

Recommendations for Human Resource Training

For Current, New and Promoted Directors

At Monroe Clinic

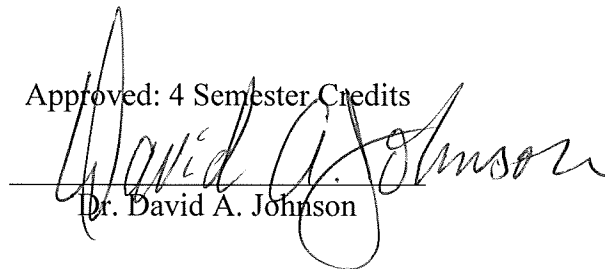
by

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A Research Paper
Submitted in Partial Fulfillment of the
Requirements for the
Master of Science Degree
in

Training and Development

Approved: 4 Semester Credits



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May, 2011

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Title: *Recommendations for Human Resource Training for Current, New and Promoted Directors at Monroe Clinic*
Graduate Degree/ Major: MS Training and Development
Research Adviser: Dr. David A. Johnson
Month/Year: May, 2011
Number of Pages: 53
Style Manual Used: American Psychological Association, 6th edition

Abstract

To be an effective Director at Monroe Clinic, it is important to understand the Human Resource policies and practices. Lack of understanding of such institutional fundamentals causes confusion and inconsistent practices throughout the organization.

Currently, Monroe Clinic does not have an established Human Resource formal training program set in place for current, new or promoted Directors in the organization. At this time, the orientation process is developed by the particular vice president to whom the Director directly reports. The vice president's daily duties are not the same as those of the Director; therefore the vice president may not be aware of all the Human Resource policies or practices applicable to the Directors in question. A customized Human Resource Director training module will allow effective, appropriate and standardization of Human Resources policies and practice at Monroe Clinic.

The purpose of this study is to determine effective Human Resource leadership orientation needs, specifically for current, newly hired or promoted Directors. This study will determine the Human Resource training needed that would enable those in a Director position at Monroe Clinic to work most effectively.

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I would like to begin by thanking University of Wisconsin Stout's marketing program for providing me the information about Stout starting a distance education cohort in Milwaukee, Wisconsin. I would also like to thank my Waukesha cohort and professors for being a great support system for all of us. Specifically, I would like to thank Dr. Johnson for being such a great advisor and helping me through my graduate paper.

I would like to thank my family and friends for being supportive as I pursue my master's degree. I would like to especially thank my husband, Dan and my daughter, Mikayla, for being so inspirational in guiding me to take this journey in my life.

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Chapter I: Introduction

Monroe Clinic (2009) is a not-for-profit health system featuring a multi-specialty clinic and hospital dedicated to bringing the best healthcare to the communities they serve. Working together to achieve the highest standards of health care, they create healthy communities through God's healing spirit.

Sponsored by the Congregation of Sisters of St. Agnes, Monroe Clinic offers comprehensive health care with more than 80 providers, a 24-hour emergency room, home care and hospice services, as well as multiple clinic locations in southern Wisconsin and northern Illinois. In all that they do, they are dedicated to helping patients get better faster and stay healthier longer (Monroe Clinic, 2009).

Statement of the Problem

No formal Human Resource policies and practices training program exists for current, new or promoted Directors at Monroe Clinic. This lack of a uniform approach to the indoctrination of Directors results in inconsistent practice throughout the organization.

Purpose of the Study

The purpose of this study is to determine the needs for a successful Human Resource Director Training program for Monroe Clinic. The study will evaluate the most essential Human Resource management information needed for a Director role. A survey will be developed and administered to the current Director and Administration staff. The results will show what Human Resource training is both needed and desired for a Director to make optimum use of his or her position.

Assumptions of the Study

There are three assumptions of this study:

1. All current, new and promoted Directors hired into Monroe Clinic will be required to complete Human Resource Director Training.
2. Directors will gain the basic Human Resource knowledge regarding policies and practice at Monroe Clinic to effectively and consistently coach their employees.
3. The training will increase employee satisfaction within the Director group and among their employees.

Definition of Terms

Administration Department: A department consisting of Chief Executive Officer (CEO) and Vice Presidents (VP) at Monroe Clinic.

Catalytic Coaching: A comprehensive, integrated performance management system built on a paradigm of development. Its purpose is to enable individuals to improve their production capabilities and rise to their potential, ultimately causing organizations to generate better business results. It features clearly defined infrastructure, methodology and skill sets. It assigns responsibility for career development to employees and establishes the boss as developmental coach (Markle, 2000).

Coach: Technique for helping others reach peak performance and ultimate potential (Markle, 2000).

Confidentiality: The principle in medical ethics that the information a patient reveals to a health care provider is private and has limits on how and when it can be disclosed to a third party (Elsevier, Inc, 2007).

Director: Third in authority in relation to the hierarchy structure on Monroe Clinic organizational chart.

Health Insurance Portability and Accountability Act of 1996 (HIPAA Privacy Rule): Rule that assures individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well being. (U.S. Department of Health & Human Services, 2010).

Human Resources Department: A Human Resource Department is the department in an organization dealing with matters involving employees, as hiring, training, labor relations, and benefits (Dictionary.com, 2011).

Human Resource Management (HRM): Human Resource Management (HRM) is the function within an organization that focuses on recruitment of, management of, and providing direction for the people who work in the organization. Human Resource Management can also be performed by line managers. Human Resource Management is the organizational function that deals with issues related to people such as compensation, hiring, performance management, organization development, safety, wellness, benefits, employee motivation, communication, administration, and training (Heathfield, 2010).

Likert Scale: A type of psychometric response scale often used in questionnaires, and is the most widely used scale in survey research. When responding to a Likert questionnaire item, respondents specify their level of agreement to a statement (Likert, 1932).

New Hire Orientation: New employee orientation is the process used for welcoming a new employee into an organization. New employee orientation, often spearheaded by a meeting with the Human Resources Department, generally contains information about safety, the work environment, the new job description, benefits and eligibility, company culture, company

history, the organization chart and anything else relevant to working in the new company (Heathfield, 2010).

Press Ganey: Healthcare survey tool to improve performance outcome (Press Ganey Associates, Inc., 2010).

Training: Organized activity aimed at imparting information and/or instructions to improve the recipient's performance or to help him or her attain a required level of knowledge or skill (Business Dictionary, 2011).

Vice President (VP): Second in authority in the relation to the hierarchy structure on Monroe Clinic Organizational Chart.

Limitations of the Study

There are two limitations of the study:

1. Data collection may be biased based on the longevity of some of the Directors. A number of Directors have been employed at Monroe Clinic for twenty plus years and they typically will have a deeper understanding of the Human Resources competencies needed to perform their job duties than would a newer employee.

