Leveraging Technology to Increase Access to Training for Registered Nurses Working Remotely in the Community and Home Health Care Sector

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Abstract

Registered Nurses (RNs) are expected to ensure their professional knowledge and skills are up-to-date in order to be competent and remain in good standing with their licensing body. This Organizational Improvement Plan (OIP) focuses on promoting staff competency by addressing the problem of limited access to training for RNs who work remotely at the Community and Home Care Company (CHCC). A review of the literature suggests that staff training is essential, and there are many benefits to improving staff training, which include increased productivity, efficiency, and enhanced employee knowledge and skills. With an increase in remote employment, a growing number of organizations, including CHCC, are embracing and adopting more innovative non-traditional approaches to train their employees. The lens through which the OIP is viewed is systems theory, which describes a system as a collection of parts that interact with each other in order to function as a single unit. This OIP is viewed under the theoretic lens of systems theory with the incorporation of two complementary leadership theories, transformational leadership and supportive leadership. Kotter’s (1996) Eight-Step Model of Organizational Change is used as a framework for the required system change in this OIP. Three possible solutions were identified, with the ideal option being to offer staff a choice between participation in online or in-person training. This solution includes a change implementation plan that focuses on helping staff become more competent by increasing access to training through the leveraging of technology. The approach to change and change implementation draws on tenets of Kotter’s Eight-Step Model for leading change, and roots the leadership approach in transformational leadership and supportive leadership approaches. The OIP articulates specific approaches that will help
express the need for change, create and implement the change plan, and monitor and evaluate the success of the change plan.

*Keywords*: Transformational leadership, Supportive leadership, Kotter’s Eight Step Change Model, Registered Nurses, Staff Training, Online Learning
Executive Summary

RNs are expected to ensure their professional knowledge and skills are up-to-date in order to be competent and remain in good standing with their licensing body. Frequently, employers delegate this responsibility to their employees and do not provide sufficient opportunities for RNs to update their knowledge and skills, leading to potential issues when staff are not current in their training. This OIP focuses on a community and home care organization in Ontario, CHCC. The problem of practice addresses the issue of limited access to training for the RNs working remotely in the community.

Chapter One outlines CHCC’s role in the community, its history, and its leadership mindset as a forward-thinking, dynamic organization that is well-positioned to move forward in offering better educational opportunities for its staff. As CHCC currently only offers staff training in-person as part of its recommended (though not mandatory) regular staff meetings, many of the Regulated Nurses within the organization are unable to attend the meetings due to timing and location or view them as optional. The author, as Manager of Education for CHCC, identifies this as the central problem of practice which the OIP will address.

The next section includes a discussion of the primary theories and leadership approaches utilized in this OIP. Systems theory, which describes a system as a collection of parts interacting with each other in order to function as a single unit, is the lens through which the OIP is viewed (Swanson & Holton, 2009). To support systems theory, the author incorporates two complementary leadership theories: transformational leadership and supportive leadership. Transformational leadership relies on the leader inspiring the followers to attain higher goals to elicit change, while supportive leadership focuses on
managing followers’ stress and offering psychological aid. Together, these approaches form a complementary method to achieve the needed change: in this case, improvement in staff training. The literature review that follows establishes that staff training is essential, and that there are many benefits to improving staff training, which include increases in productivity and efficiency, and enhanced employee knowledge and skills (Mwangi, 2017; Tahir, Yousafzai, Jan, & Hashim, 2014). With an increase in remote employment, more organizations are choosing to adopt innovative, non-traditional approaches to train their employees. These newer methods could benefit CHCC and remedy the organization’s training issues.

Chapter Two offers potential solutions to the problem of practice, integrating Kotter’s Eight-Step Model of Organizational Change to create the required systems change for this OIP. The three possible solutions are:

- Implement no changes and maintain the status quo;
- Move all training online;
- Offer staff a choice between participation in online or in-person training and add an additional staff member to the Education Department to manage the new educational opportunities.

The ideal option would be to offer staff a choice between participation in online or in-person training and expand the staff of the Education Department accordingly. The proposed approach to change and change implementation draws on tenets of Kotter’s Eight-Step Model for leading change, and uses a leadership approach rooted in transformational leadership and supportive leadership.
Chapter Three then illustrates each needed step in implementing the change process. The OIP articulates specific approaches that will help express the need for change, create and implement the change plan, and monitor and evaluate the success of the change plan. The first steps include communicating the need for change and the desired plan to the Senior Leadership Team, forming a coalition to support the change, and then communicating the plan to the rest of those affected. After the Education Department creates online educational material, a test group would then assess the new format, followed by a survey to determine efficacy. The Change Team would then further refine the material and medium before the Education Department would release it to the entire organization. Throughout this process, the Education Department would communicate clearly through email and in-person meetings, and would plan celebrations as each milestone is reached. The end result would create more easily accessible staff training options for the RNs within CHCC and improve care throughout the organization.
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Definitions of Terms

Access
The ability of Registered Nurses to attend and participate in training opportunities being offered at CHCC.

Client
Synonymous with patient. A person receiving care from a Registered Nurse in their home or in a community nursing clinic.

Community and Home Care
A sector of the healthcare system that supports people of all ages who require care in their homes or in the community. People with complex medical conditions of all ages, with some support at home, can stay in their homes and receive community and home care services (Government of Ontario, 2014).

Competence
The ability of a Registered Nurse to integrate and apply the knowledge, skills, judgments, and personal attributes to practice safely and ethically in a designated role and setting (College of Nurses of Ontario, 2015).

Online Learning
Synonymous with e-learning. A form of distance learning that takes place over the internet.

Professional Development
A broad, ongoing, multi-faceted set of training activities aimed at bringing an individual or an organization up to another threshold of performance, often to perform some job or a new role in the future.
Regulated Health Professional

Professional members of the healthcare field who are licensed to practice in their respective fields by their respective regulatory bodies, which are responsible for ensuring that these professionals provide health services in a safe, professional, and ethical manner (Ministry of Health and Long-Term Care, 2009). Regulated Health Professionals who work at CHCC are registered nurses, physiotherapists, occupational therapists, speech-language pathologists, and social workers.

Remote Employees

Employees who work off-site outside of the organization’s office in patients’ homes or in the community in the nursing clinics.

Staff Training

A type of planned, systematic activity which results in enhanced levels of skill, knowledge, and competency that are necessary to perform work effectively (Gordon, 1992).

Synchronous Online Learning

An online learning experience in which a group of learners engage in learning at the same time online with the training facilitator (Piskurich, 2006).
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Acronyms

CNO (College of Nurses of Ontario)
CHCC (Community and Home Care Company)
KPI (Key Performance Indicator)
LHIN (Local Health Integrated Network)
LMS (Learning Management System)
MOHLTC (Ministry of Health and Long-Term Care)
OIP (Organizational Improvement Plan)
PDSA (Plan Do Study Act) Cycle
PESTE (Political, Economic, Social, Technological, Environmental) Analysis
RN (Registered Nurses)
Chapter One: Introduction and Problem

In Ontario, as in other parts of the world, health care is considered an essential service (Government of Ontario, 2020). As such, it is imperative for healthcare organizations to maximize the competency development of their workers in order to meet the health needs of the community in a sustainable manner (Reeve, Humphreys, & Wakerman, 2015). Healthcare workers are therefore required to be competent professionals who provide evidence-informed care to their patients, who are a vulnerable population dependent on the expertise of these health professionals while under their care (Institute of Medicine et al., 2003).

This Organizational Improvement Plan (OIP) introduces a key problem of practice for my organization. Walliman (2011) notes that it is only after one adequately identifies and analyzes a problem that one can formulate and implement a suitable solution. By identifying the leadership position and lens statement, framing the problem, detailing the questions emerging from the problem, creating a leadership-focused vision for change, and assessing organizational change readiness, I will lay the foundation to further articulate and explore the organizational problem within my professional scope of practice in order to positively influence and affect change as a leader in my organization.

Organizational Context

At the centre of this OIP is the Community and Home Care Company (CHCC), a community-based, for-profit, accredited government organization funded through the Ministry of Health and Long-Term Care (MOHLTC). The purpose of CHCC is to provide nursing and therapy services to community and homebound clients. The community and home care sector is a cost-effective form of health services delivery and relieves pressure
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on hospitals by preventing unnecessary emergency room visits through provision of healthcare services to patients at home (Ontario Hospital Association, 2019). The Ontario healthcare system officially recognized home care as a sector of that system in 1970 and currently sees it as an in-demand and growing part of the healthcare system (VanderBent & Kuchta, 2010). Accredited through Accreditation Canada, CHCC employs healthcare professionals to work in patients’ homes and nursing clinics across Ontario. Patients who are seen at these nursing clinics in the community must be ambulatory and live near the clinic. Services provided at these clinics include wound care, suture removals, and intravenous therapy. With a workforce of approximately 1,500 employees, the largest portion of the CHCC’s workforce are the RNs, who are Regulated Health Professionals. CHCC has five offices and two nursing clinics throughout Ontario, with the leadership team and Office Team Assistants working in the office, and the Regulated Health Professionals working remotely in the community and patients’ homes.

CHCC’s Vision, Mission, and Values

CHCC’s vision is to collaborate with patients and their families towards achieving holistic health and overall well-being (CHCC, 2019c). Its mission is to provide exceptional quality care to enrich the lives of patients and their families (CHCC, 2019c). As identified in CHCC’s strategic direction (CHCC, 2017b), the organization has committed to ongoing efforts to inspire its workforce. This includes ensuring that staff are continuously updating their skills and gaining new knowledge in their respective professional roles. CHCC can achieve this by ensuring all staff are able to access the information they need to develop their professional competencies. Expanding on this mission, the organization has a mandate of innovation, to make healthcare services more
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efficient, sustainable, and accessible to patients. The organization’s values are quality, excellence, and innovation (CHCC, 2019c), which can be leveraged to solve the current organizational problem of limited access to staff training. CHCC’s current organizational strategic direction is to engage the workforce while delivering an exceptional client experience in order to maintain successful operations. The organization’s definition of an engaged workforce, as defined in its employee engagement strategy (CHCC, 2019b), is a workforce that is motivated, inspired, and committed to the success and well-being of CHCC.

The organization embraces a culture of innovation and focuses on continuous quality improvement to enhance patient care. CHCC leads innovation by adding unique additional programs to their main services, such as offering portable heart health monitoring programs, influenza vaccination clinic programs, and corporate health education programs for its corporate clients. The RNs also have novel software applications on their tablets for wound care quick referencing, monitoring, and documentation, which other community and home care organizations do not offer. Having an exemplary reputation in the community and home care sector, CHCC continually aspires to have a highly inspired, engaged workforce, and to deliver exceptional client experience. This aspiration will be helpful in addressing the organization problem of limited access to ongoing training for the RNs.

Contextual Landscape

A current problem facing the organization is staff access to training. This problem will be further elaborated on in the following section. In order to gain a better
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understanding of this issue, it is necessary to explore the broader political, economic, social, and cultural contexts of CHCC.

**Political context.** This context is used to analyze and gain an understanding of the power dynamics between CHCC and its political stakeholders. Given that healthcare is publicly funded in Canada, the political environment in Canada heavily affects the organization. CHCC receives the majority of its funding from the MOHLTC through the Local Health Integrated Networks (LHINs). In the province of Ontario, the LHINs are the health authorities and regional administrations responsible for planning, coordinating, integrating, and funding healthcare services (Gardner, 2006; Ontario’s Local Health Integration Networks, 2014). Consumers of the organization’s services receive government-funded healthcare services. For this reason, it is CHCC’s responsibility to ensure proper use of government funds by ensuring that their staff receive effective and timely ongoing training in order to provide optimal patient care.

**Economic context.** As the population continues to age, the economic demands for the community and home care sector also increase. Given that patients can receive care in their community and in their homes, the government considers this care approach to be a more cost-effective alternative for patients than for them to receive care in hospitals or long-term care centres, which are more expensive (Ontario Hospital Association, 2019). Therefore, from an economic perspective, the organization is financially stable. It consistently meets key performance indicators with the LHINs, and as a result continues to be in good standing with its service contracts for government funding. The organization is also committed to expanding its for-profit operations, which have helped grow the company further and expand its economic standing.
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**Social context.** Social factors driving the demand for community and home care services include the rise of chronic diseases, an aging population, patients experiencing early discharge from hospitals, limited long-term-care beds, and a growing societal preference to remain at home as one ages (Home Care Ontario, 2018). On a social level, the organization has a good reputation with its competitors and its funders (CHCC, 2019a). It is also an organization that engages in various charitable acts and corporate social responsibility (CHCC, 2020a).

**Cultural context.** As noted in the organization’s workplace culture policy, CHCC is an innovative and forward-thinking organization (CHCC, 2016b). A great deal of comradery exists among the employees of the organization. The employees are friendly and helpful with one another and towards other stakeholders, including patients and their families. As stated in the organization’s 2017-2018 annual report (CHCC, 2018e), the organization’s leaders encourage this atmosphere and culture; however, they are also concerned with employee and organizational efficiency and productivity. CHCC also upholds that promoting a culture of learning facilitates patient-centered care, which is a key value for the organization (CHCC, 2016b).

**History of the Organization**

The organization was founded in 1990 by a healthcare professional who sought to address and bridge the gap that existed in the provision of community-based healthcare services. Between 2014 and 2018, CHCC grew rapidly by acquiring both new service contracts from the Ontario government and other community and home care organizations. CHCC accomplished this growth by ensuring ongoing innovation excellence, client satisfaction, and superior service delivery.
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Organizational Structure

The structure of an organization shows the functioning of a group of people within departments who work to achieve a common goal or set of organizational objectives (Widhiastuti, 2012). The organizational structure of CHCC is in line with a traditional hierarchical structure. Andersson and Zbirenko (2014) posit that key benefits to a hierarchical structure are increased efficiency and lines of communication. Mori (2017) notes that this structure is often applied in public service sectors (such as healthcare) which have multiple offices and employees, like CHCC.

In alignment with systems theory, a theoretical perspective which sees entities as a whole and not as just the sum of their parts (Mele, Pels, & Polese, 2010; von Bertalanffy, 1967), CHCC strategically functions as a sequence of departments, or systems, and inter-related subsystems where organizational success depends upon the competent alignment and functioning of the various systems. Although the organizational structure is hierarchical, the organization functions in a more collaborative manner where employees’ voices are valued and encouraged (CHCC, 2016a). CHCC uses transformational leadership approaches to inspire its workforce. For example, CHCC will consult staff for feedback on new and existing initiatives, provide staff support through access to supervisors throughout regular business hours as well as during after hours, and acknowledge and recognize outstanding employee performance through in-person meetings, newsletters, and team meetings.

As shown in Figure 1.1 below, members of the leadership team of the organization include the CEO, the Vice Presidents (VPs), the Directors, and the Managers. As the Manager of Education, I report to the Director of Operations. The
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managers of the various departments within the organization have subordinates, with the exception of the Manager of Education who works as a team of one and has no subordinates. Based on the uniqueness of my position and skill set, I am in a position to influence and support the employees and leadership team in the area of education and training.

Figure 1.1. The Community and Home Care Company Organization Structure

The Regulated Health Professionals in the organization work in patients’ homes, with the nurses working both in patients’ homes as well as in nursing clinics in the community. All Regulated Health Professionals report to their respective Managers. The RNs in the organization report to their Manager of Nursing, while the Physiotherapists, Occupational Therapists, Speech Language Pathologists, and Social Workers report to the Manager of Therapy. The RNs are the largest group of Regulated Health Professionals in the organization and are also the group of Regulated Health Professionals the Manager of
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Education is responsible for training. For this reason, access to ongoing training for these nurses in order to enhance their skill set is absolutely imperative.

**Leadership Position and Theoretic Lens**

Sinclair (2007) and Fulton and Krainovich-Miller (2010) contend that a theoretically informed lens guides the researcher’s path in examining a particular problem. A leader’s position and lens statement are therefore essential to understand the leader’s approach to leadership and organizational change. In this section, I will articulate my personal leadership position, positional authority, and voice, in addition to the theoretical lens through which I view and approach leadership practice.

**Leadership Position and Power**

As stated previously, I hold the position of Manager of Education at CHCC. In this leadership role, I have a number of responsibilities, including working collaboratively with the leadership team to support corporate initiatives and address program-specific needs related to clinical practice and staff training. I also assess the learning needs of staff, and the development, implementation, and evaluation of the processes and tools which assist staff in acquiring and maintaining the up-to-date knowledge and skills required to effectively practice within their respective professions. Overall, my role is to provide staff with educational opportunities which allow them to maintain up-to-date professional knowledge and skills, and to support them with training and development.

As the Manager of Education at CHCC, I possess two key forms of influence: positional influence and knowledge influence. Positional influence is legitimate authority reflected in a person’s title and position. On the leadership team, I have positional influence as the expert responsible for facilitating staff learning. Knowledge influence
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stems from having information or essential profession-related knowledge. The Manager of Education is an RN who not only has the knowledge and expertise required for nursing, but is also well versed in organizational policy. Knowledge influence is also associated with educational preparedness. Cawsey, Deszca, and Ingols (2016) note that credentials provide a level of perceived expertise and a sense of an individual’s ability to influence. Being an RN, Master of Business Administration holder, and a Doctoral candidate, people also perceive me as holding academic knowledge influence. This means I am able to voice my perspectives and opinions on organizational matters, particularly as they relate to nursing, staff education and training, and be heard.

Theoretic Lens

A lens through which one conceptualizes a problem of practice and an OIP is imperative to identify its theoretical foundation. The theoretic lens offers a framework for analysis which is applicable to practical problems (Wacker, 1998). This section will introduce systems theory, as well as transformational leadership and supportive leadership, which will serve as the theoretic underpinning for this OIP.

Systems theory. Systems theory, in relation to organizations, is the lens through which the OIP will be viewed. An understanding of the evolution of systems theory is a necessary starting point. In the 1940s, von Bertalanffy, a biologist, first proposed the concept of systems theory, an idea that parts within a system or environment work together and should therefore be regarded as a whole unit (Ashby, 1964). This theory was further developed by Ross Ashby (1964), a pioneer in cybernetics, the study of automatic control systems and the science of communications in machinery and living organisms. The idea would eventually become known as “systems theory,” and would apply to a
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number of systems within individuals and organizations (von Bertalanffy, 1969; Wilkinson, 2011).

Laszlo (1972) also defines a system as a set of interdependent entities or parts that form a whole, and which, as a result, have an impact on each other’s performances. Kauffman (1980) asserts that a system is a collection of parts that interact with one another in order for it to function as a whole. McLagan (1989) adds that systems theory provides a compelling argument for organizations who seek to develop their people’s skills, while Swanson and Holton (2009) note that the basic model of systems theory includes “(1) the inputs, (2) processes, and (3) outputs of a system, as well as a feedback loop” (p. 16). At CHCC, the individual employees, including the RNs, along with the departments of the organization, are the entities, while the organization as a unit is the whole.

A systems approach to workplace learning can guide the training initiative. Systems theory takes into account the values and expertise held by employees in the organization (Chiangmai, 2005; Eddy, Tannenbaum, Lorenzet, & Smith-Jentsch, 2005; Tan, 2005). Puteh, Kaliannan, and Alam (2015) contend that the inflows and outflows of human assets, plus the knowledge they hold, influence their organization and its overall organizational performance. Consequently, if there is a gap in value and expertise in the workforce, this needs to be identified and developed through staff training (Puteh, Kaliannan, & Alam, 2015). Systems theory also upholds that the system is influenced not only by internal factors but also its surroundings or environment (Rani & Merga, 2016). Today, systems theory is applied largely across a number of disciplines, including biology, psychology, sociology, and management science (Hieronymi, 2013). With health
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professionals collaborating as a system to manage patient care, systems theory has been perceived as a foundational principle “largely intuitive to healthcare professionals” (Anderson, 2016, p. 1). This theory is a good theoretical fit to explain how CHCC functions at an individual, departmental, and organizational level.

