in providing support to each other in an ongoing way. At the last few meetings of the sets, this concept was discussed in more detail. A range of options were agreed by groups for ongoing networking in 2008 and beyond:

- Participants continue to share resources and ideas and are generally enthusiastic about meeting informally in 2008
- One set has agreed that they will initiate 'site visits' to each other's health services so they can see first hand the innovation and change that has been discussed during the year.
- One set has agreed to meet quarterly at each other's organisations, feeling the need to continue to meet, but suggesting that meeting six times a year was too often.
- One set will continue to meet at the venue they used during 2007
- All sets have email lists to remain in contact.

### **Loss of Set members**

Over the course of the first and second meetings four participants indicated that they no longer wished to participate. Two participants felt that they had misunderstood the intent and process of the learning sets, and that they therefore would not find the sets useful as they had sufficient internal organisational support. The other two participants felt that the time commitment involved in travel to and from the sets outweighed the benefits they felt they would receive by attending.

There were five other withdrawals from the sets throughout the year due to participants changing jobs or commencing maternity leave. Other participants who changed jobs during the year, and stayed within the public health sector, were able to negotiate with their new employer to continue in the sets.

### **The last set meetings**

In the last two meetings of the sets, held in late 2007 and early 2008, the groups were mainly concerned with completing the post sets evaluation survey, finalising the debriefing from issues raised and reviewing lessons learned and applied throughout the course of the sets. A number of sets ran their own final meetings in preparation to meet informally during 2008.

### **The Learning Set Education Forum**

Over the course of the first three meetings, set members requested a one day forum where they could meet other set members and explore the generic issues raised across sets. The topics they suggested included:

- The nature of healthcare organisations
- Managing change and influence
- Managing and communicating with different personality types
- Specific change and management tools – for example, process mapping, lean thinking etc.
- Engaging doctors in change.

VHSMIC agreed to support the forum, which was held in November 2007. It covered two key areas: the nature of health care organisations (presented by Dr Sandy Leggat, one of the Learning Set Facilitators) and understanding change (presented by Ms Anne Smyth, management consultant). Dr Brendan Murphy, VHSMIC Chair, also spoke about leadership in health care.

The 21 participants who attended the forum reported that it was extremely valuable, and suggested it be held earlier in the year for the 2008 sets, to give participants a framework for discussion of generic issues over the rest of the year. Forum issues the participants particularly noted as useful included:

- The paradox of health service organisations and the differing and conflicting drivers and incentives involved
- The concept of health services as complex systems
- The importance of transition in change and the importance of managing the ending as well as the beginning

- How different people view change
- Key points from Dr Murphy:
  - The importance of involving people in pilots and evaluations
  - Consult with everyone – particularly the blockers – be inclusive
  - Persuade with good data
  - Keep communicating long after you thing you’ve done enough
  - Don’t take yourself too seriously!

#### 4. Evaluating Learning Set Effectiveness

The 2007 learning sets evaluation framework developed by the consultants included process, outcome and impact evaluation. Quantitative and qualitative data were collected via a survey distributed to the participants at the first 2007 set meeting and at the second last set meeting in 2007. Verbal feedback about set process was also sought at each meeting, and at the last set meeting. The survey was developed by the consultants, derived from a number of tools: Psychological Safety (Edmondson 1999), Conditions for Work Effectiveness (Patrick and Laschinger 2006), Psychological Empowerment (Thomas and Velthouse 1990) and General Self-Efficacy (Schwarzer and Jerusalem 1992). Feedback from a sample of the participants’ managers was also sought for this report. A focus group of participants will be held at the 2008 Learning Set Forum in August 2008, to gain a longer term perspective on the impact of the Sets.

#### **Survey results: quantitative**

- ❖ All 55 participants completed the pre-set questionnaire. Nine of the initial learning set participants did not participate in the full learning set cycle and there were 33 completed post-set questionnaires, for a response rate of 71.7%.

#### **Participant demographics**

The majority of sets members were experienced female health service managers in a full time role.

