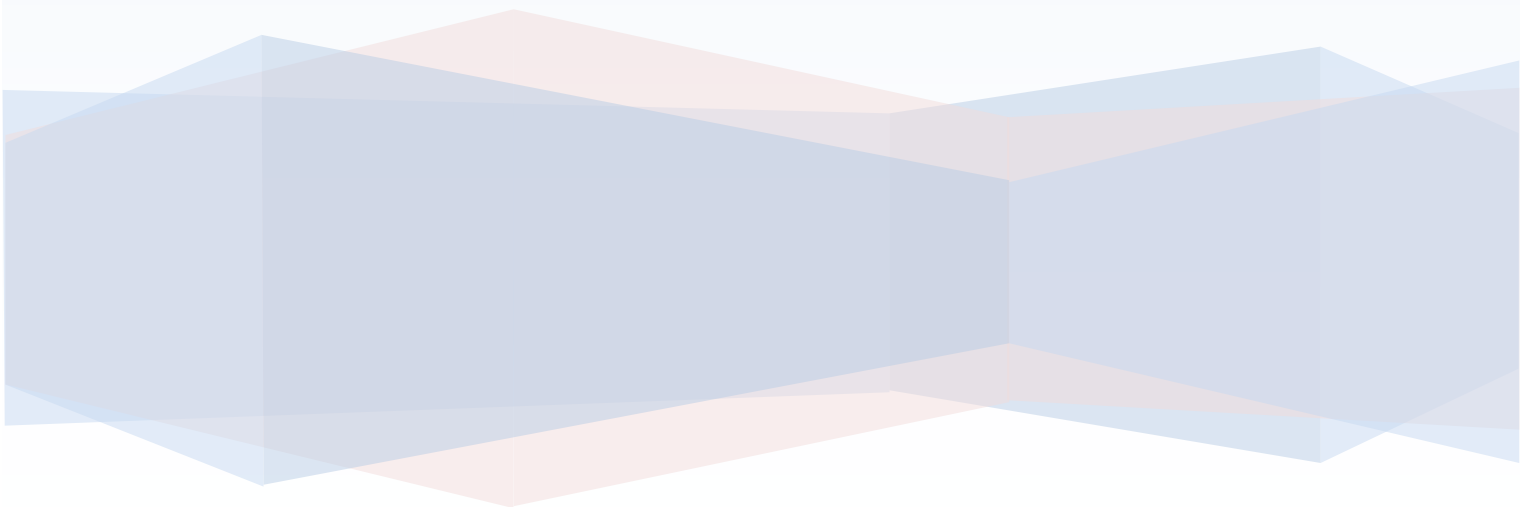# NEEDS ASSESSMENT REPORT

Health Care Human Resource Sector Council

Prepared by: Wayfinder Consulting Incorporated [January 2017]

Executive Summary

In 2016 the Health Care Human Resource Sector Council (HCHRSC) undertook a substantial redesign and redevelopment of its website, in order to bolster its capacity to deliver online and distance learning. With the website enhanced, the HCHRSC conducted a Needs Assessment of its stakeholder communities health and community services, to ensure the alignment of training options with the needs of its stakeholder communities. The Needs Assessment was conducted from November 21-December 31, 2016, and the findings from that Needs Assessment are summarized in this Report.

The Needs Assessment project comprised an online Survey that was widely distributed to members of the stakeholder communities, as well as Key Informant Interviews with specific subject matter experts, and Focus Groups to validate preliminary data arising from the Survey. The consolidated data was analysed and four overall themes emerged: 1) Customization and flexibility of training options is vital. Stakeholders are clear about the need to access customized training options that fit their specific needs in regard to content, mode of delivery and geographic considerations in the case of face-to-face delivery options; 2) Mode of delivery for training options. Respondents indicate a strong preference for training to be delivered by a combination of online distance learning, in modules where possible, and half-day face-to-face training where in person delivery is appropriate; 3) Geography and venue for training are important considerations. Training should be offered in geographic areas that services clusters of user-groups. 4) The best mode of communication to notify stakeholders of training session offerings continues to be email notification rather than social media, or relying upon passive website postings.

