- *STUDENT'S NAME: OANA ZAHARIA*

- *STUDENT'S NUMBER: 19241968*

- *PROGRAMME: MASTER'S IN HUMAN RESOURCES MANAGEMENT*

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- *SUPERVISOR: RACHEL DOHERTY*

Contents

DISSERTATION TITLE

How would Talent development programmes influence attraction and retention in Irish homecare system?

Chapter 1: Abstract

BACKGROUND: This study is designed to investigate the homecare provision in Ireland and explore how Talent Development Programmes would benefit attraction and retention in this field.

OBJECTIVE: The aim of this research paper was to investigate what could Human Resources Management in Irish Homecare do to attract talent, develop and retain it successfully.

HYPOTHESIS: Constantly developing a talent pool of health care assistants by embedding effective talent development programmes would benefit both the government and homecare service users. The most appropriate environment to confirm or refute this hypothesis was to interview the current service providers to measure their feelings and perspectives on the matter.

DESIGN: A qualitative method of research was used to investigate and argue the research question above, using subjective interpretivist perspective, interviewing 10 employees, aged between 18 and 60, employed in different homecare agencies, ranging from a few months of service to 10 years of service within the organisation. A thorough thematic analysis followed, coding the qualitative data extracted from the transcripts of interviews, furthermore, comparing the codes with the themes emerging.

RESULTS: Key findings suggest that most healthcare assistants see their job as a profession, but with no clear progression ladder, plus they would altogether choose to perform for an organisation that offer continuous Learning & Development programmes as opposed to only good remuneration.

CONCLUSION: Talent Development programmes in Irish Homecare system have to be targeted and very specific to individuals, based on their clientele.

RESEARCH STUDENT'S DECLARATION FORM
Submission of Dissertation to

National College of Ireland

Research Students Declaration Form

(Thesis/Author Declaration Form)

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Signature of research student: Oana Zaharia

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Chapter 2: Introduction

Influenced by what Hubert H. Humphrey once said, "The moral test of government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; and those who are in shadows of life, the sick, the needy, and the handicapped.", this research paper was analysing the healthcare system in Ireland, looking to a significant sector, constantly growing **homecare services.**

Homecare provision is a rapidly expanding market, which is facing challenges in relation to its workforce deployment and retention. Health Service Executive is the main body providing public health and social care services in Ireland, homecare is a Care Needs Assessment based service provided in user's own home, to encourage independence in the comfort of a familiar environment. The home support service is provided by either the HSE or one of its approved home support providers.

It came as no surprise that there were high levels of stress among the homecare service providers, but research confirmed that "there was an overall positive perception of health and well-being that appears due to participating in a profession that fulfils an inherent nature. Collaborative problem solving between management and workforce, alongside recognizing and affirming the unique skills of this workforce may help to empower caregiver resilience" (Meredith et al, 2017).

On the other hand, some unaddressed needs among staff concerning "job satisfaction, training, work/life benefits and organizational commitment corroborated with few opportunities for occupational advancement", (Nell and Rodrigues, 2015), seemed to be the main issues in retaining staff in this industry. For many professionals, it has become an issue of their own physical and mental well-being.

There were a few recommendations discussed to solve the issue of healthcare workers, that represents the gap identified in this research paper, which includes "a strong push to change perspectives of management and a change of policy by the government", (Jilani, 2020).

Chapter 3: Literature review

The literature review of this paper was looking to discuss the main points that were relevant to this research. Three main themes have been identified to be worthy of in-depth critiquing, therefore a thorough investigation of the current literature was required. The main points of interest would be:

- **The influence of the contextual factors on Talent Development**
- **The relationship between Talent Development and the attraction and retention of talent**
- **The openness of healthcare assistants to Talent Development Programmes**

The topic of Talent Development

Different terminology is used in the literature when referred to this relatively new concept of Talent Development as a specialization in Human Resources Management department: Training Intervention, Self- Development, Education, Learning Activity, Learning Transfer.

"Talent management is the process of ensuring that the organization has the talented people it needs to attain its business goals", (Armstrong and Taylor, 2014). Talent is what people have when they possess the skills, abilities and aptitudes that enable them to perform effectively in their roles. The responsibility for TM sits with the top level in the organisation.

There has been a growing trend in the concept of talent and talent management in the past decades, ever since the term was firstly coined to the work of McKinsey consultants – 'The War for Talent' in 1998 and subsequent reports followed.

An Inclusive vs Exclusive approach to Talent Management (TM) emerged, therefore a talent management strategy has to be put in place in an organisation. If 'talent' is identified as being one exclusive group of people within an organisation then, the HR department will develop specific approaches on how to attract, develop, reward and retain them that may differ from others in the organisation. It is vital that a job spec or a profile for 'talent' is developed and create a plan about where and how that could be attracted successfully. In an exclusive approach to Talent Development key interventions need to be designed and complement each

other: "Leadership and Management Development Programmes; Work-Life Balance; Employer Branding; Corporate Social Responsibility"; Reward structures tailored to key roles and development; Succession Planning programmes; Coaching and Mentoring; International Assignments – Experiential Learning, (Stewart and Riggs, 2011, Garavan et. al., 20017).

On the other hand, in an inclusive approach to Talent Development, competencies are developed throughout the organisation through the use of competency frameworks, role profiling; broader range of "L&D interventions for all levels; Career Paths; Individual Development Planning for all; Wider use of coaches and mentors", (Stewart and Rigg, 2011).

Specific development requirements for HCAs

Are there specific development requirements or expectations in the field of Health Care Assistants? It is understood that the only requirement at present for the HCAs is to have acquired the FETAC Level 5/ QQI Level 5 Healthcare programme, with three major awards: Healthcare Support, Healthcare Services Skills and Community Health Services, each of these consisting of a number of Modules or Minor Awards. All HCAs must work under the supervision and guidance of a Registered Nurse. The Framework recommends that a Nurse/Healthcare Assistant skill mix   percentage should be 80% nursing and 20% HCAs, this only applies in a hospital setting to achieve appropriate staffing levels, but not in the homecare system. The requirement here is to have at least one Registered Nurse as part of the management board, who oversees that the HCAs offer the best quality service to their users. The official title of the job is Healthcare Assistant, with a recent amendment by HSE as regarding the former homecare support known as Home Help. The new title for these homecare providers is Healthcare Support Assistants, as advertised in their HBS Recruitment Services website, 2021. Although a uniform is not mandatory for homecare workers (suggesting somehow that there is a significant lack for seeking to formalise, improve and even recognise the role of HCA), in other disciplines, identifiable uniforms are worn by HCAs to distinguish them from other grades and coordinate them with the overall arrangements of the particular setting.

Are they rewarded differently – on a separate pay band or bonus scheme? According to HSE Report, 2018, the number of HCAs has increased steadily and continues to rise, with HCA Grade making up 30% of the total number of support staff in the Healthcare system. Available data do not give a clear indication about the pay banding for HCAs within various grade

categories. At this point the massive role of the private sector in providing HCAs in homecare is worth mentioning, as private agencies are the main players contracted by HSE due to their vast talent pool and expertise in recruiting service providers.

The influence of the contextual factors on Talent Development in Homecare Services

Contextual factors are identified "as settings predetermined by certain sets of relevant, potentially influencing factors", (Bærøe, 2018) that can impact the process of talent management in an industry. Companies are facing a multitude of challenges in the current climate, such as a desire to Reducing Costs, Accelerating and Global Competition, Constant Change and Growth, Downsizing/restructures/mergers, Volatile markets, Lack of product differentiation, Shortage of Talent in External Market, Compliance, Regulation and De-regulation, Legislation, Technology and Artificial Intelligence, Changing Markets and Changes in World Economy, Globalisation, Ethics, Brexit, Covid-19 Pandemic, Environmental Challenges.

