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"An Exploratory Study on Training and Development with a focus primarily on the Health Sector Environment".

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Authorship Declaration

I herby certify that this material, which I now submit for assessment of the programme of study leading to the award of BA in Human Resource Management is entirely my own work and has not been taken from the work of others save and to the extent that such work has been citied and acknowledged within the text of my work.

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My Dad - this is dedicated to you. you gave me the strength to carry on. I know this would of made you proud and that you are sharing this experience with me. you will be in my heart forever.

Abstract

A quantitative and qualitative examination was undertaken during this exploration of training and development.

The primary sources of data were the participants who had completed some form of training and development since September 2003 all of whom were employees of the Dublin Dental School and Hospital. Both qualitative and quantitative research was carried out so as to gather the data in relation to participants, and their training and development. The questionnaire was designed in order to examine their attitudes having completed training.

Qualitative research was used in the form of in-dept interviews with two members of the management team of the organisation, so as to supplement the information gathered in the questionnaires and to understand training and development, from a management perspective.

The results obtained reflected the training and development activities in the organisation in a very positive light and in particular highlighted the areas for possible development.

The literature reviewed considered the role training, development and education has played in the growth of health sector organisations both nationally and internationally. In particular, the inherent programmes motivating and improving job satisfaction. The findings focus on the themes of the questionnaires and the interviews and commonalties arising, in particular it examines the possibility of future recommendations.

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Preface

The Dublin Dental School and Hospital (DDSH) was opened in 1898 and is part of Trinity College, Dublin that has a long and proud history. The Board, established in 1963 was responsible to collaborate with the three dental schools' in Dublin: Trinity College, Dublin; University College, Dublin; and the Royal College of Surgeons in Ireland in the provision of clinical training. In the 1970's these three dental schools were amalgamated.

A new clinical building was completed in 1997 and the old hospital's refurbishment was completed in 1998. This followed a long and difficult period of uncertainty during which it became difficult to recruit staff due to rumours of closure and prior to 1980 little if any original research. The decision to retain and rebuild was announced in 1994, thereby ending 50 years of uncertainty.

A state of the art facility is now in operation, with this change the DDSH underwent changes in structure, culture thus, a whole new environment evolved. The DDSH is the principle dental education and training institution in Ireland. The DDSH provides programmes across the full range of specialities in dentistry.

The mission of the DDSH states in the **Provider Plan (2000: 2):**

"The provision of an environment where quality education, research and service programmes are integrated in a balanced way, appropriate to the resources the resources available and the needs of the community".

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CHAPTER I

INTRODUCTION

author also intends to demonstrate that through the development of each theme of the APPM, employees discover their own abilities and potential, and on discovering this, they develop more demands of both themselves and the health sector system.

No evaluation has been carried out to date from the perspective of the staff involved in training and development in the DDSH and therefore their opinions and views have not been formally researched. Such an evaluation will provide a unique insight into how training and development is viewed and how the APPM has contributed to these views.

Chapter one will explain the reasons why the author chooses training and development as the main focus of this research study. The author an overview of the research objectives' in which this research study is aiming to analyse. A brief summary of each chapter will also appear.

Chapter two will provide an overview and explain the individual objective of each of the seven themes identified in the 'Action Plan for People Management' (APPM). The author will consider best practice research under the umbrella of training and development. A briefing on the current environment situation in the health services will be provided and finally the next steps envisaged by the author.

Chapter three will provide a concise review of literature in relation to training and development in general and will related the literature to the Health Care Sector also. The author will give an overview from a historical perspective of training and development and in particular recent developments in a national and international context. that may relate to the organisation.

Chapter four will discuss the research methodology making reference to both qualitative and quantitative research measures utilised by the author and the stages in which the author went through in the gathering of the data.

Chapter five will provide a presentation of the analysis and findings and will discuss the research. making references to both the literature and the findings.

Chapter Six will gather together the salient points from the research study, draw appropriate recommendation and identify where further study might be undertaken. The author will sum up this research study with a final conclusion.

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CHAPTER II

CONTEXT

2.0 CONTEXT

2.1 Introduction

In this chapter the author provides an overview of the 'Action Plan for People Management'(APPM), and the context in which the action plan will play in achieving the research objectives the author has set out.

2.2 Action Plan for People Management

The Minister for Health and Children, Michael Martin, T.D., launched in November 2001 the new National Health Strategy 'Quality and Fairness'. The challenges posed by "Quality and Fairness" are significant and require new approaches. In turn Action 108 - Action Plan for People Management was launched in November 2002 of the 'Quality and Fairness' and sets out the development of the plan that has been the responsibility of the Department of Health and Children (DoHC), the Health Service Employers Agency (HSEA) and in consultation with the National Partnership Forum (NPF). The external stakeholders as a whole include Health Service Employers Agency (HSEA), Department of Health and Children (DoHC), Office for Health Management (OHM), Human Resource Director's (HRD's) of the Health Boards and Eastern Regional Health Authority (ERHA), and the Human Resource Managers from the Dublin Academic Teaching Hospitals (DATHs) and the Voluntary Hospitals in Ireland.

The APPM is an essential component, which forms one of the change programmes of the seven that emerged from the National Health Strategy (Appendix 1). The APPM is a vital document for the health service and all the people who work internally within the system.

The action plan is a document that has been designed to address very real and tangible issues. The action plan deals with both strategic and operational issues. The role and position of human resource management is critical to the successful achievement of service imperatives provided by the health service. The action plan provides all the stakeholders in the system with the direction, and actions that are required to bring people management to the standards that are required, and within a certain time

frame. The action plan identifies not only the key areas that need to be addressed but also how best to proceed in terms of best practice. The action plan has set out a lot of straightforward and practical steps that can be taken to make a positive impact, whilst also addressing issues that have a longer strategic effect. The APPM will therefore play a vital role in achieving the objectives of "Quality and Fairness".

The theme the author will focus on is theme five, however the author will explain briefly the seven themes and each theme's objectives. The reasoning behind why the author has placed an emphasis on theme five is because this is one of the very first themes the DDSH has developed through the funding of €25,000 in 2003 and €6,500 in 2004 received from the Eastern Regional Health Authority (ERHA) since the launch of the action plan.

Finally, the APPM is the outcome of an extensive consultative process as explained above. The APPM provides *'a road map for developments in people management within the health service for the next few years'*, **HSEA et al (2004:1)**. It identifies seven key areas to be addressed and their objectives are as follows:

Theme One: Managing People Effectively
The objective of this theme is *'to build and enhance management capacity in order to deliver the change management programme required by Quality and Fairness'*, **HSEA et al (2001: 3).**

Within this theme there are a total of three actions that are considered for further development in the Health Service. This theme aims to develop a culture of open communication and inclusiveness by fostering a more open and participative relationship between managers and staff. This theme also aims with the recent implementation of management competency frameworks, using these as a tool to encourage managers to focus on their skills and to increase these skills thereby improving the overall performance of the service provided. Finally, this theme aims at training managers by improving their 'people management' skills through prioritising training in areas, in order to bring about behavioural change and cultural change within each organisation. The objective of this theme can be achieved with the assistance of the HSEA who are currently developing 'People Management – The

Legal Framework' as a training package. which will provide the knowledge and relevant learning tools required by line mangers to enhance their ability to fulfil their people management role.

Theme Two: Improve The Quality of Working Life

The main objective of this theme is, *'to contribute to the quality of clients/services users' experience of the health services by ensuring that appropriate attention is paid to managing the quality of employees' working life'*, **HSEA et al (2004: 6)**.

Within this theme there are a total of five actions. This theme aims at promoting employee well being through the provision of guidelines on occupational health, safety and welfare service for health service staff which were recently launched and that outlined a range of functions, that should be provided by a modern service.

This theme also aims at ensuring equality and the value of diversity is promoted throughout the health services. This can be achieved through the recently circulated 'Equal Opportunities and Diversity Policy and Strategic Objectives for the Health Service'. The purpose of the policy is to create a workplace, which provides for equal opportunities for all staff and potential staff and where their dignity is protected and respected at all times. A separate 'Dignity at Work Policy' was also devised for the sector has been distributed in May 2004 to all health sector providers.

This theme forced employers to review temporary employment contracts with the introduction of the Fixed Term Work Act 2003 as it had major implications for the high number of the employment of temporary staff in the health service.

This theme also aims at introducing greater flexibility in terms of work attendance patterns. Finally this theme aims at enhancing communication in the workplace through focusing on the development of a staff communications charter by providing regular and meaningful information relevant to employees and also to listen and respond to feedback from both patients and staff.

Theme Three: **Devising And Implementing Best Practice Employment Policies And Procedures**

The objective of theme three is, '*to ensure that managers have the right formal supports to manage people fairly and effectively through ensuring that all employees have access to best practice policies and procedures*', **HSEA et al (2004: 9)**.

Within this theme there are a total of three actions. Theme three aims at establishing a databank of best practice human resource policies and procedures. In turn, health service employers will review their local human resource policies and procedures and feed them into the national process that is being led by the Health Service Employers Agency. Theme three aims at communicating these policies and procedures in a timely and effective manner. Finally, theme three deals with ensuring these policies and procedures support the delivery of a quality service reviewing and assessing current practice against recognised best practice benchmarks.

Theme Four: **Developing The Partnership Approach Further**

The main objective of theme four is, '*to further develop partnership* working within *health services organisations to help manage change and implement Quality and Fairness*', **HSEA et al (2004: 11)**.

Within this theme there are a total of six actions. These six actions revolve around mainstreaming the partnership process rather than a separate, somewhat peripheral process and structure within agencies. In 2003 a three-year plan was developed by the Health Services National Partnership Forum (HSNPF) to assist this action called 'The Way Forward' (2002 2005). The HSNPF initiated a process at national level to identify and address the training, development and education needs of key stakeholders, to accelerate the development of workplace partnership. Theme four's objective through a partnership approach is to ensure and increase staff involvement in service planning by supporting staff participation in the design of the service plan on an annual occurrence. Thus generating more opportunities for creative thinking and joint problem solving leading to improvements in the quality of service to customers both internally and externally to the health service. This theme will optimise communications within and between organisations so that the benefits of partnership working can be quickly, easily and consistently communicated. Theme

four should have a positive improvement to the industrial relations climate by encouraging and supporting key stakeholders to move away from traditional adversarial bargaining to a culture of co-operation, collaborative working and partnership. However theme four has ensured that partnership should be measured and evaluated to ensure the effectiveness and benefits are established, and to further advance the process if required.

Theme Five: Investing In Training, Development And Education
The main objective of theme five is, *'to ensure that all staff have the knowledge, skills and attitudes required to deliver a quality health service'*. **HSEA et al (2004: 16)**.

Theme five has a total of four actions. Theme five aims at developing a strategic approach to education. development and training. The National Report on "Training and Lifelong Learning" was competed in 2003 by the HSNFP. recommendations of which were published by the Office for Health Management in May 2004. A range of approaches were devised in relation to the identification of training needs and the linkage of training needs to service needs.

Theme five focuses on implementing an approach to education. training and development. which ensures the development of the competencies. required to deliver on the objectives of 'Quality and Fairness'. One aim of theme five is to develop a competency-based approach to training and development and to implement initiatives that focus on priority areas that must be addressed to deliver on the objectives of the National Health Strategy through for example team building. people management. occupational health. safety and welfare training. the softer skills.

Theme five considers furthering developing on-the-job learning and innovative learning delivery methods. This action encourages further use of other effective approaches to training and education. It recommends that the potential for e-learning should be more fully exploited and also the need for a greater emphasis on the development of internal training expertise rather than formal off-the-job training. The Office for Health Management has conducted evaluations and produced guidelines on action learning. mentoring and coaching and has established a national e-learning project team to explore this learning methodology further.

Theme five forges greater and more effective links with the education sector on a national level with a primary focus on clinical/professional education. The Minister for Health and Children and the Minister for Education and Science established a National Working Group on Undergraduate Medical Education and Training in Ireland. The Group in undertaking its work have regard to the Programme for Government, the Health Strategy and the Action Plan for People Management. The Group will examine and make recommendations relating to the organisation and delivery of undergraduate medical education and training with particular reference to course curriculum, teaching methods an other issues relating to the organisation and delivery of undergraduate medical education and training, as the Group considers relevant. The Group intend to report and publish their findings and recommendations before the end of 2004.