In addition to the stakeholder feedback, the survey provided valuable demographic details concerning respondents and their organizations. Fifty-six individuals responded to the survey with the vast majority of respondents (57%) from the Continuing Care/Long Term Care sector. In fact, virtually all respondents were from the Continuing Care and Community Services sectors, and there were no respondents from the Health Authority/IWK. Respondents were distributed across the province, but were concentrated in the Northern Shore (24%), Central Halifax/surrounding (20%) and South West Nova (18.5%). Respondents also identified geographic clusters for training in South West Nova, Northern Shore and Truro, Central, and Cape Breton.

The Report concludes with a number of recommendations for next steps.

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Needs Assessment

Context for the Needs Assessment

The Health Care Human Resource Sector Council (HCHRSC) promotes excellence in human resource innovation and builds capacity through collaboration with stakeholders.

Over the years, the HCHRSC has developed a menu of training options to respond to the needs of an extensive and diverse community of stakeholders. In keeping with technology and trends stakeholders have indicated that they would like to explore the opportunity for online learning.

Over the past year, the Health Care Human Resource Sector Council has completed the first phase of a website redesign, a component of which is web based learning.

The Health Care Human Resource Sector Council is conducting a Needs Assessment to further inform the development of web based training to ensure current and evolving learning priorities within the continuing and community care sectors are met.

Current offerings by the HCHRSC include:

- Compassion Fatigue
- Building Collaborative Work Environments
- Optimizing Workplace Engagement
- Responsive Leadership/Leadership Development
- Social Media
- Supporting Productive and Healthy Workplaces
- Team Development
- Workplace Diversity

Methodology

The Needs Assessment was undertaken between November 21-December 31, 2016, and conducted by Susan E. Smith, Principal, Wayfinder Consulting Incorporated.

Project Part	Project Activities/Tasks
1	Project Launch
2	Stakeholder Survey
3	Key Informant Interviews & Focus Groups
4	Data Analysis & Report Development

Part 1: Project Launch

All planning assumptions, project plan, methods, deliverables, stakeholder engagement, and timeline were confirmed with the Executive Director, HCHRSC at the outset of the project to ensure ongoing alignment.

As part of the project launch, the consultant undertook a review of some background documents to gain a better understanding of the context. Some of the background documents reviewed include:

- HC Human Resource Sector Council - Strategic Plan
- HC Human Resource Sector Council – Annual Report 2016-17
- HC Human Resource Sector Council – Annual Report 2015-16
- HC Human Resource Sector Council – Annual Report 2014-15
- Prior Needs Assessment(s)
- Relevant correspondence

A detailed Work Plan was developed with discrete activities mapped to each part of the Needs Assessment project. The Work Plan was updated monthly as the project progressed toward completion.

Part 2: Stakeholder Survey

An online survey was developed to elicit feedback from the broad stakeholder communities of health and community services, which the HCHRSC exists to serve. *FluidSurveys (a subsidiary of Survey Monkey)* was the online survey software used to conduct the Stakeholder Survey. *FluidSurveys* is a Canadian software product, which has been widely accepted for use by government departments, educational organizations and institutions, and the private sector. *FluidSurveys* is compliant with Canadian privacy (all data resides on Canadian servers) and accessibility standards (W3C), and accounts may also include SSL security (like online banks).

The survey questions were developed by the consultant with input and sign-off by the Executive Director of the HCHRSC. The survey comprised 8 questions, including one free text comment box for stakeholders to provide additional comments.

The consultant developed the communication message that accompanied the survey distribution notice, and HCHRSC staff distributed the survey invitation to their stakeholder community via their email distribution list. In order to optimize participation, some specific stakeholders and/or Board representatives were asked to share the invitation to participate through their own communication channels.

