Evaluation Research: the continuing education of health service staff.

J.M. Kilty B.Sc(Hons). A.R.C.S., Ph.D.
Lecturer in Adult Education, University of Surrey

Mrs N. Paxton B.A.
now Administrative Officer, Mathematical Institute, Oxford University

1975

This paper is an account of our approach to this project with additional commentary. It was unfinished at the time and therefore unpublished even though this had been intended due to personal life changes and a change of direction into new projects. It is offered here after re-discovery some 50 years later hoping it will have some value and benefit to someone conducting a similar project or interested in one of the many eras of reorganisation of the UK NHS and the implications thereof. It also demonstrated the success of the ‘extended team’ approach to context evaluation at least.

J. M. Kilty 2026

james@jameskilty.co.uk

Background

The bringing together of community and hospital services in a unified administration of the reorganised Health Service has brought many changes for health care workers. Increased emphasis on services in the community, new managerial structures, new geographical boundaries alongside a growing emphasis on the continuing education of all professional staff led the South West Thames Regional Health Authority (RHA) to reconsider its educational provision for professional staff.

Community workers posed a particular problem in view of these changes and especially since those within Greater London had hitherto had direct access to courses provided by the London Boroughs Training Committee (LBTC).

The decision by the RHA to makes its provision for all staff on a Regional basis (including Area and District based provision) led to a series of exploratory discussions between officers of the RHA and the Dept. of Adult Education of the University of Surrey. These were to determine whether a research and development project could be mounted to aid the RHA in planning its future provision.

Rationale

These discussions defined the scope and duration of the project, established the basis of the professional working relationships between the research team and:decision makers, and set the level of involvement at that of context evaluation, (Stufflebeam, 1971a) that is the identification of unmet needs, the diagnosis of problems which prevent needs being met, the provision of a rationale for determining needs and for identifying potential methodological strategies. This was therefore to effect the provision of more complex bases for informed judgement (Pace, 1968).

Such evaluation, using external consultants is being increasingly used by institutions, as it enhances the possibility of achieving creative solutions to existing problems, by opening alternatives not easily generated within the structures of institutional boundaries which are set historically. Indeed many have suggested that timely , “external evaluation is necessary to optimise development” (Lortie, 1970)

Critical to the potential success of the project was the development during this period, of an agreed rationale (Kilty & Potter, 1976). These included two elements: limited objectives; and the adoption of an ‘extended team’ approach (Kilty, 1975, 1976). This was to satisfy the requirements of the evaluation research model being used, within the limits of a small scale research project tackling a large scale problem. It should be noted that the resources allocated to this project were equivalent to about 2 man-months work. This should be compared with 1-3 man-years, typical of much educational research in Universities. Optimisation was therefore particularly critical.

The model took evaluation as “the process of delineating, obtaining and providing useful information for judging decision alternatives” (Stufflebeam, 1971b).

The objectives agreed were to

1) establish training needs
2) identify some priorities j
3) provide a broad set of questions relating to training needs
4) provide possible answers, alternatives and suggestions for some of these questions.

It was also agreed that the research would contribute to the development of a framework in which to set educational needs (of all kinds) in a broad perspective.

Research design

The ‘extended team’ approach recognised the complexities of a multi-professional institution; the resistance to change present within any institution at different managerial levels and the need to involve the decision-makers, or representatives of these decision-makers. This is to help identify the kinds of decision likely to be made, the relevant information required, and the way in which the information and influences drawn from the research would be judged.

The Research Steering Committee was selected to sample the Region’s decision-makers from each profession and from the social work profession | Its membership included

- a Social Work Training and Development Officer
- Regional Education and Training Officers
- an Area Medical Specialist
- a District Community Physician
- a Head Occupational Therapist (liaising with other paramedical groups)
- a Director of Nurse Education
- Regional & Area Nurses
- a District Nursing Officer
- a Nursing Research Liaison Officer
- a Senior Nursing Officer (in-service training)
- a Director of a National Institute

The Research Team then liaised with those who make policy about educational provision, those who make decisions about immediate provision, those who control financing of courses and secondment of staff, those who plan and administer courses, and managers who influence the development of their own staff.

The ‘extended team’, or Research Steering Committee met three times to consider proposals, hear about progress, make suggestions, review the draft report, and use the Delphi technique (Cythert and Gant, 1973) to produce a final version.

The first meeting of the Project Steering Committee received a discussion paper stating Stufflebeam’s definition of evaluation and agreed a set of terms agreed a set of terms of reference as follows.