Theme Six: **Promote Improved Employee And Industrial Relations**
The main objective of theme six is, *'to promote good relations between employees and managers and so to contribute to maximising quality of service'*, **HSEA et al (2004: 20).**

Theme six has seven actions that are areas considered for further development in the health service. Theme six aims initially at implementing the recommendations of the Labour Relations Court review of industrial relations to ensure that corrective measures are taken which have long-term benefit as opposed to short-term remedial actions. A national framework for dispute resolution in the health service was published thus ensuring that all matters be processed without undue delay and without disruption to services on the ground.

Again this theme aims to create a national database of local disputes to allow for more timely resolution of disputes thus enhancing the expertise of human resource management personnel by providing a core focus on core human resource skills, expertise and knowledge. Again a training programme entitled 'People Management The Legal Framework' which was mentioned in the aims of theme one will provide managers with the knowledge required to fulfil their people management role effectively when published. Theme six also explores the further use of mediation in

resolving disputes and the responsibility for this aim has been assigned to the HSNPF to establish a group to examine and develop further this aim.

Theme Seven: Developing Performance Management

The main objective of theme seven is, *'to help Units and Teams to Improve Performance through the introduction of a System of Performance Measurement and Feedback'*, **HSEA et al (2004: 23)**.

There are a total of five actions considered in theme seven. Theme seven evolves around the implementation of a national performance management system through the development of the Performance, Pay and Related System (PPARS) project. PPARS is being developed in agreed pilot sites in the health services for future expansion and the implementation nation wide. PPARS is subject to an independent evaluation prior to its roll out in the wider health sector aimed in 2005.

The main purpose of this theme is to focus on linking PPARS to business/service plans that is seen as a vital part of the process with a cascade approach through divisions to individual work units. However, advancement of this action is predicated on the outcome of the independent evaluation.

2.3   Best Practice Research

With a focus on theme five the author will consider best practice research under the umbrella of training, development and education in terms of a step forward towards achieving the objectives as set out in the APPM.

In general, training, development and education 'sits within' the human resources department in the majority of organisations and is an important means in ensuring that the organisation has the employees with the knowledge, skills and attitudes to enable them to do their work to a quality standard. Whilst, on paper, this understanding appears reasonable and logical, in the context of many health organisations where staff numbers run into the thousands, it can be difficult in delivery of optimum results. In addition, whilst the health services is correctly perceived as being comparatively good at investing in education, training and development, it must be acknowledged

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that, for a variety of reasons, many health service organisations are not yet formally linking their training and development to performance, or ensuring widespread and reasonable access to training and development is occurring.

2.4 Current Situation

The velocity of today's environment demands organisations to develop their staff to keep up with new initiatives, new technologies and increased patient/customer expectations. A changing economic and social environment has also brought about change in many health sector employers: major changes such as social partnership, decentralisation and global competition for scarce human resources have urged organisations to much closer attention to their people. Put simply, if organisations do not develop their staff they will inevitably fall behind.

In a dynamic, rapidly changing and uncertain working environment, there is a need to address the significant internal and external demands for improved management of the wider health service in Ireland. **Humphreys et al (1999)** suggests *'There is no doubt that its people are the public service's most valuable resource'*. Staff development and investment generally in people has become critical contributory factors in organisational performance and success. It has also brought a number of other good practices in human resource management, such as partnership, recruitment and succession strategies, and organisation development and change initiatives in the health service.

Therefore, training, development and education is an investment the DDSH should make in terms of becoming and 'Employer of Choice' in the health service. The author suggests that such an investment will ensure that DDSH will at a minimum attain the maximum potential for both individual staff and for the entity as a whole.

2.5 Next Steps Envisaged

The author suggests to ensure learning and development in the DDSH is targeted and cost-effective this research study should help define, further learning and development needs, thus identify gaps in the current training and development

system. The objective is that the DDSH integrates. co-ordinates and develops realistic learning and developing plans at each level of the organisation.

The role the human resources department will play in the DDSH is to work towards providing an environment, which will enable staff to maximise their contribution to the overall goals and objectives through training and development of staff, whilst simultaneously realising their own. individual potential both personally through soft skill training and professionally through more harder side of training.

The main focus for the DDSH is clearly providing a quality service for all users. This quality of care is dependent on a number of things but significantly on the organisation's capacity *'to recruit and retain quality staff, adapt to a changing workforce. manage diversity, develop management and talent, adhere to changes in legislation and work with new strategies'*, DDSH **Provider Plan (2004: 20)**. As a result of these drivers the DDSH with other human resource functions within the health service may need to become more strategically focused and future orientated.

2.6 Summary

The seven themes identified in 'Quality and Farness' and developed in the APPM have a very high degree of inter-dependence. While each theme is important in its own right. the overall benefit is derived from the cumulative changes perceived across all seven. Furthermore many of the proposed changes are applicable to more than one theme.

Therefore. for the purpose of this research study the priority has been given to Theme Five: "Investing in training. development and education" within the confines of the DDSH.

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CHAPTER III

LITERATURE REVIEW

3.0 Literature Review

3.1 Introduction

The purpose of this literature review is to explore the basics of training, development and education in general. This chapter will provide a historical insight and a more recent insight to health sector initiatives both nationally and internationally.

3.2 Employer of Choice

It was reported in the Chartered Institute of Personnel Development by **Beckett-Hughes (2003: 40)**, that it is *'often not any single factor in isolation that contributes towards an organisation being classified as an employer of choice'.* Instead, it is the numerous different constituent factors that interact to create the right culture for employer of choice organisations to function. This report, "Improving Working Lives: Becoming an Employer of Choice in the Health Services" **Deloitte (2004: 1-3)** prepared for the Eastern Regional Health Authority in January 2004, characterised a set of factors in which define an employer of choice organisation. They were listed as follows:

1. *'Psychological reasoning,*
2. *Organisational values,*
3. *Behavioural styles,*
4. *Learning Culture,*
5. *Employee Consultation,*
6. *Endorse staff need for better work-life balance,*
7. *Market driven realism and;*
8. *Social interaction'.*

In the same report **Deloitte (2004: 2)** it quoted that *'employers of choice focus strongly on developing learning and development initiatives'.* These initiatives should be actively resourced, encouraged and supported. Motivation of staff is seen through an organisations commitment towards learning and development activities. The learning culture is seen as a key constituent of organisational culture, which

employers of choice view as an integral part of the development of both the organisation and the employees within.

3.3 Training, Development And Education

3.3.1 Training

Garvan et al (1997: 2) defines training as. *'a planned and systematic effort to modify or develop knowledge, skills and attitudes, trough learning experiences, to achieve effective performance in an activity or range of activities'.* Overall training can be associated with learning by doing.

3.3.2 Development

Garvan et al (1997: 2) defines development as. *'the general enhancement and growth of an individual's skills and abilities, through conscious and unconscious learning, with a view to enabling them to take up a future role in an organisation'.*

3.3.3 Education

Gunnigle et al (1997: 175) suggests that *'Education refers to the assimilation of knowledge and understanding, which can be far broader than the work context within which a person may operate'.* Education may also be understood on informal or formal terms. Informal training and development focuses activity on the individual's personal development and experiences' of life. Formal training and development focuses activity on a structured development of an individual to specified outcomes. Overall education is more synonymous with learning by thinking.

3.4 Benefits of Training

Effective Training can:

- ❏ Minimise learning costs.
- ❏ Improve individual. team and organisational performance in terms of output. quality. speed and overall productivity.
- ❏ Improves operational flexibility by extending the range of skills possessed by

employees – multiskilling.

❑ Attract high-quality employees by offering them learning and development opportunities, increasing their levels of competency and enhancing their skills, thus enabling them to obtain more job satisfaction, to gain higher rewards and to progress within the company, through promotional opportunities.

❑ Increase the commitment of employees by encouraging them to identify with the mission and objectives of the organisation.

❑ Help to manage change by increasing understanding of the reasons for change and providing employees with the knowledge and skills they need to adjust to new situations, thus reducing the 'fear' that change might bring.

❑ Help to develop a positive culture in the organisation, one, for example, which is orientated towards performance improvement, and quality focused.

❑ Provide higher levels of service to customers internally and externally.

3.5 Training and Development Models

Osbaldeston and Barham (1992) outline three different approaches to training and development and also refer to the 'Management for the Future' study. which was previously carried out in 1988 by the Ashridge Management Research Group and the Foundation of Management Education. **Osbaldeston and Barham (1992:21-22)** state that the study:

> **Clearly showed that organizations are moving from a 'fragmented' approach to management development where such activities are regarded as peripheral, via a more systematic ' formalized' phase. to a 'focused' approach where development is intrinsic to the organization.**

3.5.1 Approach Number One: An Unsystematic Fragmented Model

This is were an organisation views the training activity and function generally as a cost. and this cost to be minimised at all times. Training is introduced in an unplanned manor. no clearly defined policies and: perceived again as an expense incurred by the organisation. In the book of **Garvan, Costine and Heraty.** *Training and Development in Ireland* **(1997: 301)** the author sees that they also agree with

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Reid et al (1992) in terms of *'employees are largely responsible for their own training, with no facilitator or back-up'*. **Barham, Fraser and Heath (1988)** identify the following characteristics of this approach:

- ❏ Training is not linked to organisational goals.
- ❏ Training is perceived as a luxury.
- ❏ Training, if undertaken, is directive.
- ❏ Training, takes places in the training department.
- ❏ There is an emphasis on knowledge-based courses.
- ❏ Training is viewed as a discontinuous process.

3.5.2 Approach Number Two: A Systematic Training or Formalised Model

Again in **Garvan, Costine and Heraty's** book of *Training and Development in Ireland* **(1997: 306)** the author points out that, they too also agree with **Boydell (1976)**, the pioneer of the systematic training model, with his definition as been *'developed it in an attempt to professionalise the activity of training and thereby establish the credibility of trainers and the training functions'*. This approach helps reduce randomness. However, emphasis is on cost-effectiveness and there is also a preference for off-the-job interventions. Any learning occurs is in a structured format. **Gunnigle et al (1997: 306)** describes the modern systematic module typically comprising of four main steps which include:

1. assessment and identification of organisational training needs at a macro level;
2. assessment of job training requirements at micro level;
3. programme designing; and
4. evaluation and feedback.

Again in **Garvan, Costine and Heraty's** book of *Training and Development in Ireland* **(1997: 306)** the author sees that they also agree with **Taylor (1991)** when he argues that this approach *'may not match organisational reality'*. **Taylor (1991)**

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concludes this model is *'really only suitable for organisations operating in stable environments where goals can be clearly set'*.

3.5.3 Approach Number Three: The Focused Model

Osbaldeston and Barham (1992: 22) refer to this approach and describe development as:

- ❏ A continuous learning process
- ❏ Essential for business survival
- ❏ A competitive weapon
- ❏ Linked to organizational strategy and individual goals
- ❏ On-the-job plus specialist courses
- ❏ Self-selected
- ❏ Usually non-directive, novel methods
- ❏ Line manager's responsibility
- ❏ Tolerant

The author proposes if one examines the above three styles of training and development, it becomes apparent that out of the three approaches, perhaps approaches number two and three are the most employee orientated. Both approaches indicate that employee development is fundamental to the organisation as a whole. The author considers that approaches two and three simply imply that employee development is a requirement for the attainment of both individual and organisational objectives. On the other hand organisations' that follow the "fragmented approach", do not cater for employee development and view training needs as secondary activities.

3.6 Key Stakeholders in the Training and Development Process

In Garvan, Costine and Heraty's book of *Training and Development in Ireland* (1997: 255) and according to Evan et al (1993) both give a broad definition of the term stakeholder as *'any group or individual who can affect, or is affected by, the business function'.*

The author suggests that there are several key stakeholders within an organisation who should be involved in the different aspects of identifying and assessing training and development needs. As each stakeholder has a different view of the needs of the organisation and each with a role to play in the identification of learning and development needs, the subsequent development of a plan of action to meet those needs. Learning and development should cover all staff across all areas of the organisation, not just the professional groups.

