Exploring types of individual unlearning by local health-care managers: an original empirical approach

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Scientific summary

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Background

The ability of health-care managers or organisations to adapt and respond to change is vital if they are to succeed in the contemporary health-care environment. Change typically involves not only the learning of new behaviours, ideas or practices, but also giving up, or abandoning, some established ones. Despite both these elements being equally important to change, there has been greater focus on processes of learning than on processes of abandoning or giving up established knowledge and practices. The objective of this study is to make a contribution to addressing this neglect through undertaking a detailed examination of individual-level processes of abandoning or giving up knowledge, which is more formally defined as unlearning. This is in contrast to learning, which has been defined as increasing one's capacity to take effective action through the addition of new skills or knowledge. The capability to unlearn is important as the inability to give up or abandon knowledge and/or practices can produce rigidity in thinking and acting and limit a health-care manager's or organisation's adaptability. Thus, the ability of health-care managers or organisations to unlearn established knowledge, behaviours or values can be a significant catalyst to and facilitator of change.

The central focus of this study was on examining whether or not health-care managers engage in processes of individual unlearning and fading. Typical catalysts for individual unlearning are processes of change that require the adaptation of working practices. The pace of change in the NHS in recent years has been significant. Thus, as a result of the amount of ongoing change in the NHS, all health-care managers are likely to have experiences of individual unlearning, in which they have had to adapt their work practices and routines as a result of change. Further, individual unlearning may also be experienced by health-care managers who have undergone a significant role transition, such as would happen when a clinician moves into a managerial role. The lack of research on the topic of unlearning means that there is a limited understanding of how health-care managers experience it, or the type of events/circumstances that trigger it. Therefore, in this study we also investigated the triggers to individual unlearning and fading with all participating health-care managers.

This research was also concerned with understanding the barriers to and enablers of individual unlearning and fading that exist. Although unlearning has the potential to be an important component in the processes of learning and change, research suggests that there are many barriers to unlearning and fading at both the individual and the team/organisational level, which means that learning from mistakes, failure and crisis often does not happen. Similar observations can be made regarding enablers to individual unlearning and fading. The small amount of research on unlearning and learning from failure that has been carried out in the health sector suggests that this is a work context in which the barriers to and enablers of unlearning can be significant. However, our understanding of the key barriers to and enablers of different forms of individual unlearning remains sketchy.

Research questions

The overall research aim of this project was to empirically investigate the extent to which health-care managers engage in processes of individual unlearning, and the barriers to and enablers of this engagement that exist. We were also interested in the impact, if any, of unlearning on health-care managers' decision-making.

The specific research questions investigated were:

1. To what extent do health-care managers engage with the process of unlearning and what impact does the engagement with this process have on health-care managers' decision-making?
2. What are the barriers and enablers that influence the engagement of health-care managers with the process of unlearning?
3. To what extent does the health-care setting affect the level of engagement with the process of unlearning by health-care managers?

Method

The study investigated these questions through an examination of the academic literature concerning the processes of individual unlearning. Several management (Business Source Complete, Emerald), psychological (PsycINFO), health (MEDLINE) and education [Education Resources Information Center (ERIC)] electronic databases were searched for English-language articles that were published between January 2000 and March 2012. The insights from the literature provided the basis for original exploratory research that investigated local health-care managers' experiences of individual unlearning. The study utilised a case study approach for the empirical data collection, investigating experiences of unlearning in two different types of secondary care NHS trusts (an acute trust and a mental health trust). Conducting research in these different organisational contexts allowed analysis of the extent to which these health-care settings affected unlearning. The reason for choosing these two types of context is that they represent some of the most important and common organisational types that the managers being investigated work in. A case study-based approach represents a suitable methodology for the investigation of unlearning because, as outlined, unlearning is a relatively neglected and unexplored aspect of learning and change processes, and qualitative case studies provide an effective way to conduct exploratory research, which can give rich, qualitative insights into managers' experiences of individual unlearning.

Within each organisation, the main source of data was face-to-face, one-to-one, semistructured, qualitative interviews with a range of middle managers. The purposive sample participants varied in terms of clinical/non-clinical background, type of department/unit and length of time as a manager. A total of 85 episodes of unlearning and fading were captured from 29 interviews with health-care managers across both sites. The participants were also invited to attend a workshop to hear about initial findings and to comment on those findings.

Results

The findings of this exploratory investigation show that the health-care managers who participated in this study engaged with individual unlearning and fading. The engagement with individual unlearning was triggered through either an individual experience or a change event, and in some cases these triggers were similar. For example, a change in role could be initiated by an individual or by a wider organisational change. Participants also referred to the greater emotional impact often associated with cognitive unlearning compared with behavioural unlearning, and this was a strong theme that also came from the workshops. There was little evidence in this study to indicate that health-care setting or professional background had a strong influence over whether or not health-care managers engaged with individual unlearning or fading. However, it is important to consider these findings in the context that this study investigated only the experiences of 29 health-care managers across two different sites.

Participants identified a variety of barriers to individual unlearning and fading and there was some evidence of a possible relationship between the trigger that initiated the individual unlearning and managing the associated barrier. For example, if the trigger was an individual learning episode, managers may need

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support in building confidence, the challenging of their need to be liked, relinquishing control and breaking habits. On the other hand, if individual unlearning was triggered by a change event, some action may be needed at an organisational level, for example, to encourage senior management support and address concerns about workload and job insecurity.

With one exception the same factors enabled behavioural and cognitive unlearning and fading. Overall, personal skills, attitudes and relationships were more commonly cited than organisational enablers such as policies, procedures and work circumstances. More enablers were identified in relation to unlearning triggered by individual experiences than by unlearning triggered by change events.

