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## Effects of Recognition of Prior Learning as Perceived by Different Stakeholders

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### Introduction

Recognition of prior learning (RPL) has become a popular tool over the last few decades to improve the formal qualifications of citizens around the world. This is reflected in the policies of the European Union (European Commission, 2001, 2010) and many of its member states, such as Sweden (Ministry of Education, 2003). These initiatives and RPL research often take for granted that RPL contributes positively to the prosperity of a country. However, there is a lack of research on the effects of RPL programs. This article aims to fill this gap by analyzing these effects as perceived by participating stakeholders. We focus on an in-service RPL program for providers of elderly care in Sweden. By participating in RPL activities during work hours, their care workers received a certificate equivalent to the upper secondary level health care program. The article aims to answer the following question: What are the effects, as perceived by different stakeholders, of participation in RPL programs? Our results provide a starting point for generalization through context similarity (Larsson, 2009).

Research on RPL has emerged parallel to policy initiatives. Depending on the context, various concepts have been used to describe the processes by which prior learning is recognized and documented. For example, in addition to recognition of prior learning, concepts such as validation, accreditation of prior experiential learning (APEL) and prior learning assessment (PLA) are used. The research field is developing by applying various theoretical perspectives in different contexts (Andersson & Harris, 2006; Harris, Breier & Wihak, 2011).

Some studies have specifically focused on different aspects of RPL in the workplace. Romaniuk and Snart (2000) focused on the contribution of prior learning assessment to workforce development. There has been a shift in many companies from a focus on professional growth to a focus on personal growth. PLA is a means of holistically combining professional and personal development. These authors argued that PLA encourages a more holistic conceptualization of what learning is, who learners are, and how learners learn. Thus, PLA “may better enable the workforce to complete the transition from employment to employability” (p. 33).

The concept of “workplace RPL” (Berglund & Andersson 2012), refers to implicit recognition that occurs at work without the use of the RPL concept. The analysis shows that such practices occur during recruitment and in-service training as well as when employees leave the workplace. Informal, non-formal and formal assessment processes that recognize prior learning are present in many ways in the workplace. These practices are based on the logic of production rather than recognition of competence, and competences might be kept “invisible” if this is more productive from the employer’s perspective. Thus, Breier (2005) referred to “rpl,” recognition processes that are integrated in broader (in her case, educational) processes, in comparison to “RPL,” and such “rpl” processes occur in both educational and work contexts. However, despite the goal of creating RPL systems that target vocational competence developed in the workplace, such initiatives often seem to result in RPL systems that are adapted from the school system. These adaptations classify knowledge in terms of courses and assess knowledge in terms of grading (Andersson, Fejes & Ahn, 2004).

In a nursing context similar to that of the present study, Scott (2007) analyzed the role of experience in relation

to RPL. He studied the perceived learning of pre-registration student nurses with and without prior clinical experience. He hypothesized that student nurses with clinical experience would report lower perceived learning because they had learned through experience. However, the results showed that the perceived effects of RPL and training are not always predictable. There were no significant differences between these groups of students. The knowledge that some students had obtained from prior experience was of a different type. Therefore, the amount of knowledge they acquired in the program was equal to those without prior experience. Booth, Roy, Jenkins, Clayton and Sutcliffe (2005) discussed RPL in the context of workplace training in the elderly care sector. They identified the tension between cost-effective recognition processes and the value of training in the long term, where training seems to be more relevant for organizational development. However, recognition processes taking place in the work context seems to be more relevant and successful.

The present study is part of a larger research project on in-service training based on recognition of prior learning in the elderly care sector. The focus of the project is the transition of care workers into licensed practical nurses (LPNs). Recognition is integrated into in-service training programs in the workplace. A study by Sandberg (2010), drawing on Habermas's theory of communicative action, identified how a caring ideology is a central part of teachers' implementation of RPL in this context. Through this ideology, teachers construct a relationship of trust with participants, allowing RPL to focus on acknowledging the personalities and identities of the participants rather than on the assessment of knowledge. Sandberg argued that this reproduces a normative subordinated discourse about the attributes of a good health care worker in the female-dominant vocation. In a previous article (Fejes & Andersson, 2009), we analyzed the role of prior learning in the specific in-service training program discussed here. We found that prior learning is a starting point for new learning and that discussions are a main method of acquiring knowledge. Further, the training process was described as the production (rather than consumption) of knowledge. Our results suggested that this program had many similarities to "classical" andragogical principles compared to the "regular" in-service training, which seemed to reflect a one-way communication with little focus on care workers' prior learning. In this article, we analyze the perceived effects of this initiative.