For the purposes of simplicity, the author will discuss the roles of those stakeholders in the identification and planning of learning and developing under the following headings:

- Management Team – Senior level
- Line managers
- Employees
- Human Resource Manager
- Training and Development Specialist

3.6.1 Management Team – Senior Level

All members of the management team have a role to play in the development of the organisation learning and development plan. This plan is the basis for making sure that the learning and development within the organisation is in line with the objectives and mission. The management team ensure that the organisation's investment into training and development is relevant, focused, integrative and as consistent as possible. The training and development activities identified by the management team make an overall contribution to improving performance, creating a committed workforce and facilitating change initiatives. The management team are responsible for the development of a strategy through the identification of learning and development priorities at the strategic level which in turn forms the basis of the organisation learning and developing plan (LDP).

3.6.2 Line Manager

Line managers have a vital role to play in the contribution they give to the development of the service needs of the LDP. The role of the line manager with support from their own manager is to identify training and development needs with their staffing in each department. The reason so much attention is given to line managers is because they have the greatest direct impact on individuals as they are often the 'face of management'. As employees' they probably will not interact with any other manager as regularly in the course of their normal working day, as they would with their line manager.

Once the line manager identifies the learning and developing needs for their department, the line manager assimilates these needs into a department LDP. This department LDP details the training and development that individuals and teams receive within a certain time frame agreed. The LDP is on a larger scale than individual Personal Developing Planning (PDP), the LDP summarises each employee's PDP as a whole that should link back to the organisation's objectives.

3.6.3 Employee

All employees' that are members of staff have a role to play. The role of individual team member is to participate in discussions and communicate the identification of related learning needs and prioritisation of resources. The employee should also engage in the process of PDP, even though this is a voluntary process, it is a structured process whereby the employee takes responsibility of their own development with the assistance of their line manager.

3.6.4 Human Resources Manager

Garvan (1997: 259) states that 'in ten out of the sixteen Irish organisations studied in 1995, training and development activities were part of the human resources function and the training specialist reported directly to the Human Resource Manager'. This hereby illustrates the importance of the position of the human resource manager group in the training and development process. The human resource function perceives training and development as a complementary role to the overall sphere of the human resource management function. The human resource manager sees training and

development as a means of facilitating change within the organisation and as a long-term investment.

3.6.5 Training and Development Specialist

The role of the training and development specialist is to ensure the delivery of the organisations commitments by promoting and supporting appropriate learning and developing within the organisation. The Training and development specialist also works closely with the management team; developing the organisation's learning and development plan continuously and meeting each team's individual needs as much as possible. The training and development specialist facilitates the progress of learning and developing plans at all levels within the organisation.

3.6.6 Summary

The author suggests that the above stakeholders are by no means part of a definite list as there are may be many more internal stakeholders who also hold roles in the learning and developing process. The author also suggests that there would indeed be external stakeholders that need consideration these could include trade unions, external training providers and national training advisors. again these are also by no means part of a definite list.

3.7   National and European/International Perspectives

3.7.1   National

Culliton Report (1992) This study conveyed that an inherent lack of training for the employed was common among Irish organisations. Training was believed to be of inadequate quality and quantity when considered the evident skill deficiencies in production. It was suggested that the state should be involved in general rather than specific training.

The author maintains the view of the Culliton Report recommendations that it is fact that in this current national labour market. public service bodies are competing with the commercial. private and semi-state sectors to recruit and retain high calibre staff. Therefore. a positive image through the training and the development of health care

employees' is essential, consequently providing challenging, rewarding and flexible jobs, with real career development potential as well as equality of opportunity is seen as crucial. For sustained success it is vital that such an image truly reflects reality in today's environment.

Again seen as far back as 1990 in the Price Waterhouse Cranfield Study, it showed that out of 57% of Irish Organisations which were surveyed, 2% or less of company profits were allocated to training and development. 39% of companies surveyed were not aware of how much they spent on training. It also came to light that Irish companies spent less than multinational companies in Ireland, however expenditure levels have increased in recent years.

The Irish labour market has changed dramatically in recent years, with many employers now finding it more difficult to retain a high quality workforce. **IBEC (2003: 299)** concedes the importance of training and development through this quote which states *"Identifying, motivating and retaining through training and development has become an important function of human resource function".*

3.7.2 European Perspective - UK Best Practice

The following section details best practice with respect to initiatives that have been employed in the United Kingdom. to attract both new staff to the National Health Service (NHS) and to retain skilled staff that are currently employed.

As an example of initiatives in the United Kingdom's NHS system Deloitte (2004: 22) found that with the introduction of *'a return to practice course when introduced in February 1999, that by the end of September 2002 over 13,140 former nurses and midwives had returned to work in the NHS'.* In addition certain categories of staff were eligible for a return package that included training and development. Health care professions in the NHS received at least £1.000 sterling income to support them whilst they retrained.

3.7.3 International Perspective– Canadian Best Practice

The training and development of nurses for example has been a key issue in relation to the attraction and retention of staff. It has been an important driver of the delivery of superior levels of patient care improvement in Canada. The Canadian Nursing Advisory Committee lends its strongest support to the trend for increased education for all categories of nurses and urges abandoning any discussion of rolling back entry to practical educational requirements.

Deloitte (2004: 26) findings suggested that some hospitals offer further training incentives by *'establishing programmes to give employees loans for nursing students who undertake to work in remote areas which is a huge issue in Canada for retaining staff'*.

3.7.4 International Perspective– Australian Best Practice

Another example found by the author was that training and development for staff in Australia focuses on best practice techniques in providing staff excellent professional skills and effective soft skills for the management of patient and colleagues in potentially difficult work situations in health sector environments.

Detailed in this report. **Deloitte (2004: 34)** it found that the *'Australian healthcare institutions in conjunction with the cognitive institute of Australia, ARCHI developed a series of workshops to help hospital staff to deal with difficult interactions they encounter in their workplaces'*. Workshops such as 'Mastering Difficult Interactions' with a focus on developing the softer skills necessary to help staff successfully negotiate difficult situations whether those dealings are with colleagues or patients were found to be very beneficial. **Deloitte (2004: 34)** also found that the workshop was intended to support staff with the following:

  ❑ Understand what motivates people to change;

  ❑ Understand the stages of change and how to move people along;

  ❑ Learn how to provide feedback as a coach, not a referee; and

  ❑ Develop strategies for dealing with resistance to change.

3.7.5 Review of International Best Practice

Identified in this study was a review of training and development initiatives employed across the countries named above amongst others. In reference to **Table 3.1** below it is important to recognise that many of the initiatives employed in respect to the countries identified are specific to the context of the countries studied.

Table 3.1	United Kingdom	Canada	Australia
Training and Development	Return to best practice practices Return to practice portfolio programmes	Putting Patients First Initiative Increased nursing education programmes places Increased funding for continuing education	The Australian Resource Centre for Hospital Innovations workshops, Mastering Difficult Interactions Rural Australia Medical Undergraduate Scholarship

Source: A breakdown of Training and Development. **Deloitte (2004: 37)**

3.7.6 Summary of Best Practice Initiatives from National, European and International Perspectives

Training and development has been one of the areas of sheer development throughout the Deloitte study that was carried out for the Eastern Regional Health Authority. Much of the emphasis in this area has been primarily focused on providing staff with the necessary skills and training to deal with difficult and stressful situations in work. Another area of commonality across countries throughout this study has been the focus on the development of staffs' softer people management skills. Being able to

competently manage the patient dynamic personality as well as in a professional capacity has also become increasingly important in the modern healthcare setting.

A recent study conducted by the New Zealand Public Service in the same report explored public servants perceptions of the public service itself. Work environment and their career progression opportunities were among the topics asked. Again there were a number of findings, particularly in the area of public service training and employee development. **Deloitte (2004: 49)** The study examined:

1. **How effectively do public sector departments provide opportunities for employees to demonstrate their skills and abilities**
2. **Do public sector departments allow employees to gain experience in a range of tasks?**
3. **Do public sector departments provide good on-the-job training opportunities?**
4. **Do public sector departments provide valued training courses and seminars?**

For the most part of the study it found that public servants appear to consider unstructured learning and continuous development as of greater value to their jobs and careers than more formal development and training activities.

Their contentment with training and development was described as 'moderate'. Public servants indicated that there was inadequate attention paid to training and staff development and they were unhappy with the absence of training and development strategy and/or separate training function.

Managers emerged as the key players, in this study, in the smooth progress of the career development of their staff. Public servants clearly stated that they valued good management. They painted a positive picture of supervisors and mangers that are supportive and empowered staff. However the study found that there was scope for more active coaching by managers and or more experienced colleagues and more scope for access to formal mentoring.

3.8 Training Needs Analysis

Gunnigle et al (1997: 181) suggest that training needs analysis refer to *'any shortfall between current knowledge, skills, attitudes etc. and the level required now or in the future'*.

Beardwell and Holden (1997: 383-385) suggest that *'in order for an organisation to render it's training effective, the organisation must link its employees needs with the overall objectives of the company'*.

In connection with **Beardwell and Holden (1997)**, quoting **Fairbairns (1991)**, suggest that one of the most important components of training needs analysis is the acknowledgement *'of what will fit the company culture, as well as the company strategy and objectives'*. Table 3.2, Level of training needs analysis, **Gunnigle et al (1997:182)**

	Table 3.2
Level	**Concern**
Organisational	What does the company need to achieve its goals? Has it got the capability? Are there any strategic long-term Objectives to consider?
Job or Occupational	Special skills, knowledge or attitude training needs for particular jobs
Individual	Where individual skills fall short of those required
	Source: Boydell (1983)

In **Guinngle, Heraty and Morley's (1997: 183)** book "Personnel and Human Resource Management", it shows that according to **Sparrow and Bognanno(1993)** there are four different categories of competence that a company needs to recognise when undertaking a review of training needs these are:

1. **emerging competences:** those that will require greater emphasis as the company pursues its particular strategic path;

2. **maturing competences:** those that are becoming less relevant, perhaps because of technology or work restructuring:

3. **transitional competences:** those required of people during any change process, such as a high tolerance of uncertainty or an ability to manage stress and conflict;

4. **core competences:** those that are central to a company's performance and so have continuing relevance.

By compiling a competence profile, the author suggests that a company can attach a 'shelf life' to its existing range of skills, knowledge and abilities and can therefore estimate where training gaps exist for further requirements.

3.9   Training and Development Methods

There is a varied range of possible learning and development interventions – from those which can be carried out within the organisation at a relatively minimal cost (on-the-job interventions) to those which are delivered outside of the organisation (off-the-job interventions). Many factors determine the choice of which intervention to use: these include the centre area for development. the profile of the individual participating and the internal opportunities for on-the-job interventions.

It is important to note that as stated by Gunnigle et al (1997: 474) on-the-job interventions *'allow for active practice, immediate feedback and transfer of learning'*. On-the-job interventions are often not utilised to their full potential and can be a cost-effective means of developing staff within the organisation.

The author suggests a list of training methods that are currently available to the DDSH however please note that this again is by no means part of a definite list.

3.9.1 On-The-Job Interventions

o Coaching from either the line manager or external expert

o Mentoring

o Internal opportunities such as:

    o Shadowing

    o Job rotation

    o Project work

    o Transfer

    o Promotion

    o Secondment in the health service, a move internal within the umbrella of the health service for a specific period of time

    o Temporary positions

3.9.2 Off-The-Job Interventions

o Training courses – 3rd Level Education or short-courses

o Seminars

o Workshops

3.9.3 Self Instruction

❏ Reading

❏ Videos

❏ Computer-based training

❏ Internet/web-based training

❏ Identify experts in the field

❏ Partnership learning groups comprising of peers within the DDSH

The author suggests that organisations get the best value for money from their investment in training and development when the learning is brought back to the workplace, dispersed and implemented. This is particularly in the case of off-the-job training, which is often received by a smaller number of employees and involves a significant investment of both time and money by both parties involved.

3.10 Training Evaluation

Bramley (2003: 10) quoted that **(Alliger, Tannenbaum et al 1977: Warr, Allan et all 1999)** all give the same answer as to, "Why evaluate training at all?" - as *'suggested by surveys of training provision, as these indicate that only 10 to 20 per cent of the learning gained on off-the-job courses result in changes in effectiveness at work'.*

Training and development often represents a important investment for an organisation. When it comes to any investment. organisations need to know whether it is of valuable use of resources.

Generally as suggested by **Garvan et al (2003: 502)** consideration should be taken when evaluating a training or development intervention in terms of *the 'validity and the reliability of any test used in the process',* be this a formal education programme, a training course, or an on-the-job development activity.