Systems theory can be used to analyze organizational issues and how they cause impacts across interrelated departments (Carroll & Tosi, 1977). From observing the whole, common problems across disciplines and departments can be better reviewed and understood. This OIP utilizes systems theory to frame the problem of practice with an understanding that the elements underlining the problem, as well as the solution, are all interrelated and interconnected. However, one can better comprehend how an organizational system functions when there is first an understanding of how the parts work together. CHCC is an organizational system with a number of parts, including its patients, employees, various departments, organizational offices, and its funders (CHCC, 2016a). Figure 1.2 below demonstrates the interrelatedness of the subsystems of CHCC in this OIP using systems theory.

The interrelated parts in the model presented in Figure 1.2 start with the patient at the center of the organization, which supports the organization’s philosophy of providing patient-centered care. This is followed by the group of Regulated Health Professionals who provide care for the patients. The Education Department is a part of the system of supporting departments that interacts with other functional departments, including the Human Resources Department and various operational departments for the RNs that are relevant to the problem of access to ongoing training. The Education Department supports the educational needs of the organization as a whole, with a key focus on the RNs who
are a part of the larger systems of the organization. As an organization, CHCC is also connected to its funders, the LHINs, which receives their funding through the MOHLTC. This model demonstrates that CHCC has a number of interrelated and interdependent parts which contribute to the overall operations and functionality of the organization.

Figure 1.2. Systems Theory Interrelatedness of the Subsystems of CHCC

Systems theory provides fundamental interrelated concepts (Chikere & Nwoka, 2015), such as organizational members connecting and working together to manage a patient’s care in health care. Furthermore, applying systems theory to adverse events resulting from the actions and decisions of health professionals has allowed CHCC to examine incident trends as they relate to both the individual health professional involved and the system failure (Chuang & Inder, 2009). At the center of the organizational system are CHCC’s patients, who may experience an adverse event from the care they receive from their healthcare providers. If such an incident occurs, it must be reported to the organization’s Quality and Risk department. This department will then advise the
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necessary department(s) to revise their policies or procedures to prevent a reoccurrence of the incident. The Education Department would then be notified about the incident and asked to train the nurses involved in the incident or all the nursing staff in order to promote safer care practices and prevent recurrence of the incident. Each office would need to keep track of the adverse events and incidents which took place in their respective offices, as well as the educational needs and training provided to each of their individual offices. This data would then be shared with the organization’s funders, the LHINs, as evidence of the effectiveness of CHCC’s staff training quality improvement initiatives. All this functions with the MOHLTC in mind, a ministry that ensures the LHINs oversee and provide funding to local healthcare agencies including CHCC, and sets the standard for quality in healthcare.

Leadership Lens

I have developed my personal leadership philosophy over a number of years as a working professional. As a leader, I value service, authenticity, integrity, and support. As a visionary, I believe in being an effective communicator by engaging in meaningful dialogue. I believe that the essence of leadership is collaboration with others to achieve common objectives. For this reason, I lead by supporting my followers and providing them with a sense of belonging. In this OIP, I will be leaning on my transformational leadership strengths to accomplish the required change. Based on my job description, transformational leadership is also the leadership style my followers expect from the Manager of Education (CHCC, 2018c).

Transformational leadership. Fundamental to operations at CHCC is the ability for its leaders to inspire both subordinates and members of the leadership team, which is
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essential for leading and bringing forth change (CHCC, 2018c). CHCC’s leadership team is collaborative; this approach stems from the organization’s belief in the importance of seeking feedback and building trust. These beliefs and this leadership style are associated with transformational leadership (Hurley, 2011). Given the nature of the desired organizational change, a transformational leadership style is the preferred approach for the planning and implementation of this particular change due to its ability to effectively influence and inspire individuals and organizations towards the desired transformed outcomes (Bass, 1985).

Leadership expert Burns (1978) first defined transformational leaders as leaders who seek to change existing ideologies, goals, and approaches for better outcomes. Burns (1978) asserts that transforming leadership happens when a leader connects with followers in an approach where “leaders and followers raise one another to higher levels of motivation” (p. 2). Bass (1985) carried the work of Burns (1978) forward and elaborated on transformational leadership to further develop the theory. Transformational leadership under Bass (1985) therefore associates leadership with the needs of the followers. It does not focus on the power of the leader, but rather on the empowerment of the followers towards the desired change. Eisenbach, Watson, and Pillai (1999) later added that a significant aspect of leadership in the change process is emphasized by the fact that change requires operating within a system. Transformational leadership practices at the organizational level are known to have the potential to produce strategic change within an organization (Waldman, Javidan, & Varella, 2004), which makes transformational leadership an ideal strategy for CHCC. This form of leadership theory asserts that leaders are able to inspire performance beyond expectations through their
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ability to influence others (Weick & Sutcliffe, 2006). This leadership strategy speaks to how I plan to address, initiate, direct, and lead the organizational change of improving staff access to training at CHCC.

Transformational leaders inspire followers to exceed their perceived capabilities, seeing employee performance improvement as the main emphasis (Palestini, 2009). In my role, I am expected to inspire employees to view training as an organizational practice that improves their work and that of the organization, which Erkutlu (2008) posits is an aspect of transformational leadership essential for organizational effectiveness, and which Jung, Chow, and Wu (2003) assert elicits organizational innovation.

Transformational leaders are also known to foster the intrinsic motivation of their followers by communicating compelling visions, shared values, and collective goals (Baethge, Rigotti, & Vincent-Hoeper, 2017). One of the key dimensions of this form of leadership is inspirational motivation, demonstrated by leaders who communicate appealing and convincing visions to their followers (Baethge, Rigotti, & Vincent-Hoeper, 2017). It is leadership that seeks to reach the hearts and minds of the employees who care for patients in the field. Inspiring them through this leadership approach is essential so they can better care for their patients with a more sharpened skill set acquired through access to training. This leadership approach calls upon the RNs to think beyond themselves and focus on their professional growth through ongoing training in order to bring about the desired change. The focus of the change is therefore not about staff transaction, but rather about inspiring staff to pursue access to ongoing competency development as professionals who want to produce their best work for themselves, their patients, and the betterment of their organization.
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**Supportive leadership.** A key aspect of my day-to-day responsibilities as Manager of Education is to act as support for staff in the area of competency development. In order to have a full appreciation and understand for Supportive Leadership, a review of its history and evolution is necessary. Path-Goal Theory (House, 1971), from which Supportive Leadership originates, states that a leader’s responsibility is to assist his or her followers in accomplishing their goals by providing direction and support, and ensuring that their goals are aligned with the organization’s goals. The four different types of leadership behaviors grouped under the Path-Goal Theory were identified by House and Mitchell (1974) as supportive leadership, directive leadership, participative leadership, and achievement-oriented leadership. Supportive leadership was initially defined as the behavior which maintained the psychological well-being of employees and was motivated by a profound concern for the needs of employees (House, 1971). House and Mitchell (1974) contend that supportive leadership can foster a helpful working environment for followers.

Avolio and Bass (1995) and Podsakoff, MacKenzie, Moorman, and Fetter (1990) are transformational leadership theorists who posit that supportive leadership is a leadership style where the leader supports their staff to practice competently and successfully. A supportive leader is therefore very interested in the learning needs and well-being of their subordinates (House, 1996). Negron (2008) asserts that a supportive form of leadership seeks to motivate employees who are charged with completing a new task or transitioning to a new way of doing things within the organization. Some scholars consider a supportive style of leadership an essential component of transformational leadership, arguing that a supportive style of leadership is transformational as it elicits
similar results from attending to the needs of followers (Dorfman, 2004; Rafferty & Griffin, 2004).

A supportive work environment is one that CHCC’s leadership encourages and promotes (CHCC, 2018d). As the Manager of Education, supporting the Regulated Health Professionals in gaining access to quality ongoing staff training in order to practice competently as professionals is one of my key responsibilities. As an organizational system, CHCC is well positioned for change through leveraging the complementary leadership styles of transformational leadership and supportive leadership to ensure success during the time of change within CHCC (Richter et al., 2016). The systems approach to leadership within CHCC sees the whole organizational system as a unit and encourages these two harmonizing forms of leadership to optimize employee efficiency and performance (Senge, Hamilton, & Kania, 2015).

**Leadership Problem of Practice**

The problem of practice that I will address in this OIP is limited access to training for the organization’s Regulated Health Professionals. Access, in the context of this OIP, refers to the ability of RNs to attend and participate in training opportunities being offered at CHCC. RNs are responsible for and expected to ensure their professional knowledge and skills are current, so as to be in good standing with their licensing body (CNO, 2018). Facilitating ongoing staff training is a key responsibility for the organization’s Manager of Education. Adequate training enhances staff competency and prevents and minimizes the rate of mistakes, incidents, and near misses reported (Kim et al., 2015; Robert, 2006; Rodziewicz & Hipskind, 2019). With limited support when working remotely, employees require strategic, ongoing access to training to remain current with their professional
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standards, knowledge, skills, and professional judgment. Only about 20% of staff consistently attend the staff meeting and combined educational sessions as per staff attendance records, due mainly to their conflicting work schedules as they are not available to attend the sessions during training times (CHCC, 2018f). The organization is currently experiencing the challenge of providing training for their 500 Regulated Nurses who work remotely throughout various geographic regions of Ontario. This has resulted in a low participation rate amongst the nurses in ongoing training which seeks to enhance their professional competencies. What training initiatives might CHCC implement to address the limited access to ongoing training for the RNs who work remotely in order to promote continuing professional competency that will increase knowledge, skill, and professional judgement?

Exploring the Problem of Practice

The World Health Organization recommends regular access to training for community healthcare professionals in order for them to be successful and remain competent on the job (O’Donovan, O’Donovan, Kuhn, Sachs, & Winters, 2018). The unfortunate reality is that not all organizations invest in the ongoing training of their staff. Kuokkanen and Leino-Kilpi (2000) state that when health professionals are not effectively trained in their respective roles as professionals, they experience challenges with implementing evidence-based practice while delivering quality patient care. The College of Nurses of Ontario (CNO), for instance, views nurses as professionals responsible for developing and refining competencies required for safe, ethical, and effective practice (CNO, 2018). They also add that nurses should demonstrate a commitment to their profession through operating in an organizational learning
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environment, which seeks to promote professional growth and high-quality patient care (CNO, 2018). The RNs will typically independently review policy and procedures posted on CHCC’s intranet on particular skills they require a refresher on prior to performing those procedures on their patients during care. Without going through training and seeing new skills demonstrated before them, it is difficult for an RN to competently perform those skills on the job. An internal report generated for nursing incident reports, demonstrating a lack of competency when the RN staff made mistakes which could have been prevented by training (CHCC, 2019f), supports the need to ensure that the RNs receive ongoing training. Another effect of limited access to training is the ongoing patient complaints about some nurses, which are evidenced by patients requesting to not have the nurse involved return for nursing care, questioning the competency of the nurse (CHCC, 2019e).

The OIP seeks to improve staff training opportunities so that staff are more competent with adhering to the professional standards of their regulatory bodies, make fewer mistakes, and have better patient care outcomes (Becher & Chassin, 2001; Garzonis, Mann, Wyrzykowska, & Kanellakis, 2015). Employee training should therefore be deemed essential in the workplace, for without it, staff will not have a solid understanding of their evolving professional roles and responsibilities (Elnaga & Imran, 2013). Khan, Khan, and Khan (2011) assert that organizations should view staff access to training as a necessary investment. It is also well documented that when employees feel supported by their organizations, they tend to have a more favourable attitude toward the organization and are more empowered to help the organization achieve its organizational goals (Caesens, Stinglhamber, Demoulin, De Wilde, & Mierop, 2019).
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Framing the Problem of Practice

When seeking to understand an organizational problem, it is imperative that the leader clearly frames the organizational problem (Smith, 2012). Situating the problem within the broader contextual forces helps to understand the practices that form the problem (Brooks & Dunn, 2011). As a change agent, I have used this method to gain a sense of where the organization currently is, raise awareness of potential threats, provide insight for valuable opportunities, and provide direction for future planning (Sammut-Bonnici & Galea, 2015).

Historic Overview of Problem

Historically, CHCC has had the perspective that RNs are educated professionals that work under a license, and therefore should facilitate and be responsible for their own professional development. The College of Nurses of Ontario (2018) also expects their members to engage in and commit to continuous improvement, or lifelong learning. CHCC currently utilizes a more traditional face-to-face approach to employee training. While a traditional approach of in-person training is essential because some employees prefer in-person training (Kochan, Appelbaum, Hoffer Gittell, Leana, & Gephardt, 2009), embracing innovation with staff training is also crucial and necessary for CHCC. Although the Regulated Health Professionals use tablets and cell phones that CHCC provides them to access patient data, documents, and the organizational intranet (CHCC, 2020b), technology is not currently being leveraged to increase access to staff training, even though the literature and current trends encourage using technology to train staff (Sartori, Costantini, Ceschi, & Tommasi, 2018).
Employee surveys collected over a three-year period overwhelmingly identified that employees are genuinely interested in continuous training opportunities, and are ready to learn and apply their knowledge, skills, and professional judgement (CHCC, 2018b). A review of internal data around education sessions at team meetings from the various offices revealed common barriers that employees have communicated regarding their ability to participate in educational sessions (CHCC, 2017a). The survey revealed that the key barrier identified by staff was limited access to ongoing training as they work remotely outside the office during the regularly scheduled training times. With staff not being able to attend staff training due to this identified barrier, they were clear that increasing access to training by leveraging technology would help increase their participation in training sessions (CHCC, 2017a).

Historically, CHCC has kept a very small Education Department consisting of one person, the Manager of Education. This remains the status quo. The presence of a small department has affected the organization’s ability to offer employees online training opportunities. Although CHCC has grown rapidly in recent years through acquisitions (CHCC, 2018a), and online learning has gained tremendous popularity in recent years (Sun & Chen, 2016), the Education Department has not expanded its service, nor has an additional person been added to the department. This is primarily because the department historically has not expressed a need for additional support, and as a result, the leadership team is not aware that with the rapid growth of the organization comes the need to also increase the human resources for the Education Department.
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PESTE Analysis

A problem of practice can be analyzed using the Political, Economic, Social, Technological, and Environmental (PESTE) Analysis, a tool that describes the contextual landscape of the problem (Cawsey et al., 2016). This analysis is also a popular means to make a case for the need for change (Sammut-Bonnici & Galea, 2015). The following PESTE analysis will examine the various factors that have contributed to the problem.

**Political.** Given that a majority of CHCC’s funding is through the government, received through the LHINs from the MOHLTC, the political environment has a significant impact on the organization (LHIN, 2017). The following legislative Acts stress the importance of maintaining a knowledgeable and competent workforce, which makes the case for the importance of staff training in ensuring competency. The Regulated Health Professions Act by the Ministry of Health and Long-Term Care (1991) emphasizes the importance of Regulated Health Professionals maintaining their competency as professionals, while the Occupational Health & Safety Act (1990) emphasizes the importance of workers maintaining health and safety in their workplaces, which training is key to ensuring.

**Economic.** A key concept in economics is scarcity of resources (Schrecker, 2013). As a functioning system or organization, CHCC sees itself as an entity with limited resources to effectively run its enterprise. With scarce resources comes the need to be cost-effective in managing all resources. CHCC, like many other organizations, faces pressure to be responsible and efficient in its spending. This concept of *do more with less* is the reason the CHCC has not provided robust training options, but instead has required RNs in the past to be responsible for their own training as professionals, which has
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resulted in few training opportunities for staff and less organizational commitment to this training issue. CHCC, however, has no issue with paying staff for training, and ensures all employees are paid for each training session they attend. If there will be an investment to increase the participation rate of training for the RNs, it is clear that more financial resources, time, and human resources will be required to support this. As CHCC continues to grow and expand, a sustainable and effective measure to facilitate staff training would be ideal for organizational training.

Social. Currently CHCC has a more social gathering of team members at team meetings, with an educational component at the end of the meetings. The organization’s leadership is in support of the RNs coming together as a social unit to discuss issues they may be experiencing, be informed of new policies and practices, and receive required training. Adding training opportunities to the staff meetings also holds advantages for CHCC, because team meetings do draw staff into the office, as it is an opportunity for them to receive team updates, to address any concerns they may have, and to pick up any supplies they may need. However, according to a review of the 2017-2018 organizational team meeting attendance records (CHCC, 2018f), the majority of the staff do not attend team meetings as attendance is not considered mandatory, but recommended.

Technology. RNs in the organization are comfortable with technology and use computers to document patient care; however, the organization is currently not using technology for training. With a rapid global advancement in technology, and several organizations incorporating technology as part of their operations and training solutions (Hafermalz & Riemer, 2016), CHCC may benefit from further exploring and leveraging technology to train its remote workforce.
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**Environmental.** The environment in which an organization finds itself is key to its success (Cancellier, Blageski, Elton, & Rossetto, 2014). Situated in the competitive Ontario environment of community and home care (CHCC, 2018e), CHCC needs to find a solution to the problem in order to remain competitive. Also, in light of the present healthcare challenges presented by the coronavirus (COVID-19) pandemic (Adams & Walls, 2020), an increasing number of employees have been forced to work from home and to complete training online as opposed to in-person. The government-mandated closure of organizations in compliance with social distancing and social isolation precautions supports learning from home (Government of Canada, 2020), which the use of technology helps to facilitate and make possible.

Key factors from the above PESTE analysis shaping the problem of practice include the political factor of CHCC’s receiving the majority of its funding from the government (LHIN, 2017), making it extremely imperative for workers to ensure patient safety and minimization of errors by ensuring staff are able to access training (Occupational Health & Safety Act, 1990). Economically, increasing the number of staff who access staff training by leveraging effective measures to ensure this will help enhance staff efficiency and performance is imperative. From a social perspective, focusing on addressing the need to see the workforce as a social unit which needs to be brought together on a sustainable platform for ongoing competency development is necessary for the survival of the organization. From a technology perspective, the RNs utilize technology for documentation purposes; however, at this time technology is not being used to help address and resolve the issue of limited access to training. From an environmental perspective, given the competitive nature of the Ontario community and
home care environment (CHCC, 2018e), CHCC does need to address the problem in order to remain competitive, especially given current global circumstances surrounding the coronavirus (COVID-19) pandemic (Adams & Walls, 2020), which necessarily limit in-person training.

**Employee and Organizational Benefits of Training**

Healthcare professionals work in a dynamic, ever-evolving environment. As a result, professional training plays an essential part in their professional development and in the continuous improvement of patient care (Skar, 2010). Limited access to staff training interferes with the development of employee competencies (Fateminejhad & Kolahjoei, 2013). For instance, when RNs do not update their theoretical and practical knowledge in their respective professions, they lack necessary professional development (Ajani & Moez, 2011). They also risk not being current with their required occupational knowledge. Workplace training allows employees to update their knowledge and also enhances their technical abilities and quality of services, leading to a more innovative and forward-thinking workforce (Jalali & Berlian, 2014). Ukandu and Ukpere (2013) also assert that while the staff benefit from training and development, the organization also benefits at an organizational level as training leads to increased employee output, decreased employee injuries and safety violations, reduced wastage, and decreased employee turnover.