## **Background**

This article is based on a study of a large governmental project in Sweden called "Steps for Skills." The project aims to support municipalities in their work with quality and in-service training in the caring sector (health care and social care) for the elderly. The project was initiated due to a lack of young people becoming LPNs in Sweden, where the elderly population is growing. According to the project committee (Ministry of Social Affairs, 2007), there will be a shortage of 200,000 LPNs in the year 2015. However, the larger problem is that people who work in the caring sector do not have the "correct" educational background – they often have an upper secondary school degree, but not in health care programs.

As part of the initiative, RPL programs were developed and funded in six municipalities across Sweden. During work hours, care workers could participate in assessment and learning practices to obtain an upper secondary health care program certificate. Care workers have limited education opportunities at work. The goal of the program is for all elder care professionals to receive LPN certification. The health care program is required for employment as an LPN. The most common route to certification is the three-year upper secondary school program that includes both program-specific courses and subjects, and more general theoretical subjects that provide basic eligibility for higher education. In adult education, it is usually possible to take a 1.5-year program consisting only of program-specific courses. These program-specific courses are the focus of the RPL program. Two categories of employees provide basic care for the elderly in Sweden: care workers and LPNs. Despite different levels of educational attainment, in practice, they perform the same tasks.

An important goal of the RPL program was to relate formal educational programs more closely to the workplace as a way to focus on knowledge essential to a specific occupation. In-service training often takes place at work without a formal connection to the educational system. In this case, the goal was to integrate parts of the

formal educational system (the health care program and its documentation of knowledge in terms of grades) into the workplace.

Experiential and constructivist ideas of learning are central to the practices and outcomes of RPL processes. Dewey (1929) stated that ideas about problem solving are crucial for understanding the importance of experience and experimenting. Kolb (1984) referred extensively to Dewey in his writing on the learning cycle. Further, Schön (1983) focused on experimenting, and Brookfield (1987) highlighted the contribution of critical reflection about one's experience to developing understanding of different phenomena. These perspectives view knowledge production as a construction by the individual. The context in which knowledge is acquired is not the focus. In this way, experiential learning is helpful for recognizing experience as an important part of the learning process. However, identifying learning at work as a social and contextual activity is common in research on workplace learning (e.g., Blåka & Filstad, 2007; Collin & Valleala, 2005; Wenger, 1998). People learn by interacting with each other and with different objects. The focus is often on the context in which learning occurs, the subject matter and the method of learning.

Using these ideas as an interpretative lens, we analyze how the RPL process can be seen as a learning process with effects on the individual and organizational levels. Thus, the process is not only a matter of assessing prior learning but also of creating new experiences that might lead to new or revised attitudes in the workplace.

### **Design of the program**

As a way of conducting the RPL process, participants in nursing homes were involved in activities related to acquiring new knowledge as well as the recognition and assessment of prior learning. Teaching was conducted in small lectures related to the module to be assessed. The participants were asked to discuss cases among themselves and with their supervisors in "learning conversations." The focus of these learning conversations was an issue or a case raised by the supervisor. The participants were encouraged to reflect on the issues discussed while the supervisor guided the conversation to involve everyone.

Participants' knowledge was assessed by means of discussions and written assignments. A central component was the use of cases that the participants examined both orally and in writing. The aim of the assessment was to identify what the participants already knew and did not know about care for the elderly. Although the focus in this process was on acknowledging participants' prior learning, it also considered knowledge that they lacked, such as theoretical medical knowledge. When the participants lacked information, they read course literature and took written exams, similar to participation in the health care program as regular students.

### **Methods**

The study was inspired by a mixed-method approach, even if it did not apply such an approach to the full extent (Cameron, 2010; Clark & Creswell, 2008). It included a survey and qualitative interviews. The survey included participants and staff (i.e., supervisors, teachers and managers) in all six municipalities participating in the project. A questionnaire was distributed to 138 participants and to 56 members of the staff, which produced 98 and 47 respondents, respectively (external drop-out, i.e., number of questionnaires not answered at all, of 40 and 9, respectively). In this study, 95 of the participants were women, and one was a man (internal dropout, i.e., number of questionnaires where this particular question was not answered, of two). The average age of the participants was 45 years (internal dropout of six). Of the 98 participants, 70 took the full training to become an LPN, and 26 took single courses within the training program (internal dropout of two). Of the participants, 94 completed training, and two did not finish (internal dropout of two). The survey covered a broad scope of the initiative, with one section focusing on RPL and its effects in the training process. This section is the focus of our study, based on a preliminary analysis of the initial interviews. The quantitative data cover some of the categories that are presented in the results section. In this article, we use descriptive data from questions focusing on the effects of RPL as part of the in-service training process.

