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COMMENTARY

What a pandemic reveals about learning in health care organizations

Christopher G. Myers[1]*, Michael A. Rosen[2], and Christina T. Yuan[2]

[1]Carey Business School, Johns Hopkins University, Baltimore, MD, USA and [2]School of Medicine, Johns Hopkins University, Baltimore, MD, USA
*Corresponding author. Email: cmyers@jhu.edu.

The COVID-19 pandemic, like other public health emergencies and global crises that have come before, has disrupted organizational life in ways that are both severe and potentially long lasting. Though much attention has been given to the public health and economic fallout of these disruptions, Rudolph et al. (2021) highlight how the pandemic has also altered many core organizational practices and routines (such as telecommuting and virtual work, work–family boundaries and aging employees, careers and job insecurity, among others) that are of interest to scholars in industrial and organizational (I-O) psychology. The effects of the pandemic on these domains have been profound, inviting scholars of organizations not only to consider the implications and recommendations arising from the extant body of knowledge on these topics (as called for by Rudolph et al.) but also to critically examine where this accumulated wisdom falls short of offering the insights needed to address the pandemic.

Nowhere is this more evident than in health care organizations, where the effective use of organizational management practices can improve patient care outcomes (e.g., Tsai et al., 2015) and where the organizationally disruptive effects of the pandemic have been most significant. Indeed, fundamental topics from I-O psychology, management, and organizational behavior—such as teamwork, communication, and leadership, among others—are critical to the success of health care organizations (e.g., Weaver et al., 2014). COVID-19 has served as a "brutal audit" (Weick & Sutcliffe, 2007) of these practices, providing a sudden and extreme test of their efficacy in health care organizations as they adapt and respond to the pandemic.

Challenging extant views of learning in health care organizations

One challenge that has been laid bare by this "brutal audit" is how learning and knowledge sharing practices in health care organizations can keep up with the demands of the pandemic. Understanding the ways people learn through training, development, and knowledge dissemination efforts in organizations has long been a core interest for organizational researchers (Noe et al., 2014), and these learning practices are particularly relevant to health care organizations (e.g., Nembhard & Tucker, 2011). Yet, the pandemic has challenged our existing understanding of how workplace learning unfolds—simultaneously making this learning more essential but making traditional methods of formal and informal learning less feasible. Even at a basic level, the negative patient care outcomes experienced by health care providers fighting the pandemic highlight the gap between desired end states and current capabilities in ways that can motivate

learning (as in studies of learning from failure; Dahlin et al., 2018). Yet somewhat paradoxically, the stress and anxiety induced by these outcomes can also drive providers to fall back on their routine, well-honed responses (e.g., due to threat rigidity, Staw et al., 1981), likely tempering their motivation to engage in learning.

Beyond these psychological effects on individuals' learning, the COVID-19 pandemic is also disrupting traditional structures and mechanisms deployed for training and knowledge sharing in health care organizations. Knowledge about the virus, its effects, and its treatment is evolving rapidly and substantially, resulting in significant shifts in recommendations or appropriate treatment methods and undermining the efficacy of formal organizational training efforts. In the absence of a stable "right answer" or firm recommendation, many of the most venerated and well-studied tools for training and knowledge sharing (e.g., training videos, knowledge repositories, protocols and best practice guidelines, etc.) have been unable to keep pace with the dynamic, continuous learning the situation demands.

Yet, at the same time, the traditional antidote to ineffective formal learning efforts—informal, social learning among employees—is also facing extreme pressure from COVID-19. The very physical distancing measures that are being implemented to curb the spread of the virus also inadvertently impede individuals' ability to informally observe, interact, and learn with their peers at work in order to share best practices and learn vicariously from others' experiences. Some health care providers have turned to digital tools such as videoconferencing and social media to learn with and from their peers, but these tools present their own challenges of accuracy, privacy, and access, and they are still relatively nascent and sporadic in their implementation as a tool for informal, vicarious learning (Myers, 2020). As a result, many health care providers are facing an environment where learning is essential, but intimidating, and where both formal and informal avenues for gathering information and sharing expertise are impeded.

Seeding new theories of semiformal learning at work

These effects of the pandemic on learning in health care organizations call into question the state of the field's understanding of learning, development, and knowledge sharing at work and in particular highlight some of the limitations of extant, largely binary views of learning as either formal or informal. In this sense, the pandemic "audit" has revealed the limitations of existing theories and models of learning at work, presenting organizational scholars with a gap in understanding and an opportunity for novel theorizing. Indeed, despite not conforming tightly to existing models of learning (either formal or informal) from past research, health care organizations nonetheless *are* engaging in learning, development, and knowledge sharing in the face of the pandemic—and understanding the practices employed to facilitate this learning can seed new theories of learning in organizations.

