AN EVALUATION OF THE EFFECTIVENESS OF THE ‘PEOPLE MANAGEMENT LEGAL FRAMEWORK TRAINING’ IN FACILITATING MANAGERS TO IMPLEMENT PEOPLE MANAGEMENT POLICIES IN THE IRISH HEALTH SERVICE EXECUTIVE.

BY

ANNE BARRETT

A DISSERTATION SUBMITTED TO THE FACULTY OF HEALTH SCIENCES IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER OF SCIENCE IN HEALTH SERVICES MANAGEMENT.

DUBLIN
SEPTEMBER 2016
Declaration

I declare that this thesis has not been submitted as an exercise for a degree at this or any other university and it is entirely my own work. I agree to deposit this thesis in the University's open access institutional repository or allow the library to do so on my behalf, subject to Irish Copyright Legislation and Trinity College Library conditions of use and acknowledgement.

Signature

[Signature]

29th September 2016.
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I would like to thank my supervisor, Ms Mary Keating, for her understanding, support, guidance and encouragement throughout this research project. She has been inspirational.

In addition I would like to thank Ms Mandy Lee, who was relentless in her coordination of the course and in her efforts to ensure the highest of standards whilst remaining supportive at all times.

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Finally, I would like to remember my parents, Dan and Dorothy Davidson. This thesis is dedicated to their memory; they taught me to learn and to love.
Summary

The evaluation of the People Management Legal Framework (PMLF) Programme was commissioned by a Senior Manager in the HSE’s Human Resource Department to establish if it continues to meet the needs of the Human Resource (HR) decentralisation policy regarding how HR policies are enacted by line managers. The programme’s purpose is to equip managers to whom HR responsibilities have been devolved, with the knowledge, skills and confidence required to enable them to implement the HSE’s Human Resource policies. An effective cohort of managers is critical to the operation of the HSE in ensuring the efficient delivery of services which meet requisite quality standards. Managers, at every level and of every discipline, therefore need to have a sufficient knowledge and understanding of good management practices, as enshrined in current employment law. The objectives of the study can be summarized as an enquiry into possible linkages between the training programme and changes in the practices of managers. The research questions were designed to enable the researcher to explore the nature of that link:

1. What were the expectations of the PMLF training?
2. How has the PMLF training strengthened HSE managers’ abilities to manage people within the current legal framework?
3. What suggestions were made to meet the strategic objectives of training for HSE managers?

This evaluation has involved a systematic approach to collecting and analysing relevant descriptive data, in order to give recommendations about the training’s existence, who should attend, the training design and delivery, and the ways in which its objectives can be supported by the organisation. A holistic sequential mixed methods approach was taken, mapping the sequence of the training and gathering data from groups of all stakeholders. The literature review informed the choice of Evaluation Model as a blended Kirkpatrick/CIPP Model (Kirkpatrick, 1998; Stufflebeam, 2001). The dominant research strand was an online survey issued to 542 participants who had completed the programme between January 2014 & April 2015. 282 line managers of those who attended were also invited to complete an online survey. The data generated by the surveys was both quantitative and qualitative, inclusive of case examples describing how managers dealt with HR issues. Data was also extracted from 34 application forms and 106 evaluation forms. The fifth phase of data collection involved an Engagement Workshop with five Senior Managers from the HSE’s Learning and Development Department and its Corporate Employee Relations Service. The final phase was a focus group by teleconference with four Programme facilitators.
The study found that the People Management Legal Framework (PMLF) Programme has played an effective role in the HSE in relation to Performance Management. It has impacted positively on managers’ knowledge, skills and confidence levels. Nonetheless, findings reflected that line managers continue to struggle in dealing directly with Human Resource issues, and often ‘send them up the line’. The Programme is therefore dependent on other learning and development opportunities within the HSE to support managers in the continued transfer of learning.

The researcher recommended that the PMLF Programme be resourced to continue, possibly using different structures focusing on particular modules. An update of its content and training materials is required. Other recommendations included targeting key managers who have not availed of the training; collaboration with Senior Managers and Doctors in planning for this is important.

**Research Contribution, Limitations and Recommendations**

These research findings have enabled the researcher to give more detailed recommendations to the Commissioner to inform a review of the content, delivery and structure of the programme within the context of the HSE’s other Learning and Development initiatives. The study did not use a theory based evaluation model, and did not include a control group. It has, however, added empirical evidence to the extant research on how a training intervention has supported the devolution of the HR function to Irish health service personnel and clinicians with management responsibilities. In the application of a blended Kirkpatrick/CIPP evaluation model, incorporating sequential mixed methods, this study has made a methodological contribution to the evaluation of training programmes in the Health Services in Ireland.
<table>
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<tr>
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<td>CHO</td>
<td>Community Healthcare Organisation</td>
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<tr>
<td>CINAHL</td>
<td>Cumulative Index of Nursing and Allied Health Literature</td>
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<td>CERS</td>
<td>Corporate Employee Relations Service</td>
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<td>CIPP</td>
<td>Context, Input, Process, Product</td>
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<td>CNM</td>
<td>Clinical Nurse Manager</td>
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<td>FTM</td>
<td>First Time Managers</td>
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<td>HR</td>
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<td>HSELanD</td>
<td>Health Services e-Learning and Development Service</td>
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<td>Labour Relations Commission</td>
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<td>National Health Service (UK)</td>
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<td>Participant Information Leaflet</td>
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<td>PMLF</td>
<td>People Management Legal Framework</td>
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<tr>
<td>PPPGs</td>
<td>Policies, Procedures, Protocols and Guidelines</td>
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<td>e-HRM</td>
<td>e-Human Resource Management</td>
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<tr>
<td>ROI</td>
<td>Return on Investment</td>
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<td>United States of America</td>
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<td>WRC</td>
<td>Workplace Relations Commission</td>
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‘The Programme’ refers to the People Management Legal Framework Training Programme
# Table of Contents

DECLARATION ............................................................................................................. I
ACKNOWLEDGEMENTS ............................................................................................. II
SUMMARY ................................................................................................................... IV
LIST OF ABBREVIATIONS ......................................................................................... VI
TABLE OF CONTENTS ............................................................................................... VII
LIST OF FIGURES ....................................................................................................... XI
LIST OF TABLES ......................................................................................................... XIII

1. CHAPTER 1: INTRODUCTION .............................................................................. 1
   1.1. People Management: The Legal Framework ..................................................... 1
   1.2. Background ....................................................................................................... 1
   1.3. Features of the PMLF Programme ................................................................... 3
   1.4. Context for the inception of the PMLF Training Programme ......................... 4
   1.5. The Continued Context: Performance Management, Devolution of the HR function and Quality in Health Services ................................................. 4
   1.6. The People Strategy Priorities for Learning and Development in the HSE ... 5
   1.7. An Evaluation of the PMLF Programme ........................................................... 6
   1.8. Structure of Dissertation ................................................................................. 6

2. CHAPTER 2: LITERATURE REVIEW .................................................................... 8
   2.1. Introduction ....................................................................................................... 8
   2.2. Literature Search .............................................................................................. 8
   2.3. Key Themes and concepts identified in the Literature ..................................... 11
       2.3.1. Organizational Theory ............................................................................. 11
       2.3.2. The HRM Function within the Organization ........................................... 11
       2.3.3. The need for HRM Training and Evaluation within the Organization ...... 12
       2.3.4. Devolution of the HRM function to Line managers ................................ 12
       2.3.5. Training .................................................................................................. 15
       2.3.6. Transfer of Learning .............................................................................. 15
       2.3.7. Training as a core component of Human Resource Development within Learning Organizations ......................................................... 17
       2.4. Training Evaluation ...................................................................................... 18
           2.4.1. The Kirkpatrick Approach ................................................................... 18
           2.4.2. Critiques of Kirkpatrick ...................................................................... 20
           2.4.3. Endurance of Kirkpatrick ................................................................... 21
           2.4.4. Trends in Training Evaluation ............................................................. 22
       2.5. Conclusion: what needs to be evaluated ...................................................... 23
           2.5.1. Evaluation Criteria .............................................................................. 24
           2.5.2. An Integrated Framework ................................................................... 26
       2.6. Research Gaps .............................................................................................. 27
       2.7. Contribution to Research ............................................................................. 27

3. CHAPTER 3 RESEARCH METHODOLOGY .......................................................... 28
   3.1. Introduction ..................................................................................................... 28
   3.2. Evaluation Framework .................................................................................... 28
   3.3. Research Questions ......................................................................................... 30
CHAPTER 4 PRESENTATION OF FINDINGS

4.1 Introduction ........................................................................................................... 53
4.2 Research Questions ............................................................................................... 53
4.3 Profile of Research Setting ................................................................................... 53
4.4 Profile of research participants ............................................................................ 54
4.5 Sequence of data collection .................................................................................. 54
4.6 Findings from the Application Forms .................................................................... 58
4.7 Findings from the Evaluation Forms ....................................................................... 59
4.8 Findings from the Participants’ Survey ................................................................. 61

4.8.1 Profiles of those who completed the Participants Survey .................................. 61
4.8.2 Has the programme increased levels and application of knowledge in dealing with staff management problems? ................................................................. 64
4.8.3 Has the programme raised levels of skill acquisition? ....................................... 65
4.8.4 Has the programme helped participants develop their understanding of the knowledge gained? .............................................................................................................. 67
4.8.5 Impact of the Programme on Attitudes ................................................................ 72
4.8.6 What has influenced the impact of the programme? .......................................... 73
4.8.7 Research Question 3: What suggestions were made to meet the strategic objectives of training for HSE managers? ................................................................. 76
4.8.8 Summary of Findings from the Participants’ Survey to inform Intermediate Learning and Transfer of Learning: Kirkpatrick Levels 2 and 3 .................................. 79

4.9 Findings from the survey of Line managers of those who have attended the PMLF programme ................................................................................................. 79

4.9.1 Observed Overall Impact of the Programme ...................................................... 80
4.9.2 Impact of core modules ...................................................................................... 81
4.9.3 Impact of PMLF programme as evidenced by case examples reported by Line Managers ................................................................................................................. 82
4.9.4 Consultation Practices ....................................................................................... 84
4.9.5 What helped or hindered in consolidating the impact of the PMLF Programme? ......................................................................................................................... 85
4.9.6 Summary of Findings from the Line Managers Survey to inform Intermediate Learning and Transfer of Learning: Kirkpatrick Levels 2 and 3 ..................... 86
4.9.7 Research Question 3 ......................................................................................... 87

4.10 Data from Engagement Workshop with LED and CERS Managers ..................... 89
4.10.1. Research Question 1: What were their expectations of the PMLF Programme? ................................................................. 89
4.10.2. Research Question 2: .................................................................................................................................................. 90
4.10.3. Research Question 3: What suggestions were made to meet the strategic objectives of training for HSE managers? ................................................................. 92
4.11. Data from the Focus Group with Programme Facilitators ........................................ 94
4.12. Conclusion ................................................................................................................................................................. 97

5 CHAPTER 5 DISCUSSION OF FINDINGS......................................................................................................................... 98
5.1. Introduction ................................................................................................................................................................. 98
5.2. Research Questions .................................................................................................................................................. 98
5.2.1. What were the expectations of the PMLF training? ................................................................................................. 98
5.2.2. How has the PMLF training strengthened HSE managers’ abilities to manage people within the current legal framework? ........................................................................ 99
5.2.3. What suggestions were made to meet the strategic objectives of training for HSE managers? ................................................................. 101
5.3. Methodology ......................................................................................................................................................... 103
5.4. Comparison with findings from previous evaluation ............................................................................................... 103
5.5. Contribution to research ........................................................................................................................................ 104

6 CHAPTER 6 CONCLUSION AND RECOMMENDATIONS........................................................................................................ 105
6.1. Aim and Objectives .................................................................................................................................................. 105
6.2. Study Limitations .................................................................................................................................................. 105
6.3. Summary ................................................................................................................................................................. 106
6.4. Recommendations to the Commissioner................................................................................................................... 107
6.5. Recommendations for future evaluations .................................................................................................................... 108

REFERENCES ................................................................................................................................................................. 109
APPENDICES................................................................................................................................................................. 123
Appendix A Ethics Committee Approval ..................................................................................................................... 123
Appendix B Literature Search ........................................................................................................................................ 124
Appendix C Lepak And Snell’s (1999) Hr Architecture For The Hospital Context ................................................................................................................................. 125
Appendix D Application Form Template ...................................................................................................................... 126
Appendix E Template Of Evaluation Form ................................................................................................................... 128
Appendix F Email Granting Permission To Adapt Questionnaire ..................................................................................... 129
Appendix G Questionnaire Used For Survey Of Pmlf Programme Participants ........................................................................ 130
Appendix H Questionnaire Used To Survey Line Managers Of Programme Participants .................................................. 148
Appendix I Participant Information Leaflet .................................................................................................................. 155
Appendix J Topic Guide For Engagement Workshop With Senior Managers ................................................................. 159
Appendix K Topic Guide .................................................................................................................................................. 163
Appendix L Informed Consent Form ................................................................................................................................ 169
Appendix M Focus Group ................................................................................................................................................ 170
Appendix N Sample Of Record Of Engagement Workshop With Senior Managers ...................................................... 172
Appendix O Sample Of Transcript From Focus Group .................................................................................................... 173
Appendix P Example Of Categorizing Comments On Survey .......................................................................................... 175
Appendix Q Matrix Of Suggestions Made By Senior Managers ..................................................................................... 177
Appendix R Letter Granting Ethical Approval .................................................................................................................. 182
LIST OF FIGURES

Figure 1 Levels of awareness, knowledge, competency and skill immediately before the training............................................................ 59
Figure 2 Levels of awareness, knowledge, competency and skill immediately after the training............................................................ 60
Figure 3 Profile of Participants by Division; comparison with HSE Workforce .............. 62
Figure 4 Percentage of participants according to management grades ..................... 63
Figure 5 Ratings of knowledge in relation to each course module.......................... 64
Figure 6 Rankings of benefit of each module topic area, by weighted average. ........... 65
Figure 7 Frequency of application of the main skills learned on the programme ......... 66
Figure 8 Self-Reported Confidence Levels................................................................ 68
Figure 9 Problems encountered by participants ..................................................... 69
Figure 10 Who participants spoke to about a recent staffing problem ...................... 70
Figure 11 Percentages of respondents who took the actions as indicated to deal with identified staff management problems.................................................. 71
Figure 12 Areas of Improvement............................................................................. 73
Figure 13 Participants’ opinions about the ways in which the programme was delivered............................................................................. 74
Figure 14 Participants’ Ratings of Facilitators’ Skills ................................................ 74
Figure 15 Levels of support from line managers in helping their staff apply the learning on the PMLF Programme to their current roles. ........................................... 75
Figure 16 Areas in which participants would like further training .............................. 77
Figure 17 Overall Impact of the Programme, as observed by Participants’ Line Managers .................................................................................. 80
Figure 18 Areas observed by the Line Managers to be of most positive impact ........ 80
Figure 19 Observed impact of the PMLF Training in relation to each learning module 81
Figure 20 People Management Problems identified by Line Managers..................... 82
Figure 21 Line Managers’ Perceptions of who Participants spoke to about the people management issues identified in case examples .................................................. 83
Figure 22 Observed consultation practices following completion of the PMLF programme

........................................................................................................................................... 84
LIST OF TABLES

Table 1 Literature Search Strategy ......................................................... 9
Table 2 The Kirkpatrick Four Levels...................................................... 19
Table 3 Ten Popular evaluation models and their criteria (Passmore & Velez, 2012)........ 25
Table 4 Researcher’s Application of a CIPP/Kirkpatrick Evaluation Model .............. 29
Table 5 Research Design ........................................................................ 35
Table 6 Summary of Data Sources and response rates .................................. 55
Table 7 Suggestions and comments made by 34 Participants ............................ 77
Table 8 Suggestions made by Line Managers ............................................ 87
1. CHAPTER 1: INTRODUCTION

1.1. People Management: The Legal Framework
The Health Service Executive (HSE) is entirely dependent on people to deliver its services. In September 2016 it was directly employing over 67,000 people, and approximately 10% of these were line managers (HSE, 2016).

Learning to manage people responsible for health service delivery is a challenge. The researcher has spent most of her working life as a front line social worker, and having assumed responsibilities as a manager, is interested in how people can be equipped, enabled and empowered to take on leadership roles. The HSE’s Human Resource Department provides an initial training known as ‘People Management: The Legal Framework’ (PMLF) Programme, in operation since 2003. Its stated objective is to “provide relevant learning tools required by managers to strengthen the employee relations aspect of their people management role” (Health Service Executive, 2009:4). The Programme focuses on the HSE’s Human Resource policies and their implementation. In addition to ensuring compliance with the law, it was also hoped that the programme would enhance “good people management, motivation and morale” (Health Service Executive, 2009: 4).

The researcher was invited to conduct an evaluation of this programme by a Senior Manager with the Office for Learning Education and Development of the Human Resource (HR) Department, and accepted the commission, given her interest in the area. The letter of Commission is in Appendix A.

1.2. Background
The HSE’s Corporate Plan 2015-2017 (Health Service Executive, 2015a) is based on four stated values: Care, Compassion, Trust and Learning. The fourth of the Corporate Plan’s five goals is to “engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them.” (Health Service Executive, 2015a: 5). The first Irish Public Health System Staff
survey was prepared for the HSE in 2014 (Ipsos,M.R.B.I.,2015). It highlighted deficits in leadership and engagement. It was against these back drops that the Health Services People Strategy 2015-2018 (Health Service Executive, 2015b) was written. It is underpinned by theoretical and empirical evidence that proper people management practices are correlated to improved patient outcomes (West et al, 2014). The People Strategy plans for the development of ‘enablers’ to maximise performance and potential for a ‘learning organisation’. Its eight priorities include improvements in relation to ‘Leadership and Culture’, ‘Staff Engagement’, ‘Learning and Development’ and ‘Human Resource Professional Services’. Areas for action within this schema include ‘support for devolved decision making’ and a commitment to “review effectiveness of current learning delivery and support systems and embrace new methodologies” (Health Service Executive, 2015 b: 14 -15). The first of these actions relates to the purpose of the PMLF Programme, and the latter provides a reason for its evaluation. Given the Programme’s focus on HR policies, it is important to note the People Strategy’s commitment to

“review HR Policies, Procedures, Protocols and Guidelines (PPPGs) to ensure that they reflect best practice in line with legislative and regulatory requirements, professional standards, compliance with national staff agreements and European Directives, and monitor consistent implementation.” (Health Service Executive, 2015b:20)

The HSE’s Code of Governance (HSE, 2015c) lists the current PPPGs critical to its operation. These can only become effective, however, when managers have an awareness and understanding of them, along with a capacity to use them when addressing the range of employee performance and behavioural issues.

A project group was established in 2014 to review the PPPGs and the PMLF Programme. Figures were not available, but it is estimated that the programme has been delivered to several thousand managers (O’Sullivan, 2007); this is a large scale training programme for the managers in Ireland’s largest employing organization. The HSE employs 15 staff in facilitating the programme, and incurs additional associated expenditure, not least the replacement costs of many
attendees. Given this investment, and the need to ensure the competence of the large numbers of line managers, an evaluation was required.

The Commissioner, Mr Declan Hynes met with the researcher and her Supervisor, Ms Mary Keating, to agree the scope of the evaluation; the Commissioner will be reporting the findings of this study to the Project Group.

1.3. Features of the PMLF Programme

The People Management Reference Book for Line Managers gives a comprehensive account of the content of the programme, along with stated learning objectives for each of its seven modules; Addressing Employee Performance, Managing Employee Grievances, Managing Attendance, Equal Opportunities, Dignity at Work, Trust in Care and the Management of Fixed Term Employees. Salient Provisions of Employment Law are also woven into the programme. The Reference Book’s introduction refers to the need for managers to have the knowledge and skills to ensure the “proper operation (of the) HR policies and procedures that derive from the legislation” (Health Service Executive, 2009:4). Standards of conduct and early intervention are key components. A range of training methodologies are used. The PMLF Programme is delivered in various formats, in each CHO area by trained facilitators from the regional offices for Leadership, Education and Development (LED). In some CHO areas, staff from the local Employee Relations offices either co deliver or give significant inputs. It was designed to be co presented by two facilitators over two days.

A previous review of the Programme was conducted by O’Sullivan (2007). It was based on an analysis of local evaluation and review reports and on telephone interviews with a sample of trainers and Senior HR Managers. A comparison will be made with the findings in Chapter 5. Recommendations were made and the programme was subsequently updated in 2009. It is not evidential if all of the recommendations were implemented.
1.4. Context for the inception of the PMLF Training Programme

The PMLF programme, as a training intervention, was developed as part of a strategy to enhance performance management within the Health Services; it is generally accepted that training impacts on organisational performance (Saari et al, 1988; Davila and Elvira, 2008).

The Health Services’ commitment to improve performance management was made explicit in the ‘National Health Strategy Quality and Fairness - A Health System for You’ (Department of Health and Children, 2000). This was followed by an Action Plan for People Management (Department of Health and Children, 2002). One of its main themes was the devolution of the Human Resource (HR) function to line managers. The HR role was to equip managers through educational, training and development interventions. They were to ensure that line managers would be guided by best practice, have access to written PPPGs, and be provided support in implementing the recommendations of the Labour Relations Commission (LRC). It was in response to this report, that the content of the PMLF Programme was agreed in 2002 by the HSEA, in collaboration with Senior Managers from the LED, CERS and Recruitment Departments in the HSE.

1.5. The Continued Context: Performance Management, Devolution of the HR function and Quality in Health Services.

In 2003, the need for a performance management system was identified and agreed with the Health Services Employers Agency (HSEA) in ‘Sustaining Progress-Social Partnership Agreement 2003-2005’(Department of the Taoiseach, 2003).

Concurrently, devolution of responsibility for human resources to line managers in the Irish public services was developing; O’Riordan (2004) detailed how this could be effective and strategic in improving services. In 2005, the HSE was formed under the Health Act (Government of Ireland, 2004). Devolution was in process, but ironically, the subsequent restructuring represented a shift towards
centralization (Lonti, 2005). Clinicians at this stage, were assuming responsibilities as line managers for implementing policies in relation to issues such as absenteeism, bullying, allegations of neglect or abuse of service users, grievances, interpersonal conflicts, poor performance, contract management and equality issues.

‘Towards Better Health Care’ (HSE, 2005) presented a clear structure for the operation of the HSE, which included a key role for HR in developing HR policies.

The HSE’s guidance document, ‘Performance Management in the HSE’ (HSE, 2012), following the Public Service Agreement, was a further landmark confirming line management responsibilities and giving guidance in this respect.

Devolution of the HR role continues to develop, with plans to implement the recommendations of the ‘Community Healthcare Organizations Report’ and ‘Recommendations of the Integrated Service Area Review’ (HSE, 2014). Nine Community Healthcare Organizations (CHOs) have already been established, marking a trend back to decentralization. A roll out of these recommendations may involve further devolution of management roles. Recent successive reports (Health Service Executive, 2015d; Health Service Executive, 2015e) set the stage for continued reform and improved quality in health. Training and support for managers remains critical, then, to the delivery of quality health services. The PMLF Programme will need to adapt to the new challenges. Evaluation is an essential component.

1.6. The People Strategy Priorities for Learning and Development in the HSE

The PMLF Programme is just one learning intervention offered by the HSE. The People Strategy aligns it to the ‘First Time Managers (FTM) Programme’. The latter focuses on the ‘soft skills’ required for managerial competency.

The People Strategy has proposed a ‘Learning and Development Plan’, which is to be informed by a ‘Leadership Competency Framework’ agreed at leadership levels. This will ensure that learning interventions will be aligned to the priorities
of the CHOs, Hospital Groupings and the National Ambulance Service. “Processes for learning needs analysis and learning transfer to support current and anticipated future service delivery standards” are to be developed. (Health Service Executive, 2015c:11). Priority is to be given to ‘on the job’ learning, and coaching and mentoring are to be developed aimed at improving performance and implementing service developments.

The People Strategy also included action plans in relation to evaluation, noting e-learning and ‘blended’ methodologies, Return on Investment (ROI), and the need to align training with organizational priorities. It proposes the development of a Balanced Scorecard approach to develop learning and development metrics.

1.7. An Evaluation of the PMLF Programme

The PMLF, then, is just one learning intervention, but it was developed as an essential course for managers at all levels and of all disciplines across the range of HSE services; the content it aims to deliver is fundamental to the operation of the HSE. This research aims to conduct an analysis to evaluate its effectiveness in strengthening HSE managers’ abilities to manage people within the current legal framework. A literature review will help identify what needs to be evaluated, and this will inform the choice of evaluation model and the methodologies used.