The findings also suggest that engaging with individual unlearning does seem to have some impact on the decision-making of health-care managers, although the nature of the impact seems to vary depending on an individual's circumstances. However, a positive finding was the associated improvement in managers' decision-making having engaged with individual unlearning. In several cases participants felt that the effect of unlearning on their decision-making was that they were able to work in a way that was more effective both for them personally and/or for their organisational role.

Fading episodes were often triggered by a change in role and resulted in the forgetting of particular skills or knowledge. However, many participants felt that they could still recall some core knowledge associated with tasks and that it was specific details that had most commonly been forgotten. We found no evidence of fading having an impact on health-care managers' decision-making. However, this may also be partly a reflection of the challenge of capturing this possible change for participants, as it requires them to remember skills that they had, by definition, forgotten. In the case of both types of individual unlearning, we did not find strong evidence to suggest that health-care setting or the professional background of participants could differentiate experiences of fading, although the same caveats apply regarding the small number of case study sites and participating managers.

Conclusions

Based on the literature review and original exploratory research this study provides a number of important contributions. First, we have developed the concept of individual unlearning. We argue that individual unlearning is a distinctive type of learning, involving a conscious decision to give up knowledge, values or behaviours. However, this abandoned knowledge is not permanently lost but put to one side, and it remains retrievable for future use. Second, we reconceptualise existing models of unlearning to present two distinct types of individual unlearning and their differentiating features and dynamics. The first type of unlearning (behavioural) is triggered by a deliberate process of change that has been externally imposed. The second type of individual unlearning (cognitive unlearning) is triggered by an unexpected external event that questions some basic assumptions of the individual. Third, we develop a new typology that distinguishes between four separate types of individual unlearning.

The findings demonstrate that health-care managers who participated in this study engaged with individual unlearning processes although the form and circumstances of the unlearning varied. A frequently mentioned catalyst to individual unlearning was a role transition. Staff experiencing role transition, either as a result of organisational changes or initiated by the individual, were likely to engage in individual unlearning. However, this engagement was not limited to clinicians moving into managerial roles, but was relevant to all of the managers as they changed roles, whether or not they had a clinical background.

The findings also demonstrate that these health-care managers found that engaging with individual unlearning impacted on their decision-making processes. After engaging with individual unlearning several managers moved away from idea imposition approaches to decision-making in favour of more discovery-focused approaches that have been reported in academic literature as more successful. Particular changes involved more systematic and formalised procedures for collecting and documenting information, and greater consideration of stakeholder views and perceptions when formulating and implementing decisions. Consequently, it is likely that these managers have improved the effectiveness of their decision-making by engaging with unlearning processes.

Despite making some useful contributions this exploratory study is subject to a number of limitations. First, the exploratory nature of the study means that, although the findings provide a useful foundation for future research into specific aspects and impacts of unlearning, it is limited in the depth of insight that it can provide in terms of specific aspects of unlearning processes and the extent to which they occur among health-care managers across different health-care settings. Second, it is acknowledged that this is a relatively small-scale study involving a small number of participants drawn from two NHS trusts. Third, we found the process of eliciting the details of the unlearning experience from participants to be challenging. During the interviews, participants would often talk about change processes rather than the specific types of knowledge and behaviours that they had given up or abandoned. We dealt with this challenge through careful probing and follow-up questions during the interviews, but it is possible that the distinction between change event comments and references to unlearning could have been interpreted differently. Acknowledging the limitations of this original exploratory study highlights a number of specific areas where further research would be valuable.

Recommendations for further research

1. The investigation of a greater number of health-care managers' experiences of unlearning in a wider range of settings is necessary to establish the significance of health-care setting to individual unlearning experiences and provide greater generalisability of the findings. In particular, extending this study to investigate the role of unlearning in the primary care sector in 2013–14 would be of value to explore health-care managers' unlearning experiences in relation to the significant structural and organisational change that they will have recently experienced.
2. The findings of this study indicate that there is a relationship between individual unlearning and health-care managers' decision-making. However, the precise nature of this relationship requires further investigation. A new study that asks health-care managers to identify and record episodes of unlearning over a 6-month period and after each episode to identify resultant changes in decision-making may be more effective for investigating the relationship.
3. Our data suggest that change of one type or another (individual-level role change and organisational-level structural change) is a catalyst for unlearning, and also that (further) organisational-level change may also result from people unlearning and learning. However, further research on both aspects of this relationship is necessary to more fully understand the dynamic interaction between change and unlearning.
4. For practitioners, further understanding of the character and dynamics of individual unlearning processes would be valuable. This understanding may help to identify likely causes of resistance to change, and organisational structures and employers' actions that may (inadvertently) present barriers to unlearning and therefore barriers to achieving desired change. Recognising employees' attitudes to change will provide an indication of how receptive they are likely to be to new change events that require them to abandon previous knowledge or ways of working. Further, a better understanding of the process of individual unlearning will also enable practitioners to have more realistic expectations regarding the impacts of a change process, and the likely time required for new practices and procedures to become embedded.

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In-depth qualitative research in a range of contexts and environments would be the most suitable to explore this complex phenomenon. In particular, as the time between the catalyst for individual unlearning and the changes in attitudes or behaviour may vary in duration, longitudinal studies that involve participants recording changes in their behaviour and attitudes in research diaries could be of particular value. This approach would also enable the study of inhibitors and facilitators to individual unlearning and their relationship with the different stages of the unlearning process.

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