

## Chapter 20

# Reflections on Distributive Leadership for Work–Based Mobile Learning of Canadian Registered Nurses

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### ABSTRACT

*The ubiquity, flexibility, and accessibility of mobile devices can transform how registered nurses in Canada learn beyond the confines of traditional education/training boundaries in their work settings. Many Canadian registered nurses have actively embraced mobile technologies for their work-based learning to meet their competency requirements for professional nursing practice. As self-directed learners, they are using these learning tools at point-of-need to access rich online healthcare resources, collaborate, and share information within their communities of practices. Yet, paradoxically, there are Canadian healthcare organizations that have not embraced work-based mobile learning and their contextual factors constrain and/or impede registered nurses' learning. Therefore, the goal of this reflective paper is to stimulate discussion on distributive leadership strategies for embedding this pedagogical mode of learning into Canadian healthcare workplaces for registered nurses' ongoing skills and continuing professional development.*

### INTRODUCTION

The emergence of personal, portable, and connected digital technologies has opened doors to new work-based learning practices for advanced knowledge and skills development in places of work. Due to their convenience, portability, and multimedia capabilities, mobile technologies such as smartphones, tablets, and other mobile devices are becoming important vehicles for seamless learning in the workplace, taking learning out of classroom settings for both formal and informal learning and into digital spaces. Indeed, mobile learning has become a fact of everyday life where “mobile devices increasingly affect most

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aspects of the processes by which knowledge, ideas, images, information, opinions, and hence learning are produced, stored, discussed, distributed, delivered, and consumed” (Traxler, 2016).

Yet, despite a global technological revolution, nursing has been slow to realize the potential for application, innovation, and adoption of these mobile devices (Ferguson, 2013). Although it has been acknowledged that mobile learning technologies can enhance care, improve patient outcomes, and support evidence-based professional practice, there is still dissonance in healthcare organizations regarding nurses using them to access information in situ at point-of-care (Burden, Schuck, & Aubusson, 2011; Mather & Cummings, 2015). Indeed, embracing mobile technologies for work-based learning requires careful “fit for purpose”, but unfortunately those who have applied a lens of scepticism, risk aversion, and obstruction have stymied the information revolution in the healthcare sector (Ferguson, 2013). As this author infers, many of these obstructers are those who sit in high places. Therefore, leveraging mobile devices for work-based learning must be driven by leadership strategies that recognize the benefits of these digital tools for attaining rich learning experiences and meaningful outcomes for nurses in their workplaces. Consequently, a top-down, all-knowing, and control-based leadership model is antithetical to the evolving social workplace expectations of today’s dynamic healthcare systems (Enright, 2015).

With the complexities of the Canadian healthcare system, moving towards a shared model of leadership that has organizational influence upwards and downwards but also laterally across the healthcare context can promote and also foster a learning culture that enhances professional registered nurses’ continuing professional development with work-based learning. Accordingly, the author of this paper argues that distributed leadership could be the viable means to leverage mobile devices for informing work-based pedagogical practices of Canadian registered nurses (RNs).

## **CANADIAN HEALTHCARE SYSTEM**

In the global marketplace, increasing demands for services and rising costs that are closely associated with rapid advances in information and communication technologies, aging populations, and sociocultural issues are challenging healthcare systems to deliver quality care. The Canadian healthcare system is not immune to these demands; yet, it has been slow to adopt innovative technologies, processes, and procedures resulting in growing cost pressures (Snowdon, Armstrong, Scarffe, & Smith, 2015).

In Canada, there is no single, national health system. Rather, its diffuse and decentralized comprised of 14 single-payer, universal, and public systems (ten provinces, three northern territories, and the federal government) employing more than 1.5 million regulated and unregulated healthcare providers (Canadian Foundation for Healthcare Improvement, 2014). Registered nurses and physicians combined represent approximately half of the Canadian paid healthcare workforce (Canadian Foundation for Healthcare Improvement, 2014). On the agendas of Canadian healthcare employers are workplace practices that improve recruitment and retention, health and well being, quality of patient care and safety, organizational performance, and societal outcomes (Shamian & El-Jardali, 2007). Consequently, there is a necessity for ongoing skills and professional development that emphasizes human capital for increased talent and expertise (Fahlman, 2012a).

As demands continue to evolve, new approaches that embrace technologies and innovative pedagogical practices become *sine-qua-non* to the sustainability of healthcare systems, including those in Canada. As such, this leads to the discussion on work-based mobile learning in the healthcare workplace for meeting this need.

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