Garvan et al (2003: 493) present six models of evaluation that are good practice models:

1. The CIRO Model (1970)
2. The Leatherman Model (1996)
3. The Hamblin Model (1974)
4. The Kirkpatrick Model (1976)
5. Jack Phillips Model: An ROI Model (1997)
6. The Hodges Model (1999)

All the above models give different levels of evaluation methods. obviously depending on the organisation's training strategy would depend on which model one would choose.

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3.11 Summary

The literature has identified a clear pattern of how training and development is perceived not only at a local/national level but also international level. From the earliest studies, to the more recent carried out, on training and development, either on a national and international level, especially in the health care sectors, the need for training and development in any organisation is evident if the organisation is to survive no matter if the organisation is in a competitive or non-competitive environment.

As quoted by (**Barney, 1991; Lundy, 1994**) in **Schuler and Jackson's (2003:142)** book "Strategic Human Resource Management":

> **It is widely acknowledged that the sources of sustained competitive advantage lie not only in access to finance or capital, but within the organization, in people and processes capable of delivering business strategies such as customer delight or rapid innovation.**

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CHAPTER IV

RESEARCH METHODOLOGY

4.0 RESEARCH METHODOLOGY

4.1 Introduction

This chapter will examine the research process utilised. This exploratory study of training and development and education was conducted with both employees and management who had completed some form of training and/or were involved in the development of training initiatives since its launch in September 2003 in the DDSH. The research, which was conducted, was ethically justified as permission was sought. Confidentiality was assured at the outset and ambiguity was guaranteed. The author offered all participants an opportunity to view the findings of this research.

4.2 Methods used

The methods used in the gathering of the data were Questionnaires and Interviews.

4.2.1 Questionnaires

The method used to gather the required information in relation to Training, Development and Education in the DDSH was electronic questionnaires. There were a number of reasons why this method was chosen.

These include the fact that:

> ⊐ it was seen as the most practical and efficient method as the ethos of the organisation, in terms of communication policy, is communicating to all employees through electronic email. All survey participants have access to a computer, printer and have an email address.
>
> ⊐ the time frame available within which to work. It also allowed for easier analyses and precise comparisons to be made between the answers of both male and female employees, and
>
> ⊐ confidentiality assured.

In the design stage of the questionnaire the author used the 'Kirkpatrick Model' Garvan et al (2003: 493). This is identified as a good practice model used to evaluate and measure the training activities provided by an employer. The questionnaire measures four dimensions of outcome these include "Reaction,

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Learning, Behaviour and Results". The questionnaire used had a combination of both fixed choice and open-ended questions so as to give the respondents an opportunity to express their opinion in their own words **(Appendix 2).** The author at the design stage of the questionnaire took into account and anticipated the educational level of the participants. It was structured in a way that presumed those completing it had been either partly involved at the launching of the various training programmes in September 2003 in the DDSH. In total there were twenty participants who competed the questionnaire in full.

Section 1 of the questionnaire
Questions 1 –5 were related to training and development activities employees had participated in for the past year in the DDSH.
Section 2a of the questionnaire
Questions 6 – 8 were related to the training and development system in the DDSH and some personal information was sought in this section also.
Section 2b of the questionnaire
Questions 9 – 10 were questions regarding the employee interest in learning in general.
Section 2c of the questionnaire
Questions 11 – 12 again were related to the overall training and development system in the DDSH.
Section 3a of the questionnaire
Question 13 was related to the current training and development methods at the DDSH
Section 3b of the questionnaire
Questions 14 - 18 were related to the employees' opinion on the various training and development available. In this section employees' were also asked by way of an open ended type question what would they suggest should be available that is currently not and that would meet their current needs. Finally this section asked employees the reasons why they train and develop.

A pilot of the questionnaire was distributed a week before the author decided to use convenience sampling. The pilot group was one who was not part of the main study. The preliminary analysis of responses was poor. Convenience sampling was used by

the author as the sample represents *'the handiest people'* available at the time **Kane et al (2001: 101)**.

The population can be defined as the employees of the DDSH, however this may not be a proper representative of the sample chosen. Convenience sampling is a non-probability type sample and *'in the field of organization studies it has been noted to be very common and indeed more prominent than are samples based on probability sampling'* **Bryman (1980a: 113-114)**.

A diverse range of employees from a total of twelve departments was given the questionnaire to complete.

4.2.2 Interviews

Interviews were carried out in order to supplement the information being obtained in the questionnaires. The author again in the design stage of the interview outline layout referred to the *'Kirkpatrick Model'* **Garvan et al (2003: 493)**. The measures the author refers to are broken into four sections these include "Reaction, Learning, Behaviour and Results" **(Appendix 3)**. The interview questions followed similarity theme as the questionnaires, so as to link important points or commonalties in both. The interview is a semi-structured format with both closed and open-ended questions asked, in order to gain broader information from the interviewee's perspective.

The interviews were conducted with a member from the Senior Management Team Human Resources Manager and a member from the Line Management Central Sterilisation Services Department Manager both members of the DDSH. The interviews took place in the administration meeting room of the DDSH and each interview lasted approximately one hour. Both interviews were recorded by Dictaphone so the author could transcribe later.

4.3 Questionnaire Participants – DDSH Employees

The number of participants was twenty, seven males (35%) and thirteen females (65%). The number of fully completed questionnaires was twenty. They were of different grades and educational background with service ranging from less than one

year to over ten years with the DDSH and all were involved in some type of training over the past year.

The age profile of the participants was between 16 and 55+ each had completed some form training, since the launch of staff training in September 2003.

4.4   Interview Participants – Management

The number of participants was two – two female. Both participants were directly involved in launching the APPM within the DDSH.   They were involved in the programme from the introduction of the first internal initiative in September 2003.

The management team are members of the Hospital Administrative Committee which monitors the progress of training and development at an internal and external level.

4.5   Analysis of Data

The data was thematically analysed.   The information obtained from the questionnaires was entered onto an Excel spreadsheet so as to obtain percentages and produce a graphical representation of the findings.

The information obtained from the interviews was categorised into the similar themes of the questionnaire distributed.

4.6   Limitations

A number of minor limitations were encountered in the gathering of the data. These include restricted access to the participants taking part due to the service commitments internally and holiday period. The number of participants for both the questionnaires and the interviews were limited, due to the time frame in which to complete the research.

The timeframe from which to work was limited and the process of organising the gathering of the data was therefore pressurised. However, these minor limitations did not contribute in any major adverse way to the research process.

The disadvantage of using convenience sampling proves problems with such a sampling strategy because *'it is impossible to generalize the findings, because we do not know of what population this sample is representative'* Bryman (2001: 97).

However. the author will give an illustration in graphical form and will describe comments received from both questionnaires and interviews as the author sees the findings.

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CHAPTER V

ANALYSIS AND FINDINGS

5.0   ANALYSIS AND FINDINGS

5.1   Introduction
The following is an analysis of data gathered from both the questionnaires completed through convenience sampling and the interviews completed by participants who are employees of the DDSH and who have completed some form of training since September 2003.

5.2   Questionnaire
The profile of the respondents who completed the questionnaire is a total of twenty, seven males (35%) and thirteen females (65%), **(Figure 5.1).**

Figure 5.1
Respondents Breakdown to Questionnaire

35%

65%

Male   Female
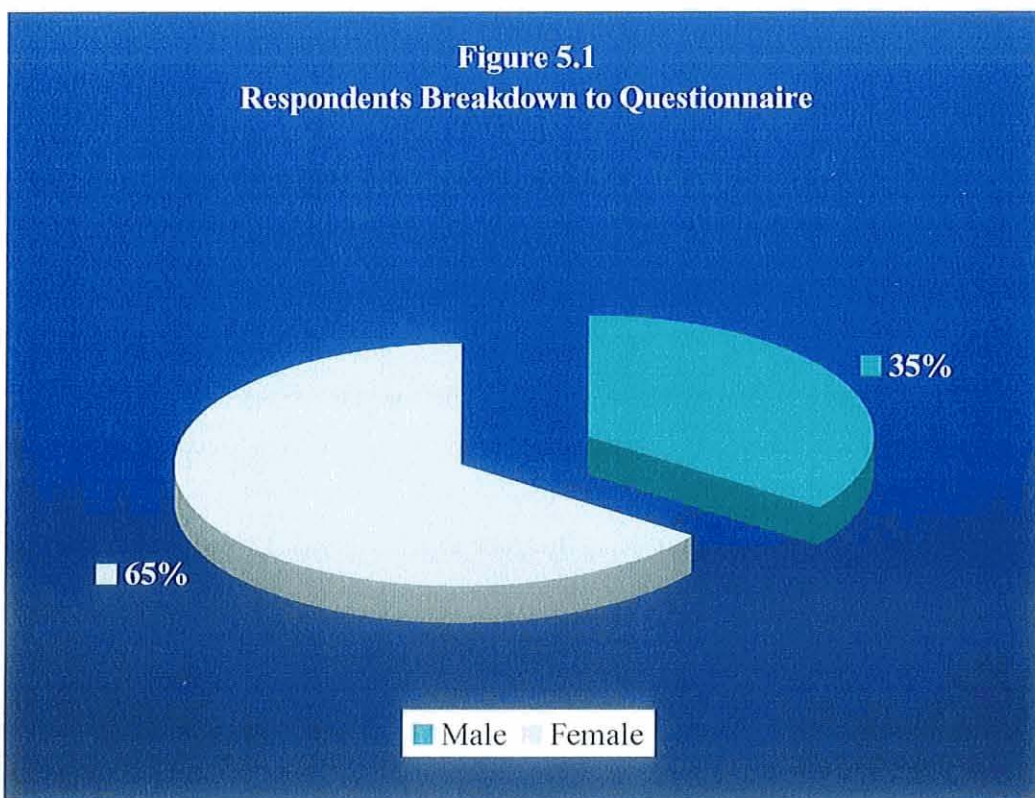
For the purpose of this study the population is defined as the employees of the DDSH a total of two hundred and fifty employees as at 1st June 2004. The respondents are of different grades and educational background with service ranging from less than one year to over ten years with the DDSH and who were involved in some type of training

over the past year. The age profile of the participants was between 16 and 55+
(Figure 5.2).

**Figure 5.2
Age Profile of Respondents**
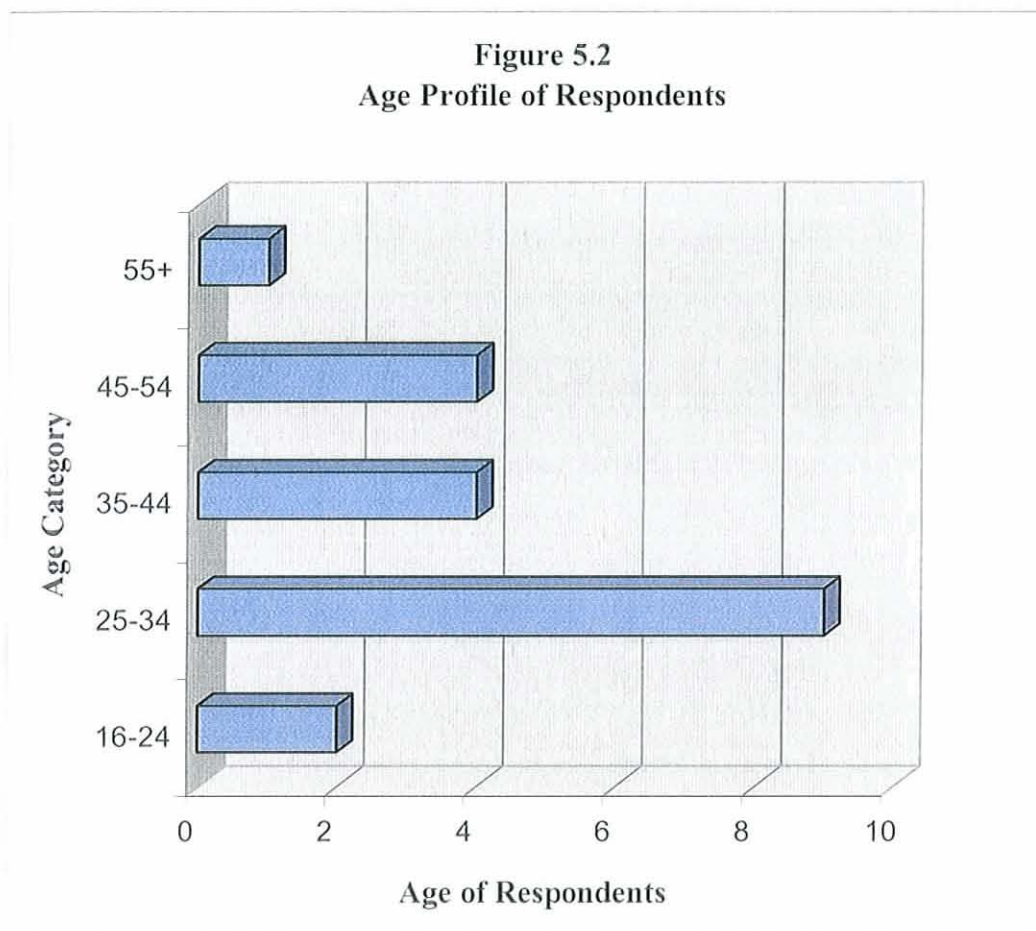
The author will summarise the findings under the sections laid out in the
questionnaire highlighting areas of commonalities.

