Learning practice: Conceptualising professional lifelong learning

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Abstract
This paper proposes, as an ideal, a model of lifelong professional learning – Learning practice - comprising the duality between the contributions of the workplace and professional. The body of the paper is a case - an invited submission made to the Queensland Health Systems Review in 2005, which was establish to advise on the restructuring of the state health system, including ongoing professional development. The concept of a learning practice is premised on participatory practices (Billett 2002) comprising, on the one hand, workplace affordances in the form of invitations to participate in activities and interactions, guidance, guided participation, and on the other, the intentionality and personal epistemology of the individual professional. This model of lifelong professional learning draws upon empirical research in workplaces and workplace learning, and is developed as a response to growing concerns about developing and maintaining the capacities of workers throughout their working life. Earlier research identified a range of factors that supports or promotes individuals’ learning throughout working life, and those that stand to limit that learning (e.g. Billett 2001). Also, research evaluating the efficacy of workplace interventions (i.e. guided learning, workplace curriculum) indicated the potential of workplace pedagogies and prospects for their enactment (e.g. Billett 2003, 2006a). Moreover, throughout, the salience of individuals’ intentionality and engagement – their agentic activities -- are held to be central to an effective personal epistemology that supports learning for a working life (Billett, Smith & Barker 2005). Collectively, these evolving and separate contributions are synthesised into a model of professional learning throughout working life presented here as an ideal.

The model proposed here in the forms of a submission to a government inquiry, contributes to the conference theme by suggesting it is not sufficient to rely upon either individual epistemological acts (e.g. personal reflection) or the affordances of the professional work setting (e.g. workplace support) (e.g. Ratner 2000). Instead, both personal and institutional contributions need to work independently in securing effective learning throughout working life. Moreover, as work requirements, work conditions and workforce participation changes particular elements of this interdependent relationship maybe accentuated (Billett 2006b). For instance, within the continuing privileging of youth and the concentration of employer expenditure on the development of younger workers, older workers (i.e. those over 45 years) may have to rely more upon their own personal epistemology and agency and the affordances of the workplace in securing and maintaining an effective working life (Billett and van Woerkom 2006).

The key theoretical contributions or engagements are a continuing consideration of understanding learning throughout working life through a consideration of both personal and social and the relationships between the two (e.g. Bhaskar 1998, Gergen 1994, Giddens 1991, Valsiner 2000). It emphasises the key role of an interdependence between the social and personal not only in individuals’ professional development, but also in the remaking and changing of practice. That is both workplace change and human development are held to be a product of relations between the individual and social not one being posterior to the other.
Developing ‘learning practice’ within the Queensland's health sector: A submission to the Queensland Health Systems Review (November 2005)

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Overview
This submission is restricted to issues associated with workforce development within the Queensland health sector. There are probably no easy solutions to developing and sustaining the workforce capacities within this sector. However, there are practices and processes that can be enacted in health workplaces that can assist develop and sustain effective work practices, and these are applicable to the Queensland health sector. Much of this is about guiding learning in health workplaces and developing work practices that include a focus on promoting and assisting learning as part of everyday work practice.

The key proposal here is that regardless of what structural changes and additional training programmes are enacted, without the development and enactment of system/values/processes to sustain the new vision and enhanced practices within Queensland health workplaces, those other changes may be of limited value.

The concept proposed here is workforce development through enacting and maintaining a ‘learning practice’. It is proposed that such approach has benefits for those who are engaged in learning, those to assist in the learning process and the organisation and its clients. The kinds of learning practices proposed here are, importantly, to be conducted in health workplaces and as part of everyday health work.

Individuals, such as health worker, learn continually through their work and also engage continually in remaking their work practices. Consequently, in every health workplace there is much active learning and remaking of work tasks and activities. Yet, not all this learning and remaking of practice is effectively or appropriately focused. Bad habits, dangerous shortcuts, inappropriate procedures and attitudes can be learnt as well as practices that support effective practice for both health sector employees and their work units. So, no matter what external training or initial preparation occurs, the day-to-day experiences of work are key source of learning and remaking practice.