Interviews were conducted in two of the six participating municipalities to gain a more nuanced understanding

of the perceived effects of participation. We conducted interviews with managers, teachers, supervisors, project leaders and participants from 10 nursing homes and four educational providers in an effort to extract narratives about their perceptions of the program and its effects. A total of 44 people were interviewed: nine managers, nine supervisors, six teachers, two project leaders and 18 participants. To interview as many people as possible and to adapt to the work schedules of the interviewees, a few of the interviews were conducted as group interviews with two to five participants (Vaughn, Shay Schumm & Sinagub, 1996). A convenience sample was used for interviews; we spoke to people who were made available to us by the managers at each of the nursing homes.

Separate interview guides were prepared for each category of interviewees (managers, teachers, supervisors, participants). The guides were divided into four sections: 1) background and work assignments, 2) in-service training, 3) RPL and 4) effects of recognizing prior learning. Each section contained follow-up questions. Because our focus was on the interviewees' experiences of in-service training and the RPL program, we chose to conduct a semi-structured interview (Kvale, 1996). The first question in each section was quite broad, and follow-up questions were used if the specific areas of interest were not discussed spontaneously by the interviewee. The duration of each interview was 45 – 70 minutes. In most cases, transcriptions of recorded interviews were used in the analysis. In a few cases, the analysis was based on the interviewer's notes. Quotations from the interviews are used to illustrate our analysis.

The analysis of interviews was conducted using a qualitative interpretative approach (Kvale, 1996) focused on discerning categories related to the participating stakeholders' perceived effects of the in-service training program.

## **Result**

Our analysis is focused on the perceived effects of the in-service RPL program. We can discern effects related to the individual and to the nursing home as an organization. The individual effects relate to the participants *learning new things*, specifically "theoretical" knowledge. Furthermore, participants' *self-esteem increases* and they develop a more *professional attitude* toward work when their knowledge is acknowledged and when they learn new things. On an organizational level, the in-service training has created *greater interest toward in-service training* at some of the nursing homes. Managers have become interested in the *broader use of new methods for training* promoted in this project, which have contributed to making *in-service training more effective*. Finally, the participants have influenced the organizational learning process through *reflection, discussion and development in the workplace*.

### **Individual effects**

In this section, we will present the individual effects of the in-service training as represented in the questionnaires and expressed by the interviewees. These effects include *acquiring new knowledge, increased self-esteem* and a *more professional attitude* toward work.

#### ***Acquiring new knowledge***

The participants gained practical knowledge during their careers. They can identify whether a client shows symptoms of various kinds of problems, such as heart problems. However, they often do not know what happens in the body when a person has a specific kind of problem. If a person has a heart attack, what are the effects on the body? Thus, by participating in this in-service training, participants acquire new knowledge. Courses in the program focusing on medical knowledge, psychology or psychiatrics (theoretical courses) demand that participants read books, attend lectures and sit for written tasks and exams. As one of the participants stated, she has learned to medically explain what she does, and she can discuss these issues with colleagues in a new way.

I feel that, by putting words on what we do, one becomes, one sees that one does it in a quite different way now. I think I do. And of course, one thinks, when colleagues like ... then one

says, no, I understand what you are saying, I have read [about that]. You understand; I recently read about that. So we are updated. We have the latest [knowledge] in this area. ... (Participant 9)

These reflections are also related to a more professional attitude at work, a subject that will be addressed below. A central aspect of most of this new knowledge is its relationship to prior experiences and prior learning. This is largely a matter of developing a relationship between theoretical knowledge and the practical knowledge of the participants prior to the in-service training program. However, new knowledge can also be developed when a person is made aware of incorrect behaviors in certain situations. One participant reflected upon the fact that the training process confirmed that she had done things incorrectly.