5.2.1 Section One of the Questionnaire

Questions one to five were related to training and development activities employees'
had participated in since September 2003 in the DDSH whether they voluntarily
attended or were required to attend, and in addition the total number of on-the-job
training activities undertaken.

Questions One and Two

Table 5.1 illustrates the number of voluntarily attended training and development
activities since September 2003 (n=20).

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Responses in percentage format (%)						
None	1	2	3	4	5	6 or More
65%	40%	55%	0%	25%	0%	15%

The above table illustrates the responses of employees to questions one and two of the questionnaire. Both questions are related to voluntarily courses in which the employees asked to participate in themselves. The table suggests that from the twenty responses to both questions either in relation to the employees' specific role or job that 65% of employees did not voluntarily attend a course over the last year. However the responses show that 40% attended at least one course, 55% attended at least two courses, 25% attended at least four courses and 15% attended six or more.

Question Three

Table 5.2 illustrates a sample of courses or training activities in which employees were required to attend (n=20).

Responses in percentage format (%)						
None	1	2	3	4	5	6 or More
10%	35%	20%	20%	15	0%	0%

Employees where asked, "How many courses or training activities did they attend in the past year and were you were required to attend by someone in the DDSH?" The table describes that 35% of employees were required to attend by someone in the DDSH. The author points out that this "someone" is either the employee's immediate manager, supervisor or the human resources manager.

Question Four

The fourth question asked participants to tick how many on-the-job training activities they undertook since September 2003. **Table 5.3** illustrates a sample of on-the-job training activities undertaken by participants (n=20).

Responses in percentage format (%)						
None	1	2	3	4	5	6 or More
35%	5%	35%	10%	0%	0%	15%

The above table illustrates the responses from a total of twenty converted into percentages. The responses suggest that 35% did not undertake any form of on-the-job activity while 35% have undertook at least two on-the-job training activities.

Question Five

Question five asked a total of twenty participants, "Overall, how would you rate the quality of all the training and development activities you have attended in the past year?". The ratings as shown in the Table 5.4.

Training Activities Summarised	Ratings shown in Percentages				
	Very Low	Low	Average	High	Very High
Voluntarily attended training activities	0	0	18.75	68.75	12.5
Required to attend training activities	0	7.14	28.57	57.14	7.14
On-the-job learning activities	7.14	7.14	7.14	64.29	14.29

Voluntarily attended training activities: n–16. The table describes that 68.75% of the respondents rated the above training activities as 'High'.

Required to attend training activities: n–14. The table reveals that out of twenty employees who were asked how would they rate this type of training, 57.14% out of fourteen who answered of the respondents gave a rating of 'High'.

On-the-job activities: n=14. Again. out of twenty participants who were asked how they would rate on-the –job activities. fourteen responded and a total of 64.29% gave a 'High' rating.

5.2.2 Section Two of the Questionnaire

Through this section the author used '*Likert-Type Attitude Scales*' (**Garvan et al, 2003: 514**). This question format is used to measure the participants' attitude to particular aspects of learning that he/she had undergone since September 2003.

Section 2a - questions six to eight were related to the training and development system in the DDSH and some personal information was sought in this section. Section 2b - questions nine and ten were questions regarding the employee's interest in learning in general. Section 2c - questions eleven and twelve again were related to the overall training and development system in the DDSH.

Question six

This question related back to the employee's attitude towards his/her 'top manager' and department. The author can confirm that out of the twenty questionnaires administered. all twenty responded. The ratings ranged from definitely disagree. disagree. neither. agree. definitely agree and not applicable. There were a total of five statements given. which requested the employee to voice their opinion on the present training practices that take place in the DDSH. The author observes that none of the responses either 'definitely disagreed or disagreed' to any of the statements listed. 80% of the respondents 'agree' that their top manager strongly supports the development of new skills and knowledge among all levels of employees in their department. 20% of the respondents 'definitely agree' that even during budget cuts their top manager do all they can to maintain training and development opportunities for their department. 60% of the respondents 'agree' that their top manager shows commitment to training and development by spending time promoting and delivering it. While 55% of the respondents also 'agree' that their top manager sees training and development as an important way of helping the department achieve its mission.

Question Seven

This question relates to training and development planning. Each of the six questions asked requested the participant to indicate to the author whether they are aware of a department training plan and other questions relate back to their attitude again towards their top manager and learning in general. 25% of respondents 'disagree' that everyone in the department participates in Personal Development Planning (PDP) training for example regardless of position. 5% of the respondents says they 'definitely disagree' that after being hired for a new position one is required to attend training and development courses based on that new job. 5% again 'definitely disagree' that structured learning activities are built into the job. However, 60% of respondents 'agree' that their top manager helps them meet personal training and development goals and needs. 15% of the respondents 'definitely agree' that their department provides a training programme that meets their needs, were as 15% of the respondents would 'disagree' to this statement.

Question Eight

This question asked the participants to complete personal information with regard to their position, grade, title, department, gender and working status for profile purposes and for assisting the author to relate to the areas in terms of future proposals and recommendations. Out of the twenty who participated in this study 90% were full-time employees with 10% of the participants being part-time. Question eight also asked participants to circle the highest obtained qualification they have to-date **(Figure 5.3)**.

Figure 5.3
Highest Obtained Qualification of Respondents

45
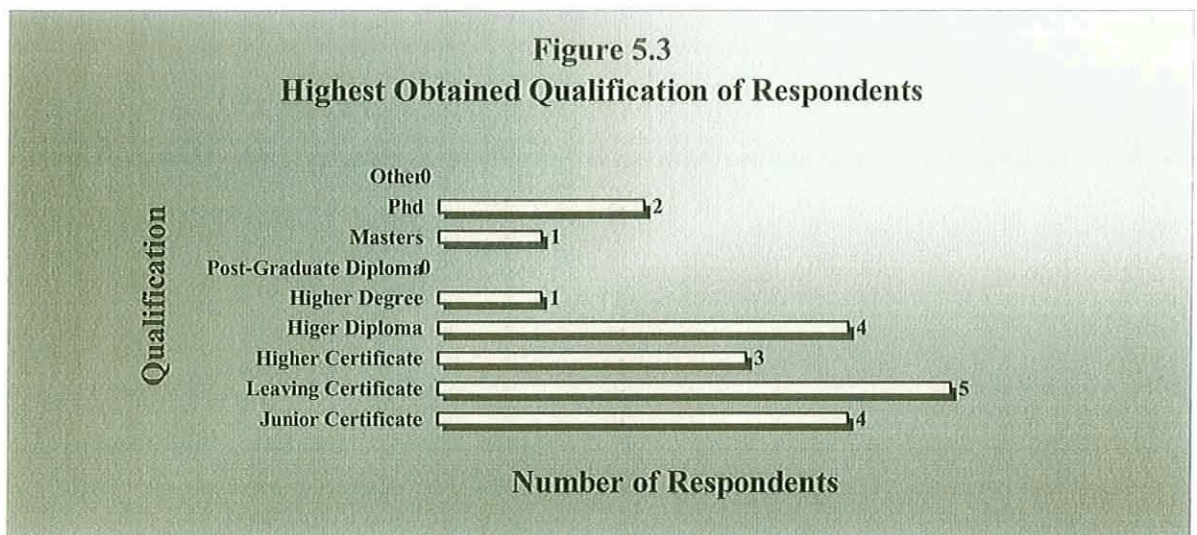
The author also asked the participants, "How many years service they had both in the DDSH **(Figure 5.4)** and in their current role?". Responses illustrated below.

Figure 5.4
Years Working in the DDSH
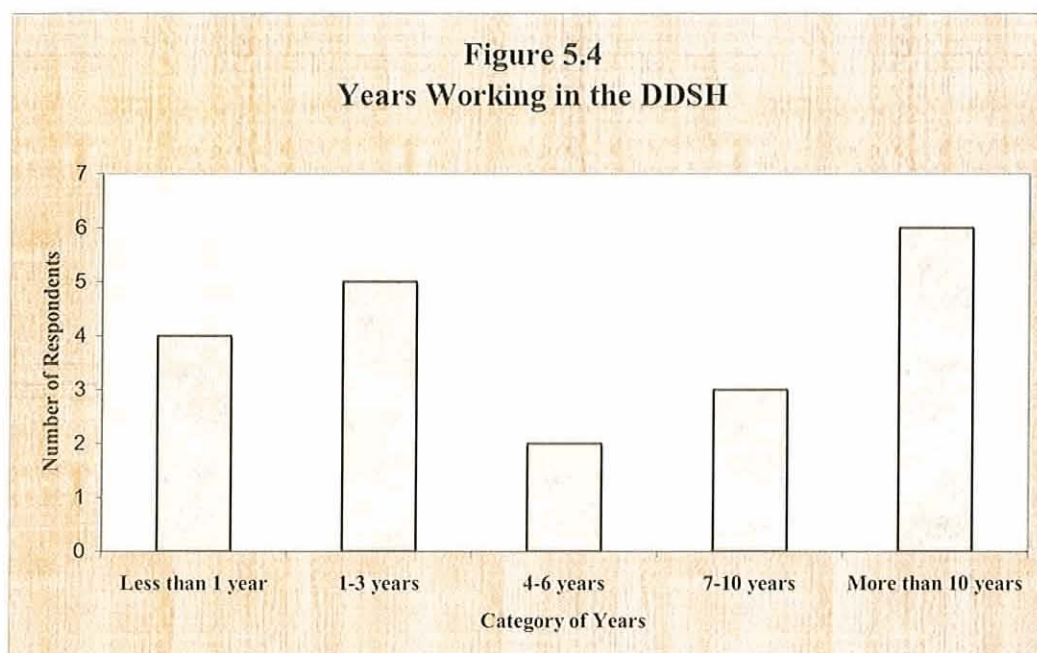
Questions Nine and Ten

These questions relate to the participants attitude towards learning in general. If they were of supervisory status they were asked about their employee's learning attitudes within their own department.

Question nine

Only 5% of the respondents 'disagree' with believing they can improve their skills by participating in training programmes, whereas 40% 'strongly agree' and 50% 'agree' to this statement. Participants were asked in relation to motivation levels towards learning skills, 55% 'agree' that they are usually motivated. 65% 'agree' that they believe they can learn the material presented in most training programmes, whereas 35% 'strongly agree'. 50% 'agree' that it is important for management to be closely involved in determining the direction and goals for their department's training and development activities and 45% 'strongly agree' to this statement with only 5% of the respondents answering 'not applicable' to this statement. Statement number six located in question nine asked, "when I am involved in training sessions and I can't understand something, I get so frustrated I stop trying to learn", respondents show 35% 'strongly disagree', with 45% of the respondents 'disagree', 10% of the

respondents choosing the option 'neither' and the final 10% of the respondents 'agree' to this statement. Half of the respondents, 50% 'strongly agree' that they would like to improve their skills, 45% 'agree' and with 5% of the respondents choosing 'neither'. 55% of respondents who are of supervisory level 'agree' that they are "in general satisfied with the range of training and development opportunities available to their employees".

