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Leading change as a professional: working across boundaries

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Abstract

This paper outlines an initiative, namely a leadership symposium, which developed from a chance meeting of like-minded academics, who were trying to achieve similar outcomes with their student groups; namely, to include the scholarly activity of disseminating graduates' action-oriented projects. One group of graduates were from a mix of healthcare professions, the other group were teachers. Both were leading change projects across their professions. One group was guided by action research and the other by action learning. This paper outlines the graduates' experiences of their challenges, opportunities and learning from leading these change initiatives. Arising from the symposium exchanges, the authors focus on the unique opportunity of the event as a distinctive space for exchange of learning across professions. Findings from qualitative data collected for the symposium is supported by situated learning and existing literature.

Keywords: Extended profession, restricted profession, situated learning, wider community.

Introduction and background

Our purpose in this paper is to present qualitative data which formed the responses to four key questions to explore the experiences of teachers and healthcare professionals who presented their action oriented projects at a public leadership

symposium. We interpret the findings within the model of situated learning and focus in particular on the theme of the extended and restricted professional. We argue that the findings make a unique and exciting contribution to the world of action learning. Prior to our discussion we outline the background and context of the symposium as a new initiative across two different schools and two higher education settings. The symposium was the brainchild of the authors who saw an opportunity to showcase how their respective graduates led change within their organisations and recognised that our graduates had similarities and differences in the challenges and opportunities they encountered.

The programme which the teachers completed was a Post-Graduate Diploma in Educational Leadership, taking place over one academic year. It aims to enhance the capabilities of teachers in their current work and to support their preparation for future senior leadership positions. The students are required to carry out an action research project, which involves implementing an improvement in their school settings. The master's in Leadership in Health Professions Education on the other hand, has, as its aim to focus on the standard of learning and teaching for health professionals, while at the same time enhancing leadership skills for occupying executive and management posts in health education. Similar to the teacher group the healthcare professionals are required to carry out an action-oriented project focusing on an improvement in education and practice. These projects were guided by action learning, and, unlike the teacher group, were carried out in year two of the programme.

The projects of sixteen graduates, eight from the teaching profession and eight from healthcare were presented at a leadership symposium. The department where the teachers underwent their postgraduate diploma focuses on education of teachers from primary and post primary levels nationally while the department where the healthcare staff were enrolled focuses on leadership and education both nationally and internationally with interprofessional groups of healthcare professionals.

The key objectives of the symposium were to:

- Develop synergies across the professional groups
- Develop a network of professionals across teaching and healthcare
- Highlight comparisons and contrasts in experiences of carrying out the projects
- Extend the dialogue of change in the community
- Develop an e-journal of the presentations so as to disseminate this good practice

Prior to the symposium each graduate was asked to respond to four key questions that could guide the focus of their presentations. They were asked to outline the:

1. Key leadership challenges in undertaking the project?
2. Key leadership opportunities offered by undertaking the project?
3. Key lessons and learning for the wider professional community?
4. Considerations for 'leading change, as a professional'?

For some of these speakers it was the first time they had an opportunity to present publicly their thoughts about change to another professional group. Indeed the

authors were surprised at how wary each profession was of the other. Teachers verbalised their nervousness of presenting to doctors and other healthcare professionals, while the healthcare professionals had some reservations about their own presentation skills not meeting the standard of the teachers.

There is a paucity of research exploring the experiences across professional groups using action learning and action research. Stark (2006) carried out a qualitative study with groups of nurses and educators where she facilitated action learning sets for both groups. Stark (2006) gathered data via field notes from participant observations. She also collected data via a reflective journal of critical incidents related to set meetings, over a 3 year period. In addition, she interviewed members from both groups during and after the action learning set meetings. Stark undertook eight interviews with four of the groups (two of each professional group) and eleven interviews with individual members of the action learning sets, who agreed to take part (seven educators and four nurses). Findings of this study highlighted that learning was immense and 'sometimes painful', especially when individuals confronted attitudes and behaviours in themselves that they criticised in others (Stark, 2006:29). This exploration of the professional identity of the teacher and the nurse was further developed by Stronach et al (2002) who suggest that the development of the professional requires trust and that such trust implies risks.

According to Roberts (2004) doctors are continually developing as professionals and are not only expected to adapt to changes in medicine but they are also required to adapt to a changing society. This is true of all healthcare professionals. While much of the literature suggests that teacher leadership is more likely to occur and to

flourish within schools that have a culture of trust and a collaborative climate (Tschannen-Moran 2004, Donaldson 2006, Muijs and Harris 2006, Yost et al. 2009), Fairman & MacKenzie (2012) found teachers leading within schools that did not have a supportive or collegial environment.

