TITLE:
The Relevance of Tacit Knowledge to Healthcare Assistant Practice

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Abstract:
Person-centred care and the diverse array of contexts within which healthcare assistants work necessitate a commitment to being conscientious, self-aware and willing to raise issues of concern about vulnerable and sick patients and their families and carers.
For the purposes of the article, tacit knowledge is defined as the intuitive knowledge that is not easy to articulate through dialogue or rational justification in the context of healthcare provision. It depends on a level of sensory awareness or feeling that transcends the need for formalised knowledge in terms of its potential impact on practice.
Person-centred care and the diverse array of care contexts within which HCAs work necessitate a commitment to being conscientious, self-aware and willing to raise issues of concern about vulnerable and sick patients and their families and carers. The transferable skillset needed to undertake this role extends beyond the functional training that HCAs receive.
Tacit knowledge cannot be readily articulated, but its implementation in practice lies at the heart of every human interaction. The article raises awareness of tacit knowledge and its implications for the context of healthcare provision.

Keywords:
Tacit knowledge Intuition Values-based healthcare Compassion Multidisciplinary

Key Facts about Tacit Knowledge for Healthcare Assistants
Values-based healthcare systems rely on the capacity of compassionate staff not to rely just on functional knowledge but also to use intuitive responses to patient need.
The intuitive understanding of people who have worked alongside people on a regular basis needs to be clearly articulated to others working in healthcare provision, so that concerns can be escalated and additional support sought.
Tacit knowledge that tells us what a person needs by their facial expression, their response or their gestured needs in emergency situations.
Industry provides valuable examples of how the use of tacit knowledge has saved lives, for example the aviation industry.

Introduction

Tacit knowledge plays an integral part in the ability of our HCAs to care for patients in the context of their everyday practice. This article introduces the concept of tacit knowledge in HCA practice, and the implications that this has in how HCAs are trained, educated and valued for the unique role they play in the care of patients and their families and carers, All of these people need and deserve individualised responses to the circumstances they face in times of illness and vulnerability (Cavendish, 2013; Francis, 2013).

Tacit Knowledge in the Context of Patient Safety

All of the healthcare workforce, of which healthcare assistants (HCAs) are an integral part, ought to be committed to the evaluation of risk, the minimisation of potential harm and the need to optimise positive outcomes for people within their care. The role of HCAs has become increasingly regulated and their role in the context of multidisciplinary team (MDT) healthcare provision has developed significantly over the past 10 years (Bradley, 2014). The extent of this is such that, alongside the nursing profession, their role in care is one of the most significant in both the National Health Service and private and residential care healthcare services.

At the heart of a values-based healthcare system lies the capacity to be responsive to different contexts of care, with the fundamental basis of care being dependant on the interrelationships that exist between one human and another (Liu et al, 2017). While the role of HCAs is not to undertake complex decision-making, the ability to discern the impact of their interventions with people, whether social or functional, plays a fundamental role in their capacity to individualise and tailor care needs.

Applying Formal Learning in Practice

The training that HCAs receive continues to be based around the assessment of competency. Qualifications and their attainment are linked to the everyday tasks that HCAs perform in practice, for example most National Vocational Qualifications take place 'on the job' where an academic perspective is less significant than the theoretical or academic components of what might traditionally be termed 'learning'. HCA's often work in the context of a 'community of practice' –where people with a shared goal and a common cause that does not depend on their level in an organisational hierarchy, work together both formally and informally (Wenger, McDermott and Snyder, 2002)). Much of what people bring to a Community of Practice, depends little on formal training or academic qualifications – for example a person with twenty years hands on experience of working with older adults may not be readily substituted for someone with a degree in Care of the Older Person, who has had no actual experience in caring for the elderly (Lave and Wenger, 1991). This is where experiential or situated learning is effective in exposing people who are relatively new to a role, the actual reality of contexts of care, teamwork dynamics and to evaluate and monitor their progression and development in working with patients in practice. However, competency based assessment leaves no scope for what assessors might see as someone who is a 'natural' or what cannot be articulated about a person who intuitively responds to the needs of another, rather than executing functional training. Tacit knowledge is implicit, unspoken and largely something little acknowledged in practice but it can be an important part of reflection on practice for people who witness it on a daily basis. This reflection can enable HCAs to consider more carefully how they might be perceived by others and in benchmarking their human skills against those of others, so that they can determine how best they might better serve people in their care. For example, if an HCA is functionally adept, they might wash and dress a patient until they are immaculately clean

and tidy – however if the level of interaction with each person they aid in doing so is minimal then they are not providing an optimal level of holistic care. As such, it is arguable that a person undertaking the same task with a lesser degree of perfectionism but a cheery and compassionate disposition is better for the role. However the question we must ask is, can competency based assessment, with its black and white outcomes in relation to functional skill ever really capture this?

Not only does this tailored care depend on a sound knowledge base, intuitive understanding of the people who have worked alongside people on a regular basis also needs to be clearly articulated to others working in healthcare provision, so that concerns can be escalated and additional support sought in the care and management of some of the most vulnerable members of our society.

