

# A training needs analysis of health care providers within Malta's Primary Health Department - a boon or a bane?

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## Abstract

**Aim:** In 2009, the Practice Development Unit and the Specialist Training Programme in Family Medicine within Malta's Primary Health Department carried out a training needs analysis of health care providers working in government primary health centres and clinics so as to investigate their educational requirements.

**Method:** After a questionnaire was developed as a tool, a pilot study was conducted in a particular health centre to test its validity. The amended version of the questionnaire was then mailed individually to all health providers working at that time in the various health centres and peripheral clinics.

**Results:** Out of the 498 questionnaires sent, 215 were completed and returned, with a resulting response rate of 43%. One main finding was that, irrespective of one's discipline, the programme topic and the lecturer were the important decisive factors of whether one attended a training course or not. On the other hand, specific obstacles to training emerged that are directly related to one's profession: these included shortage of staff, lack of time and other commitments.

**Conclusion:** From the information revealed by the training needs analysis, the department revamped its training strategy to consist of three-monthly Saturday seminars dealing with topics relevant to primary health care, with such activities being oversubscribed and well-received. In this manner a thriving continuing professional development programme was designed and

delivered for health care professionals within Malta's Primary Health Department

## Introduction

In Malta, primary health care is provided by the public and the private sectors. The state Primary Health Department (PHD) offers access to comprehensive primary health care services to all citizens through 9 main health centres (8 in Malta and 1 in Gozo) and 46 peripheral local clinics. Besides general practitioner and nursing care (offered on a 24-hour basis in three of the health centres), other services offered during the day include immunisation, pharmacy, physiotherapy, podiatry, speech therapy, antenatal and postnatal clinics, well baby and paediatric clinics, diabetes clinics, medical consultant clinics, orthopaedic clinics and wound clinics (Health, Elderly and Community Care, 2011a).

The Practice Development Unit (PDU) (Health, Elderly and Community Care, 2011b) and the Specialist Training Programme in Family Medicine (Health, Elderly and Community Care, 2011c) are responsible for the education of primary health professionals within the department. In 2008 the PDU launched a monthly series of continuing professional development (CPD) lectures for staff. After a well-attended first talk by the Director of Primary Health, attendance for the following lectures plummeted. The lecture programme was thus suspended and a decision was taken to undertake a training needs analysis of primary health providers. Training needs analysis (TNA) is the first step in a cyclical process that contributes to the overall training and education strategy of staff in an organisation or professional group (Barbazette, 2006). Following the initial analysis, training is determined and designed, delivered and supported, and finally evaluated and validated to close the loop.

## Key Words

Educational needs assesment; health personnel; primary healthcare; Malta

TNA has been found to assist in the development of relevant education courses which are so important for health care professionals to improve their skills according to the latest developments in clinical practice (Hicks and Hennessy, 1997). The provision of CPD has been recommended as a source of job satisfaction among Maltese government general practitioners and thus as one way to tackle medical manpower needs in state primary care (Sammut, 2007). A literature review and reappraisal of needs analysis for training of nurses showed that training needs initiatives within single organisations were more likely to have a positive effect on the rest of the training cycle and on service delivery and quality of patient care (Gould, Kelly, White and Chidgey, 2004).

The objectives of this TNA of state health care providers (HCPs) included the identification of specific topics/subjects of interest, factors that encourage attendance for training, barriers to attendance and ways to eliminate them, and preferred learning formats and methods. It was anticipated that the results of the local TNA would be a boon not a bane, not only to the CPD programme but also to job satisfaction, service delivery and quality of care.

## Method

A questionnaire composed of 13 questions was formulated after reviewing relevant literature, and a covering letter was prepared. A pilot study was conducted in one health centre with a range of HCPs to check if the questions were clear and meant the same to them, if they correctly followed directions and if their replies were appropriate and provided the intended information. After necessary changes to the tool were implemented, the questionnaire and covering letter were mailed to all the other 498 HCPs within the PHD in January 2009. After being completed anonymously and on an informed-approach basis, the questionnaire was to be returned by internal mail. A prize raffle was used as an incentive to encourage participation in this survey, with entries mailed separately from the questionnaire to maintain confidentiality. Analysis was performed using Microsoft Excel ® and Microsoft Word ® software programmes.

