A Novel Approach to Understand Workforce Development Needs in an AOD Service

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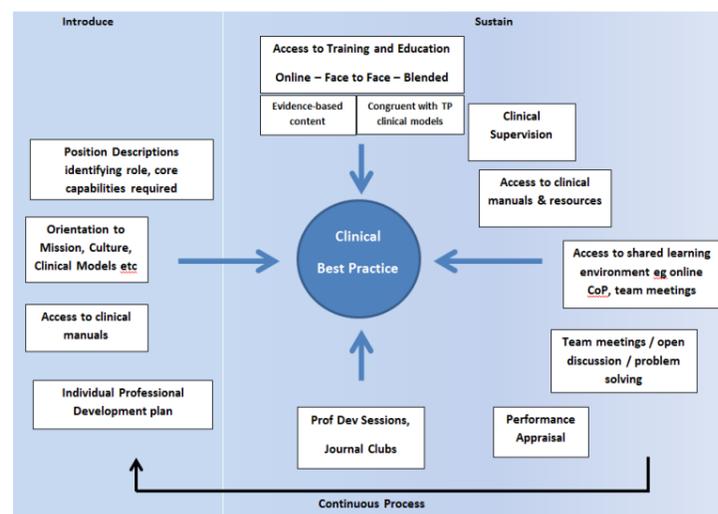
Introduction

Workforce Development (WD) is seen as being a crucial aspect of AOD services that contributes to the provision of safe and quality treatments as well as staff recruitment and retention, this being a major challenge to the AOD sector currently. A novel approach to determine the WD needs of Turning Point clinical staff was taken with a view to planning future workforce development activities.

Workforce Development Needs Analysis Approach

A model for workforce development was developed (see Figure 1) from which a workforce development needs analysis was devised. A range of data that reflected the model was collected for later analysis under each of the headings below. The data analysis would be used for planned strategies to meet the needs of the workforce in supporting their development.

Data Collection

Demographic Data

A range of demographic data was captured for each participant plus the following

Workforce Development Activities in last 12 months

- Hours for professional development eg training
- Number of hours on clinical supervision
- Whether a performance review had been completed

Figure 1.   Turning Point Workforce Development Model

Barriers & Enablers to Access Training

A questionnaire was developed to assess the level of barriers and enablers to accessing training and education from systemic, organisational and individual levels.
Participants rated the following statements on a 5 point Likert scale with higher scores reflecting greater barriers and lower scores suggesting enablers.

Training available does not meet my learning needs (System)	Training has a low priority in my team (Org)	I cannot get time off from my work to attend training (Org)	My manager does not see the value of training (Org)	I don't have any training needs (Ind)	Training is too expensive (System)	I don't know where or when training is available (System)	Training is a waste of my time (Ind)

Barriers & Enablers to Evidence-based Practice

A questionnaire based on the Theoretical Domains Framework (Michie et al 2005) was developed to assess the level of barriers and enablers to delivering evidence-based practice.
Participants rated the following statements on a 5 point Likert scale. Lower scores suggest barriers and higher scores enablers.

I have sound knowledge of the latest evidence in relation to my practice	It is easy to keep up with the latest evidence related to my practice	It is important to have therapeutic skills based on evidence	Evidence-based interventions are relevant to my client base	I feel confident in my ability to provide evidence-based interventions	If I learn a new evidence-based intervention then it is easy to apply in my work setting	I am motivated to provide evidence-based interventions	If I have been trained to do something new, it is easy to remember what to do in practice later	I have time or other resources to deliver evidence-based interventions	On the whole, my colleagues support the use of evidence-based interventions	My organisation supports the use of evidence based practice	I feel positive about using evidence-based interventions	It is easy to practice evidence-based interventions, once you've learned how to do them	There are accessible clinical manuals and processes to support the provision of evidence-based interventions	It is easy to break old ways of working

Training Topic Analysis

A questionnaire was developed based on the WHO Hennessy-Hicks training needs analysis tool. This tools gets participants to rate on a 7 point Likert scale the importance of a topic to their practice along with a rating of how well they perform in relation to the topic. Topics that have higher level importance and lower level performance are seen to be the topics to target for training (see example to the right) . A total of 14 topics (identified by a group of senior staff and program managers) were included for rating as well as an open text box where participants could suggest any other training topics.

Topic	Importance 1-7 Likert	Performance 1-7 Likert
Recovery Models	7	2
Withdrawal Best Practice	7	6

Suggests priority topic

Learning Organisation Analysis

A questionnaire was developed using the Garvin et al 2005 Learning Organisation Assessment Tool which assessed how effective Turning Point's clinical program was performing as a learning organisation. The Learning Organisation model (Senge 1990) proposes that the more organisational building blocks of 'a supportive learning environment', 'concrete learning processes' and 'leadership that reinforces learning' along with a number of distinguishing characteristics that demonstrate these building blocks, then the more likely they are to be effective as a learning organisation. The assessment tool requires participants to rate on a 7 point Likert scale how accurately each of 55 statements describe Turning Point as an organisation. An example is given below.

Statement	highly inaccurate 1	moderately inaccurate 2	slightly inaccurate 3	neither accurate or inaccurate 4	slightly accurate 5	moderately accurate 6	highly accurate 7
In this service, it is easy to speak up about what is on your mind.							
My managers encourage multiple points of view.							

Conclusion

Developing a Workforce Development Model and basing the above workforce needs analysis on that model, proved to be a highly effective way of assessing the needs of the clinical workforce in Turning Point. Although not described here, the results of the analysis provided data on which to plan a range of strategies to meet the workforce development needs of the workforce.