1.8. Structure of Dissertation

Chapter 2 presents and discusses the literature in relation to the devolution of the HR function to managers, particularly those in Health Services. This informed the researcher of the complexity of the issues associated with devolution and their need to be addressed in the PMLF programme. The literature concerning training and learning processes is also reviewed as an enquiry into how this can impact on the effectiveness of an intervention such as the PMLF Programme. Much of the focus was on evaluation models, to give the study a framework, and to help identify an appropriate methodology.
Chapter 3 elaborates on holistic sequential mixed methods as the chosen methodology, and its application to this research project. It defines the scope and limitations of the study.

Chapter 4 presents the findings. Chapters 5 and 6 discuss these findings, and provide conclusions and recommendations that derive from them.
2 CHAPTER 2: LITERATURE REVIEW

2.1. Introduction

The previous chapter has given an outline of the policies which led to the devolution of the HR role to line managers. This shift in responsibilities represented a significant change within the HSE, posing challenges to both the organization and the stakeholders within it. It changed the pattern of relationships between HR and Senior managers and clinicians. This literature review will therefore explore dimensions of organizational theory and HRM, as this is the context for the PMLF programme, which was developed to meet the needs of those who were assuming new additional responsibilities. Insights into this context will set criteria to assist the researcher in developing a framework for the evaluation.

The researcher concentrated her search, initially, on linkages between Human Resource Management and the role of Line Managers in achieving organisational strategic objectives. She then examined the literature in relation to training in the context of health services and human resource management. The review has also focused on the effectiveness of training evaluation models.

2.2. Literature Search

Search engines were used in the sequence shown in Table 1, using Boolean phrases. The search strategy started with phrases and key words from a broad spectrum, but narrowed as the researcher refined her review of the literature. All searches were limited to peer-reviewed, and empirical or theoretical publications in the English language. Whilst a focus for the search was within health settings, it was not limited to this context, given the scope to learn from the experiences of other organizations.
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<th>Number of articles of interest to the researcher</th>
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<td>2006-2016</td>
<td>114 with first cluster; 4 with 2nd cluster</td>
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<td>Search. 2</td>
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<td>Multiple:</td>
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</tr>
<tr>
<td>Search 5</td>
<td>ABI Inform</td>
<td>1.&quot;Training Effectiveness&quot; and &quot;Human Resource Management&quot;. 2+ &quot;Health Service&quot;</td>
<td>2009-2016</td>
<td>132 with 1st cluster; 5 with 2nd cluster</td>
<td>8</td>
</tr>
</tbody>
</table>
**Search Strategy 1**

This strategy was used to examine the literature on organizational and HRM theories, and their application to the role of line managers over the last decade.

**Search Strategy 2**

No time frame was set so as to capture the development of the research. The Kirkpatrick model was included, given its predominance in training evaluation practice. The details of the 15 searches involved in this strategy, as an example of the methodology used, are available in Appendix B.

This search strategy identified streams of literature from educational, business, management and health research sources. The pedagogical content emerged as a theme. Given the multiple returns, the following search gave a narrower focus:

**Search Strategy 3**

Boolean phrasing and combinations were used in a similar fashion to the previous search strategy to complete 26 searches. The additional streams of literature identified were from both evaluation theorists and occupational psychology research. It generated information, critiques and analyses of evaluation models.

**Search Strategies 4 and 5**

These were limited to the last 7 years, to give an insight into current thinking and evidence in the area.

**Search Strategy 6**
Forward/backward tracing was used to search for relevant literature referenced in those articles which had been found in the database searches. It is beyond the scope of the researcher to read and synthesise the total amount of literature cited in these searches. However, the key thematic findings will inform this study, and gaps in the research will be identified and presented.

2.3. Key Themes and concepts identified in the Literature

2.3.1. Organizational Theory

Gareth Morgan, elaborates on Contingency Theory of the organization in his book, ‘Images of Organization’, (Morgan, 2007; Donaldson, 2001). He depicts the organization, not so much as a machine, but as a complex network of relationships seen from multiple perspectives, and uses 8 metaphors; ‘machine’, ‘organism’, ‘brain’, ‘culture’, political system’, ‘psychic prison’, ‘system of change and flux’ and ‘instrument of domination’ to aid leaders in ensuring that internal needs are adapted to environmental circumstances in achieving objectives. This same theory adds value to the argument that leaders at every level in the organization need to be strengthened to understand and operationalize their tasks.

2.3.2. The HRM Function within the Organization

Ulrich (1997) described the role of HRM in organizations, identifying 4 core functions in relation to strategy, administration, employee contribution and transformation or change. Schuler, Jackson and Storey (2001:127) explain that, “by strategy we mean that HR activities should be systematically designed and intentionally linked to an analysis of the business and its context”. People management policies and their implementation are critical to affecting change in any health service. McDermott & Keating (2011) cite Harris, Cortvriend and Hyde (2007), West et al (2006) and Gowen, McFadden and Tallon (2006) in asserting that HRM can offer the possibility of enhancing the organization’s performance and patient outcomes.
2.3.3. The need for HRM Training and Evaluation within the Organization

Equipping, enabling and empowering managers to manage those who are on the front line delivering essential services is crucial to the operation of any health service. McGuire, Stoner and Mylona (2008) assert that managers need to feel equipped to implement HR policies. It is also cautionary to note that Morton and Salus (1994) found that in most cases involving liability due to negligence, in their study of child protective services, agency procedures had not been adhered to.

It is therefore critical that HSE managers know what these PPPGs are, and how and when to implement them. HR interventions, including leadership, training and development need to be evaluated to assess their impact (Kaufman, Keller and Watkins, 1996). The Chartered Institute for Personnel and Development (CIPD, 2010) stresses the importance of effective evaluation in improving HR practices. A training evaluation cannot happen in isolation: the PMLF programme on its own, with no “oil” or context, may be technically sound, but organizationally ineffectual. Much hinges on the nature of the relationships between the HR professionals and the Senior Clinicians and Line Managers. Later in this chapter the idea of ‘transfer of learning’ also demonstrates the importance of organizational culture, and, in particular, the development of a ‘Learning Organization’ (Senge, 1990).

2.3.4. Devolution of the HRM function to Line managers

The trend towards line management integration in HRM has been noted in the literature over a lengthy time span (Guest, 1987; Storey, 1987), but this has become increasingly prominent (Paauwe, 1995; Fleming, 2000). HR professionals now tend to offer a specialist service and either out-source or devolve many of their traditional activities. Larson & Brewster (2003), describing devolution as ‘received wisdom’, confirmed this trend in Europe as did O’Riordan (2004) and in an Irish context. Devolution can have economic and efficiency incentives, in that savings can be made and decisions taken more readily (Larson
and Brewster, 2003; Renwick, 2003). There is also a belief that it affords better governance for safer healthcare (Francis, 2013; Ellis et al, 2011). For example, Hiscock and Shuldham (2008) demonstrated how leadership roles for nurses led to improvements in the quality of care. Chapter 1 has detailed how devolution has been emerging as a significant factor in the change management agenda for the HSE, as observed in its People Strategy 2015-2017 (Health Service Executive, 2015b).

A review of the literature regarding devolution by Sanders and Frenkel (2011) found that agreement on devolution in many organizations is problematic, (Hope-Hailey et al, 1997; Renwick, 2003; Whittaker and Marchington, 2003; Kulik & Perry, 2008). Chen, Hsu and Yip’s research (2011) supports this. Oswick and Grant (1996) argue that devolution is not cost effective, serving financial and public accountability only. Further, Ellis et al (2011) demonstrated that the competencies needed for health care management do not always match those required for clinical roles.

A number of empirical studies (Conway and Monks, 2009; Hutchinson and Purcell, 2010; Op de Beeck, Wynen and Hondeghem, 2015) addressed the problem of devolution across health-care organisations and established that health care line managers reported stress, role conflict and obstacles impacting performance. These included feeling ‘unsupported and overlooked’. Consequently, their HRM capacities were low (Erol et al, 2015). McDermott & Keating, (2011) found that managers did not benefit from adequate support from HR departments. They used a framework defining a quadrant of staffing groups, which identified that strategically valued staff did not engage with HR (Lepak and Snell, 1999). This can be viewed in Appendix C.

Brewster, Gollan and Wright’s review of the literature on “Human Resource Management and the Line” (2013) noted an emphasis in previous research on policy formation, but less on how the policies were enacted by line managers and experienced by employees. They identified the central role of line managers in implementing policies (Wright and Nishii, 2013), arguing that line managers have much discretion in the extent to which they use policies, and in the way they can
influence employees’ perceptions of their implementation. Wright, Snell and Jacobson (2004) found that when line managers are involved in the design of HR policies, this impacts on their likelihood of using them effectively.

A recent empirical study conducted by McDermott et al (2015) researched the practises of devolution in 9 hospitals in Ireland, the UK and the Netherlands. They reported the existence of tripartite devolution relationships between the HR practitioners, the Line Managers and the Senior Clinical Managers as opposed to bipartite models. This led to heightened complexities, with differing goals, priorities, capacities and levels of understanding emerging between each grouping, with the additional dynamic created by the multi professional dimension. They reported that HR Departments tended to give advisory other than executive inputs, that line managers reported “feeling unsupported, having insufficient contact with HR, and desirous of further training and proactive support from the HR function”(McDermott et al, 2015:29), but that there was a willingness among line managers to assume HRM responsibilities. From another perspective, Erol et al (2015) evaluated a programme to enhance leadership development for senior clinicians in Scotland and noted successes as well as difficulties that the medical profession had had in integrating the managerial dimensions of their leadership roles. These successes were related mostly to their collaborative capacities (Kirkpatrick et al, 2008).

A review of the literature so far, then has illustrated a consensus that the need for training and capacity building for line managers cannot be under estimated. Most researchers call for a mutual understanding of expectations and experiences, suggesting that line managers could be involved in a partnership with HR professionals enabling them to collaborate about policy formation, implementation and related future training programmes. Training may be just one of the inputs required for effective organizational performance, but the researcher is asserting that it is a central concept: Mc Dermott et al (2015;29) cited research by Townsend, Wilkinson and Bartram (2011), and Hutchinson and Purcell (2010), in “suggesting that under-resourcing of training makes it difficult to equip line managers to confidently enact their devolved people management responsibilities”.
2.3.5. Training

Training is defined as “the use of systematic and planned instruction activities to promote learning” (Armstrong, 2006:568). Armstrong goes on to distinguish formal training for particular purposes from employee development; it tends to focus on current organizational or workforce needs. His definition requires consideration of what is entailed in learning: Learning outcomes have been categorized by Kraiger, Ford and Salas (1993) as cognitive, skill based, and affective. These categories were derived from the literature’s learning taxonomies as developed by Bloom (1956) and Gagne (1984). Kraiger, Ford and Salas (1993) and Pineda (2010) recommended their use for training evaluations. Cascio (1988:348) is cited by Bunch (2007) in defining training as “planned programs of organizational improvement through changes in skill, knowledge, attitude or social behaviour”. Rosenbaum, Carlson & Gilmore (2001:454) define skill as “an ability that allows a goal to be achieved within some domain with increasing likelihood as a result of practice”, while Kraiger, Ford and Salas (1993) detail how skills can be learned through developmental stages, with linking behaviours to reinforce their acquisition.

Knowing and understanding the task of people management requires cognitive as well as interpersonal skills. The level of knowledge required therefore spans the spectrum defined by Anderson, Krathwohl & Bloom (2001:29) as factual, conceptual, procedural and metacognitive. To meet its objectives, programme participants need to have a grasp of the policies, a capacity to identify a problem, a sense or rationale for knowing when to intervene, and an understanding of their ability to implement their learning. Harris (2001) found that middle managers need to have a belief in the values underpinning the policies they have responsibility for implementing. Training therefore has a role in deepening their understanding and thus nurturing their commitment to the organizational goals.

2.3.6. Transfer of Learning

Learning transfer has been described as “the degree to which trainees effectively apply the knowledge, skills and attitudes gained in training context to the job”
The recent debate on this topic has led to contrasting ‘on the job’ and ‘off the job’ training; Garavan (2008) found that employers favoured ‘on the job’ training or mentoring, whilst employees had a preference for classroom based activities.

There is much literature on both individual and organizational commitment to and capacity for change, and this is a central theme in evaluation theory (Holton, 1996; Kirkpatrick, 2005; Chiaburu and Tekleab, 2005; Rouse, 2011). Some theorists stress that individual characteristics impact on the likelihood of behavioural change. These include Beck (2004) on motivation to learn and Noe (2010) on affect and cognition. Bandura (1977) developed the idea of self-efficacy as a key factor from a social learning perspective. This term refers to learners’ perceptions of their own capacities to carry out particular tasks, and is therefore related to the idea of confidence. It is a key factor in determining the ‘maintenance’ of transfer of learning.

Other theorists focus on the organizational influence (Palthe and Kossek, 2003; Bunch, 2009). Swanson and Holton (1999), for example, argue that the workplace is more influential than the training intervention. Chiaburu and Tekleab (2005) found that a continuous learning culture, supervisor support and training motivation were positive factors in ‘generalizing’ learning transfer.

The content, delivery style and relevance of the training intervention itself are also variables (Stufflebeam, 2001; Kirkpatrick, 1998). Wexley and Latham (2002) highlighted the need to consider the required skill and task characteristics to determine the most effective training methods. All evaluation models are concerned with this. Colquitt, LePine and Noe (2000) found that skill acquisition and post training self-efficacy contributed to transfer whilst declarative knowledge did not. Kirkpatrick (2005) offers 4 conditions for transfer:

- the desire to change
- knowing what to do and how to do it
- working in the right climate
- being rewarded for changing
Kirkpatrick also developed formulations of ‘required drivers’ and ‘critical behaviours’ to optimize transfer of learning (Kirkpatrick, 2005).

**2.3.7. Training as a core component of Human Resource Development within Learning Organizations**

Davila and Elvira (2008) assert that the provision of a professional training programme is recognised as central to the attainment of a successful performance management system. Empirical studies which illustrated the causal links between training processes and organizational performance include Saari et al (1988) and Delery and Doty (1996). Bunch (2009) asserts the strategic importance of training to HRM as longstanding and credible. She correlates training failure with organizational failure (Bunch, 2007).

Organizations can be cautious, however, about investing in training, as studies have shown that less than 10% of what trainees learn can be transferred to their working environments (Baldwin and Ford, 1988, Saks and Belcourt, 2006). Cromwell and Kolb (2004) estimated that no more than 15% of training transfers to the job. This may have accounted for a trend away from formal training in the post-industrial and now digital eras. Knowledge can be easily attained by digital means, and within organizations, managers’ roles have been changing to facilitate learning processes (Armstrong, 2006, Raelin, 2012). In addition, peer learning, often through reflective on-line communities, has developed in some organizations (Ladyshewsky and Gardner, 2008).

Reynolds and Mason (2002) consider that training is just one input an organization can promote to advance learning. Argyris and Schon (1978), McGill, Slocum and Lei (1992), Karash (1995) and Malhotra (1996) developed the idea of a learning organization. Senge (1990) asserted that the rate at which organisations learn is important to their sustainability and competitiveness. He describes the learning organization as flexible and open to acceptance of error and uncertainty as opportunities to learn through reflection. Within this model of organization, individual learning needs to transfer to organizational learning. Training remains an element of this model, and could thrive if the organizational
culture provides good “soil” (Westerberg, 2004). A learning organization, consistent with Morgan’s metaphors of ‘the brain’ and ‘the organism’, will be careful to ensure training interventions are designed to meet identified needs, and are effective in meeting their own objectives. A sub culture of evaluation, to ensure value and evidence based training at every stage in the training design and delivery is core (Patton, 2011).

2.4. Training Evaluation

Evaluation is an industry, offering multiple models. The researcher was interested in searching the literature with a view to identifying a model or framework best suited to carrying out the evaluation of the PMLF programme. It was through this lens that she made her own evaluation as to which would be best suited to the task with the available resources. She had an interest in which evaluations were most commonly used, and why. She was also interested in the theoretical basis for any chosen model, concerned that it would have the capacity to produce valid and reliable data. The Commissioner was interested, not only in what worked or didn’t work, but also in how it worked, and how the context of the organization impacted on this. The purpose of the evaluation was to generate information to enable the project team to make decisions about its future roll out. In this dissertation, the researcher used Hogan’s paraphrase of Guskey’s definition of evaluation as “a systematic process used to determine the merit or worth of a specific program, curriculum, or strategy in a specific context” (Guskey, 2000; Hogan, 2007:1).

2.4.1. The Kirkpatrick Approach

Hilbert, Russ-Eft and Preskill (1997) analysed 57 training, performance and psychology journals to investigate the prevalence of Kirkpatrick’s model. 77% cited Kirkpatrick. This finding is consistent with more recent assertions from Salas and Canon-Bowers (2001), Van Buren & Erskine (2002), Arthur et al (2003), Aguinis and Kraiger (2009) and Santos, Vicente and Monteiro (2012). Kirkpatrick’s is a goal based taxonomy, or classification scheme, first published
in 1959, for use in industrial economies, offering a sequence of four levels of evaluation. It has provided a vocabulary and system for a generation of evaluators. Its appeal is in its simplicity (Dean, 1995), adaptability and endurance through massive social change. Dean also argues that it is not threatening to either the participants or the trainers. Mann (1996) considers that it’s most significant contribution is its focus on the trainees’ behavioural outcomes in its Level 3. The first level, generally using basic evaluation sheets, measures immediate reactions from course participants, and sometimes, the trainers. The second measures intermediate learning, usually by survey several months after the training has occurred, and the third examines what learning was transferred by the trainees to their workplace, by noting their behaviour. The fourth level is concerned with either individual or organizational results. Phillips (1995) added a fifth level to measure ROI, which Kirkpatrick endorsed. Kirkpatrick explains a hierarchy in the complexity of each of these levels, requiring incremental organizational support as the stages progress.

<table>
<thead>
<tr>
<th>Level 1: Reaction</th>
<th>To what degree participants react favourably to the learning event.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 2: Learning</td>
<td>To what degree participants acquire the intended knowledge, skills, and attitudes based on their participation in the learning event.</td>
</tr>
<tr>
<td>Level 3: Behaviour</td>
<td>To what degree participants apply what they learned during training when they are back on the job.</td>
</tr>
<tr>
<td>Level 4: Results</td>
<td>To what degree targeted outcomes occur, as a result of the learning event (s) and subsequent reinforcement</td>
</tr>
</tbody>
</table>


The Kirkpatrick model continues to be used as a reference point in the academic literature (Santos, Vicente and Monteiro, 2012).
2.4.2. Critiques of Kirkpatrick

Critiques of Kirkpatrick have led to the development of newer models. Among these are Kaufman and Keller (1994), who effectively added a fifth level purporting to measure societal value. Brinkerhoff (1987) developed a 6 level model, which in effect, added 2 stages to enhance its formative function. Hamblin (1974), Newstrom (1978), Alliger and Janak (1989), and Holton (1996) are among many of Kirkpatrick’s critics.

Bates’ (2004) critique is widely cited. He details the following limitations:

- It is a retrospective, or summative method of evaluating, without scope for making recommendations to meet future needs or address new issues. He considers that it is not mindful enough of individual and organizational characteristics.
- There is an inherent assumption of a sequential causal link between each level. It is dubious to assume that when participants express satisfaction with a course, it will have been of benefit. Alliger and Janak (1989), Alliger et al (1997) and Arthur, Tubre et al (2003) are among those who assert that trainees’ reactions are subjective and not necessarily connected to either learning outcomes or organizational results.
- There is an assumption of increasing importance of information as the levels are ascended; it is more useful to interpret each level as different perspectives in their own right.

Bates concludes by questioning the ethics of an incomplete model.

Yardley and Dornan (2012) and Frye and Hemmer (2012) summarize further critiques as follows:

- Level 3 and 4 outcomes cannot be assessed within brief time frames, and require a more longitudinal approach than that implied by Kirkpatrick.
- It is primarily an outcome evaluation, without the advantages of a process evaluation.
- The evaluation does not address unintended outcomes.
Holton (1996) has been the main protagonist regarding Kirkpatrick’s ‘transfer of learning’. He, along with Guerci, Bartezzaghi, and Solari (2010), argue that Kirkpatrick’s model offers too shallow an understanding of the organizational context. They also consider that the model does not take adequate account of the variables which impact on learning as well as transfer. In addition, they challenge the implication that performance during training can be predictive of workplace performance.

Kraiger and Jung (1997) argue that the approach has limited capacity in deciding what to evaluate or how to interpret the results with a view to making decisions.

2.4.3. Endurance of Kirkpatrick

It can be argued that Kirkpatrick’s approach is just that. It is more a method than a model. Quinones (1997) argues that the ‘model’, nonetheless, remains a good starting point for an evaluation.

The researcher found several examples of how it was blended with other theory driven models to conduct evaluations; Mann, Sargeant and Hill (2009) complemented Kirkpatrick’s 1994 ‘model’ with another known as PRECEDE to evaluate community health education programmes (Green and Kreuter, 1991). Beech & Leather (2006) integrated Kirkpatrick’s model with Warr et al’s (1971), Hamblin’s (1974) and Kraiger’s (1993) to create a framework for evaluating training programmes on workplace violence in the health sector in the NHS. Dubrowski and Morin (2011) evaluated pain education programmes using Kirkpatrick’s model in conjunction with both Stufflebeam’s (2002) and Miller’s (1990).

It can also be argued that the popular use of Kirkpatrick’s approach predominantly at its first ‘reaction’ level is as much a flaw as the actual ‘model’. Twitchell, Holton and Trott (2000), in reviewing studies on levels of evaluation of technical training in the US over a 40 year period, found that reaction level evaluations were commonly used, but as the levels ascended, so did the infrequency of their use. Only a small percentage used levels 3 and 4. These findings affirmed those of Bassi et al (1996). It became too easy to focus only on the reaction stage, and
thus devalue its other levels. Resource factors often inhibit higher levels of evaluation (Hill, 1999). Nonetheless, there are arguments that measurements of reaction level learning are valuable, if a differentiation is made between affective and utility reactions (Morgan and Casper, 2000). Utility reactions refer to trainees’ judgements about the relevance of the training to their roles.

Giangreco, Carugati, and Sebastiano (2010) reviewed the literature critiquing Kirkpatrick’s taxonomies and found them ‘rigorous’ but irrelevant in post-industrial society. This suggests that new questions need to be asked. It also suggests that evaluations need to be aligned to their own organizational realities. The global trend towards training for diversity is predictive of new challenges which any evaluation needs to be mindful of. New training methodologies and expectations will continue to emerge, with the digital age, as will new employment legislation.

2.4.4. Trends in Training Evaluation

Arthur et al (2003) noted past reviews of the literature on training evaluation; Goldstein (1980), Wexley (1984), Latham (1988), Tannenbaum and Yuki (1992), and Alliger et al (1997). The most recent literature search found by the researcher was by Passmore and Velez (2012): evaluation theory has moved from an outcome focus to an interest in process, encompassing the development of the individual and the organization, mindful of training interval or timing factors. Patton (2011) frames this as ‘developmental’. Participatory evaluation (Cousins & Whitmore, 1998) often used in social development contexts, involves all stakeholders at every level. Nickols (2005) argues that an effective evaluation should assess the levels of satisfaction the stakeholder groups have had in contributing to, and benefiting from the training. The focus has moved from summative to formative and confirmative evaluations, with the objectives changing from ‘proving’ to ‘improving’. Contribution analysis (Mayne, 2012) has given a wider scope for training evaluation, with its focus on what contributes to the causes of change; it considers factors which may be unrelated to the actual interventions. Utilization Focused Evaluation (Patton, 2008) is concerned with an evaluation’s purpose and is judged according to usefulness. Empowerment Evaluation (Miller & Campbell, 2006) is concerned with the extent to which a
training intervention empowers the trainees to achieve the agreed goals. A Full scope model of evaluation was developed by Dessinger and Moseley (2006), with a primary focus on performance improvement over the long term, including capacities for confirmative and meta evaluations; it requires high levels of organizational support. Passmore and Velez (2012) have proposed a reflective evaluation model known as SOAP-M, which integrates evaluation into the intervention from the beginning, and proposes that potential can also be evaluated. It can also be used to evaluate ‘on the job’ interventions. Multi method evaluations offer comprehensive analysis (Hayes et al, 2016).