The survey remained live/active for the three-week period from November 21-December 11, 2016 and resulted in 56 completed surveys. The complete HCHRSC Needs Assessment Survey Results Report is included as Appendix 1.

Part 3: Key Informant Interviews & Focus Groups

Stakeholder consultation was a key feature of the Needs Assessment project. Specific Key Informant interviews and/or Focus Groups were conducted to validate the preliminary data from the Stakeholder Survey, and to gather further intelligence from specific subject experts regarding opportunities for alignment, collaboration and online learning.

A series of Key Informant/Focus Group Interview questions was developed by the consultant. This interview questions were not identical to the Stakeholder Survey, but were consistent and aligned with the direction of the information being sought through the interview. The consultant used personal judgment during the interviews to determine if any particular question required a follow up inquiry or needed further 'drilling down' to pursue any given topic covered in the interview.

Two Key Informant interviews and two Focus Groups interviews were conducted over the period of the project. Three interviews were conducted as face-to-face conversations, and one telephone conference call was used to enable participation of a particular focus group. The full list of Key Informants and Focus Groups interviewed is included as Appendix 2.

Part 4: Data Analysis & Report Development

Survey Questions 1-4 were somewhat demographic in nature, asking respondents to identify the category of organization to which they below, and what their role is within that organization. These questions also captured the geographic location of the respondent and asked them to identify the central most point for training for their specific organization.

Survey Questions 5-6 asked respondents about the training area of focus that was important to them, and drilled down further to ask for preferences on the type and mode of training delivery options.

Survey Question 7 asked respondents to identify their preferences for how the HCHRSC should communication information regarding training opportunities to stakeholders.

Survey Question 8 was a free text comment box, which generated 11 discrete comments from survey respondents.

The data generated from the Key Informant Interviews was analysed by the consultant and four preliminary themes emerged which showed strong consistency with the themes that emerged from the Stakeholder Survey.

The Needs Assessment Report has been developed by the consultant, and shared in an iterative manner with the Executive Director, in order to ensure alignment and agreement on content, perspectives, and language.

Stakeholder Feedback Themes

1. Customization is Key

Stakeholders are clear about the need to access customized training options that fit their specific needs in regard to content, mode of delivery and geographic considerations in the case of face-to-face delivery options. The HCHRSC always undertakes a User-Group Needs Assessment when a training session is being developed in order to tailor the specific training to meet the needs of their client. Some topics are much better suited to face-to-face training, while online works better for others.

2. Mode of Delivery

The Survey Results indicate a strong preference for training to be delivered by a combination of online distance learning (22% of respondents), in modules where possible (29% of respondents), and half-day face-to-face training where in person delivery is appropriate (25% of respondents). Some respondents have indicated that a combination of approaches is likely best depending on the specific needs of the User-Group.

3. Geography and Venue

In addition to the content for training and mode of delivery, the geographic considerations for face-to-face delivery is a strong consideration. Stakeholders have identified that wherever possible, content should be offered in geographic areas that services 'clusters' of user-groups. In addition, both the time of day and time of year need to be considered in establishing a training session. Stakeholders have also been clear about the need to hold face-to-face training sessions in good quality venues that permit the participants to feel that they are at an educational environment, not so much as at a community hall or similar.

4. Mode of Communication

The Survey Results indicate an almost exclusive preference for communication of training opportunities through email notification. There is no uptake for communication of such opportunity through website postings as the primary method, nor through social medial. Some respondents have indicated a preference for a brochure of training opportunities that might be printed in hard copy and distributed by regular mail, in addition to the email notifications.

Learnings from Key Informants

Key Informant interviews were undertaken with specific individuals at the Nova Scotia Regulated Professionals Network (NSRPN) and AWARE-NS.

NSRPN is interested in exploring potential opportunities for collaboration, where training needs may overlap with those required for the regulated professionals. For instance, understanding around what it means to work as a collaborative team, role definition, principles of assignment and delegation guidelines for working with unregulated care providers; infection control in private and public environments/facilities; and medical assistance in dying.