**Table 1 Demographics of questionnaire respondents**

	Pre		Post	
	Male	Female	Male	Female
Age				
20-39	6	13	2	7
40-59	9	27	6	18
60+	0	0	0	0
Total	15	40	8	25
Full-time	15	34	8	23
Part-time	0	6	0	3
Tenure				
<=1 year	8	9	4	4
1-5 years	5	9	4	9
>5 years	2	22	0	12

### Conditions for work effectiveness

The conditions for work effective scales suggested some organisational limitations to innovation. The conditions for work effectiveness questions explored how much opportunity or access the participants had to the various factors. The responses were measured on a 5-point Likert scale, with 1 indicating no opportunity or access and 5 indicating a lot of opportunity or access. As outlined in Table 2 respondents were largely positive about the conditions for work effectiveness in relation to their jobs. However, it appeared that few of the organisations in which these individuals worked provided rewards for innovation and the current employment environment of the health care sector, with high workload and little assistance to accomplish tasks reflected in these responses. As expected, because there was nothing in the intervention that would directly impact on the participants' workplace structures and processes in the timeframe, there were no differences between the pre and post conditions of work effectiveness.

**Table 2 Conditions of work effectiveness**

	Pre		Post	
	Mean	SD	Mean	SD
Opportunity for challenging work	4.47	0.75	4.35	0.95
Opportunity to gain new skills	4.05	0.89	3.68	0.98
Opportunity for tasks using your own skills	4.33	0.82	4.21	0.85
Information about the current state of your organisation	3.89	0.89	4.03	0.83
Information about the values of top management	3.98	1.02	4.00	1.01
Information about the goals of top management	3.91	0.94	3.94	0.98
Information about things you do well	3.48	0.84	3.74	0.93
Information about things you could improve	3.25	0.84	3.24	0.74
Helpful hints and advice	3.42	0.91	3.32	0.88
Rewards for innovation	2.78	1.05	2.74	1.30
Flexibility in your job	3.87	0.82	3.74	0.83
Visibility of your work related activities	3.45	0.75	3.56	0.61
Time available for paperwork	2.89	0.95	2.74	0.90
Time available to accomplish job requirements	2.89	0.92	2.82	0.80
Acquiring temporary help when needed	2.24	1.01	2.26	0.99
Collaborating with doctors	3.22	1.21	3.18	1.27
Being sought out by peers for help	4.00	0.77	4.06	0.69
Being sought out by managers for help	3.91	0.86	4.06	0.69
Seeking ideas from health professionals other than doctors	3.51	0.93	3.76	0.82

### Psychological safety

To assess the extent to which the facilitators had set up appropriate conditions for the participants to meaningfully share their experiences and embrace the action learning concepts, the psychological safety scale was included in the post questionnaire. Table 3 outlines the psychological safety scores. The results indicate that generally the participants had an acceptable level of psychological safety within their Learning Set, which was useful feedback regarding the way in which the Sets were conducted.

**Table 3 Psychological safety**

Variable	Mean	Std D
If you make a mistake, it is held against you*	1.38	0.493
Members able to bring up problems and tough issues	4.50	0.788
Members reject other for being different*	1.71	1.136
It is safe to take a risk	4.44	0.561
It is difficult to ask other members for help*	1.68	0.912
No one would undermine my efforts	4.47	0.507
My unique skills and talents are valued and utilised	4.00	0.492
*Reversed scores		

**Impact on empowerment**

T-test analysis on the pre and post questionnaires showed that the learning set process had the greatest impact on feelings of empowerment (see Table 4) with significant differences between the pre-set questionnaire and post-set questionnaire responses on a number of empowerment dimensions. These dimensions related to the participants' perceptions of their control, impact and influence in their organisations.

**Table 4 Impact on empowerment**

	t	df	Sig.
Work I do is important	-1.244	73.72	0.217
Job activities are meaningful	0.337	65.07	0.737
Work I do is meaningful	-1.919	60.35	0.060
I am confident about my ability to do my job	-0.946	79.70	0.080
I am self-assured about my capabilities	-1.773	73.37	0.16
I have mastered skills necessary for my job	-0.753	76.34	0.454
I have autonomy	-1.009	62.20	0.317
I can decide how to do my work	-2.694	82.59	0.009
I have opportunity for independence	-2.057	78.31	0.043
My impact is large	-2.806	66.58	0.007
I have control over what happens	-2.797	66.38	0.007
I have influence	-2.442	64.5	0.017