Tacit knowledge depends on a level of sensory awareness or intangible 'feeling' or intuition that is not related to formalised learning – in its crudest terms it is a 'gut reaction'. It is often associated with immediacy and thinking in the moment, and is something that develops with experiential learning and that which makes the once unfamiliar become second nature in our everyday caring practice. For example, working in the caring professions over several years, it would be assumed that some of the actions that HCAs take are intuitive and 'second nature', rather than legalistic and dependent on specific frameworks, for example intuitively knowing that someone needs a drink, or the reassurance and understanding that can come from a spontaneous smile or a sympathetic gesture of kindness such as holding the hand of a patient in pain, without the need to be told to do so.
From one human to another, it could be stated that the intuitive responses are rooted in empathy and regard for the individual people who need care in practice. Since tacit knowledge is not a tangible resource and as such cannot be integrated into visible core competencies required of HCAs in practice, it is often little mentioned, yet is the knowledge that arguably characterises the very best of care in practice since it lies at the centre of capacity for human compassion. This has frequently been highlighted in formal reports as being pivotal if care for the sick and vulnerable in our society is to improve (Cavendish, 2013; Francis, 2013). Polanyi (1958), highlighted this and summed it up perfectly, writing, 'We know more than we can tell.'
Practically put, if we contextualise this in practice, it is tacit knowledge that tells us what an older person needs by their facial expression, their response or their needs in emergency situations (Skoog et al, 2017). Tacit knowledge is a characteristic of personhood, often little acknowledged in our lives, but that which is so important, we cannot afford to overlook as a much valued resource.
Tacit knowledge is an important part and has consequences for the integration of values-based recruitment, where people are not just appointed to roles in care because they can functionally undertake roles; they are recruited because they have a genuine compassion and desire to care for people who might be very vulnerable and frail. Trainers and educators are also under pressure to 'measure' training and education—education packages are often treated like commodities or acquisitions that can make people care, whereas in reality care is something far beyond the reach of assessing practical functional tasks.

Application to functional practice

The most labour-intensive sector of the care economy is occupied by HCAs in practice and each year the number of older people is rising exponentially. What also is of great significance is the fact that care is often based in an interdisciplinary context, so that tacit knowledge is multifaceted, impacted upon by power relations and positional leadership (Chuang et al, 2016). There is also a distinct difference between the concepts of intellectual capacity and knowledge, which is linked to how credible people are in practice as when knowledge becomes an integrated part of functional performance then applied practice is more highly valued (Sousa et al, 2017). Tacit skills harness the implicit knowledge that people working in the context of healthcare possess, regardless of their position in the organisational hierarchy, so that it can be effectively applied in practice. Central to this is the capacity to effectively communicate and work as an integral part of a team.

Wider Implications and origins of tacit knowledge

Learning from other multidisciplinary teams in the wider disciplines of industry has provided insight into how the application of tacit knowledge has commonalities with other contexts and settings (Park and Gabbard, 2018). For example, much has been learned from the gas/oil exploration and nuclear industries about the pragmatics of being aware how different contexts of work pose different challenges (Sumbal et al, 2017).

The concept of tacit knowledge is also evident in creative practices, such as glassblowing, where specific skillsets become part of an intuitive response rather than a functional ability (O'Connor, 2017). In parallel fields of health and social care practice, the implications of tacit knowledge have been readily acknowledged as having a positive impact and contribution to professional practice (Avby et al, 2017). Other important factors, regardless of context, are the capacity to communicate effectively, to recall underpinning knowledge and to draw on personal experience, in order to ensure the best possible practice, which is an integral part of all healthcare provision (Walker, 2017).

Part of this is intuitively based, but culturally the industries where safety is paramount have provided an insight into how cultural norms and behaviours can have a huge impact on both process and outcome in everyday practice (see Table 1, Tacit knowledge in practice). How this can be amplified and acknowledged in the context of all industrial, creative and and healthcare-based settings, for the benefit of others, remains a challenge for pragmatists and theorists alike and remains a topical area of research into knowledge management and human psychology (Slettli and Singhal, 2017).

Table 1. Tacit Knowledge in Practice

Aspect	Definition for HCA practice
Knowledge-based skills Awareness of context	*The ability to use sense and intuition to understand and establish meaning and then predict the impact of this in the immediate future.*
Ability to make decisions	*The process of discernment that means a decision can be reached that will ultimately*

	determine a course of action that fits the need of a given situation.
Social or behavioural skills Teamworking skills Communication skills Leadership skills Assertiveness skills	*A collective and collaborative set of skills that facilitates approaches to multiple activity towards a shared goal/task.* *The capacity to actively exchange knowledge or information that includes concerns, intuitive response, suggestions and active ideas.* *The ownership of acting to maintain standards, plan, prioritise and make active decisions for the immediate and direct benefit of a person or process in the context of healthcare.* *The capacity to be confident in expressing an opinion, without the need for aggression.*
Personal resource skills	*The capacity to demonstrate self-awareness and to evidence a personal capacity to display resilience under pressure.*

Knowledge in HCA practice

In the context of HCA practice, knowledge as a collective entity is fundamental to the provision of care and remains a core mechanism by which HCAs can evidence their developmental progression in the context of residential and primary care settings (Mislevy et al, 2017). Over the past five years, regulatory frameworks have shaped how the role of HCA has developed [Roche et al, 2017). and as a consequence this has changed perceptions of HCAs by both the general public and the other healthcare professions with whom they work. Knowledge in any context is a key resource for institutions where high-quality care is rightly prioritised for patients and their families and carers.