## Ethical considerations

Authorisation to conduct the TNA was given by the Director of Primary Health. No ethical approval was needed since sensitive personal data were not gathered. Participants were informed that the information

gathered would be used to ensure that HCPs are offered the required training in order to enhance the delivery of professional care, and also help to build a case to invite external lecturers and to organise workshops/seminars as necessary. Participants were assured that the questionnaire was entirely confidential, rendering it impossible to identify them from their replies, and that by returning the completed questionnaire they would have given their consent to participate in the survey.

## Results

Two hundred and fifteen questionnaires were returned out of 498 that were mailed, giving an overall response rate of 43%. The response rate by profession is illustrated in Table 1, with Figure 1 showing the length of time respondents have worked in primary health care.

The main obstacles to attending lectures listed by respondents (Figure 2) were staff shortages, lack of time and other commitments. On the other hand, lack of staff was not considered a problem for physiotherapists and speech language pathologists, while the former and podiatrists reported that they were not pressed for time.

As regards factors favouring registration for training (Figure 3), the HCPs gave most importance to the topic and the lecturer, followed by the provision of course material, a certificate of attendance and compensation through time-in-lieu. Comfortable premises and a central area were the factors mentioned most often as encouraging attendance (Figure 4), with the provision of teaching on relevant and interesting topics most popular among the ideas for further improving development and training efforts (Figure 5).

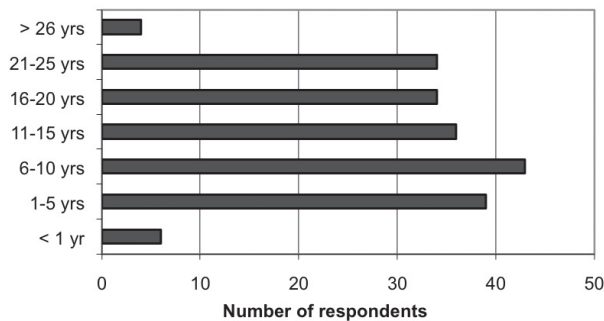
The learning topics preferred by doctors, nurses and nursing aides may be seen in Figure 6, with other requested topics categorised by professions as follows: immunisation (nurses and midwives), topics relevant to pharmacy (4 requests from pharmacy staff), topics related to dentistry (2 requests from dental staff), autism (2 requests from speech language pathologists) and biomechanics (2 requests from podiatrists).

Regarding the delivery of training (Figure 7), the most favoured methods were 1-2 hour lectures, practical sessions and half-day workshops, given by multidisciplinary speakers to a mixed audience (Figures 8 and 9). Respondents identified weekdays as the best days of the week (Figure 10) and 10am-12MD as the most convenient time (Figure 11) to attend training programmes.

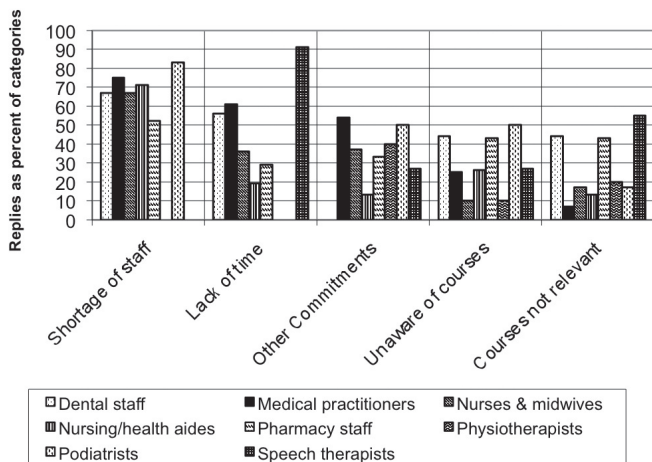
**Table 1:** Response rate by profession