2. Data collecting may be biased based on the amount of interactions certain Directors have or do not have with the Human Resource members.

Methodology

The purpose of this study is to determine what training is needed for current, new and promoted Directors regarding Human Resource policies and practice at Monroe Clinic. The researcher developed a list of training Human Resource applications required to perform the Director level position. The study will determine the most relevant and important policies and practice for training the Director staff. This information will then be given to the Administration staff with recommendations regarding effective training needed. The subjects of the analysis are the current Administration and Director staff employed at Monroe Clinic in Monroe, Wisconsin.

Chapter II: Literature Review

Monroe Clinic has recently restructured the organizational chart to align its Mission, Vision and Values with the care that patients receive. The restructure has created numerous Director Level openings within the organization. It is anticipated six new Directors will be hired within the next six months to one year. To align with Monroe Clinic's Mission, Vision and Values, it is important to have the top leaders comply consistently with the Human Resource policies and practice that have already been established.

Monroe Clinic has recently developed Director level competencies to reflect the expectations that are needed to be successful in these positions. Leadership training can result in long term employee retentions, better staff morale, efficiency for cross training, more job competencies for employees in healthcare and better patient satisfaction (Gesme, Towle, & Wiseman, 2010, p. 104). Too often, "...people are promoted but receive no help or training. When they fail, we just think the wrong person was selected when she may not have been given the tools to help her succeed" (Frings, 2008, p. 62).

Needs Assessment

A needs assessment is the most crucial initial part of any training program. It determines what the issues are and if training is the solution to the problem. It is an "ongoing process of gathering data to determine what training needs exist so that training can be developed to help the organization accomplish its objectives" (Brown, 2002, p. 569).

A needs assessment defines the gap between the current practice and what is needed now and in the future. "Several benefits result from a needs assessment, but one of the most important, as demonstrated by this consultative training, is avoiding costly mistakes by ensuring that the training plan is aligned with employees' knowledge and skills and the organization's

objectives” (Lucier, 2008, p. 482-483). Prior to delivering the training, the trainer must determine the who, what, when, where, why and how of the training (Miller & Osinski, 1996).

In order to do so, the trainer must consider the following (p. 1):

- Organization and its goals and objectives
- Jobs and related tasks that need to be learned
- Competencies and skills that are needed to perform the job
- Individuals who are to be trained

A needs assessment, often called front-end analysis, performs the following functions (Lee & Nelson, p. 75, 2010):

- Gathers data on perceived needs
- Identifies knowledge, skills, and behavior discrepancies
- Assists trainers, Human Resource Development (HRD) personnel, administrators, and instructors in developing relevant curriculum materials
- Gathers information that brings beneficial change to an organization or community
- Assesses organizational needs
- Promotes buy-in by participants

Instead of relying on one method, the trainers should consider various methods in finding success to the training program. There are many ways to gather this information. The techniques could include, using competency-based modes, self-reports, third party reports, focus groups, in-depth interviews, participant observation, case studies, exit surveys, interviews or alumni surveys (Lee & Nelson, p. 81, 2010).

Lee & Nelson (2010) state when conducting a needs assessment there are eight steps to consider. The first step is to identify the purpose. This will identify what the purpose of the study is, what is needed once the study is concluded, and the purpose or limits of the study. The second step is to identify information needs or data. This step will identify the competencies and information required for the needed assessment. This can be accomplished by building a model or identifying what the needs are, by using flow charts, cause-effect diagrams and affinity charts, and by using focus groups, committees, or peer reviews. The third step is to identify the target population. This step helps the trainer understand and determine who is needed in the study. The fourth step is to collect the data. This involves planning how the data will be collected, selecting or creating the instrument and collecting the data. The fifth step is analyzing the data. When analyzing the data, it is important all the information is collected. The sixth step is to report results. When presenting the reports, it is important to have both verbal and written reports. "A needs assessment report should include a concise description of the processes used to collect the data and should present the results" (p. 97). The seventh step is to apply and/or use the results. The results and actions should be used in a timely and logical manner based on the fact that industries change and the information collected may not be validated or could change over time. The eighth step is to evaluate outcomes. The evaluation could either be formative or summative. A formative evaluation involves evaluation during each stage of the process. Formative evaluation will provide constant feedback from the beginning until the end. "A summative evaluation is the process of collecting data following implementation of the course in order to determine the effectiveness in meeting instructional objectives" (p. 229).

Necessity of a Needs Assessments, a Case Study

A recently hired CEO was brought into a small private bank in Northern California to convert the bank from a typical savings and loan bank to a thriving retail bank. To accomplish the conversion to a retail bank, the company needed to service a business market in which the current employees were not trained on how to properly perform this function. Initially, the CEO hired an outside consultant to design a training program for the regional managers that would increase sales while maintaining high levels of customer service (Lucier, 2008, p. 484).

The CEO's initial assessment of the regional managers found that they were not sales orientated but that they focused their practice on customer service and operations. He felt that the regional managers were not all consistent with their sales training because the managers were separated into different regions of the country. The consultant developed a training program to train the employees to be competent in conducting successful prospecting and sales behaviors through lectures, case studies and a feedback session. Once this program design was approved by the CEO, the consultant interviewed a number of the regional managers to validate the training plan. During the interviews, the consultant realized that the data collected was not consistent with the proposed training, thus making a needs assessment necessary.

The consultant realized that the regional managers already had sales training, and understood sales management behaviors and how to coach branch manager's sales performance. The consultant determined the regional managers needed a process that would help them manage the sales behaviors. It was also determined that these managers were not given any direction or communication as to why the changes were happening, what the expectations of the changes meant for their roles and how these changes fit into their current job descriptions. They also

didn't have an understanding of the company's strategic plan and how their roles and these new roles fit into the long term plan.

After the interviews were conducted, the consultant gave the information to the CEO. At that time, the decision was made to keep the initial training as originally intended but to change the learning objectives.

A needs assessment determined the following training objectives.

1. To be able to communicate the reasons and importance of the increased focus on sales
2. To eliminate obstacles that would prevent the sales management process from occurring
3. To work together to design a sales management plan
4. To implement the sales management plan for a minimum of eight weeks. After the eight weeks, there will be follow up on the plan to determine the effectiveness
5. To address the strategic plan and potential obstacles in the training
6. To develop a sales management process to include the knowledge and skills of the existing regional managers. This would give the team an empowerment in their goals as well as buy in.

The CEO also determined the training would involve a collaborative learning approach. Since the organization was going through such a dynamic change in the organizational structure, the CEO decided to use a method called Force Field Analysis Theory by Lewin (1997) to support the learning.

Follow up on the training took place ten months after and determined that the branches set new sales records. The CEO suggested the growth in sales was partially due to the collaborative training program that was based on a needs assessment. "The needs assessment not

only changed the specific objectives of the training plan, but it changed our approach from a didactic, instructor-centered approach to a collaborative, learner-centered approach leading ultimately to a community of management practice” (Lucier, 2008, p. 489).

