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Eva Ellström and Per-Erik Ellström

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Learning Outcomes of a Work-Based Training Programme: The significance of managerial support

Eva Ellström
Per-Erik Ellström
Department of Behavioural Sciences and Learning
Linköping University
581 83 Linköping
Sweden
E-mail address: eva.ellstrom@liu.se

About the authors:

Eva Ellström is a Professor of Education at Linköping University. She is also a Research Fellow at the HELIX VINN Excellence Centre at the same university (www.liu.se/helix), - a multi-disciplinary research and innovation centre, focusing on research on learning, health and innovation. Her research interests include workplace learning, leadership, co-workership and organisation development. Eva Ellström can be contacted at: eva.ellstrom@liu.se.

Per-Erik Ellström is a Professor of Education at Linköping University and Co-Director of the HELIX VINN Excellence Centre at the same university. His research interests include learning and innovation processes in organisations, workplace learning, leadership, and interactive research.

Introduction

This article concerns the further education and training of care workers through a work-based vocational education and training (VET) programme. The purpose is to explore the extent to which first-line managers' (FLMs') attention to and support of the VET programme and the care workers' learning activities affected the learning outcomes of the programme and the transfer of learning to the work context.

Previous research has provided ample evidence of the importance of managerial support for the learning outcomes of training and the positive transfer of learning to work situations (e.g., Aguinis and Kraiger, 2009; Baldwin and Ford, 1988; Blume *et al.*, 2010; Burke and Hutchins, 2007; Elangovan and Karakowsky, 1999; Kim and Callahan, 2012). However, despite the widespread belief in the importance of managerial support for co-workers' learning, a point made by Baldwin and Ford (1988) remains relevant: our knowledge of what management support means in practice is lagging behind. Similar points have been made by later studies, such as Burke and Baldwin (1999) and Cheng and Hampson (2008). Both of these studies underlined the incompleteness of our knowledge of learning outcomes and the transfer of training. As argued in a recent article by Nijman and Gelissen (2011), not only the meaning and content of managerial support for learning but also the way in which managerial support influences learning outcomes from training remains unclear.

As mentioned above, this study focuses on first-line managers (FLMs) in elder care—that is, managers who have a direct supervisory responsibility in relation to care workers. Furthermore, FLMs have an important role in relation to the implementation of organisational policies and strategies, including human resource management strategies. There are comparatively few studies of FLMs, particularly in public service organisations, such as elder care (Ekholm, 2012). As argued by Hutchinson and Purcell (2007), FLMs' activities and leadership are important in shaping the work environment and in influencing, among other

things, how demanding the job is, how much autonomy employees have on the job, and the sense of achievement that comes from doing the job. These factors are important elements of the workplace as a learning environment (Ellström *et al.*, 2008; Fuller and Unwin, 2004), and, thereby, also important conditions for employees' learning and knowledge use.

The training programme that was the focus of this study was conducted in elder care in a Swedish municipality as part of a national VET programme with the overall aim of increasing employee competence and the quality of elder care. The overall design of the programme was based on a combination of formal courses, supervision in the workplace, and learning in and through daily work, or what might be called an integrated model of workplace learning (Kock and Ellström, 2011). The purpose of the study was addressed through an analysis of the following research questions:

1. What learning outcomes were attained through the work-based VET programme, and to what extent were these outcomes put to use (applied) in the job situation?
2. What characterised the ways in which the FLMs attended to and supported their co-workers' learning activities as perceived (a) by the co-workers and (b) by the FLMs themselves?
3. What significance did the managers' attention to and support of their co-workers' learning activities have for the learning outcomes of the VET programme, including the transfer of training to the job situation?

In contrast to many previous studies, the focus was not on learning outcomes measured directly after the programme was formally concluded but rather on longer-term outcomes measured nearly one year after the program had formally ended.

Previous Research

Available research on the influence of management on learning outcomes from training are largely based on correlational studies (Baldwin and Ford, 1988; Blume *et al.*, 2010; Burke and Hutchins, 2007; Scaduto *et al.*, 2008). As noted by Lindsay and Chiaburu, there are only a few empirical studies of the practices and interactions of managers and co-workers that can clarify the meaning of managerial support in context. Managerial behaviours that have been found to be positively related to learning outcomes and transfer from training include supportive behaviours, such as following up and discussing new learning, participating in training, providing encouragement, and coaching on the use of new knowledge and skills on the job (Burke and Hutchins, 2007). As demonstrated by Clarke (2002), limited opportunities to apply and use new knowledge on the job are a significant impediment to positive transfer from training. Also Lim and Johnson (2002) emphasised that the lack of opportunities for knowledge use following training was a significant obstacle for the positive transfer of the training context to the job.