Characteristics of the Irish Labour Market according to National Skills bulletin, (2019) would be that the number of work permits issued escalated, "particularly in the health and ICT sectors; in 2018, the ICT sector accounted for 36% of all new permits issued, with the health sector accounting for 30%", (solas.ie, 2021). In terms of occupations, professionals accounted for almost threequarters of all new permits issued, for positions including software engineers/developers, doctors, nurses, engineers and financial analysts. Whereas shortages identified in Healthcare: "specialist doctors and general practitioners, nurses (staff, registered, clinical nurse managers, advanced nurse practitioners), radiographers", (irishtimes.com, 2021); additionally, **shortages were identified in Social & Care**, childcare and elder care –with attraction and retention issues evident.

Cost of Homecare vs. In-hospital care

A general bias has emerged that the cost of homecare services is significantly lower than in-hospital care; while this is true, "almost all studies applied calculations, unit costs or research designs that were biased towards larger cost savings for hospital-at-home", (Goossens et al., 2020). Based on 48 studies analysing the Quality of Health Economic Studies (QHES) score,

findings show that the savings were overestimated, "the range varied from savings of €8773 to a cost increase of €2316 per patient", (Goossens et al., 2020). Although there are mixed views on the cost wise benefits for homecare services for government budgets, the evidence shows the homecare business is thriving and it is still more cost-effective than keeping patients in hospitals. A recent study in eight European countries found that "costs of dementia care in a homecare setting were significantly lower than in institutional long-term care (LTC) settings" (Wubker et al. 2015); additionally, a recent review found that "people with dementia in homecare experienced higher quality of life than did those in institutional settings" (Jing et al. 2016).

The age profile of the Irish population is changing, and this will become more visible in the workplace; the reason: The State has an ageing population:

*Life expectancy rates are "expected to increase significantly by 2046 - with men likely to live to their mid-80s and women pushing 90", (cornell.edu, 2021).

*The number over 65 will reach 1.4million by 2046.

*They will "outnumber young people (those aged 0 to 14 years of age)", (Population and Labour Force Projections 2016 to 2046, (CSO, 2021).

A relevant contextual factor here would constitute the sudden emergence of a global healthcare crisis, therefore followed by a need to adapt to new workplace conditions and undertaking relevant training to prevent the spread of the Covid -19 virus. Training Intervention incorporates ways in which "learning might be helped to happen in the service of work goals", (Reid and Barrington, 1999), including group and individual learning, self-study or any intervention that facilitates a work environment to stimulate learning.

When addressing the challenge of continual change in worldwide economy, a relevant survey done by Chartered Institute of Personnel Development in 2019 shows that 59% consider Talent Development a top priority over the next two years, followed by Increasing Flexibility/ Agility, Leadership Development and Managing Performance, (cipd.ie, 2021).

The relationship between Talent Development and Attraction and Retention

"You can win the war for talent, but first you must elevate talent management to a burning corporate priority", (Chambers, et al.,1998). Executives, top teams and HR executives from 77 organisations were surveyed in the research from McKinsey business magazine to determine talent building philosophies, strategies and challenges. Although the article is over 20 years old, it is still actual and relevant; four steps in effective talent management were identified:

1. Make it a company priority
2. Create a powerful employee value proposition (EVP) – why does a person want to work for your company? Continuously review and amend the EVP
3. Recruit – develop a strong sourcing strategy. Use a variety of innovative channels
4. Create a talent mindset within the organisation – from the top down

Companies need to be united with a talent mindset. As the leadership group fosters the correct workplace behaviour by holding regular performance reviews, by setting high standards and evaluating employees fairly, then it can be used as a vehicle for personal development, these meetings can help leadership groups make staffing decisions such as pay increase for top talent, (Chambers, et al.,1998).

Developing the Human Asset

This proves that there is an increased need for Learning &Development programmes because of the challenges that impact businesses in the marketplace, especially reducing costs (efficiencies) to maintain competitiveness, nevertheless People/ Human Assets are a key source of competitive advantage.

Some other benefits of Developing the Human Asset in an organisation would be because it:

∗ Contributes to the survival and growth of the business

∗ Brings new thinking into the business and challenges the status quo

∗ Prepares staff for promotion in the organization for key roles and upcoming roles

∗ Increases the work performance of staff and in turn improves business performance.

Developing talent aggressively by following the specific steps of: Putting people in jobs before they are ready; Having a good and efficient feedback system in place; Understanding the scope of the organization's retention problem; Focus on poor performers immediately, (Taylor, 2019).

Disconnects between talent and value are very common, at the same time a risky business. A challenging task for the bodies that offer homecare services is gaining an understanding of their critical talent and find the proper approach to talent development. By using solely hierarchy, relationships, or intuition to determine talent, executives "assume (incorrectly) that the most critical roles are always within the 'top team' rather than three, or even four, layers below the top; in fact, critical positions and critical people can be found throughout an organization", (Barriere et. al., 2018).

Although the number of healthcare assistants (HCA) in employment "has continued to increase, the provision of training and development for this role has, to date, been largely dependent upon the discretion of individual employers", (researchgate.net, 2021). In response to this, the Department of Health and Children in Ireland decided to establish a national training course for HCAs and commission its evaluation. As part of this evaluation, the views of the trainees on the national training course were explored. Findings indicate that the participants "felt more confident in their ability to undertake delegated duties and believed that the skills learned on the course would be useful to them in their future work", (Keeney, et. al., 2005). Some other aspects (course duration, selection procedure and level of assessment) caused some dissatisfaction, but overall – "significant improvement in the trainees' knowledge and care skills", (Keeney, et. al., 2005) has been noted.

The impact of Talent Development on attraction and retention

Through careful business planning leaders could establish the numbers and types of people they need "to resource for their organisation but can only successfully recruit these people through competing in the labour market. So, there is a need to be as interested in the labour market environment as the wider commercial environment", (solas.ie, 2021). Analysing the environment means:

▶ Identify what employees want from an employer

- ▶ Identify how difficult or easy it will be to find employees with the necessary skills

- ▶ The impact of legislation that will limit or widen conditions of employment

- ▶ Data about employment trends and the labor market – CSO, ESRI, IBEC, EUROSTAT, OECD, CIPD, National Skills Bulletin (published by SOLAS skills and Labor Market Research Unit).

A view on labour market and talent

The term 'labour markets' refers to the "employment markets in which organisations are obliged to compete with one another in order to acquire the services of employees; they can be local, national or international", (moodle.ie, 2021). In the homecare system, HR departments consider the relevant labour market- the local one, mainly because the service provider has to live within a certain distance from their service users in order to be considered available to be "On Call", especially during out of business hours. Geographical differences, Tight versus loose market, Occupational structure and Generational differences are main factors to consider when analyzing the workforce and its potential talent pool. As the skills set of an HCA is not considered specialized or exceptional, the market is described as loose in this industry, with plentiful talent and little difficulty in finding people of the right caliber. Mahoney, (1989) has coined three occupational structures – craft, organization career, unstructured-; the third apply to lower skilled jobs, for which little training is necessary, professional advancement opportunities are limited and people move in and out of jobs for many different reasons. This environment seems familiar to the homecare industry; nevertheless unfair.

