

Organisational learning, e-learning and low technology roles

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Lightbulb moment

Four Catering Service Assistants were crowded around one desktop computer. They were completing their compliance training via e-learning and Mary (name changed) was helping by driving the computer. Mary was logging in and out of the Learning Management System using each person's unique username and password. As a group, the Catering Service Assistants then completed each compliance e-learning module, discussing the content and sharing experiences. This process was repeated until all present had successfully completed their compliance training.

Whilst this was not how the compliance training had been designed for delivery, the lightbulb moment is the social model of learning being demonstrated. Through seeking support within their own community of practice (team), the Catering Service Assistants were sharing knowledge and skills, relating the training to their roles and using an 'expert' to drive the computer. This was indicative of social or situated learning (Lave and Wenger 1991) and warranted further exploration.



Background

This research proposal builds on a study I undertook in 2020-21, with 9 Catering Services workers across 3 focus groups at South West Healthcare and which identified:

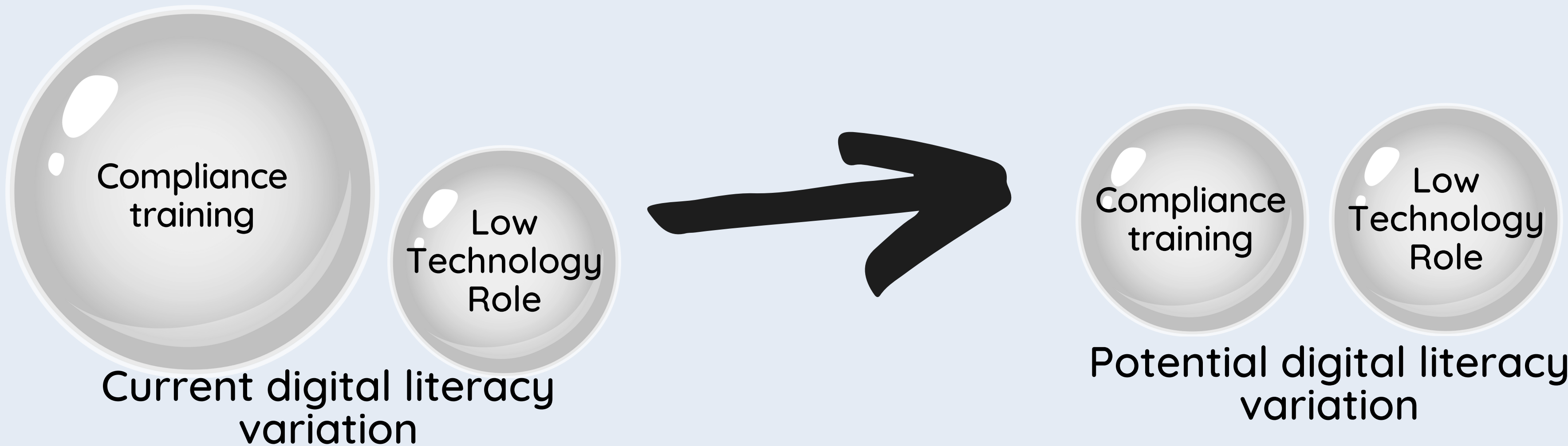
- a negative emotional response to compliance training delivered via e-learning
- difficulty and complexity in accessing, navigating and completing using a laptop/desktop computer
- content is not perceived to be relevant to work roles
- low confidence in digital literacy leading to workers avoiding, or putting off completing e-learning modules (Keane 2021)

The digital skills required to undertake a Low Technology Role (LTR) are simple, repetitive and learned experientially (Klassen 2019). This contrasts with the digital literacy skills required to complete compliance training, which involves 10+ steps, many of which are not used in day to day work roles of LTR Workers.

Can we get from this

To this?

Where



- The digital literacy required to complete compliance training is simple, repetitive, learned experientially (Klassen, 2019)
- Content is clearly related to work roles, comprehensive and key messaging is clearly understood
- Workers are kept safe in their roles