Evaluation theory has guided many of these constructs. Chen marked the development of evaluation as a discipline in its own right through the publication of her book ‘Theory-driven Evaluation’ (Chen, 1990). Coryn et al (2011) examined the claims of 45 evaluations over 20 years to ascertain if the practice was consistent with their theories: that the process, including the testing of assumptions, was integrated into the evaluations. Only empowerment and participatory evaluations stood up to this scrutiny. Stufflebeam (2001) has argued that the resource implications to commit to the task of theory driven models examining the processes of the evaluations, in addition to the content, are unrealistic. This debate continues: (Smith, 2010; Heberger, Christie and Alkin, 2010). It was beyond the scope of this study to review all models and theories, but it was useful to consider what needed to be evaluated and to have used this inductively to formulate criteria to inform a choice of model.

### 2.5. Conclusion: what needs to be evaluated

This literature review coupled with the HSE’s People Strategy 2015-2018, have informed the researcher why an evaluation is needed and also what it needs to include. The following is a list of factors this study will take into consideration:

1. The expectations, experiences and suggestions of stakeholders at every stage in the evaluation: (Nickols, 2005; Conway and Monks, 2009; McDermott and Keating, 2011; Brewster, Gollan, and Wright, 2013; McDermott et al, 2015).

3. An examination of how the HR policies were implemented: (Miller & Campbell, 2006, Purcell & Hutchinson, 2007).


5. Specific training for the medical profession: (Erol et al, 2015; McDermott et al, 2015).


7. Effective delivery style: (Kirkpatrick, 1999; Stufflebeam, 2001; Wexley and Latham 2002).

8. The organization's commitment to the development of the capacity of managers to deal with their devolved duties. This may be in terms of further training and support, or workforce planning to ensure realistic workloads. (Holton, 1996; Chiaburu and Tekleab, 2005; Bunch, 2009; Hutchinson & Purcell 2010).

9. The potential for an improved training programme: a formative approach, to ensure improvement potential in addition to a summative enquiry (Stufflebeam, 2001; Passmore and Velez, 2012).

2.5.1. Evaluation Criteria

Passmore & Velez (2012), presented a comparison of evaluation models and their criteria. Their table proved useful to the researcher in deciding which criteria would be best suited to an evaluation of the PMLF Programme.
Table 3 Ten Popular evaluation models and their criteria (Passmore & Velez, 2012)

<table>
<thead>
<tr>
<th>EVALUATION MODELS</th>
<th>EVALUATION CRITERIA</th>
</tr>
</thead>
</table>
### 2.5.2. An Integrated Framework

Passmore & Velez (2012) identified the need for an evaluation model to be feasible in its implementation in an organizational context. They also assert that it should offer data which can be used by researchers for analysis.

The researcher needed to identify a framework encompassing a formative, holistic approach which engaged with all stakeholders, and used a methodology to reflect the sequence of the roll out of the programme. Stufflebeam (1971, 1976, 2001) developed a framework, known as ‘CIPP’ which views training as one element in a system. It offers both summative and formative functions. It has 4 aspects: ‘context’, ‘Input’ ‘process’ and ‘product’ (CIPP). It works best with mixed methods for data analysis, and can incorporate Kirkpatrick’s approach. This literature review and the introduction have set a context which has defined the objectives of the evaluation. The inputs will refer to the evaluation of the facilitators’ skills and resources, the course design, its materials and the logistics. The process will refer to the evaluation’s implementation, or its methodology, and the product will be the study’s findings. These will be complemented by Kirkpatrick’s taxonomy as set out on Table 4. More recent models suggest wider remits, requiring more time resource. The CIPP model, using Kirkpatrick’s

<table>
<thead>
<tr>
<th>EVALUATION MODELS</th>
<th>EVALUATION CRITERIA</th>
</tr>
</thead>
</table>
| 10. Dessinger-Moseley Full-Scope | 1. Formative Evaluation  
2. Summative Evaluation  
3. Confirmative Evaluation  
4. Meta Evaluation |
| | 3. Administration of a Survey to Gauge Success Rates  
4. Conduction of Interviews with Success and Non-success Instances  
5. Formulation of Conclusions |

taxonomy, was a practical choice, given the time frame and its capacity to produce relevant descriptive research findings.

Bennett (1997) critiqued the CIPP model as overly abstract and difficult to implement. However, in blending it with Kirkpatrick’s model, the researcher asserts that it assumes a pragmatism equal to the task. Khalid, Rehman & Ashraf (2012) developed a framework for training evaluation for the public service in Pakistan, in which they integrated these two models. The need for an evaluation at every level, with a strong contextual component along with the reliability of Kirkpatrick’s model, drove this conceptualization. These needs mirror the researcher’s rationale for her choice of this framework.

2.6. Research Gaps

There is limited research on the outworking of devolved HRM practices in healthcare settings in Ireland; the researcher has therefore drawn from international research.

2.7. Contribution to Research

This study will add empirical evidence to the extant research on how a training intervention has supported the devolution of the HR function to Irish health service personnel and clinicians with management responsibilities. In the application of a blended Kirkpatrick/CIPP evaluation model it will make a methodological contribution to the evaluation of training programmes in the Health Services in Ireland.

The evaluation criteria outlined in the conclusion guided the researcher in posing her research questions and choosing a suitable methodology, as detailed in the next chapter.
3 CHAPTER 3 RESEARCH METHODOLOGY

3.1. Introduction

The evaluation of the PMLF Programme was commissioned by the HSE’s Human Resource Department to establish if it continues to meet the needs of the HR decentralisation policy regarding how HR policies are enacted by line managers. The programme’s purpose, as highlighted in the previous two chapters, is to equip managers with the knowledge, skills and confidence required to enable them to implement the HSE’s human resource policies.

3.2. Evaluation Framework

In considering how best to conduct this evaluation, the researcher identified a framework following a literature review, combining the CIPP model (Stufflebeam, 2001) with Kirkpatrick’s evaluation levels (Kirkpatrick, 1998). The CIPP model guided the researcher in what needed to be measured; the Kirkpatrick model guided her on how, as set out on Table 4.
Table 4 Researcher's Application of a CIPP/Kirkpatrick Evaluation Model

<table>
<thead>
<tr>
<th>CIPP MODEL</th>
<th>CONTEXT</th>
<th>INPUTS</th>
<th>PROCESSES</th>
<th>PRODUCT</th>
</tr>
</thead>
</table>
| Questions  | 1. How did the context define training needs?  
            2. How did the context impact on the training Inputs?  
            3. How did the context impact on the capacity for transfer of learning?  
         | 1. What were the training inputs?  
            2. Were they standard or variable throughout the CHO?  
         | 1. How was the training process experienced, using Kirkpatrick’s level s 1&2?  
         | 1. What were the outcomes, using Kirkpatrick’s levels 3&4? |
| information required | 1. Organizational expectations  
                     2. Expectations from Senior Managers  
                     3. Expectations from Applicants  
                     4. Expectations from Line managers  
         | 1. Staffing Resource  
            2. Facilitator training  
            3. Training Materials  
            4. Training Venues  
            5. Programme Design and Content  
            6. Facilitation of staff attendance  
            7. Support to implement  
            8. Recruitment processes for the training programme  
         | 1. Reactions to the Training  
            2. Learning from the training in relation to knowledge, skills and understanding  
            3. Training methodologies  
            4. Facilitator style  
         | Levels of:  
                     1. Knowledge of policies and procedures  
                     2. Skills to implement  
                     3. Confidence to implement  
                     4. Commitment to implement  
                     5. Motivation to implement  
                     6. Level of demand for the training  
                     7. Level of the use of HR PPPGs |
<table>
<thead>
<tr>
<th>CIPP MODEL</th>
<th>CONTEXT</th>
<th>INPUTS</th>
<th>PROCESSES</th>
<th>PRODUCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sources of information</td>
<td>1 The HSE’s ‘People Strategy’</td>
<td>1. Application Forms</td>
<td>1. Evaluation sheets</td>
<td>1. Findings from the surveys issued to participants and Line Managers</td>
</tr>
<tr>
<td></td>
<td>2. Application Forms</td>
<td>2. Findings from surveys issued to participants and Line Managers</td>
<td>2. Findings from surveys issued to participants and Line Managers</td>
<td>2. Workshop with Senior Managers</td>
</tr>
<tr>
<td></td>
<td>3. Workshop with Senior Managers</td>
<td>3. Workshop with Senior Managers</td>
<td>3. Focus Group with programme facilitators</td>
<td>3. Focus Group with programme facilitators</td>
</tr>
<tr>
<td></td>
<td>4. Focus Group with facilitators.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. PMLF reference book.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Previous review of the PMLF.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This framework requires a mixed methods sequential methodology involving all stakeholders to illicit summative information about expectations and training needs, inputs, processes and outcomes.

Suggestions to inform recommendations would arise out of the answers to the questions posed in Table 4. These would give a formative dimension to the evaluation.

### 3.3. Research Questions

In consultation with the Commissioner and the researcher’s Supervisor, the following research questions were therefore formulated to generate the data required to inform the study:
1. What were the expectations of the PMLF training?
2. How has the PMLF training strengthened HSE managers’ abilities to manage people within the current legal framework?
3. What suggestions were made to meet the strategic objectives of training for HSE managers?

The evaluation framework developed by the researcher as set out in Table 4, identified stakeholders and information sources. This gave rise to the decision to collect data from six sources using three instrument types, as set out in Table 5 later in this chapter.

On the basis of the resultant data, along with information from the literature review, recommendations would be made to the Commissioner.

It follows that this evaluation required a robust methodology to produce and analyse valid and reliable data. The decision to adopt a holistic sequential mixed methods approach mapping the training process, to answer the research questions, is now discussed. This will include a description of data collection and analysis.

### 3.4. Rationale and Significance for this Study

The HSE’s People Strategy for 2015-2018 commits to the evaluation of learning interventions. Whilst various approaches have been developed to enhance managerial capacity, it remains crucial that managers have ‘bottom line’ information about their scope of practice, alongside a capacity to use it when required; the HSE’s guidance document on Performance Management states that “we will recognize performance and challenge underperformance and non performance”. (HSE, 2012b: 63).

Chapter 1 has explained how a review of the PMLF Programme is timely. The literature review has highlighted that training remains a core component in supporting managers to fulfil their devolved HR responsibilities. A holistic evaluation is required to inform the Commissioner of the Programme’s current effectiveness.
3.5. Aims and Objectives

The researcher and her Supervisor met with the Commissioner on October 13th 2014 to clarify the main objectives and objectives of the study.

It was agreed that the aim of the study was to evaluate how effective the Programme has been in facilitating managers to implement the HSE’s people management policies.

It was also agreed that the objectives were to:

1. Establish the expectations of the programme from the perspectives of attendees, their line managers and those responsible for its strategic fit within the organization.

2. Provide a profile of those managers who attended the training.

3. Investigate if improvements in implementing the policies were made as a consequence of attendance at the PMLF Programme. The researcher was interested in noting if there were key areas which showed marked improvements and other areas with little or none.

4. Investigate what elements of the programme enhanced the learning and the transfer of the learning.

5. Investigate what other factors may have impacted on the learning and the transfer of the learning.

6. Ascertain the suggestions made by the stakeholders.

7. On the basis of the research findings, including the learning from the literature review, make recommendations to the Commissioner.

3.6. Research Design

This study is commissioned, and so the Commissioner's assumptions, alongside the researcher's, need to be considered. These assumptions are grounded in organizational theory concerning the need for efficiency and quality of health
service delivery and are guided by the values of healthcare professionals. The National Healthcare Charter (HSE, 2012a) itemizes principles of respect for patients and each other; fairness and equity, excellence, sound leadership and accountability and responsibility. This gives an awareness of the need for research reflexivity throughout the research processes (Alvesson and Sköldberg, 2009).

Teddie and Tashakkori (2003) argue that the research question is of utmost importance and the choice of methodology should therefore be a pragmatic one. They argue that qualitative and quantitative methods are complementary. Qualitative research can explain or add meaning to quantitative data, and so a sequential mixed methods evaluation design, mapping the sequence of the training, offers an opportunity to extract data to inform the study. Patton (2002:228), as an advocate of pragmatist knowledge, considers that “no rule of thumb exists to tell a researcher precisely how to focus a study. The extent to which a research or evaluation study is broad or narrow depends on the purpose, the resources available, the time available, and the interests of those involved. In brief, these are not choices between good and bad but choices among alternatives, all of which have merit”.

Nevertheless, this pragmatist approach remains within the positivist tradition, with evaluation being essentially a deductive process.

The design of this research, as detailed on Table 5, was developed in collaboration with the Commissioner. The research orientation was, by definition, evaluative. The chosen CIPP/Kirkpatrick model would provide a framework for this study. A research design was therefore needed to investigate the four levels of learning, and the organizational context.

In short, outputs were required about

- Expectations, to establish a base line.
- The characteristics of the Target Population.
- Reactive learning; Kirkpatrick Level 1.
- Intermediate learning; Kirkpatrick Level 2.
• Transfer of learning; Kirkpatrick Level 3.
• Impact on the organization; Kirkpatrick Level 4.
• Suggestions for future training.

The literature review highlighted Nickols’ assertion that evaluation requires information from all stakeholders (Nickols, 2005). A holistic design was therefore adopted to generate differing outputs from the applicants, the participants, their line managers, the programme facilitators and the Senior organizational and training Managers. These populations therefore defined the inclusion criteria. Data from a range of sources can promote validation of findings from one group of stakeholders to another (Jick, 1979). Webb et al (1966) referred to this process as triangulation. Denzin (1978:291) defined it as “the combination of methodologies in the study of the same phenomenon”. He referred also to the use of multiple data sources as ‘data triangulation’. This study further involved the use of ‘methodological triangulation’ (Denzin, 1978). Reichardt and Cook (1979) first proposed that programme evaluators use both quantitative and qualitative ‘methodological paradigms’. Patton (2002) also asserts that mixed methods have much to offer evaluation, and has an interest in developing more creative qualitative dimensions.

Denzin (1978) proposed two further types of triangulation to help cancel out bias and confirm knowledge: ‘theory’ and ‘investigator’; whilst several theories were used to analyse the data, the researcher remained the single investigator.

Given the range of anticipated outputs and the range of stakeholders, differing methods requiring differing instruments for the target populations were required. These are summarized in Table 5.
### Table 5 Research Design

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Target Populations</th>
<th>Number of people invited to participate or who contributed</th>
<th>Hence referred to as:</th>
<th>Expected Outputs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phase 1</strong></td>
<td>Application Forms submitted April 2015</td>
<td>Purposive Sample of those who completed application forms for the Programme</td>
<td>1 Facilitator invited to submit forms</td>
<td>Applicants, (and the Applicants’ Line Managers)</td>
</tr>
<tr>
<td><strong>Phase 2</strong></td>
<td>Evaluation Forms submitted June 2015</td>
<td>Purposive Sample of those who completed evaluation forms immediately after participating in the PMLF programme</td>
<td>4 facilitators asked to submit recent forms</td>
<td>Attendees</td>
</tr>
</tbody>
</table>
| **Phase 3** | Survey of Programme Participants, open 6th June 2015 - 15th January 2016 | Census of those who completed the PMLF programme between January 2014 and April 2015 | 545 | Participants | • Profile of participants.  
• Quantitative and Qualitative Data on Intermediate Learning, Transfer of Learning and Suggestions |
<p>| <strong>Phase 4</strong> | Survey of Line Managers of those who completed the Programme, open 12th June 2015 - 15th January 2016 | Census of line managers of those who completed the PMLF Programme between January | 282 | Line Managers | Quantitative and Qualitative Data on Intermediate Learning, Transfer of Learning and Suggestions |</p>
<table>
<thead>
<tr>
<th>Data Source</th>
<th>Target Populations</th>
<th>Number of people invited to participate or who contributed</th>
<th>Hence referred to as:</th>
<th>Expected Outputs</th>
</tr>
</thead>
</table>
| Phase 5     | Engagement Workshop with 5 Senior Managers. February 2nd 2016, at the HSE’s Office for Leadership and Development in Dublin | 3 Senior Managers from LED  
1 Senior Executive with CERS  
1 Employee Relations Manager | 5 | Senior Managers | Qualitative data about Expectations and Suggestions |
| Phase 6     | Focus Group by teleconference with programme facilitators from 4 different CHO’s on February 8th 2016 | 4 Facilitators of the PMLF Programme, plus one who did a telephone interview later. | 15 | Facilitators | Qualitative data about expectations and suggestions |
3.7. Data Collection Methodology

3.7.1. Phases 1 and 2

Phases 1 and 2 used database extraction from archived sources, which would be coded and categorized by the researcher. This secondary data, although from a primary source, was collected from a programme facilitator to inform his own delivery style. The researcher would, however, be using the findings for a wider audience, in informing this evaluation. Hox and Boeije (2005) argue the validity and reliability of using data in this way.

The Commissioner gained the consent of the facilitator who had archived these forms. It was clarified with the Commissioner via the facilitator, that the consent of the applicants was implicit in their submission of the forms.

Phase 1

The Commissioner was to provide the researcher with completed application forms from managers, for the Programme in April 2015. These forms were to include written expectations from both the applicants and their line managers: see Appendix D. It was hoped that an analysis of this data would give an insight into how the expectations might vary.

Phase 2

The Commissioner was to provide the researcher with evaluation forms completed by those who had participated in the programme to ascertain levels of reactive learning, akin to Kirkpatrick’s level 1. These forms, designed by the facilitator (see Appendix E), were to have been completed by attendees before leaving the training venues. Their primary output would be self-assessments before and after the programme in relation to feedback about the delivery style and relevance of content to the managerial roles.

3.7.2. Phases 3 and 4

In collaboration with her supervisor and the commissioner, the researcher chose to issue separate on line surveys to both the participants and their line managers,
given the large number of potential respondents in dispersed geographical locations and the nature of the desired outputs. Bryman (2004) elaborated on the merits of the use of surveys as being cheaper and quicker to administer. He also argued that surveys are free of potential interviewer effects which can introduce bias into answers. Further, Bryman found that surveys provided convenience for respondents, who could complete them at their own pace at a time of their own choosing. He also identified the disadvantages of self-completion surveys as not allowing for prompts or probes, especially in relation to open questions. The risks involved in lengthy surveys were identified by him as non-completion and lower response rates.

Nonetheless, given the stated advantages, it was decided that these would be the instruments of choice. The Commissioner agreed to forward the email addresses of all who had completed the programme between January 2014 and April 2015, to the researcher. He also agreed to give her the email addresses of their line managers.

Vogt and Johnson (2011: 336) consider reliability to be “the consistency or stability of a measure or test or observation internally from one use to the next”. The surveys composed were a blend of those which had been used for the HSE’s National Evaluation of the First Time Managers Training (Evans, Corcorran, and Goggin, 2013), and that which the researcher had constructed in consultation with her supervisor and the Commissioner. Appendix F contains the email from Dr David Evans, granting permission to the researcher for its use. The primary difference from the surveys used by Evans et al was the inclusion of questions inviting an example of how participants had dealt with a problem they were asked to identify. This gave an opportunity to analyse what learning had been transferred to the workplace.

Burns (1997:93) and Elbeck (2014) purport that larger samples generally have less error; it follows that to maximize the number of respondents, a complete census was the preferred option. Both surveys were therefore issued to all in the identified populations. Those who responded became in effect, self-selected samples. Inherent in this method of research is the hazard of bias, in that those
who are most likely to respond may have had strongly held views, or had more availability (Heckman, 2010). Nonetheless, this was the most pragmatic method to find a representative sample, as the Commissioner was able to give the researcher all email addresses and the technology was available via Survey Monkey to process the larger quantity of data generated.

**Phase 3: Participants Survey**

The dominant target population for the study was the 542 managers who had completed the programme in the given time frame.

The outputs required were:

- A profile of who had attended.
- What participants said they learned /intermediate learning / Kirkpatrick Level 2.
- What supported and hindered their learning.
- The opportunities they had to implement the learning.
- Their levels of satisfaction about the knowledge, skills and confidence they had acquired.
- Their suggestions.

Qualitative and quantitative data was collected in parallel to create a fuller account of the participants’ profiles and views (Creswell et al, 2003).

The concept being investigated was primarily about levels 2 and 3 of Kirkpatrick’s model. To measure the intermediate learning, as detailed in level 2, the researcher considered types of knowledge gained subsequent to the training programme. Anderson, Krathwohl & Bloom (2001:29) ranked these as factual, conceptual, procedural and metacognitive, as outlined in the previous chapter. Ultimately, metacognitive learning is most useful in that it is indicative, not only of cognition about the subject matter, but also of the “awareness of and knowledge about one’s own cognition” (Pintrich, 2002:219). It therefore seems valid that the researcher should investigate the participants’ own assessments of their learning. Their satisfaction levels of their own learning and perceptions about its relevance needed to be explored. Kirkpatrick’s level 3 relates to transfer of learning, as does
metacognitive learning. Bransford and Schwartz (1999) refer to this as the capacity to use previously gained knowledge in a different environment.

The Participants survey, in Appendix G, was structured by grouping questions into a sequence which would trace learning levels and illicit the outcomes required. The questions also followed an order, with factual but high interest answers required initially, then scaled attitudinal responses, with more complex narratives of high interest invited later. Cohen, Manion and Morrison (2013:398), described how this graduation from “objective facts to subjective attitudes and opinions” would create a logic and comfort conducive to completion of the survey. Oppenheim (1992:121) proposed that each question should encourage continued cooperation. Questions were designed to generate mostly quantitative data initially, with more qualitative data later. With this in mind, the survey was divided into 9 sections.

The first section, entitled, ‘Welcome to my Survey’, was an invitation to complete it, along with an assurance of confidentiality.

The following 8 sections were comprised of questions, as grouped and detailed below. However, in general, multiple choice formats were used throughout the survey to gather nominal, categorical and ordinal data. Likert horizontal scales were also used to explore semantic differentials.

1. **Training Uptake; Questions 1-3**

Purpose: to inquire about how people heard of the programme, and how difficult it had been for them to attend.

Question Types:

- Closed questions with pre coded response options.
- Question to illicit an interval level of measurement: Likert scale used.
2. Who is doing the Training? Questions 4-11

Purpose: to ascertain the characteristics of the target population.

Question Types:

- Closed questions with pre coded response options.
- Open ended but with factual answer required.
- Binary Choice.

3. Continuous Professional Development (CPD): Questions 12-15

Purpose: to ascertain the participants’ linkages with their line managers and other supports or courses in developing their overall learning.

Question Types:

- Binary Choice.
- Closed questions with pre coded response options.
- Option given for specifying under ‘other.’

4. Self-Assessment: Questions 16-18

Purpose: to gain an insight into the participants’ awareness of their own levels of knowledge, skills and understanding.

Question Types:

- Questions to illicit semantic differentials: Likert scale used.

5. Course Content; Questions 19-20

Purpose: To rank the module topic areas from most to least beneficial.

Type of data and measurement units: quantitative with indications of relative importance.
Question Types;

- Closed questions with pre coded response options.
- Ordinal Ranking.

6. Course Delivery; Questions 21-27

Purpose: To ascertain their views on the logistics of the programme, and the training methodologies used by the facilitators.

Question Types;

- Closed questions with pre coded response options.
- Question to illicit semantic differentials: Likert scale used.
- Open ended question.

7. Course Impact and Follow Up: Questions 28-41

Purpose: To measure their capacity to transfer their learning into their work places.

Question types:

- Binary Choice.
- Open ended questions about how participants dealt with a problem.
- Closed questions with pre coded response options.
- Question to illicit semantic differential: Likert scale used.

8. Suggestions: Questions 42-47

Purpose: To identify gaps and inform the researcher in making recommendations.

Question types:

- Binary Choice.
Phase 4: Line Managers Survey

The questionnaire designed for this survey can be viewed in Appendix H. Kirkpatrick’s Level 3 refers to an evaluation of the transfer of learning. It was therefore important to enquire if the participants’ line managers had observed behavioural improvements in this regard. The desired outputs were information about the impact of the Programme and also about the level of collaboration between line managers and the participants in reinforcing the learning. Their suggestions were also invited. The resultant data would be both quantitative and qualitative. Questions 5 and 6 were key, inviting narratives about how the participants were observed ‘dealing with staff problems’. The survey was divided into 3 sections to explore the core elements:

1. Impact of the training; Questions 1-7

Question Types:

- Question to illicit semantic differentials: Likert scale used.
- Open ended questions, including one about how participants dealt with a problem.