Talent Development Programmes in Irish Homecare industry

Although the homecare industry is fast growing in Ireland, there seems to be very little research done by scholars on healthcare assistants and their development. Looking at what has been done up to this point, the Health Service Executive's Corporate Plan is relevant here; there are organisation's values which include Care, Compassion, Trust and Learning, eventually leading to five major goals, the fourth one is identified as: "Engage, develop and value our workforce to deliver the best possible care and services to people who depend on them", (hse.ie, 2021). Health Service Executive's People Strategy is developed to deliver this fourth goal with the

key premise "of achieving our ultimate goal of delivering Safer Better Healthcare" (McMenamin and Mannion, 2017). Although their values and goals are very promising, there seems to be a disconnect between the strategy makers and its workers. There is a need to simultaneously address the high rates of unemployment among Irish youth and the homecare "industry's ability to successfully respond to imminent workforce shortages and demand for aged care services, which is partially dependent on retaining millennials", (Sutcliffe and Dhakal, 2018).

Turnover rate of HCAs

According to McMenamin and Mannion, (2017), the Irish Healthcare claimed that the approach taken in valuing the healthcare providers and "engaging early in the planning process to deliver service redesign has already yielded significant benefits for the organisation and healthcare system overall here in Ireland", (McMenamin and Mannion, 2017). This raises another concern: if the employee engagement and workforce planning are done accordingly, then why the turnover in Irish Healthcare, (especially in homecare services where there is an increased demand due to ageing of population), appears high in statistics. In a Health Sector Staff Turnover report done by the HSE in 2018, (hse.ie, 2021), the turnover rate for healthcare assistants as part of the general support staff group was a total of 5.5%, a rate adjusted between HCAs in Acute Services (5.0 %), HCAs in Community Services (6.0%) and HCAs in HBS Corporate and National (14.3%). Actually, the official turnover rates are very good, with the Corporate and National being the only one approaching 'concern' levels. It would be interesting to find out the interviewed managers' opinion on these official rates and if they agree with theses specific statistics.

The Social Care Workers Registration Board (CORU) was appointed in 2015 by the Minister for Health, Leo Varadkar, "the purpose of CORU is to protect the public by promoting high standards of professional conduct, professional education, training and competence among registrants", (coru.ie, 2021). It is also stipulated that Health and Social Care workers must ensure that their "knowledge, skills and performance are of a high standard, up to date and relevant to your practice; participate in continuing professional development (CPD) on an ongoing basis", (coru.ie, 2021). They are encouraged to consider the support and guidance provided by their own Registration Board regarding CPD, while keeping a record of the activities completed. The problem that arises here is that HCAs do not have a Registration Board, (hse.ie, 2021). The ambiguity continues as there are no future prospects at the moment

whether Health Care workers could be professionally trained and registered similar to nurses. The same issues were faced by the Social Care workers just a few years ago, lacking the 'professionalism', the recognition of their job as a career, a profession. Luckily, Social Care as a career could be used as a foundation for Health Care workers to become visible on the market and be able to make a career out of such a satisfying and rewarding job. The 'early years' sector encompassing childcare and pre-school teachers is going through a similar wave of professionalism at the moment also, just like the social care workers. While there are still some childcare workers in creches that only have a FETAC Level 5 or 6 qualification, the trend is towards degrees in early years education overly.

This leads to an investigation of the competency framework in place, which is of vital importance to be fit for purpose. A unique study on this matter evaluating the impact and success of the framework found that "while the Framework is being used effectively in some areas, it is not being used as much or in the ways that were anticipated", (Burnett et al., 2014). The findings called for future research on "revision, communication and dissemination, and will provide intelligence to those initiating education and training in the utilisation of the competences", (Burnett et al., 2014).

A literature review incorporated in the HSE's 2018 report on the Role and Function of the Healthcare Assistants identifies that at present there are "variable standards of training for HCAs, very little continuing and in-service education and training, lack of governance/oversight for HCAs in the community, no parameters of practice set, confused accountability and role confusion with other related grades", (HCA review 2018, hse.ie, 2021). Having mentioned that, a major gap is therefore identified and could have a potential devastating impact on patient safety and quality of care.

Expanding on the above points, regarding the first issue of training and development of HCAs it is recorded that in order to qualify as an HCA, a QQI/FETAC level 5 Diploma in Health and Social Care is sufficient, topped with a Manual Handling and People Handling Certificate, valid usually for 3 years, subject to renewal after that period, (hse.ie, 2021). Furthermore, there is potential for development of HCAs that offer services in specialized areas, continuing in-service education programmes, alongside Life-Long Learning initiative (LLL), "in compliance with HOSPEEM-EPSU Joint Declaration on Continuing Professional Development (CPD), for all health workers in the EU Final Joint Declaration as of 8 November 2016", (hse.ie, 2021).

Registration Body for HCAs

Once fully qualified, "there is no register or regulation" and the HCA "title is not protected", according to Marie Butler, healthcare assistants' sector organiser for Services, Industrial, Professional and Technical Union (SIPTU), (thejournal.ie, 2021). Also, the 2018 HSE review of HCAs stated that in the absence of a Registration Body, there is "no knowledge on numbers trained or employed, making workforce planning nearly impossible", (hse.ie, 2021).

The main contributions to an organisation for implementing a Continuous Learning Culture would be:

A) Significant cost savings "through ability to recruit internally for key strategic roles as a result of T&D in Management Development Programmes and Talent Programmes", (Senge, 2006; Stewart and Rigg, 2011).

B) Retention of key staff who are vital to the business and difficult to replace altogether and "valuable as a means of attracting new staff", (Stewart and Rigg, 2011)

C) Having trained and developed people for the future of the company "so they have the right people at the right time and can take advantage of new opportunities that may arise, thus keeping ahead of competitors", (Senge, 2006; Stewart and Rigg, 2011).

Human Resources management's role here is to embed a competency framework, that does not restrict the complexity of human personality when recruiting the potential talent pool, (Antonacopoulou and FitzGerald, 1996); moreover, initiate continuous learning and development programmes that are fit for purpose, and perhaps are upskilling the health and social care workers to a higher level than before. In the study, with each bank there was a diversity in how they defined and interpreted competency and even among managers in individual organisations, e.g., the competency of ability to manage. Building co-operative teams and empowering team members vs. organisation skills and managing resources vs. broader set of skills – running a unit profitably, resource management including people, performance management and project management. A difference in purpose was found as Bank A – introduced a competency framework to facilitate a culture change; Bank B – achieve a more coherent HRM strategy and effective management of change (clarify organisation's expectations and assist individuals to adopt the appropriate behaviour); Bank C – performance management, recruitment and selection and then career and self-development – identified competency gaps and assisted training initiatives, (Antonacopoulou and FitzGerald, 1996).

One similarity is that they are all seeking more control in managing the complexities of their HRM issues.

Coomer and Houdmont, (2013) provided a very interesting parallel between different countries' views when it comes to occupational health (OH) research and practice for instance; while the concept of work ability (WA) has a 30-year history in Finland and it has been used successfully in "individual case management, understanding population health trends, health promotion and determining WA across age groups", (Coomer and Houdmont, 2013), while investigating UK respondents, they "attributed failure to use the WAI to lack of training" ,(Coomer and Houdmont, 2013).

After considering the competency framework as a base in the recruitment process, embedding constant training and development during the employment process, the focus moves onto the retaining of the critical talent in healthcare services. The reality of the task ahead becomes very clear after deployment and completion of training, the employee's expectations have to match the organisation in order to enable service development and innovation. Haque, (2014), gives a great example in his article on National Health Service practice in UK by referring to a programme packed with esteemed speakers from the Royal College of Physicians' offering a survival guide to new recruits in the healthcare system.