In order to assist making this learning and remaking of practices effective, there needs to be processes in place that guide, monitor and reward that learning in ways that are in the interests of health workers, their work, work practices and clients. It is proposed that this development is largely able to be achieved through every day work activities, such as those occur in the health sector workplaces.

Key concepts and practices here include:

**Guiding practice** – the guidance provided by more experienced practitioners to assist both specific and strategic decision-making associated with that practice and its development, including career trajectories.
Workplace support - Identifying and organising the means for assisting and monitoring individuals’ progression through workplace activities in developing the skills required for competent performance.

Organising ‘workplace curriculum’ or a learning curriculum that identifies the sequencing and pathways of activities in workplaces that individuals should progress along in order to develop workplace competence.

Use of specific guided learning strategies to assist the development of procedural capacities (know how), understanding and across both the kinds of values and attitudes required for effective practice.

It is understood that the health sector is hierarchical and, like most workplaces, subject to contested relations. Nevertheless, the relatively high level of education and professional preparation, the presence of a professional ethos and concern about practice provides a strong foundation to enact processes that focus on effective learning and practice. The potential benefits suggest that these strengths are important to build on to overcome the limitations that might arise from hierarchical and contested relations.

Key potential benefits include:

- Utilising and building upon the ongoing learning processes engaged in by Queensland health sector workers;
- Maintaining a focus on effective practice;
- Developing capacities required for the health system, including appropriate values and dispositions;
- Enhanced status and retention for experienced practitioners providing support;
- Effective initial training in clinical and other settings through workplace learning support;
- Enhanced retention and sense of work identity through supportive learning processes; and
- Inherent succession preparation.

Context of submission
Since 1992, I have been engaged, with others, in a focussed program of inquiry into how people learn through and for work, and how that learning might best be organised (see listing at end of this submission). That program comprised a series of research projects across a range of industry sectors. Recently, requests have been received from individuals, institutions, agencies, and professional bodies associated with the health and allied sectors to advise on how initial and ongoing skill development might occur within the health sector. These requests for advice have been associated with medical practice, nursing, pathology and the allied health and service sector (e.g. Child Safety, Aged Care). Therefore, this submission aims to provide advice and suggestions for the Review to consider.

Developing a ‘learning practice’ within Queensland Health

A learning practice within Queensland Health
It is imperative for any reform or restructuring of the health sector and its work practices to be accompanied by ongoing internal processes that support and guide both practitioners’ learning about and remaking their practices in ways consonant with those changes. Organisational restructures, new work arrangements, training...
programmes will be insufficient unless the everyday learning occurring continually in health sector workplaces are supported by processes that guide that learning effectively and directed towards appropriate practice to support the changes being implemented.

This is an imperative because individuals are constantly engaged in the process of learning that is shaped and influenced by the activities they undertake and interactions they participate in (Anderson 1993, Rogoff 1990, Van Lehn 1989). Much of that learning is reinforcing and refining what they already experience (Piaget 1968, Billett 1998). Therefore, the kinds of practices they encounter in their everyday work will, in different ways, have a legacy: their learning (Rogoff and Lave 1984, Scribner 1985, Billett, 2003). When they engage in new activities, such as those brought about by changes to their work activities or their organisation individuals will develop new knowledge or ways of understanding and doing tasks. Both the everyday everyday activities and novel tasks of practitioners therefore comprise the ongoing learning and how they conduct their work (Anderson 1982, Billett 2001, Lave 1993).

In one way, this everyday learning is very helpful, because workers are actively engaged in learning and reshaping their practice (Billett, Barker and Smith 2005). So, there is no need to make ongoing learning in the workplace occur, because it will happen regardless. However, not all of that learning and remaking of practice are effective or appropriately focused. Bad habits, dangerous shortcuts, inappropriate procedures and attitudes can be learnt as well as practices that support effective practice (Billett 1993a, 1994a, 1996a) for both health sector employees and their work units. So, no matter what structural and organisational changes, external training or initial preparation occur, the day-to-day experiences of work are key source of learning and remaking practice (Anderson 1993, Billett 2003, Rogoff 1990, 2004). Consequently, without the guiding the ongoing learning occurring through work and how this impacts upon work activities, there can be no confidence that these changes and initiatives will achieve their goals (Billett 2001).

