Learning in the wild

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This paper argues that learning is a natural social process that leads to the construction of meaning, which involves the creation of experiences of coherence, purpose, identity, and competence. Learning that yields a coherent social context, a worthy or compelling purpose, a strong, integrated identity, and increasing levels of competence, results in an experience of meaningful work. Learning as a social process is characterized by the property of *capacity*. Any given group will have a capacity to learn, and it will be difficult for that group to take on a learning challenge that is beyond its present capacity. If a group, for example, is short-handed, and is carrying out work that members see as urgent and important, then the group may focus its efforts on maintaining its equilibrium and creating stability, and may diminish its capacity to adapt to change by taking on new ideas and approaches. Such a group might also have a diminished capacity to bring newcomers into the community—which is the very thing that it needs to do if it is to overcome the problem of being short-handed. These propositions will be illustrated by a specific example: teams of frontline caregivers in a long-term care facility in Canada.

Keywords: meaning-making, social learning, learning capacity

Introduction
"Why are people so resistant to change?"

I hear this problematic question repeatedly in my consulting practice and through my research. Leaders, theoreticians, educators, activists, and others notice that teams, organizations, and communities are held back by problems, challenges, and conflicts, and devise thoughtful solutions to bring improvement. But when they introduce these improvements to the people involved, they often encounter not gratitude and relief but stubborn resistance.

This social phenomenon is so common that it has spawned an industry of change specialists, referred to as change managers, who purport to know how to introduce, implement and evaluate change in human systems. Some say we must take an appreciative approach; others argue that a sense of urgency is essential; some point out that people are different, and we must allow for diversity in our change initiatives; and many argue that we must obtain "buy-in" from senior managers, and from the frontline people who will ultimately have to live with the change.

I believe that there is good sense and value in much of the practical and theoretical work that has been done on change in human systems. It sometimes seems to me, however, that many people do not appreciate that the impulse to change and adapt and the impulse to preserve and resist are elements of a single process characteristic of all human systems. When change is afoot, so is resistance. We cannot have one without the other, and we should be glad of this.

In this paper I term this complex human process of adaptation and preservation *learning in the wild*. Just as Hutchins (1995) observed a collective computational process among navigation teams on a United States naval vessel, I believe it is possible to observe and describe collective learning processes in human groups. These learning processes, this *learning in the wild*, can help us to understand why some groups seem to relish the ambiguity of change while others cling tenaciously to their status quo. In both cases, the groups are engaged in natural learning processes that allow them to solve problems, accomplish tasks, and create and sustain social environments that are at least bearable and sometimes might be joyous.

At the same time that learning in the wild allows a group to solve the typical problems that arise as it carries out its practice, so too can it act as a barrier that

prevents the group from responding effectively to atypical problems. A group of school teachers may be adept at devising and implementing strategies to help a struggling student; however, that same group of teachers may themselves struggle when asked to integrate a new experiential teaching approach into their existing curriculum. Those who are interested in bringing positive changes into human systems might benefit from an understanding of the nature of learning in the wild, and might consider how certain interventions (including action learning and participatory action research) offer a pathway to change that both respects the system's existing learning dynamic and offers a means of introducing new content and capacity into that dynamic.

The views presented in this paper are derived from my reading, experience, and analysis in relation to three sources. The first source is the academic literature on social learning, sensemaking, and planned change. I discuss this in the next section of the paper. The second source is a qualitative research inquiry in a long-term care home that I carried out in 2007 and 2008 (Conklin, 2009). I use this research as the concrete example in which I ground the ideas I discuss in the following paragraphs. The third source is the experience afforded through my consultancy, and especially the work that I have carried out as the evaluator of a health-related knowledge network in the province of Ontario between 2005 and 2010 (Conklin et al., 2007; Conklin & Stolee, 2008). Although I do not explicitly call upon this consulting experience and material here, the ideas have been explored through many of the evaluation activities that I have undertaken with network participants over the past six years.

Learning is a natural process that occurs in human systems

This paper begins with and extends the proposition that learning is a natural and essential part of human experience. To adapt the phrasing of Watzlawick, Bavelas, & Jackson (1967) from their watershed study of communication, people cannot not learn. Learning is like breathing, it is natural and inevitable. Through learning we make sense of our experiences in the social world—in other words, we make meaning (Gergen, 1999; Mackeracher, 2004; Wenger, 1998). Arguing that learning is integral to human experience, Mackeracher (2004) suggests that we view learning as

> ...a process of making sense of life's experiences and giving meaning to whatever 'sense' is made; using these meanings in thinking, solving problems, and making choices and decisions; and acting in ways that are congruent with these choices and decisions as a means of obtaining feedback to confirm or disconfirm meanings and choices. Learning results in relatively permanent changes not only in meanings and behaviours but also in the ways one goes about making sense, making meaning and thinking, making choices, and acting (7-8).

Many researchers and theorists have noted that learning is a natural, situated process that occurs in numerous social contexts, including workplaces. Some have described this as non-contrived learning and development, embedded in day-to-day workplace activities, locations and relationships (Burgoyne & Stuart, 1976; Temporal, 1978). This has led to the suggestion that it may be useful to situate planned learning activities within natural or uncontrived workplace situations (Garavan, 1987; Raelin, 2000). Some argue that these natural learning processes occur at both the individual and group level (Fox, 1997), and several detailed ethnographic studies have revealed the complex patterns of social interaction that allow for the creation and retention of shared meaning among members of a practice (Orr, 1996; Suchman, 1990).