FLMs' important role of being proactive and encouraging learning and development for their employees has been discussed in research on workplace learning (Billet, 2001; Ellström *et al.*, 2008; Hutchinson and Purcell, 2007; Powell and van Woerkom, 2011) and in research on "learning organisations" (Gibb, 2003; Hughes, 2004). The manager, who often has a deep understanding of both the organisation's needs and employees' needs and achievements, is regarded as vital for bringing about positive development for both the organisation and the individual.

Despite these findings, many managers see their work as separate from the role of facilitating and supporting learning processes (Beattie, 2006; Dirkx, 1999; Ellinger *et al.*, 2011). However, some observations have suggested that there are potential opportunities for working with learning and development in connection with the daily direct interactions with

employees (e.g., Beattie, 2006; Ellinger and Bostrom, 1999; Ellinger and Bostrom, 2002; Nijman and Gelissen, 2011; Wallo, 2008; Whittaker and Marchington, 2003; Viitala, 2004). Several of these studies have a common focus on exploring different meanings of management support for co-workers' learning. For example, Ellinger and Bostrom (2002) examined managers' beliefs about their roles as facilitators of learning. In line with previous research, they concluded that few managers actually regard themselves as developers and tend to perceive their roles as manager and facilitator of learning as distinct from each other.

These results were supported by Amy (2008) based on interviews with employees in a study that focused on both supportive and constraining behaviours for employee learning. For example, a manager's ability to communicate with employees was a highly important factor in stimulating learning processes. The study also showed that managers who were less enthusiastic and lacked interest in communicating with their staff could be obstacles to learning. An authoritarian attitude, a defensive attitude, and a lack of sensitivity to the needs of employees were mentioned by Amy (2008) as examples of constraining leadership behaviours.

In a more recent study, Ellström (2012) analysed the meaning of management support for informal learning at work in elder care and distinguished between two qualitatively different orientations of how managers acted and interacted with their co-workers: an enabling orientation and a constraining orientation. The managers with an enabling orientation shared a dialogue-oriented pattern of work, which meant that they listened to issues that were raised by the staff and encouraged discussions during meetings. This approach has affinities with what Wallo (2008) termed development-oriented leadership, which emphasises the encouragement of learning and critical reflection. It also has much in common with what Alvesson and Sveningsson (2003) described as a facilitating, rather than directive, type of leadership, which

Table 1: The Six Cases and the VET Programme: Organization, Participants, and Managers

Care Unit	A	B	C	D	E	F
Organisational Aspects						
Type of care unit	private	public	public	public	private	private
Size; number of employees	large; 90	medium 42	medium; 30	large; 65	small; 15	small; 17
Organisation and main location of learning activities	school	workplace	school	school	workplace	workplace
Number and Characteristics of Participants						
Number of participants in the VET-programme	20	5	2	5	4	17
Number of participants included in this study	5	5	2	5	4	5
Sex	all female	all female	all female	all female	all female	all female
Age Range	35 to 58 (M=45)	32 to 46 (M=40)	50 to 57 (M=54)	38 to 58 (M=50)	35 to 60 (M=48)	42 to 62 (M=52)
Highest Level of Previous Education	upper-secondary school (3) compulsory school (2)	upper-secondary school (2) compulsory school (3)	upper-secondary school (1) compulsory school (1)	upper-secondary school (2) compulsory school (3)	compulsory school (4)	upper-secondary school (5)
Background Characteristics of the Managers						
Sex	female	female	female	female	male	female
Age	37	47	30	64	55	39
Years of managerial experience	7	25	1	35	23	3
Highest level of education	BA in Human Resource Management	BA in Health Services and Social Care	BA in Health Services and Social Care	BA in Health Services and Social Care	BA in Health Services and Social Care	BSc in Nursing

is characterised by a listening attitude and informal relations with co-workers. The constraining management orientation was characterised by a lack of focus on learning and development issues on the part of the managers despite their ambition to work with such issues.

Methodologically, much previous research in this area has adopted an individualistic orientation that tends to neglect the significance of the organisational context (Ellström, 2012; Yukl, 2009). Rather than studying individual leadership behaviours, the present study focuses on FLMS as important actors in shaping the learning environment of a workplace (cf. Ellström *et al.*, 2008) and supporting their co-workers' learning at work, both directly (through personal encouragement and support) and indirectly (through their way of organising the learning environment of the workplace). In line with this orientation, this study also focuses on the practices, processes, and interactions between leaders and co-workers that appear to be constitutive managerial work in context (Crevani *et al.*, 2009; Holmberg and Tyrstrup, 2010; Uhl-Bien *et al.*, 2007).

Method

The present study was conducted as a multiple-case study of six care units within elder care in a Swedish municipality that had participated in a work-based VET programme financed by the government.