In order to assist making these processes of learning and remaking of practices effective in Queensland’s health system, there needs to be processes in place that guide, monitor and reward that learning in ways that are in the interests of the health workers, their work units and clients. It is proposed that this development can largely be achieved through every day work activities in the health sector workplaces (Rogoff and Lave 1984; Billett 2001, 2003).

So, the aim here is workforce development through ‘learning practice’ aimed to guide the everyday learning in Queensland health workplaces to support effective learning and practice. It is proposed that such an approach has benefits for those who are engaged in learning, those who assist in the learning process and the organisation and its clients.

**Key concepts and practices for a ‘learning practice’**

The key focus is on *workforce development through practice*. This does not exclude training programs, but actively seeks to integrate those programs with practice-based activities to assist their benefits being realised. The following four concepts are proposed as a basis for organising a learning practice within the Queensland health sector.
1. **Guiding practice**
   The guidance provided by more experienced practitioners as ‘wise advisors’ to assist both specific and strategic decision-making associated with that practice and its development, including career trajectories. This is the classic mentoring role where the more experienced worker acts as a wise guide to less experienced workers about their current work, its conduct and also strategic decision-making about effective practice and also career progression. This individual may not necessarily be a supervisor, but rather someone to whom a worker turns to for advice.

2. **Workplace learning support**
   Identifying and organising the means for assisting and monitoring individuals’ progression through workplace activities in developing the skills required for competent performance. That is, understanding the readiness of the health workers to progress to subsequent tasks, planning and monitoring their progress and organising specific guided learning when and where appropriate (Billett 2000, Billett 2001). For instance, each time a new task is to be performed some consideration might be given to involving staff in learning about that task in order to develop capacity in the workplace.

3. **Organising and enacting a workplace curriculum’**
   For health workers learning new tasks or new work or roles it will be helpful to identify what is referred to as a ‘learning curriculum’ that identifies the sequencing and pathway of activities in workplaces that individuals should progress along in order to develop workplace competence (Lave 1990, Billett 2005). Usually, this involves commencing with tasks of low accountability and then moving towards more critical aspects of the role. This might be the sequencing of activities that nurses participate in and the scope of workplace tasks they engage in.

4. **Guided learning strategies**
   Use of specific guided learning strategies to assist the development of procedural capacities (i.e. know how), understanding and across both the kinds of values and attitudes required for effective practice (Billett 2000, 2001). These strategies have been trialled in workplaces of different kinds across industry sectors through funded research. That is, the use of modelling and coaching, for instance, to develop procedural capacities and use of questioning, explanation etc for developing understanding in workplace settings.

   It is understood that the health sector is hierarchical and, like most workplaces, subject to contested relations. Nevertheless, the relatively high level of education and preparation, the presence of a professional ethos and concern about practice provides a strong foundation to enact practices that focus on effective learning and practice. The potential benefits suggest that these strengths are important to build on to overcome the limitations that might arise from hierarchical and contested relations.

**Potential benefits of developing a learning practice**
Key potential benefits arising from the enactment and sustaining a learning practice includes:
*Building upon the ongoing learning processes engaged in by health sector workers*
Inevitably, workers in the health sector will be engaged in the process of learning and remaking and reordering the practice through the everyday work activities. The potential benefit here is to guide that learning (Billett 2001, 2000), wherever possible in ways that are developmental in a positive way for the health workers and also serves to secure the kind of organisational goals that the health sector wishes to achieve. That is, to maximise the inevitable learning will take place and directed towards purposeful goals.

Maintaining a focus on effective practice
An intentional focus in the workplace on learning related processes and monitoring workers’ development in terms of effective practice, will serve to maintain a focus on what constitutes quality effective practice (Billett and Boud 2001). By emphasising practice through a focus on development prospects for its enhancements are put continually front stage.