Learning, then, is natural to individuals and it is also natural to groups. In this paper I argue that learning is a natural social process that occurs in all groups that possess certain characteristics: the group forms a community that endures over time;

some level of interdependence is present in the group; and the group pursues goals that are, at least to some extent, shared.

Clearly, these broad criteria can encompass virtually all groups whose members work together, day after day, to perform a set of interrelated or common tasks. According to my definition, groups that learn would include shift workers on a ward in a hospital or nursing home, members of a project team that is developing a new software system, the technicians and mechanics working in an automotive service centre, faculty members in a university or college department who are responsible for delivering a disciplinary curriculum, case management teams in social service agencies, firefighters who share a shift in the same fire station, members of an urban planning unit for a municipal government, a team of claims examiners at an insurance company—in fact, the criteria could apply to virtually any group whose actions and intentions are consistent with those of a *community of practice*.

Lave and Wenger (1991) argue that this type of learning involves participation in a natural learning curriculum that is created and maintained by the community. They suggest that to understand learning, one must identify the communities in which it occurs, and understand the patterns of development characteristic of specific communities. Wenger (1998) argues that communities of practice are social contexts that provide learning along four dimensions: they allow members to integrate their experience of life as meaningful, they house the practices by which members sustain themselves and pursue their ends, they allow for the construction and maintenance of personal identities, and they act as social arrangements (communities) that give value to members' lives and actions.

This view of learning as fundamentally social is, of course, well understood by those who work with what Raelin (2009) has termed the action modalities. For

example, Raelin's own notion of work-based learning (Raelin, 2000) points to the importance of interpersonal interactions and learning dialogues that occur in action projects and learning teams. Trehan and Pedler (2009) have pointed out that action learning incorporates the social dimension of collaborative inquiry involving "...a collective process in a specific context for inquiring into actual organizational projects and practices" (pp. 37-38), and they suggest that a learning community plays a central role in this process. Taylor, de Guerre, Gavin and Kass (2002) describe a graduate education program that is based on the idea that a cohort learning community "...fosters attunement to social processes in the collaborative development of productive organizational contexts" (p. 349). Boreham and Morgan (2004) argue that learning emerges as people participate in social and cultural situations, and brings about the simultaneous transformation of social groupings and of the individual members of those groupings. This is similar to the ideas of Argyris and Schön (1978), who see organizational learning as a patterned system of human behaviour that creates a capacity (which can be limited or extensive) for the correction of errors. Revans (1980, 1983) recognizes this social dimension of learning when he emphasizes the importance of cross-fertilization and collective abilities in an action learning group. Others have pointed out that Revans' original principles anticipated that action learning, though focusing initially on individual learning, would promote change at a collective or organizational level (Donnenberg & De Loo, 2004).

When I say that all groups participate in this process of social learning, I am not merely saying that individual group members learn through their interactions— though assuredly individual group members do learn through interaction. I am claiming that learning occurs at the level of the group. When we think about learning, we are often thinking about the acquisition of new skills, knowledge and capacity that

allow for improved performance and the growth of efficiency and effectiveness. Some, however, have also pointed out that a primary function of human systems is to foster adaptive capacity in turbulent environments, and that adaptive capacity consists of a group's tendency to seek both stability and change (Bateson, 1979; Brown & Duguid, 2000; Taylor & van Every, 2000; Weick, 2009). Ideally, the learning system within a community of practice will attempt to balance these two needs, tending toward stability when unwise changes are promoted, and tending toward adaptive change when events in the external environment threaten to damage or destroy the system.

However, this ideal condition does not always exist. Instead, the learning system within a community of practice is likely to develop in ways that allow it to contend with the most urgent imperatives that exist within that community. These imperatives may have a great deal to do with the organizational dynamics and structural arrangements that exist within and around the community (the distribution of power, resource allocation, decision-making protocols, espoused and enacted values, and so on), and the result can be a learning system that, in effect, is good at learning some things and unable to learn other things. At worst, a limited social learning system might result in a group that possesses the unfortunate characteristic of "skilled incompetence" (Argyris, 1986).

I have suggested that learning is a natural, adaptive process that is characteristic of both individuals and groups, and I have focused attention on one form of learning—which I term *learning in the wild*—that is evident in naturally occurring communities of practice. I have suggested that learning in the wild allows a group to identify, make sense of, and ultimately solve most problems that typically arise as the group carries out its shared enterprise. I have also suggested that this

focusing on the concerns and activities that typify the specific community of practice may simultaneously impede a group's ability to understand and response effectively to atypical situations and problems.

I will explore this notion by offering three assertions, and by reflecting on each of these assertions. I will context these assertions against a recent qualitative inquiry into the meaning-making and learning dynamic evident on the day shift at a Canadian long-term care (LTC) facility for seniors (Conklin, 2009). I conclude the paper by suggesting the significance of these reflections for practice.