AWARE-NS has recently developed an online learning platform that supports their expanded menu of online training. The platform is the same one that the HCHRSC has developed. The platform has been very effective for AWARE-NS and has provided an opportunity for the Council to learn from the experiences that the platform has provided to AWARE-NS, given it parallels the same stakeholder base.

AWARE-NS has developed a Database to support the online training programming, and identifies that it is the key element required to support the coordination, planning, management and evaluation of the online training programming. The Database enables AWARE-NS to coordinate its courses, venues, plan and populate virtual classrooms, and supports the evaluation function for each online training session or workshop. At the conclusion of each online session, the user takes the test, and when he/she passes, the Database automatically generates a certificate of successful completion and emails it to the user. Record keeping is secure and requires minimal human attention.

Given the investment AWARE-NS has already made in developing the Database using the same platform as HCHRSC, it would seem an opportunity exists to engage with the same programmer to establish a Database to support the HCHRSC website and online learning menu.

Recommendations

1. Identify opportunities for cooperation and collaboration in training and resource utilization including: Nova Scotia Regulated Professionals Network; Dalhousie School of Health Sciences; NS Department of Learning and Advanced Education; and others to be defined.
2. Continue to deliver the workshops already established concentrating on topics of interest identified by stakeholder community.
3. Explore additional offerings focused on Mental Health and Wellness.
4. Establish geographic clusters for face-to-face offerings based on stakeholder input.
5. Define a methodology for outcome-based evaluation.

6. Ongoing analysis of the effectiveness of the scope of programming through continued stakeholder consultation.
7. Define a Stakeholders Training Advisory Group.

Summary

The Sector Council recognizes that there are existing resources within the system that the NS Department of Learning and Advanced Education contributes to workplace and skills development training. The Council is committed to collaboration and alignment, but not duplication within this environment, while maintaining the integrity of topic specific learning delivered in workshop format. The Council has specifically identified topics of interest that can be delivered in workshop format to compliment existing workplace and skills development training.

HCHR Sector Council Needs Assessment Survey Results

1. Which of the following does your organization represent?

Response	Chart	Percentage	Count
Continuing Care/Long Term Care		57.1%	32
Continuing Care/Home Support/Home Care		16.1%	9
Community Care/Community Residential Services		19.6%	11
NS Health Authority/IWK		0.0%	0
Other, please specify...		7.1%	4
		Total Responses	**56**

1. Which of the following does your organization represent? (Other, please specify...)

#	Response
1.	Adult residential Centre
2.	NS Health Authority, Continuing Care, Long Term Care, Home Care, Acute Care
3.	Safety Association
4.	Adult Residential/Residential Rehabilitation Centre/Community Homes

2. What is your role within your organization?

Response	Chart	Percentage	Count
Front Line Worker/Care Provider		0.0%	0
Reference Manager/Supervisor		11.1%	6
Administrator		77.8%	42
Human Resource Services		3.7%	2
Other, please specify...		7.4%	4
		Total Responses	**54**

2. What is your role within your organization? (Other, please specify...)

#	Response
1.	Professional Development & Quality
2.	Coordinator
3.	Administrator, Health Services Manager
4.	Coordinator

3. Where is your organization located?

Response	Chart	Percentage	Count
Cape Breton		13.0%	7
Eastern Shore		5.6%	3
Central (Halifax and surrounding)		20.4%	11
Northern Shore		24.1%	13
South Shore		7.4%	4
South West Nova		18.5%	10
Annapolis Valley		11.1%	6
		Total Responses	**54**

4. Where is the most central point for training for your organization?

There was some misinterpretation of this question, and although there were 53 text responses to this question, only 42 provided data that could be included for analysis. These following clusters were summarized:

South West Nova and South Shore	13 responses
Northern Shore and Truro	12
Central (Halifax and surrounding)	8
Cape Breton	7
Annapolis Valley	2
Total Responses	**42**