The Purpose and Organisation of the VET Programme

A main purpose of the VET programme was to upgrade the care workers' qualifications to allow them to become certified as assistant nurses. The training programme lasted for one year of half-time studies. To a certain extent, the programme was also open to care workers who were already certified as assistant nurses to provide further education and training in special areas (e.g., dementia). However, only one of the care units that were

included in this study (unit F; see below) took advantage of this opportunity for further education and training.

The continuing education unit within the municipality was responsible for the overall design and organisation of the programme. However, the managers of the care units had the operative responsibility for how the programme was planned and conducted in the different units. This responsibility included the selection of participants in the programme, the appointment of internal supervisors, the coordination of learning activities with the educational providers, continuous monitoring, and following up on programme activities and outcomes.

The programme was planned and conducted as a joint effort between six elder care units and three educational providers (schools) specialising in assistant nurse education and training. However, this programme differed from the regular programmes conducted by the educational providers. Specifically, this programme was based on formal courses in combination with procedures for the recognition of prior learning and learning activities in the different workplaces (care units) that were involved in the programme. Thus, the VET programme was work-based in that it included learning activities planned from perspective of the needs of the elder care units involved and wholly or partially conducted in the workplace.

In addition to the formal courses, a method called learning conversations was included in the VET programme. These learning activities were organised as problem-based discussion and reflection sessions led by an experienced colleague appointed by the FLM as an internal supervisor. The purpose was to offer opportunities for the participants to connect the various topics that were addressed in the formal courses (e.g., medicine, care of the elderly, ethics, psychology) to their practical tasks as care workers.

The Six Cases

Table 1 below summarises the contextual characteristics of the six units with respect to organisational characteristics, the number and characteristics of participants (care workers), and the background characteristics of the managers of the care units.

As shown in Table 1, there were considerable differences between the six units with respect to the organisation of the care units and the VET programme, the number and characteristics of the participants in the programme, and the characteristics of the FLMs.

INSERT TABLE 1 ABOUT HERE

Organisational Aspects. The six care units included in this study mirror the outsourcing policy adopted by this and many other municipalities in Sweden. In line with this policy, the provision of care services may be conducted either by the municipality or by private service companies based on outsourcing contracts. Of the six care units involved in this study, three of the units (A, E, and F) were outsourced to different private service companies, and three of the units (B, C, and D) remained part of the municipality's organisation for elder care. In Table 1, we use the expressions private and public to indicate whether the unit was outsourced or part of the municipality's organisation for elder care.

The size of the six care units in terms of the number of employees (care workers) varied considerably. Two of the units were relatively large, with 65 to 90 employees (units A and D), two (units B and C) were medium sized, with approximately 30 to 40 employees, and two of the units (E and F) were relatively small, with approximately 15 employees.

The six cases also differed with respect to the organisation and main location of the learning activities. Because of different practical circumstances, the formal courses (and, to some extent, the learning activities, called learning conversations) were conducted either on the premises provided by the care units (that is, at the workplace) or in regular classrooms at the schools. The former model was chosen by three of the care units (units B, E, and F), and the other three units chose a school-based solution (units A, C, and D).

Number and Characteristics of Participants. There were 53 participants (care workers) in the VET programme. However, the number of participants differed considerably, ranging from only two participants in unit C to 20 participants in unit A. The number of participants was not related to the number of employees in a unit but rather to the level of education of the care workers (and therefore to their need for further education and training) and to the resources that the manager decided to allocate to participation in the VET programme. More than half of the participants in the VET programme (26 care workers) were included as subjects in this study (for further information on selection and methods, see the section below on Methods of Data Collection).

All of the participants in the study were female. The ages of the care workers included in the sample ranged from 32 to 62 years. The mean age in three of the units (A, B, and E) was somewhat lower (40+) than the mean age (50+) of the other three units (C, D, and F). Considering the level of previous education of the care workers, half of the sample (13 employees) had completed upper-secondary school as their highest level of previous education, and the other half had completed compulsory education (nine-year comprehensive school) as their highest level of education. Most of those with only compulsory education had also participated in continuing education courses in health or social care.

Background Characteristics of the Managers. Considering the background characteristics of the managers, most of them were women. Specifically, five of the six units were led by female managers (units A-D and F), and one unit was led by a male manager (unit E). The ages of the managers varied from 30 to 64 years. In line with this observation, there was considerable variation with respect to the number of years of experience of managerial work. Three of the managers were quite senior, with more than 20 years of experience in managerial work (units B, D, and E). One manager had seven years of experience (unit A), and the other two had worked as managers for three years or less (units C and F). All of the managers had academic degrees. Most of the managers (four) had a bachelor's degree (BA) in health services and social care, including elder care (units B, C, D, and E). One manager had a BA in human resource management (unit A), and one had a Bachelor of Science degree (BSc) in nursing (unit F).