Being able to articulate knowledge is not possible, though, if we consider the role of tacit knowledge in practice, yet it remains an intuitive part of every carer's role. While the tacit dimension of knowledge has been well explored in the industrial settings (See Table 2: Tacit Knowledge in Industry, below) already mentioned the value of it in addition to explicit knowledge has been little considered in the context of HCA education and practice.

Table 2: Tacit Knowledge in Industry

	Context /Setting	Example of Implication to Practice
Aviation	Pilot flying experience	Whenever an aeroplane crashes, a fundamental part of the inquiry that follows includes consideration of the experience of the pilot. In cases where pilots have acted intuitively, rather than by rationalising knowledge in a chronological manner, lives have been saved. A

		prime example is the landing of an Airbus A320-214 in the Hudson River in New York after a bird strike. Captain Chesley "Sully" Sullenberger landed the craft following a bird strike-induced loss of both engines in 2009. All of his 155 passengers survived due to his intuitive thinking. This became a feature film due to the controversy that surrounded his quick use of tacit knowledge rather than legalistic action.
Nuclear Industry	Teamwork in industrial settings	
Oil Industry	Health and safety drills	An explosion and oil spill was also documented in the feature film 'Deep Water Horizon', which gave an insight into the worst ever oil spill in the Gulf of Mexico.

In the functional provision of care for patients, there is no question that human capital can serve a largely pragmatic purpose, but in the context of relationality and dialogue, the ability to engage tacit knowledge is arguably more significant (Powell et al, 2017).
Tacit knowledge has the capacity to drive informed decision-making and decision-making that has to be made immediately and that is not the preserve of the highly qualified. An example of HCA practice where this could potentially happen is where a patient, who does not wish to disturb busy staff because of chest pain in case it is just a straightforward case of indigestion. A HCA using tacit knowledge might use their tacit knowledge base to intuitively know that an ambulance is needed. The capacity discern this, is rooted in the base intuition of human engagement and pivotal to preserving the dignity and value of the patients for whom we care. It allows carers the opportunity to discern the very best application of explicit knowledge and to apply that at a tacit level for patients who are still regarded as individuals and whose care matters to those providing it (Davies et al, 2016). It can be argued that labour-intensive HCA practice necessitates an exceptionally high proportion of tacit knowledge in practice in ensuring that patients have all they need to have a decent quality of life.
The consideration has two main components; the initial one is of the situational and context-specific nature of HCA care and why this is of relevance to the application of tacit knowledge in practice (Pawlowski and Bick, 2015). The other highlights the need for tacit knowledge to be identified as an integral part of HCA education and how this can shape the confidence and motivation of HCA staff to apply transferable knowledge in everyday practice (Ojha and Yammiyavar, 2017).

Application to applied reflection for healthcare assistants
For HCAs whose assessment and feedback in practice is often based around the achievement of core competencies in the context of functional roles, tacit knowledge might

well be a new concept. What is significant, though, is that tacit knowledge is an implicit part of an area of everyday practice that all HCAs will have been introduced to at some point in their training and education—reflection.

There are few models of reflection that fit all healthcare practitioners, but the notion of reflexivity (the ability to react to a similar incident in the future with informed discernment and reflection on previous incidents) is common to the majority. Reflection necessitates the consideration of the multifaceted nature of knowledge construction in a real world that is infused with nuance and complexity that have to be negotiated and articulated carefully. This is what becomes of all healthcare provision—it is rooted in the unanswerable question and most celebrated of all human attributes, i.e. what it is to 'be'. How we understand and apply meaning to how we interact with others in the context of healthcare provision for individual people, regardless of their physical or mental capacity in being part of the world, defines and frames our societies and our contributions to them. It is this acknowledgement of the way that our care makes people feel that was the philosophical basis of the Francis Report (2013) and the Cavendish Review (2013), both of which highlighted the need for broadscale improvement of the caring professions, of which healthcare assistant practice is such an integral and central part.

Conclusion

Person-centred care and the diverse array of care contexts within which HCAs work necessitate a commitment to being conscientious, self-aware and willing to raise issues of concern about vulnerable and sick patients and their families and carers. The transferable skillset needed to undertake this role extends beyond the functional training that HCAs receive. Tacit knowledge cannot be readily articulated, but its implementation in practice lies at the heart of every human interaction we have. As such, acknowledging its worth and cultivating the need to be responsive on an individual level as a wider part of collaborative practice in multidisciplinary team settings means the concept of tacit knowledge cannot and should not be ignored in the training and education of HCAs.

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