Learning in the wild at The River Lodge
The River Lodge (a pseudonym, as are the names of the people used in the following account) is a LTC facility in Ontario, Canada. The lodge, which is part of a larger healthcare facility that sprawls across an urban campus, provides a home to eighty elderly residents (whose average age is 83) on two floors. Most residents are in the lodge because they are living with serious physical or cognitive disabilities, and the lodge is able to offer them relatively easy access to the health care and support they need. Most work done in the lodge is carried out by Registered Nurses (RNs), Registered Practical Nurses (RPNs), and Health Care Aids (HCAs), with the day shift consisting of one RN, four RPNs, and ten HCAs.

Every day, staff on the day shift at The River Lodge face difficult challenges. Each HCA is responsible for providing basic care for eight of the facility's residents. Basic care includes getting the resident washed and dressed in the morning, serving them breakfast (and, in some cases, feeding them), giving them a bath or shower at least twice a week, toileting them (many residents are incontinent), changing their clothes, helping them to get up and sit or lie down, preparing them for the special activities offered by the recreational therapist, serving them snacks, and serving them

lunch. Equally important, the HCAs and other staff try to provide friendship and emotional support to residents, though most say that it is difficult to do so with the long list of tasks that must be completed each day. While residents, caregivers, and health system decision makers all agree that providing emotional support to residents is vital for quality of life, research is now corroborating the claims of caregivers that it is increasingly difficult to support the emotional needs of residents (Ross, Carswell, & Dalziel, 2002a, 2002b). To save money, the lodge makes most day shift HCAs accomplish their ambitious list of tasks in a 6.5 hour shift.

The result is that the HCAs have a heavy workload, and are constantly on the go. The following excerpt from my field journal illustrates a typical interaction on the floors:

> Sandra was walking so quickly as she performed her tasks, she was almost running. She came out of one room carrying a bundle of linens, and hastened down the hall. Then she came by again, carrying a coffee pot, and she poured a cup of coffee for a resident, saying "Promise you won't move while you are drinking this." Then she rushed into the kitchen and came out pushing a cart loaded with trays of food (it was 10:15, late for them to be serving breakfast). She came hurrying out of the dining room with a food tray, which she placed on a cart with finished trays. Then she stopped and noticed the bell that had been sounding, and turned to Danielle and said, "I don't have time to check on that, I am too busy." Danielle said, "The picnic is at ten and we haven't got them all up yet. We're so far behind! If that girl ever gets here I am going to talk to her." Sandra said, "What are you going to say?" Danielle raised her eyebrows and replied, "You don't want to know."

The work in the lodge is also beset by pressures originating in the external environment. Among the occupational groups who work in the lodge (including registered nurses, registered practical nurses, and unregistered health care aids), work in long-term care is generally looked down on (Canadian Healthcare Association, 2004). "Real" nursing is done in acute care facilities and specialized clinics. Long-term care is seen as unchallenging and dull—despite the fact that the workload is much heavier than in acute care settings, and that LTC residents often have multiple health problems that require careful attention from a multidisciplinary team of

caregivers. Moreover, Canada is experiencing a severe nursing shortage that is keenly

felt in LTC homes, like The River Lodge.

On any given day, there is a good chance that the lodge will be short-staffed,

in which case the heavy workload becomes even heavier. The attempt to integrate

newcomers into the caregiving team is often problematic, as indicated from the

following excerpt from my journal:

> The report session began with the regular HCAs questioning the two newcomers about
> their background, and then giving them their assignments. They asked one man if he had
> worked at the lodge before, and he said "Oh yes," nodding in a way that indicated he had
> been here quite a lot. Sharon seemed relieved and said "That's good" with a meaningful
> nod. Jackie fetched a worksheet, and she then went over the assignments with the two
> men. When one of the men did not write anything down, she pointed to a slip of paper in
> front of him and said, "Write this down." He then wrote down the room numbers of the
> people he was to look after. She told him the name of each person, and what he was
> supposed to do. He asked a few questions when she was finished, and Jackie seemed to
> think that perhaps he had not understood his assignment, so she went over things again—
> especially who would get a bed bath, who would get a full bath, and who he should start
> with. He wrote none of this down. Sharon was watching all of this, and when the HCA
> finished giving him his assignment she reached across the table, took his sheet from him,
> and she went through it once more, writing down the names of his residents on the sheet
> beside the numbers. Later, after he had left the room, she remarked to the RPN
> [registered practical nurse] that he had written down only the room numbers, and she had
> added peoples' names. Colleen said aloud, "Maybe he doesn't understand how we do
> things here.