Education which aims at "developing the knowledge, skills, moral values and understanding required in all aspects of life rather than a knowledge and skill relating to only a limited field of activity", (Reid and Barrington, 1999) is preferred in the healthcare field. The onus is on the homecare agencies to recruit the right talent, then equip them with necessary expertise. The healthcare assistants are totally exposed, vital frontline workers that not only offer healthcare, but socialising as well. When offering social care, the social capital of these service providers has received increased attention in the field of human resource development (HRD), research showing that reflective practices are intertwined with institutional social capital, (Nakamura and Yorks, 2011).

Chapter 4: Research question

Despite growing research interest due to the current global healthcare crisis instigated by the Covid-19 pandemic, not much was known about the ways in which private and public healthcare organizations manage their talents. To fill in this literature gap, this research paper aimed at exploring and understanding talent development in healthcare organizations, focusing on private agencies offering homecare services in Ireland. Extensive qualitative research was carried out to formulate theoretical and practical implications of talent management in healthcare organisations; some findings have concluded that "organizations focus on themselves rather than on their employees, even in regard to talents", (Ingram and Glod ,2017)

A trifold of hypotheses emerges from the main research problem:

1. In order to benefit from critical talent, healthcare organisations should provide a more strategic approach in development of those highflyers' group.
2. Effective talent development programmes to enhance attraction would benefit both the Government and service users; they should "embrace a larger number of possible solutions, while concentration on trainings and financial motivation may not keep employee satisfaction at desired levels" (Ingram and Glod, 2017).
3. Organizations in the healthcare systems should balance more determinedly the individual needs with the organisational needs for a better retention rate.

Chapter 5: Methodology

Introduction

The methodology chapter reflected on how the researcher implements the research design to send out in the field, aiming to understands the main concepts relevant to this piece of work and how they relate to it. This work was **interpretivist in nature** because the research instrument chosen was interviewing management staff and employees of Irish homecare private agencies, interviews intended to gather insight on the current employee engagement

and satisfaction; "employees engage when they are emotionally committed and actively contribute to their work, workplace, and organization goals" (Dye, 2017 cited in Olden, 2019). This qualitative research method would offer the researcher the point of view and feelings of the employee in the homecare system, in parallel with the managers' view on talent development practices. This chapter included five main points: Philosophy, Sample, Instrument, Data analysis method, Limitations, as part of this research 'onion'.

Furthermore, the interviewer explored the idea that "many concerned businesses are improving the 'employee experience' by increasing training and development; expanding compensation and rewards; and improving employees' physical, mental, and financial well-being", (Schawbel, 2016). Learning to do the staffing processes well means engaging employees in their work, which will in turn "help people in the community live healthier lives", (Olden, 2019).

The main focus would be whether if creating and sustaining an environment where healthcare workers felt invested in and connected to ongoing learning would constitute a compelling reason for performance, commitment, and retaining.

Philosophy

Profoundly, the term 'research philosophy' refers to a "system of beliefs and assumptions about the development of knowledge", (Saunders et. al., 2019); these assumptions could either be ontological (about the realities encountered in the research), epistemological (about human knowledge), or axiological (researcher's values that could influence the process). "These assumptions inevitably shape how you understand your research questions, the methods you use and how you interpret your findings" (Saunders et al., 2019) which in turn would assist the researcher to construct a strong research design, in which all elements of research fit together. The researcher at this stage, philosophically positions themselves on how to undertake the research, the philosophy requires honing the skill of reflexivity, (Haynes, 2012).

The chosen philosophy could help the researcher justify their choice of research strategy (Rubin and Rubin, 2012) as the research strategy is "influenced by the philosophy the researcher has chosen to accept", (Bryman and Bell, 2011). Therefore, in view of the research aims and objectives of this study the most appropriate philosophy to adopt is the **epistemology approach**

(how things are seen) as opposed to ontology aspect (how things are). Therefore, ontology studies the nature of reality, whereas epistemology studying the nature of knowledge would be more relevant for this project.

The hypothesis is simply a statement without basis, that has to be argued with a research question; talent development programmes might help or might not improve attraction and retention in the homecare system in Ireland at present. Based on the literature review undertaken, there is no clear answer to this particular question. A research philosophy based on **interpretivism** (views) and not positivism (facts) could lead to valuable **subjective assumptions (qualitative data)** offered by the interviewees. As a justification for taking a qualitative research with **an inductive approach,** would be the need to go deeper than facts, numbers and statistics when describing these complex phenomena of attraction and retention in this area of healthcare, very often understated. The researcher would be exploring the feeling of individuals who provide this service in this specific social setting, connecting at some emotional level with the participants of the interviews, as a qualitative perspective would always lead to words. The focus would be on whether the service providers just fell into this job, or they are looking to make a rewarding career out of it; would they choose an organisation who values them by offering continuous learning and development programmes, or a company who rewards its employees with good remuneration only. The best place to gather this information is from the private homecare agencies employees, but in order for the researcher to reach a conclusion interviewing only the employees would not be enough, furthermore, management staff will be contacted to offer their views on talent development methods in their organisation.

Sample

The interviewees were selected through a process of purposive sampling to reflect varying age, grade, nationality, background. They were informed about the study through a *private massaging platform (WhatsApp) and email (Yahoo mail)* and participated on the basis of availability on the day and level of interest. Both Managers and Healthcare Assistants categories contributed voluntarily, with confidentiality guaranteed. As the interviews were conducted at the individual's own convenience, they were stored and backed up automatically in the researcher's cloud storage, encrypted and totally secure and anonymous. A total of 10

participants were selected, 1 from a local agency providing service to two counties south of Dublin, Ireland and 9 from a bigger agency based in the capital. The sample included 7 staff employed as HCAs and 1 Managing Director, 1 Registered Nurse, 1 Care Coordinator, (Table 1). The mean age of participants in both organisations was 40.5 years old – ranging from 21 to 66 years old. The columns in **Table 1** (Sample profile) used pseudonyms instead of participants' real names in order to protect their identity, followed by position in the organisation, age, gender, nationality and length of service in that specific setting. The average length of service turned out to be 4.5 years, with a predominant of female workers (80%), (8 females and 2 men), while 5 different nationalities (Irish, Romanian, Polish, Filipina and African) were involved, suggesting an extremely diverse workforce. No language barrier was identified or somehow considered to have slowed down the interviewing process, even though English was not the native language for 50% of the interviewees.

Table 1. Sample Profile

Participant's Name	Position	Age	Gender	Nationality	Duration of service
Maria	Healthcare assistant	41	Female	Romanian	1 Year
Orla	Care coordinator	37	Female	Irish	4 Years
Katia	Healthcare assistant	60	Female	Polish	10 Years
Sally	Healthcare assistant	66	Female	Irish	6 Years
Mark	Managing director	49	Male	Irish	9 Years
Edwina	Nurse	38	Female	Irish	9 Years
Ana	Healthcare assistant	35	Female	Romanian	1 Year
Larry	Healthcare assistant	21	Male	Irish	1 Year
Miriam	Healthcare assistant	22	Female	Filipino	1 Year
Amirah	Healthcare assistant	36	Female	African	3 Years

Instrument

Semi-structured interviews were employed to educe the experiences of healthcare assistants and their managers, to learn as much as possible about the concepts of attraction, retention and talent development from their perspective. Given "that managers have key interpretational roles" (Bennis and Nanus, 1985; Smircich and Morgan, 1982), the views of "both HCAs and management staff are presented to elicit their collective interpretations", (McCabe and Sambrook, 2014). The interview format was informed at first and it comprised a detailed set of

open-ended questions, including: (1) *The influence of contextual factors on Participant's demographics*; (2) *The relationship between Talent Development and the attraction and retention of talent*; (3) *Participant's openness to Talent Development*. Each HCA and their managers were asked to describe and discuss what attracts, retains and the term talent development. This enabled the interviewees to reflect and articulate their own concept of talent development. The interviews lasted approximately 25 minutes and were automatically recorded in full text format in the researcher's cloud storage for reference purposes. Cross-cultural interviewing, while, of course, being cognizant of the disparities in language use and cultural norms, were a useful tool for the researcher. Still, "differences between subcultures may not be as pronounced as between different cultures, but with an implicit assumption of existing in a common culture, intra-cultural variations may be difficult to detect", (Brinkmann and Kvale, 2018).

