

## An evaluation of the Training and Education of a Work – Based Learning Programme in a Mental Health Hospital in London: The role of the Matron

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### ABSTRACT

*This article is an Evaluation of the Training and Education of a Work- Based Learning (WBL) in a Mental Health Hospital in London: The role of the Matron. In this current economic climate, with continuous changes in the National Health Service (NHS), managers are continuously being asked to do 'more with less'. Make efficiency savings, quality improvements, be innovative but must not compromise the quality of care, Nicholson (2010).*

*The role of the Matron involves collaborative working with different departments, responsibility for quality of care, education, research and clinical and professional leadership. WBL is an effective and efficient model to safeguard patient care by ensuring nurses are competent with knowledge development, critical skills, technical skills, attitudes and values, Royal College of Nursing (2012).*

*Having undertaken an analysis of the matron's role in relation to quality improvement, it was felt that evaluating the WBL programme on site would cause the least impact and least likely to compromise the quality of care simultaneously efficiency savings.*

*The aim of the article was to evaluate WBL using the audit process Kirkpatrick (1996), Thematic Content Analysis and Purposive Sampling. The objectives were to: determine nurse's perceptions towards WBL, assess if nurses practice had changed, evaluate if patients' outcomes had improved and whether efficiency savings had taken place following its implementation.*

*Findings concluded that staff perceptions, practice and efficiency savings had improved as a result of WBL training delivered on site in comparison to delivery off site. There remains a dearth of research about the impact of WBL and evidence of robust evaluation as a process delivery outcome and its impact on outcomes.*

*Despite, conducted on a small scale, information derived could be used by hospital managers to inform business plans. The study would benefit from a more in-depth and a longer period utilising Phillip's (2003a) Level 5 evaluation, Return on Investment. In conclusion, for WBL to be successful, it's imperative that hospital managers develop WBL as the 'culture' of the organisation and become enablers and supporters.*

### Keywords

Efficiency Savings, Evaluation, Matron, Mental Health, Work-Based Learning.

undertaken using the above key words. No articles were found specifically for mental health. A total of twenty articles were reviewed both nationally and internationally.

### Literature Review

#### Search Strategy

An electronic search, CINAHL and Athens databases was

### Three themes emerged from the literature:

#### Benefits of WBL

In a study by Cormack et al. [5] found no evidence of formal

education having any effect on the development of practice. Another study found that proposed learning in accordance with work policies and linked to EBP in the clinical area results in improve patient care, empowers nurses to change and develop practice [6] and can be viewed as being directly relevant to the nurse. Another study undertaken by, Mohamud et al. [7] looked at scenarios created by work-based learning (WBL). It was examined in context of the skills gap. Four scenarios were presented of the future of WBL with implications for the present. This paper provided an in-depth view of WBL provider's dilemma between government requirements to tackle the United Kingdom skills problem and employers who define the skills required.

### **What is WBL?**

Garnett [8] and Flanagan et al. [9] defines WBL as “a learning process which focuses University level critical thinking upon work, in order to facilitate the recognition, acquisition and application of individual and collective knowledge, skills and abilities, to achieve specific outcomes of significance to the learner, their work and the university”. Flanagan et al. [10] considers WBL as a means of development and assessing competence. Whereas Manley et al. [11] sees it as an organisation that has a learning philosophy and supportive infrastructure as the catalyst for WBL to be a success. In a study undertaken by, Brown et al. [12], two types of WBL were identified: the development of skills to meet the employee's requirement and to develop those members of staff who can complete a range of tasks to a known level of effectiveness and efficiency. In another study Webster- Wright [13] argued that it's an update of information delivered in a didactic manner which is separated from engaging with authentic work experience despite being considered as Continual Professional Development relatively 'safe' and can be evaluated.

Rhodes & Shiel [14] described an approach that focuses on the learner to challenge current thinking to increase their own professional practice. In a study by Rycroft – Malone et al. [15] effective facilitation has shown to be a key factor of success and Manley et al. [11] states facilitators must be properly prepared of the full potential of their role is to be realised. Alkhasaneh et al. [16] concluded that students will learn subject to the facilitator providing different learning activities. Sobiechowska & Maish [17], supports this notion by saying, WBL is based on the philosophy of the Adult Learner.