Employees receive many benefits from employee training and development programs as they then have the opportunity to learn and refine the soft and technical skills required to do their jobs effectively (Jehanzeb & Bashir, 2013). Training and development encourage employees to think creatively, engage in enhanced decision-

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making, problem-solve, work effectively as a team, enhance job-related skills and expertise (Mwangi, 2017), and experience increased job satisfaction (Tahir, Yousafzai, Jan, & Hashim, 2014). Saeed and Zehou (2014) contend that satisfied employees lead to satisfied clients, which benefits all parties. When employees are satisfied on the job, they are also more successful in their roles and more committed to the organization (Elnaga & Imran, 2013; Rahman, 2014).

Organizations also stand to significantly benefit from having a well-trained workforce. When organizations invest in developing the capabilities, knowledge, talent, and skills of their employees, they are creating a huge advantage for themselves, especially given the existence of constantly evolving competitive jobs (Odor, 2018). Jehanzeb and Bashir (2013) assert that employees are more productive when their employers assist them in obtaining the necessary skills required through training to do their jobs effectively.

Unfortunately, with limited access to training, staff will not be able to fully achieve professional growth and development (Obi-Anike & Ekwe, 2014). Researchers have also thoroughly documented that the absence of employee training stifles employee performance, which in turn has negative effects on the effectiveness and productivity of the organization (Nischithaa & Rao, 2014; Rahman & Kalaskar, 2018). A strong relationship exists between employee training and employee retention in the organization (Fletcher, Alfes, & Robinson, 2016). Higher staff retention rates have also been correlated with higher employment satisfaction levels (Batool & Batool, 2012; Hytter, 2007; Sinha & Sinha, 2012). However, when employees experience low job satisfaction rates and
increasing access to training
leave the organization, this results in an increased hiring cost for the organization, which has a negative impact on organizational productivity (Elnaga & Imran, 2013).

Effective training is therefore beneficial to both the employee and the organization (Valle, Martin, Romero, & Dolan, 2000). Although the leadership team may see staff training programs as optional or costly, training is a necessary investment for organizations (Jehanzeb & Bashir, 2013), with the key return on investment being an increase in current knowledge and skill refinement (Kleiman, 2000). Wilkinson, Rushmer, and Davies (2004) add that learning organizations demonstrate higher adaptability through training: Employees learn from mistakes, grow and develop, and become more innovative thinkers. Ultimately, the success of any organization is dependent upon the knowledge, skills, and success of its workforce (Rahman, 2014).

Questions Emerging from the Problem of Practice

Upon examining the challenge of training staff, key questions emerged which guided further exploration of the problem and the development of the OIP. The following are the questions which emerged from the problem of practice. A review of the pertinent literature on the problem has provided significant insights and incited further inquiries.

Remote work is growing and gaining more popularity (Felstead & Henseke, 2017). With an increase in remote employment, an increasing number of organizations are choosing to use more innovative non-traditional approaches to train their workforce (Bell & Kozlowski, 2007). What possible mediums can CHCC leverage to effectively train a workforce working geographically off site?

The use of technology has become an important part of professional learning within and outside of the workplace (Ahmadi, 2018). To be transformational, educators
need to have the necessary knowledge and skills in order to take advantage of technology-based learning environments (Office of Educational Technology [OET], 2017). How might CHCC leverage online andragogical practices that will be used in the training to make it more engaging and useful for employees to bridge their training gap?

Keep (1989) states that training investments communicate to employees that they are valued members of the organization, and that this in turn boosts staff motivation and commitment to the organization. Managers of organizations that support employees promote ongoing training, which has a greater impact on employee engagement (Morgeson, Aquinis, Waldman, & Siegel, 2013). Employees also have a higher organizational commitment when they feel valued in an atmosphere that promotes learning (Song, Kolb, Lee, & Kim, 2012). How can the leadership promote and support learner motivation and commitment to ongoing training?

**Leadership-Focused Vision for Change**

Researchers assert that a clear vision is a powerful way for leaders to drive an organization towards excellence (Hoyle, 2007). As the organization seeks to mobilize change, developing *a clear vision of the desired outcome* becomes imperative: After all, the essence of leadership is to have a clear vision for change (Dixon, 1999; Martin, McCormack, Fitzsimons, & Spirig, 2014; Porter-O’Grady, 2003). The four main leadership-focused visions for change in this OIP would be: i) spurring the organization to embrace a more innovative approach for change by utilizing online andragogical practices for learning; ii) inspiring the leadership and employees to support the change by promoting the usefulness, quality, and benefits of the training; iii) continuously
increasing access to training

communicating with staff to receive input on opportunities for professional growth; and
iv) consistently offering ongoing training opportunities for the RNs.

The first vision for change is for CHCC, which is a progressive organization, to embrace an innovative approach for utilizing andragogical principles that will lead to offering engaging online training. Online learning is associated with an andragogy which leverages the learner’s independence, experience, and willingness to learn (Kidd, 2010). An adult learner is typically self-directed, intrinsically motivated, and able to apply new learning to professional practice (Gibbons & Wentworth, 2001; Kidd, 2010). Given the rapid advancement in information and globally increasing dependence on technology, my vision would be to see the organization support utilizing technology for staff training (Cascio & Montealegre, 2016). Technology is transforming the way employees learn in the workplace today, and if corporate leaders do not incorporate technology into their organizational learning, they may lose the advantage of being regarded as a modern, technologically-savvy, and innovative organization (Salas, Tannenbaum, Kraiger, & Smith-Jentsch, 2012). Pepito and Locsin (2019) support the notion of leveraging technology to facilitate learning among healthcare workers. These authors maintain that technological breakthroughs are occurring at an increasing rate and revolutionizing the healthcare system, from the adoption of electronic health records to advancements in robotic healthcare. They assert that these advances make it possible to support healthcare workers to become more efficient in performing their jobs. Using technology to promote an effective remote learning environment which facilitates more access to training for employees is a part of the modern-day advancements which utilize technology in the
healthcare field, and would help foster more training opportunities for staff (Salas, Kosarzycki, Burke, Fiore, & Stone, 2002).

The second leadership-focused vision for change would be inspiring leadership and staff buy-in by promoting the professional usefulness of the content, quality, and benefits of the training, followed by giving staff the opportunity to provide their feedback on this new change initiative. The perception from staff of training being extremely useful, high quality and beneficial for their professional practice is critical for the overall success of training and learning (Ehlers & Pawlowski, 2006; Inglis, 2005), and should be continually encouraged. French-Bravo and Crow (2015) posit that, the more acceptance an organization exhibits for a proposed change, the more likely it is that the change will be successful and sustainable. As a transformational leader, my vision is to gain stakeholder buy-in by communicating the key benefits of the change to stakeholders with empowering language, so they will not only see the advantages of implementing the new process for staff training, but feel inspired to embrace the change. Promoting the benefit of training to stakeholders for the leadership team would include discussing information with them about increased employee productivity and morale, increased employee safety, reduced wastage of resources, and decreased employee turnover. Promoting the key benefits of staff training to staff would include sharing information about developing their professional skills in order to practice more effectively (Jehanzeb & Bashir, 2013). To help with buy-in, part of the vision is to give staff an opportunity to provide feedback on the quality of training they would like to see and the specific topics they would like to be trained on.
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Continuously seeking the opportunity to engage staff in dialogue and receive their input on opportunities for professional growth so staff have a voice in determining training opportunities is the third leadership vision for change. This can be achieved by holding staff meetings to talk about the training and listen to their feedback, as well as also listening to their ideas about what types of professional development training opportunities they think they might need. I will use email to request input from staff on the possible topics, dates, and times for future training sessions, and also distribute hard copies of this information to each department so that the information is available both on paper and electronically. I will follow in-person meeting communications with a brief email encouraging staff to forward their feedback on the training details to the Education Department for consideration, and will ask the Team Leaders to reiterate the information to their staff so that the information is widely disseminated within their teams.

Facilitating such a level of work will require more effort from the Education Department. With currently only one person in the Education Department, the Manager of Education, it would be ideal to see the department grow in order to offer more training support for employees. Fostering a supportive Education Department that guides and empowers staff with access to training is the desired state for the organization. Weisbrod (1966) contends that investing and expanding educational support for staff will result in a future return on investment for the organization. An increase in the number of staff in the Education Department would send a positive message to the employees and the entire organization regarding the value it places on educating its workforce.

The fourth and final leadership vision for this change is for more training opportunities to be made available for RNs, as the more training that is offered to them,
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the more they will feel valued and supported by the organization (Keep, 1989). At present, training is only offered quarterly during the staff meetings, which do not allocate a tremendous amount of time towards staff training. Therefore, having more frequently scheduled training opportunities outside of staff meetings would help increase participation. Training has also been optional in the past for the RNs; the new vision is for participation in the training sessions to be highly recommended for the RNs. Literature supports offering more training to employees, asserting it helps reduce work-related anxiety, uncertainty, and frustration in staff (Cheng & Ho, 2001). Using transformative and supportive leadership practices, I will collaborate with the RNs to receive their input and feedback to determine the training topics and training content. This will be essential in obtaining their buy-in, and also make them feel heard and supported.

Organizational Change Readiness

Organizations consist of employees who are living entities with specific roles and responsibilities who have unique impacts on organizational performance (Whee, Ngah, & Seng, 2012). Systems theory suggests that even minor changes to a part of an organization will help produce a cascade of ongoing effects (Graetz, Rimmer, Lawrence, & Smith, 2006). Systems theory supports that change should advance organizational performance and must occur across the subsystems, departments, and the various teams of the organization (López-Cabrales, Real, & Valle, 2011).

According to Lewin (1951), an organization is an open system that involves forces inspiring change, also known as the driving forces, as well as forces resisting change. Lewin further emphasises that, when driving forces are more powerful than restraining forces, an organization is ready for change. This is a tool I will be using to assess change
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readiness. Forces that drive both the internal and the external environments of the organizational system are entities worth examining (Dawson, 2003; Mohrman, 1989; Senior, 2002). As a change leader moves towards change, he or she must keep abreast of both the external and internal landscapes as they relate to change (Cawsey et al., 2016).

At CHCC, the organization has a very persuasive leadership team with a track record of successful implementation and roll out of change, and a workforce that is inspired by and cooperates with change initiatives (2018c). As noted in a recent leadership meeting (CHCC, 2019d), the leadership team is now more committed to staff professional development initiatives than they have been in the past.

**External Forces**

A description of external forces for change includes political forces, economic forces, and socio-cultural forces (Senior, 2002). In regard to political forces, Ontario recently went through an election. With this came uncertainty about the future of healthcare funding and cutbacks. With a new government in place, CHCC, like other healthcare organizations, is waiting to see how the government will drive healthcare funding and healthcare cutbacks. A government may also introduce new policies which may serve to either benefit or threaten healthcare. At present, there remains a lot of political speculation and uncertainty that may impact change within CHCC, particularly in light of the COVID-19 pandemic (Adams & Walls, 2020).

Competition is also another powerful external force (Pascale, Millemann, & Gioja, 1997). CHCC competes with a number of other community and home care companies in Ontario for funding (LHIN, 2017). This means there is a great deal of pressure on the organization to meet the expectations and key performance indicators of
success with contracts for the LHINs in order to maintain its existing contracts and be well-positioned to compete for new contracts of interest (LHIN, 2018).

Technology is another external force for change. In today’s modern, technologically savvy times, many companies are embracing technology and leveraging it to bring forth positive change in their organizations (Salas & Cannon-Bowers, 2001). Welsh, Wanberg, Brown, and Simmering (2003) contend that more organizations need to approach transitioning to technology-based training as a change management initiative. Since adding technology through offering online learning platforms can assist in addressing the problem of practice, I will explore this further as a potential solution.

**Internal Forces**

Threats to an organization can be internal and may develop slowly over a period of time (Kofman & Senge, 1993). The internal forces of an organization are signals from within the organization which indicate the need for change (Aldrich, 1999). Esparcia and Argente (2012) note that organizational growth is a key internal force. After years of numbers of back-to-back acquisitions and the resulting rapid growth of CHCC, the more traditional approach of face-to-face training is no longer suitable. In spite of many efforts to bring in all staff for training opportunities in the past, the reality remains that majority of staff are not able to attend training during the scheduled times (CHCC, 2017a). With an increase in the number of RNs working remotely in the community comes the need for a way to ensure that all staff have an alternative platform to access organizational training.

Weick and Quinn (1999) identify human resources, or the workforce, as another key internal force. Esparcia and Argente (2012) assert that the leadership of an
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organization must ensure that their employees are committed to the organization, properly trained, and that their performance is acceptable and in line with organizational goals.

With a demand to invest in its workforce, CHCC will need to mobilize its resources to ensure adequate staff training, which will not only enhance staff performance, but increase staff commitment to the organization.

Knowledge of employee change readiness is crucial as it helps the change agent understand the best approach for the change and the best method to implement the change (Soumyaja, Kamlanabhan, & Bhattacharyya, 2015). Susanto (2008) adds that it is imperative to have a good understanding of employee change readiness prior to any change implementation. Ghany (2014) also notes that a thorough assessment of staff change readiness will assist the change agent to adequately comprehend and address the gap between his or her expectations about the change and the anticipation of the changes from employees.

A review of past post-training evaluation feedback reveals that the RNs are ready for some change in their training delivery (CHCC, 2020e). As licensed professionals, they understand the importance of ongoing staff training and how it will serve to improve their professionalism and evidence-based practice. Employees are more welcoming and less resistant to change if they are able to see how the change will benefit them. Articulating the positive impact of the change to them is therefore imperative. As addressed earlier in the OIP, there are several benefits to changing and improving staff training delivery as it will help increase productivity, efficiency, and enhance employee knowledge, skills, professional judgment, and attitude. Employees will also be receptive to the change, knowing it will help them minimize errors and mistakes.
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Ghany (2014) contends that managing organizational change is about managing the people; however, it is realistic to consider that employees may not welcome the changes instantly, or may initially resist the changes. It is always prudent to anticipate resistance to change. Dent and Goldberg (1999) assert that leaders must be able to foresee and effectively address future resistance to change. One key form of resistance can be anticipated: leadership’s resistance to increasing the education budget. If fiscal resources are limited due to an external factor, such as government funding or the organization’s revenue, this may interfere with the available funding for the change.

The organization is ready for change as it is innovative with a strong leadership team that has successfully led several change initiatives. From an organizational readiness perspective, good leadership-staff relations will help with staff persuasion and buy-in. With the leadership team on board with an identified organizational strategy and direction, I will identify and explore the specific steps to action out this organizational change in Chapter Two of the OIP. In addition, the leadership team from the CEO also exemplifies transformational leadership styles of inspiring and motivating employees, which are necessary ingredients for successful implementation of change (Akinbode & Al Shuhumi, 2018; Bass & Riggio, 2006). The organization also has the budget for implementing new technology that will enhance staff training, and has adequate fiscal resources, human resources, and material resources to support authorized change. Furthermore, the organization supports the concept of lifelong learning and sees value in promoting cost-effective educational opportunities for staff; therefore, it is an organization that embraces change.
Conclusion

Chapter One introduced the issue of staff access to ongoing organizational training as the problem of practice, situating it within the organizational context of CHCC. The organization’s history, mission, vision, and values were identified, and the theories underpinning the OIP and the problem of practice were explained. A review of CHCC’s political, economic, social, technological, and environmental factors helped inform the problem of practice. Chapter Two will develop a leadership approach to change, produce a critical analysis of the organization, and examine potential solutions to the problem of practice.
Chapter Two: Planning and Development

Chapter One of the OIP introduced and examined a problem of practice within a community and home care organization in relation to its organizational contexts and change readiness. The twofold leadership approaches of Transformational Leadership and Supportive Leadership within the organization were also examined in a quest to increase staff access to training in a supportive manner as the suitable and necessary leadership strategies required to move the organization plan forward. Chapter Two further explores these concepts with respect to the leadership framework required to generate the necessary change. After a critical analysis of CHCC’s organization and problem of practice, I propose three possible solutions to address the issue of limited access to staff training. Lastly, the ethics of care are rationalized as a viable framework to navigate ethical responsibilities and challenges that have the potential to arise in the quest to improve staff access to training.

Leadership Approaches to Change

Effective leadership is key for a successful change process (Gesme & Wiseman, 2010). When leaders are able to draw on their leadership strengths and adapt their leadership to the changes they experience as leaders, they are better able to effect positive change (Northouse, 2016). Given the organizational context and the nature of the problem of limited access to staff training, the leadership styles and behaviours necessary to lead the change initiative need to be vision-oriented, inspirational, and supportive of staff. In order to make the required change successful, I explore the leadership approaches of transformational leadership and supportive leadership as they pertain to the change in greater detail.
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Transformational Leadership

Given the nature of the problem, transformational leadership will be essential, as this leadership style allows leaders the ability to motivate their followers by raising their awareness of the importance of organizational goals (Steinmann, Klug, & Maier, 2018). This form of leadership has been linked with successful organizational change (Fisher, 2006). There is a positive correlation between transformational leadership and employee motivation during change (Kane & Tremble, 2000). With a leadership approach that supports change and the vision of improving employee access to ongoing staff training, transformational leadership maintains a persuasive vision that inspires followers (Marshall, 2016).

Transformational leaders create change and frame a vision for the future by articulating a vision that is reachable, attractive, and engaging to followers (Ford & Ford, 1994). This type of leader promotes change by intellectually stimulating and challenging followers (Bass, 1985), by motivating them to see the benefits of the new change process. Transformational leaders work with followers to inspire and cultivate an environment which embraces change (Brown & Eisenhardt, 1997). The strategies transformational leaders use to inspire followers include fostering each follower’s personal and professional growth and development (Bass & Avolio, 1994), as well as promoting their sense of empowerment (Kark et al., 2003). Although naysayers criticize transformational leadership for being ineffective in changing the business environment, this form of leadership has been proven to be an effective and results-driven form of leadership during organizational change initiatives (Zaccaro & Horn, 2003). As a transformational leader, I will inspire the RNs to not only see the importance and benefits of ongoing staff training,
but also increase their interest in accessing the training. By empowering and persuasively communicating the attainable vision of a better process for staff to achieve professional growth and competency development, staff will be motivated to see and embrace the benefits of the change initiative.

Bass and Avolio (1994) further introduce four dimensions of transformational leadership characteristics during change: inspirational motivation, idealized influence, individualized consideration, and intellectual stimulation. Inspirational motivation is associated with a leader who is able to communicate expectations and express imperative organizational goals during change initiatives (Avolio, Walumbwa, & Weber, 2009). Inspirational motivation will inform my own leadership approach to change as I address the issue of limited access to staff training. As an inspirational transformational leader, strategies and behaviours I will demonstrate include showing enthusiasm and optimism with followers, encouraging a collaborative atmosphere, recognizing followers who demonstrate the desired results, and motivating followers toward achieving the goal of increasing access to staff training opportunities (Simic, 1998).

As a transformational leader, I am further committed to communicating successfully with my staff in a compelling and collaborative manner to promote the vision for change. In order to have a greater chance for success, employees need to understand the vision and how the change will benefit them and the organization. Stone, Russell, and Patterson (2004) note that confidently embracing a vision is imperative; therefore, I will strive to encourage staff to be on board with the vision by informing them of the quality of the training and its usefulness to staff, and then collaboratively strategize attaining the organizational objectives. By working more intentionally and collaboratively
with the RNs to ensure the success of the change, I will provide them with timely access to information on the change initiative, answer any questions they may have, provide them with ongoing updates on the initiative at team meetings, and be open to their suggestions for improvement.