Methods of Data Collection

Data were collected through semi-structured interviews with the managers of the units and with the 26 participants in the VET programme. The interviews with the managers were conducted approximately two months after the programme was formally concluded. The interview guide included 22 open-ended questions that concerned the FLMs' (a) engagement and role in the VET programme; (b) ways of organising and leading the work together with the external educational providers (the teachers) and internal supervisors; (c) understanding of their tasks as managers, including the task of supporting their co-workers' learning and development; (d) working conditions; (e) attitudes towards the training programme; and (f) practical concern with and support of their co-workers' learning activities. The interviews were tape-recorded and transcribed. Each interview lasted 1.5 to 2 hours.

The number of participants who were interviewed in each care unit and some background characteristics of the interviewees are presented in Table 1 above. As shown in this table, the number of subjects per unit ranged from two to five. Except for two of the units (A and F), all participants in the VET programme were included as subjects in the study. The criteria for the selection of subjects in unit A and unit F was intended to ensure variation with respect to age and, indirectly, with respect to the number of years of experience as care workers.

The purpose of the interviews with the care workers was to gather information about (a) how the care workers perceived the learning outcomes of the training programme and (b) how they experienced their managers' interest in and support of their learning activities during the programme. The interviews were conducted eight to 10 months after the VET programme was formally concluded. The interviews were semi-structured and lasted between 1 and 1.5 hours. The interviews were conducted in a separate room at the care unit where the interviewee was employed. The interviews were tape recorded and transcribed.

Data Analysis

The six care units included in this study were analysed as cases within the framework of a multiple case-study design (Miles and Huberman, 1994; Yin, 2009). Unlike the individualistic focus in previous research (Ellström, 2012; Yukl, 2009), the unit of analysis was not the unit manager as an individual but rather the manager in context—specifically, the manager as the person responsible for leading and organising the learning environment of a care unit, including her way of relating to other actors (e.g., care workers, internal supervisors, educational providers) and of attending to and supporting the care workers' learning activities in the workplace.

In line with the guidelines for multiple case-study research proposed by Miles and Huberman (1994), the analysis was conducted in two major phases. In a first phase, an

analysis was conducted based on interviews with FLMs and care workers in each unit, that is, a so-called within-case analysis. Through this analysis, it was possible to distinguish a certain pattern of managerial work at each care unit and to relate this pattern to the learning outcomes as perceived by the care workers. The relatively close acquaintance that the researchers developed with each unit during site visits and in connection with interviews with managers and care workers (all interviews were conducted at the care units) was helpful in this analysis.

As a basis for analysing the interviews with care workers concerning managerial work and learning outcomes, meaning units that addressed the research question of the study were identified, coded, and grouped into categories. The codes were discussed and compared by two researchers (one of the authors and a colleague working on the same research project) to determine the consistency of the classification. The managers' own perceptions of their role in relation to the VET programme and the care workers' learning activities were categorised in a similar manner. Through this procedure, it was possible to compare (and validate) the managers' perceptions and understandings of their work as expressed in the interviews with the care workers' experience of the managers' interest in and support of learning activities during the training programme (and vice versa).

In a second phase of analysis, the results of the analysis within cases formed the basis for an analysis across the six units, that is, a between-case analysis (Miles and Huberman, 1994; Yin, 2009). The aim of this analysis was to explore possible relationships between patterns of managerial work and the learning outcomes obtained across units. Thus, through this cross-case analysis, it was possible to obtain an overall picture of how certain patterns of managerial work and support for co-workers' learning were related to levels of learning outcomes and to the degree of positive transfer from the VET programme to the work context.

Results and Analysis

The results of the study are presented below in three steps relating to the three research questions that were formulated in the introductory section. First, the learning outcomes of the VET programme are described as reported by the participants. Second, we describe two main patterns of managerial support that were identified across units. Third, the two patterns of managerial support are analysed in relation to learning outcomes.

Learning Outcomes

With respect to the first research question concerning learning outcomes, it was possible to identify three categories of outcomes: “personal development”, “new ideas and thoughts about care work”, and “changed working methods and/or routines”. Below, these three categories of learning outcomes are described and exemplified by citations from the interviews with the participants in the training programme.