Question ten

5% of the respondents 'strongly disagree' when asked "if they are willing to invest effort to improve skills and competencies in order to prepare for promotion". whereas the analysis shows that 55% 'agree'. 35% 'strongly agree' and 5% of the respondents answered 'neither'. However when asked "are you willing to invest effort on your person time to develop technical skills related to your job". 5% 'strongly agree'. 20% 'disagree'. 5% 'neither'. 30% 'agree' and 40% 'strongly agree'. When participants were asked "I am willing to invest effort on my personal time to develop my interpersonal skills". 15% 'disagree'. 10% 'neither'. 45% 'agree' and a total of 30% 'strongly agree' to this statement. 45% of participants 'strongly disagree' that "participation in training programmes is of little use to me because I have all the knowledge and skills I need to successfully perform my job". 25% 'disagree'. 5% 'neither'. 15% 'agree' and 5% choosing 'not applicable'.

Question eleven

55% of respondents 'agree' that they are "asked to provide feedback on the effectiveness of the training and development. which their managers received". however 20% 'disagree'. 15% 'neither'. 5% 'definitely agree' with 5% choosing 'not applicable'. 65% of the respondents 'agree'. "training and development activities provide learning that is practical for use on the job". Again when asked a similar question in relation to promotional opportunities. 55% of the respondents 'agree' and 20% 'definitely agree'. that "training and development gives employees an opportunity to learn the skills and behaviours that will help them to get rewarded and promoted" whereas the analysis reveals that 5% 'definitely disagree' to this statement. with a further 15% choosing 'disagree' and 5% choosing the option 'neither'. When participants were asked if they are asked. "to provide feedback on how much they have learned". 35% of the respondents 'disagree' with the statement whereas 35%

'agree'. However participants were also asked if they are asked, "to provide feedback on what material they put into practice in their job", 40% of the respondents 'disagree' and 35% 'agree' however 15% choose the option 'not applicable' and 5% choose 'neither' and a further 5% of participants 'definitely agree' with the statement. When asked "are managers held accountable for following up and encouraging their employees to apply what they've learned through training back to the job", 45% of the respondents 'agree' whereas 15% 'disagree', a further 15% 'definitely agree' and 20% of the respondents answered 'not applicable'. 5% of the respondents choose 'neither'.

Question twelve

65% of the respondents choose 'agree' when asked were they "satisfied with the range of training and development opportunities available", 20% 'definitely agree', 5% 'disagree' and a further 10% choosing 'not applicable'. 5% of respondents 'definitely disagree' when asked "the training and development activities supported by the organisation are worth the time and money spent on them". 15% 'disagree', 5% choose 'neither'. 30% 'agree', 35% 'definitely agree' and 10% choose 'not applicable'. When the participants were asked, "individuals are publicly recognised of their training and development accomplishments". 5% 'definitely disagree'. 25% 'disagree'. 5% 'neither'. 45% 'agree'. 5% 'definitely agree' and a further 15% choose 'not applicable'.

5.2.3   Section 3a of the questionnaire

Again, through this section the author used 'Likert-Type Attitude Scales' (Garvan et al, 2003: 514). This question format was used to measure the participants' attitude to particular aspects of learning that he she had undergone in the past year.

Question thirteen

The author asked twenty participants to indicate the extent to which, you "as the employee would like to see the DDSH or your department make more use of the following methods of training and development" (Table 5.5). n=20.

Methods	Ratings shown in Percentages (%)					
	DN	PN	NS	A	PY	DY
Classroom Instruction	5	15	25	20	0	35
On-the job training provided by a colleague	0	0	5	35	10	50
Temporary job assignments	0	5	25	25	25	20
Reading based self-instruction	15	20	15	40	5	5
Video based self-instruction	15	20	10	30	20	5
Computer based self-instruction	15	10	20	35	10	10
Formal mentoring	10	0	20	40	10	20
Team training and development	0	0	10	45	20	25
Formal planned career path	0	0	5	40	15	40
Job rotation	5	5	15	45	10	20
On-the-job training provided by manager	0	5	15	40	15	25

Key to Identity of the above ratings:

DN = Definitely Not

PN = Probably Not

NS = Not Sure

A = Agree

PY = Probably Yes

DY = Definitely Yes

The respondents' answers above are of very mixed views across the board. However, the table illustrates that "Structured on-the-job training provided by a colleague with experience in the area" rated the highest 'Definitely Yes' overall at 50%. The author would also like to point out that the top three most frequently answered responses are firstly 'Agree', secondly 'Definitely yes' and thirdly 'not sure'.

Question fourteen and fifteen

The author asked all participants have they received training in Personal Development Planning (PDP) since its launch in September 2003 and what their attitude was to the actual training if they replied 'yes'.

75% received formal PDP training and 25% of the respondents have yet to receive PDP training. Out of the 75% respondents, 45% state that 'A very large amount' when asked, "to what extent does your top manager support and encourage participation in the PDP programme?". 30% of respondents also stated 'A very large amount' when asked "to what extent did you find the PDP training useful?". The most frequent answer across all six statements asked was 'a lot'.

Question sixteen

The author used 'Two-Way Closed Question', **Garvan et al (2003: 512)**, format in question sixteen and above in question fourteen. The author wanted participants to confirm straightforward facts of 'yes no' responses as to analysis the response take up on the courses the DDSH have provided over the last year.

The author asked all participants about the training given by the DDSH since September 2003 and have they received any of the training listed. The respondents' answers were as follows and as summarised in percentage terms (Table 5.6).

Training Activities n=20	Yes - %	No - %
Customer Service Training	30	70
Team Building Training	35	65
Problem Solving Training	45	55
European Computer Driving Licence (ECDL)	45	55
SkillsSoft Training facility in the Library	15	85

The author will illustrate below all the respondents 'yes' answers in the form of a chart incorporating the PDP training 'yes' responses **(Figure 5.5)** giving the author an overall feel of the take up rates to these training and development activities.

Figure 5.5
Training and Development Activities
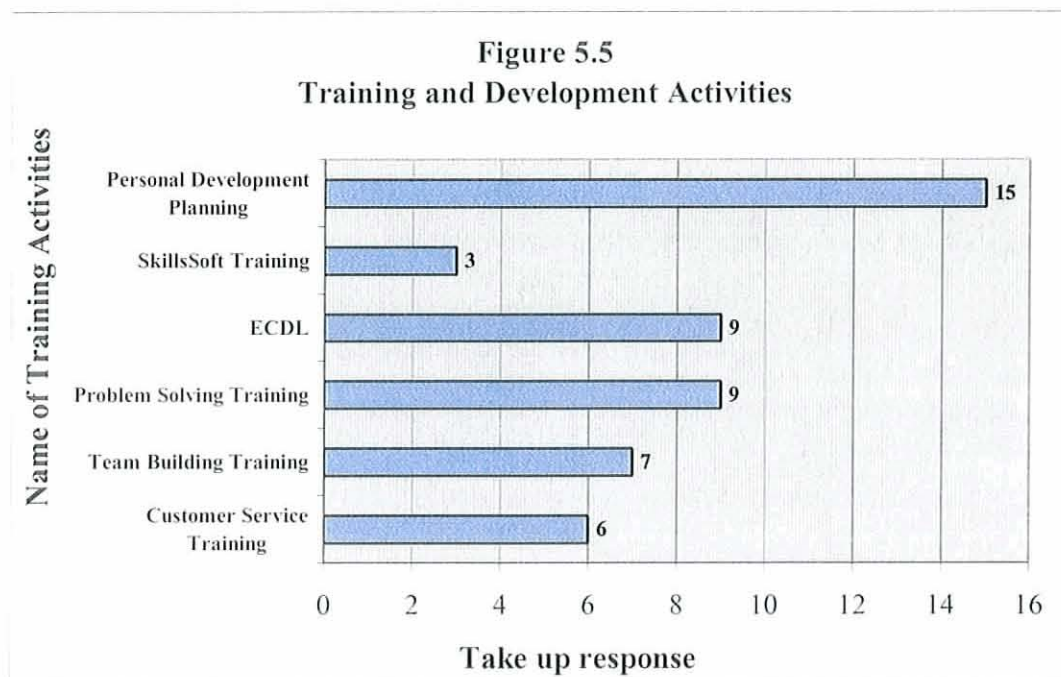
Question Seventeen

Table 5.7 describes the comments of the respondents in alphabetical order when asked, "Are there any course(s) that are of interest to you which are not available or the DDSH do not provide?". (n=10).

Stakeholders Department	Quoted Reply	Identity's Grade
Administration	No response given	Grade IV
CSSD	No response given	Technician
CSSD	"Not at the moment"	Technician
Dental School	No response given	Grade IV
Dental School	"Not sure"	Clerical Officer
Dental Studies	No response given	Lecturer
Dental Studies	No response given	Lecturer
DentEd	"Dreamweaver Web Course"	Grade IV

Stakeholders Department	Quoted Reply	Identity's Grade
Finance	No response given	Grade IV
Finance	No response given	Grade V
Household	No response given	Senior Household Assistant
Human Resources	"Language Course"	Clerical Officer
Human Resources	"Yes. I would like to avail of a managers skills course"	Grade IV
Information Services	"Many"	Technician
Maintenance	"No"	Craftsperson
Maintenance	No response given	Craftsperson
Maintenance	No response given	Craftsperson
Management Services	"N/A"	Grade VI
Nursing	"ECDL. CPR –Instructor, Public Speaking/"Singing Lessons". HR – Employees rights and Law"	Grade V
Nursing	"ECDL. CPR Instructor. Public Speaking. Colour me beautiful"	Grade V

Question Eighteen

The author asked all twenty participants to indicate to what extent to which they "disagree or agree" with the statements given. Table 5.8 summarises the respondents replies in percentage terms. n=20.

Statements	SD	D	N	A	SA
"I would participate in Training and Development to":					
Increase my job performance	0	0	5	50	45
Enhance my competencies, skills and knowledge	0	0	0	55	45
Make me more employable in the external labour market	0	5	5	45	45

Statements "I would participate in Training and Development to":	SD	D	N	A	SA
Avail of promotion opportunities within the DDSH	5	5	15	30	45
To change jobs	5	5	25	55	10
To enhance myself as a person	0	0	5	50	45
To contribute to the success of my employer	0	0	15	55	30

Key to Identity of the above ratings:

SD   =   Strongly Disagree

D   =   Disagree

N   =   Neither

A   =   Agree

SA   =   Strongly Agree

The author points out from Table 5.8 above that, the most frequently cited reason was 'agree' followed by 'strongly agree' which indicates the overall measure of participation an employee is willing to take part in training and development within the DDSH.

5.3   INTERVIEWS

Interviews were carried out in order to supplement the information being obtained in the questionnaires. The interview questions followed similarity theme as the questionnaires, so as to link important points or commonalties in both. The interview was semi-structured format with both closed and open-ended questions asked, in order to gain broader information from the interviewee's perspective. The first three questions were centred on putting the interviewee at ease, the author asked straightforward introductory questions to each interviewee. Table 5.9 below summarises the aspects of the interviews which the author sees and considers are linked commonalities with the questionnaire analysis.