Needs assessments are a vital first step in the overall planning process because they enable the planner to determine if the best solution is a training or a non-training intervention. In this case study, an effective needs assessment was not conducted and resulted in a considerable waste of time and resources. Initially, the CEO made assumptions about what he thought were the issues. In the process, a lot of time, energy and money were wasted. Had the CEO used program commitment (Lee & Nelson, 2010, P. 77), he would have empowered the regional managers, and in collaboration with the CEO, they could have created training that would have been effective for both parties. The consultant did not find the gap (p. 78) within the other members of the team.

Effective Needs Assessment, a Case Study

The Institute of Medicine issued a report in 1988 stating there was inadequate training and education among public health care workers, thus causing “disarray” in public health (Potter, Pistella, Fertma & Dato, 2000). This “disarray” was caused by the fact that there was that there was not a standard set of skills required or developed for a public health worker. Because of this, there could not be a training program or standards set until the competencies were determined. The purpose of this study was to test the practicality of the universal competency framework in assessing the training needs of state and local public health workers and in designing a model training agenda (p. 1295).

“In the early 1990s, the Public Health Faculty/Agency Forum recognized six disciplines—analysis, communications, policy and program planning, culture, basic science, and

finance and management—that contributed to the education of public health professionals” (p. 1294). The agency determined that within each discipline, there would be 39 universal competencies recognized by all public health specialties. Having the competencies universal and consistent within the practice, would improve the health care practice.

The tentative competencies were waiting for approval to become a universal standard; however, there were questions still unanswered. The purpose of this study was to answer the following questions (p. 1294):

1. How could the universal competencies be used to define the training needs of public health workers?
2. Would agency based supervisors agree with the perspectives of national public health leaders?
3. Given limited agency budgets, how should competency training be prioritized?
4. Should these priorities be the same for all workers and agencies?

The researchers of this study decided to perform a needs assessment in two stages. The first stage was to have 78 state and local agency supervisors perform three assignments. They were required to independently select the competencies needed for their employees, work in groups to review the competencies and determine the capability of them. After that, they independently determined which training category was the most hindering to their employees.

Stage two combined regional and public health leaders into two groups. The first group consisted of sixteen team members that were dedicated to the curriculum design. The second group consisted of twelve team members that were a national advisory committee. Each of these

groups was to review the information from stage one and give suggestions as to which competencies would be appropriate for a model training agenda.

The results of the needs assessment showed a variety of training priorities based on the type of agency the supervisors were in. Of the seven competencies, only “Determining appropriate use of data and statistical methods” was chosen by all three groups. When each of the supervisors was asked to determine one professional group that needed the training, they mostly choose public health nurses, health educators and managers; however, they often could not agree on the specific competency needed for these professions.

Based on the needs assessment, the supervisor determined that the universal competencies were not the appropriate foundation to define the training priorities. The competencies did not determine the history, values, methods, systems and laws that characterized the public health field. They also agreed that these competencies were needed for newly hired, clerical as well as professional employees. The supervisors were disappointed by the universal competencies and felt as though the foundation of the competencies did not allow for agency-specific training needs.

“The assessment process used in this project was sufficiently flexible to recognize important training topics from outside of the universal competency framework. Thus, an individual agency could use this framework and assessment process to tailor a training curriculum that meets a national standard, that makes efficient use of its resources by targeting a large proportion of workers for high-priority training, and that satisfies its particular workforce characteristics and programmatic needs” (p. 1296).

A needs assessment gathers data, develops relevant curriculum materials, brings beneficial change to the organization and assesses organizational needs (Lee & Nelson, p. 75, 2010). In this case study, an effective needs assessment was conducted, thus saving lost time, money and resources.

Human Resources

History

The profession of Human Resources started in America over 100 years ago. It is one of the most important and critical aspects of the success of any business (Society for Human Resource Management , 2009). Human Resources focuses on issues related directly to employees. Directly within the Human Resource department there are typically seven different specialties: labor-employee relations, recruitment, professional development, intutional benefits, salary administration, classification and compensation, and systems and technology (Julius, 2000).

When Human Resources first began, it was called Personnel and was thought of as primarily an administrative function. Since the Human Resources Department cannot produce a profit, it is typically one of the most intangible functions in the business aspect of the organization. Over the years, the profession of Human Resources has grown to become a valued partner with upper management, helping management follow and enforce company policies and regulatory laws (Julius, 2000).

Importance

Human Resources is a critical part of any business compliance. Many laws, rules and regulations have been established for compliance reasons such as: the U.S. Department of Commerce and labor, national wage and hour laws and the Medicare Act (Society for Human

Resource Management, 2009). The main purpose of the Human Resource team is to add value to an organization. This can only be accomplished if the department ensures all policies and practices are fair and consistent within the required federal and state laws (Julius, 2000).

The overall success of any organization can only be as strong as the Human Resource professionals' experience and knowledge. Although Human Resources cannot produce a direct profit, it works with leadership by planning, developing and creating innovative solutions for long term goals (Society for Human Resource Management, 2009).

According to the United States Department of Labor, it is essential that Human Resource professionals are competent in many areas such as: compliance, disability, elaws, equal employment opportunity, health plans and benefits, hiring, labor relations, family medical leave, retirement plans, termination, training, unemployment insurance, veterans employment, wages, work hours, workmans' compensation, workplace safety and youth and labor laws (United States Department of Labor, 2010).

Director Level Human Resource Competencies

At Monroe Clinic, the Director works and performs directly under the supervision of the Vice President and performs many healthcare related functions. There are numerous Human Resource competencies the Director needs to be proficient at both the Federal and the state levels. Muller (2009) states that the most important Human Resource tasks for a manager to know are: hiring, training, compensation, benefits, employment law, sexual harassment and workplace violence, privacy, performance evaluation and termination/separation.

To be effective, leaders need both on-site and off-site training including off-site seminars by professional trainers or subject matter experts. It is important for the leaders to go through the following types of training to be an effective leader: leadership training, communication,

handling and promoting change, empowerment, delegation, conflict management, team building, and customer service all may be appropriate, depending upon this new supervisor's developmental needs (Frings, 2008, p. 62).

Regulatory

Employment law is always changing. Too often, leaders rely on information about safety, hiring, firing, performance evaluations and documentation that was offered in previous training, typically many years ago, thus leaving inconsistent and ineffective practice (Gesme, Towle, & Wiseman, 2010, p. 105). Trott (1998) determines that from a Human Resources perspective, the managers are most vulnerable and at risk for issues related to the Family Medical Leave Act (FMLA), Americans with Disabilities Act (ADA) and sexual harassment.