2. Collaboration between Line Managers and Participants; Questions 8-10

Question Type:

- Binary Choice with an opportunity for a comment.

3. Suggestions

Question Types:
- Binary Choice with an opportunity for a comment.
- Open ended question inviting ideas and suggestions.

**Validity for Phases 3 and 4**

Vogt and Johnson (2011:415) refer to validity in relation to questionnaires as “the degree to which an instrument or test accurately measures what it is supposed to measure”. The construction of the surveys, as described above, demonstrates the capacity and limitations of these instruments in gathering data relevant to the study.

**Participant Information Leaflet (PIL) and Survey Pre amble**

The researcher wrote the PIL (Appendix I) to give further information about the study, and emailed it to prospective participants as an attachment along with the surveys. It was hoped that both the PIL and the survey preamble, entitled ‘Welcome to my survey’ would incentivize engagement by offering an opportunity to participate in the development of training for HSE Managers. Both stressed the voluntary nature of participation in the study, and that withdrawal at any time and for any reason was acceptable. It was clearly stated that completion of the survey assumed consent and voluntary participation. Confidentiality was assured, given that responses would not be identified, and that no identifying information would be shared subsequent to the study. The data findings from the survey monkey links can only be accessed by a password known solely to the researcher.

**Pilot Study**

Wilson and McLean (1994:47) argued that the function of the pilot study was to add to its reliability, validity and practicability.
Having composed the surveys, the researcher piloted each of them with three HSE managers who had managed participants but who had also themselves attended the Programme. The three concerned were known to the researcher. Their consent was ascertained, and they gave feedback on their comprehension of the questions, the structure and on the length of time it took to complete. No changes were required and all reported a timescale of 20 minutes for the Participants’ survey. In discussion with those who were piloted, the researcher considered that the level of interest among the participants would be such that they would be prepared to give this time. The line managers’ survey was estimated to take 10 minutes. The feedback from the pilots endorsed the surveys’ contents and time frames.

**Survey Delivery**

The delivery option chosen for the survey was via Survey Monkey, given its capacity to present attractively to a large number respondents. This was agreed with the Commissioner. Elbeck’s study of a sample of 187 marketing students, confirmed their preference for this method, largely because of its ‘ease of use’ (Elbeck, 2014). Chuttur (2009) frames this as a ‘Technology Acceptance Model’ (TAM). Survey Monkey’s additional advantages were its assistance with the survey design and data analysis.

Having uploaded the surveys, the researcher first emailed them on June 6th 2015. They were accompanied by the Participant Information Leaflet. There were some technical hitches requiring the assistance of the Information Technology Departments in the HSE, so some survey invitations were received a fortnight later. The researcher gave participants the option of emailing the survey on a Word document or as a postal questionnaire. Four participants completed it in this way. The researcher uploaded their responses into the Survey Monkey system.

The surveys were open for 7 months, with reminders sent on August 8th, and October 12th 2015. A final reminder was sent on January 5th, 2016.
3.7.3. **Phases 5 and 6**

Whilst the surveys had a functionality in gathering information about the experiences and perceptions of the programme participants and their managers, more in depth discussion was needed with the Senior managers from the HSE’s LED and CERS Offices, and the Programme Facilitators. Brannick and Coghlan (2007) consider this type of ‘inside knowledge’ as valuable in giving context and meaning. The Commissioner, as the gatekeeper, supplied the researcher with the contact details of the prospective participants. The researcher then issued invitations to the Senior Managers to participate in an Engagement Workshop and to the facilitators to participate in a Focus Group, arranging a date three weeks beforehand. The central questions for the groups were about how the data resonated with their own expectations. This would give an opportunity for the researcher to explore the issues with these participants. The groups had both evaluative and developmental purposes, in that their participants evaluated the data from phases 1-4, and used this data, along with their pre-existing thoughts about the programme, to formulate suggestions about its future roll out.

Participant Information Leaflets, the Topic Guides (Appendices J and K) and consent forms (Appendices L and M) were issued a week before each group. These documents gave information on the study, assured confidentiality and invited voluntary participation. Prospective participants were assured that the information given for the study would be used for that purpose only. The researcher was available for questions. They were informed that anonymity would be assured by reference to each member in any transcripts or narratives as Participant A, and so forth. The Participants were informed that any recorded information on audio tape would be kept on the researcher’s own laptop, which is encrypted and password protected. They were also informed that hard copies of all data, which will not include participant identities, will be kept in a locked cabinet for five years and then destroyed.

Lee, as cited by Byrne (2012:77) distinguishes group interviews from focus groups; the Engagement Workshop constituted a group interview, with the researcher interacting directly with the interviewees. The Focus Group with the facilitators involved the observation of a peer discussion prompted by initial inputs
from the researcher. Kitzingen (1995) describes focus groups as a type of group interview that promotes dialogue amongst research participants to create data. Both groups were semi structured, with the researcher using open questions. This allowed for pre ordering of topics, “but allowing the researcher and the participant flexibility on the ordering of the actual questions in the flow of dialogue, and the opportunity to expand on certain topics” (Lee in Byrne, 2012: 73).

The researcher presented the study’s raw findings from phases 1- 4 to both groups, which generated discussion. She used a Powerpoint presentation for the Engagement Workshop, and had emailed the facilitators the same presentation, so they were able to view it on their computer screens during the discussion. Using the Topic Guide, the researcher guided the discourse. The slides acted as prompts, and the researcher also used assurances and probes to elicit narratives to enrich the data outputs (Weick, 2012).

**Engagement workshop with Senior Managers:**

Duration: three hours

It was expected that the Senior Managers would bring differing perspectives as some would have responsibilities for the development of work force capacities, and others for employee relations. Whilst all would have a concern for the effectiveness of the programme, it was essentially a heterogeneous group.

The rationale was that the researcher would note the group members’ reactions to the data extrapolated from the evaluation forms and the surveys. These reactions would help define the Senior Managers’ conceptual positions and expectations about the role of the PMLF training, and also assist the researcher in the interpretation of the data. These meanings would give rise to suggestions for the future roll out of the programme.

The researcher’s supervisor attended this along with the Commissioner. An opportunity for questions at the beginning of the session was given and written consent from the participants was subsequently ascertained. The researcher’s
supervisor transcribed the dialogue, and an account of it was emailed to the participants, who were invited to make corrections and additional comments. A sample of this is in Appendix N. Creswell et al (2003) refer to this process as ‘member checking’.

**Focus Group by teleconference with the programme’s facilitators:**

Duration: 2 hours

This group had a homogenous membership. The facilitators’ perspectives would include concern for their own performance, but the researcher also acknowledges their opinions on the effectiveness of the programme, given that they are privy to the comments made by participants during the training sessions. Their reactions to the data findings from phases 1-4 would give rise to interpretations and suggestions.

There was an opportunity for questions at the beginning of the session, and the researcher gained their verbal consent. She also invited them to scan or post signed consent forms. Their discussion was recorded and subsequently transcribed. A sample of the transcript can be found in Appendix O. The transcript was emailed to the participants, who were invited to submit corrections and additional comments.

**Telephone Interview:** the researcher did a telephone interview using the topic guides, with another facilitator.

**Reliability for Phases 5 and 6**

The use of the topic guides for the interview schedules maintained a consistency, and therefore a reliability for the outputs. The topic guides were discussed with the Commissioner, but resource restraints dissuaded the researcher from using a pilot. This may have limited the reliability.
Validity for Phases 5 and 6

The data from the groups represented information from a much smaller number of people than those in the other phases. Nevertheless, the group membership reflected the significance of the data, and the researcher was rigorous in recording the content of the discussions, including quotes from participants.

3.8. Exclusion Criteria

The resources available to the researcher, who was working on a part time basis, limited the scope of the study. The following groups were not therefore included in the study.

a. The employees being managed by those who completed the Programme have not been included in this study, given resource limitations.
b. Those budget holders responsible for the ROI within the Organization were not included.
c. Those HR professionals with access to data on the levels of utilization of the HR processes were not included.

3.9. Validity

The researcher has commented on the validity of the instruments used during each phase of the research. As a mixed methods study, using data from six different sources, the triangulation involved added to the aggregated validity.

3.10. Data Analysis

The data required was descriptive.

Quantitative Data

For phases 3 and 4, nominal, interval and ordinal data was collated by Survey Monkey. A mixture of Excel and Survey Monkey charts, and Word tables were used, when appropriate, to illustrate and explain frequencies, percentages and
weighted averages. These simple descriptive statistics were used to present and summarize the data in Chapter 4.

**Qualitative Data**

For phases 1, 2, 3 and 4, the researcher used codes, themes and categories to analyse the qualitative data. This was transformed into quantitative measures by recording how often comments were made on the same themes (Creswell et al, 2003:46). The Survey Monkey system included a tool which collated the frequencies of responses within the researcher’s chosen categories. An example of this is in Appendix P. Top down, or a priori codes, such as those related to the timeliness of the training, were identified through the literature search, and these were used in conjunction with Bottom up coding based on the respondents’ statements and narratives. (Strauss and Corbin, 1990). Second level interpretive coding produced themes.

For phase 5, a matrix analysis was used (Appendix Q) after the researcher had reduced the data through selection, focus and simplification. The raw data could then be transformed into categories (Miles & Huberman, 1994).

For the Focus Group, open coding was used to analyse the data. This involved labelling segments of transcript and then “comparing, conceptualising and categorising data” (Strauss and Corbin, 1990:61). The researcher used In Vivo memos alongside parallel and hierarchical coding to link the codes together to create themes, as described by King and cited by Cassell and Symon (2004: 258).

**Merging of data**

The data was collected in a sequence, but its analysis followed a convergent model, as described by Creswell (2003:35), in that it was merged through its transformation, and later through discussion at the interpretive stage.
The data collected in phases 5 & 6, although having its own significance, also represented a convergence of the data from the other sources, enabling the researcher to interpret the findings from phases 1-4 collaboratively with the Senior Managers.

The overall merge was achieved through consolidation and validation of each phase of the data findings. The total analysis enabled the emergence of themes and comparisons between stakeholders. In identifying gaps, suggestions and recommendations could then be identified.

3.11. Ethical Considerations

Ethical Approval was applied for and granted by the Health Policy and Management Centre for Global Health Research Committee, University of Dublin, Trinity College. A copy of the letter granting ethical approval to undertake this study is in Appendix R. This was commissioned research, with the Commissioner acting as gatekeeper. No Service Users were involved in this study.

Issues of consent, voluntary participation and confidentiality have already been discussed.

3.12. Potential Limitations of the Mixed Methods Design

1. There was no control group to enable comparisons between the capacities of those who had completed the Programme and those who had not. The researcher issued a survey electronically to managers on the waiting list for the Programme, but the response rate was minimal (n= 10), given the scale of the survey, and this would not have constituted reliable or valid data.

2. Malhotra and Birks (2000) found that there can often be a non-response issue with the use of questionnaires. For the social sciences, a response rate of 30%, although lower than desired, is the expectation.

3 Morse (2003) warns that if methods are mixed in an ad hoc manner, that the validity of a study may be undermined. However, this methodology outlines the
rationale for how each method adds to the value of this evaluation as a holistic study.

3.13. Summary
IT was agreed with the Commissioner that the researcher conduct a sequential mixed methods evaluation study mapping the sequence of the training programme. This was a pragmatic choice and the dominant strand was the survey of the programme participants. In addition to the creation of data from each group of stakeholders, the six sources converged to give a holistic understanding of the answers to the research questions.
4 CHAPTER 4 PRESENTATION OF FINDINGS

4.1. Introduction
The aim of the study was to evaluate how effective the PMLF programme has been in facilitating managers to implement people management policies in the HSE. The previous chapters have given a rationale for involving a wide range of stakeholders and for adopting a mixed methods methodology. The findings from each participant group will be presented separately but sequentially to meet the objectives of the study as detailed in 3.5. The emergent themes will be discussed in the following chapter using the Kirkpatrick and CIPP frameworks, as identified through the literature search.

4.2. Research Questions
1. What were the expectations of the PMLF training?
2. How has the PMLF training strengthened HSE managers’ abilities to manage people within the current legal framework?
3. What suggestions were made to meet the strategic objectives of training for HSE managers?

4.3. Profile of Research Setting
There are approximately 6000-7000 line managers in the HSE who are expected to have attended the PMLF programme. Currently a Project Team is reviewing the programme, and the General Manager with LED, as a member of this team, commissioned this research. His interest was in a far reaching evaluation study to reflect findings throughout the HSE, with information drawn from all professional disciplines and from the various grades within the managerial spectrum.
4.4. **Profile of research participants**

The study included information from 239 survey respondents and 106 who attended and completed evaluation forms. In addition, information from the application forms from 34 applicants, and 22 of their managers was analyzed. 5 Senior Managers attended the engagement workshop. All of the above were HSE managers at various grades. In addition, 4 programme facilitators attended a focus group by tele conference, and 1 was interviewed by phone.

The Participants' Survey best demonstrated the scope of this study, with 209 respondents. They were all line managers and the findings detail their profiles.

4.5. **Sequence of data collection**

The research comprised a holistic sequential mixed methods study, collecting data from April 2015 to February 2016.

Table 6 follows on from Table 5 and is ordered to reflect the sequence of data collection.
Table 6 Summary of Data Sources and response rates

<table>
<thead>
<tr>
<th>Data Instrument</th>
<th>Data Source</th>
<th>Numbers invited to participate:</th>
<th>Number of participants/Response Rate</th>
<th>% Response rate</th>
<th>Outputs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Analysis of Application Forms submitted April 2015</td>
<td>Attendees Line Managers</td>
<td>34 attendees 22 Line Managers</td>
<td>34 Application forms</td>
<td>N/A</td>
<td>Qualitative Data on Expectations</td>
</tr>
<tr>
<td>2. Analysis of Evaluation Forms submitted June 2015</td>
<td>Participants immediately after participation in programme</td>
<td>106 Participants</td>
<td>1 facilitator submitted 106 forms in June 2015</td>
<td>N/A</td>
<td>Quantitative and Qualitative Data on Immediate Learning</td>
</tr>
<tr>
<td>3. Survey of Programme Participants, open from 6th June 2015 - 15th January 2016</td>
<td>Programme Participants from January 2014-April 2015.</td>
<td>542</td>
<td>209</td>
<td>38.56%</td>
<td>(a)Profile of participants. (b).Quantitative and Qualitative Data on Intermediate Learning, Transfer of Learning and Suggestions</td>
</tr>
<tr>
<td>Data Instrument</td>
<td>Data Source</td>
<td>Numbers invited to participate:</td>
<td>Number of participants/Response Rate</td>
<td>% Response rate</td>
<td>Outputs</td>
</tr>
<tr>
<td>-----------------</td>
<td>-------------</td>
<td>---------------------------------</td>
<td>--------------------------------------</td>
<td>----------------</td>
<td>---------</td>
</tr>
<tr>
<td>5. Engagement Workshop with Senior Managers on February 2nd 2016</td>
<td>3 Managers from LED 1 Senior Executive with CERS 1 Employee Relations Manager</td>
<td>5</td>
<td>5</td>
<td>N/A</td>
<td>Qualitative data about Expectations and Suggestions</td>
</tr>
<tr>
<td>6. Focus Group with Programme</td>
<td>4 Facilitators</td>
<td>5</td>
<td>4 in Focus Group 1 Telephone Interview</td>
<td>N/A</td>
<td>Qualitative data about Expectations,</td>
</tr>
<tr>
<td>Data Instrument</td>
<td>Data Source</td>
<td>Numbers invited to participate:</td>
<td>Number of participants/Response Rate</td>
<td>% Response rate</td>
<td>Outputs</td>
</tr>
<tr>
<td>-----------------</td>
<td>-------------</td>
<td>---------------------------------</td>
<td>--------------------------------------</td>
<td>-----------------</td>
<td>---------</td>
</tr>
<tr>
<td>Facilitators February 8th 2016</td>
<td>of the PMLF Programme.</td>
<td></td>
<td></td>
<td></td>
<td>the Outputs, and and Suggestions</td>
</tr>
</tbody>
</table>
4.6. Findings from the Application Forms

Research Question 1 What were the expectations of the PMLF training?

The template for the application forms can be viewed in Appendix J.

64.70% of the applicants (n=22) stated they wanted to gain knowledge about policy, procedure and legal requirements. 58.82% (n=20) referred to the acquisition of skills. These included ‘problem solving’, ‘dealing with conflict’, ‘leading change’, ‘chairing meetings’, ‘collaborative people management’ and ‘motivational skills’. 41.18% (n=14) referred to the idea of improving compliance with organizational managerial standards and 38.24% (n=13) wanted to become better able to implement HSE policies. Only 3 referred to the hope that employee performance would improve, with a view to better service provision.

90% of the applicants’ managers stated that they wanted the applicants to gain a better understanding of their role and responsibilities as managers. 36.36% had an expectation that they would gain more knowledge about HSE policies, procedures and legal requirements. Only 5 referred to the development of skills, including the ability to address personal issues, motivating staff and leadership.

Comparative analysis

The data from the application forms indicates that the line managers were interested, largely, in the development of confidence building. In comparison, the applicants’ main interests were in gaining knowledge and skills.

Whilst all these elements are interlinked, the divergence of emphasis between the two groups is of interest for the purposes of this evaluation. Few applicants or managers stated that that they expected the training to be of help in improving employee performance.
4.7. Findings from the Evaluation Forms

The Evaluation Form Template can be viewed in Appendix K.

Research Question 2. How has the PMLF training strengthened HSE managers’ abilities to manage people within the current legal framework?

Analysis of Pre and Post Programme levels of knowledge and skills:

Over 50% of the participants rated their levels of knowledge and skills before the programme as ‘fair’. There were marked improvements reported in relation to skills and knowledge, with over 57% of the ratings moving from ‘fair’, before the programme, to ‘very good’, after the programme. However, the percentage shift in ratings to ‘excellent’ was under 10%.

![Figure 1 Levels of awareness, knowledge, competency and skill immediately before the training.](image-url)
Figure 2 Levels of awareness, knowledge, competency and skill immediately after the training.

Feedback on Suitability of Content

Overall, there was a high level of satisfaction that the training met with expectations, and that it was relevant to the current roles of the attendees: the evaluation sheets included a scale for rating the training’s ‘practical relevance to current role’. 46 respondents (43.40%) graded this as ‘very good’, and 49 (46.23%) graded it as ‘excellent’. An additional scale rated the training’s content in terms of meeting ‘identified objectives’; 44 respondents (41.90%) rated this as ‘very good’, and 52 (49.52%) rated it as ‘excellent’.
Feedback on Delivery of the Programme
Participants were asked to rate if the content was presented at a level that was ‘understandable and usable’. 83 (78.81%) rated it as ‘excellent’, and 17 (16.35%) rated it as ‘very good’. The pace of the programme was rated as ‘very good’ by 44 participants (42.72%) and as ‘excellent’ by 38 (36.89%). There were strong overall indications of satisfaction with the delivery style of the course, with 72 (68.57%) reporting it as ‘excellent’, and a further 28 (26.67%) describing it as ‘very good’.

Summary of Reactions: Kirkpatrick Level 1
Overall, the findings from the evaluation sheets indicated that the training was experienced as relevant and meeting expectations; over 90% rated the delivery and content of the programme as either ‘very good’ or excellent’ in terms of meeting identified objectives, relevance and being understandable. There were marked improvements reported in relation to skills and knowledge. This indicated very significant immediate learning.

4.8. Findings from the Participants’ Survey
Research Question 2: How has the PMLF training strengthened HSE managers’ abilities to manage people within the current legal framework?

4.8.1. Profiles of those who completed the Participants Survey
CHO Area
121 respondents indicated their CHO area; 74.38% of these (n=90) were from CHO Areas 1, 4, 5 and 7. The researcher has no indications about why the rate of response from the other CHO areas were low.

Service Area
Participants were from a wide spread of HSE service areas. However, Figure 3 indicates that Acute services were under represented in the survey, and that other areas were over represented.
Figure 3 Profile of Participants by Division; comparison with HSE Workforce

**Staff Category**
32.18% (n=63) were from administrative or managerial groupings, 27.60% (n=53) were health and social care professionals, and 25.96% (n=50) were from the nursing professions. Only 1.04% were doctors. The breakdown of staffing categories is set out in Appendix S.

**Management Grade**
Less than 10% of respondents were senior managers. This reflects a predominance of junior and middle manager grades:
Bar 1: General Manager or above
- Junior Management included grades 4 to 6
- Middle Management included grades 7 to 8
- Senior Management included General Manager grades, and those above

**Figure 4** Percentage of participants according to management grades

**Numbers of staff they managed**
20.56% of participants were managing over 30 staff. 46.11% were managing between 1 and 10 staff. This again indicated that the majority of participants were junior and middle managers.

**Years of experience**
The mean number of years of experience was 2.6. A wide range of experience levels among the participants was evident. It is of interest that almost one third of managers who attended the programme had over 10 years’ experience.
4.8.2. Has the programme increased levels and application of knowledge in dealing with staff management problems?

Participants were asked to rate their knowledge in relation to each course module:

*Bar 4 relates to ‘Managing employee grievances’
*Bar 8 relates to ‘Salient Provisions of Employee Legislation’.

Figure 5 Ratings of knowledge in relation to each course module

It is of note that over 75% of the respondents rated their knowledge of the policies in relation to ‘Managing Attendance’, ‘Dignity at Work’ ‘Managing Employee Grievances’, and ‘Employee Performance’ as either ‘good’ or ‘very good’. Despite its importance in safeguarding Service Users, 66.31% rated ‘Trust in Care’; as either ‘good’ or ‘very good’. The ratings of knowledge on ‘managing fixed term employees’, ‘Irish equality laws’ and ‘Salient Provisions of Employment Law’ were lower again, with under 50% approximately rating them as either ‘good’ or ‘very good’.
Question 29 asked ‘Have you been able to apply the knowledge learned on the programme to your current role?’ 92.90% indicated that they could.

Figure 6 charts the module topic areas rated as most beneficial in terms of Participants undertaking of their current roles. This reflects that those areas in which they developed most understanding were also those they found most beneficial to their current roles.

Mean (1= least beneficial, 8=most beneficial)

Figure 6 Rankings of benefit of each module topic area, by weighted average.

4.8.3. Has the programme raised levels of skill acquisition?
70.62% (n=125) indicated that they had learned some new skills, and 24.29% (n=43) that they had learned a lot of new skills. Question 30 itemized the four
main skill areas as indicated in the chart below, asking participants how frequently they had been able to use them:

**Figure 7** Frequency of application of the main skills learned on the programme

Procedural Adherence is core to the expectations for the PMLF Programme, and 69.88% (n=116) indicated that they used this either ‘very often’ or ‘often.’ Recording and documenting scored in the same region at 72.12% (n=119). For those skills seldom or never used, employee counselling and conflict resolution scored most highly at 21.55% (n=36) and 29.75% (n=49) respectively. This reflects more difficulty in the application of the more complex skills.

**Factors deterring application of skills**
(a) Contextual Factors

56.67% (n=34) stated they had not applied the skills because of ‘lack of opportunity’. The reasons given included lack of workplace challenges, small staff numbers and satisfactory employee performance and workplace relationships. 11.67% (n=7) stated that they had not been able to apply the skills because of insufficient support. 6.67% (n=4) stated it was because of time restraints.

(b) Lack of Role Clarity

Two comments (3.33%) were suggestive that it was not their role to address many of the issues:

(c) Factors related to the PMLF Programme

8.33% (n=5) referred to gaps in the programme, and all of their comments reflected that the Programme’s focus was on knowledge more than on skill acquisition:

“I felt the course was more focused on the actual legislation than actually dealing with practical examples in day to day management of staff.”

(d) Time Interval Issues

5% (n=3) stated that there was a difficulty in transfer of learning because of the time lapse between the training and the opportunity to implement. This has implications for intermediate and long term learning.

4.8.4. Has the programme helped participants develop their understanding of the knowledge gained?

67.74% of the participants (n=126) rated their understanding of their current role as ‘good’, and 24.19% (n=45) rated it as ‘excellent’. Understanding contributes to confidence levels; it was of interest that, whilst over 70% indicated adequate confidence levels, 27.57% (n=38) did not indicate confidence levels required for managerial positions, and only 9.73% (n=18) indicated that they were ‘very
Nevertheless, 69.94% (n=114) of respondents reported that their confidence levels had improved.