For instance, in our own work with health care providers responding to the COVID-19 pandemic, we have seen hospitals creating new roles to facilitate the dissemination, updating, and enforcement of best practices across different units or locations (e.g., the implementation of a "safety officer" to share best practices and monitor usage of personal protective equipment by different care providers). These roles sit somewhere between formal trainer and informal peer observer, and this quasi-formality allows for greater flexibility and adaptability than could be achieved through formal learning while providing greater consistency and reliability than purely informal learning. These kinds of roles can also be seen in health care organizations' responses to other large-scale (prepandemic) changes or disruptions, such as the deployment of "super users" to facilitate the roll-out of electronic health records (EHR) in hospitals. Indeed, these "super users" (i.e., individuals who receive extra training on the selected EHR system so they can provide frontline support to their peers) have been found to facilitate learning by expanding on classroom

training (e.g., developing checklists for common EHR tasks), encouraging "learning by doing," and serving as conduits for information about the EHR system (Yuan et al., 2015). Despite this apparent utility, these kinds of roles have not been as thoroughly explored by scholars in I-O psychology, organizational behavior, or management, but they may warrant further theorizing and exploration as key elements of the "semiformal" dimension of organizations (e.g., Biancani et al., 2014).

Rudolph et al. (2021) rightly note that "Industrial-organizational psychology is in a unique position to help shape the future of work and help encourage the types of organizational policies and practices that will ensure readiness for potential future pandemic crises" (Rudolph et al., p. X), and this pandemic has given us a chance to reconsider our theories and recommendations regarding learning, training, and knowledge sharing in organizations. Doing so not only will require reexamining existing theories and empirical linkages to understand when they are bent or broken due to the overwhelming situational pressures of a pandemic, but also will require scholars to develop new models of learning in these organizational settings—further exploring, for instance, how the types of semiformal learning structures and practices described above may address the limitations of extant learning research.

Moving beyond simple dichotomies of formal versus informal learning to extend organizational theories of how people are learning in knowledge-intensive work settings, such as health care, can help scholars offer more robust recommendations for how organizational learning and development can be resilient in the face of future challenges. Indeed, though we focused here on health care organizations, this theoretical elaboration would be valuable for understanding and improving learning, training, and development efforts across a variety of organizations and industries. The learning characteristics we see in health care organizations responding to the COVID-19 pandemic—the need to manage fleeting, ever-changing knowledge that resists formalization and documentation but is also difficult to observe or share informally due to outside constraints—are likely representative of the kind of challenges all organizations will increasingly face in the future, and we invite organizational scholars to explore them further in order to build a more robust and nuanced understanding of learning in modern organizations.

References

Biancani, S., McFarland, D. A., & Dahlander, L. (2014). The semiformal organization. *Organization Science*, **25**(5), 1306–1324. https://doi.org/10.1287/orsc.2013.0882

Dahlin, K. B., Chuang, Y.-T., & Roulet, T. J. (2018). Opportunity, motivation, and ability to learn from failures and errors: Review, synthesis, and ways to move forward. *Academy of Management Annals*, **12**(1), 252–277. https://doi.org/10.5465/annals.2016.0049

Myers, C. G. (2020). Vicarious learning in the time of coronavirus. *Behavioral Science & Policy*. https://behavioralpolicy.org/articles/vicarious-learning-in-the-time-of-coronavirus/

Nembhard, I. M., & Tucker, A. L. (2011). Deliberate learning to improve performance in dynamic service settings: Evidence from hospital intensive care units. *Organization Science*, **22**(4), 907–922. https://doi.org/10.1287/orsc.1100.0570

Noe, R. A., Clarke, A. D. M., & Klein, H. J. (2014). Learning in the twenty-first-century workplace. *Annual Review of Organizational Psychology and Organizational Behavior*, **1**(1), 245–275. https://doi.org/10.1146/annurev-orgpsych-031413-091321

Rudolph, C. W., Allan, B., Clark, M., Hertel, G., Hirschi, A., Kunze, F., Shockley, K., Shoss, M., Sonnentag, S., & Zacher, H. (2021). Pandemics: Implications for research and practice in industrial and organizational psychology. *Industrial and Organizational Psychology: Perspectives on Science and Practice*, **14**(1), 1–35.

Staw, B. M., Sandelands, L. E., & Dutton, J. E. (1981). Threat rigidity effects in organizational behavior: A multilevel analysis. *Administrative Science Quarterly*, **26**(4), 501–524. https://doi.org/10.2307/2392337

Tsai, T. C., Jha, A. K., Gawande, A. A., Huckman, R. S., Bloom, N., & Sadun, R. (2015). Hospital board and management practices are strongly related to hospital performance on clinical quality metrics. *Health Affairs*, **34**(8), 1304–1311. https://doi.org/10.1377/hlthaff.2014.1282

Weaver, S. J., Dy, S. M., & Rosen, M. A. (2014). Team-training in healthcare: A narrative synthesis of the literature. *BMJ Quality & Safety*, **23**(5), 359–372. https://qualitysafety.bmj.com/content/23/5/359.short

Weick, K. E., & Sutcliffe, K. M. (2007). *Managing the unexpected: Resilient performance in an age of uncertainty* (2nd ed.). Jossey-Bass.

Yuan, C. T., Bradley, E. H., & Nembhard, I. M. (2015). A mixed methods study of how clinician 'super users' influence others during the implementation of electronic health records. *BMC Medical Informatics and Decision Making*, **15**, 1–10. https://doi.org/10.1186/s12911-015-0154-6

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