### **Evaluating WBL**

There is a dearth of good evaluation for WBL; Norris [18] asserts that to evaluate one must collect information about the content, structure and outcomes of a programme to establish standards or to improve service delivery. Dixon [19] described four evaluation levels: the reaction level, application of knowledge, changes in job performance and linking theory with practice and impact upon the organisation. Phillips [20] questioned the notion of whether improvements are a result of WBL learning or other internal or external factors. Jordan [21], suggests that there is a preoccupation with defining quality and problems with measurement. An article by, Ruiz et al. [22] suggested that there is no single agreed

definition for evaluation, but can be a process whereby quantitative and qualitative information is collected and analysed and must address the principal questions of relevance of interventions, efficiency and effectiveness of outcomes and sustainability.

To establish how effective the WBL has been, the exact nature of the evaluation instrument must be identified, Davis and Harden [23]. Kirkpatrick [24] also suggested to evaluate effectively the level of information must first be established and there is a potential for more important information if established at a higher level using the pyramid. This can be done by distinguishing whether it's the product of the learning experience, learning outcomes or the quality of the learning experiences, the process or an eclectic approach or mixed approach. Another report suggested that evaluation may need to be different for less developed organisations or tailored to suit capacity and capability within an organisation. The report also found little focus on evaluation of outcomes and that health sectors may focus on achievement of competence and not on staff development, Hardacre and Schnieder [25].

### **Methodology**

#### **Study Approach**

The author wanted to establish both process and outcome of WBL, therefore the audit form was designed using an eclectic approach combining three evaluation models namely Kirkpatrick [24]. Dixon [26] & Phillips [27]. The programme was designed using the following: organisational objectives, on the job behaviour with learning outcomes. This in turn determined the content, delivery, mode and schedule.

#### **Sampling Strategy**

Purposive sampling was utilised in this study, although considered judgemental sampling due to its deliberate selection by the researcher and based on a predefined criteria it was likely to provide the most relevant information pertaining to the audit and nature of the study. The audit form was sent to twenty – five nurses via email. Names were obtained from the WBL attendance register. Inclusion Criteria were nurses who attended one or more sessions. Exclusion criteria were staff who had not attended a session.

Twenty five audit forms were sent to staff via email including further information about the evaluation and the fact that it was completely voluntary to complete (See Appendix 1). Staff were asked to complete the audit and to return it via internal post, to ensure anonymity.

#### **Ethical Issues**

No ethical approval was required because the data collection was an evaluation audit however; written permission was requested and confirmed from the Interim Service Manager. Additionally, nursing staff were informed of the rationale for the Evaluation of the WBL at both staff meetings and during supervision sessions.

#### **Data Analysis**

Data Analysis was conducted using Thematic Content Analysis, Burnard [28] Fourteen Stage Model. Analysis commenced at stage

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two because it was not an interview. Audits were read through simultaneously making notes on general themes, in other words immersing oneself in the data. At stage three, audits were read several times and many headings written down to describe all aspects of the data, also known as 'open coding'.

Following this, the categories were grouped together under higher- order headings to reduce the number to four categories by 'collapsing' those that were similar. At stage five a new list of categories were worked through removing repetitions to produce a final list. To enhance validity two colleagues were asked to categorise the list independently without having seen the original list.

Following this process adjustment were made to the categories and coded according to the list of categories using different colours. The coded section of the audit was cut out and similar items collected together. The cut out sections were then pasted onto sheets, using appropriate headings and sub headings. It was not possible to ascertain the appropriateness of categories of respondent because the audit was unanimous.

Finally, all sections were assembled together for direct reference for compiling the report. Example of data of each section was addressed in the Findings Section of the study making a commentary that linked the examples together.

### **Presentation & Discussion of Results**

Seventeen out of twenty-five audits forms were completed and returned. The analysis derived the following themes: Category 1, Staff Views on WBL, Category 2, Changes to Practice, Category 3, Challenges of WBL delivered on site and Category 4, How to improve Work- Based Learning.

The first category confirmed that all respondents found the training useful and used the following words to describe their experience 'helpful', 'useful', 'refreshing', 'essential', 'very useful', 'easier on site', 'sharing knowledge and practice together and perfect', 'well paced', 'group work helpful and element of involvement'.

The second category identified whether practice had changed following the training. This was exemplified by the following: 'update of policies', 'change of vocabulary when writing care plans', 'work more effectively with service users', and 'provide compassionate and safe care', 'more service user involvement', and 'writing more user- focussed personalised care plans'.

The third category identified challenges as a result of the On- Site WBL and was expressed by the following: 'it left the ward short and as a result staff felt under pressure'. The fourth theme identified elements of different learning styles, consistent with the literature whereby people learn differently and secondly the importance of a blended approach.