Yes, it is in broad terms – yes, generally it is about the same thing, that you get confirmation that you have done it correctly all these years or ... it may be the other way around, that [what you have been doing] was not very good. You can reconsider doing it in a better way. And I think we all go through this, all who participate, so to speak. (Participant 1)

Thus, the process did not only confirm what the participants already knew; their methods were also questioned, which resulted in behavioral changes. The participants learned appropriate care, which can contribute to increased self-esteem, a theme that we will discuss in greater depth.

### ***Increased self-esteem***

The issue of self-esteem was one of the areas covered in the survey. The answers indicate that increased self-esteem was a central effect of recognizing prior knowledge. We found that 46.8 percent of the staff (corresponding to 62.9 percent of the 35 participants who answered this question) described a very high contribution to increased self-esteem, and 14.9 percent agreed to some degree of increased self-esteem (Table 1).

*Table 1. Staff estimation of contribution to participants' self-esteem through RPL.*

<b>RPL contributed to strengthening participants' self-esteem</b>	<b>Frequency</b>	<b>Percentage</b>
Yes, to a very high degree	22	46.8
Yes, to some extent	7	14.9
Neither yes nor no	3	6.4
Don't know	3	6.4
Internal dropout	12	25.5
<b>Total</b>	<b>47</b>	<b>100.0</b>

Among the participants, 48.0 percent confirmed a high degree of increased self-esteem, and 36.7 percent confirmed some degree of increased self-esteem (Table 2). Furthermore, most participants stated that they realized that they already had a significant amount of knowledge. This statement was confirmed to a high degree (37.8 percent) or to some degree (46.9 percent) by 84.7 percent of the participants (Table 3).

*Table 2. Participants' estimation of contribution to their own self-esteem through RPL.*

<b>RPL learning contributed to strengthening of my self-esteem</b>	<b>Frequency</b>	<b>Percent</b>
Yes, to a high degree	47	48.0
Yes, to some extent	36	36.7
Neither yes nor no	5	5.1
No, not much	2	2.0
No, not at all	1	1.0
Internal dropout	7	7.1
<b>Total</b>	<b>98</b>	<b>100.0</b>

Table 3. Participants' estimation of contribution of RPL to awareness of their own knowledge.

<b>RPL contributed to the awareness that I already knew a lot</b>	<b>Frequency</b>	<b>Percent</b>
Yes, to a high degree	37	37.8
Yes, to some extent	46	46.9
Neither yes nor no	6	6.1
No, not much	1	1.0
No, not at all	1	1.0
Internal dropout	7	7.1
<b>Total</b>	<b>98</b>	<b>100.0</b>

This experience of higher self-esteem through participation in in-service training based on RPL was elaborated on in the interviews. Several of the participants were older females working in low-status and low-wage positions who had not participated in thorough training for many years. Thus, their confidence had been low. One of the local managers expressed this with respect to the selection of care workers who would participate in the training program:

And what is fun was that one of the women was somewhat unsure [about participating]. It is not that easy to start studying when you are 55 years old and have not studied for maybe 20 – 30 years. But today she thinks that it was really ... very good. That she sees things differently. So it has been really positive. (Manager 1)

Her uncertainty about participating became greater self-esteem. The participant's knowledge was recognized, and she felt more confident in her role as a participant in training. As one supervisor stated, "I see it when they see it ... they themselves realize that they have a lot of knowledge" (Supervisor 2). Several of the managers stated that the participants' self-esteem had increased.

Additionally, some of the supervisors stated that the participants' increased self-esteem resulted in changes in workplace behavior, including greater participation in work conversations:

I have noticed that it increases their self-confidence enormously ... They realize that they have a lot of knowledge. One woman was a little unsure and thought, 'I can't manage this.' She has grown enormously in her self confidence, really. She makes herself heard, in general. Not only here, but she makes herself heard much more in the work team... so she knows that she can do it. She has sort of ... she knows it. She is clever. (Supervisor 2)

Several of the participants expressed greater confidence and self-esteem. As one participant put it, [One can] get more knowledge and all that and get recognition for oneself that one knows. Not only bad, but also really positive and good, too. That one is not maybe as bad ... as one thought before. First and foremost, a little bit of this to develop self-confidence. (Participant 1)

Another example of implicit increased self-esteem is the tendency to begin questioning colleagues and managers. One teacher expressed this possibly "negative" effect:

Yes, negative effects could be that they might cause some trouble in their workplace. And we have already seen that they question their managers. The question is, are the managers really prepared for this? (Teacher 6)

An interesting question is why self-esteem increased. The most common explanation provided in the interviews was that existing knowledge was recognized. Methods for doing things in practice were confirmed through theory. This confirmation contributed to self-esteem and confidence in occupational practice.