Health Care Providers	No.	Respondents No.	Respondents %
Nurses & Midwives	178	99	56
Medical Practitioners	98	28	29
Nursing Aides & Health Assistants	71	31	44
Speech Language Pathologists	66	11	17
Pharmacists & Pharmacy Technicians	42	21	50
Podiatrists	16	6	38
Dentists & Dental Hygienists	15	9	60
Physiotherapists	12	10	83
<b>TOTAL</b>	<b>498</b>	<b>215</b>	<b>43</b>

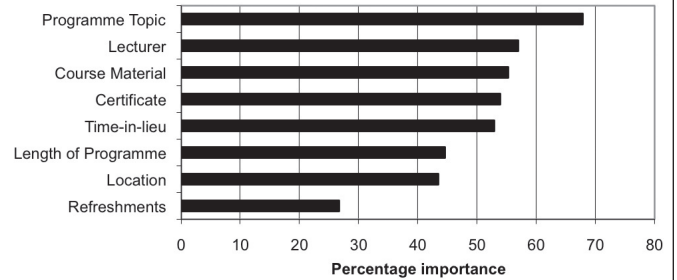
**Figure 1:** Length of time participants have worked in primary health care



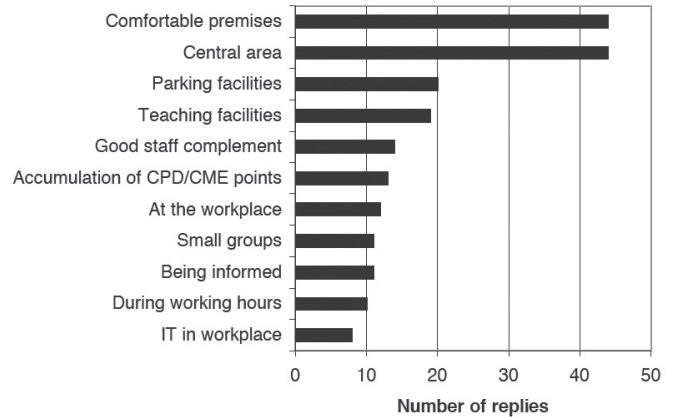
**Figure 2:** Respondents' obstacles to attending lectures



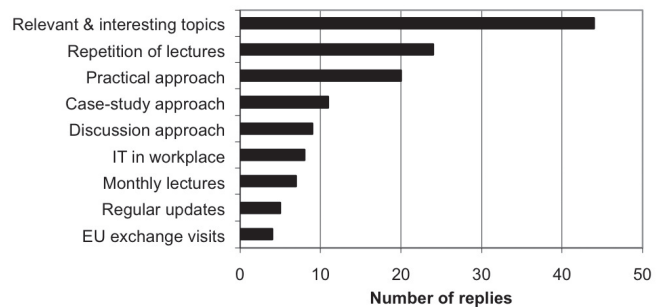
**Figure 3:** Factors favouring participants' registration for a training programme



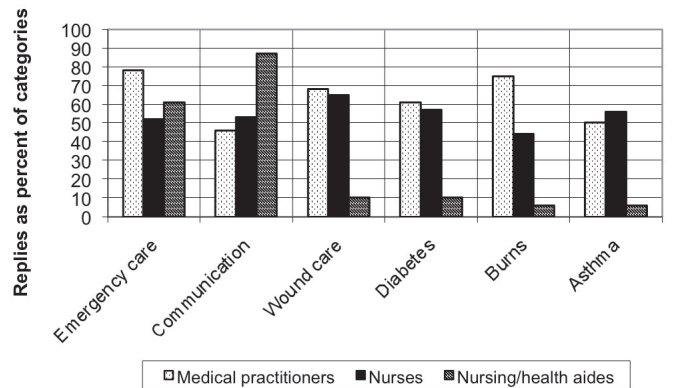
**Figure 4:** Other factors encouraging attendance of lectures