**Supportive Leadership**

Given that the OIP will elicit new stressors for staff as there will be a disruption to the status quo, supportive leadership will be instrumental as it will allow staff to feel supported throughout the change process. Supportive leadership improves staff performance without raising their work-related stress (Rowold & Schlotz, 2009). When employees find their leaders have a supportive attitude, they tend to handle stress a little better and exhibit an increased level of commitment (Khalid et al., 2012).

Furthermore, supportive leaders have also been found to be extremely necessary during change management because change is inevitable, and leaders have the important role of supporting change initiatives to ensure their success. Employees who work with supportive leaders are known to have low stress levels at work (Khalid et al., 2012). Supportive leaders help subordinates through change by playing a key role in mitigating negative disruptions (House & Mitchell, 1974). House (1981) posits that a supportive leader’s approach to change is to provide emotional, informational, educational, and feedback support to followers. Shin, Oh, Sim, and Lee (2016) assert that in addition to leadership, the support an employee receives from his or her team leader, who is a colleague, also plays an essential role in their ability to handle stress and their general ability to excel on the job. With this information in mind, I will therefore ensure that the
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RN Team Leaders are well informed of this change, on the Change Team, and actively involved in this change initiative.

Supporting the RNs requires providing direction and clarification on the change when required, showing them the process for accessing training, either online or in-person, and answering any queries they might have. As a supportive leader, I will ensure that staff feel supported from an educational perspective, that they feel heard, and that their feedback and input are also well received. Through past one-on-one discussions, post-training group discussions, and post-training evaluation feedback, staff have expressed feeling heard and supported by me as the Manager of Education. Using these complementary styles of transformative and supportive leadership, I will then proceed from the introductory stages of the change process to a framework which will provide a clear pathway for moving forward.

Framework for Leading the Change Process

An organization’s desire for quality improvement necessitates the organizational change process. In this OIP, ensuring that RNs have access to ongoing training necessitates the need to plan and develop an organizational change. Driven by the goal of facilitating organizational change, I will implement Kotter’s (1996) Eight-Step Model of Organizational Change. Kotter (1996) proposed that this change model is equipped to improve an organization’s ability to change and to increase its chances of success, arguing that neglect of any of the steps in the model can cause the change initiative to fail.

Type of Organizational Change

An organization’s approach to change is inspired by the required change. The type of change consistent with the problem of limited access to staff training is considered a
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planned change. Researchers consider planned change a requirement for improving the current approach of operations and introducing new processes in order to achieve identified goals (Burns, 2006; D’Ortenzio, 2012; Livne-Tarandach & Bartunek, 2009). This form of change is therefore appropriate as it seeks to improve the current approach to training through introducing a new process to address the issue of limited access to staff training. According to Ouma (2017), planned change is a form of change considered when change leaders proactively identify the need for change and develop intentional, planned, and strategic initiatives to achieve that change. Kotter (1996) contends that promoting new processes and using advanced technology to improve processes prompt organizations to engage in and manage planned change, and suggests eight steps of practical, predefined actions for organizations to implement successful change. I explore these steps in more detail in the following section.

Kotter’s Eight-Step Model of Organizational Change

Kotter’s (1996) Model of Organizational Change is a fitting process for organizational change that proposes an organized and systematic process to change. Successful organizational change necessitates intentional planning, which Kotter’s model offers (Carman, Vanderpool, Stradtman, & Edmiston, 2019). It is an effective change model that has been popularly used in the healthcare field to implement new initiatives (Small et al., 2016). This model has also been chosen as the change model for this OIP because it is clear, straightforward, and easy to apply. The model contains the eight progressive steps which Kotter (1996) posits exemplify the milestones leaders should focus on to bring forth organizational change in a systematic manner. The following Figure 2.1 identifies Kotter’s eight steps for successful change.
Figure 2.1. The eight-step process of creating major change. Adapted from Kotter (1996), *Leading Change*.

The first stages of Kotter’s (1996) Eight Steps for Organizational Change, as identified in Figure 2.1, focus on *creating the need and vision for the change*; they create an atmosphere for employee buy-in by making a compelling argument for the need for change, and identifying a powerful vision and strategy for the desired change (Kotter, 1996). The next stages in Kotter’s (1996) model as noted in Figure 2.1, focus on the importance of *empowering the organization for change*, while the final stages in Kotter’s (1996) model indicated in Figure 2.1 look at *implementing and sustaining the change*. Like systems theory, Kotter’s (1996) change model consists of interrelated constructs that work together towards a purpose. Kotter’s (1996) model has also been used for several change initiatives and change implementation processes at CHCC. In addition, the literature is clear that, as a transformational and supportive leader, progressively leading the change effort using Kotter’s change model (1996) by mobilizing staff is a necessary action (Kotter, 1995).
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Establish a sense of urgency. When looking at change, Kotter (1996) maintains that organizations often lack a sense of urgency and stand the risk of not improving and moving forward. To awaken the organization from their sense of comfort, leaders must inform employees of the threats to the organizational system. This is accomplished by making a strong case from both internal and external evidence about the need for change, the competitive realities, and making a strong argument on the existing and potential crises, as well as the major organizational opportunities (Duck, 2001; Kotter, 1996). Establishing a sense of urgency is important not only because it is the first step in the model, as per Figure 2.1, but because it raises awareness of the immediate need to improve current practices, which can be the essential catalyst needed for change (Aziz, 2017).

At CHCC, there is an urgency to improve staff access to training so that staff are more competent in terms of their regulatory bodies, make fewer mistakes on the job, better serve patients, and hence better serve the organization. In addition, in order for CHCC to meet the funders’ expectations and continue to receive funding from the LHIN, there is an urgency to ensure that our staff are competent professionals, which increased access to training for the RNs would help ensure. As the Manager of Education, I will first hold a meeting with the Senior Leadership Team of the organization, consisting of the CEO, Vice Presidents, and the Directors. This meeting will address the limited access to ongoing training for all the RNs. I will then persuade the leadership team that an immediate change is required for employees to have better access to ongoing training, based on the incident report data emphasizing the preventable mistakes and errors staff are making (CHCC, 2019f), patient complaints being received (CHCC, 2019e), and the
increasing access to training

creating that elusive (p. 68) a change vision, according to Kotter (1996), clarifies the
the essence with some implicit or explicit commentary on why people should strive to

Developing a vision and strategy. Kotter (1996) defines vision as "a picture of

leaders and offices to help get their teams and offices on board with the change.

Building coalition. Members of this coalition will be required to act as influencers in their

offices and therefore influential in the organization. During the early objectives of the

Building coalition because they are influential individuals on their teams and in their

intimates are extremely critical. These individuals have been chosen as members of the

will connect to start the conversation and to start building trust, which Kotter (1996)

and a team leader from among the RNs in each of the organizations, three RN offices

strong coalition consisting of members of the leadership team, the manager of education,

establishing a common goal while doing so are paramount to address the problem, a

positional power, broad expertise, and high credibility, as well as creating trust and

(Krajcin & Cosee, 2017). Kotter (1996) notes that finding the right people with strong

beings to form a coalition to work together and guide the change

the organization are consolidated in facilitating change leadership, with its key objective

beings in this particular step, a guiding team of credible and influential individuals in

atmosphere for change a powerful coalition should be formed. With urgency already

Create a guiding coalition. Kotter (1996) insists that in order to create an

significance of the problem and the immediate need to fix the problem to their attention.

leadership team, I will organize a meeting with the leadership team and staff to bring the

appeals and rational persuasion (Charbonneau, 2004), upon receiving buy-in from the

low staff training participation rates. With the use of transformational, inspirational
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direction of change, helps people understand that things are changing, and articulates the reasons to pursue new goals. The vision communicated to all stakeholders regarding this initiative must be clear and consider all necessary influencing factors, so it can be clearly articulated. The first leadership vision to address the issue of limited access to staff training is for CHCC to embrace a more innovative approach for change by utilizing technology for learning. The second leadership vision is to inspire the leadership and employees to buy into the change by promoting the usefulness and quality of the training. The third vision is to continuously communicate training opportunities for professional growth, and the final vision is to consistently offer training opportunities for the RNs. By implementing this vision, CHCC will move in the right direction of developing staff knowledge, skills, and professional judgment in order to minimize the number of staff mistakes, incidents, and risks: This is the key leadership vision for change that aligns with Kotter’s (1996) step of developing a vision and strategy for change.

Communicating the vision for change. The fourth step in Kotter’s (1996) model is to inspire a critical mass of the organizational members to support and buy into the change initiative and drive the proposed change. The success of this step depends greatly on the efforts initiated in the first three steps. If the sense of urgency for change is not significantly high, if the group is not the right coalition for change, or if the vision is unclear, communicating the proper vision will be a challenge. Kotter (1996) identifies several key elements for effectively communicating visions. Two key elements that I consider particularly appropriate to this OIP, as they are practical and feasible, are utilizing multiple communication channels, and engaging in a two-way communication (Duck, 2001; Kotter, 1996). Multiple communication channels include the use of emails,
newsletters, and face-to-face communication; the opportunity for a two-way communication between stakeholders where questions can be asked and answers provided will be essential in facilitating and communicating the vision for change. The specifics of these communications will be further elaborated on in Chapter Three.

**Empowering broad-based action.** In the fifth step, organizational structure and associated systems need to support rather than obstruct the change (Kotter, 1996). As the organization sees more members engaging in the change, its leaders need to take the appropriate steps to eliminate the obstacles and barriers to change. According to Kotter (1996), structure, skills, systems, and supervisors are major obstacles to employees feeling empowered to take the necessary action associated with the change. In the case of this OIP, structure is especially relevant. The formal structure of traditional face-to-face staff training does not allow the RNs to fully access and engage in ongoing staff training, which is essential for competency development. To help increase this access to ongoing training, CHCC will need to consider other modern structures to support its traditional structure of face-to-face training, which should include leveraging online training.

**Generating short-term gains.** Kotter’s (1996) sixth step focuses on maintaining employee motivation by promoting short-term gains as the organization waits to see the bigger changes. In the interim, it is imperative to celebrate early results that provide evidence of the positive outcomes associated with the change effort. Kotter suggests focusing on immediate wins that are visible to a large number of people, are unquestionable, and undoubtedly connected to the change initiative. Similarly, Duck (2001) supports communicating and celebrating short-term wins sooner rather than later as a way to promote pride in accomplishments and to sustain positive momentum. In the
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case of this OIP, a pilot project will be undertaken using a small group of RNs. Among other key benefits, the pilot can serve to test out the new process for training, and, in the process, build employee morale and motivation, help fine-tune and sharpen the vision and strategies, and provide evidence to the leadership team that the change is progressing (Kotter, 1996).

**Consolidating gains and producing more change.** Following after short-term gains, the next steps are consolidating gains and producing more change. As noted by Kotter (1996), there is a tendency in this step to ride on the momentum of short-term gains. Kotter (1996) encourages continuing with the momentum and with the planned change, and asserts that this step also involves changes with leaders maintaining clarity on the shared purpose of the work, while upholding the urgency messaging. For the purposes of this OIP, transitioning from a pilot program with a smaller group to participation with the larger group of RNs will be key at this step.

**Anchoring new approaches in the culture.** This eighth and final step identified in Figure 2.1 focuses on changing and sustaining the culture of the organization. For Kotter (1996), this requires changes in organizational members’ actions, a sustained group improvement, and acknowledgement of the connection between the new actions and the improvement. Hurdles to overcome would include staff motivation towards training, lack of IT literacy among healthcare professionals, and availability of IT support (Sarre et al., 2018). I would therefore ensure that the new process addresses these hurdles by motivating staff to participate in training through ongoing communication to staff of the key benefits of training (for example, competency development). I would also ensure that staff have IT support as well as support from the Educational Department to navigate
any training challenges they may be experiencing with either online or in-person training. At CHCC, revising and promoting the new changes made to the Education Policy and Procedure will be necessary to ensure increased access to ongoing training for RNs.

Kotter’s (1996) Eight Steps Model of Organizational Change is the framework that I have used to frame this change at CHCC. Application of this framework supports that collaboration between the leadership team at CHCC and the Education Department will provide CHCC the flexibility required to encourage leaders and staff to systematically open up to the change in an effort to improve organizational practices. Kotter (2015) contends that this will result in a more supportive organization that leverages the strengths of its people. Now that this framework is in place to establish a successful organizational change within CHCC, it is time to explicate the systems within CHCC that will affect the change process.

**Critical Organizational Analysis**

Although the question of how to change is imperative, equally important is the question of what to change. Cawsey et al. (2016) contend that change leaders need to analyze organizational problems to inform the necessary actions to change an organization. This section of the OIP explains the open systems approach, and then presents an analysis of the organization using Nadler and Tushman’s Congruence Model.

**Open Systems Approach**

The Open Systems Approach to organizational analysis asserts a fundamental view that an organization interrelates with its environment in a multifaceted and dynamic way (Katz & Kahn, 1978). Distinguished by the exchange of information and having interactions and interdependent parts, an organization with an open system allows its
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leaders to identify misaligned areas and assess the risk between the environment and the organization’s strategy (Cawsey et al., 2016). This systems approach will allow the Manager of Education to develop an appreciation for current organizational training practices and consider feasible alternatives and actions that could improve them. Cawsey et al. (2016) argue that organizations should not be analyzed in isolation, separate from their environments, but should rather be examined in a manner that considers resources from the external environment and transforms them into well-received outputs. Nadler and Tushman’s (1980) Congruence Model accomplishes this.

Nadler and Tushman’s Congruence Model

Resembling the Open Systems Approach as noted in Cawsey et al. (2016), Nadler and Tushman’s (1980) Congruence Model enables the analysis of an organization and evaluates how well the various components within the organization work together. Nadler and Tushman (1995) posit that organizations are made up of a number of interrelated parts that employees interact with. They contend that the four main components of an organization are people, work, formal organizational arrangements, and informal organizational arrangements. This model is used to identify performance gaps (Cawsey et al., 2016). The greater the congruence between these four elements and external realities, as well as organizational strategies, the more efficient the organization will be (Nadler & Tushman, 1980). This model will diagnose and analyze needed changes at CHCC to address the problem of access to staff training. Figure 2.2 illustrates the components of this model.
Figure 2.2. Organizational congruence model. Adapted from Nadler and Tushman (1980), “A model for diagnosing organizational behavior” (p. 9).

**Inputs.** Inputs are the features that make up the “givens” facing the organization (Nadler & Tushman, 1980). In other words, these are the materials that CHCC has to leverage. There are several different types of inputs an organization has to work with. Nadler and Tushman (1980) identify the environment, resources, and institutional history/culture as inputs that influence the change process.

**Environment.** Nadler and Tushman (1980) assert that every organization exists within a larger environment that includes individuals, groups, and other organizations. The PESTE analysis completed in Chapter One has revealed that politically, CHCC needs to secure a reputation amongst its competitors that its RNs are highly knowledgeable and skilled. Enhancing staff competency levels through training and reporting this periodically to the LHINs would help facilitate this goal. Economically, reporting staff competency and training opportunities offered to staff would help CHCC make a case for more future client volume and government funding. Socially, the organization should consider not only the traditional aspect of physical social gathering for training at team
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meetings, but also consider a more virtual group training option for staff. As it pertains to technology, RNs in the organization use computers to document patient care and are comfortable with technology; therefore, the organization has an opportunity to leverage technology for staff training purpose.

**Resources.** The resources CHCC has access to for the change are important to consider. CHCC has access to human resources in the very knowledgeable leaders within the organization, including the Director of IT who will be instrumental in assisting with the online learning component of the change, and the Director of Operations, who will be the Senior Leadership Team member overseeing the change, as this falls within her department. The Director of Operations will also be responsible for securing a budget to hire the Education Coordinator as this employee would fall under her department. With a very healthy organizational budget, CHCC also has the financial resources to support the change. D’Ortenzio (2012) contends that newly introduced change should lead to greater organizational effectiveness through better utilization of resources. CHCC needs to ensure that organizational goals are met through proper usage of organizational resources. If the organization adopts technology as a solution to this organizational problem, it will also be an essential resource for change. Further, facilitating the introduction of the technology required to bridge the training gap for staff to provide the much-needed staff training that contributes to employee knowledge and skill development will require allocation of additional financial resources to the Education Department. Once the OIP is approved, the Manager of Education and the Director of Operations will draft project plan with each of these identified resources for approval by the Senior Leadership Team.

**History/Culture.** The history of an organization provides insight into how it
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evolved and how it organizes and manages itself (Cawsey et al., 2016). CHCC has historically focused on a traditional model of face-to-face staff training; however, given the recent growth of the organization, this model no longer fits since there are now more employees in the organization, and fewer resources to help prepare and facilitate the training sessions. The traditional approach of face-to-face training must be reevaluated in the midst of a growing organization to better serve the needs of a workforce that are primary located off site. In addition, historically, staff have been encouraged to attend the training sessions; however, they are not mandatory. As a result, this has given staff the sense that the training sessions are optional, and that they should not make all efforts to attend these training sessions. Highly recommending that staff participate in the training sessions might help improve the issue of access to training.

Strategy. An organization’s strategic plan is indicative of the way an organization operates (Argyris, 1995). Given that the organization has identified professionally developing their workforce through ongoing training as a key strategic initiative (CHCC, 2017b), this confirms that CHCC’s leadership team offers general support for the vision of enabling staff access to ongoing training. This strategic initiative has some alignment between the organization’s strategic plan and the rationale for the OIP. In terms of strategy, the Education Department will need to leverage this current key priority within the organization. This will include ensuring that staff are continually updating their skills and gaining new knowledge in their respective professional roles.

People. In considering the change, leaders need to be cognizant of the impact of the change on stakeholders and to identify organizational players that can assist in the facilitation of the change (Cawsey et al., 2016). In the context of this OIP, the change will
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affect the Senior Leadership Team, who need to approve and endorse the change, the
Managers of Nursing and Team Leaders, who will encourage their nurses to attend the
training sessions, and the RNs themselves, who are the recipients of the training.
Communication with each of these stakeholder groups is necessary, and will need to be
strategic and timely. Details of the communication plan will be elaborated on in Chapter
Three. The Director of IT will also be instrumental from a departmental support
perspective, to help facilitate the online learning component. Finally, the Education
Department, which currently consists of the Manager of Education only, is crucial in
moving this change initiative forward.

Work. This refers to the basic and inherent tasks to be completed by the
organization and its departments and includes key functions of the organization,
particularly as they relate to the organization’s identified strategic focus (D’Ortenzio,
2012). Within the context of the OIP, the employees’ work may require the employees to
now follow a new process and procedure for accessing organizational training to bridge
the gap between the current and desired state. The work of CHCC’s leadership team will
need to shift from the expectation of occasional training when they are able to offer it, to
a more effective and sustainable ongoing training practice that seeks to connect
employees with the necessary professional training. Rather than the RNs finding out
about the training on the day it takes place, moving forward, the session will need to be
scheduled and the training topics communicated to the RNs ahead of time, so they are
aware of what to expect for each training session. To accommodate this, the
organization’s Education Policy and Procedure will need to include the solution to
address the problem of practice, which is articulated later in this OIP.
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**Formal organization.** The formal organization looks at how an organization “structures, coordinates, and manages the work of its people in pursuit of strategic objectives” (Nadler & Tushman, 1995, p. 47). A change to the formal organization would focus on the processes that need to change for staff to help produce the desired outputs (Cawsey et al., 2016). As identified in Chapter One, the formal structure of CHCC reflects a hierarchical structure in which the Manager of Education oversees the Education Department, with team managers who oversee the various professional teams in the organization. The Education Department is a department of one, and this needs to change. More support is required in this department in order to help develop the materials, online training platform, and support for the delivery of the in-person training. Hiring an additional staff member, an Education Coordinator, for the Education Department would help the department build its capacity to improve access to staff training.