Healthcare

It is important for healthcare leadership to be able to perform the following competencies related to Human Resources:

- Plan, implement and administer programs and services in a health care or medical facility, including personnel administration, training, and coordination of medical, nursing and physical plant staff.
- Direct or conduct recruitment, hiring and training of personnel.
- Administration and Management — Knowledge of business and management principles involved in strategic planning, resource allocation, Human Resources modeling, leadership technique, production methods, and coordination of people and resources.
- Personnel and Human Resources — Knowledge of principles and procedures for personnel recruitment, selection, training, compensation and benefits, labor

relations and negotiation, and personnel information systems (O*Net Online, 2010).

Healthcare leaders also have ethical and legal responsibility to their staff members and patients. It is important that the leaders are educated, and that they understand and enforce confidentiality to ensure the staff members do not talk about confidential patient information especially dealing with HIPAA Privacy Rules (U.S. Department of Health & Human Services, 2010).

Chapter III: Discussion

Monroe Clinic does not currently have a formal Human Resource policies and practice training program for current, new or promoted Directors at Monroe Clinic, resulting in inconsistent practice throughout the organization. This chapter will determine what the current Administration and Director staff believes to be the necessary Human Resource training needed to be successful in the Director level positions at Monroe Clinic.

Subject Selection and Description

The population for this study consisted of seven Administration staff members who answered the questions based on their perception of the directors. In addition, fifteen current Director level staff members answered the questions based on their personal experiences. These members were selected because they are subject matter experts (SME) and they are currently employed in this position or manage the staff members who hold these roles.

Instrumentation

The data collection survey for this study was based on the research about the required Human Resource tasks completed by effective directors at Monroe Clinic. In addition to the research, the researcher used specific Human Resource tasks related to Monroe Clinic. This combination of research determined that the best method to collect this data would be to use a five point Likert Scale. This type of scale will provide quantitative data that should align with the qualitative data collected during the literature review.

The researcher hand delivered all the surveys to each subject of the survey. The researcher explained the purpose of the survey and informed the surveyee that the information was confidential and used for training purposes only. If the participant chose to complete the survey, they were able to fill out the form at his/her convenience and return it to the researcher

through Monroe Clinic's inner office mail which did not have any tracking thus ensuring anonymity. The researcher received 17 of the 22 completed surveys, generating a 77% response rate.

The survey (Appendix A) consists of twenty-three Human Resource functions that the Directors were asked to rank on their frequency of performance, importance, and the need based on a five-point Likert scale. The feedback from the survey was used to determine the most frequent, important, and need for training for current, new or promoted Directors at Monroe Clinic.

The responses for the survey were different for each category. The responses used for the frequency category were: Never (1), Rarely (2), Sometimes (3), Very Often (4), and Always (5). The responses used for the importance category were: Very Unimportant (1), Unimportant (2), Neither Important or Unimportant (3), Important (4), and Very Important (5). The responses used for the need category were: (1) No Relevance, Not Very Relevant (2), Relevant (3), Somewhat Relevant (4), and Very Relevant (5).

Data Analysis

To analyze the data, the researcher determined the mean and the standard deviation for each Human Resource Management issue in each category questioned. Each survey question was analyzed using a decision table (Appendix E) created and administered by the researcher (Lee & Nelson, 2010). The researcher used this table to determine which training topics should be created, which training topics should be considered for future training and which training topics should not be created at all. Appendix E (decision table) helped the researcher determine if the training should be created, considered for further training, or excluded from a possibility of being created. Since there were three categories, the researcher rated frequency performed

higher than importance and the need category. If there was a question as to create, future consideration, or exclude the training, the researcher predominantly looked at the frequency and need category to make the final decision.

The following twenty-three tables display each survey question and the mean and standard deviation from the participant's responses to the frequency, importance, and need for the Human Resource Management functions at Monoe Clinic.

The results for Table 1 (Affirmative Action) were ranked fairly low in all categories. The frequency of this function is used rarely. Also, the importance and need category suggest this function is very unimportant and has no relevance. The researcher will exclude this training.

Table 1

Affirmative Action

Frequency		Importance		Need	
Mean	SD	Mean	SD	Mean	SD
2.23	.90	1.28	3.11	1.08	2.94

Note: SD=Standard Deviation
n=17

The results for Table 2 (Catalytic Coaching) strongly suggest that this training needs to be created. In all three categories, the mean was between 4-5 meaning that the respondents strongly agreed that this function was used quite often, very important and Monroe Clinic does need this training.

Table 2

Catalytic Coaching

Frequency		Importance		Need	
Mean	SD	Mean	SD	Mean	SD
4.47	.62	4.94	.24	4.94	.24

Note: SD=Standard Deviation
n=17

Table 3 (Coaching-Daily Interactions) has similar responses to Table 2. This table has a strong response rate. These results suggest Coaching-Daily Interactions is used very often, is extremely important and Monroe Clinic is in need of this training.

Table 3

Coaching-Daily Interactions

Frequency		Importance		Need	
Mean	SD	Mean	SD	Mean	SD
4.53	0.87	5.00	0.00	4.88	0.33

Note: SD=Standard Deviation
n=17

Table 4 (Compensation) shows a strong response rate. The mean of the categories were above average and the standard deviation was less than 0.9 on all categories. This table suggests the training should be created.

Table 4

Compensation

Frequency		Importance		Need	
Mean	SD	Mean	SD	Mean	SD
3.12	0.78	3.65	0.49	3.65	0.86

Note: SD=Standard Deviation
n=17

Table 5 (Confidentiality or HIPAA Privacy Rules) has a high response rate. Each mean is close to a four rating and each standard deviation is less than 0.9. The responses indicate the training should be created.

Table 5

Confidentiality or HIPAA Privacy Rules

Frequency		Importance		Need	
Mean	SD	Mean	SD	Mean	SD
3.88	0.93	4.47	0.72	3.94	0.97

Note: SD=Standard Deviation
n=17

Table 6 (Discrimination-Age) showed varied responses. The frequency of this is rather low, however the importance and need shows this to be important and relevant. The researcher will consider this for future training consideration.

Table 6

Discrimination-Age

Frequency		Importance		Need	
Mean	SD	Mean	SD	Mean	SD
2.06	0.66	3.41	1.06	3.12	1.11

Note: SD=Standard Deviation
n=17

Table 7 (Discrimination-Americans with Disabilities (ADA)) had relatively low frequency use; however, the responses suggest this is a relevant and important Human Resource Management function. The researcher will consider this for future training consideration.

Table 7

Discrimination-Americans with Disabilities (ADA)

Frequency		Importance		Need	
Mean	SD	Mean	SD	Mean	SD
2.00	0.71	3.41	1.06	3.24	1.20

Note: SD=Standard Deviation
n=17

Results from Table 8 (Discrimination-Gender) were similar to the results of Table 7. Table 8 had relatively low frequency use, however the responses suggest this is a relevant and important Human Resource Management function. Based on the results, the researcher will consider this for future training consideration.

