Education and Training Needs Analysis for Hospital in the Home Nurses
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Healthcare System in Australia

External Factors Influencing Improvements in Healthcare Services
- Globalisation
- Consumerism
- Chronic diseases
- Technology
- Changing demographics & lifestyle
HITH Program Background

- Australian version of home care
- Cost effective
- Alternative to hospital stay
- Victoria is leading the way in an international context
Project Aims and Objectives

- Identify the current and future training and education needs of HITH nurses (clinicians and managers) throughout Victoria

- To provide accurate advice to the DHV regarding the provision and accessibility of education and training for HITH nurses
Methodology

Participants
- 123 Nurses working in the HITH program
- Most common age: 45-54 years,
- Most common role: Registered nurse ($n=71$)
- Most common area: Community nursing ($n=39$)

Techniques: Mixed Methods Design
- Quantitative: Survey questionnaire
- Qualitative: Focus group discussions

Procedure
- Most completed survey questionnaire online
- Contacted managers to request staff for focus groups
- Data analysis: Chi-Square and analysed qual. data
Results: Demographics

- Most common age: 45-54 years ($n=41$) and 25-34 years ($n=34$)
- Most common current role: Registered Nurse ($n=74$) and specialty worked in: Community nursing ($n=35$)
- Most common had been an RN for 16 years or more ($n=76$) and HITH nurses for 10-14 years ($n=36$).
- Metropolitan service: ($n=74$), Regional ($n=23$), Rural ($n=21$)
- Most had attained a Bachelors Degree ($n=56$)
Results: Current Education and Training

- Figure 1: Length of Orientation Period
### Results: Current Education & Training

Table 1: HITH Education and Training Opportunities

<table>
<thead>
<tr>
<th>Type</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online learning</td>
<td>71</td>
</tr>
<tr>
<td>Regular ongoing meetings</td>
<td>62</td>
</tr>
<tr>
<td>Conferences</td>
<td>37</td>
</tr>
<tr>
<td>Workshops</td>
<td>34</td>
</tr>
<tr>
<td>Graduate rounds</td>
<td>27</td>
</tr>
<tr>
<td>Learning modules</td>
<td>25</td>
</tr>
<tr>
<td>Other</td>
<td>25</td>
</tr>
<tr>
<td>Journals</td>
<td>17</td>
</tr>
<tr>
<td>Videoconferences</td>
<td>4</td>
</tr>
</tbody>
</table>
Results: Current Education & Training

Major Barriers and Enablers for Accessing Education and Training

Barriers
- Lack of time available for HITH education and training ($n=84$)
- Absence of specific programs for HITH ($n=78$)
- Staff shortages ($n=49$)

Enablers
- Study leave ($n=85$)
- Support from colleagues ($n=61$)
## Results: Current Assessment of Learning Needs

Table 2: Assessment of Learning Needs Undertaken in the Workplace

<table>
<thead>
<tr>
<th>Method</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informal feedback</td>
<td>61</td>
</tr>
<tr>
<td>HITH team meetings</td>
<td>57</td>
</tr>
<tr>
<td>Introduction of new product</td>
<td>55</td>
</tr>
<tr>
<td>Evaluation forms</td>
<td>29</td>
</tr>
<tr>
<td>Formal assessment</td>
<td>24</td>
</tr>
<tr>
<td>Introduction of new patient</td>
<td>23</td>
</tr>
<tr>
<td>Availability of HITH educator</td>
<td>22</td>
</tr>
<tr>
<td>Other</td>
<td>15</td>
</tr>
</tbody>
</table>
Results: Future Education & Training

Community Learning Needs
- Community resources \( (n=72) \)
- Health promotion and education \( (n=70) \)
- Client comprehensive assessment \( (n=56) \)

HITH Governance and Program Learning Needs
- Mandatory documentation \( (n=72) \)
- Diagnostic related groups \( (n=58) \)
- Length of stay \( (n=55) \).

Competencies Learning Needs
- Wound management \( (n=67) \)
- Clinical deterioration \( (n=57) \)
- Anaphylaxis \( (n=49) \)
Results: Qualitative

Open-ended Questions in Survey: Common responses:
- Rural regions being rather limited and a general lack of HITH specialty program
- Lack of specific HITH programs for further training

Focus Group Discussions: Common themes:
- Rural having limited access to training
- Comparisons between ward nursing and HITH nursing
- Time and logistics of getting all staff together at one time
- Telemedicine and online learning
Anecdotal Comments

“Any education that was online, self-paced, and other online resources would be best suited for accessibility”

“I would like to see in the future specific education days, which are just for HITH nurses. Often staff attends education that is very acute based and staff will then have to take what they have learned and fit it to the HITH scenario”

“Rural nurses in all fields have limited opportunity to improve skills due to time and financial constraints”

“There is a lot of learning on the job… ideal world would be longer orientation”

“I think that’s that thing with HITH, we are so much smaller than the wards you wouldn’t do the general in-service, because they are so specific and it’s very hard to take people off the road…”
Anecdotal Comments

“Incorporated into your shift, so there’s a allocated time to watch it, the information is there, so no one is left without the information…”

“Education for what we need to know is based on the nurses saying they don’t feel confident in a particular area, or the service seeks education when new products become available”

“Maybe a general manual that we could use as a reference… electronic so we could add things… because there is a lot to remember… office tasks throw us off’
Conclusions

- Most nurses felt their orientation program was sufficient and that their learning needs could be best met by teaching sessions and short courses.
- Main areas for future education were wound management and clinical deterioration.
- Differences emerged between services worked in.
Implications

- The findings can aid the alternations of education and training of HITH staff
- Some of these findings are transferable for other international home-based healthcare services

For example:

Uniqueness of the working sphere-
Questions?