The fourth category identified how training could be improved by using vocabulary such as 'informing staff in advance', 'advertise

more early', 'more activities', 'more time to ask questions', 'weekly', 'more regular basis and more training in place', 'more in house', 'longer sessions', 'more care planning'. This was also supported by staff identifying a variety of learning styles. Similarly, challenges were identified which supports the literature and study findings in terms of staffing levels.

In terms of efficiency savings, using the Return on Investment methodology level 5, Phillips [4] confirmed that the training delivered on site was 'cost neutral', compared to if the identical training were to be delivered off site would have incurred a cost of eighteen staff, a total of one hundred and thirty –five hours. Hence the importance of hospitals to measure the level of ROI on training; this will help to determine if the desired outcomes have been achieved.

### **Sampling**

The sampling method in this study was suitable because it relates to a specific settings, persons or situations and was selected deliberately to generate important data that cannot be achieved by other methods. Additionally, given the dearth of knowledge of the investigated phenomenon present, it was important to utilise a technique that was optimal for selecting a sample capable of generating vital information about the investigated phenomenon. Hence non- probability method of purposive sampling appeared most favourable.

### **Adult Learner**

The literature suggested that WBL is based on the adult learner and is therefore self-directed, however the author's experience is that nurses are at different levels both in terms of academic qualification, knowledge and skills which reinforces the notion of a skilled facilitator. Two nurses suggested, 'more group work and longer sessions', comments reinforced the importance of a skilled facilitator and ability to cater for different learning styles. WBL has yielded improved outcomes in relation to one to one engagement, service user involvement in care, performance targets and recent Care Quality Commission's (CQC) visit. This would suggest that there are advantages for implementing WBL in mental health environments.

### **Identified Strengths**

Some researchers could argue why a questionnaire was not used in this study; however it was felt staff would relate positively to the audit. Despite the evaluation being conducted on a small scale, the information derived can be used by hospital managers and executives to influence business plans, notably training and finance. Evaluation has the potential to provide robust and convincing audit evidence to support the achievement of audit objectives.

Simple evaluations as in this study can help to identify methods most suitable to clinical staff and can result in improvement of both outcomes and processes. Despite the paucity of information on evaluation, the author was able to use the strengths of the different evaluation models, an eclectic approach to devise the audit form to encapsulate the aims and objectives of the study. A response rate

of seventeen was considered as average.

### Limitations

It was not possible to utilise all the stages of the data analysis because of one anonymity and secondly, use of the audit as opposed to the interview process. From a research point of view, it wasn't felt the same level of rigour was required as with research, not every project requires the same level of rigour. One could also question the authenticity of the study, because the researcher was also the matron. However, it was felt that the matron's influence and leadership made the study possible. In terms of return on investment, the author's financial skills were limited and therefore were only able to calculate efficiency savings in relation to the number of staff and hours.

### Recommendations

Further evaluation studies are required, specifically in Mental Health, and for a longer duration. This is required for more in-depth analysis and generalisations. The use of Phillip [4] Level 5, Return on Investment is also recommended with the assistance of a financial accountant to evaluate the impact of financial or efficiency savings using monetary value.

### Conclusion

There remains a paucity of information on the evaluation of WBL in mental health.

Using a combined approach towards evaluation helped to demonstrate both the effectiveness of the WBL training programme and the potential monetary gains. Hospital managers are continuously faced with having to make 'hard choices', WBL can be considered a safer option, simultaneously maintaining quality. However, managers must develop a 'culture' for and become enablers and supporters of WBL.

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## Appendix 1

### WORK- BASED LEARNING EVALUATION FORM

1. List the titles of the WBL training sessions that you've attended
2. What are your views on the delivery of this type of training?
3. How does this training compare to training delivered off site?
4. Has any aspect of your practice changed following attendance of this training? If yes, list details.
5. How would you describe your learning style? (a) activist (b) reflector (c) theorist (d) pragmatist.
6. Did the training attended meet your learning style?
7. Can you recommend how this training could be improved?

Any other comment

Thank you for taking time to complete this form

## Appendix 2

Attendance record for WBL May to August 2013

Performance Indicators	13
Searching the Evidence	8
Insulin	9
Search Techniques	10
Clinical Audit	5
Recovery College	19
Mandatory Training	12
Dual Diagnosis	Cancelled
Care Planning	20
Mandatory Training	6