Developing capacities required for the health system, including appropriate values and dispositions
The development of workers’ capacities to provide enhanced professional practice serves to achieve the kinds of goals that are likely to arise from the Review, as well as the effective conduct of everyday practice which will serve to maintain an effective health system.

Enhanced status and retention for experienced practitioners providing support
One benefit from expanding the role of experienced practitioners to assist the development of less experienced practitioners is the strengthening of their professional identity, sense of self and connection with their work (Somerville and Bernoth 2002, Billett 2003). Such attributes appear to be of the kind that serves to engage individuals in their work and continue in that work (Billett 2001). Hence, elevating the status of the work individuals do, and their role that may serve to improve the retention rate of critical health workers such as experienced nurses.

Effective initial training in clinical and other settings through workplace learning support
Effective and commonly exercised support for learning within health workplaces can do much to secure effective initial training of medical professionals and assist the transition from students to practitioner status (Sheehan, Wilkinson and Billett 2005). Smooth and well-supported transitions may not only secure more effectively skilled health professionals, but also avoid unnecessary wastage through unsuccessful initial preparation and transition phases.

Enhanced retention and sense of work identity through supportive learning processes
For both those who find themselves as recipients of learning support and those who are providing that guidance the prospects for developing positive work identities and a desire to remain in the health workforce and pursue further development is clearly in prospect (Billett, Barker and Hernon-Tinning 2004, Billett, Barker and Smith 2005). When factors underpinning individuals’ sense of self and vocational practice come together, there is the real prospect of positive engagements and retention within the work practice.
Inherent succession preparation
Ongoing processes of learning and learning support, when directed strategically and
guided, stand to secure key succession goals. That is, conscious processes for ongoing
skilling and development in the workplace may serve well the goals of preparation for
succession. That is, if opportunities for learning through new experiences are
available across the entire health sector then the kind of developmental opportunities
that are available to some might be more broadly accessible and stand as a key
foundation of the ongoing workforce development.

So the prospect is for key benefit for assisting workforce development through
supporting initial and ongoing development of skills with workplace, as part of
everyday work activity. The benefits will likely go beyond initial skill development
as they equally apply to maintaining and extending existing work competence
throughout working life. This can occur in at least two ways. Firstly, participation by
experienced practitioners in work activities and interactions in ways they develop
further their capacities. Secondly, from the direct role that experienced practitioners
(e.g. preceptor nurses) might play in supporting less experienced counterparts there
are likely to be benefits in terms of the development of their capacities and self of self
as a practitioner. Within all this, is the potential benefit for greater retention,
associated with a fuller professional profile and standing for experienced health
practitioners, such as preceptor nurses.

Developing the capacities for learning practice
These kinds of practices and processes will require some preparation and capacity
building. There are many aspects of this developmental process that will be easy to
adapt for many practitioners, because of their own rich experiences of practice and
the current work insisting skill development of those with whom they work. Perhaps,
a key conceptual change for many in the health sector is to understand the potency of
their own practice and that of others as a rich source of learning support (Billett
2002). A workforce largely comprised of tertiary and higher educated individuals
may not always fully appreciate that rich learning can occur outside of education
institutions.

There will be a requirement for some specific skill development. This would very
much focus on the kinds of processes (e.g. guided learning strategies) that these
health workers are likely to be used in their practice to assist others learn, and also
understand how they, as learners, might best engage in the process of their own
development, albeit through assisting others or being assisted themselves.

Opportunities can arise for skill development at induction processes, meetings and
also specific educational interventions to develop these capacities (e.g. short courses).
The promotion of such practices is most likely to be supported if they are part of
health workers job descriptions and there is time available to fulfil these roles.
Including the guiding of others learning in duty statements and the role of
professional practice might well provide a foundation for changing practice that can
be monitored and developed through staff management processes.

Prospects for developing a learning practice
The above represent a set of conditions whereby learning practices might be
developed across health sector workplaces. However, although there is potential and
prospects there are factors limit the achievement of the full potential of workplaces to become sites of learning practice, and alternatively much that is already in place to assist the development.