### *A more professional attitude at work*

Increased self-esteem and recognition of knowledge can also be related to a more professional attitude and competence in the workplace. The survey showed that 69.4 percent of the participants agreed that RPL helped them do a better job to a high degree (27.6 percent) or to some degree (41.8 percent) (Table 4).

Table 4. Participants' estimation of contribution of RPL to doing a better job in the workplace.

<b>RPL contributed to doing a better job</b>	<b>Frequency</b>	<b>Percentage</b>
Yes, to a high degree	27	27.6
Yes, to some extent	41	41.8
Neither yes nor no	19	19.4
No, not much	1	1.0
No, not at all	2	2.0
Internal dropout	8	8.2
<b>Total</b>	<b>98</b>	<b>100.0</b>

All interviewees stated that the RPL process made them think in different ways. The routine way of doing things was disturbed and questioned:

One questions maybe sort of why one does [something] like that, and one thinks more about what one does, I think. One becomes more confident, as I said before, in the role. (Participant 9)

Yes, it strengthens the self-esteem a little bit, too. (Participant 10)

These participants believe that they began to question their actions more than they had before. Thus, they became more secure. As argued in the previous section, the participants stated that their self-esteem increased. The managers also recognized greater reflection on the part of the participants in their everyday work. One manager mentioned that the participants now speak differently about the clients and how they are to be treated:

This person said, like I said last week, she said, 'God, school has given me so much,' now I react, how my colleagues talk sometimes about the caretakers. So in that way, it has raised questions. I think it is social care when you study caregiving. And they talk a lot about ethics and morals, and that has strengthened this person. (Manager 1)

One of the supervisors discussed how one of the participants had become more reflective about what she did when she worked at night. For example, she has started to knock on clients' doors before entering at night, even if it might awaken the client, because it is a private space. These examples point to what we consider a more professional attitude among the care workers. As a result of the in-service training, the care workers begin to reflect on what they do in a new way.

A more professional attitude is closely related to an increase in self-esteem. When participants recognize what they know and what they can do, their confidence in their occupational practice increases. In an interview, Manager 2 described how her employees took more responsibility in practice after the program. For example, one employee was confident enough to write a care plan herself. Such a change in practice may be related to increased self-esteem as well as a more professional attitude in occupational practice.

### **Organizational effects**

In the current study, we focus on the effects experienced by the different stakeholders. These experiences are related not only to individual effects but also to organizational effects. In this section, we will discuss the broader effects of training in nursing homes. Was the knowledge gained during the training disseminated in any way? Three kinds of effects have been identified: *a growing interest in in-service training; the*

*introduction of new and more effective methods for in-service training; and an increase in reflection and discussion at work.*

***A growing interest in in-service training***

First, this initiative focuses on opportunities for in-service training in the organization. We have seen that all parties became more interested in in-service training. As one of the supervisors stated,

There will be some talk at the coffee table. And the others who didn't get this training, who had been assistant nurses for maybe 10 – 15 years – she thought, 'it was a little bit unfair that, that I could have gotten something from it.' Because it is a little bit fun, too, to do something else. They have really grown, those who participated, and think that it is great. (Supervisor 4)

Here, we can see how one of the colleagues was jealous because she also wanted to have new input and to do something different from everyday work. By having colleagues who participated in a program for in-service training, nonparticipants might become interested in participating in similar programs. In other words, they are exposed to the positive experiences of their colleagues. At a different nursing home, the manager argued that the participants transfer knowledge to the workplace during meetings; thus, more employees are interested in further training.

One could say that those who participate transfer the knowledge, practically as well as theoretically. Practically, in the workplace; theoretically, when we sit in team meetings. And there has been a developing interest among workmates to take such training and study further. I can see that. (Manager 5)

***Introduction of new and more effective methods for training***

This initiative improved training. Specifically, the introduction of “learning conversations” was described as a process of development.