Ethics

Access to participants was negotiated with the office administrator and human resources practitioners in both agencies, while stressing the fact that all participants could withdraw from the phone call or video call at any point if they felt uncomfortable in any way. Confidentiality, respect, non-judgemental contribution was reassured to all involved. Any form of bias and thread to reliability was minimised. Once approval was granted by both parties, the phone call was initiated and recorded either through note taking while it happened or recorded on another device while the interviewees were on speaker, in a very private environment. All ten transcripts were eventually printed out and filled.

Data analysis method

Due to the interpretivist approach of this study, a thematic analysis was introduced in order to identify common concepts and themes, create clusters, followed by a thorough discussion on the main common messages conveyed by the interviewees. This is a widely used qualitative analytic method, suitable for a very complex and nuanced qualitative approach, mainly because of its flexibility as a major benefit, (Braun and Clarke, 2006). There is widespread criticism that 'anything goes' when applying a thematic analysis as there is no clear definition to it,

therefore employing a "thematic networks technique is a robust and highly sensitive tool for the systematization and presentation of qualitative analyses", (Attride-Stirling, 2001). Solely the most compelling examples were picked to demonstrate the themes emerged from transcripts, as a way of bracketing the critiques off while these issues of rigour and clarity were raised in other types of qualitative research methods of assessment too, constantly conscious of the "difference in how one conceptualizes the very basis of human social behaviour and how it comes to have systematic patterns", (Reicher and Taylor, 2005).

Limitations

Walker and Avant (2005) note that "one of the main objectives of a concept analysis is to examine the defining attributes of a concept", (McCabe and Sambrook, 2014) . This study was limited to two private organisations in homecare industry in Ireland, involving 10 healthcare professionals and managers selected at random across the industry. The access was limited due to ongoing restrictions put in place by the Irish government at that moment in hope to suppress the Covid -19 pandemic. Due to social distancing regulations, the researcher was not permitted to meet the interviewees face-by-face, which made access to information more difficult and definitely miss out on non-verbal communication, active listening, gestures, that could have enhanced the whole experience. As a simple thematic analysis "does not allow the researcher to make claims about language use, or the fine-grained functionality of talk", (Braun and Clarke, 2006), it can still hypothetically provide a rich, yet complex amount of data.

While conducting interviews was a great tool for exploring the feelings and views of participants, the sample was relatively small and restrictive; therefore, the researcher could not draw a definitive conclusion on such a complex matter based solely on the information gathered during interviews. The researcher repetitively "compared collected data and verified its accuracy in terms of context with continuous comparison" (Silverman, 2014), even though this is generally done, the reliability of the interviews can be doubtful. Reliability with regard to findings resulting from using semi structured interviews is that these are "not necessarily intended to be replicable since they reflect reality at the exact moment they were collected where this could be subject to change", (Saunders et al., 2019).

Chapter 6: Analysis, findings and discussions

Introduction

This chapter had both Analysis Section and Findings and Discussion part merged, as the method of investigation was Qualitative, which allows blending of the two sections. This project was definitely worthy of research, as it raised very actual issues present in the global context, matters that have a huge real impact on the wellbeing of health and social care workers, plus on the day to day lives of service users that are highly dependent on this service provision. The access to health and social care assistants engaged with different private homecare agencies, hospitals, or directly employed by HSE Ireland gave the researcher the opportunity to create themes that captured something crucial about the data in relation to the research question. Themes represent "some level of patterned response or meaning within the data set", (Braun and Clarke, 2006), even though there is no necessity of a certain proportion of the data set that needs to reflect evidence of a certain theme.

The first theme identified was respective of the **immediate environment and the participants' demographics.** All interviewees were asked (as seen in *Appendix 2*) their age, nationality, position in the organisation and number of years of service. Findings showed a highly diverse and inclusive workforce; with majority of staff working full time, plus 80% of the participants perceiving their job as a profession.

The "professionalism" of HCAs

9 out of the 10 participants in the interviewing process admitted that they see their job as a profession, being proud of their status:

"I have been working as an HCA for several years, then I was promoted to Care-Coordinator in the office. I am into my fourth year working in this field, I am not planning to change career. I was on maternity leave, and recently returned happily". (Orla, 37)

"I have been working with this agency for the last 10 years, after previously being employed by other 2 agencies in the same position. I love my job and I am planning to work until I retire". (Katia, 60)

"I have my regular clients and we have a very close relationship. I work full time for over 3 years now and I would not change my job. I have a small child and I can choose my hours of work in order to be available for minding my boy". (Amirah, 36)

"I have finally found my dream job. A friend of mine inspired me to enrol to a Healthcare Assistants course, which I loved right from the start; then I started working here one year ago. Initially, I was working part time over weekends, but I extended my availability very quickly. I am now full-time worker and I plan to stay so". (Maria, 41)

One young male interviewee has seen the correlation between offering help to vulnerable people in his community and his career path choice: "I see this job as a steppingstone in my career. I am currently a student, using my wages to pay for my Psychology Degree. I do not see myself working here for too long, but I enjoy having the opportunity to meet different people, help them. I was really attracted by the flexible hours". (Larry, 21).

"As regards the Covid-19 Pandemic, there was a significant hesitation from our clients to receive home help support. We had a huge number of calls cancelled, when the lockdown came into place. The most vulnerable service users were reluctant to receive care in fear of contracting the virus. Things settled after a few months". (Mark, 49)

Fairness and diversity in homecare

Fairness is one of the main criteria that should be used to "evaluate any HR policy, intervention or decision, including resourcing; derived from 'equity theory'", (Adams, 1963).

Principles:

Ensure fair dealing is followed across all areas.

Recognise and fight against discrimination.

Promote diversity.

Despite considerable legislation, discrimination on a number of different grounds remains a significant feature of workplaces in Ireland, and around the world.

Morgan McKinley report gender pay gap - Ireland 2016 finds the average gender pay gap in Ireland in 2016 stands at 20%, (Morgan McKinley, 2016). On average, "men working in like for like professional jobs earn €12,000 more than women. These figures were calculated based on average salary and bonus. However, when these two are split, the average salary gap stands at 16% while the bonus gap goes up as high as 50%", (Morgan McKinley, 2016). No pay gap or gender discrimination was distinguished in the homecare agencies.

Although awareness of age discrimination has increased, it remains a significant problem with age discrimination occurring at short-listing & interview stage; Line managers often have negative perceptions of older workers; This is problematic for organizations given ageing population. Discrimination for being too young is as common as that of being too old, with both types of discrimination adversely affecting commitment to organization, (Shore, *et al.*, 2009).

