How to turn your LEARNERS into ACTIVISTS

A new independent study commissioned by Make Real and Lloyds Banking Group shows the difference that more effortful, active digital learning can make to outcomes.

The world of digital learning is increasingly being characterised by frictionless user experiences. We're seemingly moving towards a goal of quick-fix on demand content, replicating the success of streaming services and the torrent of content served up to us every day online.

But what if this approach isn't quite what it's cracked up to be?

What if learning isn't a frictionless experience but something that demands your attention, that requires you give something of yourself to the process?

Our research looked into the difference that real engagement with content makes and whether – by asking learners to do a little more, to challenge themselves rather than being a passive bystander – we can produce more a lasting effect.
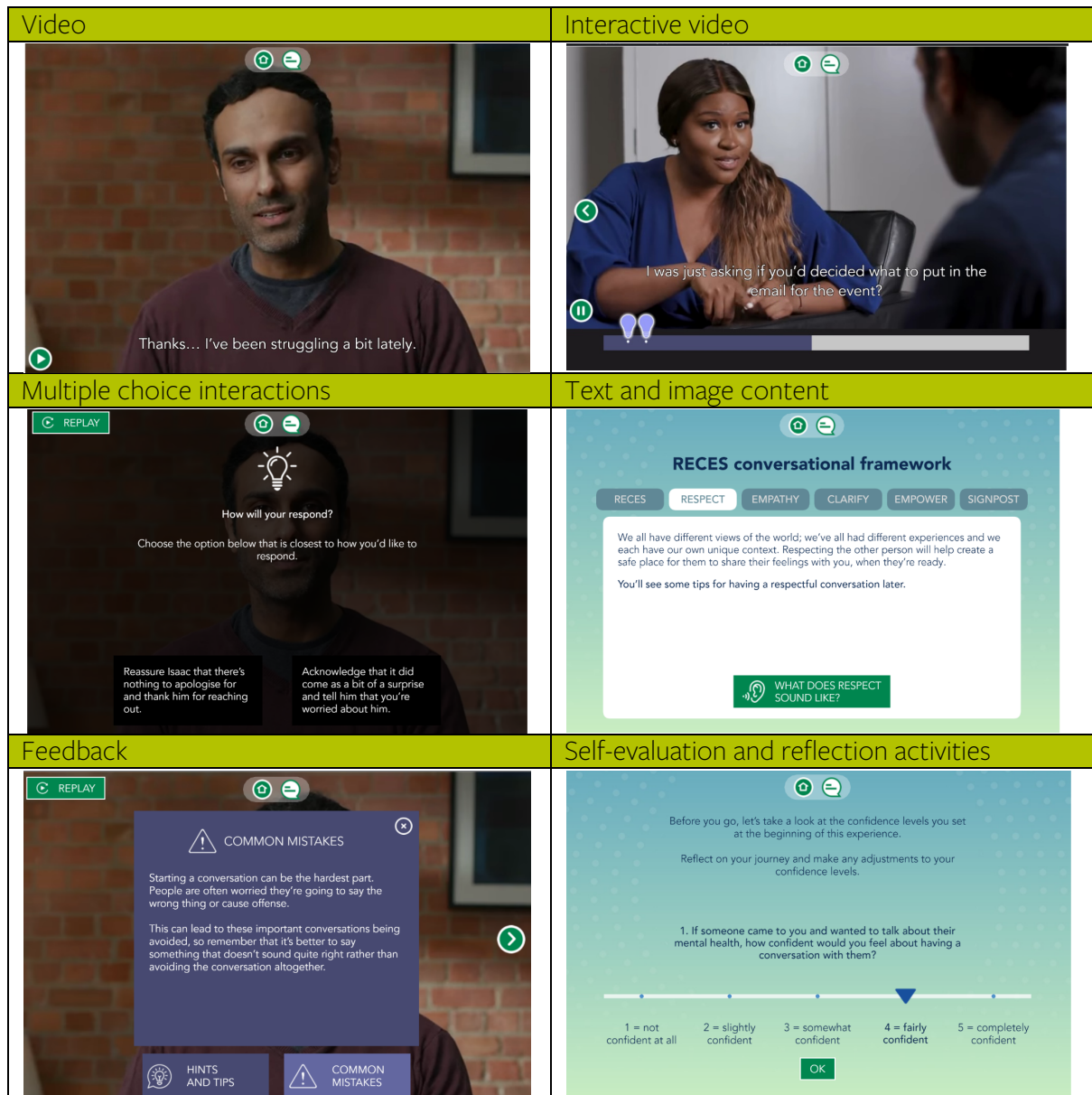
The Intervention

Hear to Listen is a training intervention designed to help people have more confident conversations with colleagues about their mental health. Created in collaboration with our partners at Lloyds Banking Group, its goal was to improve advocacy, support, empathy, and communication about this often-difficult subject.