Personal Development. In all six units, personal development was reported by the participants as an outcome of the training programme. A majority of the participants stated that the training programme led to increased self-confidence and feelings of security in performing their work. It was also emphasised that new and important knowledge was acquired that could be used in daily work. The increased self-confidence in various work situations had several positive effects for the individuals who participated in the training programme. One consequence of the increased self-confidence, which was noted by several participants, was that they dared to trust their own judgements on various issues in discussions with colleagues and clients to a greater degree than they had previously:

I became a lot more self-confident, more likely to trust my own judgement and feel that I knew things. I was brave enough to make my own decisions and know how to act in different situations. (unit A; participant 3)

An additional consequence of the training that was emphasised by the care workers was that the knowledge and skills they acquired led to better overall understanding of their daily

work. As a result, the understanding of the job content and the reason for the job was improved, as was their interest in and motivation for the job:

You feel more self-assured, and you know you are doing the right thing and why. This leads to further motivation; it's more fun to work when you know why, for example, you are giving someone a massage—to avoid a pressure sore. (unit D; participant 1)

In addition, the care workers felt increased confidence from clients and the client's relatives and, in some units, from nurses and other colleagues. Many clients, and even their relatives, were aware of the training that the care workers experienced to become assistant nurses.

Another aspect related to personal development was that many participants mentioned that they had become more positive about training and searching for knowledge in general compared to before they were engaged in the training programme.

New Ideas and Thoughts about Care Work. In units A, B, and C in particular, several participants expressed that they had changed their ways of thinking about the clients and their needs. One example of this shift in thinking was that they had become more interested in attempting to understand the medical and/or social backgrounds of different client-related behaviours and problems. Several of the participants also emphasised that they now saw their clients more as individuals with different needs rather than as an undifferentiated collective.

In addition, several care workers reported an improvement in their ability to analyse their clients' life situations as well as an improved understanding of the significance of their tasks in relation to the clients:

I feel that the work I am doing now is better in some way. Before, we did our work without really giving it much thought. Now, you sometimes think about the effort you actually put in and the importance of your work. You are really doing quite a lot for them, and I think it feels great. (unit A; participant 4)

It has become a bit more, 'Yes, but I think we should do it like this because the clients prefer it—the clients are likely to feel better because of this approach'. (unit B; participant 3)

I have more respect for the clients' right to self-determination—it is important to see them as people, not just an old-age pensioner who does not understand anything. You mustn't think like that. (unit C; participant 2)

Several of the participants in units A, B, and C stated that following the training, they had begun to question established work routines:

You begin to question why you do things, things you did before when you were told what to do. (unit A; participant 1)

I don't think you should provide special treatment to any particular individual, nor should you treat them as if they have no value. We cannot always agree on this point. I didn't see it before, but the unit did things in a certain way, and now, I have begun to question things.

(unit C; participant 2)

Changed Working Methods and/or Routines. This category of learning outcomes means that some of the participants in the training program not only attained new knowledge and skills but also were able to put this knowledge to use in their daily work. Specifically, a number of participants in units A, B, and C reported that they had changed their working methods and/or routines in some respects as a result of their participation in the training programme:

I view the clients in a different way now. I talk to them in a different way, and [even] those who cannot talk too much ... I think I'm different towards them. I am now more aware that they are sick and they can't help it. So I take things much slower with them, generally speaking. (unit C; participant 2)

It takes so very little to make a person happy or to make them sad. I think of it more now—I am more aware of what it means. Previously, I used to do what I was supposed to do, and then, I went home. (unit A, participant 4)

Some of the participants (mainly in units A and B) stated that after the training, they had assumed greater responsibility for performing their work than they did previously. They felt

that they had increased their efforts to solve the various problems that arose daily in relation to clients and that they “dared” to do so because they felt that they had acquired enough expertise and self-confidence to handle different types of problematic situations. For example, in situations where they previously would have asked the nurse for advice, they now stated that they could handle the situation themselves to a greater extent:

It means that you have the ability to make your own decisions, you trust yourself more, you use your own judgement in case anything should happen. Previously, you were unsure of yourself—‘imagine if I do the wrong thing’. (unit A, participant 2).

Another change that was mentioned by the participants in units A and B involved their participation in team meetings. After the training, they were able to participate in a more active manner during discussions in team meetings, and they were able to express themselves better in various situations:

I am brave enough to say ‘No, I do not think that, I think that this would be better because ...’ I was more reserved before and I was more unsure. (unit B, participant 3)

A related change that was expressed by these participants was that the discussions during team meetings had evolved in a positive way because they had increased their ability to discuss and argue the methods and routines used. The increased knowledge and skills among the participants as a result of the training also meant that they were better equipped for discussions about the quality of the care work and the services they offered their clients. In turn, this ability to discuss their work appeared to have contributed to a more flexible way of working and a focus on the different needs of clients:

We have gained a different way of thinking because there are many of us who have had the same training ... for example, that the patients can make their own choices, if they want to eat in their room, then they can. Previously, this was considered spoiling them. (unit B, participant 5)

Two Patterns of Learning Outcomes. To conclude, there were both similarities and differences in learning outcomes at the various units. In all six units, the participants reported that the training had positively influenced their personal development. They felt that they had gained more self-confidence and that they were more secure in their work because of their increased knowledge. It was also reported that after the training, the care workers felt that they were regarded as more competent, particularly by clients and relatives. They also felt that the nurses had the same opinion.