![Figure 8 Self-Reported Confidence Levels](image)

To gain insight into the levels of understanding, participants were asked to give an example of a recent staff management problem. They were then asked who they talked to about it, and how they proceeded to address it. There was a 50.72% response rate to this question (n=106). The problems cited by the varying percentages of the participants were categorized by the researcher as indicated in Figure 9.
47.85% (n=100) of the participants gave information about who they talked to about a recent staffing problem. Their responses are set out in Figure 10:
Figure 10 Who participants spoke to about a recent staffing problem

Whilst line managers were the most frequently consulted, only 25.90% (n=36) of the responses given indicated that they sought advice from them. A further 23.45% (n=31) spoke to either Human Resource Personnel, Senior Managers or Employee Relations Managers. This was in contrast to the findings from Question 31, which asked if the course gave participants information about whom to consult in relation to people management problems. 94.08% (n=159) indicated that it did.

100 participants (47.85%) described how they proceeded to address a recent staff management problem. The researcher categorized their responses as charted in Figure 11:
Bar 7:5.26% (n=5) changed the employee’s working arrangements.

**Figure 11** Percentages of respondents who took the actions as indicated to deal with identified staff management problems.

The data indicated that many of those who did the training identified pertinent staffing problems, talked to appropriate people, and took appropriate actions. Whilst all responses were appropriate, some featured less often than the researcher expected. For example, 12.63% (n=12) stated that they adhered to HSE HR policies and 12.63% (n=12) stated that they documented significant observations and actions. Only 4.21% (n=4) stated that they explained the relevant HSE HR policy to the employee. 12.63% (n=12) indicated a review of employee performance. Only one respondent stated that she referred to the PMLF Reference book. It appeared that the managers did deal with the problems themselves; only 4.21% (n=4) referred the employee to the HR Department. 33.68% of responses indicated that they either addressed all involved or resolved the difficulty through informal mediation. A further 3.16% (n=3) coached or
mentored the employee. 13.69% (n=13), referred the employee to the Occupational Health Department.

In summary, these open questions gave rise to data which gave varying indications of the levels of understanding and confidence gained by the course participants.

4.8.5. **Impact of the Programme on Attitudes**

For over 50% of respondents, their levels of motivation and commitment remained unchanged. However, over 40% noted some improvements in these areas, as charted below:

*Bar 1 Your motivation to do your work
*Bar 2 Your confidence about doing your work
*Bar 3 Your Commitment to your work
### 4.8.6. What has influenced the impact of the programme?

**(a) Delivery Style**

54.17% (n=91) rated the delivery style as ‘very good’, and 39.88% (n=67) rated it as ‘good’. There were high satisfaction rates with the length of the course, though for 64.07% (n=107), this was two days, and one day for 27.54% (n=46). The length of the programme was indicated as ‘just right’ by 65.36% (n=117). 94.94% (n=169) considered the number of participants in the programme as ‘about right’ and 72.88% (n=129) reported that the amount of detail covered in the programme was ‘just the right amount’. Over 85% (n=150) rated ‘informal discussion’, ‘large group discussion’ and Power Point Presentations as either ‘good’ or ‘very good’. 30.41% (n=52) stated that Guest speakers were never used and 20.57% (n=36) stated that role plays were never used.

<table>
<thead>
<tr>
<th>Method</th>
<th>Very good</th>
<th>Good</th>
<th>Neither</th>
<th>Poor</th>
<th>Very poor</th>
<th>Never used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working in small groups</td>
<td>37.71</td>
<td>40.00</td>
<td>11.43%</td>
<td>2.95%</td>
<td>9.57%</td>
<td></td>
</tr>
<tr>
<td>Large group discussion</td>
<td>32.39</td>
<td>53.41</td>
<td>4.52%</td>
<td>1.38%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual feedback</td>
<td>21.05</td>
<td>49.71</td>
<td>18.71%</td>
<td>1.90%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Role play activities</td>
<td>14.29</td>
<td>31.43</td>
<td>26.66%</td>
<td>6.79%</td>
<td>20.57%</td>
<td></td>
</tr>
<tr>
<td>Case Studies</td>
<td>24.74</td>
<td>53.45</td>
<td>14.17%</td>
<td>4.68%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brainstorming</td>
<td>25.71</td>
<td>43.43</td>
<td>16.29%</td>
<td>3.77%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Informal discussions</td>
<td>32.57</td>
<td>55.43</td>
<td>8.52%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of questionnaires</td>
<td>12.94</td>
<td>32.94</td>
<td>27.65%</td>
<td>7.06%</td>
<td>19.11%</td>
<td></td>
</tr>
<tr>
<td>Handouts</td>
<td>32.00</td>
<td>47.43</td>
<td>8.57%</td>
<td>5.14%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workbooks</td>
<td>25.43</td>
<td>31.79</td>
<td>16.18%</td>
<td>6.91%</td>
<td>18.50%</td>
<td></td>
</tr>
<tr>
<td>Power point presentations</td>
<td>32.95</td>
<td>52.84</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dvds and video</td>
<td>27.91</td>
<td>47.13</td>
<td>17.82%</td>
<td>3.96%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Involvement of guest speakers</td>
<td>19.88</td>
<td>21.64</td>
<td>22.81%</td>
<td>3.81%</td>
<td>30.41%</td>
<td></td>
</tr>
</tbody>
</table>
Facilitation skills were rated by participants as either ‘good’ or ‘very good’ by over 88% (n=157) of the respondents:

*Bar 3 denotes ‘Encouraging participation of all’
*Bar 4 denotes ‘Ability to make participants feel at ease’
*Bar 5 denotes ‘Encouraging the development of trust and safety within the group’
*Bar 6 denotes ‘Approachable to discuss individual issues’

Figure 14 Participants’ Ratings of Facilitators’ Skills
(b) Support from line managers

57 participants (33.93%) reported that their Line Managers had discussed the benefits of the programme with them since attending; 66.07% (n=111) stated they had not.

The figure below indicates varying degrees of support from line managers.

![Pie chart showing support levels]

Figure 15 Levels of support from line managers in helping their staff apply the learning on the PMLF Programme to their current roles.

(c) Other Supports

42.14% (n=67) stated that they had received written or email communication follow up from the facilitator.
7 participants (4.24%) reported that they had used the HseLAND on Line Discussion Forum, but 63.03% (n=104) stated they had not. 32.73% (n=54) stated they were not aware of the forum.

Peer support had been the experience of 18.18% (n=30). However, 81.82% (n=135) had not been in contact with other course participants in relation to the programme.

### 4.8.7. Research Question 3: What suggestions were made to meet the strategic objectives of training for HSE managers?

80% (n=133) of participants thought a refresher course would be beneficial. This may be indicative of the difficulty in retaining learning, if not immediately used. When asked if an e learning module on HSELand would have been of interest as an alternative to attending the programme, 42.24% (n=66) stated that it would be, but over half answered ‘no’: they placed value on interaction while learning.

When asked if there were areas in which participants would like further training, almost two thirds (n=95) stated that there were. Most replied that they would like more detail on the programme’s existing modules, as set out below:

```
<table>
<thead>
<tr>
<th>Numbers of participants who suggested further training in the following areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resilience/Stress Management</td>
</tr>
<tr>
<td>Dealing with Unions</td>
</tr>
<tr>
<td>Fixed Term Contracts</td>
</tr>
<tr>
<td>Motivational Leadership</td>
</tr>
<tr>
<td>Equality Issues</td>
</tr>
<tr>
<td>Dignity at Work</td>
</tr>
<tr>
<td>Dealing with Grievances</td>
</tr>
<tr>
<td>Employment Legislation</td>
</tr>
<tr>
<td>Trust in Care</td>
</tr>
<tr>
<td>Managing Attendance</td>
</tr>
<tr>
<td>Conflict Management</td>
</tr>
<tr>
<td>Performance Management</td>
</tr>
</tbody>
</table>
```

76
The researcher extrapolated data from the 41 replies which had suggested further inputs on employee performance: 39.02% (n=16) requested opportunities to develop a complex level of skills, such as coaching or mediation, as compared with 9.76% (n=4) who requested more knowledge. 19.51% (n=8) requested ‘follow up’ and 14.63% (n=4) administrative and report writing skills. Appendix T gives a breakdown of these suggestions.

The researcher categorized further suggestions and comments made by 16.27% of the participants (n=34) at the end of the survey. These are set out in Table 7.

<table>
<thead>
<tr>
<th>Suggestions and comments</th>
<th>Number</th>
<th>Percentage of the number of respondents who made suggestions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LOGISTICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Too short</td>
<td>4</td>
<td>11.76%</td>
</tr>
<tr>
<td>More suitable venue</td>
<td>1</td>
<td>2.94%</td>
</tr>
<tr>
<td><strong>DELIVERY METHODOLOGIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Updated and effective ‘Real life’ scenarios and case studies should be developed.</td>
<td>6</td>
<td>17.65%</td>
</tr>
<tr>
<td>More role play</td>
<td>1</td>
<td>2.94%</td>
</tr>
<tr>
<td>More discussion time</td>
<td>1</td>
<td>2.94%</td>
</tr>
<tr>
<td>E learning</td>
<td>1</td>
<td>2.94%</td>
</tr>
<tr>
<td>Opportunity to learn from colleagues/peers</td>
<td>1</td>
<td>2.94%</td>
</tr>
<tr>
<td><strong>CONTENT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Content needing to be updated</td>
<td>3</td>
<td>8.82%</td>
</tr>
<tr>
<td>Suggestions and comments</td>
<td>Number</td>
<td>Percentage of the number of respondents who made suggestions</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>--------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>More information about who to ask for advice in ER&amp; HR Depts.</td>
<td>2</td>
<td>5.88%</td>
</tr>
<tr>
<td>Too much information</td>
<td>1</td>
<td>2.94%</td>
</tr>
<tr>
<td><strong>FOLLOW UP/TIME INTERVAL ISSUES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refresher Course needed, to include peer support</td>
<td>8</td>
<td>23.53%</td>
</tr>
<tr>
<td>Follow up Mentoring</td>
<td>1</td>
<td>2.94%</td>
</tr>
<tr>
<td>Documents could be issued outlining main points in new policies</td>
<td>1</td>
<td>2.94%</td>
</tr>
<tr>
<td>Allow time between the PMLF and FTM to absorb the information</td>
<td>1</td>
<td>2.94%</td>
</tr>
<tr>
<td>Need more support from Senior managers to implement</td>
<td>2</td>
<td>5.88%</td>
</tr>
<tr>
<td><strong>RECRUITMENT OF PARTICIPANTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Should be Mandatory</td>
<td>5</td>
<td>14.71%</td>
</tr>
<tr>
<td><strong>INTEGRATION INTO CPD</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certify the Programme</td>
<td>2</td>
<td>5.88%</td>
</tr>
</tbody>
</table>

Whilst many of these findings were in relation to the delivery style, and logistics of the PMLF Programme, it is of note that the largest number of suggestions made were to propose refresher or ‘follow on’ courses or support. Two highlighted the need for more support from senior managers to implement. There was also a strong emphasis on the ‘real life’ scenarios as a learning tool. Some commented on how useful the course was, suggesting that it should be made mandatory.
Appendix U details quotes from a range of these comments.

4.8.8. **Summary of Findings from the Participants’ Survey to inform Intermediate Learning and Transfer of Learning: Kirkpatrick Levels 2 and 3**

Overall, skill, knowledge and understanding levels increased, and with them managerial confidence, but not to the levels that one may have expected. 54.17% (n=91) rated the Programme as ‘very good’, and 39.88% (n=67) rated it as ‘good’. These findings reflect reasonable satisfaction levels. It was unclear about how well equipped the participants felt to be able to transfer their learning. Contextual factors outside of the scope of the programme have had a bearing on this. The demand for ‘real life’ scenarios and the opportunity to learn from those who have managed these challenges successfully was evident. Many participants had attended other management courses, which may have helped in the development of the implementation skills; 49.61% (n=64) had attended the First Time Managers Programme. An additional 55.04% had attended other certified management courses.

There was a consistent demand for a refresher or follow up course, and some awareness of the need to have the content updated.

4.9. **Findings from the survey of Line managers of those who have attended the PMLF programme**

Research Question 2:

How has the PMLF training strengthened HSE managers’ abilities to manage people within the current legal framework?
4.9.1. **Observed Overall Impact of the Programme**

89.29% of the Line Managers stated that the programme had either a ‘positive’ or ‘very positive’ impact on staff members in carrying out their current roles. Attitudinal change was the most evident:

![Pie chart showing the impact distribution](image)

**Figure 17** Overall Impact of the Programme, as observed by Participants’ Line Managers

<table>
<thead>
<tr>
<th>Area</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitude</td>
<td>44%</td>
</tr>
<tr>
<td>Knowledge</td>
<td>31%</td>
</tr>
<tr>
<td>Skills</td>
<td>25%</td>
</tr>
</tbody>
</table>

**Percentage of Responses**

**Figure 18** Areas observed by the Line Managers to be of most positive impact
4.9.2. Impact of core modules

Over 70% rated the impact of the modules relating to ‘Managing attendance’, ‘Dignity at Work’, ‘Managing Employees’ grievances’ and ‘Employee Performance’ as either ‘good’ or ‘very good’. Less than 50% of the survey respondents rated ‘Trust in Care’, ‘Managing Fixed Term employees’, and ‘Irish Equality Laws’ as either ‘good’ or ‘very good’: These findings are charted in Figure 19.

*Bar 2 refers to ‘Managing employee grievances’
*Bar 8 refers to ‘Salient provisions of Employment Law’

Figure 19 Observed impact of the PMLF Training in relation to each learning module
4.9.3. Impact of PMLF programme as evidenced by case examples reported by Line Managers

Question 5 asked line managers to give an example of a recent problem their staff member had encountered regarding the management of staff. 80% of the respondents answered (n=24).

Percentage of Responses

*Bar 2 Inappropriate Behaviour included ‘breach of confidentiality’

*Bar 5 Grievances related to refusal of requests for transfers to alternative work locations, and excessive workload.

Figure 20 People Management Problems identified by Line Managers
Question 6 asked line managers to set out how the manager proceeded to address the issue. Figure 21 charts who they understood the course participants spoke to about the identified staff problem.

**Percentage of responses**

**Figure 21** Line Managers’ Perceptions of who Participants spoke to about the people management issues identified in case examples

**Summary of what they did**

52.18% (n=12) of Line Managers wrote that they had observed the Participants addressing all parties and attempting mediation. 21.74% (n=5) stated that they reviewed the employee’s performance.

17.40% (n=4) stated that they explained and adhered to policy. 8.70% (n=2) stated that they documented actions in relation to the matter. They reported one participant taking disciplinary action, and one referring the employee to Occupational Health.
### 4.9.4. Consultation Practices

As a further check on observed consultation processes, Question 7 asked ‘Who do your staff consult with when they have a people management issue?’

#### Percentage of responses

**Figure 22** Observed consultation practices following completion of the PMLF programme

Although higher percentages of consultation were recorded, the general patterns were similar to the responses noted in case examples. Line Managers were, again, the predominant group to be consulted.
4.9.5. What helped or hindered in consolidating the impact of the PMLF Programme?

Stated negative impacts of the PMLF Programme

(a) Training experienced as anxiety provoking

The majority of line managers stated there were no negative impacts, but two referred to the possibility of the programme heightening the participants’ anxiety levels:

“The staff are now extra cautious about how they manage staff and look for reassurance that this is within their remit”.

(b) Content and Timeliness of the Programme

One Line Manager stated that the participant returned from the training

“not fully aware of the policies as they are only touched upon on the training and were not gone into in great detail. Also, time elapsing between training and having to deal with an issue, seems to have resulted in the training information/knowledge being lost”.

(c) The nature and degree of collaboration with Line Managers

The majority (85.71%; n=24) reported that they were actively engaged with Personal Development Planning or Continuous Professional Development with staff members, whilst 14.29% reported that they were not. However, when asked ‘Do you know what is required of you to support staff members undertaking this training?’, 42.86% (n=12) replied that they did not, whilst 57.14% (n=16) did.

When asked what was required of them to support the participants, 50% (n=7) stated ‘release to attend’.

One respondent wrote
“As line manager, I signed off on this training as it is imperative for all who have responsibility for staff. There was no further communication required from me”.

Others referred to the difficulties in releasing staff:

“Having regard for the significant challenges faced by the services over the last number of years in the context of the employment control framework and reduced financial resources available, the workload demands on this service have limited the potential to support staff / release staff to attend formal in-house training”.

A further cohort did report more active engagement, with 35.71% (n=5) stating ‘support to implement’, 28.57% (n=4) referring to ‘performance development’ and 21.43% (n=3) writing ‘mentoring or empowering’.

One line manager wrote

“I am aware that I need to empower, support and assist the relevant line managers to take full responsibility for managing their staff and the associated issues; in this context it is imperative that they are provided and equipped with the necessary skills, competencies and confidence in order to complete the necessary tasks”.

Another, in making specific reference to Professional Development, stated

“PDP plans are drawn up for all staff members, which are reviewed regularly to ensure we are meeting their training needs”.

4.9.6. Summary of Findings from the Line Managers Survey to inform Intermediate Learning and Transfer of Learning: Kirkpatrick Levels 2 and 3

The overall impact was observed as positive. The modules considered more useful and less useful were the same as those identified by the participants in their survey. There were mixed responses to the questions probing levels of collaboration with their staff in addressing people management issues. Some of these were related to resource difficulties, and others to varying degrees of awareness of the impact such collaboration could have on people management. They observed their staff consulting mostly with themselves as the Line
Managers, and to a lesser degree, with the HR and ER professionals. Peer consultation was also significant. A range of problems were cited in the case examples, with absenteeism again featuring most frequently. Actions observed to have been taken were largely consistent with the policies and procedures outlined on the programme, with over half mediating with or addressing all parties. However, less than 20% explicitly referred to their staff adhering to policy and procedure in the case examples.

4.9.7. Research Question 3

What suggestions were made to meet the strategic objectives of training for HSE managers?

Two thirds approximately (64.29%; n=18) stated that there were gaps that they would like the programme to address and gave the following suggestions:

<table>
<thead>
<tr>
<th>SUGGESTIONS</th>
<th>NUMBER OF RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LOGISTICS</strong></td>
<td></td>
</tr>
<tr>
<td>Shorten the programme</td>
<td>2</td>
</tr>
<tr>
<td><strong>DELIVERY METHODOLOGIES</strong></td>
<td></td>
</tr>
<tr>
<td>Include Guest Speakers</td>
<td>1</td>
</tr>
<tr>
<td>Updated and effective ‘Real life’ scenarios and case studies should be developed.</td>
<td>1</td>
</tr>
<tr>
<td><strong>CONTENT</strong></td>
<td></td>
</tr>
<tr>
<td>Dealing with stress Management and Depression in staff</td>
<td>3</td>
</tr>
<tr>
<td>Dealing with Performance Issues</td>
<td>3</td>
</tr>
<tr>
<td>Dealing with the Media and /or the Unions</td>
<td>2</td>
</tr>
<tr>
<td>How to carry out an investigation</td>
<td>1</td>
</tr>
<tr>
<td>Coping with being bullied or criticized as managers</td>
<td>1</td>
</tr>
<tr>
<td>Contract Management</td>
<td>1</td>
</tr>
<tr>
<td>Deeper level of detail on modules</td>
<td>1</td>
</tr>
<tr>
<td>SUGGESTIONS</td>
<td>NUMBER OF RESPONSES</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>More Focus on Confidence building</td>
<td>1</td>
</tr>
<tr>
<td>FOLLOW UP /TIME INTERVAL ISSUES</td>
<td></td>
</tr>
<tr>
<td>Keep the core information updated in line with changes in legislation or policies</td>
<td>2</td>
</tr>
<tr>
<td>Ensure time lapse between learning and opportunity to implement does not hinder learning</td>
<td>1</td>
</tr>
<tr>
<td>Provide Peer support opportunities post training</td>
<td>1</td>
</tr>
<tr>
<td>Follow up by the PMLF trainers</td>
<td>1</td>
</tr>
<tr>
<td>EVALUATION</td>
<td></td>
</tr>
<tr>
<td>Conduct a post programme evaluation with line managers of those who attended</td>
<td>1</td>
</tr>
<tr>
<td>OPERATIONAL CHANGES</td>
<td></td>
</tr>
<tr>
<td>Managers to have access to employees’ contracts</td>
<td>1</td>
</tr>
<tr>
<td>RECRUITEMENT OF PARTICIPANTS</td>
<td></td>
</tr>
<tr>
<td>Should be mandatory</td>
<td>1</td>
</tr>
</tbody>
</table>

In relation to content, some of the suggestions were about introducing modules on issues not already addressed in the training. Others were about needing more detail or focus, and a comment on ‘real life’ scenarios featured. These suggestions reflected, again, the awareness of performance management issues. One respondent felt it important to have access to employees’ contracts, to be able to measure performance. Coping with stress and depression in employees featured, as did the issue of managers themselves feeling vulnerable to criticism or bullying. Being equipped to deal with marked levels of complexity is best reflected by a quote from one of the participants:

“One area that line managers are frequently raising is (the need for) support for them in their role when dealing with complex situations which are being compounded by external influences i.e. litigation/media attention etc.”
There was also a concern that the content of the PMLF Programme would be kept updated. Equally, that follow up could be available to assist the transfer of learning as issues arise.

4.10. Data from Engagement Workshop with LED and CERS Managers

4.10.1. Research Question 1: What were their expectations of the PMLF Programme?

In the discussion the objectives were encapsulated as

“Closing the loop in enabling managers to take responsibility for both HR and service delivery”.

Subsequent to the workshop, one Senior Manager emailed the following:

‘The overall aim of the PMLF training programme is to equip line managers across all disciplines with the knowledge they require to implement key HR policies and procedures. It provides a broad overview of the relevant employment legislation and demonstrates how the proper operation of these HR policies and procedures promotes a culture of high performance and fosters employee motivation and commitment.’

This mirrored the key points in the introduction of the PMLF Reference Book (HSE, 2009), and as such is a statement of the organizational expectation. In deciphering what was considered to be ‘proper’, the researcher categorized what their expectations of the training were:

Inputs (CIPP Model):

(a) Content
The workshop participants hoped the programme would give clarity about the role of the manager in communicating the required performance and conduct standards. It would also involve informing managers what HR policies/procedures
should be utilized when performance issues or complaints and grievances arise. The skills, confidence and support to implement these in a timely manner were acknowledged as being of high importance. Whilst these will not all be delivered in one programme, the expectation was that the PMLF programme would be a core training to help meet this objective, and would therefore need to incorporate sufficient skills training to have a meaningful impact.

(b) Training methodologies

Contemporary methodologies, using ‘real life’ scenarios were the expectations. There were assumptions that there would be an adequate number of trained facilitators and that an Employee Relations Manager would deliver part of the programme. A further assumption was made that E learning through HSElond would be blended with the training. It was expected that junior, middle and, in particular, senior managers across all the disciplines and settings would participate.

Context/Organizational support (CIPP Model):

Whilst recognizing the resource implications, it was expected that staff would be released for two days to attend. It was also expected that there would be support from Line Managers to implement learning.

4.10.2. Research Question 2:

How has the PMLF training strengthened HSE managers’ abilities to manage people within the current legal framework?

(a) Observed Results: Kirkpatrick Level 4

The Senior Managers considered that the high demand for the programme was one indication of its effectiveness; colleagues were informing each other of its usefulness. In one CHO area, it was noted that at least 12 to 14 programmes per annum were rolled out, and sometimes 2 to 3 per month. However, they were
aware that the programme had been running for over 10 years, and there was concern about possible ‘trainer fatigue’.

Continued underutilization of the grievance procedures gave rise to concern about transfer of learning, or implementation skills.

(b) Feedback on Survey Findings

The research findings from phases 1-4 were presented to the Senior Managers as a ‘product’ of that part of this evaluation. Their feedback generated further data:

The degree to which the Survey findings affirmed their expectations:
The Senior Managers commented on the high level of interest in Performance Management among participants, given its congruence with the People Strategy. They were also impressed by the level of consultation with line managers. The propensity of managers to talk to all parties, mediate and refer to policy, when dealing with people management problems was considered a positive impact of the programme. Knowledge acquisition scoring more highly than skills development was interpreted as a positive by some, and a concern for others.