5. Please identify the training focus of interest from the list below. Check all that apply.

Response	Chart	Percentage	Count
Compassion Fatigue		49.1%	27
Building Collaborative Work Environments		80.0%	44
Communications		61.8%	34
Effective Meetings		36.4%	20
Leadership Development		65.5%	36
Social Media		32.7%	18
Supporting Productive and Health Workplaces		74.5%	41
Team Development		70.9%	39
Workplace Diversity		30.9%	17
Other, please specify...		21.8%	12
		Total Responses	**55**
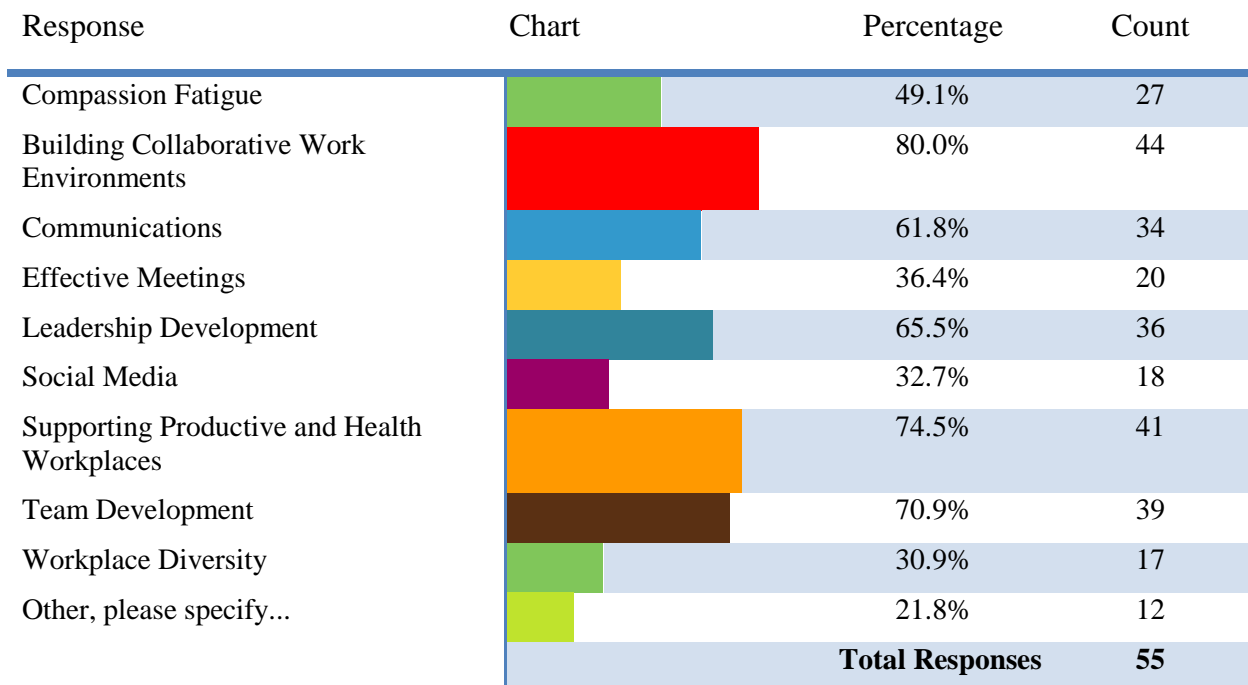
5. Please identify the training focus of interest from the list below. Check all that apply. (Other, please specify...)

#	Response
1.	Assertiveness training
2.	Building collaborative teams across the sectors that are seamless and client focused
3.	Body mechanics
4.	As well, any training pertaining to Medication Awareness, Individual Program Planning, Fire and Life Safety
5.	Mental health and wellness in the workplace, Injury prevention for health care teams
6.	Demographics and the workplace, team development and support
7.	Dealing with Difficult People, leadership development for licensed staff
8.	Respectful Workplace, Dealing with change
9.	Managing in a unionized workplaces especially discipline, etc
10.	Mental health awareness, building culture of workplace safety, core competencies, food safety
11.	Preventative actions to help reduce MSIs, repositioning and handling videos for every scenario
12.	Conflict resolution for frontline staff, managing absenteeism

6. The Health Care Human Resource Sector Council has recently redesigned its website to accommodate on-line training which is currently under development. Please indicate which of the following delivery options is most effective for your organization.

