

DEVisING A TRAINING NEEDS ANALYSIS TOOLKIT

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Training needs analysis (TNA) is a method of assessing the best way of using available resources to improve the skills of employees. This article outlines a pilot of TNA in a hospital pharmacy department

Heading for the exit: completing training needs analysis helps contribute to reducing staff turnover

Several staff groups at the Royal United Hospital, Bath, expressed an interest in receiving information about training needs analysis (TNA). During discussions it emerged that staff had little knowledge of TNA as a concept for a department. They asked for information and tools to help perform TNA.

This is an account of a small project conducted to explore whether review and planning tools would enable a department to carry out TNA for individuals and the department.

CONTEXT

TNA aims to satisfy the needs of both an organisation and individuals by finding out what their training desires and needs are, and drawing a balance between them. TNA is described as "providing focus and direction for the investment an organisation has to make in its people".¹ There is always a tension between the needs of individuals and organisations, due to their different focus and agenda. Trusts are looking to reduce turnover and increase the skills of their workforce. Therefore, the individual needs and ambitions of staff must be considered while an investigative process identifies the learning requirements for them to perform their job at an expected level. Without professional and personal job satisfaction, and the ability to carry out a job as well as possible, staff can become disillusioned and

leave.² Despite the NHS spending £3.7bn on education and training there is still a turnover rate of 275,000 staff per year, costing the NHS at least £1.5bn.³ There is a need to ensure that resources, including money, are allocated well and to the best advantage of staff and patients. Training is expensive, and TNA gives focus for investment in it.¹

LITERATURE REVIEW

A brief literature review was conducted and many texts and journal articles were found. All suggested that conducting TNA was useful in satisfying organisational and individuals needs.

NEEDS OF THE ORGANISATION

There is an ever increasing pace of change in health care, which is faster in the UK than elsewhere in Europe or America. However, there seems to be a lack of awareness of these changes.^{4,5} Rapid change requires that staff develop and expand their skills constantly. Health care providers lag behind other organisations in reacting to this pace and need to predict changes and plan better.⁶ This is only possible if a clear understanding of the needs of the department and staff, now and in the future, are known.

Techniques for planning training course provision are largely based on retrospective information, including staff knowledge of what was previously successful (eg, evaluations, enquiries, informal feedback and requests for qualifications in advertisements).⁷ TNA is able to facilitate a much more accu-

rate picture of need than these to determine what training should be offered.

NEEDS OF THE INDIVIDUAL

One purpose of identifying the learning needs of an individual may be the accumulation of information that allows a clearer picture of the needs of a whole group.⁸ Overall information generated by staff will give a far clearer picture of what is needed and how it is to be provided across an organisation. Development needs are not always obvious, especially in experienced and competent staff. There may be a need to search for even more improvement or to access the under-used potential that staff have.¹ This leads not just to greater productivity but satisfaction and promotion for the individual.

A lack of professional development can result in low staff morale.⁹ There is an imperative to retain staff and there is a link between increased retention, personal development plans and appraisal.¹⁰ Without some standardisation of effort and equity of resource allocation, staff may feel that their wants and needs are not being attended to. Staff motivation to participate in training and development is enhanced if there is an active involvement in setting priorities and a sense of ownership in the eventual outcomes.¹¹

There is a distinction between individuals' perceived and real needs.¹² One way to bring these closer together is to undertake a needs analysis that allows the individual to examine their current position and progress, and to develop their knowledge and skills with an understanding of the organisational and department requirements. In order to achieve

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this, to the satisfaction of both, there is a need for partnership between education providers, individuals and departments.¹¹

— AIMS OF THE PROJECT

A small group of interested staff met to discuss finding or devising appropriate tools for TNA. This group decided that tools had to be generic to any staff group, and focus on both current and future relevant issues. Several meetings were held and information gathered to compare toolkits already on the market with our requirements. A range of possibilities were discussed and it was decided, due to resource constraints and suitability, that a toolkit would be produced that met local needs but included national priorities. The toolkit was aimed at:

- Facilitating an open process so that staff could see and participate in it
- Being efficient in terms of effort and resource management
- Encouraging equity and equality in resource allocation
- Highlighting the ever changing work environment by including government initiatives, trust requirements and objectives, and the department's response to these

— SAMPLE

Several interested groups were asked to participate. A pharmacy staff group was available and agreed to provide feedback on the tools, the process and whether its members saw the process of TNA to be of benefit.

From this staff group a team was drawn to work on the departmental analysis. A cross section was chosen to give a diversity of opinion. Membership across a group undertaking TNA ensures co-operation and commitment to the process.¹⁰

— ETHICAL CONSIDERATIONS

Permission was sought from the head of the department and from individuals for their participation. There were opportunities to discuss any concerns with the investigator and to opt out if the individual chose.