At the same time, the lodge is continuously influenced by well-intentioned

outsiders who want to improve the quality of life of residents and the working

conditions of staff. These outsiders include Ministry of Health policy makers and

compliance advisors who set and enforce (through standards and unscheduled

inspections) the rules that all LTC homes are required, by law, to meet. They also

include administrators and external "experts" who develop programs and approaches

to bring beneficial change to LTC environments. These well-intentioned outsiders

find that it is challenging to introduce new ideas, rules and programmes into the

lodge. The following is a representative statement from an external educator who is

responsible for bringing new approaches to the lodge:

My mandate is to improve the lives of those who live and work in long-term care. And I do this by providing information and training about best practices, in terms of a small practice that could be changed. For example, a continence program. And in each home it depends on the situation in which they find themselves whether they participate. All of the homes want to participate, and they all do to varying degrees, and some are more successful than others, and it just depends on the staff cooperation, really. And even if, as an example, a manager asked me to come and present on documentation, which I did do, and she posted a notice about the training in the hallway, that doesn't mean that people will come. There is not necessarily any way to make them come. It becomes a conflict with unions and priorities. You cannot really force an adult to take education. So if it is paid for and it is an obligation, then they have to come, but if it is just, "How would you like to come?" Then there is no way to coerce them or convince them that they should come.

The senior leaders of the lodge are sponsoring one major change initiative called the Eden Alternative, which is a philosophy of care that calls for transforming the hospital-like environment of many LTC homes into something that is more akin to a family home (with flexible schedules, more homey furniture and decor, and personalized care). When I did my field research, the lodge had been in the process of implementing the Eden Alternative for five years. I was told several times that after five years, the implementation remained in a "beginning" stage. Institutional leaders complain that staff resistance is responsible for this sluggish rate of implementation:

The biggest barrier to the Eden Alternative is attitude. People don't like change. They don't like to be told that what they are doing isn't the way to go. There are some staff who are in little cliques and they don't seem to like anything that changes how they go through their daily routine, and they feed off the negativity of each other, so you can never get past this.

Staff, however, offer a different explanation. They say that although Eden may be a good idea, their current workload makes it difficult for them to cooperate with the implementation:

They are trying to implant the Eden philosophy here. I don't know…I guess it will take a few years before it's going to be really in place. I think they have a committee for Eden. They have meetings once in a while, and they are trying to introduce a little bit of Eden, different ideas. Like the teacups. I find it's a good idea. But we don't have a dishwasher to wash the cups with. So sometimes the cups are going to be in the sink for two days, because we don't have time, I mean the HCAs, to wash them. It's too bad because I like the idea. It's nice, and it's more like home. But I find that we don't have time to wash the dishes. That is another task. I don't mind, but we don't have the time. We are doing a six and a half hour shift, and it's so busy. It's sad because it would be nice.

Because of the fragile condition of Lodge residents, and because of the onerous standards of care set by the Ministry, the daily work routine in the lodge must be carried out with great care, within a regimen that resembles the work routine in a hospital. The shift begins with a morning report session, where day shift members examine documents telling them what has happened on the last few shifts, and make their plans for the day. These plans include determining which HCAs will work together as partners, and how the licenced nursing staff will support their efforts. During the shift the registered practical nurses (RPNs) spend much of their time dispensing medications to residents, and they generally station themselves in a central location in the main hallway. This location, which many residents and most HCAs wander past regularly, becomes the place where problems are identified, discussed, and resolved.

Members of the day shift experience this workplace as fraught with ambiguity. They work hard, and can often be seen walking briskly or even running between tasks. Because of the chronic shortage of staff, they are constantly asked to work with newcomers, either RPNs or, more often, HCAs, who have had training in caring for frail patients but who have little or no practical experience, who are unfamiliar with the unique layout and work routines of the lodge, and who are unaccustomed to the heavy workload.

The arrival of new caregivers and new ideas on the floors of the lodge represents a formidable challenge. The most valued form of knowledge in this environment is expressed by the phrase "knowing the floor"—a phrase I heard used on several occasions while I conducted the research:

> I noticed that the RPN was often interrupted as she distributed the medications, and that she had to constantly remind herself of where she stopped. I said, "Thank goodness for checklists." She made a rueful face and corrected me, "Thank goodness for knowing my floor."

To know the floor, one must have intimate knowledge of the people who live and work there (both residents and fellow caregivers). One must also know the physical layout of the floor, and where essential equipment and resources are to be found. Finally, one must know the work routine that is practiced on the floor, the tasks the must be accomplished and the procedures for doing the work. This knowledge of the floor can be found in the numerous texts that caregivers create, including the individualized care plans, the notes on what has happened on previous shifts, the agendas and timetables showing what is expected to happen today and in the next few days. It can also be found in the ongoing, unfolding conversations that occur among the caregiving team, during both formal meetings such as the daily report session that occurs at the start of each shift, and the quick exchanges that occur on the floor as the work is carried out.

This knowledge, knowing the floor, is a clear example of what Polanyi (1966) and Bohm (1996) refer to as "tacit knowledge"—knowledge that is held by individuals and that is difficult to share with others. To succeed in this hectic and confusing environment, caregivers must be immersed in an oral culture of conversations and interactions mediated by texts that allow practice members to bring a measure of stability to an inherently unstable environment, and to establish the distribution of power on each shift. The pattern of interaction that has developed on the floors of the lodge is well-adapted to contending with the heavy workload that managers and policy makers have mandated for this workplace. Day after day, the caregiving team successfully meets the numerous small challenges that arise during a typical shift. However, with its incessant focus on the challenges of the work routine, the caregiving team is unable to adapt to some challenges that arrive from the external environment—challenges that take the form of new and inexperienced caregivers who

are sent to fill in temporary gaps in the team, and of new ideas and programs intended to improve the quality of life of residents.