Key Identity to the stakeholders interviewed:

JM   =   CSSD Manager

MW   =   Human Resources Manager

Question	Quoted Reply	Identity
Section 1 Training Undertaken *Question 3b* - Does your department have a training plan?	We do, we have in our department a training plan that is reflected through our department's objectives, thus linking back to the mission. In this coming august we have a training week. which we are participating in. in terms of a training programme which will facilitate the learning for my employees. this has never been done before and is very exciting as it will be the first opportunity I have had personally to develop and assist in the learning of my own team. At the moment my team through PDP objectives are currently visiting external providers and reporting on their experience through the hospital's newsletter. All the training in my department is based around quality improvements and being an employer of choice in a hospital environment for CSSD staff. Yes. we do have a training plan for our department.	JM MW

Question	Quoted Reply	Identity
Question 3c - How important is training and development to the organisations success and to your department's objectives?	I think it is linked to the organisation's success, than other hospital providers because it is such reflected in the mission of the DDSH. We are a training hospital for students in Trinity College Dublin. These two groups are linked now in a way that contributes to the overall mission of the DDSH.	JM
	Training and development is very important to organisational success and department success because you are now able to see the return on investment "short-term", motivation of employees and we have increased the peoples' skills in the organisation a year into the APPM. Training and development has facilitated the introduction of change in a very less threatening way. It is based on development for you. and investment in you and in turn the organisation becomes one of a learning organisation.	MW

Question	Quoted Reply	Identity
Question 4- Do you feel since the introduction of the APPM that Training and Development has improved in the DDSH?	Completely, its been one of the greatest factors that has made my job a lot easier, motivated my staff at a time when I arrived in to the DDSH the morale in my department was very low because of all the recurrent changes in managers the area had in the past few years, it has also set in place a structured way of learning for my employees. Task setting – they know what they put in, is exactly what they get out of training.	JM
	Yes, I feel it has improved, we are working together better as teams and communication has improved. We have empowered our employees' and in turn this has come through with the investment we feel we place on employees by opening up the training doors.	MW
<u>Section 2</u> Transfer of Learning (effectiveness) **Question 5-** What was the feedback they gave to you on each course attended?	PDP – four out of ten have gone on training, pretty good, they have focused o their training and the material has given them that focus on, no surprises and what is coming next. They know it's driven by them and them only. SkillsSoft – everybody in my team participates in this on a weekly basis. Since we are out of term time, its a lot quieter and easier to release employees' during the normal working day for an hour to go to the library an learn new programmes. Customer service training – yes everyone has received it in-house and by tan in-house trainer. However it is not their favourite because they are not front line staff. So it is not really applicable in terms of the course outline. If it was re-gigged in some way that focused on different types of "customers" maybe it could be of more benefit.	JM

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Question	Quoted Reply	Identity
	Problem Solving – yes some have attended this course by an external trainer. An excellent course as I can give you examples. ECDL – I have two members of my team that are near completion and others who are just starting. Team Building – a minority CSSD team was involved in the last team session. However because they were mixed with front line service employees they enjoyed it but I don't think the maximum benefit was derived from as not the full CSSD team was in attendance. This is something for human resources to look at.	
	PDP enjoyed it. Janice has become the PDP trainer for the DDSH so it has benefited her career I hope. SoftSkills – none of us have attended courses on this as yet because of our own training and involvement in the process as a whole. Customer service training – again same answer as above. Problem solving – some have attended, feedback quite positive. ECDL no not as yet Teambuilding – no not as yet Again I feel my team has been disadvantaged in a way because of the role they play in implementing the learning organisation.	MW
Section 3 **Assistance to** **Transfer of** **Learning**	Yes through the train the trainer course that my team leader attended in September 2003 and another member of staff has just become a CPR instructor.	JM
	Yes they have put some training into action. but not	MW

Question	Quoted Reply	Identity
Question 9 - Have they put any of the actual training into action. example on-the-job?	as much as what I would have liked.	
Section 4 **Opinions on** **overall training** **function** **Question 11 -** Can you estimate a monetary value co st to the organisation for this change in behaviour?	Physically I can't calculate a monetary value, however what will happen is people will notice internal value in terms of expert trainers internally. I personally don't think you can estimate it as monetary value. they way I see it is that my employee's are learning including myself and this learning is ever evolving. it is always growing and in turn we are all developing. It's a very new concept still to the organisation: it is too soon to tell.	JM MW
Question 13 Overall how satisfied are you with the training and development provided for by the DDSH?	Very satisfied. it's given me the drive to ensure that we are providing the best quality service to our customers. Very satisfied. overall the verbal feedback is very positive.	JM MW

5.4   Analysis of Findings

5.4.1   Research Objective One: Explore the take up rates of training and development, since it's formal introduction in September 2003 in the Dublin Dental School and Hospital.

The author points out that Table 5.6 and Figure 5.5 above both illustrate the take up rates from a total of twenty employees who participated in the questionnaire, of all courses provided by the DDSH since September 2003. These take up rates indicate a good overall enthusiasm to training and development.

The author points out that Table 5.8 above may project future take up rates of training and development in terms of the respondents' replies. When participants were asked. 'I would participate in training and development to:' the most frequently cited answer overall all statements asked. was 'to enhance my competencies, skills and knowledge'. 55% 'agreed' followed by 45% who 'strongly agreed' which indicates the overall measure of participation an employee is willing to take part in training and development within the DDSH if they had the appropriate opportunity.

5.4.2   Research Objective Two: Explore the effectiveness and satisfaction rates of training and development within the Dublin Dental School and Hospital.

Again. from the analysis above it showed for example that out of twenty participants asked. 55% of respondents of supervisory level 'agreed' that they are "in general satisfied with the range of training and development opportunities available to their employees". When asked again if "training and development gives employees an opportunity to learn the skills and behaviours that will help them to get rewarded and promoted" 55% of the respondents 'agree' and 20% 'definitely agree' thus showing the probable effectiveness in which training and development increases potential.

Overall. the above statistical results demonstrate that the participants who completed the questionnaire and those who were interviewed are satisfied with the training and

development that the DDSH has provided since its formal introduction in September 2003.

5.5 SUMMARY

In the literature review the author pointed out some key stakeholders in the training and development process. From the analysis of both the questionnaire and interviews it was found that exactly 80% of the respondents 'agreed' when asked that if they taught their top manager strongly supports the development of new skills and knowledge among all levels of employees in their department, thus implying that their top manager is key stakeholder to the success of training and development within the DDSH.

Again in the literature review the author touched on various methods of training and development interventions. From Table 5.5, question thirteen of the questionnaire, 50% stated 'definitely yes' when asked would they like more of on-the-job training carried out by a fellow colleague. 40% 'agreed' when asked a similar question however, the on-the-job training activity was to be carried out by a manager. Both findings prove a high percentage rate and when the author reflecting back to the literature notes again that as stated by **Gunnigle et al (1997: 474)** on-the-job interventions *'allow for active practice, immediate feedback and transfer of learning'.*

The author will illustrate below all the respondents 'yes' answers in the form of a chart incorporating the PDP training 'yes' responses (Figure 5.5) giving the author an overall feel of the take up rates to these training and development activities.

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CHAPTER VI

CONCLUSIONS AND RECOMMENDATIONS

6.0   Conclusions and Recommendations

6.1   Introduction

In this chapter the author will highlight recommendations following on from the literature reviewed. the analysis and findings. This chapter will argue that if organisations in general do not invest in training and development for their staff they will be the one to suffer the consequences. The author points out that there are many different approaches to training and development that one could take not just the areas highlighted within the literature review of this research study.

The author found it little difficult to seek subsequent research in the area of training and development within the health sector environment. However. this did not take from the fact that the research found was of great benefit and assistance in the establishment of the research objectives set out at the beginning of the whole process. Finally. the author will conclude, summarising this research study from the very outset to the completion.

6.2   Recommendations

Mayo (1998: 36) points out that the *'Fundamental strategic imperative in growing value in organisations is to grow the intellectual capital. the source of which reside in people. their capability and potential. and how they are led and organised. One could have no greater strategic impact on an organisation than to be instrumental in this growth'.*

The author sees certain areas of great potential for training and development within the DDSH. The following is a prompt list that represents commonalties from the analysis in which staff themselves have pointed out. These are as follows:

1.   New entrant training — a formal induction for staff should be given as part of the activation of the training process within the DDSH.

2.   Competency based training – the DDSH need to look at areas of core competencies for all levels of staff. This can be carried out by way of an

Organisation Training Needs Analysis. Once competencies are identified it is easier not only for the individual but for the manager to assist their staff in what are the skills, attitudes and knowledge they need to acquire. **Roger et al (1995: 110)** states that 'competency is used to describe either the required outputs (competences) or the desirable inputs (competencies)'.

3. Increase opportunities for more On-the-job training as seen in the analysis of the questionnaire. **Reed (2001: 63)** states that 'companies with good leaders who want to invest in human capital acknowledge the value of coaching'

4. A need to review current training programmes to help establish and identify the interventions that are not utilised and also the need to review clinical areas in which training is very scarce at the moment, a need to take on their requirements. Following on from the comments of JM. CSSD Manager who pointed out some of the existing courses do not meet the requirements and needs of her employees. This could be the matter of an internal training expertise, revising existing courses, and tailoring them to the needs of other areas of the DDSH.

The author suggests if one was to take the approach of the workshops such as 'Mastering Difficult Interactions' benchmarked as best practice in Australia and linking back to the literature review earlier, the DDSH could focus on developing the softer skills necessary to help staff both clinical and non-clinical to successfully negotiate difficult situations whether those dealings are with colleagues or patients as this workshop was found to be very beneficial to those employees involved.

The author points out that such proposals would mean fundamental and extensive changes to the existing training and development system, the current training and development evaluation system and having already introduced the concept of PDP, judging the quality and value for money of investment for our organisation would be less complex.

The author suggests the DDSH look at other widely used approaches to training and development, a move towards an organisation that is more focused to the 'learning organisation' concept. This can be done through the achievement of the Excellence Through People (ETP) used in many organisations, both public and private sector. The Excellence Through People initiative has a focus on quality assurance as a result, it is a highly systematised and formalised approach to training and development and can lead to the organisation having its training and development accredited, having reached a certain standard. The benefit of this framework is that it enables a much closer monitoring and evaluation of the DDSH's investment in their employee development, in that it begins with an audit, entails close record-keeping, and is frequently aligned with other forms of performance management and human resource management initiatives. As there is a move towards a quality health care sector, by investing firstly in the ETP approach this should ease the process of the DDSH attaining some form of accreditation from, for example, the recently established Health Information and Quality Authority (HIQA). All hospitals nation-wide will have to go down some line of accreditation it is perceived for the future, so why not be an 'Employer of Choice' now and invest in such initiatives as addressed above. This could then form part of an application for the DDSH to strive to achieve the 'Derek Dockery Innovation Award' for training and development which would fall under category four of this initiative or category one: 'care provided to clients in health facilities'. All applications are made each year by health care sector organisations.

All the above training and development approaches, initiatives, and suggestions will target the development of our line managers and staff in the competencies required for them to deliver upon the objectives of the National Health Strategy.

'The skills of the workforce and their ability to adapt to the rapidly changing economic environment are a key source of competitive advantage' (IBEC 200: 3)

6.3 Conclusions

The aim of this research study was to examine the research objectives set out at the very beginning. This evolved with an overview of T&D in general using both qualitative and quantitative research methods. The review of relevant literature demonstrates that to train and to develop staff can ensure people are motivated by a sense of achievement and recognition of work itself.

The research undertaken demonstrates that training and development is valued by both employees and management within the DDSH. It also indicates that employees value the organisation and are committed to the fundamental principles of the what the DDSH achieves.

The twenty employees and the two management staff who were the subject of the questionnaires and interviews respectively, were uniformly positive regarding training and development all agreed that training and development had improved the participants knowledge in some way. The participants all stated that they would like to see more of some sort of training method.

Therefore, training, development and education is an investment the DDSH should make in terms of becoming an 'Employer of Choice' in the health service. The author suggests that such an investment will ensure that the DDSH will at a minimum attain the maximum potential for both individual staff members and for the entity as a whole.

As a result of these drivers the DDSH with other human resource functions within the health service may need to become more strategically focused and future orientated.

Again, reviewing the report in the Chartered Institute of Personnel Development by Beckett-Hughes (2003: 40), that it is 'often not any single factor in isolation that contributes towards an organisation being classified as an employer of choice'.

Becket-Hughes (2003: 40-41) lists ten ways to become an 'Employer of Choice' these include:

1. Create the right psychological contract,
2. Know and live your corporate values,
3. Assess individuals' values and behavioural styles,
4. Create a coaching culture,
5. Brand your people processes,
6. Offer flexible benefits,
7. Endorse staff need for better work-life balance, made accessible to all, including more senior employees and working mothers, especially those nearing board level.
8. Be realistic and market-driven.
9. Have some fun, and finally;
10. Zap the 'Tolerations.

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Programme Number One: Hanly Report

Programme Number Two: Primary Care Strategy

Programme Number Three: Prospectus Report

Programme Number Four: HIQA

Programme Number Five: NHIS

Programme Number Six: Action Plan for People Management

Programme Number Seven: Brennan Report

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Instructions

Please answer all questions. Please tick boxes as appropriate. Please elaborate when necessary. For the purposes of the questionnaire, Training and Development refers to any formal training you have undertaken in-house or externally delivered by an internal trainer, external trainer or consultant. This includes programmes, workshops, course and seminars. It also includes any training you received on-the-job.

Please answer all questions and return this questionnaire no later than Friday, 2nd July 2004.

Confidentiality

Respondents are assured that the answers given will remain completely confidential and will not be associated with any individual.

Introduction

Thank you for taking the time to complete this questionnaire; it should take approximately 20 minutes. I understand that you are very busy and I would really appreciate your assistance.