Aim

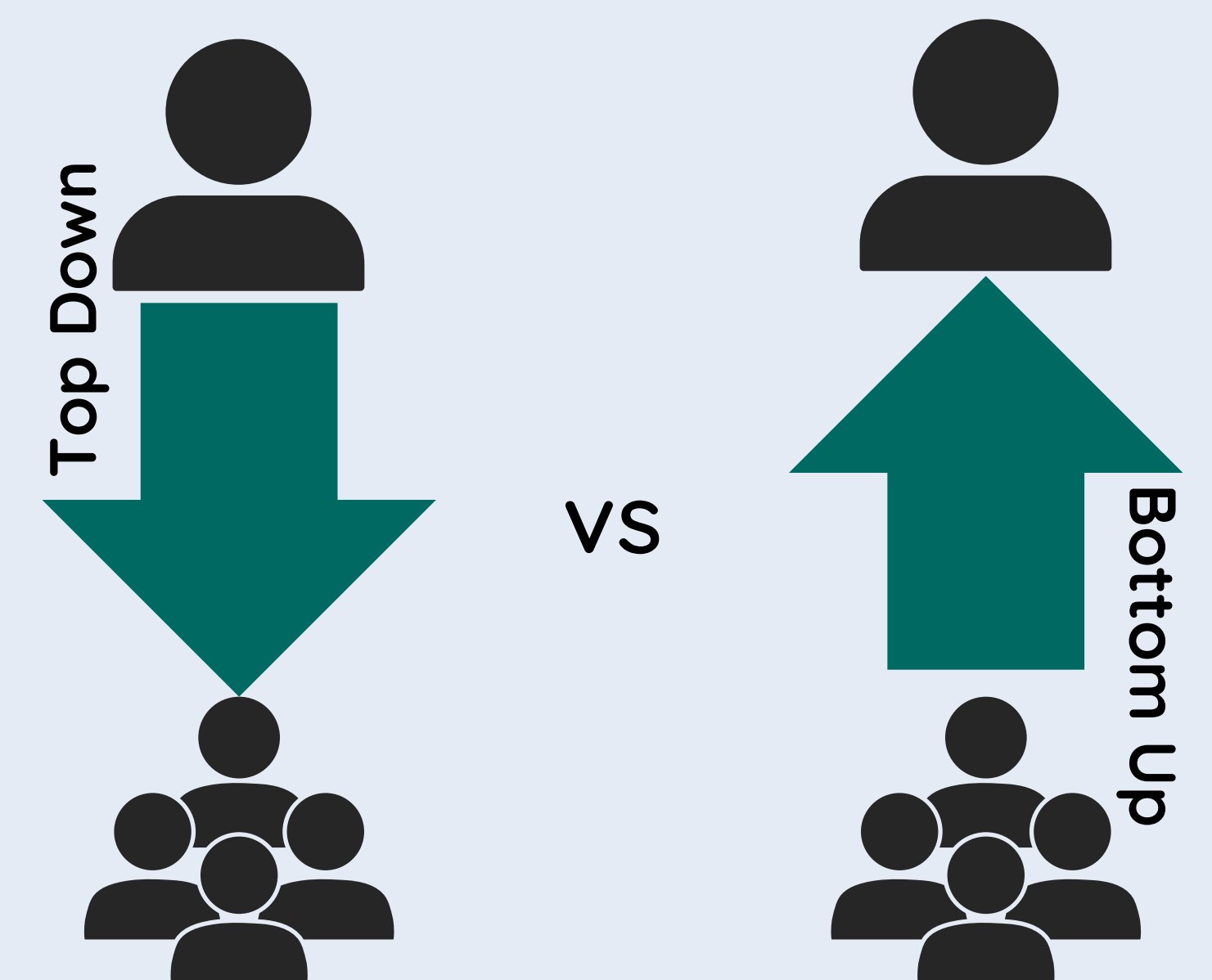
To understand how organisations can better design, develop and deliver compliance training to meet the digital learning needs of LTR Workers. Increase comprehension of compliance training thereby maximising worker safety. Transfer research outcomes to other work roles in public health to address whole of organisation digital learning needs. Consider the outcomes of this research across other industries and work roles.

Literature Review

Current literature on workplace learning, digital literacy and digital technology use at work has been evidenced in top down models of data gathering and does not seek perspective of those most impacted by digital literacy inequities (ECORYS 2016, Gekara, Snell et al. 2019).

Without input from LTR workers, solutions may fail to meet worker needs in this area, resulting in

- ineffective compliance training that has the potential to alienate workers
- reducing their safety in the workplace (McKay and Vilela 2011).



Exploratory Research Methods

Multi-site mixed methods case study | Two regional Victorian public health services | Two departments per health service | 150+ LTR Workers

Survey

I will gather baseline data from 100+ LTR workers in Public Health on digital technology use at home and work, preference for compliance training using technology and any assistance sought to use digital technology.

Participant Observation

I will gather real time experience of learning at work to understand how LTR Workers learn and how this could be used in development and delivery of compliance training.

Semi-Structured Interviews

I will gather additional rich first hand data on workplace learning, workplace e-learning and compliance training from LTR Workers and their Team Leader.

This research will be submitted as a Human Research Ethics Application (HREA) as a multi-site study to Barwon Health Human Research Ethics Committee

References