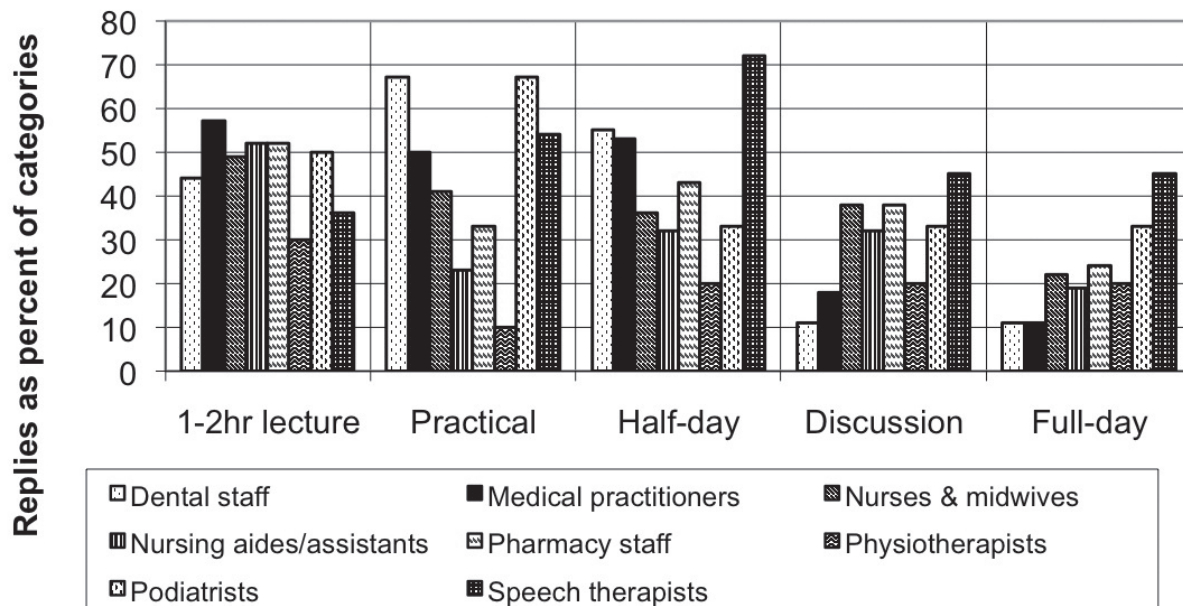
**Figure 5:** Ideas for further improving development and training efforts



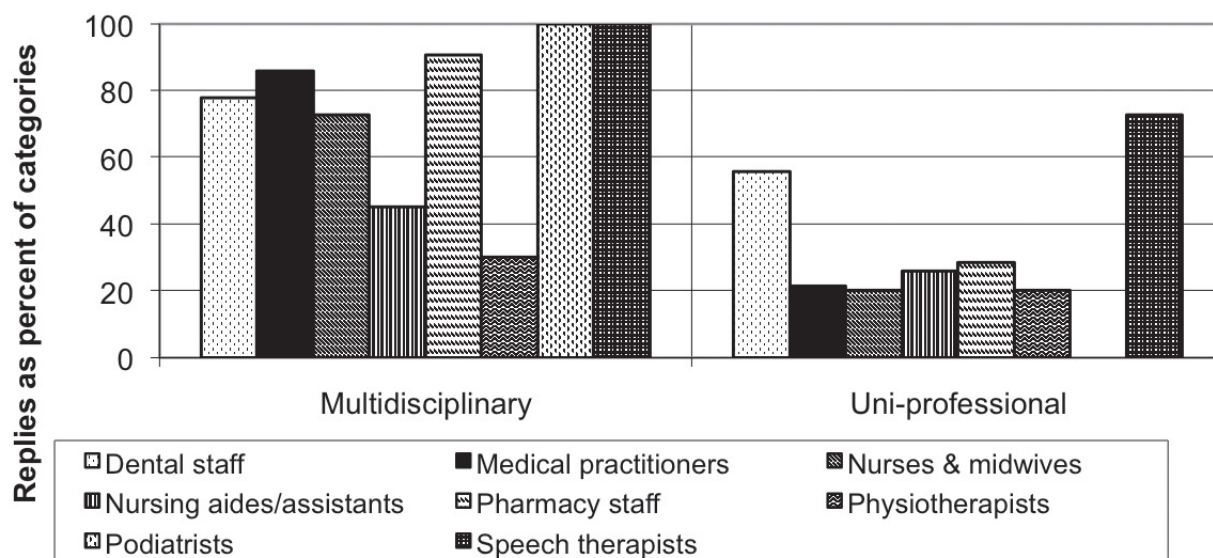
**Figure 6:** Learning topics preferred by doctors, nurses and nursing aides