Wenger (1998) has pointed out that integrating newcomers into a practice, and helping them make their way towards increasing levels of competence, is an essential feature of a well-functioning community of practice. This "legitimate peripheral participation," as Wenger calls it, is virtually absent in the lodge. Experienced staff are too busy to accommodate the needs of newcomers. Newcomers are left to fend for themselves, which often adds to the uncertainty and instability on the floors.

Learning in the wild—the natural, unplanned, undirected learning that arises in any task group—is clearly evident on the floors of The River Lodge. It takes the form of an oral culture that focuses on action in the here and now. While external decision makers place much emphasis on the need to impose new ideas and innovations on the lodge's caregiving teams, those teams strive unsuccessfully to share their internal knowledge and competence with people arriving from the outside. Attempts to increase the capacity of this learning dynamic, through formal training programs and in-service sessions, are unsuccessful. Training is associated with imposed change, and imposed change is associated with the addition of new tasks to an already overburdened workload. Although this learning dynamic is often characterized by outsiders as resistant to change, members of the caregiving team describe their behaviours and attitudes as an attempt to comply with existing work requirements while simultaneously protecting the small amount of time they have to provide emotional support to residents. The environment is characterized by instability, emotionality, and what I came to think of as a reluctant allegiance to the status quo. New, inexperienced staff often arrive to temporarily replace full-time staff who are sick or on holidays, but the prevailing patterns of work make it virtually impossible to

integrate these newcomers into the busy work routine. New people and new ideas are seen as a threat to the precarious stability of the environment. Learning in the wild at the lodge focuses on creating and sustaining a shared knowledge of the floor, which creates a common ground for action and allows caregivers to complete their tasks and, occasionally, to carry out brief acts of compassion toward residents.

Assertion 1: Learning can be seen as a meaning-making dynamic created by members of a practice

Learning in the wild is a group-level process of giving meaning to the raw material of our unfolding experiences. Learning in the wild allows a group to create and sustain a stable social world, and it also allows the group to adapt to changing circumstances. It promotes the construction of a shared sense of coherence and purpose, which allows for a shared reality and context for action.

Learning in the wild involves creating experiences of coherence, purpose, identity, and competence. Coherence provides group members with a stable social environment in which to act. Purpose offers direction and value. Identity clarifies who members are, and how they fit into broader social contexts. Competence defines what they do and how they do it.

We create coherence by answering the question, "What is going on here?" Members of a task group, each of whom has unique experiences within the changing social milieu, must collaborate on a shared answer to this question in order to create a common ground for interdependent action (Stacey, 2001; Weick, 1969, 1995). Some argue that a primary function of leadership in contemporary organizations is to mobilize a shared sense of coherence among organizational members (Fullan, 2005; Morgan, 1998; Pye, 2005; Smythe & Norton, 2007). If you think that we are experiencing paralyzing interpersonal conflict, while I think that we are working together harmoniously, and somebody else thinks that external pressures necessitate

that we adjust some of our longstanding work procedures, we are likely to encounter confusion rather than coherence in our interactions. Shared coherence is essential if we are to work together effectively.

We create purpose by answering the question, "What are we trying to accomplish, and why is this worthwhile?' A sense of purpose determines whether I feel engaged with my colleagues and my workplace, whether I bring my values, my commitment, my best efforts to my work. Intentional or purposeful behaviour forms the basis for the organizational learning theory of Argyris and Schön (Argyris, 1993, 2004; Argyris & Schön, 1978). Cartwright and Holmes (2006) suggest that people today want their work to be meaningful, and that that experiences of meaning at work can be related to a sense of purpose, belonging, self-efficacy, and competence. Purpose helps me to see the importance of my work. It reminds me of why I do this work in the first place, and helps me to set priorities amid the crush of competing claims and responsibilities.

We create identity and competence by answering the question, "What is my role in this group, and what is this group's role in this place?" Task group members learn to *be* a member of the group and learn to *do* the work of the group—learning thus involves both identity and competence (Brown & Duguid, 2000; Wenger, 1998; Weick, 1995). A task group will initiate action and will create resources and tools that allow it to stabilize and sustain its identity and competence (Hutchins, 1995; Wenger, 1998; Yanow, 2004). At the same time, the group adapts to environmental changes through ongoing interaction with people outside of the group, and by bringing newcomers into the group (Lave & Wenger, 1991; Wenger, 1998).

Formal training programs tend to focus on the creation of competence; learning in the wild, however, involves the construction of experiences of coherence,

purpose, identity, and competence. Successful learning (i.e. learning that yields a coherent social context, a worthy or compelling purpose, a strong, integrated identity, and increasing levels of competence focused on the group's primary task) yields an experience of meaningful work. Work is meaningful when I can say: I know what is going on here; I know and support what we are trying to accomplish; I know my role in the group, and I know the roles of the others; and I know how to perform the tasks associated with my role, and how to become better at those tasks.