Response	Chart	Percentage	Count
Half-day workshops/face-to-face training sessions		25.5%	14
Full-day workshops/face-to-face training sessions (possibly in a series of one or more modules)		9.1%	5
Online distance learning		21.8%	12
Modular face-to-face delivery		9.1%	5
Modular online delivery		29.1%	16
Other, please specify...		5.5%	3
		Total Responses	**55**

6. The Health Care Human Resource Sector Council has recently redesigned its website to accommodate on-line training which is currently under development. Please indicate which of the following delivery options is most effective for your organization. (Other, please specify...)

#	Response
1.	Face to face and online/modular (depends on subject)
2.	I am open to e-training although I find face to face more effective for our needs at the present time.
3.	A combination of Half day and online delivery

7. What is the most effective way to share training opportunities with your organization?

Response	Chart	Percentage	Count
Health Care Human Resource Sector Council website (list of upcoming events, links to programs, etc)		0.0%	0
Email notice		96.4%	53
Twitter		0.0%	0
Facebook		0.0%	0
Mail out		3.6%	2

	0.0%	0
Other, please specify...		
	Total Responses	**55**

8. Do you have any comments you would like to share regarding your organization's training needs that have not been addressed elsewhere in the survey?

#	Response
1.	The programs I have participated in have been excellent. For cost and time however, I think self-directed learning is the way to reach the most people. However, face-to-face training is very effective and if done, easier if it is within a short distance to keep costs down.
2.	From a sharing standpoint emails is best from the organizational point of view but there is a growing need to also share information via social media from the learner/user perspective. Unfortunately section #7 only allows for one response. , the "most effective way to share. In terms of delivery options, face-to-face has tremendous value and requires heavy resources. Online modules are accessible and can be shared broadly. Mixed content (short videos, links, a variety materials, and content, and recorded sessions) is most useful.
3.	Would be nice to access training onsite
4.	Flexibility in offering programs given the shift rotation is key.
5.	We have a limited education and Travel budget. We can send more staff for training in Yarmouth and Cornwallis
6.	Due to staff turnover in supervisors/managers in the past two years, this agency is very interested in training for those individuals. Face to face works for us and I am willing to send supervisors to Halifax for that training.
7.	Although we feel face-to-face training sessions are more effective in terms of receiving and retaining the content, we are able to have more employees participate through the online sessions. It would be nice to be able to offer both.
8.	Budget constraints have a huge impact on how much training we can provide. Travel costs from rural areas is extremely high & that's why very few training opportunities are made available to staff. Online module training where the training clocks the time signed in, signed out & if possible whether there is any activity (i.e. times out like the online banking after so many minutes of non-use) would assist in keeping costs down & hopeful allow for $ to be spent more effectively so larger #s of staff can get the training.
9.	My personal organization, no. But a need that I've noticed after some time is, organizations not fully recognizing the benefit of having a well used, i.e. working health and safety committee. These folks are not used to their fullest capacity, partly because it is perceived that there is a shortage of workers and therefore could not sacrifice the worker for the 2 hours needed to fulfill duties as a HS committee member. Some more education on the part of the owner/CEO/administrator/boards.

Appendix 2: Key Informant Interviews & Focus Groups

ORGANIZATION	NAME/POSITION	DATE
NS Residential Agencies Association	Association Members	November 23, 2016
NS Regulated Health Professions Network	Bruce Holmes, Executive Director	December 3, 2016
NS Continuing Care Council	Council Members	December 10, 2016
AWARE-NS	Heather Matthews, Occupational Health & Safety Specialist	December 21, 2016