

# Case Studies

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## Environmental Scan of the Health Care Sector: A Focus on Workplace Literacy and Essential Skills

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## I. Introduction

ABC CANADA and its Workplace Literacy Advisory Committee have targeted the health care sector for focus on literacy and essential skills. The sector needs to be more mobilized in terms of recognizing literacy and essential skills challenges of the work force—particularly in entry level positions. The project goal is to raise awareness with employers in the health care sector around the importance of addressing the essential skills needs of employees.

The overall goal of this environmental scan was to find out 1) the literacy and essential skills challenges in the sector, and 2) what sort of workplace literacy programming has taken place in the sector.

### The specific objectives of the scan were to:

- provide an understanding of the entry level health care workforce and the context for working in the health care industry
- identify the literacy and basic skills needs of the health care sector workforce across industrialized countries
- identify what kinds of training and education initiatives and infrastructures have been undertaken to address these needs
- identify the results of these initiatives



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## II. Methodology

A multi-pronged strategy was used to identify information related to the objectives of the scan. First, a search was conducted using the following databases and web sites:

- National Adult Literacy Database (NALD@work)
- Canadian Public Health Association
- New Zealand Literacy Portal
- Google
- Google Scholar Beta
- Cumulative Index to Nursing Allied Health Literature
- ERIC
- ProQuest
- PubMed
- Skills for Health (UK)
- National Institute of Continuing Adult Education (UK)
- Council for the Advancement of Adult Literacy (US)

In addition, the researcher contacted approximately twenty colleagues (academics, practitioners, government, and leaders in non-profit organizations) with expertise in workplace literacy from Canada, USA, UK, and New Zealand.

A call for information on the health care sector was also put out to the National Institute for Literacy Workplace Literacy Discussion group.



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### III. Findings

The least qualified don't get the opportunity to participate in learning and development... It is not acceptable that some of the most dependent people in our communities are cared for by the least well trained.

Fryer (2006), Learning for a Change in Healthcare

#### A. Introduction

Overall, not a great deal of literature was found on literacy and essential skill as it applies to entry level health care workers. Even less was found on workplace literacy and essential skills initiatives that address the needs of these workers. Conversely, a wealth of information was found on health literacy—addressing the literacy needs of patients or consumers. There was also a lot of literature found on language and culture as it relates to foreign-trained nurses. Fortunately, there were a number of large-scale reports across a number of countries that document the challenges and context for the sector in general and the training and literacy needs of entry level workers in particular. The findings across these reports point to similar challenges and a changing environment for health care workers across industrialized countries.

#### B. The context for health care and the entry level work force

This section focuses on the overall context for health care workers (especially health care aides or the equivalent) in entry level positions across the industrialized world, concentrating on countries such as Canada, the United States, United Kingdom, Australia, and New Zealand. The literature paints a picture of poor working conditions and wages, difficulty retaining workers, skills shortages, increased responsibilities, and inadequate training for workers in entry level positions. The work force is often described as diverse, ageing, mostly female, and not having a formal education.

Workers and managers in the sector identify the value of training for entry level workers. For workers, training is the opportunity to advance in the sector, be safer on the job, and get certification. For managers, it provides the opportunity to retain well-qualified staff.

##### i. The changing environment: Overall challenges in the sector

The report by the former Canadian Labour and Business Centre paints a picture of the Canadian health care sector in *Focus on the Health Care Sector: Viewpoints 2002*. Canadian leaders in the sector (private and public employers and unions) characterize the health care sector as being troubled with worsening working relationships, lowering worker motivation and morale, and higher stress levels due to increased workloads. Other challenges include an ageing workforce and the need to replace those workers who retire. Both employer and union leaders identify declining productivity and the ability to attract and retain health care workers as significant issues within the sector. Developing policies to retain the



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### III. Findings *cont'd*

current work force and providing opportunities for the work force to upgrade their skills were the top strategies cited by both employers and labour leaders to address skills requirements within the sector.

The ageing population also represents a challenge on the consumer side of the equation. In 2003, Workplace Education Manitoba produced a research report *Increasing Essential Skills in the Health Care Sector: Health Care Aide / Home Care Attendant*. The research found that the demand for health care aides through increased long-term care and home care services is growing as the population ages and patients are released from hospital earlier. Client needs have broadened as more people with specialized needs remain at home. Presently, the health care aide position is highly in demand in Manitoba's Aboriginal communities. Certification is also identified as an issue in the report. Although there is a certified *Health Care Aide* training program in Manitoba, it is not legislated. Many workers in Manitoba are not certified as they were hired on the basis of their experience.