In our study we analysed the ongoing impact of two different versions of *Hear to Listen*, with participants randomly assigned either a **control** or **experimental** version of the application.
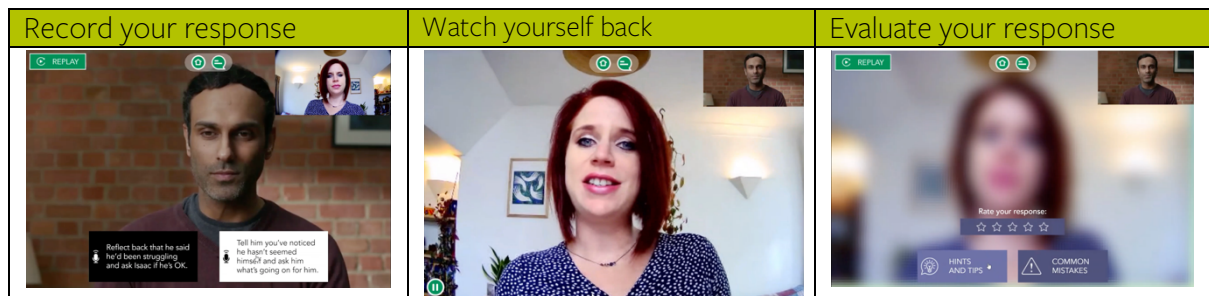
Control

The control version was developed with subject matter experts and follows established best practice for traditional eLearning, and using a combination of:
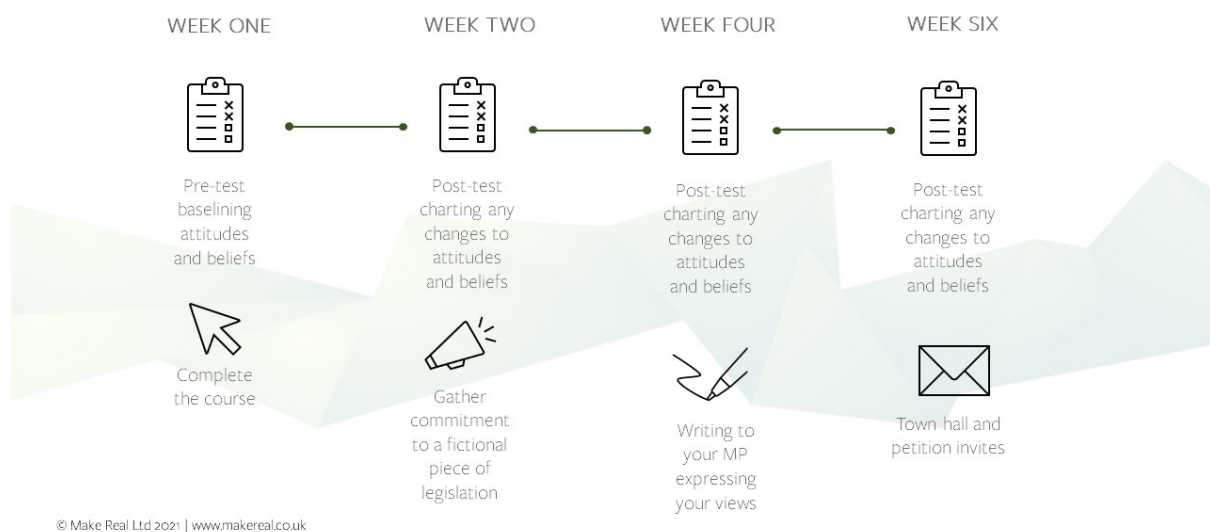
Video	Interactive video
Thanks… I've been struggling a bit lately.	I was just asking if you'd decided what to put in the email for the event?
Multiple choice interactions	**Text and image content**
How will your respond? Choose the option below that is closest to how you'd like to respond. Reassure Isaac that there's nothing to apologise for and thank him for reaching out. Acknowledge that it did come as a bit of a surprise and tell him that you're worried about him.	**RECES conversational framework** RECES · RESPECT · EMPATHY · CLARIFY · EMPOWER · SIGNPOST We all have different views of the world; we've all had different experiences and we each have our own unique context. Respecting the other person will help create a safe place for them to share their feelings with you, when they're ready. You'll see some tips for having a respectful conversation later. WHAT DOES RESPECT SOUND LIKE?
Feedback	**Self-evaluation and reflection activities**
⚠ COMMON MISTAKES Starting a conversation can be the hardest part. People are often worried they're going to say the wrong thing or cause offense. This can lead to these important conversations being avoided, so remember that it's better to say something that doesn't sound quite right rather than avoiding the conversation altogether. HINTS AND TIPS · COMMON MISTAKES	Before you go, let's take a look at the confidence levels you set at the beginning of this experience. Reflect on your journey and make any adjustments to your confidence levels. 1. If someone came to you and wanted to talk about their mental health, how confident would you feel about having a conversation with them? 1 = not confident at all · 2 = slightly confident · 3 = somewhat confident · 4 = fairly confident · 5 = completely confident OK

