FROM THE EDITORS - Margaret McMillan and Jane Conway

DEVELOPING THE PROFESSION AS A LEARNING ORGANISATION: A VEHICLE FOR RESPONDING TO DISSONANCE, DISCORD AND DISCONTENT?

The papers in this *AJAN* caused us to reflect on the challenges of responding to agenda setting that is frequently guided by utopian ideals, as we confront the reality of generating policy for varied contexts and then implementing policy in context. The full suite of complex elements that inhibit or enhance changes in practice consist of social, political, historical and cultural aspects. Diverse practice settings are challenging to accommodate in practice reform efforts. Reform of educational strategies and health services, reconceptualising of professional practice, re-alignment of professional responsibilities, increased effectiveness and efficiency, demand for greater transparency and accountability, and, meaningful guidelines are all concepts which feature in today's policy environment.

However, policy development, from its inception through to complete expression in practice, is rarely well understood or reflected upon in all levels of nursing. The importance of recognising the impact of agenda in policy and practice, is the focus of our editorial reflection on this occasion.

We suggest that the learning organisation provides a useful mechanism to explicate, critique and contribute to the agenda setting process. Inherently, policy development is intended to bring about change. This change is expressed through both policy generation and through implementation that requires behavioural change in individuals or in the activities within their scope of practice.

Ensuring there is acknowledgement of the diversity of nursing practice and that this is recognised during policy development requires that nurse leaders engage in agenda setting. The term agenda setting is frequently associated with covert activity and may be considered unseemly work for leaders in nursing. However, agenda setting is the necessary precursor to policy development. Exerting influence during the agenda setting process through proactive professional involvement in political processes is something nurse leaders have become more proficient in over recent times. Despite this increased sphere of influence by nurses in senior government and academic positions, there is sometimes limited understanding of and support for the implementation of nursing-led policy initiatives at the 'grass roots' levels of nursing.

There is potential, it seems, for many of us to make assertions about what we believe should be valued in practice, based on beliefs about nurses and nursing that simply reinforce and validate our own sometimes limited views. We do not always seek to determine intended outcomes of change. While, at times, the impetus for change and the subsequent links to the need for heightened awareness of the imperative for change are not well explored and developed, at other times, nurses dismiss, out of hand, policy that which they do not see as specific to their context of practice or which challenges their insular world view. Such rejection of nurse led policy by nurses results in a perception that nursing is a profession that experiences dissonance and discord and fosters disarray and disorganisation.

While we as editors have noted the potential for dissonance between those who develop policy and those who practise nursing within the policy framework, the papers in this *AJAN* explore other points of apparent dissonance in nursing. These include the well-publicised dissonance among educational experiences and workforce expectation exemplified in the papers by Hoffman and Elwin, and, Kilstoff and Rochester. Hoffman and Elwin discuss the relationship between confidence and graduate nurses' capacity for decision-making. Kilstoff and Rochester focus on the 'values dissonance' and 'role adjustment' necessary for new graduate nurses and the clashes between realistic and unreasonable expectations of the transition to the workforce for enrolled nurses becoming registered nurses.

The paper by Raholm, Eriksson, Lindholm and Santavirta identifies the dissonance in the rhetoric of nursing which claims to be holistic in focus and the reality of cardiac patients experience of nursing care. These authors argue for changes in the rhetoric surrounding spirituality and nursing practice to highlight the need for a focus on the patient's frame of reference. Adopting more patient-centred practice as the framework for nursing research may be a vehicle through which nursing can address the dissonance between nursing rhetoric and patients' reality.

Such research must, however, be coupled with pragmatic considerations. Emden and Smith's paper focuses on the need to develop guidelines for graduate students undertaking research projects. They make a plea for realistic project design and process guidelines. If research training for nursing students is to be both rigorous and ethical, these authors suggest that some restrictions need to be applied in choices of approach and method/s of data collection.

Dissonance among other espoused philosophies and nursing practice are also highlighted in this issue. The extent to which nurses are empowered and enabled to engage in ethical practice which is cognisant of human rights issues are questioned in the study undertaken by Johnstone, Da Costa and Turale.

Despite an espoused commitment at policy level to integrated service delivery and collaborative work practices, Reiger and Keleher express the view that restrictive practices for nurses within a child and family health service arise from medically defined surveillance of service, policies and practice.

Collectively we must address the dissonances within nursing. Change efforts may not be successful when they are policy driven without a basis in practice or purely politically motivated. Realistic solutions to situations that become problematic in the real world of practice have to encompass acknowledgement of ambiguity and the human aspects of change processes. A failure to acknowledge the reality and inherent complexity of the coalface can lead to limitations in outcomes of well intentioned policy. Hence, there is a need to acknowledge the uniqueness of challenges of introducing change.

One of the challenges in introducing change is avoiding the creation of the perpetuation of the 'us' and 'them' mentalities that pervade organisations where change is a constant feature of work.

Education and training is frequently identified as a mechanism for reducing the popularised 'gaps' in nursing such as the theory-practice gap or the policy development-implementation gap. However, education and training strategies remain, in the main, content driven, individual learner oriented and expert provider focused. While learning has historically been targeted toward individual learners and their needs, increasing reference is made in the literature to the concept of organisational learning. Organisational learning is seen as the key to organisational survival. It is also thought to offer opportunity for the survival and development of professions in health care.

Organisational learning has been characterised as a strategy through which an organisation is able to improve performance and prevent and respond to error through the development of practice based insights.

Organisational learning recognises the coexistence of both the mechanistic and functional elements of organisational change as well as the 'softer', humanistic elements of reform and consists of two interrelated elements: individual learning and development, and the dissemination of and elaboration of that learning through conscious interaction with others. While thorough evaluations can provide evidence of the real worth of policy in practice as well as identifying aspects of outcomes that were either not in the original plans of approach to change agenda or arose unexpectedly from the context of practice, there is need to disseminate information derived from policy evaluation to the nursing workforce and communicate reasons for policy retention (or abandonment). The concept of a learning organisation provides a framework in which to nest dissemination of policy and evaluation of policy in ways that are inclusive and supportive of nurses.

Related to, but distinct from organisational learning, the concept of the learning organisation has become increasingly popular in literature related to organisational change. The learning organisation is one in which the learning of all its members is encouraged in order for the organisation (or, we would argue, the profession) to sustain and transform itself.

The concept of workforce development has emerged in relation to organisational learning and the creation of learning organisations. Workforce development is seen as a key element in meaningfully enacting policy directions and acknowledges the interface between the 'internal' practice context and the external policy context. It is important to note that workforce development recognises the need to have supportive workplace structures for development to occur. More enlightened approaches to workforce development also acknowledge that the developed workforce shapes its own future through skilling staff in policy generation and evaluation and addressing dissonance in ways that are not destructive to either individuals or the profession.