In 2002, the Canadian Home Care Association conducted the *Canadian Home Care Human Resources Study*. Similar to the Manitoba research, the study reports that the need for home care services is increasing and becoming more complex. It also confirms the move from facility-based services to home-based care. Home care workers cover a range of occupations from personal support workers to nurses, social workers, and physiotherapists. The study emphasizes changing job responsibilities for health care workers along with the lack of adequate training. Home care workers at all levels indicated they want more training to serve consumer needs and advance in the health care sector.

Report such as *Invisible No Longer: Advancing the Entry Level Workforce in Health Care* published in 2006 from the United States identifies similar issues to those reported in Canada. These issues include high turnover, low wages, and poor working conditions for entry level workers. In addition, the research findings indicate that there are shortages of qualified nursing assistants to meet the needs of an ageing population. The study also reports that there will be new jobs in health care that will be mostly entry level—nursing assistants, home health aides, home care and personal aides, and medical assistants. These health care workers will be working in hospitals, clinics, long-term care, nursing homes, and assisted living and home-based settings.

The 2004 report *Two Dimensional Work: Workplace Literacy in the Aged Care and Call Centre Industries* from Australia focuses on health care aides working in aged care homes. According to the report, the aged care industry is highly regulated with nursing care aides taking on a lot of the work that had previously been done by professionals. In this context, nursing care aides have a high amount of responsibility and decision-making and conduct patient assessment and complete documentation. The documentation is highly systematized and facilities are funded on the basis of need. Reports are highly read within the facilities by professionals. The nursing care attendants bear great responsibility in terms of what funding a facility gets from government on the basis of their documentation. They may have a high level of anxiety about how to write these reports.



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### III. Findings *cont'd*

#### ii. The context for housekeepers and food service workers in British Columbia

In 2008, Capilano College released *A Needs Assessment of Essential Skills in the Workplace for Housekeepers and Food Service Workers in British Columbia*; results of this assessment of Hospital Employees Union (HEU) workers echoes issues identified in the research reports previously cited. Health care managers identify issues in finding and training employees and in recruiting and retaining staff in rural areas. Casual assignments, work locations, and higher salaries paid in other jobs contribute to these issues. Housekeepers in the study also noted that often workers did not last long in the job, finding other jobs that were less demanding and better paying. This report also indicates that employee training and development can help to address some of these issues in the province.

The Capilano College research indicates that the large majority of HEU members are women, ageing, with approximately one third born outside Canada. Furthermore workers in entry level positions born in Canada have less formal education than their immigrant counterparts who often have nursing or teaching credentials.

The study also shows that although most housekeepers and food service workers in health care work directly for health care authorities, since 2004 in some health authorities, these services have been contracted out to private companies. Currently about 3500 HEU members now work for private companies, including Aramark, Sodexo Inc., and Compass Group. Many workers are working casual and/or working two jobs in private companies.

According to the research, an integral part of the sector includes standards, processes, and data collection. Importantly, housekeeping and food services are audited regularly, and housekeeping has an important role to play in infection control.

Responsibilities in jobs in housekeeping and food service have increased and are more complex than in the past. This change is due to infection control procedures, high patient turnover, and different procedures for different patient situations. Food service workers are now seen as part of the patient team and the healing process. Workers in housekeeping now work more independently and make more informed decisions that have to do with health and safety. Although responsibilities have increased, the Capilano College study shows that training is inadequate for these workers.

#### iii. Health service reform and transformation

Published in 2006, Fryer's *Learning for a Change in Healthcare* provides a different perspective on the health care context and entry level workers. The report paints a picture of the National Healthcare System (NHS) in the United Kingdom as going through a period of health service reform and transformation. Reform is aimed at improving the experiences of patients and other health care users with the end goal of improving health. Learning by all those who work in the health care system is seen as paramount and integral to meeting reform and transformation goals.



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### III. Findings *cont'd*

Workforce learning is seen as benefiting patients, health care users, and the general public. It is also seen as a way to improve productivity, add value for money, and make every health care organization a model employer and employer of choice.

At the same time, like studies from Canada and the United States, the research findings acknowledge repeatedly that those in entry level positions are missing out on this needed learning and that this needs to change in order to meet goals related to reform and planned transformation. Results from *Learning for a Change in Healthcare* also indicate that although a great deal of money is spent on training in the health and social care sector in the UK, very little of it goes to staff who work in support roles.