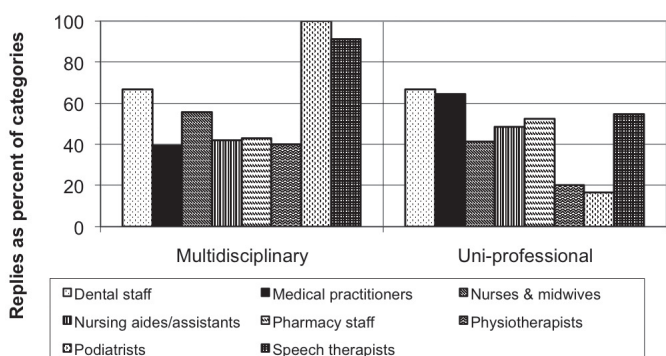
**Figure 7:** Participants' preferred learning methods



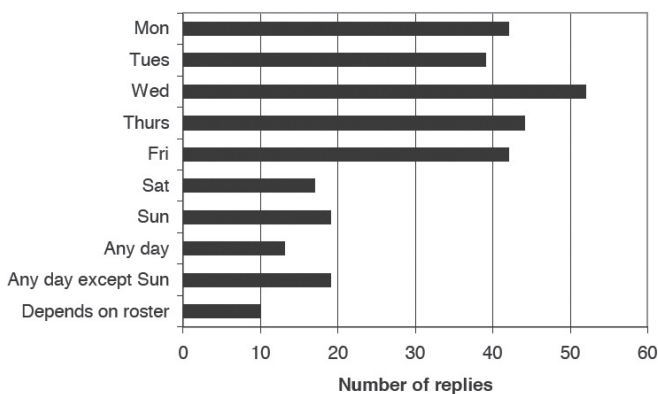
**Figure 8:** Respondents' preferred type of speakers



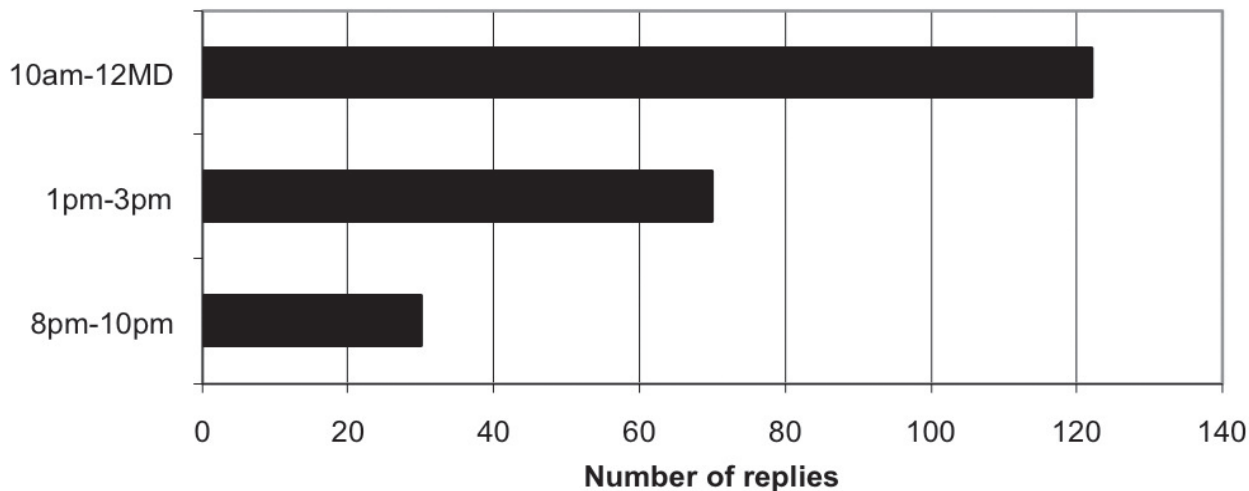
**Figure 9:** Participants' preferred type of audience



**Figure 10:** Best day of the week for respondents to attend training programmes



**Figure 11:** Most convenient time for participants to attend training programmes



## Discussion

The barriers to undertaking training cited by local health care providers are similar to those in the UK. While Maltese HCPs listed shortage of staff, lack of time and other commitments (in that order), UK professionals mentioned time, cover for people to attend, costs and access or locality (Health Promotion Agency for Northern Ireland, 2008).