In presenting the qualitative data here, we draw on situated learning and the work of Lave & Wenger (1991) on communities of practice. The concept of community of practice was originally developed to provide a framework for examining the learning that happens among practitioners in a social environment, a concept known as 'situated learning'. A community of practice is a group of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an on-going basis. In order for learning to occur, individual engagement is needed. Lave and Wenger describe learning as a process of social participation, whereby members join a community and learn at the periphery. Then, as their confidence and competence grows, they become more involved in the main processes of the particular community. For healthcare and teaching staff, learning is about 'increased access to performance' (Lave & Wenger, 1991:22) so the way to maximise learning is to perform and this resonates with Revans' (1998:23) well known quote 'No action without learning and no learning without action'.

Lave and Wenger suggest that the success of a community of practice depends on five factors.

Table 1 Lave and Wenger (1991) Community of Practice factors

Number	Factor
1	The existence and sharing by the community of a common goal
2	The existence and use of knowledge to achieve that goal
3	The nature and importance of relationships formed among community members
4	The relationship between the community and those outside it
5	The relationship between the work of the community and the value of the activity

Findings

The findings reported here centre on two propositions. The first is that action learning and action research help develop the extended professional. Second, the symposium can be understood as a space which necessitated extended professional engagement, or as Vince (2004:73) might label as a 'structure that connects'. This space provided an opportunity for graduates to publicly reflect. Such public reflection, in turn, can provide opportunities to engage with the consequential mixed emotions following attempts at ongoing learning (Vince, 2004). While discussing the politics and emotions surrounding projects might be seen as too high risk, we argue that this is where real learning can occur. These propositions are supported by qualitative data from the four questions above, posed to the presenters, situated learning, and by key literature in the area of the restricted and extended professional.

In response to the first question – what were the key leadership challenges in undertaking the project? - references to change and leadership are illustrated by similar-type quotes across healthcare and teaching professions. The experience of resistance is highlighted for example in the following quotes of the graduates:

Dealing with “difficult” members of staff who opposed changing the way things were done.

Teachers working in the same classroom together – some felt uncomfortable with this.

(Teachers)

Whereas Hardy & Lingard (2008) found resistance across school sites when there was a call for teachers to engage in collaborative learning, the latter quote suggests that this teacher found resistance while working within the same classroom.

From healthcare staff:

There was animosity directed at a personal level

Back-tracking by key stakeholders / Challenge to maintain momentum

(Doctor)

Both groups seem to reflect upon unspoken politics and defensive behaviour which they encountered during the process of implementing change. Being able to communicate these feelings can be linked to the facilitation of an environment where professional learning is supported and enabled (Bradshaw et al, 2005). This fits with Lave & Wenger’s (1991) first factor – the existence and sharing by the community of a common goal. .

In addition to some negative challenges, there were positive responses to the challenges encountered across the professions. Both groups identified how, within the challenges experienced, the project allowed them to build positive relationships with staff, understanding better their environment, within their departments and across the wider community. Such learning has been supported through the decades by both professions (Fullan & Miles, 1992; Lles & Sutherland, 2001; Fullan, 2002; McAuliffe & Van Vaerenbergh, 2006) in recognising that change is systemic. The complexity of leading change is identified strongly by teachers and healthcare staff, in particular, stepping into different roles as required. The following quote from a teacher illustrates this very well:

A clear understanding that the leadership role is a complex one. As a leader I must be able to wear many hats: visionary, figurehead (represent the project publicly), champion, (communication of progress, needs, and benefits), liaison and monitor (embrace, develop, and maintain my liaison role), chief negotiator (especially important in the early stages of a project, scope, costs, and schedule), negotiator (help team members resolve difficulties), motivator (keep the project moving, making sure I acknowledge and reward good work), talent spotter (enlist support of key personnel), team leader and player (be a role model in how I execute my tasks). I must also handle the “people” issues that may arise in the course of the project. There are an endless number of social-psychological issues that confront project leaders, but motivation, discipline, and conflict management are three of the more usual ones.

As with all change, communication was the most important lesson learned across the professions. This was discussed at length in the presentations of the projects. Ghavifekr et al (2013) concurs that the success of the change depends on the acceptance by organisational members. This involves motivating staff and communicating views and ideas for effective change. In fact Haughey (2006) suggests that networks, communities and teams can help create new patterns of learning within schools.