1. To represent the views of other individuals and groups in the fullest sense. To provide data from these groups and to keep them informed of research progress.
2. (i) To collaborate with and advise the Research Team in delineating information relevant to decision making about continuing education provision,
   (ii) To ensure that the Research Team is adequately informed about kinds of decisions to be made and the criteria for judging information provided.
3. To liaise as necessary with the Steering Party considering training activities on cessation of support by the South West Thames Regional Health Authority of the London Boroughs Training Committee. t

The parallel Steering Party had a more specific brief which involved planning the in-service programme in more detail. It operated in two phases in which there was

1) common membership with the research-Steering committee and Research Team to enable continuous feedback from the research project
2) translation of the findings of the research into detailed plans for implementation.

Research implementation

The extended team itself, was a-rich source of ideas and provided many leads and information for us to check in field work. Team members provided us with an entrée into a variety of groups such as committee meetings and became research associates who carried out data gathering on our behalf.

This use of 'research associates' who put questions to professional meetings as an addition to their normal agenda has greatly extended the scope of the research far beyond that achievable by two individuals working to a restricted budget.

The network of data gathering was wide, involving staff of different disciplines,and of different grades, throughout the region. We corresponded with administrative staff, some of whom were known to oppose the research, inviting their collaboration, and suggesting, specific ways in which they might help. We used already arranged professional meetings, study days and teaching sessions on an opportunist basis for this purpose. They carried out brainstorming exercises and structured discussions often led by Steering Committee members and others. We selected individuals and groups from the great range open to us, to sample the various professional and voluntary groups, involved in health care, systematically and on a geographical basis throughout the Region and at a National level. We attempted to optimise the validity of the research in our sampling, and in the questions we put to individuals and groups.

This we did by a cyclic process of consultation, in which individuals and groups were systematically consulted about needs they saw for their own and other professions.

In the initial stages, we found open-ended interviews and discussions and brainstorming methods most fruitful and productive of ideas and of problems faced by community and hospital and by doctors. We clarified and checked these perceptions both within 'that' professional group and with other groups, as interviews and discussions became more structured to enable us to focus our enquiries on issues as they emerged (Parlett & Hamilton, 1972).

In drawing inferences from the information received, we were always careful to cross-check our findings with at least two independent individuals or groups to effect 'triangulation' (Webb *et al.* 1966).

It may also be noted that problems within one professional group were often much more readily by other groups. For example, the concept of 'caring' as related to 'curing' and not as including enabling the various strengths of individuals to grow, their potentials to be realised (Kiernan, 197?) and their difficulties and weaknesses to be overcome or adapted to. And again, awareness to see the patient as a 'whole person', temporarily moved from one important environment (home, work) to an unfamiliar one, tends to be seen more acutely by psychiatric, community and paramedical workers, rather than by hospital nurses and by doctors. Likewise, the difficulties and rigidities of medical staff and also senior management are perceived more readily by non-medical staff and by practitioners respectively.

Many of the problems highlighted for us what are obvious problems and possibilities in different profession whilst retaining their own specialist skills having overlapping roles. The obvious problems are of demarcation, of recognition of another's hard earned skill, of limits to the individual's own rôle e.g. as clinical leader not team manager. The possibilities are of meeting individuals' needs in the most appropriate way, at the time when the needs arise, and in effective team work which may involve delegation, and certainly good liaison.

One example of the influence which research of this kind can have on individuals involved, was the realisation by a staff member responsible for in-service training that the "problem centred' approach adopted in a dual data-gathering and educational exercise was superior to the 'solution centred' approach of more traditional courses (Eraut, 1972).

As another example,after a 2-hour problem-solving exercise, trainee nurse teachers came to realise that they did not really understand the different roles of the many community health workers, and had essentially worked in isolation from them in the past.

One difficulty posed by this method occurred when a member of the Steering Committee tried to gather data from a meeting of the entire Regional group he 'represented'. Firstly, there was resistance to the specific 'ad hoc' method used, viz., to 'brainstorm'. Secondly; the group questioned the project validity and wanted to influence the research design without having been party to the early discussions. This indicated the need for full briefing of important 'political' figures; i.e. the verbal briefing given was not considered sufficient. This kind of difficulty posed constraints to the step-by-step progressive illuminative strategy adopted.

Interpretations

As our work progressed it became clearer that two specific broad issues were of concern to most of the people consulted and that there was large measure of agreement about how these issues might be tackled.

The first was the need to have an agreed philosophical base in which to set the notion of staff development, as a self-initiated and institution- supported concept. Such a philosophy was outlined in the Report (Kilty and Garner 1975) and will be the subject of another paper.