UK health professionals also specified factors (other than time and cost) that positively influenced them to attend training; these included relevance to current priorities, locality or access, professional development needs and current patient needs (Health Promotion Agency for Northern Ireland, 2008). Such positive features were similar to the factors encouraging Maltese HCPs to register and attend training activities, namely the topic/lecturer, comfortable premises and a central area, and the provision of teaching on relevant and interesting topics.

Regarding preferred learning methods, Maltese health care providers favoured lectures, practical sessions and half-day workshops, while UK professionals similarly preferred courses/workshops and seminars/conferences (Health Promotion Agency for Northern Ireland, 2008). One modality of learning that was not mentioned in Malta but was given some importance in the UK survey was that of distance/electronic learning, where two-thirds of those who had experienced this format deemed it to be a positive experience as they could study at their own pace and during their preferred time of day (Health Promotion Agency for Northern Ireland, 2008). In view of the busy timetables of Maltese HCPs, electronic learning merits consideration as an alternative method of CPD (Department of Health, 2001). Such an innovative

method would require investment in time and manpower so that the required learning material is prepared. Another challenge may be the difficulty experienced by staff in using information technology systems (Health Promotion Agency for Northern Ireland, 2008).

While certain health care providers (doctors, nursing assistants and pharmacy staff) preferred to receive training only with members of their category, there was an overall predilection by survey participants for undergoing training as part of a mixed audience. All categories were unanimous in preferring multidisciplinary speakers. Receiving interprofessional education is a means of preparing health care providers to take on a more collaborative approach in continuing professional development programmes, and working in collaborative environments is especially important in primary health care in order to enhance patient care (Currant, Sargent and Hollett, 2007).

## Design, delivery and evaluation of training

As a result of the findings from the local TNA, the PDU started organising well-publicised CPD seminars on a 3-monthly basis. To avoid problems of staff not being released from work during busy weekdays, such seminars are held on Saturday morning till early afternoon. The schedule consists of 90-minute sessions interspersed with coffee and lunch breaks. A central venue with adequate parking was selected, and certificates of attendance together with copies of speakers' presentations are provided for participants.

In view of the benefits of interprofessional education cited in the literature, all the health profession groups in public primary care are invited to talks delivered by

a range of health professionals. The topics selected are based on recommendations made during the survey and through post-seminar evaluation forms. So far these have included asthma, diabetes management, motivational interviewing, community support services, vascular disease, and child & adolescent health. The majority of the seminars were over-subscribed and feedback from participants has confirmed that their expectations were met (98% of replies) and that the environment was conducive to learning (93%).

### Limitations of study method

Due to a lack of time and resources, the authors were not in a position to further establish the questionnaire's validity during piloting by statistically analysing its reliability. Postal surveys of samples of primary care professionals are known to have a low response rate (Sibbald, Addington-Hall, Brenneman and Freeling, 1994; McAvoy and Kaner, 1996). As the questionnaire was sent to the whole population of state health care providers and not just a sample, the TNA's response

rate of just below 50% can be considered as acceptable. A bias may have been introduced from non-response by disinterested health care providers. While non-respondents ideally should be contacted to inquire as to the reason for their non-response, this was not possible due to the anonymity of the questionnaires. A statistical analysis of the results of the survey could not be carried out, again due to time and resource restrictions.

### Conclusion

The results of the TNA were found to be of help rather than of hindrance to the organisation of CPD activities by the Primary Health Department. From lectures attended by just a handful of people, the programme was transformed into a series of seminars which were over-subscribed and well-received. In this way the TNA resulted in the design and delivery of a thriving CPD programme for health care professionals within Malta's Primary Health Department. Future analyses could target the possibility of introducing distance/electronic learning methods.

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