At The River Lodge, learning in the wild focuses primarily on creating coherence in an ambiguous and overburdened social context. Coherence is created through the formal and informal meetings and interactions that members of the caregiving team hold throughout each shift. Caregivers create order by following a carefully regimented sequence of getting people up, feeding them, bathing them, moving them to various locations, and feeding them again. They succeed at their work when they know the floor (the rooms and hallways, the location of people and things, the routines), when they are able to participate in the oral culture that focuses on immediate action, and when they form commitments to fellow workers and the residents they serve. When new people and ideas arrive on the floors, learning in the wild often breaks down. New ideas and approaches stretch the overburdened task regime beyond its limits. New people demand attention and support that is not available. The result is unsustainable levels of uncertainty and instability on the floors.

Caregivers at the lodge create purpose by making commitments to their colleagues and the residents they serve. Their actions clearly demonstrate an extraordinary level of commitment to completing the daily task routine, and to providing moments of emotional support for residents whenever their schedule

allows. This sense of purpose fosters a commitment to the lodge as it is presently constituted—not because they are resistant to change or overly fond of their routines, but because they know that in the past when new ideas and approaches have been introduced, the result has been to add new (and to them, questionable) tasks to their heavy workload.

These caregivers create identities of unsung heroes coping with demanding physical labour. They know that their work environment, that of long term care, presents unique challenges. Many residents have two or more chronic conditions. The high ratio of residents to caregivers places significantly more demands on caregivers in LTC than in acute care hospitals and rehabilitation facilities. Residents are often frail and needy, and their condition usually grows worse over time. External policy makers and decision makers seem insensitive and poorly informed.

These caregivers create competence by adapting to the challenges of a fast-moving workplace in which numerous tasks must be carried out each day. To fail to complete your work could mean that a resident goes hungry, or must spend a day in soiled clothing. Caregivers focus on the current task, and are quick to move to action. They share information as they rush past each other in the hallways. These strategies allow them to get their work done, but they also make it extremely difficult to integrate new people and new ideas into the workplace. The system is adaptive in terms of maintaining the status quo, which allows the caregiving team to keep the work moving day after day. This way of interacting, and the natural process of learning that sustains it, does not allow caregivers to see ways in which they might resolve (rather than merely cope with) their dilemmas. Learning occurs on a single loop that focuses on immediate problems. Attempts to introduce a home-like environment into the lodge are either ignored, or are broken into discrete tasks that

become unrelated to the underlying goal—such as using teacups (instead of paper cups) once a week in the dining room. Transformative change is impossible to imagine.

Assertion #2: The meaning-making dynamic in a practice creates both the stability and adaptability of the system

Learning in the wild allows the group to maintain itself over time, and allows it to adapt to changes in its environment. It is both stabilizing and destabilizing. Learning in the wild simultaneously resists change, and adapts to change.

In my experience, this is not how most commentators talk about change in human systems. Most commentators complain that when good ideas are available to solve the urgent problems in a frontline practice, all too often the practice members reject these ideas. All sorts of reasons are offered to explain this rejection. Some say that people will accept change only if you can provide them with an answer to the question, "What's in it for me?" (Google the acronym WIIFM and the words "change management" to get an idea of how pervasive this thinking is.) But is self interest really the single most important factor in explaining the tendency for people to be cautious when presented with a change initiative by an outsider to their social group?

The long-term care case study that I have described in this paper suggests an alternative explanation. Members of a frontline practice carry out their day-to-day work through a learning process that allows them to resolve the problems and pressures that they experience as most urgent and important. They are constantly adapting to situations that threaten to interrupt their work or that could harm their ability to perform; at the same time, they are constantly preserving those aspects of their practice that seem most important and valuable.

The caregiving teams in the LTC facility I describe here are hardworking, and are fiercely dedicated to each other and to the people they care for. They have a list

of tasks to perform each day that is extraordinarily challenging. Imagine, for example, that you have six and a half hours each day to care for eight senior citizens, with an average age of 83, most of whom cannot move around on their own, and some of whom are living with Alzheimer's disease or dementia (which can sometimes mean that they behave in uncooperative or disruptive ways). You have to get them up in the morning, wash and dress them, and every day you have to give two (and sometimes three) of them a full bath. You have to move them about the facility. You have to fetch their meals, and you must sit with and feed some of them. You have to change their beds. Some of them are incontinent, so you have to help them to the toilet, and you often have to diaper and change them. Sometimes there are special activities for your charges, in which case you may have to escort them to a different part of the building, or out to the curbside to wait for a bus. You also have to attend the staff meeting at the start of each shift, and you must do your charting at the end of your shift. You are constantly on the go. You often have to skip one or even both of your breaks.

When a well-intentioned outsider arrives to introduce a new program that is to be implemented in your facility, and that you are expected to help with, you might express doubts about your ability to take on this new work. Afterward you might overhear this outsider speaking with somebody, saying things such as "Staff here are so fixated on their tasks and procedures, they won't try anything new," or "These people have such a bad attitude. They automatically resist new ideas." I heard these statements made by change agents who were attempting to introduce reforms into the lodge.

These statements are not only unfair. They are inaccurate. The caregiving teams in the lodge, like many other task groups in other fields of work, have found a

way to get their work done within the constraints and structures imposed on them by others. They know that it is important that their residents are clean, well-fed, and healthy, and they work hard to make sure that they complete their tasks. This is not because they have a fixation on short-term tasks. It is because they see these tasks as correlating to a resident population that is clean, fed, and cared for. They are already stretched to the limit, and cannot take on new tasks without introducing an intolerable risk of dangerous errors.

