

A learning organization – what does it take?

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Karina Aase, post doctorate. Centre of Risk Management and Societal Safety - SEROS
Siri Wiig, Research Fellow Societal Safety University of Stavanger

All organizations have activities and processes that to a greater or lesser extent contribute to learning. This does not necessarily mean that these organizations can be described as “learning organizations”.

Organizational learning is a relevant theme within health and social services. For example, recently much attention has been given to adverse events associated with incorrect treatment in Norwegian hospitals. International studies have shown that between 5 and 10 per cent of patients can be injured when in hospital. Without organizational learning from mistakes, it is not possible to see a pattern in repeated events, and it is therefore not possible to reduced these figures. In the reports from the Norwegian Board of Health, we find statements such as: “...experience gained from this supervision must be communicated to teaching institutions and professional groups...”, or “...it seems as though we have a long way to go before the establishments become learning organizations, and use available feedback, experience and data for evaluating their own activities...”. In order to achieve learning health and social services, it is necessary to learn on many levels and between different parties. It is a huge challenge to ensure that learning take places both within and between health authorities, social authorities, supervision authorities, administrative authorities and primary health services.

During the last decade, the field of organizational learning has exploded. We have few answers to the question about what it takes to be a learning organization. However, we know a lot about what does not work, about underlying assumptions, and about misunderstandings.

Myths

Below we present three common assumptions that can often create unnecessary barriers to organizational learning, or else delay the process.

1. **Build an information system and clients will come!**
Employees and leaders in organizations focus, to a large extent, on the importance of making knowledge and experience available. They often imagine that knowledge and experience must be collected, recorded and located like goods in a department store. Anyone who needs information or experience can go to the department store and find what she or he needs. The solution is often to develop a central electronic database. This tradition focuses on collection, processing, storing and dissemination of information, but not on utilization of knowledge. Such central databases often generate little enthusiasm among users for registering their experiences and retrieving information. Within health and social services there is a current debate about whether to establish a national register for patient safety. This register will aid analysis of adverse events and learning from experience both locally and nationally. But from a learning perspective, it is not enough just to collect this information centrally. The information must also be channelled back to health and social authorities, and then disseminated further to the services.

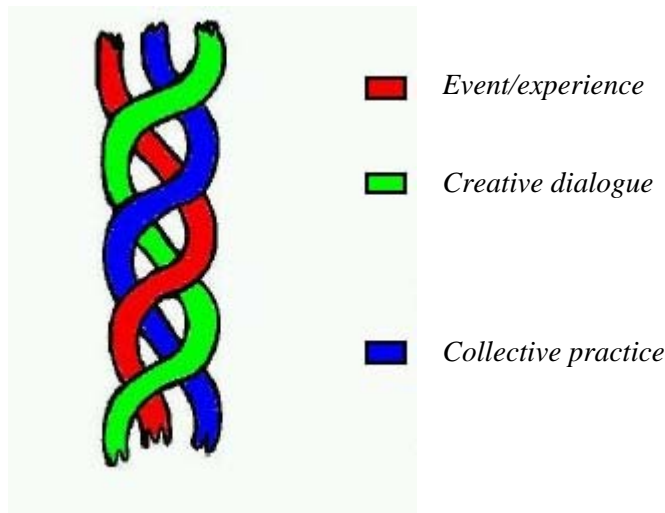
2. Technology can replace face-to-face communication!
Bringing people together through training courses, seminars or meetings often results in spontaneous exchange of information, during conversation and sharing of experiences. But at the same time this is costly. Technology provides the possibility for exchange of information without employees having to meet in one place. Studies of such information systems show that the degree of success depends on whether systems that were originally designed as IT-systems are developed to combine IT-support and collective meetings or gatherings. In practice this means that if an IT-support information system is to function, it must also support face-to-face communication, for example through discussion groups, network meeting and follow-up of experience. In health and social services, “Synergi” is being introduced as an IT-based reporting system for adverse events. “Synergi” alone does not create a learning organization, but can provide a basis for learning activities in which employees can discuss their own practice and use relevant information.

3. First we need to create a learning culture!
“In our organization no-one will contribute to learning activities because there is no room or culture for this”. Such attitudes reflect the belief that exchange of information only occurs if a learning culture exists, with cooperation and openness. Thus, creating a learning culture becomes an aim before employees can exchange information. But what comes first: a learning culture or exchange of information? For example, health care personnel justify under-reporting of mistakes by saying that “there is no culture for reporting mistakes”. This is often just an excuse because creating a learning culture, or in this case a reporting culture, is difficult. It may be better to assume that exchange of information influences the culture. When learning activities are based on important professional issues, the desire to exchange and receive information usually exists.

A model without boxes and arrows

The description of myths given above shows that knowledge and experience that can be expressed in words or in writing only represent the tip of the iceberg. The concept of “tacit knowledge” refers to knowledge that is difficult for us to express directly. The practical application of this concept focuses on how tacit knowledge can be made available and formulated in a concrete way. Often this results in the desire to express tacit knowledge through products, services and systems. This is called “objectification”. “Objects” are produced (procedures, tools, regulations) that shall render knowledge and experience visible.

During the last decade, research within organizational learning has focussed on the significance of practice, collective reflection and dialogue. Instead of the desire to express individual tacit knowledge explicitly, focus has been directed more on expressing it collectively. The concept of “collective tacit knowledge” has been launched. In order to understand this perspective of organizational learning, the triple helix model has been developed.



The triple helix model (Swart & Pye, 2002)

Event/experience expresses individual knowledge associated with specific events or experiences. There are many different descriptions of an individual event or experience, which often vary from person to person.

Creative dialogue involves active reflection of the different descriptions of the events/experiences, individually or collectively. In the collective processes it is important that representatives of the different perspectives are gathered together.

Collective practice entails following up aspects of the creative dialogue and changing individual or group practice related to the different events/experiences.

The model shows that learning activities should be developed with all the three “threads” included. For example, approaches that only focus on dialogue without relating this to specific events/experiences, or that only focus on changing practice without linking the change to creative dialogue, have little chance of success.

Concrete approaches to organizational learning?

There are many approaches to organizational learning, but there is no correct answer to what functions or does not function. Both the myths described above, and research in general, indicate that there is a tendency for organizations to develop learning process that are based on one or two of the elements in the triple helix model. Trade and industry have traditionally focussed on formal measures such as requirements, procedures, networks and databases, that involve “person-to-document” approaches to learning. The opposite is “person-to-person” approaches, and the challenge in many organizations is to find the correct range or balance between these two perspectives.

A series of concrete approaches to learning have been developed and tested in different organizations. The approaches range from story-telling and accounts of learning in the World Bank to collective training and problem teams in nuclear energy. It is important to note that what functions in one organizational setting does not necessarily function in another. It is therefore difficult to copy approaches directly.

Learning health and social services?

So what does it take to be a learning health or social service? Health and social services must avoid the notion that a learning organization can only be built in a rational way with the help of knowledge systems and technology, or that a culture for learning must be developed before knowledge can be shared. The triple helix model should be the basis for work with learning within and between parties. In other words, existing or new learning activities must include all the three threads in the model (experience, dialogue, practice). At the same time, learning cannot be taken out of context. Today, health and social services are characterized by general conditions that involve continuous changes, cost-cutting, demands for increased productivity, and lack of time. This creates difficult conditions for learning health and social services, and should provide food for thought.

Literature

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