Some of the above quotations refer to a strategic-change focus. According to Diefenbach (2007) the external environment is a powerful force and plays a major influencing factor in change management. In addition Bordum (2010) acknowledges the importance of hierarchies in the success of change so that change is resisted if the executive level only is targeted. In fact, communication at all levels in the organisation was a theme running through the graduate presentations, whether from healthcare or the teaching profession.

The extended versus restricted professional

The responses to question two 'Key leadership opportunities offered by undertaking the project' and question three 'Key lessons and learning for the wider professional community' are captured under the theme of the 'Extended versus Restricted Professional'.

In healthcare and teaching many years are spent learning to perform as a healthcare professional or teacher. These forms of preparation have been coined as *signature pedagogies* by Shulman (2005) and are types of teaching that form the basis for how

future practitioners are educated. Three fundamental dimensions of these critical aspects of preparation are 'to think, to perform and to act with integrity' (Shulman, 2005: 52). Signature pedagogies form habits and influence the culture of the professional's work. He believes it is important that each profession recognises these habits in providing context for how they plan and implement projects in their settings. The literature on the extended and restricted professional (Hoyle, 1974; Haughey et al 1996; Ohlen & Segesten, 1998) helped us make sense of some of the responses we received to the enquiries. According to Evans (2007) restricted professionals are those who might have a narrow vision, are accepting rather than critical of their own practice and this can result in resisting change and innovation. The extended professional, on the other hand, continuously strives to improve practice and is continually examining for inadequacies and weaknesses which may be reduced or removed. Based on Hoyle's (1974) work on teaching and education, Evans (2007) suggests that the restricted and extended professional concept is based on a continuum rather than on a boundary of two extremes. At the symposium both sets of graduates presented characteristics of the extended or restricted professional.

Some graduates may illustrate a view of the 'extended professional' for example, quoted:

Establishing a coalition of concerned parties with similar longterm goals and interests and developing a jointly shared vision of the change.

The opportunity to publish in peer reviewed journals and to present nationally.

(Healthcare staff)

Working closely with and harnessing the skills and abilities of colleagues with whom I would not have had the opportunity to work closely with in the past.

Becoming published ... and working closely with ... on areas of literacy.

(Teaching)

There is a suggestion of the importance of networking and of publishing in order to advance the careers of both groups. Marshall (2009) captures well the challenges, for doctors in particular, to demonstrate their competence and be accountable to society. She suggests that revalidation is one way to respond to these challenges. This encompasses personal development planning and demonstration of validation by peers. One way of achieving validation by peers is to publish papers in journals which are peer-reviewed. According to Marshall (2009, 476-477)

The time spent by a clinician collecting evidence about what they do and how well they do it, reflecting on this evidence, and devising ways of improving what they do, must be seen as a significant part of the work of a professional.

According to Hoyle (1974) the restricted professional's perspective is limited to the immediate in time and place so that workplace events can be perceived in isolation. Writing from a medical perspective Cruess et al (2000) suggest that a gulf developed between the medical profession and society because of a better informed community who now demand accountability and transparency. Perhaps the notion of the restricted professional is as a result of a cautious doctor or teacher, for example,

who are now more under the spotlight than ever before with new societal expectations and demands. Both the teaching and healthcare professions deal with high risk situations on a day-to-day basis and are under constant pressure to keep up-to-date and competent in their areas of practice. Any change initiative could in fact increase the potential of risk if they do not get the initiative right. The following response could suggest a 'restricted professional' perspective if we agree with Hoyle in perceiving workplace events in isolation or Cruess in being cautionary:

Teachers need to be encouraged to start small and to review and evaluate work regularly. When establishing communities of practice, ensure that they share a common concern and capitalise on schools interest to work together, by developing teachers' skills of critiquing constructively each others' work.

(Teaching)

However, there is a sense in this quote that the teacher is collaborating and taking the bigger organisation into consideration. For VanVeen et al (2001) this orientation towards the school as an organisation fits with an extended role. For the healthcare staff member below there may have been a restriction in authority to carry out a project rather than a willingness to extend his/her role beyond a clinical remit:

First opportunity to devise and manage a change initiative from start to finish.

(Healthcare staff)

Action learning and action research provide ideal methodologies for both professions in dealing with high risk situations as they both allow for uncertain situations to evolve across professional boundaries dealing with the emergent nature of change.