This questionnaire forms part of a comparative study being undertaken by Janice Walsh as part of an undergraduate dissertation.

Section 1: TRAINING UNDERTAKEN AT THE DDSH

This section asks you some questions regarding the training and development activities you have participated in for the past year in the DDSH.

1. How many workshops or courses (related specifically to your role/job) have you voluntarily attended in the past year?

None	1	2	3	4	5	6 or More
O	O	O	O	O	O	O

2. How many personal development workshops or courses(e.g. developing your interpersonal or management skills) have you voluntarily attended in the past year?

None	1	2	3	4	5	6 or More
O	O	O	O	O	O	O

3. How many courses or training activities have you attended in the past year where you were required to attend by someone in the DDSH?

None	1	2	3	4	5	6 or More
O	O	O	O	O	O	O

4. How many on-the-job training activities have you undertaken in the past year?

None	1	2	3	4	5	6 or More
O	O	O	O	O	O	O

Overall, how would you rate the quality of all the training and development activities you have attended in the past year as follows:

	Very Low	Low	Average	High	Very High
Voluntarily attended training activities	O	O	O	O	O
Required to attend training activities	O	O	O	O	O
On-the-job learning activities	O	O	O	O	O

Section 2a: DDSH TRAINING AND DEVELOPMENT SYSTEM

This section asks for your feedback on whether the following practices are present in the DDSH.

Base your answers on **YOUR** knowledge of **YOUR** department. Consider all formal training and development activities and on-the-job based development activities.

If you have **NO KNOWLEDGE** of the question, tick N/A for 'don't know'.

.   Please indicate whether you disagree or agree with the following statements by ticking the appropriate box below.

	Definitely Disagree	Disagree	Neither	Agree	Definitely Agree	N/A
Even during budget cuts, your top managers do all they can to maintain training and development opportunities for their employees.						

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The kinds of training and development activities that are encouraged related to what top managers are trying to accomplish for your department.

Your top managers strongly support the development of new skills and knowledge among all levels of employees.

Your top managers see training and development as an important way of helping the department achieve its mission.

Your top mangers show commitment to training and development by spending time promoting and delivering it.

7. **Indicate whether you disagree or agree with the following statements.**

	Definitely Disagree	Disagree	Neither	Agree	Definitely Agree	N/A
There are some training and development activities(e.g. PDP, manual handling) that everyone in the department participates in, regardless of position.						
After being hired for a new position, there is a requirement to attend training and development courses based on the new job.						
Your top managers help their employees meet personal training and development goals and needs.						
Your top managers are closely involved in determining the department's training and development goals and activities.						
The department provides a program of training and development activities that meets the needs of the						

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employees.
tructured learning activities are built into the job so that
employees are constantly learning.

8. Complete the following personal information and where applicable please circle the correct answer:

Position: _____

Grade: _____

Title: _____

Department: _____

Gender: Male or Female

Working Status: Full-time
                   Part-time
                   Other* _____

Highest Obtained Qualification:

Junior Certificate,   Leaving Certificate,   Higher certificate,   Higher Diploma,
O   O   O   O

Higher Degree,   Post-Graduate Diploma,   Masters,   Phd,
O   O   O   O

Other(please Specify _____
O

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Years working in current Position:

Less than 1 year   1-3 years   4-6 years   7-10 years   10-15 years   15+years

O   O   O   O   O   O

Age

16-24   25-34   35-44   45-54   55+

O   O   O   O   O

Years working in the DDSH:

Less than 1 year   1-3 years   4-6 years   7-10 years   More than 10 years

O   O   O   O   O

Section 2b: LEARNING

This section asks you some questions regarding your interest in learning more about specific areas.

Read each statement VERY carefully as some questions relate to **YOUR** learning and other relate to **YOUR employees learning.**

9. **Please indicate the extent to which you agree or disagree with the following:**

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	N/A
I believe I can improve my skills by participating in training programmes						
I am usually motivated to learn the skills covered in						

I believe I can learn the material presented in most training programmes

I would like to improve my skills

I am willing to exert considerable effort in training programmes in order to improve my skills

When I am involved in training sessions and I can't understand something, I get so frustrated I stop trying to learn

The kinds of training and development activities that are encouraged clearly relate to my department's goals

It is important to help employees meet personal training and development goals and needs

I believe I tend to learn more from training programmes than most people

It is important for management to be closely involved in determining the direction and goals for the department's training and development activities

My department provides a program of training and development activities that meets the needs of the employees

In general, I am satisfied with the range of training and development opportunities available to my employees

In general, I am supportive of my employee's efforts to continuously improve their knowledge and skills

The time my employees spend on training and development is time well spent

I try to learn as much as I can from training programmes

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10. Indicate whether you disagree or agree with the following statements:

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree	N/A
I am willing to invest effort to improve skills and competencies in order to prepare myself for promotion						
I am willing to invest effort on my personal time to develop technical skills related to my job						
I am willing to invest effort to improve skills and competencies just for the sake of learning						
I am will to invest effort on my personal time to develop my interpersonal skills						
I want to try and change habits and routines that interfere with my work effectiveness						
Even during budget cuts, it is important to preserve training and development opportunities for employees						
I am willing to invest effort to improve skills and competencies related to my current job						
Training an development is an important way of helping the department achieve its mission						
It is important to devote time promoting and delivering training and development						
It is important to support the development of new skills and knowledge among all levels of employees						
Participation in training programmes is of little use to me because I have all the knowledge and skills I need to successfully perform my job						
My present job performance satisfies my personal expectations and goals						

You have completed more than HALF of the questionnaire. Please continue with the remainder of the questionnaire. I thank you for your time and co-operation. Your input is very important and will enable the DDSH to improve its training and development services.

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Section 2c: DDSH TRAINING AND DEVELOPMENT SYSTEM

11. Please indicate the extent to which you disagree or agree with the following statements.

	Definitely Disagree	Disagree	Neither	Agree	Definitely Agree	N/A
Employees are asked to provide feedback on the effectiveness of the training and development, which their managers received						
Training and development activities provide learning that is practical for use on the job						
Department managers personally provide training and development for their employees						
Training and development gives employees an opportunity to learn the skills and behaviours that will help them to get rewarded and promoted						
Employees are held accountable for using what they've learned in their training and development activities back on the job						
After employees receive training and development, they are asked to provide feedback on how much they have learned						
After employees receive training and development, they are asked to provide feedback on what material they put into practice in their job						
Managers are held accountable for following up and encouraging their employees to apply what they've learned through training back to the job						
After employees receive training and development, they are asked to provide feedback on their satisfaction with the course						

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12. Indicate whether you disagree or agree with the following statements.

	Definitely Disagree	Disagree	Neither	Agree	Definitely Agree	N/A
The time I spend on training and development is time well spent						
The training and development activities supported by the department are worth the time and money spent on them						
In general, I am satisfied with the range of training and development opportunities available to me						
The department offers a broad selection of courses and other training and development opportunities available to me						
The department offers a broad selection of courses and other training and development activities						
The training and development activities supported by the organisation are worth the time and money spent on them						
Individuals are publicly recognised for their training and development accomplishments						
In general, the department supports me in my efforts to continuously improve my knowledge and skills						
The department continuously updates and improves its training and development programmes						
Managers are asked to provide feedback on the effectiveness of the training and development, which their employees received						

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A variety of methods can be used to provide training and development. This section asks which methods you would like to see used more.

13. **Indicate the extent to which you would like to see the DDSH or YOUR department make more use of the state method for training and development.**

	Definitely Not	Probably Not	Not Sure	Agree	Probably Yes	Definitely Yes
Classroom instruction	O	O	O	O	O	O
Structured on-the-job training provided by a colleague with experience in the area	O	O	O	O	O	O
Temporary job assignments that have development as a stated purpose	O	O	O	O	O	O
Reading based self-instruction	O	O	O	O	O	O
Video based self-instruction	O	O	O	O	O	O
Computer based self-instruction	O	O	O	O	O	O
Formal mentoring	O	O	O	O	O	O
Training and development provided to the work team as a whole	O	O	O	O	O	O
A formal planned career path that includes training and development at specific points	O	O	O	O	O	O

Job Rotation	O	O	O	O	O	O
Structure on-the-job training provided by the manager	O	O	O	O	O	O

Section 3b: CURRNT TRAIING AND DEVELOPEMTN AT THE DDSH

14. Did you receive training on PDP's (Personal Development Planning) since beginning work in DDSH or since the launch in September 2003?

YES O   NO O

15. Please give your opinion on each of the following statements:

	Not at all	Minimal	Moderate	A Lot	A Very Large Amount
To what extent did you find the PDP training useful?	O	O	O	O	O
To what extent did you use material learnt on the PDP course in your work?	O	O	O	O	O
To what extent does your top managers support and encourage participation in the PDP programme?	O	O	O	O	O
To what extent did the PDP training course provide you with an opportunity to receive feedback on how well you did(as part of the training)?	O	O	O	O	O

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To what extent did the PDP programme meet your training needs?

O	O	O	O	O

To what extent did the PDP training programme provide you with an opportunity to practice required skills (as part of the training)?

O	O	O	O	O

16. Did you receive training on any of the following courses since beginning work in the DDSH?

Customer Service Training   O

Team Building Training   O

Problem Solving Training   O

European Computer Driving Licence (ECDL)   O

SkillsSoft Training facility in the Library   O

17. Are there any course that are of interest to you which are not available or the DDSH do not provide?

_____

_____

_____

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18. Indicate the extent to which you disagree or agree with the following:

I would participate in training and development to:

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
Increase my job performance	O	O	O	O	O
Enhance my competencies, skills and knowledge	O	O	O	O	O
Make me more employable in the external labour market	O	O	O	O	O
Avail of promotion opportunities within the DDSH	O	O	O	O	O
To change Jobs	O	O	O	O	O
To enhance myself as a person	O	O	O	O	O
To contribute to the success of my employer	O	O	O	O	O

Thank you for completing this questionnaire. I appreciate your time and co-operation.

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Date

Name and Title
Internal Address

Dear First Name,

Further to our recent conversation, thank you for agreeing to be interviewed as part of a research study being undertaken by Janice Walsh, forming part of an undergraduate dissertation.

Please be re-assured that the answers given will remain completely confidential and will not be associated with any individual. The interview should take about 45 minutes, the Common Room area is booked for 3.00 p.m., on Tuesday, 6th July 2004.

The interview will be semi-structured questions. Again, for the purposes of the interview, Training and Development will dominate the discussion. Any training and development question refers to any formal training in-house or externally delivered by an internal trainer, external trainer or consultant since September 2003.

Looking forward to seeing you next Tuesday, if in the meantime you have any queries please do not hesitate to contact me.

Yours sincerely,

Janice Walsh

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INTERVIEW OUTLINE

June 2004

NAME: _____

POSITION/TITLE: _____

DEPARTEMNT: _____

YEARS IN COMPANY: _____

DATE: _____

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INTRODUCTION
1 Can you give me an overview of your function?
2a What are your views of the Action Plan for People Management?
2b Has the DDSH given an overview of what the APPM is?

SECTION 1: TRAINING UNDERTAKEN
3a What are your views on T&D in the DDSH? **(3b)** Does your department have a training plan? **(3c)** How important is T&D to the organisation's success and your department's objectives?
4 Do you feel since the introduction of the APPM that T&D has improved in the DDSH?
5 Have you sent any members of your department on training either in-house or externally since the launch of the APPM in 2003?

SECTION 2: TRANSFER OF LEARNING (EFFECTIVENESS)
6 What was the feedback they gave to you on each course attended?
7 Where there any changes in your staffs' behaviour after(post) the training received?

SECTION 3: ASSISTANCE TO TRANSFER OF LEARNING
8 Have they put any of the actual training into action, i.e. on-the-job?
9 What courses do you feel we should be providing for your department that we are not currently providing?

SECTION 4: OPINION ON OVERALL TRAINING FUNCTION
10 Can you estimate a monetary/value/cost to the organisation for this change in behaviour?
11 Value: How important is T&D to your superiors, do you feel?
12 Satisfaction: Overall how satisfied are you with the T&D provided for by the DDSH?

HR MANAGER'S PERSPECTIVE OF THE APPM
13 Do you feel you have the support of your management team?
14 What do you perceive are the weaknesses or challenges you face with the APPM?
15 Finally, whom do you see are the core people in this whole process, enabling the successful completion of the objectives set in the APPM?