



Original research

Training needs analysis – The essential first step for continuing professional development design

Kathryn Holloway^{a,*}, Kerri Arcus^b, Georgina Orsborn^b^a Graduate School of Nursing, Midwifery and Health, Victoria University of Wellington, Newtown 6242, New Zealand^b Whitireia Community Polytechnic, Wineera Drive, Porirua 5024, New Zealand

ARTICLE INFO

Article history:

Received 19 January 2016

Received in revised form

15 January 2017

Accepted 3 September 2017

Keywords:

Continuing education

Training needs analysis

Primary health care nursing

Nursing workforce development

ABSTRACT

Nursing services are expected to be dynamic in response to changing health care needs. This expectation requires the purposeful and effective development of nursing workforce capability through continuing professional development (CPD). An evidence based approach to training needs analysis (TNA) is a highly recommended yet often missing first step in designing a CPD strategy for service improvement. This study used the Hicks-Hennessey questionnaire, a validated TNA tool to inform regional educational commissioning to meet the aims of a community social sector trial (SST) project. The SST objectives were to improve access to appropriate primary care through reducing Ambulatory Sensitive Hospitalisations and Emergency Department attendances among people aged 0–74 years. Using a descriptive research approach with the Hicks-Hennessey questionnaire, ten priority training needs were identified by regional primary health care nurses to inform the design of a purposeful educational response and hence support an enhanced model of care.

© 2017 Elsevier Ltd. All rights reserved.

1. Introduction

Nurses are described as the common thread linking all aspects of patient care and the key to progressing to a less complex, less costly health care system (Naylor, 2012). Pre-registration education can only ever be an initial preparation for practice therefore high quality continuing education is essential to support nurses to respond effectively to the contemporary needs of health services and consumers (Clark et al., 2015). Evidence based approaches are an expectation of all aspects of professional nursing practice including the development and delivery of continuing professional development (CPD) curricula. From a fiscal perspective, using evidence to support a proactive approach to CPD would result in more effective use of finite resources in both education and service delivery. Surprisingly however it is reported that a sound needs analysis is commonly a missed step in the process of designing CPD for nurses (Hicks and Hennessey, 1999; Pascoe et al., 2007; Carlisle et al., 2011).

Within the context of a wider government funded social sector project in a small urban community in New Zealand, enhanced nursing services such as developing nurse led clinics and telephone

triage were initially identified as essential to deliver on the vision for improved access to appropriate primary care. The broad social sector trial vision was to improve the health of the community, through interagency collaboration, by keeping people well and by providing prompt local treatment when people are unwell. The trial objectives were twofold - reducing Ambulatory Sensitive Hospitalisations (ASH) and Emergency Department (ED) attendances among people aged 0–74 years (Holloway et al., 2015). A local education provider was approached to develop specific CPD based on the SST plan for enhanced nursing services. Rather than simply design curricula based on assumptions of the training needs of the current nursing population, a more evidenced based approach to CPD design was suggested.

This paper aims to contribute to the body of knowledge around best practice in CPD design by detailing a project to identify the learning needs of an identified population of registered nurses to inform evidence based educational responses. The research aim was to identify the level and content of training required by local primary health care nurses in relation to reducing ASH rates and ED admissions.

2. Background

A well-educated and supported nursing workforce is strongly

* Corresponding author.

E-mail address: Kathy.holloway@vuw.ac.nz (K. Holloway).

correlated with a positive impact on patient outcomes and quality care (Aiken et al., 2003; Levett-Jones, 2005). Quality care provision requires a strong organisational commitment to and investment in continuing professional education. (Clark et al., 2015). Professional development needs in healthcare organisations are varied and encompass the broad areas of orientation of new staff, competency-based education, clinical certification and professional development (Schlag, 2005). Competing demands for professional development present health service providers with a real risk that reactive (rather than proactive) education provision will result in ineffective use of finite resources. Links between human resource management practices and organisational performance are well documented in the literature. Professional development is also highlighted as a key retention strategy, with a positive effect on performance (Carlisle et al., 2011).

The Institute of Medicine's 2012 *Better Care at Lower Cost* report clearly identifies the nursing workforce particularly in primary health care as a key element in achieving a sustainable health care system (Naylor, 2012). This is evident in the many nurses in primary health care settings in Australia and New Zealand that are increasingly collaboratively managing clients with complex health problems (Keleher et al., 2009; McKinlay et al., 2012). In order to support diverse and expanded roles for nurses, a sound foundation of education and ongoing professional development is needed (Pascoe et al., 2007). A missing step however in developing a consistent and specifically designed education strategy has often been consultation with the nurses themselves through a training needs analysis (McKinlay et al., 2012).