Table 8

Discrimination-Gender

Frequency		Importance		Need	
Mean	SD	Mean	SD	Mean	SD
2.18	0.53	3.41	1.06	3.18	1.19

Note: SD=Standard Deviation
n=17

The results of Table 9 (Discrimination-Race) were similar to Tables 7 and 8. The responses suggest the frequency to be relatively low, however this training is relevant and important. The researcher will consider this for future training consideration.

Table 9

Discrimination-Race

Frequency		Importance		Need	
Mean	SD	Mean	SD	Mean	SD
2.18	0.73	3.47	1.07	3.47	1.28

Note: SD=Standard Deviation
n=17

Table 10 (Discrimination-Sexual Orientation) displays similar data to Tables 7, 8 and 9.

The frequency is low, however the training is important and relevant. The researcher will consider this for future training consideration.

Table 10

Discrimination-Sexual Orientation

Frequency		Importance		Need	
Mean	SD	Mean	SD	Mean	SD
2.12	0.60	3.35	1.17	3.24	1.20

Note: SD=Standard Deviation
n=17

Table 11 (Discrimination-Other) displays similar response rates to Tables 7 through 10.

The frequency of this is rarely used, however the training is important and relevant. The researcher will consider this for future training consideration.

Table 11

Discrimination-Other

Frequency		Importance		Need	
Mean	SD	Mean	SD	Mean	SD
2.12	0.60	3.24	1.15	3.18	1.19

Note: SD=Standard Deviation
n=17

Table 12 (Employee Relations-Corrective Action) has a strong response rate. The mean for this category is slightly under four for the frequency use; however the importance and the need mean is close to five. This training will be created.

Table 12

Employee Relations-Corrective Action

Frequency		Importance		Need	
Mean	SD	Mean	SD	Mean	SD
3.65	0.70	4.59	0.51	4.65	0.61

Note: SD=Standard Deviation
n=17

The results in Table 13 (Family Medical Leave Act (FMLA)) show a variance in response. The frequency of this is relatively low, however the importance and need is above three. Since the standard deviations are under 0.9, the researcher will consider this for future training consideration.

Table 13

Family Medical Leave Act (FMLA)

Frequency		Importance		Need	
Mean	SD	Mean	SD	Mean	SD
2.94	0.66	3.53	0.72	3.24	0.97

Note: SD=Standard Deviation
n=17

Table 14 (Hostile Working Environment-Harassment) had varied responses. The frequency of this is low, however, the importance and needs are above average. Based on the decision table, the researcher will consider this for future training consideration.

Table 14

Hostile Working Environment-Harassment

Frequency		Importance		Need	
Mean	SD	Mean	SD	Mean	SD
2.47	0.72	3.82	1.38	3.47	1.07

Note: SD=Standard Deviation
n=17

Table 15 (Interviewing) shows high response rates. Each category suggests the training to be highly used as well as important and relevant. Based on the decision table, this training will be created.

Table 15

Interviewing

Frequency		Importance		Need	
Mean	SD	Mean	SD	Mean	SD
4.29	0.69	4.71	0.59	4.47	0.72

Note: SD=Standard Deviation
n=17

Table 16 (Job Science/applicant tracking system) shows a relatively high response rate and the standard deviation on each response is under 0.9. Based on the decision table, this training will be created.

Table 16

Job Science/applicant tracking system

Frequency		Importance		Need	
Mean	SD	Mean	SD	Mean	SD
3.88	0.70	3.82	0.73	3.65	0.79

Note: SD=Standard Deviation
n=17

Table 17 (Manager Self Service) has relatively high response rates for all the categories. Within each category, the standard deviation is lower than 0.9. Based on the decision table, this training will be created.

Table 17

Manager Self Service

Frequency		Importance		Need	
Mean	SD	Mean	SD	Mean	SD
4.06	0.56	3.94	0.66	3.76	0.90

Note: SD=Standard Deviation
n=17

The response rates for Table 18 (Onboarding) were relatively high. Along with the high mean, the standard deviation was below or equal to 0.9. Based on the decision table, this training will be created.

Table 18

Onboarding

Frequency		Importance		Need	
Mean	SD	Mean	SD	Mean	SD
3.47	0.80	4.24	0.97	4.41	0.71

Note: SD=Standard Deviation
n=17

Table 19 (Organizational Benefits) has a strong response rate on the importance and need for this training. The frequency is almost 75%, therefore this training will be created.

Table 19

Organizational Benefits

Frequency		Importance		Need	
Mean	SD	Mean	SD	Mean	SD
2.94	0.75	3.59	1.00	3.47	0.87

Note: SD=Standard Deviation
n=17

Table 20 (Sexual Harassment) suggests sexual harassment is not frequently encountered at Monroe Clinic; however, the importance and need for this training was relatively high. The standard deviation on the importance and need category suggest this training should be questioned. The training will be created.

Table 20

Sexual Harassment

Frequency		Importance		Need	
Mean	SD	Mean	SD	Mean	SD
2.12	0.49	3.76	1.20	3.59	1.00

Note: SD=Standard Deviation
n=17

Table 21 (Termination) had a strong response rate. The mean for each category is high and the standard deviation is relatively low. The decision table suggests this training will be created.

Table 21

Termination

Frequency		Importance		Need	
Mean	SD	Mean	SD	Mean	SD
3.00	0.87	4.29	0.77	4.29	0.99

Note: SD=Standard Deviation
n=17

Table 22 (Workmans Compensation) suggests to create or question the training according to the decision table. The results suggest this is rarely used and the information is not important or unimportant nor does it have any relevance. The researcher will consider this for future training consideration.

Table 22

Workmans Compensation

Frequency		Importance		Need	
Mean	SD	Mean	SD	Mean	SD
2.53	0.62	3.18	0.81	2.94	0.83

Note: SD=Standard Deviation
n=17

Table 23 (Workplace Violence) shows this is rarely encountered; however, this is important and relevant information. Based on the decision table, the researcher will consider this for future training consideration.

Table 23

Workplace Violence

Frequency		Importance		Need	
Mean	SD	Mean	SD	Mean	SD
2.00	0.61	3.59	1.37	3.24	1.09

Note: SD=Standard Deviation
n=17

Limitations

The two limitations of the study are as follows:

1. Data collection may be biased based on the longevity of some of the Directors. There are a number of Directors who have been employed at Monroe Clinic for twenty plus years and they typically will have a deep understanding of the Human Resources competencies needed to perform their job duties.

2. Data collecting may be biased based on the amount of interactions certain Directors have with the Human Resource members.