Survey Findings which challenged their expectations:
The Senior Managers noted the high level of demand for the modules on ‘Dignity at Work’ and ‘Trust in Care’, suggesting that these modules may need to be reviewed. They also noted a demand for more ‘true to life’ scenarios, with some asking if the complexities were adequately covered in the DVDs. One participant considered that the demand for follow up may have reflected the difficulty managers have in implementing and sustaining the knowledge gained on the programme. There was a concern that 42.86% of Line managers reported that they did not know what was expected of them to support those doing the training. Moreover, it was noted that over 50% of the participants stated that they did not have support from their line managers following the programme. There was a curiosity about the divergence of perceptions, as over 85% of the line managers had stated that they were actively engaged with PDP or CPD with staff members.
(c) Contextual factors considered to have influenced the impact of the PMLF Programme

The Senior Managers identified challenges posed by transitions in the structure and delivery of services. These included changes in HSE HR personnel, with implications for resourcing the continuity of the programme. The moratorium on recruitment had implications for ‘release issues’, availability of programme facilitators, workloads and associated stress levels. Consequently, managers’ abilities to address the growing number of people management problems had been challenged. More temporary managerial positions had arisen in recent years and there was a concern that those on fixed term contracts may not be aware of the training. Furthermore, the increased use of fixed term contracts for employees had presented challenges for managers who were not practiced in their operation.

HR custom and practice in voluntary hospitals merging with the Hospital Groupings, will differ from HSE practices. These differences may prompt consultation with their governing bodies to enquire about their opinions of the programme.

4.10.3. Research Question 3: What suggestions were made to meet the strategic objectives of training for HSE managers?

The researcher populated the table she had devised in Appendix Q as a tool to analyse the workshop discussion. Not all suggestions were supported by all Senior Managers.

Content

There was support for the practice, in some areas, of separating modules for specific focused training, as identified by local managers. However, one Senior Manager considered the linkages between the modules too important to warrant their separation.

The Senior Managers suggested regular reviews by CERS continue, to ensure that the programme’s content remain up to date, reflecting recent policy and
legislative changes. The establishment of the Work Relations Commission (WRC) represented one such change.

**Methodology and delivery**

The following suggestions were made:

1. Inputs from Employee Relations personnel at all trainings

2. Use of Case studies, reflecting the demand for ‘true to life’ scenarios, possibly in preference to the DVDs. However, one member wrote that, ‘The validity of the DVD scenarios remains intact, whilst recognizing the scope to complement their message with recent case studies’.

3. Face to face /action learning was considered by some as more useful.

4. Consideration of how other organizations are creating ‘on the job’ learning opportunities to deal with complexities.

5. Two days were generally required to ensure assimilation of knowledge and skills through reflection and practice.

**Transfer of Learning**

A suggestion was made that complementary learning interventions be optimized to help develop the ‘softer skills’ needed to implement the learning. Incorporation or dovetailing with the FTM may be one approach. Using coaching or mentoring to enhance implementation was another.

There was a further suggestion that early intervention be emphasized.

There was much support for Line Managers to sustain collaboration with Participants to promote transfer of learning and to prevent on-going difficulties. Team Building was suggested by one member as a way of promoting this culture.
Recruitment of Participants
To ensure that Senior Managers and those from the medical profession attend the programme, there was a suggestion that it could be offered as grade or discipline specific. One member suggested that it could be made mandatory as part of an induction.

4.11. Data from the Focus Group with Programme Facilitators
The facilitators reported that they were hearing the participants’ dilemmas and concerns ‘from the ground’, and were therefore well placed to contribute to this evaluation. Their suggestions were based on this feedback, their reflections on the survey findings, and on their own experiences of the programme. There was a consensus on all the concerns noted and suggestions made within this group.

Research Question 3:
What suggestions were made to meet the strategic objectives of training for HSE managers?
The findings below are discussed according to the categories the researcher identified from the transcript of the group’s discussion:

Content
There was concern that the modules needed to be updated. Currently information about the Workplace Relations Commission was an omission. It was felt that the areas of highest demand and complexity were Performance Management and Conflict Management. One facilitator described the participants “like deer in headlights; they’re not really sure where to go with it”.
Another stated

“They do feel they need some sort of skills in how to deal with the difficult conversations. We don’t have time, I suppose, in the PMLF, to go through it; there is a gap therein”.

Another said that she has consistently observed, over the years, a “huge resistance in terms of performance management”. She felt that it needed to be communicated more strongly that there should be accountability for managers in this area.

**Training Methodology and Delivery**

The facilitators felt that there could be a place for separating the modules, in that ‘Trust in Care’ was seen as very important, but not necessarily linked to the other modules. ‘Dignity at Work’ as a ‘standalone’ model was also used in one area and it was suggested that this could work well.

There were various patterns used in the different CHO areas to dovetail the PMLF with the FTM course, and coaching. These programmes were sequenced in some areas, and integrated in another. It was felt that a break in the interventions would give time for the participants to absorb learning, and return to the programme with pertinent questions.

There was a high level of frustration that the DVDs were outdated, and ‘too simplistic’; they used them minimally. Suggestions were made for more ‘true to life’ case studies to be used, reflecting the presenting complexities.

There was a strong suggestion that the course always be co facilitated by two trainers, and concern that this was not happening in some areas. They stressed their readiness to find venues convenient for the participants.
Recruitment of Participants
There was a suggestion that the programme be marketed to focus on senior managers and first time managers. The infrequency of attendance by doctors was noted. It was thought that there was a richness in having it delivered to various disciplines, as they tended to learn from the differing perspectives to the common problems. They were struck by the number of attendees with many years' experience who had not heard of the programme for some time.

Follow Up
One of the facilitators reported emailing circulars on HR policies by way of follow up. There was an agreement that managers may want to return when they would encounter a problem, to ‘figure out how to address it’. They did not think that a repeat of the whole programme would be as valuable as “a forum where people can come and have some sort of refresher on the main points…maybe look at current case studies”.

Transfer of learning
The facilitators felt that the support of the participants’ line managers was critical to the transfer of learning from the programme. They reported a concern that CNM1 s, in particular, were being undermined by their managers by not being expected to deal directly with the presenting issues.

Summary
The following quote from one facilitator encapsulates the rationale for the suggestions this group made:

“Workshops on performance management are the piece they’re looking for alright. It’s coming through as a thread. I’m getting that from the participants. They
don’t know how to have the conversation. Some people naturally have those skills but others don’t. Support around that would be of benefit to them”.

The demand for skills and support to implement the knowledge learned, then, was the recurring theme from this group.

4.12. Conclusion
The next chapter will summarize and discuss the findings about expectations, learning and suggestions in reference to the Kirkpatrick/CIPP Evaluation Framework.
5 CHAPTER 5 DISCUSSION OF FINDINGS

5.1. Introduction
The research findings have informed the evaluation of the PMLF Programme by describing a context, defining training inputs, and examining the training processes and results or product from the perspectives of all stakeholders. This structure has been in accordance with Stufflebeam’s CIPP model (2001).

5.2. Research Questions
In summarizing the data in relation to each of these questions, the researcher is referring to the key findings only:

5.2.1. What were the expectations of the PMLF training?
The data illustrated that the Senior Managers expected a product, which would impact on performance management. Their comments reflected an understanding of the programme’s place in the organization (Morgan, 2007) and the role of HRM in optimizing performance (McDermott and Keating, 2011). They aspired to a learning culture within the HSE at both local and national levels, with an expectation of support for the programme’s effective delivery and also for managers in implementing their learning. This was consistent with the concept of the development of a Learning Organization and also with the HSE’s ‘People Strategy’. (Senge, 1990; Health Service Executive, 2015)

The Line Managers’ expectations focused on the programme’s capacity for building confidence to implement the HR policies. This finding was consistent with Wright and Nishii’s argument (2013) that the ways in which policies are implemented are critical to the outcomes. It implies expectations for the programme to facilitate high levels of understanding (Anderson, Krathwohl & Bloom, 2001), empowering implementation of the learning at Kirkpatrick’s level 3.

The Participants’ expectations were pitched at a more functional level, concerned with the ‘nuts and bolts’ of how to develop knowledge and skills. These
expectations were centred on the learning processes at Kirkpatrick’s levels 2. They were indicative of motivation to learn about their HRM responsibilities, and this confirms McDermott et al’s findings (2015) that line managers are willing to assume HR responsibilities.

5.2.2. How has the PMLF training strengthened HSE managers’ abilities to manage people within the current legal framework?

(a) Whose abilities were strengthened?

The data illustrated that a disproportionately high number of administrators and managers attended the training; a sharp contrast to the level of attendance of doctors at just over 1% of the Participants. This finding is illustrative of research by Erol et al (2015) highlighting concerns that senior management roles could distract from clinical priorities. Less than 10% of the Participants were Senior Managers. Conway and Monks (2009) found that HR responsibilities were devolved mostly to middle managers in the Irish Health Service. However, HR issues can have an acute impact on the delivery of services, and it was difficult to ascertain why so few senior managers attended. The belief that training is ineffectual may account in part for non-attendance (Cromwell and Kolb, 2004).

(b) Improvements in Knowledge and Skills: Learning at Levels 1 and 2

The evaluation forms from the attendees gave very positive indications about the immediate learning. Whilst there are arguments that reactions or learning at Kirkpatrick’s Level 1 contribute little to evaluations (Arthur, Tubre et al, 2003), Morgan and Casper (2000) argue that ‘utility’ reactions, which these were, can impact on longer term learning; the suitability of content was considered ‘excellent’, and it was reported that levels of skills and knowledge improved very significantly.

It was ascertained from the data generated by the surveys that there was a significant degree of intermediate learning. This data confirmed high levels of satisfaction with both the content and delivery style. There were, however, some variations in knowledge levels indicated at Kirkpatrick’s Learning Level 2. Those modules which featured most highly in terms of knowledge retention were also
those considered most relevant to the role. This illustrates the correlation between motivation and learning outcomes, as argued by theorists such as Beck (2004). Declarative knowledge, however, is not the most essential component for assuring learning outcomes (Colquitt, LePine and Noe, 2000). The survey finding that 94.08% of participants knew whom to consult for help is perhaps more pertinent. This was borne out in the case examples given. This finding is consistent with the concept of the learning organization; that the knowledge is available at organizational level as well as individual levels. It also illustrates the finding of researchers such as Op de Beeck et al (2015) that collaboration between clinicians and HR professionals is best practice.

(c) Improvements in confidence, motivation and commitment levels

The impact on attitudes is a final key finding; whilst almost 70% of participants reported improved confidence, motivation and commitment levels were lower at 45% and 40.12% respectively. This suggests that the programme may lack inspirational content, given its focus on functionality. Kirkpatrick (1998) is among many who assert that effective training impacts positively on employee motivation and commitment.

(d) Improvements in Transfer of Learning: Level 3 Learning

Participants reported improvements in knowledge and skills but demonstrated variable capacities to implement them: The qualitative data indicated that despite the PMLF training, managers were often continuing to send people management issues ‘up the line’; they still did not feel equipped or empowered to deal with the stress of coping with conflict. There may also be a culture of expectation that more senior managers would deal with the HR issues. This finding adds to the empirical evidence that devolution is problematic, as confirmed by Sanders and Frenkel (2011). From the case examples, it appears that many dealt appropriately with people management problems. The literature review confirmed that it is difficult to be conclusive about what most impacts on the transfer of learning. Individual factors (Bandura, 1977) and contextual issues (Swanson and Holton, 1999) play a part, but it is also valid to note findings on what elements of the PMLF programme were helpful or otherwise (Stufflebeam, 2007).
(e) Training Materials and Methodologies

Group discussions were highly rated. Kraiger et al (1993) have detailed the complexities involved in learning skill acquisition. It is consistent with their assertions about the facilitation of the learning process, that the training materials and the methodologies be fine-tuned. The study’s qualitative data, however, indicated that some of the training materials were out of date, and not reflective of current, ‘real life’ issues. There was particular criticism of the scenes on the DVDs. This finding explains, in part, current training trends towards ‘on the job’ (Garavan, 2008; Health Service Executive, 2015) and on line learning. (Ladyshesky and Gardner, 2008).The People Strategy ( Health Service Executive ,2015c) plans for continued implementation of an e-HRM strategy that would be aligned to training programmes.

(f) Programme Structure

The qualitative data illustrated how local changes to the structure of the roll out of the programme had been designed to meet needs; ‘bespoke’ packages for ‘stand-alone’ modules indicated that local HR Departments identified learning needs and arranged follow on programmes to allow time intervals for assimilation and application of learning. Needs analysis has been good practice in the design of training programme evaluation (Patton, 2008), and the recognition of time frames in the learning process is well established (Patton, 2011). Given the variations in the staffing levels, time frames and structures in each of the CHO areas, there was little evidence of standardization.

5.2.3. What suggestions were made to meet the strategic objectives of training for HSE managers?

Context

Most suggestions related to support for the transfer of learning through on-going engagement with line managers and other opportunities to consolidate learning. These included peer support, on line learning and clinical supervision. Since the data was collected, an HR Helpline has been put in place for HSE managers. A draft paper has also been produced as a ‘Line Manager Guide to Conflict
Management and creating a Positive Work Environment’ (Health Service Executive 2015d). In addition, clinical supervision guidelines have been developed (HSE, 2015a; 2015b). The demand for further support is consistent with McDermott and Keating (2011)’s finding that managers did not benefit from adequate support from HR Departments.

**Inputs**

Information on updated policies and legislative changes was suggested by all groupings. This may be in light of the People Strategy’s commitment to review the current PPPGs. Adequate staffing resource was required to ensure ER inputs into the training and to restore the programme to its original time span over 2 days.

It was also suggested that integration with the FTM programme and ‘standalone’ modules be developed.

Many made the suggestion to replace the DVDs with ‘real life’ scenarios, possibly case discussions with those who had worked through challenging HR dilemmas, or ‘on the job’ mentoring. Follow up forums to assist with learning implementation featured strongly among the suggestions made.

**Processes**

On-going evaluations of how programmes were meeting needs were suggested.

**Products**

Discipline specific packages were suggested. Edmonstone (2013) evaluated leadership programmes specific to various discipline groupings in the UK’s NHS, including senior clinicians, junior doctors and senior managers. He found that
“the greater the match between the organizational culture and the values which the programme embodies and reflects, the greater the likelihood of participant buy-in and therefore success” (Edmonstone, 2013:154)

5.3. Methodology
The literature search offered a ‘menu’ of evaluation models, which informed the methodologies used. The use of a blended evaluation framework, using Stufflebeam’s CIPP model and Kirkpatrick’s approach, was helpful in the consideration of what was researched, and in the organization of the research findings, which were extensive. It ensured a comprehensive and rigorous evaluation. The mixed methods used to generate and analyse the data was effective in terms of both its quantity and its triangulation. This confirmed the appropriate use of mixed methods research, and a convergent model for analysis (Creswell, 2003) for the purposes of evaluation studies. It was successful in providing a holistic range of responses from all stakeholders, although the dominant strand was from the participants survey to ascertain intermediate learning and transfer of learning.

5.4. Comparison with findings from previous evaluation
This study’s methodology and focus differed substantially from O’Sullivan’s study. Nonetheless it is of interest to compare findings:

Some of the findings were consistent with O’Sullivan’s evaluation in 2007; improved levels of confidence and knowledge, and positive feedback on facilitators’ delivery styles. The demand for more realistic DVD presentations has persisted, as has the need to define the role of the manager. The absence of senior managers and clinicians has remained problematic. The demand for skill acquisition has remained, but the suggestions to address this have shifted from ‘modelling’ inputs to opportunities for deeper understanding in the application of HR policies to current complex situations. The need for more effective training on equality legislation has also persisted. There had been high levels of consistency in the delivery of the programme in 2007, but practices are now more divergent.
5.5. Contribution to research

This study adds value to the evaluation of the First Time Managers Programme (Evans, Corcorran and Goggin, 2013) in that the two programmes are complementary. The researcher proposes that it adds empirical evidence to the research on how the devolution of the HR function to Irish health service personnel and clinicians has been supported through a training intervention by the HSE. In the application of a blended evaluation model based on Kirkpatrick’s approach and Stufflebeam’s model, incorporating sequential mixed methods of research, this study has made a methodological contribution to the evaluation of training programmes in the Health Services in Ireland.
6 CHAPTER 6 CONCLUSION AND RECOMMENDATIONS

6.1. Aim and Objectives
The aim of the study was to evaluate how effective the PMLF Programme has been in facilitating managers to implement the HSE’s people management policies.

The research objectives were agreed with the Commissioner. The researcher conducted a holistic sequential mixed methods study, set within an evaluation framework informed by Kirkpatrick (1998) and Stufflebeam (2001). This has enabled the researcher to meet the agreed objectives, as detailed below:

Objectives

1. The expectations of Senior Managers, applicants and line managers have been established
2. A profile of participants has been established.
3. Line managers and participants have reported that there have been improvements in implementing the policies, in that skill, knowledge and confidence levels have improved. Participants have also reported that they have consulted with appropriate managers, and followed prescribed procedures. These improvements were illustrated by case examples.
4. Those inputs which helped were identified, and conversely those which did not were considered.
5. Other factors which may have impacted on the learning were considered. These were contextual issues and individual characteristics.
6. Suggestions to improve the programme have been ascertained from Participants, Line Managers, Senior Managers and Facilitators.
7. Recommendations to the Commissioner are set out below.

6.2. Study Limitations
There was no control group to enable comparisons between the capacities between those who had completed the Programme and those who had not.
The dominant strand in this study was the Participants survey, and the response rate was 38.56%. Whilst this was adequate, a higher response rate would have produced more reliable data.

The use of an electronic questionnaire posed access difficulties for participants in some CHOs. This was corrected in some regions with the support of the HSE’s IT teams, but not in others. Whilst the researcher offered to post or email the survey in a Word document, there was a low response rate to this offer.

It has been difficult to give a complete account of the ‘improvements’, as set out in the third objective. The researcher considers that data from HR Departments about the numbers and the nature of grievances, or investigations would have added value to this study, in yielding ‘results’ at Kirkpatrick’s Level 4. For the most part, the evaluation was limited to Kirkpatrick’s 1st 2nd and 3rd levels, generating data on reactions, learning and the transfer of learning.

This evaluation has not considered the cost effectiveness of the Programme in terms of its Return on Investment, as postulated by Phillips (1998).

The choice of evaluation model was pragmatic, and valid, but was not theory driven (Coryn et al, 2011).

**6.3. Summary**

The PMLF Programme was introduced in 2002 to support clinicians in assuming HR roles following the devolution of the HR function to Line Managers. As such, it was a far seeing intervention for its time, and has continued, in various formats, to train managers in the operation of the HSE’s HR policies.

The key findings have been detailed in this evaluation. In short, there was sufficient evidence to justify and support its continued delivery. Bunch (2009) among others, asserts the centrality of training to performance management.
6.4. **Recommendations to the Commissioner**

**Context**

- Consider ‘on the job’ mentoring or coaching for those with difficult HR issues which need to be addressed.
- Action the recommendations of the People Strategy with a view to building organizational support for the transfer of learning. The team may wish to target the development of clinical supervision, coaching, peer support and team building.

**Inputs**

- Update the training methodologies; the Project Team may wish to consider blending e-learning with an interactive programme to ensure the acquisition of knowledge, significant understanding, and practice of skills.
- Replace the DVDs with more realistic scenarios, and complement them by using case discussions with managers who have had lived experience of managing difficult people management issues.
- Advocate for an adequate staffing resource to ensure ER inputs, the availability of 2 co facilitators and the restoration of the programme, in some CHO s, to its original time span of 2 days.
- Update the content of the programme, through regular briefings with the facilitators following legislative or policy changes, and issuing appropriate bulletins.

**Process**

- Conduct training needs analyses in each CHO; this may result in decisions to target particular areas for specific training modules.
- Consider making the programme mandatory for new managers, as a part of their induction.
- Ensure evaluation is on-going and built into any new training programmes from their beginnings.
**Product**

- Design and market discipline and grade specific training for senior clinicians and managers, following consultation with these groups.
- Integrate the PMLF and FTM Programmes to facilitate transfer of learning: the structure should include timing intervals to enhance assimilation and application of learning
- Consider accreditation for the programme

It is intended that the research findings and recommendations will contribute to the design and delivery of any future PMLF programmes.

**6.5. Recommendations for future evaluations**

The researcher recognizes the limitations of this evaluation. Learning and development within the HSE is set to develop in line with new technologies to meet new needs. This is set out in the People Strategy and is aligned with the concept of a Learning Organization. Training and development interventions aim to have positive impacts on organizational performance. They are costly, and evaluations to measure their effectiveness are therefore essential. More contemporary models will be needed to evaluate emerging interventions, including those that are ‘on the job’. The literature review has found that Program theory based models are best placed to examine the processes of evaluations, in addition to their findings. Such process based evaluations include all participants, investigate potential, and integrate evaluation into every stage of programme design and delivery. Mixed methods remain the preferred method for data collection and analysis. The qualitative data added much to this study, and the researcher recommends a development of that dimension for future evaluations.
References


HSE (2015b) *The Office of the Nursing and Midwifery Service Director (ONMSD) 2015 Clinical Supervision Framework for Nurses Working in Mental Health Services*. Dublin, Health Service Executive.


Appendices

APPENDIX A Ethics Committee Approval

Ms. Anne Barrett
4 Rose Hill Avenue
Kells Road
Kilkenny

12th January 2015

Re: HSE Ethics Committee Approval MSc Research

Dear Anne,

In response to your request to have your formally commissioned piece of research on reviewing the Effectiveness of the HSE’s People Management Legal Framework (PMLF) Programme as part of your MSc with Trinity College Dublin, I am setting out herein the details of our high level agreement and our support to proceed.

I can confirm that you as an employee of the HSE have agreed to undertake the aforementioned piece of research and that it is our understanding that you will be abiding by the our governance framework relating to privacy and confidentiality, as well as the Data Protection Act.

We have agreed that you will have access to contact details for course participants, their line managers, (where still relevant) and a group of people on waiting lists for the PMLF, as a possible control group.

It is also in order to engage past PMLF participants and a number of key service managers for the purpose of workshops/focus groups.

I am writing this letter with the agreement of my line manager Caroline O’Regan, Assistant National Director of HR, as we do not have a formal Ethics Committee for general research purposes. If you have any further queries on this matter kindly let me know.

Yours sincerely,

Declan Hynes
General Manager, HR Leadership, Education & Development
APPENDIX B Literature Search

PICO method (Leen, Bell and McQuillan, 2014) with Boolean Phrasing used.
Search 1 used “Personnel Management” and/or “Education” as its Subject Headings, returning 980
Search 2 used “Management” and/or “Education” as its Major Subject Headings, returning 3853
Search 3 used “Personnel Management and/or Education” OR “Management and/or Education”, returning 4159
Search 4 used “Quality of Health Care” as its Subject Heading, returning 510032
Search 5 used “Outcomes of Education” as its Major Subject Heading, returning 2409
Search 6 combined searches 3 and 4, using AND, and returned 612
Search 7 combined searches 5 and 6, using AND, and returned 15; this cluster of phrases therefore read as “Outcomes of Education” AND “Quality of Health Care” AND “Personnel Management and/or Education OR Management and/or Education”.
Search 8 used “Health Facility Administration Education”, as its Major Subject Heading, returning 55
Search 9 used “Health Facility Administrators Education”, as its Major Subject heading, returning 113
Search 10 used “Education, Continuing”, as its Major Subject heading, returning 4106
Search 11 used “Health Facility Administration Education” OR “Health Facility Administrators Education”, returning 164
Search 12 used “Education, Continuing” OR “Health Facility Administration Education” OR “Health Facility Administrators Education” citing 4259
Search 13 combined searches 5 and 12 with AND, returning 39 articles; this cluster of phrases read as “Outcomes of Education” AND “Education, Continuing” OR “Health Facility Administration Education” OR “Health Facility Administrators Education”.
Search 14 combined searches 5 and 9 with AND, returning 1 article; this cluster of phrases read as “Outcomes of Education” AND “Health Facility Administrators Education”, returning 164
Search 15 used the title, “Kirkpatrick Model” OR the abstract “Kirkpatrick Model”, returning 23
APPENDIX C Lepak and Snell’s (1999) HR architecture for the hospital context

<table>
<thead>
<tr>
<th>High Uniqueness of Human Capital</th>
<th>Quadrant 4: Alliance Partners</th>
<th>Quadrant 1: Knowledge Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Mode: Alliance</td>
<td>Employment Mode: Internal Development</td>
<td></td>
</tr>
<tr>
<td>Employment Relationship:</td>
<td>Employment Relationship: Organisation Focused</td>
<td></td>
</tr>
<tr>
<td>Partnership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR Configuration: Collaborative</td>
<td>HR Configuration: Commitment</td>
<td></td>
</tr>
<tr>
<td>Hospital Workforce Groups:</td>
<td>Hospital Workforce Groups: Clinical managers, medical directors and management</td>
<td></td>
</tr>
<tr>
<td>Clinical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist and Research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scientists</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Low Uniqueness of Human Capital</th>
<th>Quadrant 3: Contract Workers</th>
<th>Quadrant 2: Job Based Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Mode: Contracting</td>
<td>Employment Mode: Acquisition</td>
<td></td>
</tr>
<tr>
<td>Employment Relationship:</td>
<td>Employment Relationship: Symbiotic</td>
<td></td>
</tr>
<tr>
<td>Transactional</td>
<td>HR Configuration: Market Based</td>
<td></td>
</tr>
<tr>
<td>HR Configuration: Compliance</td>
<td>Hospital Workforce Groups: Doctors, nurses and Allied Health Professionals</td>
<td></td>
</tr>
<tr>
<td>Hospital Workforce Groups:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration, Clerical Support and Catering</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Low Strategic Value of Human Capital  High Modification of Lepak and Snell’s (1999) HR architecture for the hospital context
APPENDIX D APPLICATION FORM TEMPLATE

Name of Course: ____________________________________________

Date of Course: ____________________________________________

Name: _________________________________________________

Job Title: ________________________________________________

Contact Address: __________________________________________

Personnel Number: (Mandatory) ______________________________

Service Area: ______________________________________________

Telephone Number: ___________________________ Mobile: ______

E-mail address: ____________________________________________
Line Manager: ____________________________________________

What do you hope to achieve from this course?