**Informal organization.** According to Nadler and Tushman (1980), the informal system consists of an organization’s norms and culture around how tasks are accomplished. Informal organization has also been described as the understood and unwritten arrangements known as organizational culture that act to complement formal organizational arrangements, including an organization’s common values, beliefs, and methods for accomplishing tasks (D’Ortenzio, 2012). CHCC upholds the importance of maintaining and celebrating its strong values of quality, excellence, and innovation (CHCC, 2019c). As stated in CHCC’s (2016b) workplace culture policy, the organizational values as they relate to workplace culture are to be upheld and exhibited by all employees (CHCC, 2016b).
Bolman and Deal (2013) assert that what matters the most with values is not what is written down in an organization’s mission, vision, and values statement, but rather the overt values seen in the organization. CHCC’s value of excellence is relevant to the problem of practice. The organization aspires to strive for excellence, but there is a limited access to excellence when an organization which identifies developing its workforce as part of its strategic plan only sees a fraction of employees receive that ongoing training (CHCC, 2018a). The value of quality is a written organizational value; however, inadequate access to ongoing staff training can be viewed as a limited access to quality (Shaheen, Naqvi, & Khan, 2013). CHCC is an organization that is constantly evolving and supportive of ongoing change. To date, it has had multiple acquisitions, and is always looking for innovative ways to grow and develop. The organization’s leadership is also extremely supportive of change, especially if that change promotes innovation in a cost-effective manner.

**Outputs.** Nadler and Tushman (1980) define outputs as the services the organization provides in order to achieve its goals. It can also include the satisfaction of organization members, their growth and development, and the organization’s customers (Cawsey et al., 2016). In this model, the system, unit, and individual outputs are defined and measured, contributing to an ongoing evaluation of the success of a change process (Nadler & Tushman, 1980). At the system level, which includes the organizational level, outputs are related to how the organization delivers training to its RNs and its preparation of these professionals to practice competently. The format of training delivery will need to change in order for employees to access training. When CHCC improves its training delivery to a more accessible format, this will result in an increase in staff access to
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ongoing organizational training, and will be an example of a system-level change. At the unit level, CHCC needs to increase its staff attendance and participation in organizational training through more accessible training modalities. At an individual level, each RN will see the benefit of and take the initiative to access and participate in ongoing training. This will move the measurable participation outputs from the RNs to the desirable goal of a 100% participation rate.

A critical analysis of an organization can help identify what needs to change in an organization (Cawsey et al., 2016). This section demonstrated that Nadler and Tushman’s Congruence Model can serve as an excellent way to conceptualize how an organization should be viewed as an open living system. This framework allows the change agent to take into account the bigger systemic picture of the change analysis by considering the various parts of the system and what will need to change. From this analysis, it is clear that the organization’s training expectations will need to shift from the expectation of occasional training when able to offer it, to a more structured training practice which will help improve access to training for the employees. The next step requires the formulation of several possible solutions in order to determine the best option for improving access to training.

Possible Solutions to Address the Problem of Practice

A number of approaches can address the problem of inadequate access to ongoing organizational training for the RNs at CHCC to help enhance knowledge, skills, and professional judgment. If CHCC improves staff training opportunities, this will ensure RNs will be more competent with professional regulatory standards, make fewer mistakes, better serve their patients, and hence better serve the organization. The three
possible solutions to the problem of practice are the following: 1) maintaining the status quo; 2) incorporate technology into training; and 3) hire additional staff for the Education Department and offer staff a choice between participation in online or in-person training.

Solution One: Maintaining the Status Quo

The first possible solution to the problem is to maintain the status quo. While this solution may seem contradictory to a quality improvement process, it is worth considering the impact on the organization and on the RNs if no action is taken to improve the problem of practice. By maintaining the status quo, the RNs will be seen by the organization as professionals responsible for ensuring their own continuing education and competency development, whether they engage in professional training and competency development outside of work or not. After all, the Regulated Healthcare Act expects all Regulated Health Professionals to engage in continuing education and ongoing learning to maintain their professional competencies (Ministry of Health and Long-Term Care, 1991).

With this solution, the organization may maintain the perspective that, as they typically offer recommended training in-house, although only a small percentage of staff participate (CHCC, 2018f), there is some training taking place. Furthermore, the organization may consider maintaining the status quo, as they have been accredited by one of the top accrediting bodies for healthcare, Accreditation Canada, for ten years (CHCC, 2019a), and have not yet received a mandate to ensure that all of CHCC’s RNs receive ongoing scheduled training (CHCC, 2020c). In addition, the RNs are accountable for their individual practice under a professional license through their regulatory body, the College of Nurses of Ontario (Schiller, 2015). Depending on the severity of an RN’s
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mistake or error, CHCC may choose to progressively discipline that employee (CHCC, 2020d). Unfortunately, if a serious mistake or error is made by a Regulated Health Professional, the employee can lose his or her licence with their professional regulatory body (CHCC, 2020d).

The disadvantage to maintaining the status quo is that the RNs will not receive access to the much-needed training that has been recognized as effective for fostering a positive relationship between learning satisfaction and the effectiveness of the applied learning, and has been known to produce significant positive effects on job involvement, job satisfaction, and organizational commitment (Karia & Asaari, 2006; Wang, 2001). Another disadvantage would be that, in the midst of a competitive community and home care environment, if the organization’s RNs are seen as incompetent, patients may request to not have RNs from CHCC care for them. This will negatively impact CHCC’s performance indicators from the LHINs, and with poor performance, the organization will risk losing its service contracts from the LHINs if the performance issues identified are not addressed and corrected in a timely manner (Ontario’s Local Health Integration Networks, 2014).

Maintaining the status quo will also have a negative impact on workplace culture. As noted by Garavan (1997), it is extremely challenging for an employee to perform well on the job and enjoy the work environment when there is a lack of adequate training. Organizations also experience an issue of staff attrition when their employees are challenged by not feeling supported from a professional development standpoint. When employees experience a decline in job satisfaction and leave an organization, this results
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in attrition costs for the organization (Elnaga & Imran, 2013), which does not support the organization’s bottom line.

A continuation of the present approach, however, would be the simplest and most familiar solution to the problem for the organization. It would come with the least amount of change, as it does not seek to resolve the need to improve access to continuous training for staff to ensure ongoing competence. It is important to also note that maintaining the status quo will not change the financial cost of staff training and allocation of resources. However, maintaining the status quo is an unsustainable or undesirable approach because if upheld, employee potential for professional growth and development will not be unleashed for them to achieve their professional and organizational goals (Obi-Anike & Ekwe, 2014). The status quo of limited access to staff training also interferes with the development of employee competencies (Fateminejad & Kolahjoei, 2013). CHCC will risk failing to incorporate current required occupational knowledge, and the Registered Health Professionals will lack the opportunity to develop work-related skills (Fateminejad & Kolahjoei, 2013).

**Solution Two: Move All Training Online**

A second solution to address the problem is to move all training online to bridge the training gap. This online training would involve a synchronous online training component, which is characterized by connecting staff and the training facilitator on the learning platform in real time (Billings & Halstead, 2020). These synchronous sessions have audiovisual capabilities to improve simultaneous interactions and enrich the learning experience (Falloon, 2011).
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Olsen and Tikkanen (2018) assert that technology can be used as a powerful tool to drive workplace learning and continued competence. Chaney (2001) argues that the present accessibility of the internet and technology has created an increase in the demand for more web-based learning. Over the past decade, technological advancements have facilitated new approaches for learning and training delivery (Ra, Shrestha, Khatiwada, Yoon, & Kwon, 2019). The use of work-related e-learning, which is a relatively new approach to providing workplace learning, is gaining increasing popularity in workplaces today, especially with employees working remotely (Sun & Chen, 2016). The goal is to ensure that the use of technology will effectively contribute to not only bridging the access to training gap, but also developing the workers’ skills and knowledge (Ong et al., 2004; Pantazis, 2002).

Technology in the form of a Learning Management System (LMS) with knowledge testing and progress review features could be purchased for the organization to help monitor and track learner progress and the completion of learning for staff education. Leveraging technology for employee training has the potential to help increase participation rates by reaching both new and difficult-to-contact staff who do not usually participate in on-site training sessions. As noted in Chapter One, the RNs note limited access to ongoing training as the key barrier to working remotely from the office with no alternative way of receiving the training outside the office (CHCC, 2017a). As a remedy to this barrier, staff could receive training at home on an alternate and accessible online platform. Online training would be conveniently available to staff at all times, which would help increase staff compliance and participation, as they would be participating in
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the training at whatever times would be most convenient for them (Noah, 2001; Schrum, 2000).

Some advantages noted in literature with the use of LMS-based online learning are
the convenience for learners in having a high degree of control over when and where they
engage in learning and the opportunity to be able to track learner progress and completion
(Hew, Cheung, & Ng, 2010). Online training opportunities increase the access to and
availability of training opportunities for employees who require flexibility within their
schedules (Champion, Cole, Gillett, Kingsbury, & Munski, 2003; Faulconer & Gruss, 2018).
Online learning is also a solution for overcoming geographic distance challenges
for those employees who would have to travel a long distance for training: This type of
training delivery allows the training to reach a greater number of employees (Gillett,
Cole, Kingsbury, & Zidon, 2007). Gilbert (2001) asserts that online learning requires the
learner to be actively involved in his or her own learning and their assessment and
progress are conveniently tracked; therefore, the experience can be more stimulating and
engaging than the traditional in-person learning experience. Given that the online learning
component will involve elements of synchronous learning, advantages of this format
should also be explored.

With synchronous online learning, the learners feel more connected to the
facilitator and to the other online learners during the learning experience than in
asynchronous learning, where learners work on their training material independently and
lack the ability to interact with the facilitator and with fellow learners in real time
(Francescucci & Rohani, 2019). The synchronous online learning format therefore creates
a more engaging and interactive learning environment (Watts, 2016). The synchronous
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sessions would be held during evenings and weekends, times which have historically worked best for a majority of the RNs. Staff who are not able to participate in a synchronous online session would have access to the recordings of the sessions, and could watch them at their earliest convenience.

The disadvantage of online learning is that not all staff may possess the required self-motivation for home learning, or they may not be very computer-literate and thus uncomfortable with online learning (Rovai, 2003). As Kerr, Ryneighbor, and Kerr (2006) assert, in order for the learning experience to be successful, there needs to be motivation. Some staff may also not be as motivated with self-directed learning (Gilbert, 2015; Upton, 2006), and be less able to learn independently at home. Learners have also noted that online learning requires more self-motivation than traditional learning (Liu, 2014). Staff may also feel disconnected from the organization and not feel as engaged with the online environment as opposed to face-to-face environments (Kebritchi, Lipschuetz, & Santiague, 2017). There may be a few employees who may not be able to afford the required computer or device for online learning, not have access to the internet, or not be as knowledgeable or comfortable with computer usage (Sutton, 2013).

When reviewing what needs to change, CHCC’s Education Policy and Procedure will need to be revised to incorporate the online aspect of training for the RNs. Staff will not only be informed of the new policy via feedback with the Manager of Education, but their Team Managers will also be reiterating the change in process to them as well. The resources required to implement this solution would be the financial resources for the procurement of the LMS system for the online portion of the training, the human resource of the Manager of Education to develop the online training, and the resource of time to
create, deliver, and manage the online training platforms for the RNs. The training topics will include common required training for community nurses including head-to-toe assessments, wound care, intravenous therapy, medication administration, and documentation. Training will be scheduled quarterly. Adult learning principles will be used to support the reasons why competency development training is necessary, and to remind the nurses of the immediate value of training in regards to professional development (Billings & Halstead, 2020). At this time with regard to the financial cost for this solution, it would be advisable to allocate a reasonable budget of about $25,000 for procurement of the LMS. This budget can be revisited and revised at a later date. After the OIP is approved by the Senior Leadership Team, the Manager of Education and the Director of IT will research and then approach a number of companies for quotes for an LMS which can be customized to meet the specific learning needs and requirements of CHCC employees.

Solution Three: Hire Additional Staff for the Education Department, and Offer Staff Choice Between Participation in Online or In-Person Training

According to Beer, Finnström, and Schrader (2016), offering a sustainable non-traditional training option and an existing traditional training methodology would help enhance staff access to ongoing training. Offering both an in-person learning approach and an online teaching option (Kintu, Zhu, & Kagambe, 2017) would be effective in reaching employees who are able to attend training sessions in-person. Leveraging the online training proposed in solution 2 with a synchronous learning component will help reach the RNs who are not able to receive the training in-person.
Zolkefli (2017) contends that choice is instrumental in increasing compliance as it offers a sense of control, leading to a greater sense of satisfaction. Learners who are given choices in the learning experience express more engagement and satisfaction in the learning process (Kohn, 1993). Offering choices in the mode of delivery motivates learners (Beymer & Thomson, 2015). When employees feel they have options or choices, it enhances their intrinsic motivation (Patalle, Cooper, & Robinson, 2008; Pintrich, 2003). This approach would be the most ideal training solution to address the problem as it would help with reaching and training a larger percentage of staff. Those who can attend in-person will be able to continue attending in-person, while those who are not able to attend in-person can learn conveniently at a place and time that would work best for them. The use of an LMS that incorporates assessment and tracks learning progress will not only provide staff training, but also address whether staff are learning and progressing through the training (Office of Educational Technology [OET], 2017). CHCC’s Education Policy and Procedure will therefore need to be revised to reflect that RNs have a choice between in-person and online training options.

A disadvantage to this possible solution would be that having to manage both face-to-face training and online training can be perceived as twice the work for the Manager of Education. In addition, at times having multiple options and strategies for training (e.g., face-to-face or online) instead of one identified option or strategy could be confusing for some staff. The resources required for this solution are the financial resources for the procurement of the LMS system for the online portion of the training, the human resource of an additional member to the Education Department to support the Education Department under the Manager of Education to develop and manage the online
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training, and the resource of time to create, deliver, and manage both the online and face-to-face training platforms for the RNs. The additional member could be given the title of Education Coordinator, and would be responsible for assisting the Education Department in the assessment, planning, implementation and evaluation of training opportunities for staff. Qualifications for this role will include a Bachelor’s degree, preferably in a health-related field or education, experience with designing training material and coordinating educational activities, developing material for online training, experience with using an LMS to train employees, and experience educating adult learners. The ideal person hired for this role would be an individual who is proficient with computer systems, LMS and online learning, has strong communication skills, both verbal and written, and excellent presentation skills.

With regard to the financial costs involved in this solution, the salary for the Education Coordinator would be around $70,000. The cost of the LMS, as previously mentioned, will depend on the LMS company CHCC chooses. Pricing for an LMS varies depending on the number of learners, desired features, and amount of support offered by the provider; most companies require a detailed query from the interested party before they can provide an initial costing. As indicated under solution two, a budget of about $25,000 for procurement of the LMS is reasonable. This budget can be revisited and revised at a later date with the Senior Leadership Team after the OIP is approved.

Rationale for Chosen Solution: Hire Additional Staff for the Education Department, and Offer Staff Choice Between Participation in Online or In-Person Training

The ideal solution to address the problem of practice would be to offer RNs a choice between participation in either in-person training or online training, and to expand
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the Education Department by hiring at least one additional employee for the department. Staff can complete the training by either attending the in-person educational sessions, or completing the online option at a time convenient for them. A major reason behind the limited educational offerings and access to training opportunities in the organization is the lack of additional support in the Education Department. The Manager of Education is a team of one in the department. Park and Choi (2009) assert that organizational support significantly predicts learners’ progress and success with online learning. Hiring one additional employee, an Education Coordinator, to support the Education Department, will help increase the departmental capacity. Based on the organization’s history of departmental expansion (CHCC, 2018b), if a compelling argument is made to the Senior Leadership Team to invest in an additional staff member for the Education Department, there is a good chance they will approve the request for the additional staff. CHCC’s Education Policy and Procedure will need to be revised to incorporate and reflect the online option of training for the RNs. In light of the necessity of revising these policies and procedures, it is prudent to review the ethics necessary for leadership so as to maintain CHCC’s ethical standards during this organizational change.

Leadership Ethics and Organizational Change

As noted by Northouse (2016), ethics is vital to leadership because of the nature of power and influence, the process of engaging employees in achieving mutual goals, and the impact leaders have on the institution’s value system. During the initiation and implementation of change initiatives, leaders are continually confronted with ethical issues, and must make decisions that are informed by their ethics (Northouse, 2016).
Ethical leadership is essential in the context of organizational change as it allows employees to trust the integrity of their leaders (Sharif & Scandura, 2013). This approach to leadership is the demonstration of ethical conduct through actions and interpersonal relationships that move employees through communication, reinforcement, and decision-making (Brown, Trevino, & Harrison, 2005). It will be necessary to ensure that, throughout the change process, the leader exhibits ethical qualities, including honesty, fairness, and trustworthiness (Brown, 2000; Trevino, Brown, & Hartman, 2003). Studies have found ethical leadership to predict stakeholder satisfaction (Brown, Trevino, & Harrison, 2005). Brown and Treviño argue that ethical leaders have proactive concern for the ethical behaviour of their followers, and communicate and place great emphasis on the establishment of ethical standards as well as accountability for adhering to ethical principles (Brown & Treviño). Kanungo (2001) contends that ethical leaders engage in behaviours and activities that benefit others and avoid behaviours and activities that can cause harm to others, while Khuntia and Suar (2004) assert that ethical leaders incorporate moral standards in their values, beliefs, and practice.

As noted by Armstrong and Muenjohn (2014), transformational leadership has an ethical dimension, and leaders using the transformational leadership approach need to demonstrate the previously stated ethical values and behaviours. Transformational leaders are leaders with a vision, with the self-confidence and inner strength to inspire others during needed change (Bass, 1985). Brown and Treviño (2006) argue that transformational leaders are ethical leaders that are “altruistically motivated, demonstrating a genuine caring and concern for people” and “are thought to be
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individuals of integrity who make ethical decisions and who become models for others” (p. 600).

A leader’s key goal is to serve and support in an ethical manner (Kouzes & Posner, 1992). Ethical leaders communicate and place tremendous emphasis on upholding ethical standards and on the accountability required for adhering to ethical principles (Brown & Treviño). Vullinghs, De Hoogh, Den Hartog, and Boon (2018) add that the guidance that ethical leadership provides, along with support for employees, ensures that employees experience less discomfort around their roles or about the expectations of the leader for them. With this organizational improvement initiative, it will be imperative to lead in a transformational manner that is both supportive and ethical.

To guide my approach to patients and inform the leadership team about why the training of RNs is necessary, the ethical consideration which informs the approach to patient care should be considered. As a member of the College of Nurses of Ontario (CNO), two of its identified ethical values are essential to my leadership practice. First, the CNO’s Ethics Practice Standards require me to uphold client well-being in my professional practice. According to the CNO (2019), “promoting client well-being means facilitating the client’s health and welfare, and preventing or removing harm” (p. 5). Patients are a vulnerable population, and as a result, protecting their well-being is imperative. If staff training is not regularly taking place, it will leave the patients extremely vulnerable to becoming potential victims of possible malpractice, adverse events, errors, and staff mistakes.