Conclusions

The response rate from the survey was 77 percent, which represents a valid sample for this study. The results from the study indicate that 11 of the 23 functions will have training created for the Director level positions at Monroe Clinic. Of the 23 functions, 11 are questioned and will be considered after creating the 11 stated functions. In addition, 1 (Affirmation Action) function has been recommended that this training will be excluded developing the training.

Recommendations

Based on the results from the survey, the following eleven Human Resource Management functions are recommended to have training created:

1. Catalytic Coaching
2. Coaching – Daily Interactions
3. Compensation
4. Confidentiality or HIPAA Privacy Rules
5. Employee Relations – Corrective Actions
6. Interviewing

7. Job Science/applicant tracking system
8. Manager Self Service
9. On boarding
10. Sexual Harassment
11. Termination

The following 11 Human Resource Management functions were rated as important, needed and performed frequently by the participants of the study. The survey results indicate that Monroe Clinic is in need of training for Human Resource policies and practice. This training will help with employee and leadership retention and employee engagement.

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Appendix A

Human Resources Leadership Training Needs Assessment

Please rate the following statements based on how FREQUENTLY these Human Resource management issues are performed in a Director level position at Monroe Clinic using the following Likert Scale.

	(1) Never	(2) Rarely	(3) Sometimes	(4) Very Often	(5) Always
1. Affirmative Action	1	2	3	4	5
2. Catalytic Coaching	1	2	3	4	5
3. Coaching – Daily Interactions	1	2	3	4	5
4. Compensation	1	2	3	4	5
5. Confidentiality or HIPAA Privacy Rules	1	2	3	4	5
6. Discrimination-Age	1	2	3	4	5
7. Discrimination-Americans with Disabilities (ADA)	1	2	3	4	5
8. Discrimination-Gender	1	2	3	4	5
9. Discrimination-Race	1	2	3	4	5
10. Discrimination-Sexual Orientation	1	2	3	4	5
11. Discrimination-Other	1	2	3	4	5
12. Employee Relations – Corrective Action	1	2	3	4	5
13. Family Medical Leave Act (FMLA)	1	2	3	4	5
14. Hostile Working Environment – Harassment	1	2	3	4	5
15. Interviewing	1	2	3	4	5
16. Job Science/applicant tracking system	1	2	3	4	5
17. Manager Self Service	1	2	3	4	5
18. On boarding	1	2	3	4	5
19. Organizational benefits	1	2	3	4	5
20. Sexual Harassment	1	2	3	4	5
21. Termination	1	2	3	4	5

22. Workmans Compensation	1	2	3	4	5
23. Workplace Violence	1	2	3	4	5

Please rate the following statements based on the IMPORTANCE in relation to Human Resource management in a Director level position at Monroe Clinic using the following Likert Scale.

(1) Very Unimportant (2) Unimportant (3) Neither Important or Unimportant
(4) Important (5) Very Important

1. Affirmative Action	1	2	3	4	5
2. Catalytic Coaching	1	2	3	4	5
3. Coaching – Daily Interactions	1	2	3	4	5
4. Compensation	1	2	3	4	5
5. Confidentiality or HIPAA Privacy Rules	1	2	3	4	5
6. Discrimination-Age	1	2	3	4	5
7. Discrimination-Americans with Disabilities (ADA)	1	2	3	4	5
8. Discrimination-Gender	1	2	3	4	5
9. Discrimination-Race	1	2	3	4	5
10. Discrimination-Sexual Orientation	1	2	3	4	5
11. Discrimination-Other	1	2	3	4	5
12. Employee Relations – Corrective Action	1	2	3	4	5
13. Family Medical Leave Act (FMLA)	1	2	3	4	5
14. Hostile Working Environment – Harassment	1	2	3	4	5
15. Interviewing	1	2	3	4	5
16. Job Science/applicant tracking system	1	2	3	4	5
17. Manager Self Service	1	2	3	4	5
18. On boarding	1	2	3	4	5
19. Organizational benefits	1	2	3	4	5
20. Sexual Harassment	1	2	3	4	5
21. Termination	1	2	3	4	5

22. Workmans Compensation	1	2	3	4	5
23. Workplace Violence	1	2	3	4	5

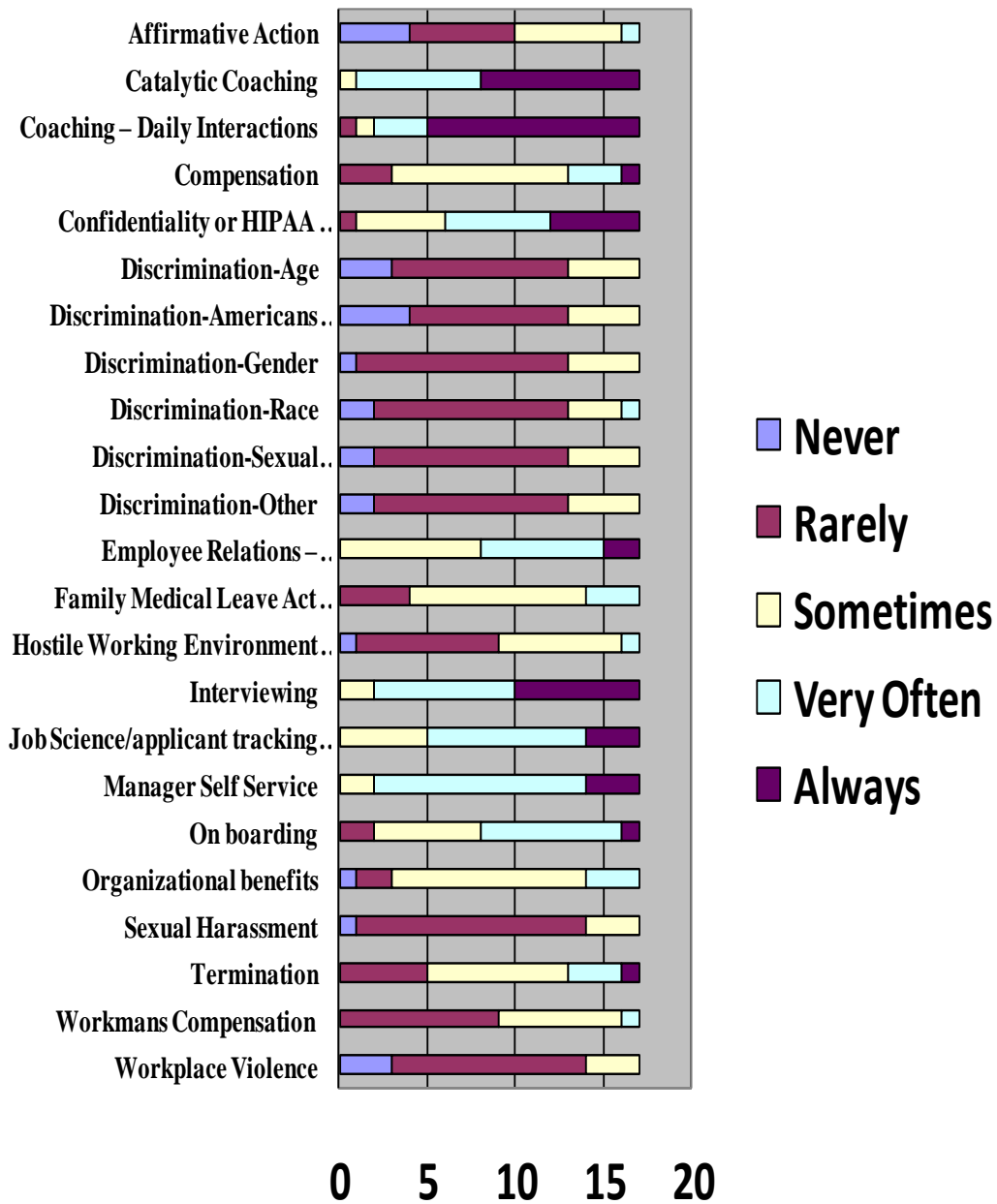
Please rate the following statements based on the training NEED for current, new or promoted Directors in relation to Human Resource management at Monroe Clinic using the following Likert Scale.