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

It is a requirement that you have a discussion with your Line Manager in relation to how this course will enhance your role.

Special Requirements (e.g. access, diet) please advise ______________

____________________________________________________________________________________________________

Signature of applicant: ________________________________ Date: __________

*FOR COMPLETION BY LINE MANAGER:

Please describe how this course satisfies the applicant’s learning and development needs and supports service delivery.

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________
Please return completed application form to Performance and Development, HSE Dublin Mid Leinster, Unit 8A, Burlington Business Park, Sragh Road, Tullamore, Co. Offaly 057-9370647.

* Application will only be process if fully completed by Line Manager

APPENDIX E TEMPLATE OF EVALUATION FORM

Programme Title: Date:

Trainer / Facilitator: Location:

Section One: Please complete at the beginning of programme

Please tick the relevant box as you feel appropriate

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Fair</th>
<th>Good</th>
<th>V. Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness of Subject?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge of Subject?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level of skill / competency?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section Two: Please complete at the end of programme

Please circle the rating score in each box as you feel appropriate

<table>
<thead>
<tr>
<th>Rating</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unsatisfactory</td>
<td>Satisfactory</td>
<td>Good</td>
<td>Very Good</td>
<td>Excellent</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Content / Delivery</th>
<th>Evaluation</th>
<th>Reason for Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practical relevance to current role</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Subject Matter</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Mix of theory / practical</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Content met identified objectives</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Application / use in current role</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Handouts</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Overall pace of programme</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trainer / Facilitator</th>
<th>Evaluation</th>
<th>Reason for Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of Preparation and confidence with material</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Content presented at a level that was understandable and usable</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Delivery style</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Management of time</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

Please tick the relevant box as you feel appropriate

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Fair</th>
<th>Good</th>
<th>V. Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness of Subject?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge of Subject?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level of skill / competency?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signed: __________________________ (optional)    Discipline: ________
APPENDIX F: Email granting permission to adapt Questionnaire

Evans, Dr. David (Public Health, Merlin Park) 19 Jan (7 days ago)

to me

Anne, I am happy for you to adapt the questionnaires and focus group topic guides from the following report which I co-authored:


Your thesis should reference the above report and refer to it in your methodology.

Kind regards.
APPENDIX G: QUESTIONNAIRE USED FOR SURVEY OF PMLF PROGRAMME PARTICIPANTS

A Chara

The HSE’s Office for Human Resource Leadership, Education and Development has commissioned me to evaluate the People Management Legal Framework (PMLF) training that you attended. This study is being conducted in partial fulfilment for the award of the degree of Master of Science in Health Services Management from Trinity College, University of Dublin. I would therefore appreciate it if you could complete an anonymous ONLINE survey. It should take 20 minutes approximately.

This on line survey is completely CONFIDENTIAL. Your responses will not be identified with you personally, and the Office for Human Resource Leadership, Education and Development will not share any information that identifies you.

This survey is important and the results will help in the planning of future courses. The more people who respond, the better the results. I am attaching a Participant Information Leaflet, giving further information on this study. If you have any queries about the survey, please contact me.

I would like to thank you in advance for your participation,

Yours sincerely,

Anne Barrett

Principal Social Worker,

Mental Health and Disability Services,

Carlow/Kilkenny/South Tipperary
Your completion of this survey assumes your consent and voluntary participation

Training Uptake

1. How did you hear about the PMLF training?

<table>
<thead>
<tr>
<th>Your line manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>An email from the Department of Performance and Development</td>
</tr>
<tr>
<td>From a colleague</td>
</tr>
<tr>
<td>HSEland</td>
</tr>
<tr>
<td>Other (please specify)</td>
</tr>
</tbody>
</table>

2. How difficult was it to be freed from your normal duties to be able to attend this programme?

<table>
<thead>
<tr>
<th>Very difficult</th>
<th>Quite difficult</th>
<th>Neither</th>
<th>Quite easy</th>
<th>Very easy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. How often have you attended this training programme?

<table>
<thead>
<tr>
<th>Once</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twice</td>
</tr>
<tr>
<td>Three times or more</td>
</tr>
</tbody>
</table>
Who is doing the training?

4. Are you involved in the day to day management of staff?

- Yes

- No

5. Approximately how many people do you manage?

<table>
<thead>
<tr>
<th>Number of People</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1-10</td>
<td></td>
</tr>
<tr>
<td>11-30</td>
<td></td>
</tr>
<tr>
<td>31-100</td>
<td></td>
</tr>
<tr>
<td>More than 100</td>
<td></td>
</tr>
</tbody>
</table>

6. In which HSE area are you employed? N

<table>
<thead>
<tr>
<th>HSE Area</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CHO Area 1</td>
<td></td>
</tr>
<tr>
<td>CHO Area 2</td>
<td></td>
</tr>
<tr>
<td>CHO Area 3</td>
<td></td>
</tr>
<tr>
<td>CHO Area 4</td>
<td></td>
</tr>
<tr>
<td>CHO Area 5</td>
<td></td>
</tr>
<tr>
<td>CHO Area 6</td>
<td></td>
</tr>
<tr>
<td>CHO Area 7</td>
<td></td>
</tr>
<tr>
<td>CHO Area 8</td>
<td></td>
</tr>
</tbody>
</table>
7. In which service area are you employed?

<table>
<thead>
<tr>
<th>Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Well being</td>
</tr>
<tr>
<td>Acute Services: Hospitals and the National Cancer Control Programme</td>
</tr>
<tr>
<td>Primary Care and Social Inclusion</td>
</tr>
<tr>
<td>National Ambulance Services</td>
</tr>
<tr>
<td>Palliative Care</td>
</tr>
<tr>
<td>Mental Health Services</td>
</tr>
<tr>
<td>Social Care: Disability and Older People</td>
</tr>
<tr>
<td>Health Business Services</td>
</tr>
</tbody>
</table>

8. In which professional discipline are you employed?

<table>
<thead>
<tr>
<th>Professional Discipline</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Nursing</td>
</tr>
<tr>
<td>Mental Health Nursing</td>
</tr>
<tr>
<td>Disability Nursing</td>
</tr>
<tr>
<td>Medicine</td>
</tr>
<tr>
<td>Physiotherapy</td>
</tr>
<tr>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>Social Work</td>
</tr>
<tr>
<td>Psychology</td>
</tr>
<tr>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Counseling and Psychotherapy</td>
</tr>
<tr>
<td>Social Care</td>
</tr>
<tr>
<td>Radiography</td>
</tr>
<tr>
<td>Nutrition/Dietetics</td>
</tr>
<tr>
<td>Administration</td>
</tr>
<tr>
<td>Management</td>
</tr>
<tr>
<td>Speech and Language Therapy</td>
</tr>
<tr>
<td>Environmental Health</td>
</tr>
<tr>
<td>Other: please specify</td>
</tr>
</tbody>
</table>

**9. What is your job title or Grade?**

**10. How many years have you been in your current position?**

| 0-1                                       |                          |
| 2-5                                       |                          |
| 5-10                                      |                          |
| More than 10 years                        |                          |

**11. How many years have you been in a management position?**

| 0-1                                       |                          |
| 2-5                                       |                          |
**Continuous Professional Development**

12. Did you meet with your line manager to discuss the programme before you attended the PMLF?
   - Yes
   - No
   - A meeting was arranged, but you did not attend.

13. If so, did your line manager discuss any of the following with you at this meeting?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The general objectives for the People Management Legal Framework training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The benefits of the programme for you as a manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The need for a post programme meeting</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
14. Have you undertaken any other management course?

- Yes
- No

15. Which of the following management courses have you undertaken?

<table>
<thead>
<tr>
<th>Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certificate Course</td>
</tr>
<tr>
<td>Diploma Course</td>
</tr>
<tr>
<td>Degree Course</td>
</tr>
<tr>
<td>Post Graduate course</td>
</tr>
<tr>
<td>First Time Managers Course</td>
</tr>
<tr>
<td>Other, please specify</td>
</tr>
</tbody>
</table>

Self-Assessment

16. How confident are you as a manager in your current role? K

<table>
<thead>
<tr>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Confident</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

17. How would you rate your understanding of your current role? N

<table>
<thead>
<tr>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
18. How would you rate your knowledge of HSE Strategies and policies in relation to:

<table>
<thead>
<tr>
<th></th>
<th>Very good</th>
<th>Good</th>
<th>Neither</th>
<th>Poor</th>
<th>Very Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managing employee grievances</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managing attendance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irish Equality Laws</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dignity at work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trust in care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managing Fixed Term Employees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salient provisions of employee legislation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
19. How many new skills did you learn on the PMLF course?

<table>
<thead>
<tr>
<th>A lot of new skills</th>
<th>Some new skills</th>
<th>No new skills</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

20. Please rank which module topic areas were the most beneficial for you in terms of undertaking your current role. Indicate your preference, by using drag and drop, with the most beneficial module at the top and the least beneficial at the bottom.

<table>
<thead>
<tr>
<th>Module Topic Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Performance</td>
</tr>
<tr>
<td>Managing Employee Grievances</td>
</tr>
<tr>
<td>Managing attendance</td>
</tr>
<tr>
<td>Equal opportunities</td>
</tr>
<tr>
<td>Dignity at work</td>
</tr>
<tr>
<td>Trust in care</td>
</tr>
<tr>
<td>Managing Fixed term employees</td>
</tr>
<tr>
<td>Salient provisions of employee legislation</td>
</tr>
</tbody>
</table>
Course Delivery

21. How many days was the programme?

<table>
<thead>
<tr>
<th>Half a day</th>
<th>Two separate half days</th>
<th>A full day</th>
<th>Two full days</th>
<th>Other (please specify)</th>
</tr>
</thead>
</table>

22. In your opinion the length of the course was:

<table>
<thead>
<tr>
<th>Too long</th>
<th>Too short</th>
<th>Just right</th>
</tr>
</thead>
</table>

23. Was the number of participants in the programme:

<table>
<thead>
<tr>
<th>Too many</th>
<th>About right</th>
<th>Too few</th>
</tr>
</thead>
</table>

24. Was the amount of detail covered in the programme:

<table>
<thead>
<tr>
<th>Too much detail</th>
<th>Just the right amount of detail</th>
<th>Not enough detail</th>
</tr>
</thead>
</table>

25. What is your overall opinion of the following ways in which the programme was delivered?
<table>
<thead>
<tr>
<th>Activity</th>
<th>Very good</th>
<th>Good</th>
<th>Neither</th>
<th>Poor</th>
<th>Very Poor</th>
<th>Never Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working in small groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Large Group Discussion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Feedback</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Role Play Activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Studies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brainstorming</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Informal Discussions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of Questionnaires</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handouts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workbooks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Power point presentations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DVDs and Video</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Involvement of Guest Speakers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
26. Have you any suggestions about alternative ways in which the programme could have been delivered?

27. Overall how would you rate the programme facilitators in terms of the following:

<table>
<thead>
<tr>
<th></th>
<th>Very Good</th>
<th>Good</th>
<th>Neither</th>
<th>Poor</th>
<th>Very Poor</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to listen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encouraging participation of all</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to make participants feel at ease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Encouraging the development of trust and safety within the group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approachable to discuss individual issues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Course Impact and Follow Up

28. How useful was the PMLF course in terms of undertaking your current role?

<table>
<thead>
<tr>
<th>Very Useful</th>
<th>Useful</th>
<th>Neither</th>
<th>Somewhat useful</th>
<th>Not at all useful</th>
</tr>
</thead>
</table>

29. Have you been able to apply the knowledge learned on the programme to your current role?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Did not acquire any new knowledge</th>
</tr>
</thead>
</table>

30. How frequently have you been able to apply the main skills learned on the programme?

<table>
<thead>
<tr>
<th>Employee counseling skills</th>
<th>Very often</th>
<th>often</th>
<th>neither</th>
<th>seldom</th>
<th>Very seldom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conflict resolution</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedural adherence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
31. Did the course give you information about who to consult with about people management problems?

- Yes
- No

32. Why have you not been able to apply the skills you learnt during the programme?

33. Please give an example of a recent problem you encountered regarding the management of your staff:

34. Set out how you proceeded to address this issue:

Who did you talk to?

What did you do?
35. Since attending the programme, please indicate the areas of improvement, if any:

<table>
<thead>
<tr>
<th></th>
<th>Improved</th>
<th>Stayed the same</th>
<th>Got worse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your motivation to do your work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your confidence about doing your work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your commitment to your work</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

36. How would you rate the PMLF training overall?

<table>
<thead>
<tr>
<th></th>
<th>Very Good</th>
<th>Good</th>
<th>Neither</th>
<th>Poor</th>
<th>Very Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

37. What follow up contact did you receive from the programme facilitator since you completed the course?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone call</td>
<td></td>
</tr>
<tr>
<td>Email or written correspondence</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

38. Have you used the discussion forum on HSEland to discuss the learning from the programme?
39. Have you been in contact with other course participants in relation to the programme?
   - Yes
   - No

40. Has your line manager discussed the benefits of the programme with you since attending?
   - Yes
   - No

41. How supportive has your line manager been in terms of helping you to apply what you learned on the course to your current management role?

<table>
<thead>
<tr>
<th>Very supportive</th>
<th>Supportive</th>
<th>Neither</th>
<th>Unsupportive</th>
<th>Very unsupportive</th>
</tr>
</thead>
</table>

Your Suggestions
42. Do you think a refresher course would be beneficial?

- Yes

- No

43. If you have attended the First Time Managers (FTM) Programme, do you think it would be useful to:

<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
<th>No opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merge the PMLF and FTM courses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attend the PMLF training <em>before</em> the FTM programme</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attend the PMLF <em>after</em> the FTM programme</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

44. Would the PMLF training as an online e-learning module on HSEland have been of interest to you as an alternative to attending the programme?

- Yes

- No

45. Are there any areas in which you would like further training?
46. In what areas would you like to receive further training?


47. Please add any further comments or suggestions that you have which would help in the future development of the PMLF training.

Thank you for taking the time to participate in this study
APPENDIX H: Questionnaire used to survey Line Managers of Programme Participants

A Chara

The HSE’s Office for Human Resource Leadership, Education and Development has commissioned me to evaluate the People Management Legal Framework (PMLF) training that one or more of your staff members attended. This study is being conducted in partial fulfilment for the award of the degree of Master of Science in Health Services Management from Trinity College, University of Dublin. I would therefore appreciate it if you could complete an anonymous ONLINE survey. It should take no longer than 10 minutes.

This on line survey is completely CONFIDENTIAL. Your responses will not be identified with you personally, and the Office for Human Resource Leadership, Education and Development will not share any information that identifies you.

This survey is important and the results will help in the planning of future courses. The more people who respond, the better the results. I am attaching a Participant Information Leaflet, giving further information on this study. If you have any queries about the survey, please contact me.

I would like to thank you in advance for your participation,

Yours sincerely,

Anne Barrett

Principal Social Worker,

Mental Health and Disability Services,

Carlow/Kilkenny/South Tipperary

Anne.barrett1@hse.ie
Your completion of this survey assumes your consent and voluntary participation

Impact of the Training

1 What impact have you observed the PMLF training to have had on staff members in relation to their performance in their current role?

<table>
<thead>
<tr>
<th>Very Positive</th>
<th>Positive</th>
<th>Neither</th>
<th>Negative</th>
<th>Very Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Please list the areas in which you have observed there to have been the most positive impact
3. Please list the areas in which you have observed there to have been the most negative impact
4 Please rate the impact attending the training has had on staff members in relation to the following areas

<table>
<thead>
<tr>
<th></th>
<th>Very Good</th>
<th>Good</th>
<th>Neither</th>
<th>Poor</th>
<th>Very Poor</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managing employee grievances</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managing attendance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irish Equality Laws</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dignity at work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trust in care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Managing Fixed Term Employees

Salient provisions of employee legislation

5. Please give an example of a recent problem your staff member encountered regarding the management of his or her staff.

6. Set out how he or she proceeded to address this issue:

Who did he/she talk to?

What did he/she do?

7. Following the completion of the PMLF programme, who do your staff consult when they have a people management issue?
8. How difficult is it to release staff to attend the PMLF training?

<table>
<thead>
<tr>
<th>Very difficult</th>
<th>Quite difficult</th>
<th>Neither</th>
<th>Quite easy</th>
<th>Very easy</th>
</tr>
</thead>
</table>

9. Are you actively engaged with Personal Development Planning or Continuous Professional Development with staff members?

- Yes
- No

10. Do you know what is required of you to support staff members undertaking this training?

- No
- Yes
  Please specify

Your Suggestions
11. Are there any gaps that you would like the PMLF programme to address?

No

Yes

Please specify

Thank you for taking the time to participate in this study
APPENDIX I Participant Information Leaflet

How effective has the People Management Legal Framework training been in facilitating managers to implement people management policies in the HSE?

RESEARCHER

My name is Anne Barrett and I am a final year student of the post-graduate Masters in Health Services Management programme in Trinity College Dublin. This study is conducted in part-fulfilment of a Master's Degree programme.

OUTLINE OF STUDY

The purpose of this study is to evaluate the effectiveness of the People Management Legal Framework training in facilitating managers to implement people management policies in the HSE. It has been commissioned by the HSE’s Office for HR Leadership, Education and Development.

A sequential mixed methods study: quantitative research will be conducted initially through course evaluation forms and research surveys. This will be followed by a qualitative method using selected focus groups

- Survey Monkey; three separate anonymous research surveys to all participants who completed the training since January 2014, their line managers and those on the waiting list to attend the programme.

- Two separate focus groups/engagement workshops for programme facilitators and also for Human Resource and Employee Relations Managers from each Community Health Organization. These would aim to capture feedback on the current position and gather suggestions for future planning.
VOLUNTARY PARTICIPATION

Participation in this study is completely voluntary. Participants will be informed in the preamble to the survey monkey that their completion of same implies consent. Focus group members will be required to give written consent to participate in the study. Each participant may withdraw from the study at any time and for any reason.

METHOD OF DATA COLLECTION

Data will be collected in three phases in the study. Phase one data will be sourced from application forms and evaluation forms which have been completed by participants immediately after the course. Phase two will be sourced through three questionnaires administered through survey monkey. Phase three data will be derived through two Groups. This study phase involves audio taping the focus group, with the consent of the members. A transcript will be available to them, if they so wish. The data collected will identify themes which will be used to develop recommendations.

PARTICIPANT INVOLVEMENT

For prospective Group members, I am seeking their consent to participate in an Engagement Workshop or Focus Group, which is phase three of the study. They will have access to the transcript of the discourse within ten days of the group.

BENEFITS / RISKS OF PARTICIPATION

I would expect to be able to give recommendations to a project group within the HSE’s Office for HR Leadership, Education and Development about the future roll out of the PMFL framework, or an alternative, based on the findings of the research. I would expect to comment on
• Training styles and methods
• The content of the programme
• Follow up considerations
• The programme’s compatibility with the HSE’s First Time Managers Programme
• The role of the proposed training in achieving HSE strategic aims

There is no risk of adverse outcome for research participants.

CONFIDENTIALITY AND DATA STORAGE

The questionnaire is completely anonymous; respondents will not be identified from the returned questionnaire as no identification details will be included on the form. Each questionnaire will be numbered only for administration purposes. Survey Monkey is set to anonymize responses.

The data gathered from the focus group will be recorded on an anonymised form. Each participant will have access to the transcript within ten days of the focus group. Data will be coded and stored electronically in an aggregated form. All electronic data will be kept on the researcher’s own laptop which is encrypted and password protected.

Only the researcher and her thesis supervisor will have access to the raw data. No published data will be attributed to named individuals and citation of focus groups. Statements will instead be attributed by an anonymous system of field note codes. Self-identifying information from the focus group scripts will be removed as deemed appropriate by the participant concerned, who will have the opportunity to review transcripts for this purpose.
FUTURE USE OF THE DATA

Anonymised data will be held under secure storage for five years as specified by Trinity College, University of Dublin. It will be held by the principal researcher only. Results of this study may be published, although no published data will be attributed to named individuals.

Ethical approval has been obtained from Trinity College, University of Dublin for this study.

If you have any queries or require further information, please contact me on 0877994763 or at anne.barrett1@hse.ie

With Thanks for your participation in this study

Anne Barret

Tuesday 2nd February 2016

Background Information

My name is Anne Barrett. I am a Principal Social Worker for Mental Health and Disability Services, based in Kilkenny. My tutor is Professor Mary Keating, from the School of Business in Trinity College, University of Dublin. Your Department has asked me to evaluate the People Management Legal Framework (PMLF) training. This evaluation is the basis of the thesis I am writing as a requirement for the award of the degree of Master of Science in Health Services.

We aim to get an understanding as to

- Whether the PMLF training is still fit for purpose
- How it can be improved
- How it can effectively be integrated into the HSE’s wider strategy for improving performance, quality and safety.

We are therefore interested in who it is targeting and what it is teaching.

Confidentiality

All the information given here today is confidential and will not be available to anyone other than the research team.

Consent for Note taking and Ground Rules

We would like to be clear that we have your consent to participate in this group and for us to take notes from today’s discussion to ensure that we have a reliable account of what people have said. I will make these notes available to you within ten days of this meeting. No statement will be attributed to an individual.
There will be no way of tracing any comment to any individual and names will not be mentioned on any report arising from this research. You are asked to sign a consent form.

To ensure that everybody gets a fair chance to share their views can I ask that only one person speak at a time and that no one will carry on side conversations with another. Please also ensure that your MOBILE PHONES are switched off.

There are two main things we want to learn about:

1. **Your perceptions of the programme** (appropriateness of modules, recruitment of participants). We will be giving you feedback from the surveys completed by course participants, their line managers and those on the waiting lists for the programme.

2. **What improvements could be made?**

   We want to hear all you have to say on the subject so feel free to talk to each other.

   **Group Introductions**

   We will start by introducing ourselves. If you could say a little bit about yourself; your name, what area you work in and how long you have been an HR or Employee Relations Manager.

   **Section 1: Your perceptions of the programme**

   **Aim**
   - To determine the appropriateness of the programme modules
   - To determine the appropriateness of delivery of these modules
   - To determine attitudes on selection of participants (does the PMLF Training reach target audiences etc.)
   - To determine if the course meets the expectations and objectives of participants

   **Presentation of summary data from the surveys, evaluation sheets, and application forms**
**General Questions**
How do these findings resonate with your own knowledge of the programme?

Does the programme cover the core topics of relevance to managers?

What topics should be included/excluded?

What are your opinions of the programme modules?

- Employee performance
- Managing employee grievances
- Managing attendance
- Equal opportunities
- Dignity at work
- Trust in Care
- Managing Fixed Term employees
- Salient provisions of employment legislation

**Section 2: Your ideas for changes**

**Aim:**

☐ To identify suggestions for improving or modifying the current PMLF course

**General Questions**

☐ Are there any changes you would suggest for the programme?