**Survey results: qualitative**

In written and verbal feedback, the respondents reported greater importance and meaning in their roles, and increased feelings of control and influence within their workplace following participation in the learning sets. The qualitative comments also reflected a perception of increased empowerment and application of learning in the workplace, as seen in the qualitative key themes:

- ❖ *"Greater confidence in my strategies/approach"*
- ❖ *"Increased confidence in my own decision making and position as a manager"*
- ❖ *"Improved confidence in self"*

- ❖ *"Have used the concept with managers who report to me in my workplace"*
- ❖ *"I have used the learning set methodology with my workplace team".*

The last set meetings were dedicated to reflecting on the process and lessons learned. Participant reflections included:

- *Managers don't have to have the answer to everything, and learning from others and seeking support are constructive approaches to management*
- *The importance of taking time to reflect on practice, and appreciating the opportunity the learning sets give them to do this*
- *Hearing about other's issues – learning that we all share the same difficulties, and supporting each other in that*
- *Learning about the transition from clinician to manager*
- *Thinking about the bigger picture for the first time*
- *Applying management frameworks to approach workplace problems*
- *The ability to re-frame difficult situations*
- *Greater confidence in own judgement and feeling more empowered*
- *Greater ability to see things from other's perspectives*
- *Learning about tools to assist change and transition*
- *The importance of having articles and other material supplied*
- *Using the learning set method with their own staff to problem solve*
- *Working within one's circle of control*
- *The importance of the forum in enabling time to go in depth into some generic issues*
- *Realising that I am not alone; others have similar problems and there are people I can talk to.*

**Participant suggestions for the 2008 Sets:**

- Have the forum earlier in the year to raise and discuss some generic management and innovation issues
- Discuss definitions of innovation and barriers to innovation more in the first couple of set meetings
- Have each meeting discuss a different framework or model for management and innovation, for example:
  - o culture change
  - o stages of change
  - o organisational levers for innovation
  - o influencing organisations.

**Feedback from participants’ managers**

The managers of five of the participants were contacted two-three months after the conclusion of the sets to gauge the impact of the sets from their perspective. They responded to 5 questions, as seen in Table 5:

**Table 5 Participant managers’ feedback**

Question	Responses
<b>Was the information you received from the Management Innovation Council to advertise the learning sets clear and helpful?</b>	<ul style="list-style-type: none"> <li>• For the 2007 year, very clear and helpful. I did not receive the information for 2008 and hence didn't nominate anyone, unfortunately (x2)</li> <li>• Already understood the concept</li> <li>• The 2007 information was clear and helpful</li> </ul>
<b>What selection process did you use to recruit/recommend the participant from your organisation?</b>	<ul style="list-style-type: none"> <li>• My staff member was relatively new to her role at the time, and clearly was an appropriate participant with much to give and to gain. Executive nominations were invited and she was my nominee.</li> <li>• Looked for someone who was eager to learn and would be comfortable with the methodology; someone who had moved positions and would benefit from coaching.</li> <li>• Asked for expressions of interest, consulted with the DON and selected those two applicants who would most benefit and who had the greatest number of direct reports.</li> <li>• Sought expressions of interest – sent more senior applicant</li> <li>• I nominated the staff member and this was supported by executive staff</li> </ul>

<p><b>What changes have you noticed in your staff member that may be a result of their participation in the learning set?</b></p>	<ul style="list-style-type: none"> <li>• My staff member gained a more pragmatic perspective on the potential for her role. She is a high achiever and has huge expectations of others in leadership roles which can't always be fulfilled. She gained useful advice on specific issues around medical engagement, and delineation between systems and performance issues. I am sure she has gained much more, as she often alluded to the wisdom generated by participants and the support gained, but these are the specific elements that she has attributed to the program when I have noted her attitudinal changes</li> <li>• Some of the inter-organizational peer exchange gave her more confidence to pursue various initiatives. My staff member would often comment that the facilitator provided very useful content material which helped to understand how organizations function or to better understand politics of organizational life.</li> <li>• Both participants are more confident. They give each other peer support. They are more willing to confront difficult staff and difficult situations</li> <li>• Very relieved to be working in community health – appreciates the stressors in the acute sector even more and now, and taking different approaches to management of direct reports</li> <li>• Her capacity to reflect and take feedback has been enhanced as well as helping her affirm her own strengths</li> </ul>
<p><b>How has this translated to increased capacity for your organisation to undertake innovation?</b></p>	<ul style="list-style-type: none"> <li>• Difficult to tell at this stage</li> <li>• Unfortunately she has gone to work at another organisation!</li> <li>• They now have the confidence to delegate and hold people accountable, thus less time is being spent cleaning up messes, so this has freed up time to be innovative.</li> <li>• Benefited from ideas and resources provided in terms of general change management and setting priorities for managers</li> <li>• Used Learning Set model for sharing of ideas between departments and programs</li> <li>• Has increased her capacity in terms of the breadth of projects she manages.</li> </ul>
<p><b>Would you recommend another staff member from your organisation attend a learning set?</b></p>	<ul style="list-style-type: none"> <li>• Yes, if I received the information (see above).</li> <li>• Yes, most definitely. We are short on in terms of quality professional development for our staff.</li> <li>• Yes, definitely.</li> <li>• Yes we did however their paperwork was misplaced so she missed out on a spot</li> <li>• Yes - especially if numbers were going to be consistent in terms of peer support.</li> </ul>