The managing departments in the two healthcare settings were fully aware of the benefit of having a diverse workforce:

- <u>Improved public image</u> – could pose a strong ethical or socially responsible image which can enhance relationships with customers, suppliers and staff or investors.
- <u>Competitive advantage</u> -through effectiveness in dealing with increased globalisation of the marketplace – better understanding of working cross culturally e.g.: greater understanding of customer needs leading to new products/services.
- <u>Greater creativity</u> – greater innovation and higher quality problem solving in more diverse teams – a variety of perspectives.
- <u>Performance</u>: There is evidence from Europe, the USA and the UK of the linkage between diversity in the top team in the organisation and performance (Monks, 2007)
- Possibility of becoming an '<u>employer of choice</u>' – "better employee relations climate leading to better recruitment & retention of high calibre employees", (Armstrong, *et al.* 2010), all of which reduce costs.
- Avoidance of costly litigation – a firm who does diversity well will be operating in full compliance with the legislative environment and **exceeding minimum statutory requirements,** (Armstrong, *et al.* 2010)

"I can confirm that we employ over 150 HCAs and diversity is paramount to our organisation. Our HR practitioners use a variety of selection tools, engage with multiple sources of advertising; we have structured interviews to promote consistency, we send out messages stressing our commitment to be an Equal Opportunities Employer", (Mark, 49)

The PwC HRD Pulse Survey, 2019 states that the reality is somehow different, which lifted the Homecare agency on a 'pedestal': "While organizations are recognizing the benefits of having a diverse workforce and embracing the need for diverse thinking, there is still significant room for progress in this regard – with only half (52%) of Irish HR leaders confirming that they currently have a formal strategy in place to promote diversity and inclusiveness", (pwc.ie, 2019). Therefore, the process of managing a diverse workforce should be "**Internally driven**, not externally imposed; Focused **on individuals** rather than groups; Focused on the **total culture** of the organization rather than just the system used; The **responsibility of all** in the organization and not just the HR function", (Ross & Schneider, 1992).

A second theme emerged in the researcher's attempt to cumulate the confirmed data about a diverse workforce, full time positions preference to the **attraction and retention practices** embedded in the homecare support agencies. Creating, presenting and communicating a value proposition "based on functional, emotional and symbolic benefits directed to current and potential employees", (Sousa, et. al., 2016) is crucial to the business strategy.

As mentioned in the literature review, in a *Health Sector Staff Turnover* report done by the HSE in 2018, (hse.ie, 2021), the turnover rate for healthcare assistants as part of the general support staff group was a total of 5.5%. When asked about the turnover rate in their organisation, the interview participant confirmed: "We are currently employing 150 healthcare assistants in our agency, both part-time and full-time positions, with a full-time role predominant; our turnover rate in 2020 was 7%. We are constantly recruiting, continuously developing our staff, plus our competitive advantage in front of our competitors is the best pay rate per hour, plus bonuses for being 'on-call' and increased remuneration for weekend shifts.", (Orla, 37). Therefore, the emphasis seems to be on offering good perks rather than extensive training and development programmes. These findings illuminated the broader field and the role of the HR practitioners in the Irish Homecare system would be to be cognisant of their significance and change the policy where required. It is true that access to skills was a concern even before the COVID-19 pandemic, as many surveys confirmed (including CIPD's own

<u>Labour Market Outlook</u>), that many organisations were concerned about attraction and retention ranging from " ever present issues of health and social care workers, to technology skills, trade skills and lorry drivers", (People management magazine, July/August, 2021 issue) as stated by Peter Cheese, CIPD's Chief Executive. Growing pressure on wages would be far from the only answer; but upskilling and reskilling programmes such as volunteering, mentoring, couching should be the Government's main focus in the current climate.

Communication with HCAs

"My workload is manageable, as there is great communication between us the HCAs and the office staff. If I ever feel overwhelmed or I am stuck with a task, the care- coordinators are always on the other end of the line, available to help", (Ana, 35)

When the Covid-19 pandemic suddenly started, gauging the employees' concerns, questions, opinions in order to incorporate them in the organisation's decision making seemed to be the right approach. Listening is the vital part of communication, therefore visible leadership and open communication channels were used at that moment. As one participant stated: "There was great temptation to provide our HCAs with certainty and reassurance right from the start, but honesty was paramount as we didn't really have all the answers", (Mark, 49). Frequency in communicating and predictability in emailing staff at regular times, helped to reinforce understanding; also prioritising well-being, optimising digital channels very quickly, humanity and empathy when dealing with fear and loss on both employee's side and service users too. Adapting the whole organisation's performance to this major change, which was the global healthcare crisis, by using pace over performance was done with sensitive and frequent communication and polishing every message sent.

The role of Talent Development in times of crisis

According to Mel Green, Research Adviser and Jake Young, Research Associate with CIPD, talent development was always important, but "investing in employee development and putting the right practices in place for businesses to collectively learn is vital, and this is even more true in times of great disruption and change", (CIPD.co.uk, 2021). While a CIPD

Professionalising Learning and Development report suggested that only a third of the L&D representatives believe that their organisation has a strong culture of continuous learning and development embedded, connecting "the dots between individual reflection and learning and wider organisational transformation", (cipd.co.uk, 2021) would be the solution. One of the participants when asked how they upskilled at the onset of the pandemic, they said the following: "I immediately got an email from Edwina [the nurse, also interviewed], asking me to go online on hseland.ie, create an account and complete the first 3 courses that come up under my name: *'Introduction to Infection Prevention and Control', 'Breaking the Chain of Infection', 'Putting on and taking off PPE in community healthcare settings'* were the first three modules I have done. Since then, another 21 short courses have been provided to me and my colleagues", (Ana, 35). Constant updating of the Manual Handling and People Handling e-learning theory, Hand Hygiene for HSE staff, Children First modules are required, all being provided online on HSE's e-learning Platform, hseland.ie, according to Pat O'Boyle, Assistant National Director, HR: Leadership, Education& Development, Health Service Executive Ireland.

The above is pure evidence that training offered has to be **targeted**. "L&D has the purpose to make the person better, keep him interested in pursuing that coursework, it does not have to be 'wishy-washy' as the person loses interest and boredom installs", (Ana, 35); plus "Any new training should facilitate a *promotion*, should further the trainee's career. If I go for a course or training, I want it to make me happier", (Amira, 36). Most of the participants to the interviews, that were currently in the HCA position agreed that they are willing to step up on the career ladder, they want to be promoted, but there is a lack of clarity on that matter, as mentioned in the literature review section of this paper. Furthermore, when asked what additional skills or additional training they would enrol to, Maria mentioned: "A lot of my clients suffer with *Dementia or Alzheimer*, I am finding it very hard to relate to them and help. I think in order to understand them better and do my best, maybe a course that gives me enhanced knowledge on those illnesses would be a plus for me and them too", (Maria, 41). Whereas a young HCA currently pursuing a career in Psychology (completing a night course), paid more attention to the close family and carers' needs, that are 'next of kin' for the service users of the homecare agency. "Nobody seems to be thinking of the wife of this particular fragile gentleman that I visit regularly. She was completely distressed the other day and she was looking for *mental health support* for herself. She was completely overwhelmed by her husband's recent sickness episode", (Larry, 21).

This particular participant touched a very sensitive area, which demonstrates that Talent development goes deeper than straightforward training initiatives about regulations and suggests that employees are willing to explore and expand their interests and abilities in the context of work. Talent development initiatives are seen by employees as an opportunity to learn and expand in their areas of interest and, in turn, makes them happier and more productive having an impact on retention too.