(1) No Relevance (2) Not Very Relevant (3) Relevant
(4) Somewhat Relevant (5) Very Relevant

1. Affirmative Action	1	2	3	4	5
2. Catalytic Coaching	1	2	3	4	5
3. Coaching – Daily Interactions	1	2	3	4	5
4. Compensation	1	2	3	4	5
5. Confidentiality or HIPAA Privacy Rules	1	2	3	4	5
6. Discrimination-Age	1	2	3	4	5
7. Discrimination-Americans with Disabilities (ADA)	1	2	3	4	5
8. Discrimination-Gender	1	2	3	4	5
9. Discrimination-Race	1	2	3	4	5
10. Discrimination-Sexual Orientation	1	2	3	4	5
11. Discrimination-Other	1	2	3	4	5
12. Employee Relations – Corrective Action	1	2	3	4	5
13. Family Medical Leave Act (FMLA)	1	2	3	4	5
14. Hostile Working Environment – Harassment	1	2	3	4	5
15. Interviewing	1	2	3	4	5
16. Job Science/applicant tracking system	1	2	3	4	5
17. Manager Self Service	1	2	3	4	5
18. On boarding	1	2	3	4	5
19. Organizational benefits	1	2	3	4	5
20. Sexual Harassment	1	2	3	4	5
21. Termination	1	2	3	4	5

22. Workmans Compensation	1	2	3	4	5
23. Workplace Violence	1	2	3	4	5

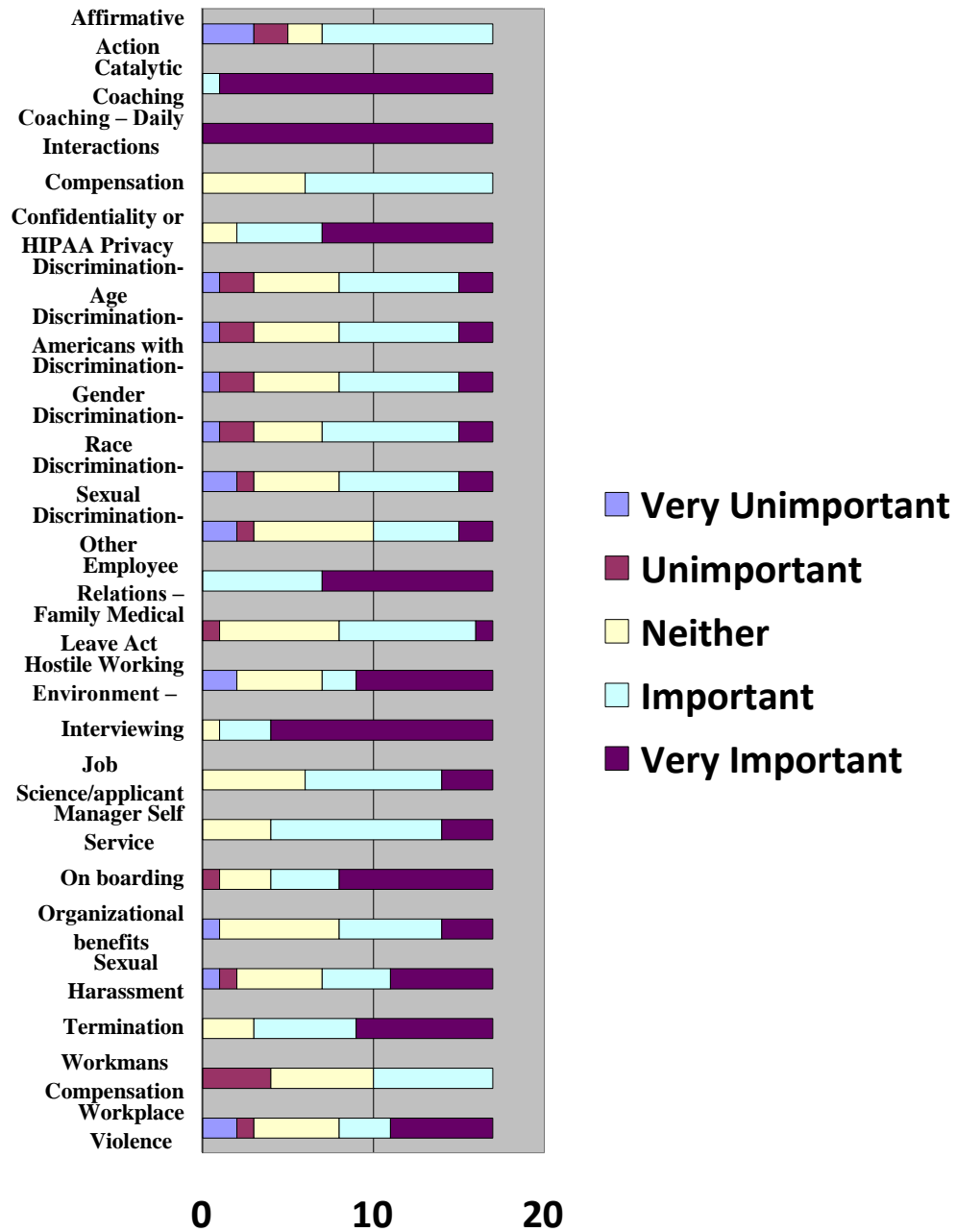
Appendix B Human Resource Director Training Needs Assessment Frequency Used