Although questionnaires were given out anonymously, participants were asked to feedback their training requirements to the cross section team looking at overall issues. This feedback sheet had space for the names of the participants. The investigator should have considered this issue more thoroughly with regards to confidentiality of information. This was not articulated as a problem to the investigator, and although staff could opt out of participating altogether, this may not be a satisfactory solution. It should be possible for the cross section team to gain an understanding of the staff's needs without knowing which individual is asking for what

training. This will be addressed in future work.

— THE PROJECT APPROACH

An "action research" approach was chosen. Although action research covers a range of methodologies they tend to be cyclical, participative, qualitative and reflective.¹³ This is a method for dealing with a concrete problem, using a step-by-step approach, that may be monitored frequently, allowing for modifications, adjustments and directional changes.¹⁴ In this way the changes and the research impetus are evolving throughout the project and continue after it is over. Action research allows the development of knowledge or understanding as part of practice by involving the practitioners in the process from the start. Investigators must remain flexible, and involve the people who are the subject of the research. The amount of participation may vary hugely from little more than increased understanding of the change happening, to full participation in planning and carrying out the research.¹⁵ In this instance the hope was to bring about changes in the pilot department while testing and refining the tool. Changes could occur in line with both staff feedback and more global requirements such as the introduction of Agenda for Change.¹⁶

An initial meeting with most staff allowed me to outline the process, answer any queries and ask for the support of the team. Staff showed enthusiasm and commitment to the project. The team chose a member of staff to lead on the project. Staff met me several times, and contact was kept by telephone and e-mail. Regular contact ensured that if there was feedback, difficulties encountered or questions, they were dealt with promptly.

The timescale for the project was six weeks. This was thought to be long enough to gather the information and meet without the process becoming so drawn out that staff lost interest.

— TOOLKIT/DATA COLLECTION

A decision was made the toolkit should look at job and role analysis, developing competencies, key tasks and performance standards.⁸ The toolkit devised provided tools for individuals to reflect on their own work and the needs, workload and resources of the department. It went on to ask that deadlines be set to answer questions that required more information to be gathered. The intention was to encourage the group to keep working on these questions until they could answer all applicable questions. Supplementary questions were intended to provoke more discussion about the issues. The questions were divided into the following topics:

- Current work of the department
- Staff turnover

- Appraisal
- Staff education
- Teaching and assessing
- IT skills
- Governance issues

These questions encompassed government, trust and department requirements, without being prescriptive about what should be included. This also served to highlight to the group issues that should be foremost in department plans for professional development.

All staff were asked to complete an individual needs analysis questionnaire and return the front of the form to the cross section team. This outlined what learning individuals believed they needed in the forthcoming year. Questions asked about existing level of skills, knowledge and confidence to undertake their current role, as well as their aspirations for the future. It was intended that staff would reflect on their role profile and think about their ability to match the key responsibilities in that profile.

There were also tools to assist the cross sectional team to balance staff needs with the needs of the department and resources that were available. There were instructions for use, reference lists, timetables and an assortment of other media that might be helpful, such as a list of possible informal learning opportunities.

— FINDINGS

The pharmacy group provided helpful feedback on the questions in the TNA toolkit. The questions were believed to mirror the issues of importance to the department and the trust. Some of the department information referred to in the TNA toolkit had not been readily available to staff. This stimulated discussions both to their meaning and their relevance.

Generally questions on the TNA form were understood but there were several telephone calls asking for clarification and information about issues raised. This was encouraging, because it showed that staff had an interest in current issues. One question from a member of staff, for example, asked about how the chief executive officer's objectives are implemented. It transpired that due to poor access to information as a result of technical difficulties in its location, staff had not seen these. This and other lacking information were addressed by the provision of hard copies of government reports, advertisements and flyers for courses and other learning opportunities. Staff were also included in mailing lists so that they could be kept up to date.

Some questions were not seen as relevant and this was expected because the TNA was an attempt to provide a generic toolkit.

The first part of the individual needs analysis looked at the role profile. This

section highlighted a problem as many staff did not have an up-to-date role profile or job description. Roles had changed and profiles had not been reviewed. This was an issue that had already been considered but the TNA process highlighted this as a more urgent matter. Agenda for Change will be predominantly based around individuals' performance relating to their role profile or Knowledge and Skills Framework (KSF) outline allowing scrutiny of staff performance against their KSF outline.¹

Individuals were quick to fill in their forms and give information to the cross sectional team. They collated this information with that gathered about the department.

The departmental questions and priority planning took considerably more time than expected. It had been thought that a small group of staff would find it easy to get together, but there was a lack of understanding of department workload and how much time staff spent away from their base. The whole process took several months. Different departments will need to allocate different timescales.

— FEEDBACK

Initial discussions with staff revealed their isolation in terms of geography and communication. This group works on a different

site to most trust staff. They had poor access to IT, were generally not informed of news by other means and were rarely able to visit the main site. They felt themselves lacking in information rather than in resources. Not knowing what opportunities were available meant staff being unable to access them. Staff availability was also an issue. In order to access training on the main site they have to add travel and parking time to training time. As a small group, who spend much of their working days out in the community, lack of time is a crucial issue for them.