Discussion

To conclude with, key findings suggest that the immediate environment of homecare services is characterised by *fairness and diversity*, an openness of the service providers to *full-time employment* in this field and seeing their job as a *profession*- positive influencing factors contributing to the commitment and engagement. These findings stand as basis for the collaboration between the HCAs and their managing department, delegation, support, open communication systems, confidentiality and discretion essential to delivering quality patient care.

Other factors affecting employee attraction and retention of healthcare assistants in Ireland is access to new skills and development opportunities. The two organisations in which the interview participants operated had a good employer brand because they offered a significant amount of support from management and office staff. However, most HCAs felt that they were offered limited access to new skills and career development opportunities. This was evident in the literature review from the beginning where HSE's 2018 report on the Role and Function of the Healthcare Assistants identified that there are "variable standards of training for HCAs, very little continuing and in-service education and training, lack of governance/oversight for HCAs in the community, no parameters of practice set, confused accountability and role confusion with other related grades", (HCA review 2018, hse.ie, 2021), emphasising limited career progression. Although, "dead-end job" was quoted in both the literature review and the findings sections, most participants expressed willingness to enrol to targeted training that would enhance their skills and capabilities to help their service users. Even if interviewees would not qualify for a promotion (such as becoming a qualified nurse, care-coordinator, office manager); they were ready to register and attend a course that would better themselves in the HCA role as opposed to getting a better hourly pay rate or on-call bonus. Whereas, in general

the participants of management team felt opportunities for career progression would help improve attraction and retention in their organisations, the study has its limitations in getting access to more management staff in this field, therefore, a clear conclusion could not be drawn. However, the majority of the participants who perceived career progression as important were open to in-house training available within their organisation and in fact, based on their hands-on implications of their role, HCAs were able to suggest some possible training and development, on the condition that learning was going to be targeted to meet their client's needs. Furthermore, from the literature explored in this field of study and investigating the participants experiences in their role development, it is argued that career progression is an "individual's perspective as everybody has different personal life goals and achievements to reach, along with various reasons to choose to work in the industry", (Cooke et al., 2013).

A vivid *openness to Talent Development programmes* was confirmed, with most HCAs looking to expand their knowledge in Dementia/ Alzheimer's range of conditions to better their service for their clients; Mental Health Support and Stress Control to enhance their ability to offer comfort and advice to client's close family members; Diet and Nutrition courses to promote wellbeing and fitness of their clients; Personal Hygiene requirements training targeted at elderly and disabled clients; Physiotherapy courses to support clients that undergo such needs and follow a routine as such.

Chapter 7: Conclusion, Recommendations, Financial implications, Timescales

Conclusions

Recommendations

Furthermore, as per CIPD requirements, Recommendations for change, improvement or enhancement to current practice based on the research findings were included in the dissertation, as well as Implications of Findings and Costs and a Personal learning statement (reflective piece) found in **Appendix 3**.

As noted in the literature review, homecare support assistants would be considered low-skilled workers (according to Mahoney, (1989) three occupational structures – craft, organization career, unstructured-; the third apply to lower skilled jobs, for which little training is necessary), simply because their skills set would not be considered as specialized or exceptional, the market is described as loose in this industry, with plentiful talent and little difficulty in finding people of the right caliber. Some transferable skills were identified in this field thanks to this research paper:

Active Listening: building trust with a large number of service users by actively listening to their stories, concerns, and queries, following up with appropriate questions and suggesting solutions; developing trusting team relations with managing departments and increased the efficiency of communications regarding service-user needs; reframed and summarized client's feelings on most of visits , helping them to identify personal goals and 2 activities for the day ahead; increased communication levels of a nonverbal service user by introducing visual techniques resulting in 50% fewer stressful situations for the individual.

Teamwork: cooperating within a team of diverse and numerous staff members to redistribute the caseload while having new HCAs shadowing them at client visits and training them to manage their own clients eventually; improved the effectiveness of a colleague's working relationship with a service-user by providing feedback on the user's preferred communication method (gestures); increased the independence of some clients by significant levels by suggesting incremental changes to their daily lives to a multidisciplinary team.

Challenging Behaviours: enhancing client's capacity to resolve their own challenges by meeting them where they are at and allowing them to self-correct and acknowledge behavioural issues; anticipating escalations in stress levels clients with dementia and responded quickly to reduce the number of outbreaks from 5 down to 1 per day and need for further support.

Problem solving / Prioritizing: ability to travel safely from home to home, organise travel time to arrive and leave on time; Planning and structuring workload in order to meets clients' needs.

Administration – attention to detail: filling in detailed care plans details for each individual visited, mentioning goals, progress, and updates in daily reports on various users during shift handovers and provided relevant recommendations for each person; assessment by communicating developments and risks for clients at each stage to the nurse and care-

coordinator in the office; Technology usage by maintaining confidential data on the patient system , updating all paperwork daily and securing physical paperwork with personal data.

Who is considered 'Talent' in the Homecare agencies across Ireland? The above skills and experiences elucidate the matter.

The most valuable contribution of this complex research paper to the broader field would probably be the ability of the researcher to delve into such an underrated and under investigated area of homecare provision, but at the same time such a valuable service helping over 50 000 people with the allocation of a 408-million-euro budget offering 17 million home support hours, (assets.gov.ie, 2021), according to Health Service Executive (HSE) Older Persons' Services. The capacity of the researcher to connect deeply with the interview participants and their unique power to formulate the rights questions, lead to significant findings and suggestions coming straight from the HCAs, which adds extra value to this paper. Clear recommendations consist of targeted Talent Development Programmes that primarily meet the needs of the service users and promote their independence in their own homes. The term 'Talent Development' itself was a relatively new concept to be dealt with as well, especially in conjunction with the attraction and retention as key words.

A recommendation for future research would be that this qualitative study was repeated by investigating how new talent development programmes in homecare organisations were embedded in their policies and analyse the impact of those programmes if they were implemented in a different way.

Secondly, a future recommendation would be to gain access to a larger number of HCAs and their managing teams and interview their experiences of attraction and retention, and even look for former home care assistants. The researcher interviewed home care assistants currently employed in the home care system, however it would also be beneficial to explore why previous home care assistants left their organisation and if they felt anything could have been done to improve employees attraction and retention by making use of L&D. Reproducing the research paper with added suggestions will further expand the literature on HCA and the Talent Development Programmes influencing employee attraction and retention, which at the current time is somehow constrained.

Financial implications

Every recommendation has certain costings attached to it; therefore, financial implications were assessed.

Key findings indicated in the interviews that one of the agencies utilised a *talent-aware strategy*, with some resources allocated for attraction, development (just the basic courses provided on hseland.ie, by HSE Ireland) and retention, but very often without consistency or depth. The leadership in that South-Dublin organisation was more focused on good remuneration and financial benefits. It is recommended to switch to a *talent-focused strategy* for a period of time and use the budget for wages raises on Learning& Development instead.

Investing in better job postings, more up to date software for onboarding new recruits to help track and manage the hiring process, adopt a visionary talent- focused leadership that has the ability to match the right HCA with the right client to avoid long periods of shadowing or personality clash inconveniences, nurture talent and intentionally build teams that include a wide range of complementary skills, evaluate the current employees and help them use their skills on a larger number of service users to save on hiring new ones; all these could produce significant financial savings in the long run. Additionally, the rapidly changing world requires leaders who have a great deal of self-knowledge, are positive, solution-oriented and can motivate people to optimize potential. Some leaders make full use of their talents and encourage others to flourish. In contrast, others do not pay any (or only insufficient) attention to their own and others' talents, leaving substantial potential unused.

In conclusion, starting with a training-needs analysis performed on all caregivers would be crucial to identify their strengths and their potential to consolidate their relationships with clients. Getting buy-in from the current pay-roll available would save substantially the organisation.