An ethical principle of the CNO that informs my leadership is maintaining commitments to clients. Nurses, as self-regulated professionals, have a commitment to
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deliver safe and ethical care; as a result of this, they try to act in the best interest of clients in accordance to standards of practice (CNO, 2019). The organization has the ethical responsibility to ensure employees are trained to provide competent services to patients. In addition, employees also have the ethical right to the best training possible to ensure they can safely and competently perform their work duties (CNO, 2019; Haddad & Geiger, 2019).

In addition, unethical leadership is harmful to not only employees but organizations as well (Lašáková & Remišová, 2015). As a result, there are a number of potential ethical challenges or concerns that can be anticipated from a practical perspective during the change process. First, there could be the challenge of the Manager of Education possibly withholding help and support from staff, and not being supportive in developing employees (Yukl & Yukl, 2002). It would therefore be necessary to ensure that I am available to all staff, communicate this to them during their face-to-face team meetings, and encourage them on the nursing page of CHCC’s intranet and via email to reach out to me for any support they may need during this process. Secondly, with the online training, the initial training could be developed solely by the Education Department without staff having a say in the content. The lack of co-construction could possibly be a concern in the progression of the change process. As a result, I will seek out input from three or four Team Leaders from selected offices who can represent the voices of the RNs. As an ethical leader, my response to these challenges will be to ensure that I practice in an ethical manner by adhering to the ethical principle of beneficence, which is the foundational moral imperative of doing good to others by endeavoring to do what is right in all my decision-making and conduct (Kinsinger, 2009).
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In the context of this OIP, my ethics have shaped my view of the organization’s responsibility to act in a knowledge-focused, training-centred manner in addressing the problem of accessing training for RNs. Working in the best interests of staff requires the organization to see the bigger picture of the improvement. Adherence to these ethical values of clients’ well-being and maintaining commitments to clients requires a shift in practice whereby the organization nurtures staff in becoming aware of their own needs, values, and purpose, and how those relate to client care (Northouse, 2016).

Conclusion

This OIP presents an essential and required change for the nursing staff at CHCC. The question of what needs to change to allow the OIP to succeed was explored through Nadler and Tushman’s organizational Congruence Model. Leadership throughout the change process is foundational and imperative for change. Leading with Transformational Leadership and Supportive Leadership approaches allows for a learning environment which inspires collaborative practice. Additionally, using Kotter’s (1996) Eight-Step Change Model will enable this OIP to move forward in the direction of the desired change. The organization has made some progress towards change with a vision that supports change and the process to achieve that change, but due to the ongoing problem of limited access to staff training, CHCC requires the implementation of the appropriate identified solution. This chapter concludes with a discussion and analysis of leadership and ethical considerations in relation to improving staff access to training and overall patient care. The next and final chapter of this OIP addresses the change implementation plan, change process monitoring and evaluation, and the communication plan for the change.
Chapter Three: Implementation, Evaluation, and Communication

Chapter Three further develops the preferred solution of hiring additional staff for the Education Department, and offering staff a choice between participation in online or in-person training. Informed by the critical organizational analysis completed in Chapter Two, this chapter explores the implementation plan for the OIP. The identified strategy for this OIP, as proposed in Chapter Two, encompasses hiring an additional staff member for the Education Department to develop online training content, and offering staff the choice between participation in online or in-person training. This chapter re-visits Kotter’s Eight-Step Model of Organizational Change, and drafts the implementation plan, using Kirkpatrick’s Four Levels of Evaluation Model to evaluate the chosen solution for change in an effort to improve staff access to training. The chapter further explores the plan to communicate the need for change and the change process and considerations for communicating with the key stakeholders, the Senior Leadership Team, the Managers and Team Leaders of the Registered Nurses, and the Registered Nurses. Finally, the chapter concludes with consideration for future possible next steps as they relate to the problem, solution, and CHCC.

Change Implementation Plan

The defining characteristic of the implementation stage of any change initiative is the redirection from the planning and development of the OIP proposed in Chapter Two to the doing and implementation which will be articulated in this chapter. Kotter's Change Model provides a systematic plan for implementing change (Small et al., 2016), with Duck (2001) referring to the implementation phase as “time for action” (p. 151), indicating that after listening and asking questions, which is the focus of the preparations
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phase, the next step is to take action. The implementation phase typically begins once the plan has been identified and the action steps are apparent enough to be assigned to stakeholders (Duck, 2001). The doing or implementation of the planning involves recruiting the new hire for the Education Department, procuring a suitable LMS training platform as the corporate platform for the online training, identifying the training topics, developing the training material for both in-person and online delivery, and communication to stakeholders on the change.

Goals and Priorities of Planned Change

This OIP explores the issue of CHCC’s RNs experiencing limited access to ongoing training offered by the organization. Currently, as per attendance taken at staff training sessions, approximately only 20% of the RNs are attending ongoing training (CHCC, 2018f), although there is a tremendous need for the organization to ensure that licensed professionals are well trained and competent in order to minimize errors and to practice safely. As a result, the change plan will be centered around the chosen solution of offering online training in addition to in-person training and expanding the Education Department to facilitate the new model of training in the organization, in an attempt to increase staff access to training opportunities. The goals of the OIP are therefore twofold:

• To integrate technology and improve access to training by offering required staff training in-person and through online delivery; and

• To develop the Educational Department’s capacity to competently create and offer the required staff training by utilizing both in-person and online modalities.
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Plan for Managing the Change

For the achievement of these identified goals, a number of activities must be incorporated into the change plan. It is expected that this plan will be fully implemented over a two-year period, with six key milestones set for months 1 to 2; months 3 to 5; months 6 to 9; months 10 to 13; months 14 to 17; months 18 to 19; and months 20 to 24. In health care, particularly in the community healthcare sector, change is inevitable and is known to proliferate very quickly (Figueroa, Harrison, Chauhan, & Meyer, 2019; Xiao, Husain, & Bloom, 2018), so the proposed two-year timeline for this OIP provides room for any unforeseen circumstances and potential need for priority shifts which may occur within the organization.

Change implementation requires preparation for the change (Cawsey, 2016), informed by Kotter’s (1996) Eight Step Change Model. The initial step is to create a sense of urgency and communicate the change plan to the Director of Operations whom I report to. This would involve gaining her buy-in and receiving her approval to implement the plan. Approval of this change plan is needed as it will affect a large number of staff, particularly the RNs, and will require a coalition and involvement from the other departments, including the IT department, as well as approval for funding. Seeking approval is expected to take place within months 1 to 2. During months 3 to 5, with the change vision of effectively integrating technology in mind, I will then meet with the Director of IT to review available LMS options and determine the ideal LMS to purchase for this change, taking into consideration desired features of an LMS, which include its ease of use, ability to offer and track learner progress, and its affordability (Alenezi, 2018), given the approved budget. Additionally, within months 6 to 9, I would work with
the Director of Operations to hire and onboard the Education Coordinator who will have the knowledge and expertise required to build both the in-person and online training content. During this time, I will work with the Director of IT to identify and procure a suitable LMS system for the change. This would be the time that I also connect with all key stakeholders: the leadership team first, and then the RNs, to communicate the vision and review details of the change, ensure they are well informed of the change, and gain their buy-in. The details of the communication will be discussed in more detail later in the communication plan in this chapter.

In the interim, from months 10 to 13, the Education Coordinator will receive an orientation to the organization, his or her role, and to the new online LMS training platform. I will identify the annual training schedule and topics of training from a survey of the RNs on the topics they would like to receive more training on that would help develop their competencies and support their professional practice. Following this, in months 14 to 17, the Education Coordinator and I will identify the date and training to undergo the in-person and online training Plan Do Study Act (PDSA) session and communicate with the Manager and Team Leader of the group of RNs. The PDSA will be completed by this date to ensure the timing works for the team. We will then proceed to create the training materials for the online and in-person sessions, and with the assistance of the Director of IT, we will create an accompanying how-to resource video and PDF guide for the RNs to cater to different learning styles. This how-to resource will help orient the learners to the online platform. Details of the training material will be addressed later on in this chapter. In months 16 to 17, the PDSA cycle will take place. The details of the PDSA cycle will be further articulated later in this chapter. Following
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the PDSA, months 18 to 19 will involve making improvements to the process by incorporating lessons learned from the PDSA cycle. After which, in months 20 onwards, we will focus on empowering action by implementing the change and offering the training sessions quarterly to the RNs in the two formats of either online or in-person session delivery. The Education Coordinator will be responsible for monitoring and managing the in-person and online registrations, as well as the incoming feedback. As positive feedback on the change is received, I will facilitate quick wins by sharing some of this feedback with the RNs’ teams and use it to encourage more staff to participate in the training sessions.

In the long term, the period from months 20 to 24 and ongoing after this period would involve building on the change and making it stick as informed by Kotter’s (1996) change model. This would entail the Manager of Education and the Education Coordinator continuing to review stakeholder feedback on the change plan, and work on improving the change initiative. Lorenzi and Riley (2000) state that the best change initiatives involve continuous quality improvement. For this reason, the review and improvement will not stop at the end of the two-year long implementation, but will remain ongoing. The table below is a summary of this 24-month plan timeline for managing the change.

Table 3.1 - Timeline for Managing the Change (24 Month Plan)

<table>
<thead>
<tr>
<th>Year 1 – 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Jan</strong></td>
</tr>
<tr>
<td>Months 1 to 2</td>
</tr>
<tr>
<td>i) Communicate</td>
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</table>
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<table>
<thead>
<tr>
<th>Plan with Senior Leadership Team</th>
<th>Review LMS options and determine the ideal system for this change, taking into consideration desired features of an LMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ii) Seek approval for funding</td>
<td>ii) Work with Director of IT to procure suitable LMS</td>
</tr>
<tr>
<td></td>
<td>iii) Share vision with stakeholders to get buy-in</td>
</tr>
<tr>
<td></td>
<td>- Push vision of change</td>
</tr>
<tr>
<td></td>
<td>- Communicate vision of change</td>
</tr>
</tbody>
</table>

- Create urgency
- Build Coalition

<table>
<thead>
<tr>
<th>Year 2 – 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Jan</strong></td>
</tr>
<tr>
<td>Months 14 to 17</td>
</tr>
<tr>
<td>i) Identify date for PDSA session in selected office</td>
</tr>
<tr>
<td>ii) Create training material for in-person, and online</td>
</tr>
<tr>
<td>iii) Create <em>how-to resource</em> video and PDF guide on how to use the LMS training platform</td>
</tr>
<tr>
<td>iv) PDSA will take place</td>
</tr>
<tr>
<td>- Empowering action</td>
</tr>
<tr>
<td>- Facilitate quick wins</td>
</tr>
</tbody>
</table>

| Months 18 to 19 |         |         |         |         |         |         |         |          |         |         |         |
| i) Use the PDSA to evaluate the new training process effectiveness of the online training options |

| Months 20 to 24 |         |         |         |         |         |         |         |          |         |         |         |
| i) Education Department will continue to review stakeholder feedback on change, and work on improving change initiative |
| ii) Ongoing improvements post-implementation |
| - Build on the change |
| - Make it stick |

**Understanding stakeholder reactions to change.** According to Freeman (1984), a stakeholder is defined as “any group or individual who can affect or is affected by the
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implementation of the change project” (p. 46). The introduction of change can be received differently by each stakeholder. Possible reactions to change by stakeholders can include: overt or covert resistance to the change; active embracing and engaging in the change process; or maintaining a “wait and see” perspective to conclude whether the investment of time, money, and effort have contributed to a positive change (Cawsey, Deszca, & Ingols, 2012). In general, a stakeholder’s reaction to change is influenced by their views and perspectives of previous change processes and the perceived impact and success of those changes (Mdletye, Coetzee, & Ukpere, 2014). In this change plan, the key stakeholders are the Senior Leadership Team, which consists of the CEO, VPs, and Directors, the Managers and Team Leaders, and RNs. Among these key identified stakeholders, it is anticipated that varying reactions to the proposed change will be observed.

Resistance to the change plan may arise from different needs, beliefs, values, and opinions; this can limit stakeholder support from the RNs for the change plan or its elements. As a result, effectively communicating and creating a sense of urgency related to the problem of practice and the rationale for the change will help facilitate the much-needed awareness for change and promote stakeholder buy-in (Kotter, 1996). Using communication mediums, including emails to staff and staff meetings, I will create a sense of urgency by articulating the problem of limited access to the much-needed staff training, and emphasize the importance of remaining competent and highly skilled health practitioners through professional development.

According to Hiatt and Creasey (2012), emotional reactions to change are also possible, including anxiety associated with change due to the fear of the unknown, which
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drive resistance to change. The RNs are expected to be anxious and nervous about the change, as this is historically how they react to organization-wide change. I will address their anxiety with regards to the change by first listening to their individual and collective concerns and addressing them individually in-person and through email. The awareness of the possible reactions of employees to the change will enable the leaders to be more understanding and address stakeholders, while using supportive leadership approaches to provide reassurance and encouragement (Hiatt & Creasey, 2012). Based on historical reactions, the Managers and Team Leaders of the RNs, along with the Senior Leaders, are expected to be more accepting of the change and react more positively knowing that it will help drive staff efficiency and minimize work-related errors. This will be further elaborated on in the communication section of the OIP in Chapter Three.

Personnel to engage and empower. As addressed in Chapter Two, change projects overseen by a guiding coalition must have the right members, a high level of trust, and a shared goal for the change plan to find success (Kotter, 1996). The key member of the Change Team will be the Manager of Education, who is the change agent for this initiative. The Team Leaders would also be recognized as imperative group of employees to mobilize this change. As RNs themselves, they will be instrumental in helping to manage and overcome staff resistance, while also representing the voice of the RNs on the Change Team. The Director of IT will also be a part of the Change Team to provide support with the IT integration component of the change initiative. Each of these members has a stake in improving and supporting staff access to training. Every one of these professionals has experience working in groups at CHCC that have focused on organizational improvement initiatives. They have each worked collaboratively with
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others on past change projects, work well together, and complement this Change Team with their much-needed individualized sets of skills and expertise for this initiative. When the Education Coordinator is hired, he or she will join this Change Team. Although this team will move the change initiative along, the Manager of Education and Education Coordinator will be responsible for the operations associated with this project.

Managing strategic change within an organization can be challenging. In order to be successful, there must be extensive networking and effective leadership for those affected by the change (Grabowski & Mathiassen, 2017). Duck (2001) asserts that leaders should be familiar with their Networkers and Influencers to help support their work. Networkers are able to mobilize themselves and move easily in and out of different groups (Duck, 2001). The Networkers here would be all leaders within the organization. Promoting interconnectedness across their individual teams and the organization, the Networkers can assist with the change initiative by engaging and establishing meaningful connections and interactions with the RNs in support of the change. These individuals will be essential to getting the change initiative messages across to their teams in a meaningful and timely manner. On the other hand, Duck (2001) defines Influencers as individuals who can help influence or sway the attitudes and perspectives of others. At CHCC, Team Leaders, also known as Professional Practice Leaders, are knowledgeable and supportive of the RNs in their respective offices of the organization, and have some power to influence and empower their colleagues to embrace the change. The Team Leaders can help influence the nurses as fellow RNs. Seen as an effective collaborative 21st century approach to staff empowerment, collegiality as a transformational leadership strategy is often encouraged as the best approach to successful change given their similar
power relationships within hierarchical organizations (Jarvis, 2012). The change agent has the opportunity here to encourage this type of collegial empowerment by providing the Team Leaders with guidance, information sharing, and general support.

**Supports and resources.** A key requirement for success during organizational change is for leadership to promote sustained support while modeling the desired behaviour for the change (Al-Hussami, Hammad, & Alsoleihat, 2018). When leaders develop trusting relationships with employees, it eventually leads to an increased capacity for organizational change (Judge, Bowler, & Douglas, 2006). Leaders can use supportive leadership approaches to provide much-needed support to their staff. The practices which would support implementation of change include assisting staff members during the uptake of the new process of the change initiative, ensuring knowledge around new processes to properly guide the implementation, and demonstrating perseverance with addressing ongoing barriers likely to hinder implementation efforts (Guerrero, Padwa, Fenwick, Harris, & Aarons, 2016).

Another necessary resource would be the required financial resources for the change. The first significant financial cost involves hiring an additional employee for the Education Department to help increase departmental capacity. The Education Coordinator should have knowledge and expertise in LMS management, the development of training material, and staff training, and preferably have experience in health care. Looking at the volume of work to be completed to meet the requirements for both the in-person and online training, the Education Coordinator will be hired full-time to meet the demands of the Education Department. The creation of a new role for the department will require additional financial resources. An annual budget of approximately $70,000 will need to
be allocated for the salary for this employee. The other key resource which has financial implications for the budget is the LMS software. The Education Department will need to work with the Director of IT to determine the exact LMS the organization will require through researching and querying companies that create LMS software to find which program is the best fit, both technologically and financially, for CHCC. This technological resource, the LMS, will then need to be procured for the online training option. The department will need to allocate an approximate budget of $25,000 for the installation, implementation, and ongoing maintenance of the LMS. A final resource consideration for the successful implementation of this OIP is that of time. Historically, change within the organization takes time for full implementation. The identified organizational improvement timelines detailed in Table 3.1, in addition to the other resource commitments of financial and technological commitments, must be adhered to for successful implementation of the change initiative (Cawsey, 2016). The Senior Leadership Team, particularly the CEO, and the Director of Operations will need to be influenced in order to approve and allocate a budget for the identified resources.

**Potential implementation issues.** There are a number of possible issues that could emerge with the implementation of this plan as it moves from a mere concept to an actionable practical stage. Adopting or integrating new technology in an organization would be the first potential implementation issue. Employees may dread having to learn how to use new technology if they are not already familiar with the system. CHCC has never used an LMS for staff training. As a result, the RNs may experience a learning curve and difficulty getting used to this technological system. Alshahrani and Ally (2016) note that learners accustomed to traditional learning approaches face challenges in
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adopting online learning systems. Ioannou and Hannafin (2008) also assert that learners initially may find an LMS to be confusing as there will be a learning curve with this new software. Alenezi (2018) notes that although technology can enhance the teaching and learning experience for learners, employees may dread having to learn how to use new technology if they are not already familiar with the system. The way to address the introduction of new technology would be to use supportive leadership to train the RNs in the use of the LMS to complete the required training. A how-to-use video and PDF guide for the RNs on how to use the LMS can also be made available for staff to review when needed.

The second potential implementation issue is related to communication. As is well known, the underlying cause for any form of conflict is a lack of communication. Communication is imperative when dealing with implementation of any kind (Andrade, Albuquerque, Teófilo, & Silva, 2016). Consequently, as the project is rolled out, the Manager of Education must ensure timely and consistent communication with all stakeholders to help clarify expectations. It will also be important to leverage transformational modes of communication, including face-to-face communication during in-person team meetings of the various RN teams within the organization to provide information and answer any questions they may have around the details of the proposed change and the expected outcomes of the change. I would then follow up with emails and newsletters to further reiterate the message. Communication issues that can arise with this change initiative include staff being too busy or uninterested in reviewing the digital communication and updates they receive regarding the change, staff needing more clarification to further understand details of the change initiative, and staff not receiving
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the communication despite efforts made by the Change Team to communicate the change. A transformational approach to this change will be to empower and engage lower-level stakeholders, including the RNs themselves and their Team leaders in the process. This might help address some of these issues and also support better alignment with the leadership lens of transformational leadership and supportive leadership introduced in Chapter One.