Some staff initially appeared to think that undergoing this exercise had done little for them but, as they discussed it, it emerged that some benefits had been seen. Their knowledge of current government and trust issues has now increased. This included governance issues and some recent trust initiatives which had not been communicated to them. Staff are now more able to ask for specific training, as they are aware of what is available.

One of the primary aims of the project was to promote changes in the department as the project progressed. This happened as staff asked for greater inclusion in information sharing and in the day-to-day activities of the trust.

It will always be difficult when there are small working groups to release staff to

access training at a different site. By acknowledging that this as a problem, some alternative solutions have been explored. Possibilities include providing training material that can be accessed from the base site or asking trainers to come to them. An example of the former would be making on-line training available, although access to this is minimal at the moment. For this to happen, increased access to hardware and the trust intranet site would be needed. With these facilities, staff would have a better knowledge of learning opportunities available to them. It has not yet been possible to solve all the technical difficulties but a number of different strategies have been employed, such as providing information in hard copy. Some information and teaching sessions have been set up to give the staff information in a non-IT format.

— FUTURE INITIATIVES

Phase two of the project begins soon. This involves using the toolkit with staff from a wider range of disciplines. The aim is to make TNA straightforward to perform for all staff. It is hoped that it will be seen as a useful activity for the benefit of individuals, their departments and the organisation as a whole. Expected

outcomes of the next phase of the project include:

- Raised awareness of individual learning needs
- Encouragement of managers to collaborate with their staff to plan resource allocation
- Equitable and effective use of limited resources
- Increased staff satisfaction and retention
- Focused knowledge and skills development to improve patient care
- Creation of a package that is applicable to all staff but also takes account of uniqueness of individual groups

The action research approach will be continued. Groups from different backgrounds will be offered the opportunity to try out TNA tools and give feedback about their effectiveness for them. Comparisons will be made with groups not using the toolkit. In addition, consideration will be given to whether the analysis can be integrated with the appraisal process and be linked to the Agenda for Change requirements.

There will be several methods for gathering information which will allow verification of the procedures. This will

include questionnaires, focus group meetings and semi-structured interviews for some key participants (eg, staff who influence strategy). This work will take place during the forthcoming year.

REFERENCES

1. Bartram S, Gibson B. Training needs analysis: a resource for identifying training needs, selecting training strategies, and developing training plans. Aldershot: Gower Publishing; 1994.
2. Leveck M, Jones C. The nursing practice environment, staff retention and quality of care. *Research in Nursing and Health* 1996;19:331–43.
3. Reid J, Foster A. HR in the NHS conference, ICC Birmingham, 4–6 May 2004. Available at www.dh.gov.uk/NewsHome/ConferenceAndEventReports/ConferenceReportsConferenceReportsArticle/fs/en?CONTENT_ID=4082259&chk=tcn4pk (accessed 6 September 2004).
4. English National Board for Nurses Midwives and Health Visitors. Training needs analysis. Project on meeting the education and training needs of nurses, midwives and health visitors in the field of substance abuse. Chester: The Board; 1994.
5. Keighley T. [editorial]. *Nursing Management* 1997;3:3.
6. Zuckerman AM. Creating a vision for the twenty first century healthcare organization. *Journal of Healthcare Management* 2000;45:294–305.
7. Ayer S, Smith C. Planning flexible education to match the needs of consumers: a national survey. *Journal of Advanced Nursing* 1998;27:1034–47.
8. Bee F, Bee R. Learning needs analysis and evaluation. London: Chartered Institute of Personnel and Development; 2003.
9. Shepherd J. Findings of a training needs analysis for qualified nurse practitioners. *Journal of Advanced Nursing* 1995;22:66–71.
10. Gould D. Training needs analysis: an evaluation framework. *Nursing Standard* 2004;18:33–6.
11. Gibson J. Using the Delphi technique to identify the content and context of nurses continuing professional development needs. *Journal of Clinical Nursing* 1998;7:451–9.
12. Furze G, Pearcey. Continuing education in nursing: a review of the literature. *Journal of Advanced Nursing* 1999;29:355–63.
13. Dick B. You want to do an action research thesis? Available at www.scu.edu.au/schools/gcm/ar/art/artthesis.html (accessed 6 September 2004).
14. Bell J. Doing your research project: a guide for first-time researchers in education and social science. 2nd ed. Oxford: Oxford University Press; 1993.
15. Dick B. A beginners guide to action research. Available at www.scu.edu.au/schools/gcm/ar/arp/guide.html (accessed 6 September 2004).
16. Department of Health. Agenda for change. Available at www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModernisingPay/AgendaForChange/fs/en (accessed 6 September 2004).