Costing and benchmarking learning and training has one key distinction in respect of costing, that would be whether provision is external or internal. External provision is relatively easy to price as a charge per person plus any associated travel, accommodation and subsistence costs. Digital content provided externally would imply the costs calculated per project or per licence/user. External consultants' costs are easily identified by their fee. However, "sometimes internal teams of learning professionals and specialist managers design the programmes and in these cases development costs should be fully recorded by noting all the

time spent on design", (CIPD.co.uk, 2021). On the other hand, for Internal provision, financial implications tend to be rather more complex, with a number of factors to be considered. These could be "one-off costs that include:

- Designing the best methods and materials to meet learning objectives.

- Curating content, including hosting costs.

- Preparing evaluation tools", (CIPD.co.uk, 2021)

Therefore, besides delivery costs (cost of facilitators, venue costs, printing and administrative costs), informal learning interventions (coaching, shadowing for new HCA, registered nurse's time supervising), technology-based learning (CIPD reports discussed the impact of technology on learning and shows improved organisational performance where there's technology-enabled learning), there is the **cost of learners' time,** usually estimated as:

Cost/day = (salary ÷ number of working days) + overheads. (In Ireland, the number of working days is often taken as 252 per year; as there are 104 weekends and 9 public holidays.)

Overheads are often calculated as between 30% and 50% of salary costs. In some organisations a loss of profit is included, making the calculation complex**.**

Timescales

Each recommendation should be implemented in a certain timeframe, bearing in mind what is a priority, how complex or costly it will be. The researcher had to provide a realistic timescale in achieving those goals.

The most urgent task to complete would be to have the company mission clear and in place, then gather a list in the next 3 months of all the HCAs' soft and hard skills that match the organisation's mission; the following 6 months could be used to receive feedback from employees and use talent development strategies to offer those employees more meaningful work that incorporates their interests into their daily work and deepens their skills.

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APPENDICES

APPENDIX 1: INTERVIEW CONSENT FORM

How would Talent development programmes influence attraction and retention in Irish homecare system?

CONSENT TO TAKE PART IN RESEARCH

Dear Participant,

First and foremost, many thanks for taking the time to participate in my research.

Study Description

The purpose of my research is to investigate how would Talent development programmes influence attraction and retention in Irish homecare system.

Your involvement within the research project will be in the form of an interview. This

interview will consist of a series of open-ended questions. The duration of the

interview is estimated to be approximately 20 mins. Please respond to all questions to

the best of your ability.

☐ I ……………………………………. voluntarily agree to participate in this

research study.

☐ I understand that even if I agree to participate now, I can withdraw at any

time or refuse to answer any question without any consequence of any kind.

☐ I understand that I can withdraw permission to use data from my interview

within two weeks after the interview, in which case the material will be

deleted.

☐ I have had the purpose and nature of the study explained to me in writing and I have had the opportunity to ask questions about the study.

☐ I understand that participation involves agreeing to be interviewed about my WLB.61

☐ I understand that I will not benefit directly from participating in this research.

☐ I agree to my interview being audio-recorded.

☐ I understand that all information I provide for this study will be treated confidentially.

☐ I understand that signed consent forms and original audio recordings will be Retained securely in Wicklow and only the researcher has access to until the researcher receives the results of their dissertation. After that time, all data will be deleted.

☐ I understand that a transcript of my interview which may contain any identifying material about me will be removed.

☐ I understand that under freedom of information legislation, I am entitled to access the information I have provided at any time while it is in storage as specified above.

SIGNATURE OF PARTICIPANT: ………………

DATE: …………………….

SIGNATURE OF RESEARCHER: …………………

DATE: …………………….

I believe the participant is giving informed consent to participate in this study

APPENDIX 2: INTERVIEW QUESTIONS

INTERVIEW QUESTIONS ON "How would Talent development programmes influence attraction and retention in Irish homecare system?"

Theme 1: *The influence of contextual factors on Participant's demographics:*

Questions for both employees and employer:

1. What is your age, gender, nationality?
2. How long have you been an employee of this organisation?
3. What is your position in the company?
4. Is your job part-time or full-time?
5. Has the emergence of Covid-19 pandemic impacted your workload?
6. Did you have to undertake additional training in dealing with this healthcare crisis?

Theme 2: *The relationship between Talent Development and the attraction and retention of talent:*

Questions for healthcare assistants:

1. Is your workload manageable?
2. Are you planning to be employed here for long? How long?
3. What would influence your decision to exit this organisation/ industry?
4. What do you recommend for a better work-life balance?

Questions for management:

1. Do you have a high turnover rate in this organisation?
2. What Learning & Development does your organisation offer at the moment??

3. How would Learning & Development might help with attraction and retention in your setting?

Theme3: *Participant's openness to Talent Development:*

Questions for the healthcare assistants:

1. Do you know what talent development is?
2. When you joined this organization, what educational background did you have?
3. What additional training did you do while employed by this organisation?
4. What courses would you like to enrol to that might be particularly useful in your job?
5. Would you choose to work for a company that offers continuous learning and development as opposed to one that only offers good remuneration?

Questions for the management:

1. Have you introduced talent development programmes to your team? What is considered talent / potential talent pool in this organisation?
2. What courses have you provided so far for your current employees?
3. Do you provide any courses that could potentially develop your staff into managerial positions?
4. What courses would you like to see incorporated in your company as part of Learning and Development?

APPENDIX 3: PERSONAL LEARNING STATEMENT

Reflective piece

As a mature student, single mother of an 8-year-old boy, attending a part time job for a while, I must admit this has been by far the most challenging academic endeavour I have ever undertaken. Not only the whole experience was online, but everybody was in lockdown for the duration of this course as well. The whole world seemed to have come to a standstill, filled with uncertainty and panic every so often. I have learnt a lot academically, but I have probably come to know more about myself throughout this process. I have both enjoyed and quailed at times throughout this dissertation.

What I have absolutely discovered is to just continue the journey even though there are times when it seems impossible, do not lose hope and get the job done by staying focused and goal orientated, to the best of your ability. My supervisor, Rachel Doherty had a very specific and detailed plan about getting this dissertation finished and over the line and I am delighted and grateful to her for completing this piece of research.

The 9 modules that constituted the Human Resources Management Master's Degree programme were undoubtably very useful, offering extensive expertise in this field; but if it were not for this last complex project called Dissertation (from Latin word 'dissertatio'-continue to discuss), my knowledge would have not been complete, as this final step gave me the opportunity to assimilate in-depth and extended treatment of this subject.

APPENDIX 4: LIBRARY SUBMISSION FORM

Appendix: Submission of Thesis to Norma Smurfit Library, National College of Ireland

Student name: Oana Zaharia

Student number: 19241968

School: School of Business Course: MA in HRM

Degree to be awarded: Master of Arts, Human Resource Management

Title of Dissertation: "How would Talent development programmes influence attraction and retention in Irish homecare system?"

One electronic copy will be accessible in TRAP (http://trap.ncirl.ie/), the National College of Ireland's Institutional Repository. In accordance with normal academic library practice all dissertations lodged in the National College of Ireland Institutional Repository (TRAP) are made available on open access.

I agree to a hard bound copy of my thesis being available for consultation in the library.

I also agree to an electronic copy of my thesis being made publicly available on the

National College of Ireland's Institutional Repository TRAP.

Signature of Candidate: Oana Zaharia

 For completion by the school:

The aforementioned dissertation was received by:

Date:

This signed form must be appended to all hard bound and electronic copies of your

thesis submitted to your school