This means that they resist the interventions of well-intentioned outsiders in order to preserve the value that is precariously offered by their current way of working. They cannot take on more tasks. They are unwilling to give up the small amount of time they have to provide emotional support to residents. This is the resilience of learning in the wild. The learning system protects itself in order to protect the values and priorities of system members.

Some academic researchers and theoreticians who write about social change suggest that we might think of a social group in terms of the conversations and interactions that occur among group members (Boreham, 2004; Ford, 1999; O'Neill & Jabri, 2007; Stacey, 2001). They suggest that to introduce a change into a human system, the change agent must change the prevailing conversation.

To this suggestion I would add one additional point. The prevailing conversation in a human system has taken shape and evolved within a unique social context, and may be highly adapted to a set of circumstances and priorities that the system has established over time. It is unrealistic for a change agent to think that a change initiative should proceed simply by changing the prevailing conversation—in other words, by imposing a new conversation overtop the existing conversation. Instead, the change agent may want to think about how he/she might *join* the existing

conversation, and introduce the new idea as a new and worthy topic, rather than simply drown out what is currently being said and replace it with the new idea.

Assertion #3: A human system's meaning-making dynamic has a learning capacity

Learning in the wild is characterized by the property of *capacity*. Any given group will have a capacity to learn, and it will be difficult for that group to take on a learning challenge that is beyond its present capacity. If a group, for example, is short-handed, and is carrying out work that members see as urgent and important, then the group may focus its efforts on maintaining its equilibrium, on creating stability, and may diminish its capacity to adapt to change, to take on new ideas and approaches. Such a group might also have a diminished capacity to bring newcomers into the community—which is the very thing that it needs to do if it is to overcome the problem of being short-handed.

This is the case with The River Lodge. The caregiving team expresses a reluctant allegiance to their status quo, because the status quo acts as a vessel that carries their shared sense of coherence, their purpose, their identity, and their competence. Their conversational and interaction patterns allow them to remain focused on the immediate concerns of the day, on the realities that unfold on the floor throughout each shift.

This means that learning in the wild at the lodge possesses a learning capacity. The caregiving teams have the capacity to learn about and respond to certain situations and events, and they seem relatively helpless when faced with other situations and events. The learning capacity of these teams is well-suited to handling specific situations that arise on the floor during a shift. If a wheelchair is not working properly, or if a pair of slippers has gone missing, or if an HCA needs help lifting a resident into a bathtub, or if an incomplete medication order needs to be sorted out—

all of these immediate, concrete situations can be resolved quickly and effectively, so the work of the team can continue, and the difficult task regimen can be completed. However, if the team has an encounter with something new that enters from outside the system—a new idea (which could be in the form of a new compliance order issued by the Ministry of Health, or a new caregiving philosophy introduced by senior management) or a new person (which most often takes the form of a new, temporary member of the caregiving team)—the learning dynamic of the caregiving team lacks the capacity to respond effectively. New ideas are not integrated into the flow of work. New people, especially those who require support and coaching from the caregiving team, are left isolated and idle in the midst of the flurry of activity on the floor.

Learning in the wild has the capacity to make sense of some situations, and to translate this sense into relevant action, and lacks the capacity to make sense of other situations. Learning in the wild is thus simultaneously effective and constrained. This suggestion is consistent with the ideas of Argyris and Schön (1978), whose notion of single, double, and triple loop learning also points to a learning capacity inherent within any given learning system. But whereas Argyris and Schön analyze capacity in terms of the congruence between values and action within a human system, I am suggesting that one might also look at learning capacity in terms of the urgent priorities, responsibilities, and values that characterize an interdependent learning group. Individual instances of learning may focus on solving specific problems and dilemmas that confront the system members, and the learning system as a whole can be seen as an adaptation to local circumstances. A well-intentioned outsider who introduces something new into these local circumstances should perhaps

not be surprised if this highly adapted learning capacity is unable to respond in the desired manner.

Implications for practice

I have argued that learning in the wild is an ongoing meaning-making process through which a group creates a shared social environment that allows for interdependent action. Through learning in the wild, group members create experiences of coherence, purpose, identity, and competence. By creating a shared social environment, learning in the wild allows the group to maintain its integrity and to adapt to new situations. However, as a group remains together over time, learning in the wild may tend to form a pattern of interactions that represent preferred ways of thinking and acting when confronted with the problems or situations that most often arise in that workplace. Learning in the wild thus develops a capacity to resolve certain types of common problems, and may be less effective when faced with more atypical or unexpected situations.

This is not to say that learning capacity cannot be changed. My suggestion is simply that we should not act in ignorance of learning in the wild, but should rather see it as part of the organizational landscape in which a new learning endeavour takes place. A consultant or change agent may find that before a new program or approach can be introduced into a workplace, some capacity-building must take place.