Limitations
It is likely that most health workplaces will be, to some degree, hierarchical and contested, like most other workplaces. Therefore, the degrees to which these hierarchies and contestations play out likely inhibit the possibility of developing effective learning environments. Reluctance to share information and work interactions are constrained by suspicion are likely to be positive environments for constructive learning and developing practice. Yet, even in contested circumstances often varies considerable effort exercised in support for particular cliques, fractions or affiliates. However, the sharing of knowledge and support across cohorts may be inhibited. Certainly, if there is negativity and stifling hierarchies, these will inevitably continue to be perpetuated, unless there is a change in how work is undertaken and practice remade. This is why the processes proposed here are so important.

Possibilities
The prospect is that the health sector is well-positioned to secure effective learning experiences in its workplaces because of the relatively high level of education of its practitioners enjoy, sense of professional practice and purpose and inevitable, and goals towards which health practitioners are directed. It is these that stand as foundations for enacting processes focused upon developing and sustaining effective practice. These conditions are not as readily available in many workplace settings as they probably are in most health workplace settings.

Rewards and recognition
Different kinds of rewards are likely to be forthcoming from individual health workers’ participation in supporting and participating in their workplaces as rich learning environments. For some, this reward will be through enhanced sense of self and professional identity from both learning and assisting others learn. However, it might also be necessary, for some categories of health workers, to organise for practice based learning to be assessed and formally recognised, and linked to their career progression. In particular, for lower paid and lower status health workers for whom there is limited educational programs and all recognition, but often considerable cost incurred in securing for recognised qualifications there is not always appropriate return. Consequently, it may be necessary to provide assessments and recognition processes.

In conclusion, it has been proposed that unless processes of workplace-based learning are organised to guide health sector workers’ learning the key goals desired for reform and to enhance practice are unlikely to be realised.

Statement of interest
The interests motivating this submission are those associated with the findings of independently conducted research, funded by both public and private sources of the last 13 years. In doing so, it is aim is to maximise the public and private funding that has supported the research, and do justice to the contributions of many workplaces and even larger numbers of Australian, and largely Queensland workers who have freely given their time, commitment and contributions.
Substantiating claims

The ideas proposed here arise from research across a range of industry sectors that involved the trialling and parting of the kinds of processes that are referred to above as well as other sources of advice and evidence. While this research has not explicitly been conducted in health workplaces, there is little to suggest that these findings will not be applicable to these workplaces. Moreover, as mentioned above, many of the workplaces and industry sectors that featured in this research had weaker affordances and potentials for developing the required capacity for developing and sustaining a learning practice.

These studies supporting the propositions advanced in this submission comprise investigations of open cut coal miners (Billett 1993a, 1994a); hospitality, transport, retail, warehouse, clerical, secondary processing workers (Billett 1993b, 1994a), secondary processing plant and mine site workers (Billett 1994b), and hairdressers (Billett 1995a, 1996a), and those associated with learning in diverse workplaces (Billett 2000) including a large food processing plant (Billett & Boud 2001, Billett 2002b); and of three workers’ participatory practices (Billett, et al 2004); then five workers (Billett & Pavlova 2005) and current work with twelve workers across four worksites (Billett, Barker and Smith 2005 in press) and trainees doctors Sheehan, Wilkinson and Billett 2005).

In these studies, the contributions to learning the requirements for work through everyday activity were identified as including:

(i) engagement in work tasks; (engaging goal-directed activities equates to learning; the routineness of tasks equate to the kinds of learning that arises – no separation between doing and learning.

(ii) the close guidance of other workers and experts; (e.g. modelling, monitoring performance, access to procedures and heuristics, as well as understandings that individual will not learn alone). Proximal guidance of more experienced social partners.

(iii) indirect guidance provided by the setting and the practice within that setting (e.g. observing and listening, access to tools and artefacts – goals for learning, means for achieving goals, capacity to monitor performance, be self-directed in activities). More distal forms of social guidance.

References

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