In general, the questionnaires show that recognizing prior learning led to the perception of the RPL in-service training program as more effective than the “ordinary” in-service training offered. In this study, 63.8 percent of the staff (85.7 percent of respondents answering this question, which had a high internal drop-out rate) confirmed this to a very high degree (31.9 percent) or to some degree (31.9 percent) in a question explicitly asking whether the process became more effective (Table 5). Furthermore, 59.6 percent of staff (82.4 percent of those answering this question, which also had a high internal drop-out rate) had the impression that participants, to a very high degree (36.2 percent) or to some extent (23.4 percent), had more time to learn new things (Table 6).

*Table 5. Staff estimation of the contribution of RPL to more effective in-service training.*

<b>RPL contributed to more effective training</b>	<b>Frequency</b>	<b>Percentage</b>
Yes, to a very high degree	15	31.9
Yes, to some extent	15	31.9
Neither yes nor no	1	2.1
No, not much	1	2.1
Don't know	3	6.4
Internal dropout	12	25.5
<b>Total</b>	<b>47</b>	<b>100.0</b>

Table 6. Staff estimation of contribution of RPL to more time for participants to learn new things.

<b>RPL contributed to more time for learning new things</b>	<b>Frequency</b>	<b>Percentage</b>
Yes, to a very high degree	17	36.2
Yes, to some extent	11	23.4
Neither yes nor no	2	4.3
No, not much	1	2.1
Don't know	3	6.4
Internal dropout	13	27.7
<b>Total</b>	<b>47</b>	<b>100.0</b>

The participants had this experience, as well, but they were somewhat less certain in their judgment. In this study, 73.4 percent confirmed the contribution to more effective training to a high degree (31.6 percent) or to some degree (41.8 percent), whereas only 3.0 percent had the experience of making the process less effective (Table 7). Furthermore, 79.6 percent of the participants confirmed that they had more time to learn new things to a high degree (41.8 percent) or to some degree (37.8 percent) (Table 8).

Table 7. Participants' estimation of contribution of RPL to more effective in-service training.

<b>RPL contributed to more effective training</b>	<b>Frequency</b>	<b>Percentage</b>
Yes, to a high degree	31	31.6
Yes, to some extent	41	41.8
Neither yes nor no	15	15.3
No, not much	1	1.0
No, not at all	2	2.0
Internal dropout	8	8.2
<b>Total</b>	<b>98</b>	<b>100.0</b>

Table 8. Participants' estimation of contribution of RPL to more time for learning new things.

<b>RPL contributed to more time for learning new things</b>	<b>Frequency</b>	<b>Percentage</b>
Yes, to a high degree	41	41.8
Yes, to some extent	37	37.8
Neither yes nor no	10	10.2
No, not much	2	2.0
No, not at all	1	1.0
Internal dropout	7	7.1
<b>Total</b>	<b>98</b>	<b>100.0</b>

The introduction of new methods meant that some methods used in this training could be applied to the entire group of employees. As mentioned above, a specific method used was the "learning conversation," in which a group of colleagues is guided by a supervisor to discuss a certain problem, and everyone is encouraged to contribute to the discussion.

One of the managers argued that if more than half of the employees participate in a training program, the others must also be included. One way to do this is to use learning conversations for the entire group of employees.

When you come back to work, you become critical concerning colleagues' way of doing things, too, and you want them to 'catch the train.' So now we have noticed that when we have staff meetings, we will bring up some of their group work. ... So then [those who did not participate] will also have some competence; development will pour off on the rest of the team. There are 12, and two of them take the course, and the other 10 cannot stand on the side. (Manager 2)

Furthermore, it is important for the organization to involve the managers. One supervisor described how the manager was expected to contribute with a topic for discussion when learning conversations were introduced outside the formal training process. However, the development of in-service training is not only a matter of the introduction of learning conversations. For example, in an interview with the managing staff of the initiative in one of the municipalities (the project manager, head of nursing school and two teachers), a new perspective on in-service training was expressed. Factors such as the relationship between training and work, the importance of reflection, a focus on new learning and awareness of the location of training (workplace vs. school) were emphasized.

### ***Reflection, discussion and development in the workplace***

The organizational effects also are related to events that could occur in the workplace during and after the in-service training process. We have seen that participants return to the workplace with a more reflective attitude and new knowledge. Based on this experience, the participants begin and contribute to professional discussions.

When they come back with their theoretical knowledge, they immediately want, often, to put it in print here. And then that contributes, opens up new worlds and thoughts for other co-workers. So the knowledge that the RPL participants learn at school is brought with them indirectly to the workplace here. And it could be that you just start to discuss ... what they have learned at school. And then it could be the starting point for something in the workplace, which is very good. (Manager 1)

Such experiences were also expressed by a participant at another nursing home. She felt that her nonparticipating colleagues were interested in what happened during training.