Shulman (2004) gives examples of communities of learners whose focus is on an action-oriented project which they present publicly as their final capstone experience. He calls this the 'consequential task' (p. 489). Some of the principles used by Shulman (2004) are that the learner is an active agent in the process and learning becomes more active through inquiry, dialogue and questioning. There is collaboration among learners and this is nurtured within a community or culture that values such experiences and creates many opportunities for them. Another quote from a graduate was that 'saying it all out loud' at the symposium increased her learning of carrying out the project.

A Distinctive Space for Exchange of Learning

The fourth question challenged the graduates to reflect on considerations for leading change as a professional. The idea behind this question was for them to express their overall learning of carrying out these projects and to link this learning with being a professional. The responses to this question were quite varied both in length and in orientation. The following examples are from teachers:

When leading change it is essential to exercise acute situational awareness in gauging the teachers' readiness to engage in the change process i.e. where they are in their career, personal considerations, levels of motivation, position in the organisation etc.

Sometimes we don't have to look too far for the answers. By facilitating a process of reflection and collaboration we can uncover deep insights and generate meaningful, sustainable change.

It is all about relationship building, being empathetic, able to view a situation from all sides, communicating honestly, keeping everyone updated, and inviting all to become involved, working with a critical mass and extending one's circle of influence.

These quotations vary from the need to read the situation clearly to facilitating a process of reflection and relationship building. These fit well with Lave & Wenger's (1991) 5 common factors for a community of practice to form. Leading change as a professional seems to be socially defined for these teachers.

Responses overall were brief from the healthcare professionals and drew on ethics, trust, self-belief and transformational leadership as seen in the sample of quotes below:

Behaving in an ethical manner, developing mutual trust and respect with co-workers, & being transparent, engaging all stakeholders

Transformational leadership can help align organisational members as it provides for inspiration, motivation, intellectual challenge and individualised consideration for the greater good.

Resilience, self-belief, self-questioning, support structures, down-time, optimism.

While these quotes resonate with the five factors of situated learning the respondents above, from the medical profession, linked back to their eight domains of professional competence, one of which includes professional conduct and ethics (Irish Medical Council, 2011).

The benefits of professions sharing their experiences opens up a new chapter in working across boundaries as it is too easy to consider one's challenges unique to the specific profession. Tagliaventi & Mattarelli (2006) found that knowledge flows between professional groups but this is leveraged, in particular, by organisational proximity and shared values. Although their research was based around the healthcare professionals there is no reason why networks from one profession cannot link with other professions. Real world research involves people building relationships, managing upwards and getting buy-in at all levels. Action research and action learning can guide this process in a strong supportive way to allow the student to get maximum benefit and learning. According to Bottery (2006) educators as professionals (both sets of graduates are actively involved in educating) need to engage in professional self-reflection if they are to make an impact on society at large. Writing about globalisation, but relevant to this discussion, Bottery suggests that professionals should not be shy in sharing their knowledge and expertise but they also need to recognise others' understandings and expertise in order to make improvements. Sharing encounters across professions will extend the dialogue of change and develop networks which may not have yet been considered.

Conclusion

This enquiry began with a conversation and many cups of coffee. It continues in that way as we start to evaluate the second symposium and generate further discussion with a wider group of academics. As action-oriented researchers and reflective practitioners 'we face a shared future' (Coughlan & Coughlan, 2012:184). The symposium has acted as a springboard for the next cohort of students in planning their projects and encouraging them to think more deeply about the challenges and opportunities which lie ahead. This paper has given an account of an initiative which has huge potential to cross education and healthcare in a way which has not been done previously. It has sown the seed for professionals at postgraduate level to explore further what other learning they can gain from each other if they cross the boundary of health and education. On reflection this should have always been an obvious fit, as healthcare professionals, by the nature of the current focus on preventative medicine, are educating the public about their health and how they can prevent many of the prevalent diseases such as cancer, diabetes and heart disease. According to Stronach et al (2002: 131) professionalism could be viewed in metaphorical terms as a 'pulse'. Each professional performance can be articulated around some version of that pulse. In other words practices from the inside-out (from the heart) need to be encouraged and rewarded (outside-in). To be healthy it needs exercise (action) and recognition. We support the argument of Stronach et al (2002: 132) that 'excellence can only be motivated, it cannot be coerced'.

Teachers and healthcare professionals play a vital role in educating the public. However, there is huge potential to broaden this initiative to other professions such as the clergy, engineers etc. What stops us developing synergies, for example, between engineers and doctors, lawyers and teachers, the clergy and nurses and so

on? We view this experience as us 'dipping our toes' into a territory which we believe has great potential. We encourage others to consider exploring the crossing of boundaries outside of their own professions using a distinctive space for exchange of learning.

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