Experimental

In addition to the features of the control version, the experimental version included an extra activity type, aimed at encouraging more effortful engagement.

These were video-based interactions that required learners to record their response via webcam to certain questions. Once they were happy with what they had recorded they would see themselves from their colleague's point of view and reflect on their own verbal and non-verbal communication.

Record your response	Watch yourself back	Evaluate your response

The Experiment

WEEK ONE — Pre-test baselining attitudes and beliefs — Complete the course

WEEK TWO — Post-test charting any changes to attitudes and beliefs — Gather commitment to a fictional piece of legislation

WEEK FOUR — Post-test charting any changes to attitudes and beliefs — Writing to your MP expressing your views

WEEK SIX — Post-test charting any changes to attitudes and beliefs — Town hall and petition invites

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In order to effectively measure the impact of *Hear to Listen*, we ran an experiment over the course of six weeks.

The aim of this was to identify:

- How close and connected the participants felt to a person with a mental health condition.

- Attitudes towards mental health, including positive and negative beliefs. This included common attitudes, such as experiencing fear or pity towards someone with a mental health condition, and/or feeling that they are to blame for their condition.

- How willing participants would be to interact with someone experiencing a mental health condition.

- To what extent participants would be willing to help and advocate on behalf of this group.

Pre and post measures were taken at the beginning of the study when the participants first experienced the application. Here they were asked questions about their attitudes and beliefs both before and immediately after taking the training.

After two weeks, participants were given a short prompt about some political issues in the UK regarding mental health in the workplace and asked to write a letter asking their elected official to

address these issues based on what they had learned in the training. A linguistic analysis was carried out on this, focussing on analysing seven categories: word count, positive emotion, negative emotion, prosocial language, wellness, affiliation, and moral tone.

Finally, we invited participants to participate in a Town Hall meeting on the topic of mental health. This invite was administered independently so that participants did not know it was part of the experiment. It was also set up such that it would require participants to sacrifice their personal time (non-work hours) to attend a workshop to learn more about mental health in the workplace. We also asked participants how willing they would be to sign a petition to change public policy to advocate on behalf of mental health in the workplace, specifically issues around sick leave.

Measuring Empathy

In the literature on empathy, emotional empathy involves feeling what another person is feeling. This is considered quite automatic and easy to evoke and in fact reading about others and imagining their perspectives has been shown to be just as effective at increasing emotional empathy as richer media. However, cognitive empathy is a more effortful engagement. This involves imagining other people's perspectives and experiences. Truly enhancing cognitive empathy has been shown to be more difficult.

In this experiment, one of the scales we used was the Inclusion of the Other in the Self (IOS) scale, which is a measure of cognitive empathy.

Results

It should be noted that **all** participants improved in at least one of their pre-post scores after completing the training. This is a significant finding in itself, in landscape where effective measurement of digital learning intervention is notoriously difficult to achieve. However, the experimental group - those who had experienced the more effortful version of the training - exhibited more significant improvements in a range of areas, including cognitive empathy.