Now they ask quite a lot, I think, about this training that we take. So it has started some thoughts among many people. What are you doing? Does it work well, is it difficult, and such things? So it is fun. (Participant 3)

However, this introduction of new ideas is sometimes problematic. For example, one participant explained that it is not always effective to begin commenting and correcting when colleagues do things in a "wrong" (e.g., less hygienic) way. She thought that the long-term effects were better if she continued to do it correctly herself, which would influence her colleagues to follow her in the long run.

Finally, the training process had direct organizational effects. Participants were expected to create developmental projects as part of their training, and these projects had an immediate impact on situations such as meals and sleep in the nursing homes.

### **Discussion**

RPL has become an important method through which different governments hope to help develop the prosperity of a country. Often the argument is that RPL will benefit both the individual taking part in the process and society at large, as people will be better fit for work. Based on such assumptions, many countries in Europe and beyond have built, and are building systems for RPL. However, such systems are built based on assumptions that have not yet been sustained through research. Does RPL have any effects, and if so, what kinds of effects? In this article, we have begun answering such questions. We have identified a number of perceived individual and organizational effects of the RPL in-service training program. The experience of the

participants (and the supervisors, teachers and managers) is that they acquired new knowledge, increased their self-esteem, and developed a more professional attitude. The participants began to reflect upon and discuss work-related topics, and the interest in in-service training among those who did not participate in the project has grown. Furthermore, we identified an interest in conversational learning as a training method and in the development of training, in general.

We argue that an individual's learning is dependent on the context in which she is situated. Thus, effects perceived by the interviewees are related to the specific conditions of the nursing home. The in-service training is integrated into the workplace. The organizational effects are contextual, and the context itself is influenced.

The process seems to develop the self-esteem of the care workers. Recognition of the workers' knowledge changes their subjectivity in relation to themselves and others. They are confirmed as people who know things that were not previously apparent. At the same time, they develop new knowledge, which also contributes to increased self-esteem.

Further, new knowledge and increased self-esteem seem to have an effect on the professional attitude of care workers. Based on new theoretical knowledge and the recognition of prior learning, the care workers begin to reflect on what they do at work and to problem solve with their colleagues. These effects are encouraged and augmented by the method of conversational learning used in this program. The method encourages care workers to reflect upon problems and issues in their everyday work. In these conversations, they draw upon their prior learning and experience to develop their reflective competence.

Our results indicate that there is a relationship between these effects on the individual and organizational levels. Participants' prior learning occurred in the organizational context of the workplace. Emphasizing this prior learning and developing new learning contributes to increased self-esteem and a more professional attitude at work. The care workers are part of the organizational context at work. The growing interest in in-service training and methods, such as learning conversations, is inspired by the effects colleagues observe among the participants. Further, the process engages employees beyond the group of participants. The new knowledge, self-esteem and professionalism among participants help them to contribute at an organizational level. Finally, we note that organizational effects are likely to include new learning also at the individual level. This individual learning may get recognition in different ways during the process where it is developed.

## **Conclusion**

We have reported the perceived effects of a process, meaning that we have not quantified the actual effects. However, we argue that the participants' reflection and discussion in the work context is an actual effect. An important question is how the organization can make use of this information. Is there a risk that this effect will decrease when the program has ended? What does the growing interest in in-service training mean? Could further in-service training help to keep reflection and discussion alive? What would a broad implementation of conversational learning mean?

Even if we lack the answers to these questions, our conclusion is that RPL has valuable effects. A number of different stakeholders perceive these effects, which have real consequences in the nursing home workplace. Further research could also help us answer such questions and develop a deeper understanding of the effects of RPL programs in the workplace. One perspective that could be added here is that of the clients, the elderly people living in the nursing homes. They should be seen as the most important stakeholders in this context, and effects on their life situation should be seen as the most relevant result any initiative in a nursing home could have.

Effects of an initiative like this RPL program are difficult to discern as they are situated in complex contexts. Nevertheless, it will be important to develop the study of perceived and actual effects of RPL, for example

in different types of workplaces, to better understand the relationship between the recognition process and what happens through and after the program. This study identifies individual and organizational effects that make it worth considering how RPL could be employed in in-service training and organizational development in the workplace.

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