Limitations. Attempting to remedy the problem of practice by offering staff a choice between participation in either face-to-face or online training is not without potential limitations. Four of these possible limitations will be addressed. These limitations involve the challenges around adopting an LMS system for training, and the challenge of the organization having to allocate an additional budget to the Education Department for this change.

Introducing the LMS technology for training for the first time to an organization is a large-scale change. Given that the LMS only works online using the internet, it will potentially limit learning opportunities for staff who do not have a reliable internet source or connectivity (Alenezi, 2018). Another limitation with implementing the LMS is that, although convenient, it requires self-motivation and time-management skills from staff in order to successfully interface with online learning. Kemp and Grieve (2014) assert that employees are not as motivated to engage in online learning as they are with traditional face-to-face learning. Strategies in the literature for learners to achieve a more engaging online learning experience would be to incorporate audio, visuals, animations, videos, activities (Jeschofnig & Jeschofnig, 2011), and quizzes (Stark, 2019). Engaging staff by tailoring the training material to different types of learners is essential, as incorporating
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various learning styles into training results in improved learning experiences (Rogers, 2009). The Education Coordinator and I will design informative PowerPoint slide presentations and handouts to appeal to learners who respond to a physical hands-on approach (Billings & Halstead, 2020). The training materials will also incorporate applicable organizational Policy and Procedures on the topic of discussion. We will also include in-person demonstrations of skills for face-to-face training sessions, and will integrate video demonstrations into the online learning. This will appeal to the kinesthetic learners who learn by engaging in demonstrations or physical activity (Billings & Halstead, 2020). Audio and videos will also be incorporated into the training in order to appeal to audiovisual learners (Billings & Halstead, 2020). Ongoing communication with staff regarding the benefits of online learning will also help keep staff motivated and engaged (Luthra & Dahiya, 2015).

Another limitation facing this change is the potential resistance by the leadership team to allocate money to the Education Department. As mentioned in Chapter One, a number of governmental and private organizations, including healthcare organizations, are more reluctant to put money into their organizations’ Education Departments (Elnaga & Imran, 2013). Historically, the leadership team of CHCC has not been quick to allocate money toward staff training unless a strong case is made for additional funding. Adding an additional staff member, the Education Coordinator, to support the work of the Education Department, will help build training capacity within the organization and increase staff access to ongoing training. A face-to-face meeting with the leadership team to address these limitations and proposed solutions to mitigate these solutions would be a helpful communication to moving this change initiative along.
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Achieving the required change within the set timeframe may present some challenges, and may require a lot of planning and coordinating, as the organization could have unforeseen priorities which could emerge. In addition, there are staff who have never experienced this type of change with regards to training. This challenge will therefore be addressed through effectively communicating the benefits of the change and the need for the organizational improvement initiative to the leadership team, managers, and the RNs.

Change Process Monitoring and Evaluation

When planning change, it is essential for leaders to adopt an ongoing process of monitoring and evaluating the change. Incorporating a PDSA cycle that is informed by the leadership approach to change is beneficial for implementing the solution of offering staff a choice between participation in either the in-person training or the online training and will be explored here (Deming, 1986).

Plan Do Study Act Cycle

The PDSA model is to be included throughout the change initiative. This model is a scientific methodological approach which supports organizational change. It was developed by Langley, Nolan, and Nolan (1994), based on the original work of Deming (1986). The PDSA is a model for leaders to consider when implementing organizational changes, prior to complete implementation. It is recommended that the change strategies be first conducted on a small scale of change before being implemented on a larger scale (Crowl, Sharma, Sorge, & Sorensen, 2015). Using this scientific methodology for the OIP will provide CHCC with the opportunity to test the proposed strategies in order to determine if this change will be effective before full implementation (Shojania &
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Grimshaw, 2005). Within CHCC, the Education Department can trial the new process of offering the options of face-to-face training and online training to a small group of RNs from one of the offices before implementing it for all the RNs. The small group of RNs will be offered a choice between either the online or in-person training option, and will use the PDSA to evaluate the effectiveness of the online training options at the end of the experience. This PDSA cycle will take place in months 16 to 17, immediately after the Education Department identifies the first training topic and date in months 14 to 15. The PDSA cycle encourages leaders to study and evaluate the implemented change prior to its full implementation (Moule, 2015).

The proposed ideal solution of hiring an additional staff for the Education Department and offering staff the choice between participation in online or in-person training will increase access to training for the RNs. The monitoring, evaluation, and the PDSA will help determine the effectiveness of this change. The ultimate indicator of success in this change initiative would be when the participation rate of the RNs is at 100%. Improving the process involves identifying the training RNs must participate in, and offering them the option of participating in the training either online or in-person.

Plan. The planning stage of the PDSA cycle requires looking at the activities necessary to achieve a desired goal (Reed & Card, 2016), which helps to ensure that leaders will take the time to ensure the validity of potential future changes before implementation. The planning from this OIP work from Chapter Two and the change plan from the previous section will provide CHCC the opportunity to evaluate the changes needed within the organization, and formulate a solution to help reach desired goals. Throughout this stage, a number of questions must be asked and answered in order to
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determine the objective of the change, the actions to be undertaken to bring forth that change, and the approach for deciding if the change was successful (Taylor et al., 2014).

This first stage of the PDSA cycle, the planning stage, aligns well with the first three stages of Kotter’s (1996) change model, which are establishing urgency, building a coalition, and developing a strategy and vision for change. Much of this planning was discussed in the previous section of this OIP.

Do. The Do stage of the PDSA cycle takes place when the change strategies proposed in the Plan stage are implemented within the organization (Bollegala et al., 2016; Taylor et al., 2014). At CHCC, the Do stage would involve implementing the steps for the RNs to take the training either face-to-face or online. The Do stage is aligned with the fourth and fifth steps of Kotter’s (1996) model: Communicating the vision for change and empowering broad-based change. This will involve the Manager of Education scheduling a meeting with the Manager and Team Leader of the selected group of RNs to implement the PDSA cycle with. The Do stage includes the actual implementation. During this stage, unexpected results (for example, deviations from predictions) are documented and analyzed. Throughout this stage, the Education Coordinator would be responsible for ensuring that the evaluation surveys of the training session are collected from the RNs for analysis.

Study. In the Study stage of the PDSA model, the data that was collected during the Do stage is reviewed by the Change Team to establish whether the strategies identified in the Planning stage and implemented in the Do stage effectively meet the goals for the change plan identified earlier at the beginning of the chapter. This stage also analyzes the work completed in the Do stage in order to find out if the change was
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successful and support minor adjustments to implementation (Coury et al., 2017). A key objective in this stage is to achieve some short-term wins (Kotter, 1996). The Manager of Education along with the Change Team will analyze the outcomes and results of the change in the Do stage to decide if the goals were achieved and validate if what was predicted in the planning stage was accurate (Taylor et al., 2014). The benefit of this stage would therefore be for the Change Team to observe whether there is an increase in attendance rates from both the in-person and online sessions, and if there is positive feedback from participant evaluations.

**Act.** The Act Stage is the phase where conclusions are drawn and decisions made based on the results and findings from the Study phase. The Change Team will need to review the PDSA cycle and decide on the overall success of the change initiative, and if the new changes will be adopted by CHCC, or if the change plan will require revision and undergo further PDSA cycles prior to full implementation (Taylor et al., 2014). The success of the initiative will be based on the findings of an increase in participation of RNs in the training session, and the feedback on the evaluation survey from the training PDSA cycle. An increase in the participation number along with positive feedback would be the desired outcome. The Act stage aligns with Kotter’s (1996) seventh and eighth stages of change, which are consolidating gains and producing more change, and anchoring new approaches in the culture. This stage will help ensure that ongoing continuous quality improvement or change becomes a part of CHCC’s culture moving forward. Details of the Act stage have already been articulated earlier in the Change Implementation Plan, under the Plan for Managing the Change.
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**Change Process Monitoring and Evaluation Framework**

Monitoring and evaluation are used to oversee and improve systems and organizations (Niyivuga, Otara, & Tuyishime, 2019). As it relates to change, monitoring focuses on systematic collection and tracking of program information, while evaluation reviews performance and aims to provide all stakeholders with information on the status of assessed activities (Markiewicz & Patrick, 2016). The Manager of Education will be responsible for ensuring the monitoring and evaluation of the implementation of the OIP. The essence of monitoring and evaluation is to determine if the outputs in the short-term and the outcomes in the long-term are being achieved, and to ensure timely correction when required (Mapitsa & Khumalo, 2018). As noted by Kusek and Rist (2004), good planning in combination with effective monitoring and evaluation plays a key role in advancing change initiatives.

CHCC will also need to adopt and implement a framework for monitoring and evaluating change, as it will be imperative for the Change Team to utilize a suitable, reliable, and consistent form of measurement and evaluation tools during this change process. Cawsey et al. (2016) notes that continuous quality measurement can have a positive effect on the direction and outcomes of the change initiative. The pertinent measurements in the study stage of the PDSA cycle have an impact on decisions pertaining to the change (Taylor et al., 2014). Examples of these measurements include measuring staff preference for either the face-to-face training or online training, measuring participant satisfaction with the training experience, and measuring the staff completion rate for the training.
Monitoring. Njenga and Kabiru (2009) define monitoring as the ongoing systematic collection of data during implementation. In this OIP, monitoring is defined as the ongoing and continuous collection of information during a change initiative to provide information on its current status and to identify remedial actions that could be taken to improve outcomes (Adhikari, 2017). The Change Team will therefore monitor the change activities and outcomes in order to assess and improve the implementation and effectiveness of the new change. The LMS is one of the primary tools that will be used for monitoring the number of online participants registered for training sessions. The progress tracking feature will also be used to monitor the rate at which staff are progressing through the online modules. Using surveys, the Change Team can also monitor participant experience, transfer of knowledge, and the usefulness of the training. As the Change Team monitors task completion, the Manager of Education will continue to closely monitor for increase in participation rates and positive learner feedback in order to offer ongoing support, reinforce the desired change, and later evaluate the data being collected. It will also be important for the Change Team to be transparent with the monitoring and inform staff about what will be monitored. Monitoring in a transformational leadership approach entails being transparent. That in turn inspires transparent behaviours from staff, which promotes accurate information collection (Nawangsari, Sudarma, & Djumahir, 2015).

Evaluation. Evaluation is the planned “systematic determination of the quality and value of program, with summative judgement as to the achievement of a program’s goals and objectives” (Markiewicz & Patrick, 2016, p. 12). Training evaluation is useful for determining the benefits of training for employees and for the organization (Rafiq,
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2015), as it ensures that, by the end of training, there is improvement in the employees’ knowledge (Topno, 2012). Evaluation is not only essential for the justification of organizational investment in staff programs, but is also required to make improvements in future training (Rafiq, 2015). Evaluation also helps to determine whether the objectives of the training have been achieved (Mohamed & Alias, 2012). Evaluation of the impact and effectiveness of training is also necessary so that strengths and weaknesses in the training can be identified and improvements made (Rouse, 2011). Njenga and Kabiru (2009) also define evaluation as a periodic and systematic data collection for drawing conclusions on the change outcomes. Evaluative tools will be used to assess whether or not CHCC is successful in meeting its overall goals for the change initiative, and, most importantly, whether CHCC is able to increase its access to training, and whether the training increases the competency of its RNs.

The Kirkpatrick Four Levels of Evaluation Model. A number of evaluation models were considered for evaluation of this OIP; however, the Kirkpatrick Four Stages of Evaluation Model, which is one of the more popular models (Dorri, Akbari, & Sedeh, 2016), has been selected for its simplicity and practitioner applicability to practically any contexts (Landers & Callan, 2012). This framework has been used as a basic evaluation model for training-specific interventions within organizations (Watkins, Leigh, Foshay, & Kaufman, 1998), and forms the evaluation framework for this OIP. The Kirkpatrick (1996) Evaluation Model helps organizations to understand what is working and what needs improvement, so the change agent can refine the training program to meet the needs of employees and the organization. This four-step process of evaluation attempts to measure the training effectiveness in order to improve the design for future initiatives.
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(Kirkpatrick, 1996). Kirkpatrick (1996) presents a four-level model consisting of reaction, learning, behaviour, and results to evaluate training. Each of these levels assess learning success and performance improvements in a chronological and purposeful manner (Kurt, 2018). The Kirkpatrick Evaluation Model is applied to the online training change at CHCC below.

**Level 1 – Reaction.** This level typically involves the RNs completing a survey immediately after the training experience about their impressions of the training (Smidt, Balandin, Sigafoos, & Reed, 2009). This evaluation focuses on gauging the interest and motivation levels of the participants (Smidt et al., 2009), with questions centered around whether or not the participants enjoyed the training experience (Paull, Whitsed, & Girardi, 2016) and the training process (Heydari, Taghva, Amini, & Delavari, 2019). At this stage, the goal is to evaluate how the RNs reacted to the training by asking questions that establish their thoughts and feedback on the training. Questions participants will be asked include: i) Did the training meet your learning needs? ii) In what ways did you feel the training process increased your access to the learning opportunity? and iii) Did you like the delivery of training (face-to-face training or online training)?

**Level 2 – Learning.** Kirkpatrick (1996) emphasises that an evaluation needs to go beyond level 1, the immediate reactions of the participants. The second level of evaluation, learning, involves measuring what the employees have learned in terms of knowledge, skills, and attitude (Heydari et al., 2019; Smidt et al., 2009). This is to be completed during and at the end of the training. Learning evaluations can include the RNs participating in written assessments or demonstrations to show comprehension and improvements in knowledge and skills from the training. Evaluation at this level is
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intended to determine the extent to which staff have developed their expertise through some form of testing (Heydari et al., 2019). As a result, participants are encouraged to take the evaluation prior to the training, called the pre-test, and again following the training, a post-test, in order to determine the change in learning (Heydari et al., 2019). Questions the Manager of Education will ask during this level include: i) Has there been a change in knowledge, skills, and attitudes? and ii) What was learned?

**Level 3 – Behaviour.** This level examines the extent that learning has been transferred, or in other words, the differences in the participant’s behaviour in order to improve job performance after the training (Smidt et al., 2009). Assessing the change in behaviour makes it possible to determine if the knowledge and skills from training are being implemented and observed within the workplace (Paull, Whitsed, & Girardi, 2016). This level therefore involves analyzing the participant’s ability to apply their newly gained knowledge or skills to the work environment (Smidt et al., 2009). Overall, an observable change in behaviour and improvement (Heydari et al., 2019) is essential to review, with this data outlining errors or feedback from patients coming from organizational reports. Questions the Manager of Education will ask during this level will include: i) Are participants applying their learning? and ii) What improvement resulted from the learning?

**Level 4 – Results.** Finally, the impact of the training is measured, including impacts on organizational finances and workplace morale (Smidt et al., 2009). Evaluating the overall success of the training model entails measuring improved quality, fewer errors, and increased competency in the workplace. This might include improvement in staff-resident interaction, and decreased incidents of challenging behaviour and staff turnover
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(Smidt et al., 2009). Also referred to as the organizational level of evaluation, as it relates to the expected longer-term outcomes, this level considers whether the change objectives have been achieved (Paull et al., 2016). Heydari et al. (2019) assert that achieving positive results is the ultimate impact of training, and here, the evaluation will analyze whether there is an increase in access to staff training. Questions the Manager of Education will ask during this final level of evaluation include: i) What are the final results of the training with access to training and competency level? and ii) What are the tangible results of the learning process in terms of increased productivity?

Using the PDSA cycle will help with facilitating ongoing monitoring and evaluation. The change process will be monitored and evaluated throughout the implementation using a number of methods including surveys, observation, and review of internal documents. Using these various methods to collect information allows the Change Team to utilize the most efficient and effective methods to collect information, address the areas which require improvement, and make the appropriate adjustments (Cawsey et al., 2016). Additionally, central to monitoring and evaluating the change process is communicating in an effective manner to ensure clarity. Communication surrounding the change will require its own approaches and strategies to detail various aspects of the change.

**Plan to Communicate the Need for Change and the Change Process**

The organizational change requires increasing access to training for all RNs by offering the choice of face-to-face or online training to increase staff participation, well outside the status quo for CHCC. As a result, communication must prepare stakeholders for the upcoming change by helping them to comprehend the rationale behind the change.
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Both Duck (1993) and Kotter (1996) advocate that the right communication, tailored for specific stakeholder audiences, is imperative to ensure successful change. With any change initiative, the ability to communicate and encourage the desired action is imperative (Kolzow, 2014). At the onset of any change, communication from leaders has the power to influence and guide the actions and behaviour of employees (Chaudhry & Joshi, 2018). Kotter (1996) asserts that it is necessary to communicate the change vision to stakeholders using a variety of channels.

A communication plan for change therefore serves to inform stakeholders of what is going to change, the benefits of the change, and the expected outcome of that change (Kulvisaechana, 2001). The change communication plan must be persuasive, as it is an essential and necessary aspect of change management, an essential skill for transformational leaders (Hackman & Johnson, 2018). Transformational leadership calls upon the change agent to use transformational leadership to promote interactive, nurturing, visionary, and empowering communication among employees (Hackman & Johnson, 2004). This is because transformational leaders are concerned with the overall well-being and the personal growth and development of employees (Men, 2014). The Manager of Education will first communicate the problem and required change to the leadership team in a meeting with them to reiterate the required change. The team managers, along with the Manager of Education, will then communicate the change initiative at the face-to-face team meetings with the RNs. The type of communication the Manager of Education will be using will be transformational, as communication is normally well-received when the leader is transformational (Chaudhry & Joshi, 2018). Transformational communication takes place when a leader is able to stimulate, motivate,
and move employees to support the leader’s vision, with the inspiration that the vision will produce a greater good for all stakeholders (Harrison & Mühlberg, 2014).

Transformational leaders effectively use communication and teamwork to help people solve problems, articulate inspiring messages (Jiang & Chen, 2018), and clearly convey performance expectations (Wang & Howell, 2012). It is necessary for these supportive leaders to draw on effective communication skills, as this helps build trust and respect (Gonzalez & Sutton, 2013). The Corporate Finance Institute (CFI) (2015) asserts that a transformational leader must ensure open channels of communication and accept constructive employee suggestions where necessary. Kolzow (2014) also contends that the lines of communication must be open, so employees are at liberty to freely share ideas in a supportive environment. As the change agent, I will draw on these principles along with my effective communication skills to motivate and move employees to support the change vision, inspiring the RNs that this vision will be beneficial and produce a greater good for patient safety, for them as licensed professionals, and for CHCC as their employer.

Communication with Stakeholders

Communication is essential at various stages of the change: during implementation as short-term wins are being realized, and over the long term as monitoring and evaluation start to take place. It is important that communication be tailored to the different audience groups (Newman, 2016), as the proposed change in this OIP requires broad support from various members of the organization. There are three key stakeholder groups critical to the success of this change initiative. These stakeholders are the Senior Leadership Team, the Managers and Team Leaders of the RNs, and the
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RNs themselves. The need to improve staff access to training needs to be communicated differently for each of these stakeholder groups, as their concerns and focuses will be different.