Cognitive Empathy – Inclusion of Other in the Self

When we asked participants the extent to which they felt close to someone with a mental health condition, both groups reported feeling closer after using *Hear to Listen*. However, in the experimental group this feeling was clearly stronger. They had significantly higher scores post-test, and showed a greater increase in their scores from pre-test to post-test than the Control group. Importantly also, those who reported low perspective-taking abilities had more significant improvements than those who were skilled in perspective-taking. This distinction was even stronger in the Experimental group than in the Control group.

Between Groups IOS Descriptive Statistics

Dependent Variable:	Difference in IOS Scores		
Group	Mean	Std. Deviation	N
TEL	0.4074	1.44806	27
IPT	1.4643	1.55116	28
Total	0.9455	1.58018	55

Descriptive statistics for the Univariate ANOVA computing between-subjects effects for IOS score.
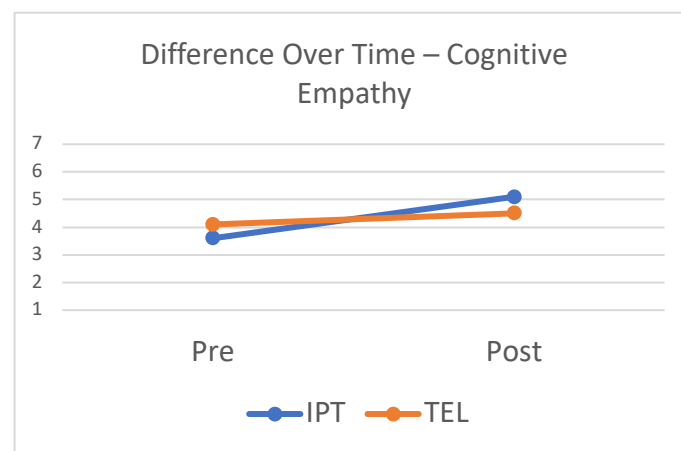

Difference Over Time – Cognitive Empathy

Chart depicting change over time for IOS, which is a measure of cognitive empathy.

Stigma

Both groups had significant decreases in stigmatising mental health conditions with fear, danger, pity, segregation, and avoidance. The experimental group showed a statistically significant decrease in the stigma of blame (p=.037) compared to the control group, indicating that they were less likely to blame a person with a mental health condition for shortcomings or difficulties.

Reported and Intended Behaviour

Both groups also reported increases in their willingness to engage with someone experiencing a mental health issue. However, again the experimental group had a more significant increase in their desire to regularly interact in close proximity with someone who has a mental health condition.

Linguistic Content Analysis

Here we began to see some remarkable differences, where the requirement for active engagement with training started to show in how people then acted on that training. When completing a writing task that involved writing a letter to an elected official, the experimental group consistently used language with more positive emotions and a stronger moral tone than the control group. The most notable main differences in word choice revolved around the need for positive action as opposed more passive awareness.