<p><b>Any suggestions for improvements in the learning set content or process or general comments?</b></p>	<ul style="list-style-type: none"> <li>• No, appeared that is worked well.</li> <li>• Advertise the program widely.</li> <li>• Continue to provide management theory at each of the sessions to stimulate discussion</li> <li>• I think that the LS were and are generally helpful. She found her set facilitator terrific but the retention rate and attention of her colleagues was reportedly less consistent compared with her own attention to the process. Also, perhaps having members in groups where they know less about the other members is a good idea as I think members can feel more vulnerable where they know other members quite well.</li> </ul>
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Their responses were overwhelmingly positive, although most saw it as too early to accurately assess the extent to which their staff member would be able to influence the capacity of the health service for innovation. It was the changes in the ways in which the individuals operated, rendering them more personally effective, that the managers noted.

### **What the facilitators learned**

In support of previous research (Fleuren et al. 2004, Cherry 1999, Prideaux 1990), we found that the learning set approach was successful in empowering participants to address aspects of organisational culture and climate that obstruct innovation. The majority of the set members had not previously experienced this approach to learning and innovation, and a key theme of their discussions was the increase in feelings of personal and professional empowerment. This was particularly evident when their actions were successful, but the participants were also positive about the very act of taking action and the support received from learning set colleagues to do so. There was also recognition of the importance of personal reflection in developing their management skills and options for action. It appeared that, apart from developing specific skills, the learning set process also helped develop the resilience of the participants in the face of the complex and difficult environments in which they operate.

### ***Facilitators' reflections on learning set process to inform 2008 sets***

The facilitators met after the last set meetings to share and distil the lessons for success learned over the 12 months of the project. In addition to the suggestions made by participants and the sample of their managers, which have largely been incorporated into the 2008 Sets, the facilitators identified their own ideas for enhancing the 2008 Sets, as follows:

- The importance of clarifying the participants' responsibility for their own learning and sharing responsibility with the facilitator for creating an effective set process, including their commitment to attendance

- Sets appear to work well when the issues raised relate on some level to the work of all the participants – this means that issues may be different in rural and metropolitan sets (for example, rural participants are often generalist managers, doing a bit of everything, but metropolitan participants may have more specialist project-type roles). Common interest in topics generates good energy and discussion
- Sets work more effectively when participants do not differ too much in terms of the level of their roles in their organisation – especially where there are two participants from the same organisation in the one set. An environment where people are comfortable to discuss and challenge freely is vital to a stimulating learning environment
- Sets work well where there is strong mutual support and participants enjoy and share in each others' learning
- Individual participants' readiness to learn, participate and share is pivotal to the success of the set process, and to the value derived by the individual
- Set members, on the whole, were initially not well networked professionally in the areas of management, learning, change and quality. There is a need to ensure that skills and knowledge of participants are identified and enhanced through the learning set process
- Learning set participants needed assistance to ensure they didn't move too quickly to the solution before fully diagnosing the problem, and expanding the time and process for diagnosing participant issues has been a focus of facilitators
- The participants appreciated the opportunity to frame their discussions within relevant management theory and decision support tools.