Regarding differences between the units, it is possible to distinguish between two patterns of attained learning outcomes. First, in units D, E, and F, only examples of personal development were reported. In these three units, there were no examples provided of changed ideas and thoughts or of changes in working methods or routines. In contrast to this relatively narrow pattern of learning outcomes, the other three units, A, B, and C, exhibited a broader spectrum of learning outcomes. The participants in these units reported that in addition to personal development, they had developed new ideas and thoughts about care work. With respect to changes in working methods and/or routines, the care workers in units A and B reported such changes (as, to a lesser extent, did the care workers in unit C). Thus, in units A, B, and C, there were indications of positive transfer from the VET programme to the work context.

Patterns of Managerial Support

Concerning the second research question, it was possible to distinguish two main patterns of managerial support for the care workers' learning activities. These two patterns will be referred to as change-oriented leadership and administratively oriented leadership. These findings were based on both interviews with the participants in the training programme and interviews with the managers themselves. As shown by the citations below, there was a high

degree of correspondence between the participants and managers with respect to their views of the managers' involvement in and support of the care workers' learning activities.

Change-Oriented Leadership. A change-oriented leadership means that the manager consciously acts as a "facilitator of learning" who actively attends to and facilitates learning processes at individual and group levels and who acts as a model for learning (cf. Viitala, 2004). Change-oriented managers focus on developing operations in which they are active. They are not content with sending staff off for training, instead assuming responsibility for ensuring that the training is tied to the work in the unit.

The managers in units A, B, and C were characterised as mainly change oriented based on their expressed attitudes towards the training programme and their support of the care workers' learning activities. Although their ways of relating to the training programme were somewhat different in different units, all of these managers clearly expressed encouragement and various types of support for their employees' learning activities. This managerial support can be illustrated by the following citations from interviews with participants in the training programme:

Our manager encouraged us a lot. We had to read literature outside of our training. She really cared and asked how it was going all the time. She also came to the school every now and then and was there for a while. (unit A; participant 2)

She helped to produce the materials and the schoolbooks, and she helped financially. She also came to visit, to check on how things were going. She wanted us to follow it up at personnel meetings, so we spoke a bit about what we had discussed and evoked some thoughts with the rest of the team we worked with. It was useful. (unit B; participant 3)

Yes, she was very positive and encouraging and so on, and that I thought was good. Our manager has supported us. Absolutely, and you could also go in and ask for help with legal issues, etc. She has been very helpful. It was a very positive event. (unit C; participant 1)

These views by the participants were similar to those of the managers. The managers in units A, B, and C clearly expressed that it was very important to actively participate in the training programme and to support the care workers' learning activities in different ways.

Furthermore, these managers emphasised that it was important to actively use the content of the programme as an input for discussions concerning the development of the care work in their units in a broader sense and to involve care workers who were not participants in the training programme. At least one of the managers indicated that her active involvement in the programme was a learning experience for herself.

Everyone must be involved if you want to succeed. We have kept in touch, and I played an active role during the week when they worked in the unit. I have answered questions, helped with information about, for example, using computers, and I have been updated with what they [have] been doing. (unit A; manager)

I see myself as a positive element in the training process, and I participated in the meetings organised within the training programme to be active and supportive in my role as manager. The training programme has also affected my own learning in a positive way; for example, the method 'learning conversations'. As a result of the training being conducted in the workplace, I also learned to actively seek knowledge that way. (unit B; manager)

I became involved, went to the school, was at the teachers' meetings, and was an observer in the 'learning conversations' here at work. I have also helped with schoolwork when they needed it. Because I recently underwent the course, I understood a little more about how they felt. (unit C; manager)

Administratively Oriented Leadership. An administratively oriented leadership means that the managers looked at the training programme merely as another administrative task. They did not pay special attention to or view themselves as actively involved in the training programme. Although these managers generally emphasised that the training programme was a good investment that was designed to improve the knowledge and skills of the care workers,

they did not actively support the training activities. They also did not view themselves as having a role in encouraging and supporting their co-workers' learning and development. The training programme was considered something outside their tasks as managers and something that could be "delegated" to the internal supervisors or to the teachers.