The validity of the TNA outcome is highly dependent on the process used to collect the data. Following a review of practice in Australia, Carlisle et al. (2011) concluded that best practice would be to use a psychometrically valid tool such as that developed by Professor Carolyn Hicks and Dr Deborah Hennessey, academics from the University of Birmingham, United Kingdom in 1996. The World Health Organisation (WHO) has credentialed the Hennessey and Hicks Training Needs Analysis Questionnaire as a valid and reliable tool for health care teams in any given health care setting and provides a license and manual for on-line and local use with the requirement that the developers and WHO are acknowledged in any work undertaken with the tool (World Health Organisation, n.d.). The tool has been used by many researchers with over 7000 health care professionals globally providing assurance of its validity and reliability (Hicks and Hennessey, 2011).

The requirement for nurses to participate in Continuing Professional Development (CPD) is underpinned by the belief that engaging in ongoing professional learning is an ethical act, an aspect of a duty of care that promotes patient safety (Nursing Council of New Zealand, n.d.). CPD is each nurse's responsibility and reflects civic professionalism, i.e. "acting like a nurse" (Benner et al., 2010, p. 19). Research shows that nurses with higher levels of education positively correlate with better patient outcomes (Aiken et al., 2003). CPD should be relevant, purposeful and encompasses a wide range of potential activities from personal/professional development, to work-based learning or formal education.

However, CPD alone is not sufficient and the understanding of the impact of context on the ability of nurses to practice to the full extent of their training and education is often absent from TNA and implementation approaches (Ferreira and Abbad, 2013; Clark et al., 2015). The Hicks and Hennessey tool allows participants to report whether their performance is constrained by factors in their workplace other than training e.g. policy and management structures, through the preferred performance improvement section.

In summary, a well-structured training needs analysis (TNA) can prevent unnecessary spending on inappropriate education and provide a focus to help organisations or sectors achieve their goals

(Carlisle et al., 2011). Carlisle, Bhanugopan and Fish define TNA as a "methodological investigation and analysis into an organisation's current and desired performance levels, focusing heavily on the ability of its staff and their support networks" (2011, p. 688). A training needs analysis was defined for this study as the initial step in a process that contributes to an overall training and educational strategy for staff in an organisation or professional group (Gould et al., 2004) in this instance a group of nurses who worked within primary care in a small urban centre in New Zealand.

3. Research design

The study took a descriptive approach using the Hicks-Hennessey Training Needs Analysis (H-HTNA) Questionnaire tool. The tool comprises four separate elements that support the development of understanding of the training needs along with preferred performance improvement strategies. Two of these elements concern the skilled activities (perception of importance and assessment of current performance) and the other two consider the potential mechanisms for development (i.e. specific training or policy change). The tool is able to be adapted by researchers, within specific guidelines detailed within the accompanying manual, to focus on the specific areas of interest (Hicks and Hennessey, 2011). The questionnaire asks participants to rate along a 7 point scale (1-low to 7-high) for each identified skilled activities:

- 1 How important that activity is to the participants current role
- 2 How well that activity is currently performed

Within the tool, skilled activities are divided into five broad categories:

- Research/audit
- Communication/teamwork
- Clinical tasks
- Administration
- Management/advisory tasks (Hicks and Hennessey, 2011).

An open response field following the questions allowed respondents to specify the areas of their job in which they would like to receive further training or instruction. According to the development guidelines within the Hicks and Hennessey (2011) manual, up to 8 of the 30 existing activities can be replaced. In addition, up to a further 10 additional activities can be added without compromising the psychometric properties, but these must be developed in accordance with basic principles of questionnaire design (Hicks and Hennessey, 2011).

As an initial important step, a steering group was established to support the tool adaptation and the communication throughout the study. Membership of the steering group included representation from each of the local primary health care organisations. These representatives were nominated by the organisations themselves and were experienced registered nurse leaders with a sound understanding of the aims of the SST and cultural impacts on nursing service delivery. The other members of the steering group were the researchers and one primary health care management representative. In terms of effecting change having opinion leaders involved in the process potentially has a positive influence on the adoption of the subsequent education recommendations (Holloway, 2012). Solutions and innovations developed from within are more likely to be accepted (Clancy, 2010; Singhal et al., 2011).

Through a workshop with the steering group, it was identified that in order to meet the SST targets for reduction in ASH rates and ED presentations, primary health care nurses needed to be confident and competent in the following core capabilities:

Download English Version:

<https://daneshyari.com/en/article/4940363>

Download Persian Version:

<https://daneshyari.com/article/4940363>

[Daneshyari.com](https://daneshyari.com)