The second was the realisation that the ascertained felt needs could be met by provision which ranged from organisational change at the one extreme to educational provision at the other. As small examples to illustrate this principle, communication problems can be solved (and have been) by the development of codified procedures designed to avoid the recurrence of such problems. They can also be solved (and have been) by structured learning exercises in courses which simulate the realities of communication in practice and thus help participants to become committed to good communication practices. Case conferences with all relevant staff present, using carefully selected real cases in the institutional setting provide a solution which whilst organisation-centred, is educational in practice, but does not involve practitioners attending a course. This way of meeting needs, like self-directed development, encouraged by colleagues and managers, lies halfway between the two extremes mentioned.

There was a very large measure of support for these ideas in principle, particularly in view of the obvious expense in money and valuable practitioner time, of sending people away from work, to attend courses. Regrettably, time did not allow us to develop strategies for enabling the adoption and dissemination, of some of the options following the work of David Towell and the Tavistock Institute.

We chose with support from our Steering Committee offer our findings in the form of

1) a brief statement of the need
2) a question about meeting the need
3) suggested alternative and complementary answers to the question, showing some ways of meeting the identified need.

This allowed us to structure the report logically, as often the answers to these questions implied further needs. All such answers were either generated by members of the different professions consulted or generated by ourselves or Steering Committee colleagues and checked in our consultations or in the Steering Committee discussions,

Some specific findings

We recognise that the needs we ascertained would not hold uniformly across the whole Region, and equally for all professions involved. Nevertheless we identified seven outstanding areas of need, which whilst interdependent for the most part could be thought of as reasonably distinct from each other. These are fully detailed in our Report, as are our suggested decision alternatives. What follows is elaboration and comment on these need areas:

- Staff Development
- Staff Appraisal
- Role, and the related concepts of Teamwork, Communication and Liaison
- Interpersonal skills
- Research
- Law
- Technical and clinical skills.

The order we presented these indicates for the most part, our ordering of these needs in terms of priority. In particular, we put Technical Skills last, as needs in this area are most readily identifiable, and in a large measure met on an on-going basis through study days, in-service lecture programmes, and individuals updating themselves by reading and by visits and discussions with staff on new developments.

In the matter of Research we were particularly glad to be able to draw on earlier work (Lancaster, 1975) in respect of research and the nurse and extend it to all professional health care groups and individuals. Whilst we recognise clear differences between the professions in this regard, the multi-professional Steering' Committee were able to endorse and support our extension. We do, however have reservations on the research designs which often operate in practice, as they often are unable to provide significant data in such a way as to convince practitioners about their applicability. This, however, is a general criticism which can be applied to psychological, sociological, medical, educational and other professional research (see also Argyris & Schön, 1974). Evaluation research and other action research designs (e.g., McKernan, 1976, Towell & Clark, 1975) are required much more often, than actually used.

Initial education for all the professions seems to require substantial development in respect of some of the needs we identified. This is particularly true for self-direction and self-initiated education, (or self-actualisation (Maslow, 1970)). These involve awareness of the individual's own skills, strengths and weaknesses, a self-critical questioning of the individual's practice, a comparison of theories-in-use with theories-in-practice (Argyris & Schön, 1974) and goal setting and monitoring.

It is particularly true in regard to the need for a systematic development of the interpersonal skills so necessary for good professional practice and for the promotion of effective working relationships between colleagues. The origins of the great and perhaps surprising deficiencies we found in this area, certainly relate to the apprenticeship schemes which operate for much of what is thought of as professional education, and perhaps also to the many distresses experienced in professional life and the severe responsibilities for life and death with which many health care professionals are charged. This we believe often leads to inappropriate behaviours which are defensive in nature but which transfer to the detriment of good working relationships e.g., autocratic managerial methods, the adoption of inappropriate autocratic roles in teamwork etc.

Other needs

Although the project was primarily concerned with community based health care staff we consulted sufficient hospital based staff, their managers |and national figures, to confirm that all the needs applied equally if not more to them.

Issues involved in teaching, however, did not seem so acute in the community. There are important needs in respect of: the counselling- educational role of the professional health care worker in relation to his client/patient; the skills required by those who teach formally and informally in clinical practice; and of the skills required by otherwise constrained teachers invited to contribute to the initial and in-service education of health-care professionals. The corresponding needs to develop further the many technical skills acquired by the trained teacher and to acquire the many new competences available to the modern professional teacher are also great. There are large variations here between individuals and between professions in spite of the work which has been done elsewhere (references?).

In our report we did not highlight the specific staff development and role needs which are associated with promotion, nor the corresponding needs to identify the skills, commitments and insights required to engage in the,often very different practices of the more senior position. This is acute in the step from practitioner to manager, and when senior managers work side by side with others educated in quite different ways, especially so for senior nurse managers.