This administratively oriented pattern of leadership was most clearly exhibited by the managers in units D, E, and F. This observation can be illustrated by the following citations from interviews with participants in the training programme:

Yes, the manager did not contribute all that much ... I cannot say. It was something like, 'Oh, I see, so you are now studying.' Something like that, unfortunately. She was never really involved. (unit D; participant 1)

No, I do not know if the manager was that involved ... he told us that we would now be going to school, and then we did it, and then we saw little more of him. We did not see much of him; he did not call and ask how it was going or anything like that. (unit E; participant 2)

No, she did not ask if we thought it was good ... She was not encouraging, there wasn't a pat on the back ... She just asked whether we had applied for the course. (unit F; participant 5)

These views by the participants largely corresponded to the views expressed by the managers:

I let the participants talk about what happened during the training programme at staff meetings, and the participants also told me what they had learnt at school and that one should think and do such and such, but it was perhaps not very much of following up. (unit D; manager)

It was quite difficult to get them to start studying because of their low self-esteem. Therefore, it was important to provide the support of being on home ground and that the school would come to them. ...The requirement from my side was that the company was prepared for this arrangement. (unit E; manager)

I have been working from the sidelines, fixing all sorts of things. I have put many responsibilities on the supervisor. (unit F; manager)

To conclude, the managers in units D, E, and F expressed only limited interest in the content of the training programme. They did not attend or attempt to follow up on the training activities or to actively integrate the training and practical work within the unit.

Different Patterns of Managerial Support – Different Patterns of Learning Outcomes

The next step in the analysis is to address the third research question: the significance of the managers' attention to and support of their co-workers' learning activities for the learning outcomes of the VET programme.

As indicated by the analysis across the six units, the differences between units with respect to management commitment and support were clearly linked to differences in learning outcomes. Specifically, two main conclusions follow from this analysis. First, in all three units in which the managers showed strong support of and commitment to the training activity (units A-C) (that is, a change-oriented leadership), the participants in the VET programme reported a broad spectrum of learning outcomes, including personal development, new ideas and thoughts about care work, and changes in how the work was performed (that is, a transfer of training to the job situation). Second, in the three units in which the managers exhibited an administratively oriented pattern of leadership (units D, E, and F) rather than a change-oriented leadership, the participants reported a relatively narrower range of learning outcomes with a focus mainly on personal development. For example, they reported increased self-confidence and feelings of security in performing their work as well as new and important knowledge that they thought might be used in daily work. However, in these latter three units (D, E, and F), there were no indications of transfer of learning to the job.

How are the observed findings and relationships presented in the previous sections to be interpreted and understood? Are there alternative ways of understanding the relationships between managerial support and learning outcomes? These questions concern the internal validity of the study and will be more fully explored in the concluding section. However, we will comment and expand somewhat here on the results and analyses presented above.

First, as stated in the introduction, FLMs are generally (and in the cases included in this study) important actors in shaping the learning environment of a workplace and in supporting their co-workers' learning at work both directly (through personal leadership) and indirectly (through their way of organising the learning environment of the workplace). Although this study focuses primarily on their direct leadership and support of their co-workers learning activities, there are a number of other factors in the learning environment in addition to direct leadership that might be important for understanding our findings, such as the learning climate of the unit. Thus, based on the available data, we are not able to analytically separate the learning outcomes related to the direct leadership of the FLMs from the indirect leadership that they exercised in organising the workplace as a learning environment. Furthermore, there are other aspects of the care units that might be important for understanding the observed findings and relationships. Based on the available data, though, we can conclude that a supportive and encouraging leadership (a change-oriented leadership) appears to be a factor that makes a difference in terms of learning outcomes.

Furthermore, as is clear from Table 1, a number of alternative interpretations of our findings can be excluded. First, the organisation of the care units in terms of ownership (public versus private ownership) does not appear to be related to either patterns of management support or learning outcomes. Second, the same is true for the organisation and main location of the learning activities (school versus workplace). Thus, this aspect of

the learning environment is not likely to provide an alternative interpretation of the differences in learning outcomes between the care units. Finally, there are no indications that the observed differences in learning outcome are related to either the background characteristics of the participants in the VET programme (e.g., sex, age, level of education) or to the background characteristics of the FLMs (e.g., sex, age, length of managerial experience, level of formal education).

Discussion and conclusions

The context of this study was a national VET programme for care workers in elder care in a Swedish municipality. The VET programme was based on an integration between formal courses and learning activities in the workplace.

Main Conclusions

Considering the results presented in the previous sections, a main conclusion of this study concerns the significance of FLMs in influencing (directly and indirectly) the learning outcomes of a VET programme and the transfer of learning to the work context. Clearly, what we called an administratively oriented pattern of leadership was not sufficient to promote learning outcomes beyond the individual level. Rather, this type of leadership was associated with learning outcomes that were restricted to the individual level—specifically, the individual care workers and their ability (in terms of new knowledge, improved self-confidence, and feelings of security) to handle their present work situation and to understand and perform their tasks adequately.

To attain benefits from training beyond the individual level that have significance at the level of the work team or the organisation, a change-oriented leadership appears necessary. In addition to learning outcomes at an individual level (i.e., personal development), a change-oriented leadership was associated with new ideas about work practices as well as changes in

job performance (that is, transfer of learning to the work context). The major point is that change-oriented leadership that encourages and supports employee learning at work appears to be, if not a sufficient condition, at least one of a number of necessary conditions for attaining benefits from work-based education and training at both an individual level (e.g., new knowledge and increased self-confidence) and a team or organisational level (e.g., new ideas about new work practices and/or actual changes in job performance).