Compare, for example, the learning in the wild that unfolds in the lodge with Revans' (1997) notion of system beta, which sees learning as a cyclical process involving stages of survey (observation), hypothesis (trial decision), action (preliminary implementation of the trial decision), inspection (reviewing the results), and control (incorporating a successful trial, or revising or abandoning an unsuccessful trial). As others have pointed out (Mumford, 1997), this model is

similar to the experiential learning cycle developed by Kolb (1984), and can be described as involving periods of action or experience, reflecting upon the experience, analyzing and reaching conclusions, developing plans for improvement, and then implementing those plans in subsequent actions. Juxtaposing this model against the learning dynamic evident in the lodge, one immediately notices the relative absence of a reflective capacity in the lodge, and the fact that much planning and decision making occurs outside of the workplace with no reference to the caregiving team that performs the work.

This diagnosis suggests two possible approaches for those who might wish to advocate for change and improvement in the lodge. First, it might be necessary to remove the structural impediments that have shaped the development of the current learning dynamic. In The River Lodge, management would need to make changes to their current resource allocations and schedules in order to create time for the HCAs to participate in reflective practice, and to analyze the current situation and design possible solutions. However, involving all frontline occupational groups in problem solving may strike hierarchical leaders in healthcare organizations as dangerous or destabilizing. It may therefore be necessary to undertake a preliminary step focused on organizational leaders and organizational culture (Yorks, O`Neill, & Marsick, 1999). Alternatively, it is possible that an inclusive process that brings together a variety of occupational groups with varying levels of hierarchical power could represent a method for working on a specific issue while simultaneously introducing a new way of working together that could result in changes to the underlying culture (Nilson, 1999).

A second possible approach would be to recognize the limitations of the existing learning dynamic, and to devise learning and intervention techniques at an

appropriate scale. One recent effort (Macintosh-Murray, 2007) to introduce improved

continence care practices into Canadian rehabilitation and long-term care facilities

made use of an intervention technique called the "plan-do-study-act" (PDSA) cycle,

which is also termed the Deming or Shewart Cycle (reflecting its origins in the quality

assurance field), and which is strikingly similar to the experiential learning cycles

described by Kolb (1984) and Mumford (1997). This intervention begins on a small

scale (often involving a single shift of caregivers and just two or three patients or

residents), and gradually scales up to encompass the entire facility as capacity and

commitment are forged within the team.

The success of the PDSA approach suggests to me that an intervention based

on the action modalities might also yield useful results. Suppose I am working with a

group of health care aids from a long-term care home, who are trying to implement

new practices for interacting with residents who have suffered a stroke and now have

difficulty communicating verbally. There are three learning processes in play: the

planned learning interventions focusing on these individual HCAs, and on the HCAs

as a team; and the learning in the wild that unfolds on the shifts in the long-term care

homes where the HCAs work. The argument presented in this paper suggests that the

planned learning interventions may be undermined by an insufficient capacity for

learning in the wild.

A sustainable change program would thus simultaneously develop

understanding and competence in a new caregiving practice, while also enhancing the

capacity of the local social learning dynamic. Action learning is usually seen as

involving learning in relation to a real-world task or problem while simultaneously

enhancing the individual and collective capacity to learn (i.e. learning to learn)

(Yorks, O`Neill, & Marsick, 1999). As Pedler, Burgoyne and Brook (2005) write,

"Action learning is optimistic, humanistic, engaging, but also pragmatic and sceptical, suspicious of canonical ideas (and the experts who trade in them) and distrustful of speculative knowledge untested in action" (p. 62). The emphasis on action in the workplace should lend itself to a workplace culture that values speed and the accomplishment of tasks, and would allow members of the caregiving team to experiment with and evaluate the results produced by new behaviours.

For example, an effort to implement a new philosophy of care in a LTC home might focus on an examination of the philosophy, its benefits and challenges, the underlying research and the experiences of other homes in implementing it, while simultaneously focusing on the local conditions in the LTC home that might need to be adapted in order to promote change. Such an effort would need to involve all members of the caregiving team, including HCAs, so the proposed changes and recommendations can be made in the light of the way that day-to-day work is actually accomplished in the home. An action research program might be devised as a way of providing a structure and process for moving forward with this type of change.

Conclusions
Learning is a natural process that occurs in human systems, and that can be seen to operate at both individual and social levels. Learning in the wild is the term that I have used to describe the process of social learning, where groups create a capacity to adapt and endure through their ongoing pattern of interactions and conversations. To create a capacity for adaptability and stability, group members interact to create experiences of coherence, purpose, identity and competence. They ascribe meaning to their flow of experience, and this process of integrating experience with meaning possesses the property of capacity—some experiences can be integrated and made sense of, and other experiences generate confusion and dismay.

Trehan and Pedler (2009) write,

> Participation is necessary since learning emerges from collaborative endeavours that generate new understandings. Deliberation draws attention to the fact that practitioner responses occur in a social context and need to be taken account of and worked with. And when critical action learning does happen, people learn, not only about the task and about themselves and their own practice, but about 'the micro politics of organisations' – how you get things done around here. (p. 48)

Taylor (1986) has argued that a vital step in the learning process is naming the issue or problem on which a learning endeavor focuses. By grasping the potential and the limits of learning in the wild, we may understand how some things get done, and how some things don't get done, around here. By bringing learning in the wild into the light of day, perhaps we introduce the potential for incremental or even discontinuous change.

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