- 41% of the control group participants used the word "awareness" in their letter, whereas no one in the experimental group used this word.
- The experimental group preferred the words "support" (used by 82% vs 65% of the control group) and "services" (used by 45% vs only 11% in the control group).
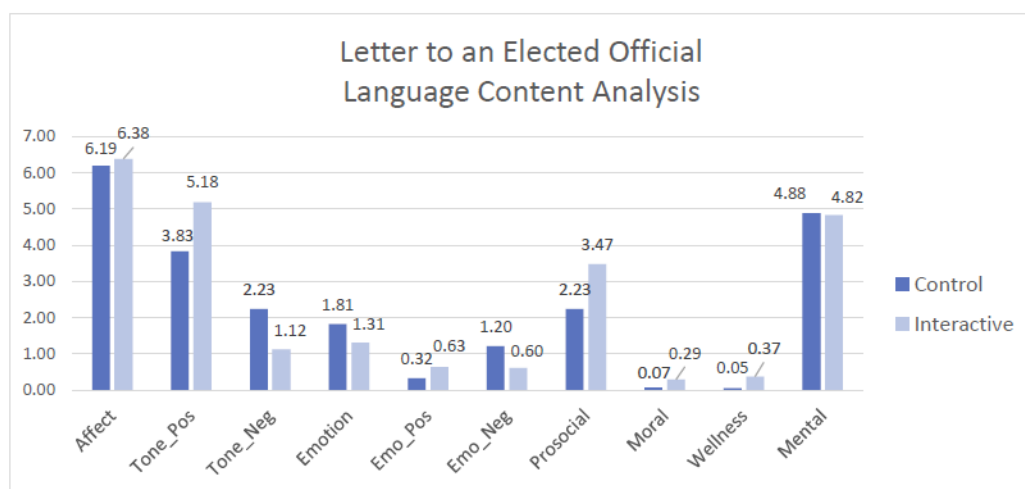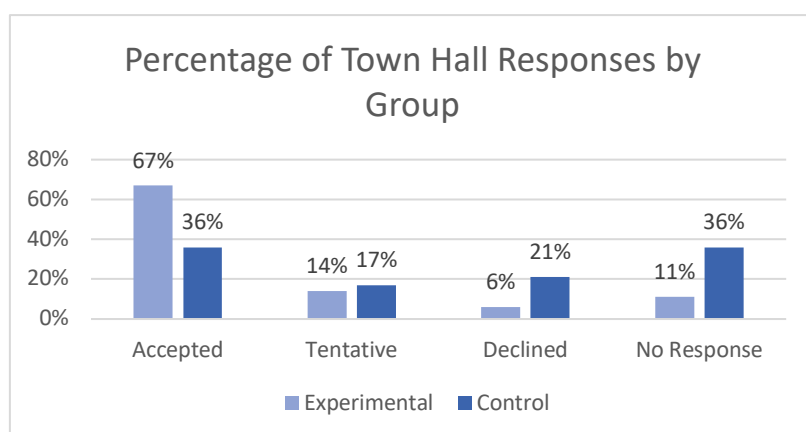

Figure 2. Graph of means in each LIWC category variable by group (Control and Interactive).

Interestingly, the experimental group had a self-reported decrease in confidence during the training. This decrease in confidence can be attributed to self-consciousness, such as seeing yourself on video or being more alert to your own room for improvement in communication. Despite this drop in confidence, the experimental group was more willing to have conversations about mental health, continue their training to learn more, and advocate for mental health policy improvements. Also, even though confidence was lower, participants' emotional regulation (lower personal distress) and empathic concern improved during the training.

Willingness to Help and Advocacy

The town hall invitation was not overtly part of the study, and required participants to give up some of their own time to participate. 67% of participants in the experimental group, the active learners, accepted the invite as compared to only 36% in the control group, the more passive learners.

Percentage of Town Hall Responses by Group

	Accepted	Tentative	Declined	No Response
Experimental	67%	14%	6%	11%
Control	36%	17%	21%	36%

When asked to sign a petition that would provide funding to improve mental health services in the workplace, the Experimental group's mean scores of willingness to sign the petition were significantly higher than the Control group's mean scores. This indicates a motivation to help and to advocate, which is a strong empirical outcome reflecting greater empathy. Interestingly, women were more willing to support this proposition than men.

Proposition A Support by Group

Group	Mean	N	Std. Deviation
Control	3.41	27	0.89
Experimental	4.46	28	0.64
Total	3.95	55	0.93

Table summarizing average support for Proposition A by group. The Experimental group was more willing to sign the petition than the Control group (p <.001).

Conclusion

It's clear from this study, even before looking at our specific areas of focus, that thoughtful and well-designed eLearning can make a real difference, even for challenging and complex topics such as mental health awareness. We saw changes in attitudes and understanding in both groups of participants.

However, the key difference between the control group, who were more passive observers, and experimental group, who were more active learners, is not just the difference in scores, but where that difference falls. The experimental group were better able to imagine other people's perspectives and experiences (cognitive empathy). This had a concrete outcome – that they wanted to see real action taken. Raising awareness of an issue like mental health does of course have value, but the clear focus in the letters written by the experimental group on services and support, demonstrates an understanding that awareness alone is not sufficient, and action needs to be taken.

In order for learning interventions to result in real behaviour change, they need to provide a space for people to actively participate with the content. But more than this, they need to be carefully crafted so that people genuinely *want* to engage and give something of themselves as part of the process. It's then that we'll see digital learning creating activists and advocates, rather than just raising awareness.