- To what extent have the recommendations from the previous evaluation (2007) of the PMLF framework been implemented?
- Are there any additional modules/areas that could be included?
- Are there any modules which should be excluded?
- Could the training for facilitators be improved?
- Should e learning be considered?
- Should a few courses be amalgamated into one?
Section 3: Other Issues

☐ Do you feel mentoring; peer coaching etc. would be beneficial for the participants?
☐ Do you think the criteria for attending the programme should be changed?
☐ How does the PMLF course fit in with the First Time Managers programme?
Should the PMLF course be undertaken before or after the First Time Managers programme?
☐ How did the line managers of those that attended support the programme?
  • Did they meet with participants before the programme?
  • Did they meet with participants after the programme?

Ending

Brief resume of the main points and issues raised.
Have we missed anything?

Thank you for your participation

Anne Barrett
APPENDIX K Topic Guide

Topic Guide for Focus Group with Facilitators

February 8th 2016

A flexible framework for the discussions and ideas; for questions to generate conversation and discussion.

Background Information

My name is Anne Barrett. Declan Hynes in the office for HR Leadership, Education and Development has asked me to evaluate the People Management Legal Framework (PMLF) training. This evaluation is the basis of the thesis I am writing as a requirement for the award of the degree of Master of Science in Health Services. My tutor is Professor Mary Keating from the School of Business in Trinity College, University of Dublin.

I aim to get an understanding as to

- Whether the PMLF training is still fit for purpose
- How it can be improved
- How it can effectively be integrated into the HSE’s wider strategy for improving performance, quality and safety.

I am therefore interested in who it is targeting and what it is teaching.

Confidentiality

All the information given here today is confidential and will not be available to anyone other than the research team.

Consent for Taping and Ground Rules

I would like to get your consent to tape record today’s discussion to ensure that we have a complete transcript of what people have said. If you would like access to the transcript at a later stage, please contact me. No statement will be attributed to an individual and only I will have access to the tape. There will be no
way of tracing any comment to any individual, and names will not be mentioned on any report arising from this research. To ensure that everybody gets a fair chance to share their views I am asking that only one person speaks at a time and that no one will carry on side conversations with another. Please also ensure that your MOBILE PHONES are switched off.

**Objectives**

There are three main things we want to learn about:

1. **Your perceptions of the programme**

   I will be giving you feedback from

   - Evaluation sheets
   - Application forms
   - Surveys completed by course participants, their line managers and those on the waiting lists for the programme. These were conducted using the Survey Monkey service.

2. **The role of the facilitator**

3. **What improvements could be made?**

**Focus Group Session**

1. **Introductions**

   We will start by introducing ourselves. If you could say a little bit about yourself, your name, what area you work in and how long you have been a facilitator of the PMLF training

2. **Section 1: Your perceptions of the programme: Objective 1**

   **Aims**

   - To determine the appropriateness of the programme modules
   - To determine the appropriateness of delivery of these modules
   - To determine attitudes to course facilities (learning environment etc.)
To determine attitudes on selection of participants (does the PMLF training reach target audiences etc?).

To determine if the facilitators feel the course meets the expectations and objectives of participants

Presentation of summary data from the surveys, evaluation sheets, and application forms.

General Question

How do these findings resonate with your own experience of the programme?

Does the programme cover the core topics of relevance to managers?

What are your opinions of the programme modules?

- Employee performance
- Managing employee grievances
- Managing attendance
- Equal opportunities
- Dignity at work
- Trust in Care
- Managing Fixed Term employees
- Salient provisions of employment legislation

What topics should be included/excluded?

What are your views on the lay out of the programme?

How does the training compare to other programmes run in your region?

3. Section 2: Role of the Facilitator: Objective 2

Aim

- To determine the role and quality of the training for facilitators
- To determine if all have been trained and if not, why?
Questions about Training and Support for facilitators

- Have you been trained in the delivery of the programme?
- Was the training sufficient in preparing you to facilitate this programme?
- Do you feel knowledgeable of the material?
- Do you feel further training is required to further prepare?
- Do you feel you require further support?

Please give a rationale for your answers.

Questions about programme materials

- Do you feel the materials used to deliver the programme are sufficient and appropriate?
- Is the handbook useful?
- Are the PowerPoint slides used useful?
- Are the hand outs for participants useful?
- Are the case studies used appropriate to the programme?
- Are the case studies useful?
- Is the DVD used useful?
- Is the HSEland discussion forum useful for the participants?
- Is the HSEland discussion forum useful for you?

4. Section 3: Ideas for changes: Objective 3

Aim:

To identify suggestions for improving or modifying the current PMLF course

General Questions

Are there any changes you would suggest for the programme?

To what extent have the recommendations from the previous evaluation (2007) of the PMLF framework been implemented?

Criteria

Do you think the criteria for attending the programme should be changed?
Content

Are there any additional modules/areas that could be included?

Delivery

Are there any additional materials that may be useful?

Should any of the course materials be removed?

Could the training for facilitators be improved?

Do you feel that approaches such as mentoring or peer coaching would be beneficial for the participants?

Should a few courses be amalgamated into one?

How does the PMLF course fit in with the First Time Managers programme?

Should the PMLF course be undertaken before or after the First Time Managers programme?

Organizational Support

How did the line managers of those that attended support the programme?

Did they meet with participants before the programme?

Did they meet with participants after the programme?

Conclusion

Brief resume of the main points and issues raised.

Do you think we’ve missed anything?

Confidentiality is assured, as detailed earlier.

Please let me know if you would like a transcript or further information about the results of the study.
Thank you for your participation in this study, and for your support in forwarding names of participants.

Anne Barrett
APPENDIX L: Informed Consent Form

Researcher: Anne Barrett

Title: How effective has the People Management Legal Framework training been in facilitating managers to implement people management policies in the HSE?

Declaration

I have read this consent form and information leaflet. I have had the opportunity to ask the researcher any questions. I freely and voluntarily agree to be part of this research study, without prejudice to my legal and ethical rights. I understand that the Engagement Workshop I will be participating in will be documented and that I can have access to the notes within 10 days. I understand that material from this study will not be used in future unrelated studies without further specific permission being obtained.

I understand that I may withdraw from the study at any time and without reason.

Participant's Name:
______________________________________________

Contact Details:  _____________________________________

Participant's Signature:
______________________________________________

Researcher Responsibility

I have explained the nature and purpose of this study, the procedure to be undertaken and any risks involved. I have offered to answer any questions and fully answered any questions. I believe that the participant understands my explanation and has freely given informed consent.

Researcher's Signature: ________________________________

Date: ______________________
APPENDIX M: Focus Group

Informed Consent Form

Researcher: Anne Barrett

Title: How effective has the People Management Legal Framework training been in facilitating managers to implement people management policies in the HSE?

Declaration

I have read this consent form and information leaflet. I have had the opportunity to ask the researcher any questions. I freely and voluntarily agree to be part of this research study, without prejudice to my legal and ethical rights. I understand that the focus group I will be participating in will be recorded and that I can have access to the transcript within 10 days. I understand that material from this study will not be used in future unrelated studies without further specific permission being obtained.

I understand that I may withdraw from the study at any time and without reason.

Participant’s Name:

____________________________________________

Contact Details: ______________________________________________

Participant’s Signature:

____________________________________________

Researcher Responsibility

173
I have explained the nature and purpose of this study, the procedure to be undertaken and any risks involved. I have offered to answer any questions and fully answered any questions. I believe that the participant understands my explanation and has freely given informed consent.

**Researcher's Signature:** ________________________________

**Date:** ____________________
APPENDIX N Sample of Record of Engagement Workshop with Senior Managers

It was noted that talking to a colleague featured, but that this could be more useful than indicated in the survey responses.

It was valued that respondents talked to all parties. There was surprise that so few mentioned referring to the PMLF reference book.

The group reflected that it is best to address problems early, emphasising the need for prevention, and the need to do the PMLF as part of an induction programme.

Question 38

Have you used the discussion forum on HSEland to discuss the learning from the programme?

It was thought that younger managers may be more inclined to use online tools, going forward.

Question 41

How supportive has your line manager been in terms of helping you to apply what you learned on the course to your current management role?

It was reported that it had come as a surprise to some participants that their line managers had not attended the course.

This question triggered a discussion about the capacity of the course to impact on those in the HSE at higher senior grade levels. Those at this level are less likely to attend. The group wondered if they are aware of new policies, procedures and information. (P1 stated there had been 10 to 12 changes in policies since 2009). The same ‘mistakes’ had been repeated over the years. It was felt that grade specific training may be useful to target this group. It was also felt they would benefit from the First Time Managers Training, sequenced with the PMLF, to improve their skill base.
APPENDIX O: Sample of transcript from Focus Group

**Speaker D** - “I agree, I think I would say that my experience of giving this course to the same disciplines (which I have done a few times) is that they don’t participate as fully, as they know each other and they’re less likely to engage and they’re a little bit held back from sharing something they’re working with. Whereas, the mix of disciplines usually for me, encouraged participation”.

**Researcher** – “Can I bring you back to the previous question thinking about the ways in which it was delivered?. Have you opinions yourselves about the videos and case studies you are currently using?”

**Speaker B** – “certainly I mentioned this to Declan a long long time ago that the videos are a bit too tame to the point that I don’t use some of them. I don’t know if the rest of you feel that?”

**Speaker C** - “yeah, I would be the same. We only use one or two of them to just kind of illustrate what we’re talking about. I think they’re too simplistic and they need something a bit more complicated to make them think about how they would apply whatever it is the module is covering. We all know the issues are not all neat and tidy. The videos could be more realistic. I think they need to be meatier and there needs to be more of them”.

**Speaker A** - “I only show one or two of them, I show the ones participants get more out of as some of the videos in some of the modules are extremely repetitious. There is repetition in the messages they give being the same. In my experience, people get a little bit annoyed about that”.

**Speaker D** - “I often apologize about the videos before they are seen. I ask them to take what message they can out of it. Wouldn’t it be great if we could tidy it all up the way they show us on the videos but certainly, I think they’re all dated a little bit”.

**Researcher** - “Has anybody any other comments on the role plays you may or may not do, or on involving guest speakers?”

**Speaker C** - “we don’t really bring in guest speakers to be honest. In our area what we have started to do, to be honest with you, we moved away from the attendance management module and developed our own. We bring in one of the Occupational Health nurses to talk people through how to make a referral as well as the **Speaker B** - “I do a couple of role plays as well and the feedback evaluation sheets usually indicates that they enjoy that part of it and it’s great they can participate.

It’s that experiential learning piece that people for the most part usually enjoy”.

**Speaker A** - “we do a lot of group discussions where we chose a topic and get them to discuss and think about it e.g. with dignity at work, we break into three groups and give them three of the subjects, such as sexual harassment. We give them a chance to write their own definitions and see how they compare with what’s in the reference book. Doing
their own activities, it gets them to remember what it is, so it just kind of depends on the group and on their level of experience. It’s kind of “suck it and see”.

**Researcher** - “Does anyone use case studies and how does that go?”

**Speaker A** - “I think they work very well. I might choose a case study rather than use the videos”.

**Speaker C** - “I would do the same”

**Researcher** - “do you use questionnaires?”

**Speaker A** - “no”

**Speaker B** - “I would have little exercises I might hand out around problems to try and get them to think about what their understanding is. Maybe that’s what they mean about questionnaires. It’s a kind of true or false statement that I use”.

**Question 27** - “Overall how would you rate the Facilitators in terms of the following?”

(See survey)

Researcher commented that they scored very highly on being approachable, encouraging the development of trust and safety within the group, encouraging participation of all, the ability to listen and helping participants feel at ease.

**Speaker C** - “nice to get a positive response”

**Questions 28 and 29** - the Researcher presented the results which elicited the response “good to hear”.

**Question 30** - researcher presented the results

**Question 31** - “why have you not been able to apply the skills you learned during the programme”.

The Researcher presented the results and asked “does any of that surprise you”?
APPENDIX P: Example of Categorizing comments on Survey

- **length** excellent course. too short ,a lot of information.
  1/8/2016 5:08 AM View respondent's answers Categorize as... ó

- **follow up learning** | **length** | **venues** Training was very relevant and beneficial but the venues were wrong and the time available was not conducive to effective learning, yearly refreshers would be very beneficial.
  1/7/2016 9:16 PM View respondent's answers Categorize as... ó

- **relevance of content** | **seen as essential** Very happy to attend these courses as it benefits greatly to HR staff. It should be mandatory that ALL HR staff/Line Managers attend this course.
  1/7/2016 10:56 AM View respondent's answers Categorize as... ó

- **follow up learning** how we can use HSE HR to get advice / guidance.
  1/7/2016 7:56 AM View respondent's answers Categorize as... ó

- **delivery style** | **follow up learning** | **relevance of content** | **seen as essential** managers should be given on going training as policies change etc and maybe a document which outlines main key points in additional to full policy document would be useful for managers to quickly access main points of various policies - also a document with practical scenarios would be beneficial.
  1/6/2016 2:50 PM View respondent's answers Categorize as... ó

- **follow up learning** Needs to be undertaken 2 yearly.
  10/20/2015 3:30 PM View respondent's answers Categorize as... ó

- **follow up learning** | **relevance of content** this course is extremely relevant to my role & I felt more confident following course a refresher would be great as new incidents & issues arise from time to time.
  10/16/2015 12:06 PM View respondent's answers Categorize as... ó
I would like to see a refresher course which would encompass relevant legislative and work changes in relation to
## APPENDIX Q Matrix of suggestions made by Senior Managers

<table>
<thead>
<tr>
<th>Concern</th>
<th>Category</th>
<th>Suggestions</th>
<th>Anticipated outcome</th>
<th>Divergence of opinion amongst Workshop participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Line managers not knowing what was expected of them to support those doing the training.</td>
<td>Line Manager Collaboration</td>
<td>Ensuring the line managers /senior managers attend the PMLF programme. Possibly, making the programme mandatory and Grade specific.</td>
<td>Engaging senior managers in supporting middle managers in implementing the policies.</td>
<td>The discussion was inconclusive. Resource/release to attend issues may arise.</td>
</tr>
<tr>
<td>Content of the course requiring updated information on new HR policies and legislation.</td>
<td>Content of the Programme</td>
<td>Assurance from the HSE’s Corporate Employee Relations Services (CERS)</td>
<td>Assurance that the course content will be, or has been, brought up to date to reflect recent policy and legislative changes.</td>
<td>The representative from CERS considered the content was already appropriate to existing policy and legislation.</td>
</tr>
<tr>
<td>Concern</td>
<td>Category</td>
<td>Suggestions</td>
<td>Anticipated outcome</td>
<td>Divergence of opinion amongst Workshop participants</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>--------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>The need for more complex and challenging people management problems:</td>
<td>Training Methodology</td>
<td>1. Inputs from Employee Relations</td>
<td>Provision of effective learning opportunities to optimize understanding and capacity to apply knowledge.</td>
<td>One member felt ‘the validity of the DVD scenarios remains intact, whilst recognizing the scope to complement their message with recent case studies’. Full agreement that ER inputs are required.</td>
</tr>
<tr>
<td>Current scenarios on the DVD appearing unrealistic</td>
<td></td>
<td>2. Use of Case studies, reflecting the demand for ‘true to life’ scenarios</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Face to face /action learning was considered useful</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Consider how other organizations are creating learning opportunities to deal with complexities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concern</td>
<td>Category</td>
<td>Suggestions</td>
<td>Anticipated outcome</td>
<td>Divergence of opinion amongst Workshop participants</td>
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</tr>
<tr>
<td>Regional variations in the length of the programme. The reduction from 2 days to a half day in one CHO area was particularly concerning.</td>
<td>Logistics</td>
<td>Two days required for the delivery of the programme,</td>
<td>Time given for an appropriate level of assimilation of knowledge and reflection</td>
<td>None noted, but acknowledgement of the ‘release issue’.</td>
</tr>
<tr>
<td>Low levels of attendance of senior managers, medical and psychology professionals.</td>
<td>Attendees</td>
<td>Grade specific and discipline specific trainings for specified groupings: consideration of who should deliver the training to these groupings.</td>
<td>Further consideration of this suggestion to ensure widespread knowledge of PMLF.</td>
<td>None noted.</td>
</tr>
<tr>
<td>Concern</td>
<td>Category</td>
<td>Suggestions</td>
<td>Anticipated outcome</td>
<td>Divergence of opinion amongst Workshop participants</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
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<td>----------------------------------------------------------------------------</td>
<td>-----------------------------------</td>
<td>------------------------------------------------------</td>
</tr>
<tr>
<td>High demand for Dignity at Work and Trust in Care Modules</td>
<td>Programme Structure</td>
<td>Possibly separate the modules for specific focused training:</td>
<td>Demand led, focused training</td>
<td>Some considered the linkages between the modules too important to warrant their separation</td>
</tr>
<tr>
<td>Fixed term, temporary managers who may not have completed the PMLF programme</td>
<td>Attendees</td>
<td>PMLF programme details given as part of induction package? Mandatory Training?</td>
<td>Ensuring that all managers have completed the PMLF programme</td>
<td>None noted</td>
</tr>
<tr>
<td>Concern</td>
<td>Category</td>
<td>Suggestions</td>
<td>Anticipated outcome</td>
<td>Divergence of opinion amongst Workshop participants</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>---------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>Lack of confidence in implementing HR policies</td>
<td>Transfer of learning</td>
<td>Consideration of complementary training interventions to help develop the ‘softer skills’ needed to implement. Incorporation or dovetailing with the FTM may be one approach. Using coaching to enhance implementation was another.</td>
<td>Further integration of skills training and practice to be able to implement the knowledge. This will lead to more confidence to implement</td>
<td>None noted, but no prescriptive model was agreed.</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Concern</th>
<th>Category</th>
<th>Suggestions</th>
<th>Anticipated outcome</th>
<th>Divergence of opinion amongst Workshop participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Are grievance, bullying and performance issues being addressed in a timely and professional manner? Is prevention and early intervention being utilized?”</td>
<td>Transfer of learning</td>
<td>Sustained employee engagement. Team Building</td>
<td>Conflicting and on-going issues often preventable if suggestions are actioned.</td>
<td>Resource limitations</td>
</tr>
<tr>
<td>Trainer Fatigue, and over reliance on key facilitators.</td>
<td>Facilitator Capacity</td>
<td>Ensure involvement of ER personnel</td>
<td>Advantages of co facilitation: ER inputs likely to reflect ways of addressing ‘real life’ scenarios</td>
<td>Resource issue to ensure full complement of facilitators in each CHO area</td>
</tr>
</tbody>
</table>
APPENDIX R: Letter granting ethical approval

COLÁISTE NA TRÍONÓIDE, BAILE ÁTHA CLIATH
Ollscoil Átha Cliath
TRINITY COLLEGE DUBLIN
The University of Dublin

Anne Barrett
4 Rose Hill Avenue
Kells Road
Kilkenny

23 March 2015

Re: An evaluation of the effectiveness of the People Management Legal Framework Training (PMLF) in facilitating managers to implement people management policies in the HSE.

Application 02F/2015/01

Dear Anne,

Thank you for your submission of the above proposal to the HPM/CGH REC.

The REC has given ethical approval to the proposed study.

Yours sincerely,

[Signature]

Prof Charles Normand
Chair of the HPM/CGH REC
### APPENDIX S Breakdown of Participants by Professional Discipline

<table>
<thead>
<tr>
<th>Professional Discipline</th>
<th>Number of Responses</th>
<th>% of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>38</td>
<td>19.79%</td>
</tr>
<tr>
<td>Nursing; General, Paediatric and Public Health Nursing</td>
<td>33</td>
<td>17.19%</td>
</tr>
<tr>
<td>Management Professional</td>
<td>25</td>
<td>13.02%</td>
</tr>
<tr>
<td>Social Work</td>
<td>14</td>
<td>7.29%</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>10</td>
<td>5.21%</td>
</tr>
<tr>
<td>Mental Health Nursing</td>
<td>9</td>
<td>4.69%</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>8</td>
<td>4.17%</td>
</tr>
<tr>
<td>Social Care</td>
<td>8</td>
<td>4.17%</td>
</tr>
<tr>
<td>Disability Nursing</td>
<td>8</td>
<td>4.17%</td>
</tr>
<tr>
<td>Environmental Health</td>
<td>6</td>
<td>3.13%</td>
</tr>
<tr>
<td>Laboratory Technician</td>
<td>5</td>
<td>2.60%</td>
</tr>
<tr>
<td>Radiography &amp; Radiation Therapy</td>
<td>5</td>
<td>2.60%</td>
</tr>
<tr>
<td>Psychology</td>
<td>3</td>
<td>1.56%</td>
</tr>
<tr>
<td>Speech and Language Therapy</td>
<td>3</td>
<td>1.56%</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>3</td>
<td>1.56%</td>
</tr>
<tr>
<td>Catering and Maintenance</td>
<td>3</td>
<td>1.56%</td>
</tr>
<tr>
<td>TUSLA Managers</td>
<td>2</td>
<td>1.04%</td>
</tr>
<tr>
<td>Professional Group</td>
<td>Count</td>
<td>Percentage</td>
</tr>
<tr>
<td>----------------------------</td>
<td>-------</td>
<td>------------</td>
</tr>
<tr>
<td>Medicine</td>
<td>2</td>
<td>1.04%</td>
</tr>
<tr>
<td>Nutrition / Dietetics</td>
<td>1</td>
<td>0.52%</td>
</tr>
<tr>
<td>Dental</td>
<td>1</td>
<td>0.52%</td>
</tr>
<tr>
<td>Audiology</td>
<td>1</td>
<td>0.52%</td>
</tr>
<tr>
<td>Medical Science</td>
<td>1</td>
<td>0.52%</td>
</tr>
<tr>
<td>Podiatry</td>
<td>1</td>
<td>0.52%</td>
</tr>
<tr>
<td>Trainer</td>
<td>1</td>
<td>0.52%</td>
</tr>
<tr>
<td>ICT Manager</td>
<td>1</td>
<td>0.52%</td>
</tr>
</tbody>
</table>
## APPENDIX T Suggestions for Further Training from 41 Participants

<table>
<thead>
<tr>
<th>Suggestions for further training</th>
<th>Number of participants making suggestion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refresher Courses</td>
<td>8</td>
</tr>
<tr>
<td>Administration and report writing skills</td>
<td>6</td>
</tr>
<tr>
<td>Coaching and mentoring skills</td>
<td>5</td>
</tr>
<tr>
<td>Facilitation and Mediation skills</td>
<td>3</td>
</tr>
<tr>
<td>Training in policies which have changed or been updated</td>
<td>3</td>
</tr>
<tr>
<td>Learning from real life Case Studies</td>
<td>3</td>
</tr>
<tr>
<td>Time Management</td>
<td>3</td>
</tr>
<tr>
<td>Addressing Poor Performance</td>
<td>3</td>
</tr>
<tr>
<td>Peer Support</td>
<td>2</td>
</tr>
<tr>
<td>Knowledge of HSE Structures</td>
<td>1</td>
</tr>
<tr>
<td>Stress Management</td>
<td>1</td>
</tr>
<tr>
<td>Professional Supervision</td>
<td>1</td>
</tr>
<tr>
<td>Conducting Investigations</td>
<td>1</td>
</tr>
</tbody>
</table>
APPENDIX U Quotes from Participants

The following quotes are examples of some of the suggestions that were made by participants, arranged by topic areas:

**On-going Learning**

“Perhaps operate e learning modules covering all the areas. This would be more useful to allow you to dip in and out as required.”

“Managers should be given on-going training as policies change.”

“This is something that could be refreshed at a local level possibly in a peer support fashion.”

“On-going refreshers and updates and practical workshops to discuss challenging situations are needed”.

“It would be good to have the opportunity to do a cert or diploma course in Employee Relations as part of your work”

**Delivery style**

“It would help if the course was more hands on - if there was role play etc. and more opportunity to give real examples of problems and issues that are faced every day.”

**Time Intervals**

“The idea of a refresher course is good and perhaps some project work could be given in the interim between the time that the PMLF training is given and the refresher training.”

“I think the FTM and PMLF should have a time interval…that way you get to absorb and utilize what you learn. Otherwise, it may be information overload”.

**Compulsory for new managers?**
“I have found the PMLF training the most beneficial programme, followed closely by the FTM programme. I think it is especially useful for a staff member who has just started in the role as a manager”.

“It is important for Management to recognize the necessity of this training for all prospective Managers prior to taking up positions if possible”.