Appendix C

Human Resource Director Training Needs Assessment

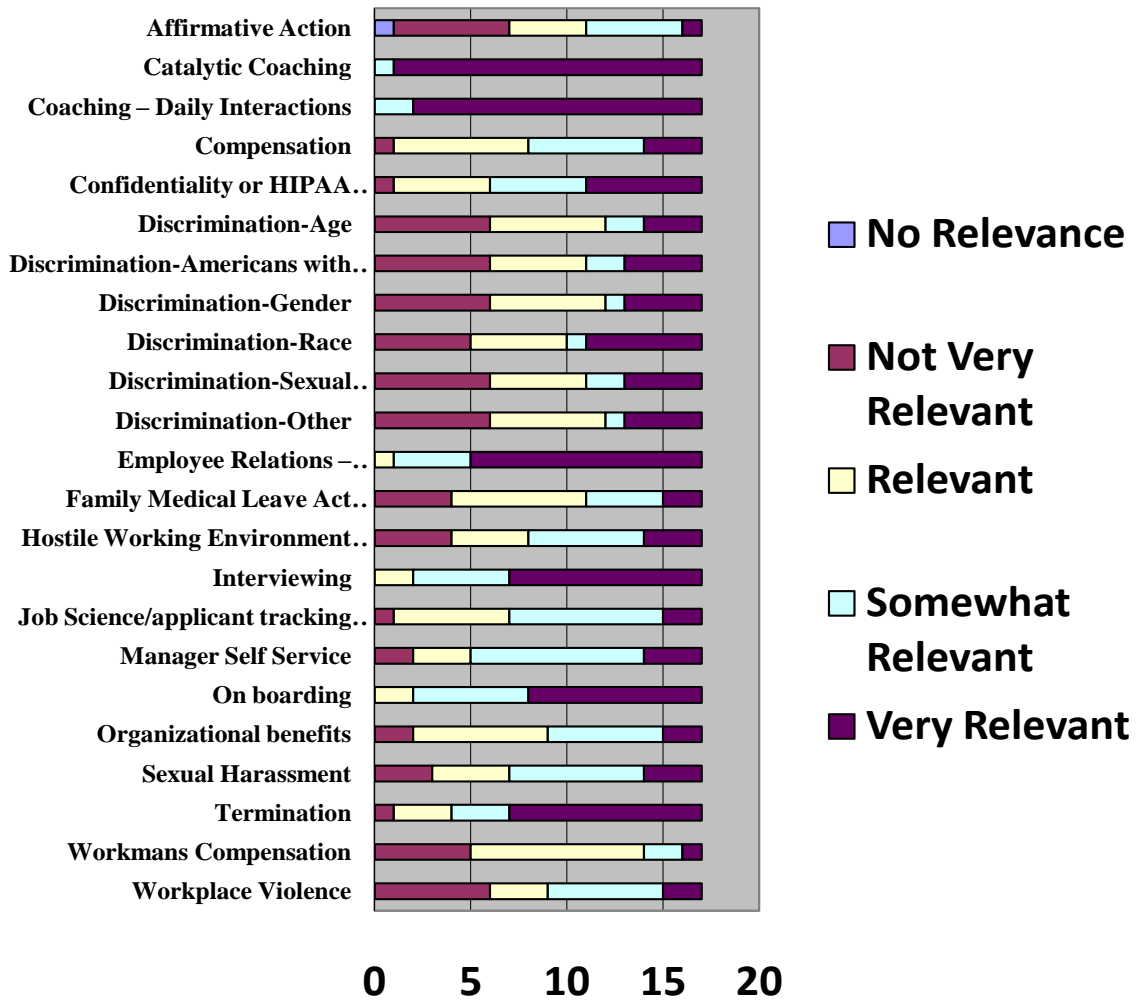
Importance



Appendix D

Human Resource Director Training Needs Assessment

Need of Training



Appendix E

Table 24

Decision Table for Human Resource Needs Assessment

Frequency Mean Value (x)	Standard Deviation (SD)	Importance Mean Value (x)	Standard Deviation (SD)	Need Mean Value (x)	Standard Deviation (SD)	Decision
2.5-5.0	≤ 0.9	3.5-5.0	≤ 0.9	3.5-5.0	≤ 0.9	Create
1.0-2.49	≤ 0.9	3.0-5.0	≤ 0.9	3.0-5.0	≤ 0.9	Question
3.5-5.0	≥ 0.9	1.5-2.99	≥ 0.9	1.5-2.99	≥ 0.9	Create
1.5-3.49	≥ 0.9	1.5-2.99	≥ 0.9	1.5-2.99	≥ 0.9	Question
1.0-1.49	≥ 0.9	1.5-2.99	≥ 0.9	1.5-2.99	≥ 0.9	Exclude
1.5-5.0	≥ 0.9	1.0-1.49	≥ 0.9	1.0-1.49	≥ 0.9	Question
1.0-1.49	≥ 0.9	1.0-1.49	≥ 0.9	1.0-1.49	≥ 0.9	Exclude

Appendix F

Consent to Participate In UW-Stout Approved Research

Title: Recommendations for Human Resource Training for Current, New and Promoted Directors at Monroe Clinic

Investigator: Kristina Mowers, Human Resources. 608-324-1746

Research Sponsor: Dr. David A. Johnson, Advisor. 715-232-2143

Description:

Currently, Monroe Clinic does not have an established Human Resource formal training program set in place for current, new or promoted Directors in the organization. This makes for inaccurate and ineffective Human Resource practice. It is assumed that a customized Human Resource Director training module will allow effective, appropriate and standardization of Human Resources policies and practice at Monroe Clinic.

The study will evaluate the most essential Human Resource management information needed for a Director role. A survey will be developed and administered to the current Director and Administration staff. The results will show what Human Resource training is needed and desired for a Director to make optimum use of his or her position.

Risks and Benefits:

Risk: The only risk would be that the people surveyed may be relectuant to answer questions based on their own insecurity of the knowledge of these tasks.

Benefits: Without having this training, makes for inaccurate and ineffective Human Resource practice. A customized Human Resource Director training module will allow effective, appropriate and standardization of Human Resources policies and practice at Monroe Clinic. This will also eliminate legal issues with employment law.

Confidentiality: This survey is for training purposes only. Your name or identity will not be included on any documents. We do not believe that you can be identified from any of the information received.

Right to Withdraw: Your participation in this study is entirely voluntary. You may choose not to participate without any adverse consequences to you. However, should you choose to participate and later wish to withdraw from the study, there is no way to identify your anonymous document after it has been turned into the investigator.

IRB Approval: This study has been reviewed and approved by The University of Wisconsin-Stout's Institutional Review Board (IRB). The IRB has determined that this study meets the ethical obligations required by federal law and University policies. If you have questions or concerns regarding this study please contact the Investigator or Advisor. If you have any

questions, concerns, or reports regarding your rights as a research subject, please contact the IRB Administrator.

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