## 5. Conclusions

The original aim of the learning sets project - to test the efficacy of learning sets in developing organisational capacity for innovation through the development of health services staff - appears to have been fulfilled. In terms of the objectives of the project, the approach was successful in:

- equipping participants in health service project or change management positions with a range of strategies to act on challenges of organisational change: this was achieved through the sharing of participants' experience, reference to relevant management theory and the application of strategies for change.
- enhance the capacity and confidence of the participants with project and change positions to deal with a range of situations using strategic thinking and problem solving skills: participants reported a

significant increase in their own skills in these areas, with the action learning component central to developing the confidence to engage with their peers and managers in high level strategic thinking

- establish and maintain ongoing multi-disciplinary professional peer support networks for the participants and cross fertilisation of ideas within and across the participating organisations through group learning: a number of groups are continuing to meet face to face, or are in contact via email. The learning sets forum is also an annual event where past and current set members can network and further develop their learning.

The qualitative and quantitative evaluation, and the impressions of the consultants, suggest that action learning through a learning sets process is an effective way to equip and support health professionals to foster organisational change and innovation in health services. The process builds skills, confidence, strategic thinking and resilience, all essential tools for dealing effectively with the demands and complexity of health care organisations. Increasing the efficacy of individuals through the learning set process is one approach to building a critical mass of capacity for innovation in health service organisations.

## 6. APPENDICES

### APPENDIX 1 Reference

Braithwaite, J. & Hindle, D. 1999 Research and the acute care hospital of the future. *Medical Journal of Australia* 170: 292-3.

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Dwyer, J & Leggat, SG, 2002 Innovation in hospital care. *Australian Health Review*, 25: 19-31

Edmondson, A. 1999 Psychological safety and learning behaviour in work teams. *Administrative Science Quarterly* 44: 350-353.

Fleuren, M., Wiefferink, K. & Paulussen, T. 2004 Determinants of innovation within health care organizations: Literature review and Delphi study. *International Journal for Quality in Health Care* 16.

Homsy, V. T., Totten, M. K., Orlikoff, J. E. & Trustee 2004 Innovation: from theory to practice. 57: 15.

Ibrahim, J. & Majoor, J. 2002 Corruption in the health care system: the circumstantial evidence. *Australian Health Review* 25: 20-6.

Leggat, S. G. & Dwyer, J. 2005 Improving hospital performance: culture change is not the answer. *Healthcare Quarterly* 8: 60-6.

Matthews, J. & Relations, A. P. J. O. H. 2002 Innovation in Australian small and medium enterprises: contributions from strategic human resource management. 40: 193-204.

National Institute for Clinical Studies 2003 Factors supporting high performance in health care organisations. Prepared by the Health Management Group at La Trobe University. NICS, Melbourne.

Patrick, A. & Laschinger, H. K. S. 2006 The effect of structural empowerment and perceived organisational support on middle level nurse manager's role satisfaction. *Journal of Nursing Management* 14: 13-22.

Pfeffer, J. & Sutton, R. I. 1999 Knowing "what" to do is not enough. *California Management Review* 42: 83-108.

Prideaux, G. 1990 Action research, organisation change and management development. *Australian Health Review* 13: 3-14.

Schwarzer, R. & Jerusalem, M. 1992 Self-efficacy as a resource factor in stress appraisal processes. In R, S. (Ed.) *Self-efficacy: Thought Control of Action*. Hemisphere, Washington.

Thite, M. 2004 Strategic positioning of HRM in knowledge-based organizations. *The Learning Organization* 11: 28-44.

Thomas, K. W. & Velthouse, B. A. 1990 Cognitive elements of empowerment. *Academy of Management Review* 1: 666-81.

## APPENDIX 2 Learning Sets - Participating Health Services

- Alexandra District Hospital
- Austin Health
- Ballarat District Nursing and Healthcare
- Ballarat Health Services
- Bayside Health
- Calvary Health Care Bethlehem
- Darebin Community Health
- Dental Health Services Victoria
- Djerriwarrh Health Services
- Gippsland Lakes Community Health
- Hepburn Health Service
- Inglewood and Districts Health Service
- Inner East Community Health Service
- Inner South Community Health Service
- Kyabram & District Health Service
- Kyneton Health
- Melbourne Health
- Mercy Health
- MonashLink Community Health Service
- North East Health, Wangaratta
- Northern Health
- Ovens and King Community Health Service
- Peninsula Health
- Peter MacCallum Cancer Centre
- Royal Childrens Hospital
- Royal Victorian Eye and Ear Hospital
- Royal Women's Hospital
- Seymour District Memorial Hospital
- Southern Health
- St Vincent's Health
- Stawell Regional Health
- Upper Murray Health and Community Services
- West Gippsland Healthcare Group
- Western Health
- Whitehorse Community Health

### **APPENDIX 3 LEARNING SET RESOURCE LIST (documents and tools that were discussed over the course of the sets)**

We have started this list based on some of the Learning Set discussions. You may have some topic requests or some references you would like to include. We will keep adding as appropriate.