These findings are in line with previous research on the importance of management support of employee learning in and through work. A number of previous studies have noted management as an important component of the learning environment that develops in a workplace (Ellström, 2012; Ellström *et al.*, 2008; Fuller and Unwin, 2004) and have found that under certain conditions, the manager can act as a facilitator of learning (Amy, 2008; Ellinger and Boström, 1999; Ellinger and Cseh, 2007; Wallo, 2008) by, for example, communicating with and engaging in problem solving and reflection on various issues with the staff. However, unlike the present study's focus on the significance of leadership in relation to learning outcomes from a training programme and the transfer of learning to the job, previous studies have focused mainly on leadership support for informal learning in everyday work or on the role of leaders in learning organisations.

Advances in Relation to Previous Studies

In line with the results of a number of previous studies (e.g., Burke and Hutchins, 2007; Lim and Johnson, 2002; Scaduto *et al.*, 2008), we were able to empirically link leadership support for employee learning and the learning outcomes and transfer of the training programme. However, the present study represents an advance in relation to several of these previous studies in at least three respects. First, many previous studies have relied largely on ratings of leadership behaviours through questionnaires, often with questionable validity (Yukl, 2009). In contrast to such an approach, we have attempted to

capture managerial work in context and the relationships between FLMs and their co-workers through interviews with co-workers and with the FLMs. Based on these two different sources of data, the validity of the concepts of change-oriented and administratively oriented patterns of leadership is strengthened. The focus on managerial work in context is of crucial importance for substantiating the importance of management support for learning in practice (cf. Baldwin and Ford, 1988).

Second, in contrast to many previous studies that have linked leadership support and learning outcomes through correlational analyses, we have based our conclusions on a case study methodology and analyses within and across a number of cases (care units). In this manner, it was possible to monitor relationships between FLMs and care workers directly in the context of everyday work and, to a certain extent, over time. Third, data on learning outcomes were not collected immediately after the VET programme concluded but were collected nearly one year after the programme was formally ended. This methodology has most likely meant a significant increase in the internal validity of our conclusions about the relationships between managerial support and learning outcomes.

Limitations

Despite the strengths of the study mentioned above, this study is not without limitations. First, with respect to internal validity, it is not possible to interpret conclusions concerning relationships between, as in this case, leadership support and learning outcomes from training in causal terms. At best, we can state relationships in terms of one factor (e.g., managerial support) as a sufficient and/or necessary condition for another (e.g., certain learning outcomes).

The use of self-report data (interviews) produces additional limitations related to concept validity and the internal validity of the findings. To address these limitations, we have used data from different sources (interviews with both care workers and FLMs) in an

attempt to increase the conceptual validity of the proposed conceptions of managerial work. In addition, we have attempted to increase the internal validity of our analyses of the relationships between managerial work and learning outcomes by measuring these factors at different points in time and thereby increasing the independence of these two sets of data. As mentioned, data on learning outcomes were collected more than one year after data on managerial work were collected and almost one year after the programme was formally concluded.

Concerning external validity, the statistical generalisability of the findings presented in the previous sections is clearly limited due to the use of a multiple-case study design based on six cases. However, as argued by Yin (2009), the strength of such designs is in their potential for analytic or theoretical generalisations—that is, their ability to identify theoretically meaningful relationships across a number of cases. The patterns of managerial work and their relationships to identified patterns of learning outcomes represent such analytic generalisations. The external validity of the identified patterns and relationships is further strengthened by the fact that they are to a large extent in agreement with findings from previous research.

Practical Implications

One possible interpretation of the findings concerning different patterns of managerial support for learning and development in the workplace is that these differences are related to how the FLMs understood their mission and tasks as managers (cf. Ellinger and Bostrom, 2002; Ellström, 2012). The differences in managerial support may also be due to a lack of skills and/or to a lack of rewards and recognition from senior managers for taking on more change-oriented roles. If one is uncertain about how to understand and handle a certain task (in this case, supporting co-workers' learning activities), a common human response is to avoid performing this type of task.

If these interpretations are correct, an important practical implication is the need for management development of both FLMs and senior managers that fosters a broader understanding of managerial work and that promote the development of knowledge about and skill in leading and organising learning and development processes in a workplace. As shown in this study, such skills are not about technical matters or how to use special educational tools or methods; rather, managerial support for learning and development seems to require a listening and informal way of working to create engagement, participation, and interest among co-workers (cf. Alvesson and Sveningsson, 2003), or what we call a change-oriented leadership.

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