**Senior Leadership Team.** The success of any change communication plan will depend on a clearly defined, meaningful, well-understood, and accepted organizational vision statement that is supported by the leadership team (Barrett, 2002). For the purposes of this OIP, the Senior Leadership Team includes the CEO, VP of Operations, VP of Finance, VP of Client Services, Director of Operations, Director of IT, Director of Quality & Risk, Directors of HR & Finance, Director of Nursing, and Director of Therapy. At CHCC, the Director of Operations is a RN and plays a lead role in overseeing and providing leadership to the RNs. For this reason, the Director of Operations will be essential in addressing and promoting the desired change as the senior leader responsible for overseeing CHCC’s staff education and Education Department. During implementation, the Director of Operations will play an imperative role in supporting and moving the OIP forward. The Senior Leadership Team, as a whole, are extremely influential within the organization, and play a crucial role in the success of this OIP. Their positional power as lead influencers of the organization will serve to “facilitate top-down and promote bottom-up change” (Gaubatz & Ensminger, 2017, p. 142). Undeniably, their endorsement, support, and promotion of the proposed change is imperative.

Communication with the Senior Leadership Team will focus on two key messages: that the proposed change aligns with CHCC’s current strategic plan of developing the workforce (CHCC, 2017b), and that the organization needs to increase
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staff performance through training to increase competency, minimize errors, and increase patient satisfaction, and that together, these will result in maintaining a competitive advantage over other organizations competing for the same service contracts.

Managers and Team Leaders of the Registered Nurses. Given that the Managers and Team Leaders of the RNs play an important supervisory role for the RNs, they are the second stakeholder group that requires specific messaging in the communication plan. Beatty (2015) suggests that Managers and Team Leaders should demonstrate support of change initiatives and be diligent in their communication efforts throughout the initiative. For this group in particular, delivering persuasive messages to their frontline staff that speak to the rationale behind the urgency for change using evidence-based data which supports the need for change is an effective strategy to help persuade them to buy into this change initiative. As they are leaders in a profession which values data for the purposes of continuous quality improvement and optimal patient care, communication with this group of frontline Managers and Team Leaders needs to include useful data, and a strong argument for why the change initiative is necessary (Datnow & Park, 2014). The data used to support the need for staff training will include nursing incident reports which show the preventable mistakes and errors the RNs make (CHCC, 2019f), patient complaints to CHCC regarding RN competency which illustrate a deficit of knowledge, skills, and professional judgement (CHCC, 2019e), and the historic low attendance rates at RN training sessions (CHCC, 2018f).

Given that this group is already accustomed to supporting their staff through organizational change initiatives, communication with this group will focus on providing them with resources to help them support their staff during the change process. In
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addition, the Education Department will share examples of questions and messaging from staff, so managers and Team Leaders can provide better communications support to their staff. Supporting CHCC’s RNs during change can entail having conversations with staff to understand what they like and do not like about the change, and teaching the leadership how they can support staff to see the benefit in the change and embrace it. The Education Department can also use the available resources to direct staff to required information regarding the change.

Registered Nurses. The third stakeholder group important to the proposed change are the RNs themselves, around whom the change is centered. Strategic employee communication is necessary to the success of any organization, and in the absence of it, change is impossible, leading to failure in change management (Barrett, 2002). DiFonzo and Bordia (1998) add that poorly managed change communication efforts result in employees spreading inaccurate information and a possible increase in staff resistance to change. For this reason, it is critical for the RNs to receive targeted, appropriate, and timely communication, as this serves to improve engagement (Bourne, 2016).

Similar to the leadership team, RNs also value evidence-based decision making, so leveraging research and internal data to support the rationale for the introduction of the new training process will be an integral part of the communications with this stakeholder group. More specifically, internal data that shows the extent of practice mistakes and errors and literature and research on the importance of the RNs receiving ongoing training to avoid such mistakes and errors will be used to promote the need for the change (Becher & Chassin, 2001). This is particularly important messaging given that these employees work remotely in the community and in patients’ homes outside of the organization’s
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offices. For the purposes of not working on-site and having access to information as community healthcare professionals, the RNs need to be made aware that this change initiative will help increase their access to ongoing training which is normally more readily available to staff who work in an office setting.

The communication plan for this audience will need to clearly articulate the benefits of supporting the change improvement plan (Bourne, 2016). It will also need to demonstrate how the change plan has been designed to solve the issue, assure the RNs that it will help improve their knowledge and skill levels on the job, and remind them that they will continue to be reimbursed for participation in training.

Four Phases of the Communication Plan

Cawsey et al. (2016) discuss the importance of having an effective communication plan that spans the entire change process. These authors propose a four-phase communication plan which includes pre-change, developing the need for change, midstream change, and confirming the change phase. The messaging and approach to communication will depend on the phase of the change, and the particular stage of change as identified in Kotter’s Eight-Step Model of Organizational Change (1996).

Pre-change phase. Cawsey et al. (2016), Duck (1993), and Kotter (1996) highlight the significance of communication from the onset of any change initiative. As identified in the previous chapter, Kotter’s Eight-Step Model of Organizational Change was used to describe the process of change. This section will draw on those steps in the change process to articulate the communication objectives, messages, and strategies that will be instrumental in implementing successful organizational change. In this preliminary phase of change, communication is used to build rapport, articulate the
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problem, get stakeholders to understand the issue, and establish and build trusting relationships with the coalition (Kotter, 1996). Tams (2018) asserts that successful organizational change initiatives must start from the top, while Cawsey et al. (2016) uphold that, in this phase, communication from leaders can be leveraged to influence other stakeholders in the desired direction.

At CHCC, the Office Managers and Team Leaders work closely with the RNs, and they understand the issue of staff access to training and can therefore appreciate that offering both face-to-face and online training options can increase access to training. Face-to-face communication will be the primary form of communication. This is because transformational leaders are encouraged to use information-rich face-to-face communication channels when communicating with stakeholders (Men, 2014). The approach to communicating with the Senior Leadership Team, consisting of the CEO, VPs, and Directors, will be formal and face-to-face, set during a Senior Leadership Team meeting. The Manager of Education must provide stakeholders with evidence that the status quo is no longer suitable if the organization is to remain successful (Self & Schraeder, 2009).

Table 3.2 identifies the communication strategy for the pre-change phase for the first group of people who will need to be persuaded to support this change, the Senior Leadership Team. Using internal organizational supportive data, along with external data from opinion leaders (e.g., regulatory body, accrediting body), a strong persuasive case for the need for change will be made for this group of top leaders in the organization. The presentation will focus on how the desired change aligns with CHCC’s strategic plan of developing the workforce and how this will help develop staff competency and minimize
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practice errors. A key aspect of this pre-change phase is to form a strong coalition with the Senior Leadership Team, as I persuasively create a vision for change (Kotter, 1996). Historically at CHCC, the leaders appreciate receiving emails of information presented for new initiatives and associated documents post-presentation (CHCC, 2018c). As a result of this organizational cultural expectation, a follow-up email of the key messages from the change initiative will be reiterated in an email to the Senior Leadership Team.

Table 3.2 - Communication Plan for Pre-Change Phase

<table>
<thead>
<tr>
<th>Audience</th>
<th>Communication Strategy and Messaging</th>
<th>Communication Channels</th>
</tr>
</thead>
</table>
| Senior Leadership Team    | • Identify the organizational problem and the importance and urgency; promote access to training solutions for the RNs.  
• Use supporting internal data and external data from opinion leaders to make case for need for change.  
• Articulate how change aligns with strategic plan, will help develop staff competency, and minimize practice errors.  
• Email follow-up to highlight the proposed change details, and the expected outcomes of 100% staff training participation rate. | • Face-to-face at Senior Leadership Team meeting  
• Follow-up email |

**Developing the need for change phase.** The second phase of the communication plan is to communicate a clear convincing rationale for the proposed change (Cawsey et al., 2016). Kotter (1996) supports this communication of the vision for change as one of his Eight Steps for Organizational Change. In this phase, a strong convincing sense of enthusiasm for the initiative should be articulated with the next group of stakeholders who need to be communicated to about the change: the office Managers, Team Leaders,
and the RNs. Kotter (1996) asserts that consistent communication is required at this
vision phase to promote consistent information and dispel any inconsistent messaging. A
main objective of this phase of communication will be to communicate plans to explain
the need for change, and the accompanying rationale and steps for the change. Messaging
to this group of stakeholders will consist of the urgency for the change using both internal
and external data. The use of data is required to justify the need for the change for those
who will be affected by the change (Cawsey et al., 2016). If the stakeholders understand
the data along with the strong argument for the need for the change, it will help convince
them that increasing staff access to training is imperative. In addition, the messaging will
promote the approach of giving staff the choice of participating in either online or in-
person training, conveniently completing the training remotely or on-site. Similar to the
pre-change phase communication with the Senior Leadership Team, the transformational
leadership-inspired communication channel with the Office Managers, Team Leaders,
and RNs is face-to-face communication at each of the office team meetings. Table 3.3
identifies a communication plan for developing the need for change.

Table 3.3 - Communication Plan for Developing the Need for Change Phase

<table>
<thead>
<tr>
<th>Audience</th>
<th>Communication Strategy and Messaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Managers,</td>
<td>• Change is necessary and urgent as per supporting internal data (e.g. internal organizational statistics, and external data from opinion leaders including the regulatory body, and accrediting body to make a strong case for need for change.</td>
</tr>
<tr>
<td>Team Leaders, and RNs</td>
<td>• Provide examples of how providing staff options in training delivery has increased training participation rates.</td>
</tr>
<tr>
<td></td>
<td>• Encourage staff participation in ongoing</td>
</tr>
<tr>
<td>Communication Channels</td>
<td>• Face-to-face Office Team Meeting</td>
</tr>
</tbody>
</table>


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| Training, either face-to-face or online (whichever approach is more convenient for them). |
| Provide concrete examples of how to support staff. |
| Anticipate staff questions and respond accordingly; if not sure how to respond, reach out to Education Department for coaching and support. |

**Midstream change phase.** In this mid-phase of the change, the change is implemented, with the stakeholders looking to have specific information communicated to them regarding the future change plans and how the plan will roll out (Cawsey et al., 2016). Kotter’s (1996) Eight Steps for Organizational Change identifies this step as “empowering quick action.” With a new process or system in place, training needs to occur in order to help the employees understand the process (Cawsey et al., 2016). For this reason, intentional strategies are needed to communicate the right information in a timely manner. Cawsey et al. (2016) assert that, in the middle of a change, people need to be informed of the progress made with regard to the change initiative. The change agent watches out for and seeks to understand and resolve any developing misconceptions, while still remaining excited about the change and continuously communicating enthusiasm (Cawsey et al., 2016). Identifying and celebrating progress, achievements, and milestones are also necessary to maintain ongoing commitment to the change (Welch & Welch, 2007). Both Cawsey et al. (2016) and Duck (2001) indicate that recognizing and celebrating early wins and successes are necessary in this phase and will help maintain interest and enthusiasm during the change.

During this phase, the change agent’s focus is on obtaining feedback from employees regarding acceptance of the change and how their attitude has been affected by
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the change (Goodman & Truss, 2004). Clear, honest, and timely messages from the Manager of Education to all stakeholders will be necessary to manage any uncertainty or possible resistance to change from rumors, gossips, or sheer negativity (Nelissen & van Selm, 2008). Potential criticism, resistance, and frustration with the online training may emerge. As a result, it is imperative that communication around the importance and need to integrate technology to as an alternative to the in-person training in order to increase staff access to training will be necessary. Another approach to help mitigate the potential resistance around the online training is to communicate to all stakeholders that the Education Department and IT Department will be available to support any challenges and issues they may experience around online training. They will also be informed about the existence of the how-to resource video and PDF guide for the RNs on how to use the LMS training platform. The communication for the Senior Leadership Team during the midstream change phase will entail providing an update on the change initiative to date. This will also be an opportunity to share some success stories of positive experiences staff are having with the online training option. Communication with the Managers, Team Leaders, and RNs during this phase will also focus on providing an update on the change initiative to date along with sharing of some success stories. This group will be engaged in continuous dialogue about the rationale for change and anticipated benefits of the change and be solicited for feedback on the RNs on the change experience. Table 3.4 summarizes the communication plan for the midstream change phase.

Table 3.4 - Communication Plan for Midstream Change

<table>
<thead>
<tr>
<th>Audience</th>
<th>Communication Strategy and Messaging</th>
<th>Communication Channels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midstream Change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and Milestone</td>
<td>Communication Plan for Midstream</td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td>Change</td>
<td></td>
</tr>
<tr>
<td>Strategy</td>
<td>and Messaging</td>
<td></td>
</tr>
<tr>
<td>and Messaging</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Confirming the change phase

This final phase of the communication plan stresses the importance of informing stakeholders of the success of the change and celebrating the change as a whole, as well as setting the stage for the next iteration of the change cycle (Cawsey et al., 2016). Leaders are to facilitate successful change through overt celebrations of the progress made (Carter, 2008); celebrating the success of the change process helps foster organizational cohesion and sustain the change efforts (Gesme & Wiseman, 2010). Kotter’s (1996) Eight Steps for Organizational Change assert that it is necessary to build on the change and communicate about institutionalizing or embedding the change over the longer term, and anchoring and making it stick.

Communication during this phase will focus on sharing data demonstrating the success of the change and sharing positive feedback on the change from selected RNs. The messaging during this phase will also include congratulating the RNs and their office leadership for the success with this change. The leaders will also use this as an opportunity to encourage them to continue with the initiative, and reach out to the Education Department with any questions and feedback they may have. During the

| Senior Leadership Team | • Provide update on change initiative to date.  
| | • Share some success stories of positive experiences staff are having with the online training option.  
| Managers, Team Leaders, and RNs | • Provide update on change initiative to date.  
| | • Share some success stories of positive experiences staff are having with the online training option.  
| | • Continue dialogue about rationale for change and anticipated benefits.  
| | • Further promote the change initiative and remind staff of its benefits.  
| | • Collect feedback from staff on what they like about the change experience and what they would recommend changing.  
| | • Face-to-face Senior Leadership Team meeting  
| | • Face-to-face Office Team Meeting  

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**Kotter’s (1996) Eight Steps for Organizational Change**

1. **Create a sense of urgency.**
2. **Form a guiding coalition.**
3. **Develop a vision and strategy.**
4. **Communicate the change vision.**
5. **Empower broad-based action.**
6. **Build bridges to the future.**
7. **Anchor in the new culture.**
8. **Consolidate gains and produce more change.**

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meeting, the participants will be given the opportunity to provide feedback. Table 3.5 is an overview of the communication plan for confirming the change phase.

Table 3.5 - Communication Plan for Confirming the Change Phase

<table>
<thead>
<tr>
<th>Audience</th>
<th>Communication Strategy and Messaging</th>
<th>Communication Channels</th>
</tr>
</thead>
</table>
| Managers, Team Leaders, and RNs | • Share data demonstrating the success of the change initiative and share positive feedback from selected RNs.  
• Ongoing dialogue to continue to promote change, address any concerns, and offer ongoing support for the change.  
• Share selected positive staff feedback regarding change experience.  
• Congratulate them for the success in the change initiative and thank them for their support and contribution with making this change a success.  
• Solicit staff feedback on the change initiative during the meeting. | • Face-to-face Office Team Meeting |

It is imperative to note that, for successful change to occur, communication in relation to the change must be frequent, insightful, use a variety of methodologies, and be able to engage the RNs throughout the change process (Gilley, Gilley, & McMillan, 2009). Communication is more than a simple transference of data; communication must rather be purposeful, to the point, and in alignment with the desired actions or outcomes. Also, ensuring the members of the Change Team are the right influential individuals to be involved in this change from the very beginning, and are representative of the voice for positive change as it relates to this specific change initiative, is necessary for an effective and successful communication strategy. Communication has been an imperative theme in this OIP and its importance must continue to be upheld throughout this change.
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Conclusion

Chapter Three further emphasizes that limited access to staff training necessitates an increase in access to training for the organization’s nurses who work remotely. The solution of expanding the Education Department and offering staff a choice between participation in online or in-person training was developed in this chapter to cultivate a stronger learning culture for CHCC’s RNs. The strategy of leveraging technology to expand CHCC’s training delivery options to create the desired change of translating the vision to action was explored from an implementation, evaluation, and communication perspective. This OIP employed the Change Implementation Plan and a PDSA model as tools to improve the process for monitoring and evaluating the change initiative. A detailed communication plan identified the necessary stakeholders, key messages and strategies, and communication channels. With time, the process of improvement will become a part of the CHCC’s organizational and professional identity and competitive capital. The chapter concluded with next steps and future considerations required to make this change successful, including having the OIP endorsed by CHCC’s senior leadership, and the implementation and the resulting successes celebrated and shared with both the internal stakeholders as well as the external stakeholders.

Next Steps and Future Considerations

This OIP will be shared with senior leadership, and with their endorsement, CHCC’s project plan template will be used to document and action out this change initiative with the key Change Team members and departments identified in it. The project plan will serve as a trackable, accessible, and updatable master change plan which will guide the change and the actions of the Change Team. It will include elements of the
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goals of the change, implementation, communication, monitoring, and evaluation actions outlined in the OIP. Using a number of suitable communication channels during this change initiative to engage the RNs and other stakeholders while providing them with direction, support, and soliciting ongoing feedback will serve as a model for future change in the organization.

CHCC needs to continue to promote a culture of organizational learning and continued improvement. Once the OIP is successfully implemented among the RNs, the change initiative can be extended to other CHCC employee groups, starting with the other group of Regulated Health Professionals, the therapy staff. As noted by the respective therapy regulatory bodies, physiotherapists, occupational therapists, speech-language pathologists, and social workers are also expect to engage in ongoing competency development and continuous improvement (Canadian Association of Occupational Therapists, 2016; College of Audiologists and Speech-Language Pathologists of Ontario, 2020; College of Physiotherapists of Ontario, 2018; Ontario College of Social Workers and Social Service Workers, 2019).

In regard to external stakeholders, two audiences who might be interested in knowing about this OIP are CHCC’s accreditation body, Accreditation Canada, and CHCC’s funder, the LHINs. CHCC has an opportunity to demonstrate to Accreditation Canada during future accreditation processes that it is engaging in ongoing quality improvement through staff training. It also has the opportunity to demonstrate to the LHINs the positive work it is doing to improve access to training for its staff as a necessary step towards the organization’s commitment to excellence in healthcare.
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If there is any major lesson for corporate educators to learn from the present COVID-19 global pandemic for future consideration, it would be that organizations that are able to effectively and strategically leverage technology to train their staff remotely are at an advantage compared to organizations that are not. This pandemic has further shown the need for innovative and forward-thinking organizations to take the necessary proactive steps to build their online training platforms and be technologically ready to move their staff training online if required, so that competency development opportunities are not interrupted, and business is not negatively impacted during a pandemic or a future emergency situation.

OIP Conclusion

The focus of this OIP was to investigate the problem of practice of limited access to ongoing training resources for a large group of RNs working remotely at CHCC, a community and home care organization. This problem was investigated through the use of transformational and supportive leadership theories, and Kotter’s (1996) Eight Steps for Organizational Change were integrated as the change model. Three solutions were explored to address the problem, with the ideal solution of hiring an additional staff member for the Education Department, and offering staff the choice between participation in online or in-person training identified.

This proposed change initiative supports the ideology that technology is the way of the present and the future, and must be leveraged in the workplace in order to facilitate ongoing employee learning and development. While a focus on expanding the Education Department and integrating technology represents a more modern change in practice, with employees as a key asset to the organization, developing their capacity through access to
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knowledge and skill development is a priority. The approach to competency development proposed in this OIP provides a starting point for CHCC to intentionally prepare its RNs to maintain ongoing competency through 21st century technological solutions to staff training.
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