Some comments and conclusions

A healthy institution will foster the sense of competence of its members, the satisfaction of their needs to be by success with challenging opportunities, and by taking responsibility (Argyris & Schön, 1974). It will promote discussion of its purposes and continuous evaluation of the extent to which its practices meet these purposes and compare with other possible practices. It will attempt to meet the needs identified as discrepancies in this evaluation. It will do this allocating resources appropriate to assisting the growth and development of its members, and the adoption of new practices maintaining the same standard of service to the community, the ultimate purpose of any institution. It will encourage its members to discuss needs openly and critically, and with members of other professional groups with skills to help. It will invite external consultants to enable this process to germinate and grow (Towell & Clark, 1975). It will promote research into the effectiveness of its practices and will change where necessary. It will encourage its members to develop new skills and insight both from within the organisation and by utilising the many educational opportunities outside the organisation for which there are many agencies: professional bodies, universities, Local Authorities etc. It will encourage educational institutions to create opportunities to meet these needs where they can be met better from outside.

We emphasised in our report that it is possible to achieve multiple aims in courses and study days. Thus, updating in new techniques can be used as a vehicle for staff development, research awareness and even for interpersonal skills, if appropriate course designs are used. This will enable more effective use of resources in the long term.

We ourselves have been particularly pleased to set up such an opportunity recently, by providing a series of three discussion-seminars for senior nurse-managers, from Regional, Area, District (and Divisional) levels. It has used the project report as a basis for discussion and has tackled issues of organisational health and the problems of change (Kilty & Potter, 1976b). Such problem-centred approaches have been gaining adoption in recent years and represents an imaginative and courageous approach on the part of managers to organisational development.

In conclusion

The ‘extended team’ (Kilty, 1975) approach to the project succeeded beyond all expectations. Not only did the members provide guidance, to ensure the project remained ‘on track’ and ensure validity to the process and its product but it created a system where many of the team acted as ‘research associates’, creating entrées to colleagues who gave their inputs directly or more importantly indirectly through their own active participation. This multiplied the data many times more than could have been achieved by the 2 researchers on their own further enhancing the acceptability of the results and the likelihood of takeup by members of all the professions represented, having had their voices heard.

References

Cyphert, F., & Gant, W. (1970). The Delphi Technique: A tool for collecting opinions in teacher education. *Journal of Teacher Education*, 21, 417-425.

Eraut, M. (1972) Inservice Education for Innovation. *Occasional Paper N.C.E.T.*

Kiernan, C 197? A paper published whilst at Birkbeck from his work with disabled people.

Kilty, J. M. (1975) Curriculum Evaluation and decision making in two innovatory courses in Higher Education, unpublished PhD thesis, University of Surrey.

Kilty, J. M. (1976) Can nursing research learn from Education Research? *International Journal of Nursing Studies.*

Kilty, J. M. & Garner, N. (1975) Community Staff Training Project: an investigation into training needs. SW Thames RHA and Department Adult Education, University of Surrey.

Kilty, J. M. & Potter, F. W. (1976a) Nursing Education research management establishing priorites and optimising the use of resources: a methodology. *Journal of Advanced Nursing* Vol 1, No. 2

Kilty, J. M. & Potter, F. W (1976b) Report on a series of discussion seminars on Staff Development.

Lancaster A. (1975). Guidelines to research in nursing. 1. Nursing, nurses and research. *Nursing times*, *71*(20), suppl:42–44.

Lortie, D. C. (1970) ‘The Cracked Cake of Educational Custom and Emerging Issues in Evaluation’ in *Evaluation of Instruction: Issues and Problems.* Wittrock, M.C. & Wiley, D. (eds). Holt, Reinhart & Winston,.

McKernan, J. (1976) Clarifying values in the classroom *The Social Science Teacher Vol 6, (1)*

Maslow, A. H. (1970) *Motivation & Personality.* Harper & Row.

Pace, C. R. (1968) *Evaluation Perspectives* (C.S.E. Report No 8) U.CL.A.

Parlett, M. & Hamilton, D. (1972) Evaluation as Illumination: a New Approach to the Study of Innovatory Programs. *Occasional Paper 9*, Centre for Research in the Educational Sciences, Edinburgh,

Stufflebeam, D. L. (1971) *Educational Evaluation and Decision Making* Peacock

1971a p218,
1971b p38

Towell, D. & Clark, D. H. (1975) *Understanding the Psychiatric Hospital*. Wiley.

Webb, E. J., Campbell, D. T., Schwartz, R. D., & Sechrest, L. (1966). *Unobtrusive measures: Non-reactive research in the social sciences*. Rand McNally.