#### **Change**

Bridges, W (1995) *Managing Transitions – making the most of change*. USA, Addison Wesley Publishing Company.

Social movement for change: [www.institute.nhs.uk/servicetransformation](http://www.institute.nhs.uk/servicetransformation)

The beliefs-based model of change: [www.clemmer.net/articles](http://www.clemmer.net/articles)

#### **Emotional Intelligence**

Emotional intelligence: A core competency for health care administrators  
Brenda Freshman; Louis Rubino *The Health Care Manager*; Jun 2002; 20, 4; ABI/INFORM Global

#### **Innovation in not for profit**

Light, PC (1998) *Sustaining Innovation – creating nonprofit and government organisations that innovate naturally*. USA, Jossey Bass Inc. Publishing.

#### **Lean Thinking**

Ben-Tovim, David I, Bassham, Jane E., Bolch, Denise, Marint, Margaret A., Dougherty, Melissa & Szwarcbord, Michael (2007) *Lean thinking applied across a hospital: redesigning care at the Flinders Medical Centre*. *Australian Health Review* 31(1): 10.

Goldratt, EM, Cox, J (1993) *The Goal*. England, Gower Publishing.

Kelly, Anne-Maree, Bryant, Michael, Cox, Lisa & Jolley, Damien (2007) *Improving emergency department efficiency by patient streaming to outcomes-based teams*. *Australian Health Review* 31(1): 16.

#### **Management**

Blanchard, Kenneth H., Oncken, William & Burrows, Hal (1989) *The One Minute Manager Meets the Monkey*. New York: William Morrow & Company

Braithwaite, J et al (2007) *The Hierarchy of Work Pursuits of Public Health Managers*, *Health Service Management Research*, vol 20 (2) May.

Byham, WC (1998) *Zapp – The Lightning of Empowerment*. USA, Fawcett Books.

Fisher, R, Ury, W (1987) *Getting to Yes – negotiating agreement without giving in*. Arrow Books Ltd, London.

Yukl, G, Lepsinger, R (2005) Why integrating leading and managing roles is essential for organisational effectiveness. *Organisational Effectiveness*, vol, 34, no. 4.

### **Quality and Safety**

The link for the International Forum on Safety and Quality in health care <http://www.internationalforum.bmj.com>

Link to the Agency for Healthcare Research and Quality (quality indicators etc) [www.ahrq.org](http://www.ahrq.org)

Thomas, H (2007) *Sick to Death* Allen and Unwin Australia. (The story of Dr Patel and Bundaberg Hospital).

### **Six Sigma**

George, Michael L., Rowlands, David, Price, Mark & Maxey, John (2005) *The Lean Six Sigma Pocket Tool Book*. New York: McGraw Hill.

### **Work-life issues**

The Quality of Worklife report from Canada,  
<http://www.cchsa-ccass.ca/upload/files/pdf/Other/2007%20QWQHC%20Within%20Our%20Grasp.pdf>

## **Appendix 4: Presentations on the 2007 Learning Sets Project**

### **Oral Presentations:**

- The International Conference on Organisational Behaviour in Health Care, Sydney, March, 2008.
- The 6<sup>th</sup> Australasian Conference on Safety and Quality in Health Care(accepted for presentation at the September conference, Christchurch, NZ)
- La Trobe University School of Public Health seminar, May 2008
- Accepted for presentation at the SHAPE 2008 Symposium (Society for Health Administration Programs in Education) in Brisbane, July.

### **Poster presentations:**

- The International Forum on Safety and Quality in Health Care, Paris, April, 2008.
- The National Forum on Safety and Quality in Health Care, Adelaide (accepted for the October conference, Adelaide).