#### C. Literacy requirements and training needs for entry level health care workers

##### i. Canada

The research conducted by Capilano College in 2008 reports that along with the requirement of more knowledge and skills, health care workers also have to work harder and faster with less staff. An increase in writing skills is noted for housekeeping and food service workers. Literacy and essential skills requirements focus on health and safety, cleaning procedures, patient care and communication with supervisors and co-workers. Health care workers need to be able to read and understand material such as health and safety texts, manuals for cleaning procedures, and patient menus and requirements. They also need to communicate orally and in writing with supervisors, patients and co-workers. Computer literacy is also required.

Similarly, in 2003, Workplace Education Manitoba also reports that both oral and written communication skills are important for health care aides. They need to document information correctly using medical terminology and communicate well with other health care staff, patients, and their families. In addition, these workers need to be aware of cultural and intergenerational sensitivities.

Informants in the Capilano study report that there is not enough training and learning opportunities for entry level workers in housekeeping and food services—especially in terms of health and safety and in increasing decision-making responsibilities. Some managers are keenly aware of the need for training for these occupations and there have been some attempts to increase training and orientation and integrate ESL into the training.

The Capilano College study identifies a number of training needs based on the literacy and essentials skills requirements of housekeepers and food service workers. Workers need training in computer literacy, health and safety (i.e., infection control and preventing injuries), and customer service. Literacy and language upgrading along with cultural sensitivity training are an integral part of this focus. Workers also need to know how to move into other jobs. They may require preparatory training in reading, writing, medical terminology, and test taking in order to do so.



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### III. Findings

The Capilano College report recommends that sector-wide partnerships through a provincial advisory committee be developed. Other recommendations include developing best practices for essential skills in the sector and embedding essential skills in health care curricula.

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#### ii. United States

Lack of training for entry level workers is identified as an issue in the reports and documents reviewed. There is concern in the sector about literacy and language needs in terms of workers being able to get certification, communication with patients, and quality of patient care.

In *Invisible No Longer: Advancing the Entry level Workforce in Health Care* Wilson (2006) indicates that these workers are the least likely to have credentials or career advancement paths and often appear "invisible" in health care delivery. The research suggests that these workers need a particular strategy for professional development.

In the 2005 report *To Reach the First Rung and Higher: Building Healthcare Career Ladder Programs for Low-Skilled Disadvantaged Adults*, the authors indicate that employers are concerned about high turnover of staff leading to expensive retraining costs, inadequate training, and the need for basic skills programs (such as reading, writing and math), and language learning to upgrade these skills. Employers believe that lack of employee retention and inadequate basic skills and technical training are related. They believe that adequate training will increase quality and reduce turnover because workers will have increased access to "above poverty-level income" and advancement to better paying jobs in the sector. At the same time, career ladder programs also have the potential to address labour market shortages.

The 1199 Services Employees International Union's (SEIU) Training and Employment Funds is a report on its experience with its health industry project in New York City. The joint body has made several recommendations to address labour shortages, retention issues, and the need for additional skills. The union recommends training and support for existing health care workers rather than relying on internationally trained workers—especially Registered Nurses (RNs). In addition, training for all health care workers was recommended in order to improve morale.

The 1199 SEIU Training and Upgrading Fund (TUF) covers 100,000 workers and 300 employers and is financed by 0.5% of gross payroll, grants, and other cash. TUF provides training through career ladders in health care for service and clerical workers. TUF provides a full range of education assistance from basic skills and ESL to post secondary education, including tuition costs. The 1199 SEIU Registered



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### III. Findings *cont'd*

Nursing Training and Job Security Funds helps prepare those workers who have been out of school for a long time through college preparation (reading, writing, math, and science). The results show large numbers of workers returning to school with good retention rates.

#### iii. United Kingdom

The 2006 UK report *Learning for a Change in Healthcare* documents the need for learning opportunities for those workers in entry level positions in health care. The purpose of the report was to "mobilise learning and wider participation in learning, as a major element of health service reform and planned transformation" (p. i). The purpose of such learning is seen as having direct benefit to patients, services users, and the general population and furthering the transformation of health care. Other goals included contributing to great productivity and making health care organizations the employers of choice.

The research found that opportunities for learning among those in entry level positions were very limited or non-existent and that many workers need support with foundation skills such as literacy, numeracy, and computers. Four hundred thousand National Health Service staff reported having no opportunities for formal learning in the past year and over 900,000 had received no on-the-job supervised training in the past year. Learning overall was found to be short-term and fragmented.

The United Kingdom uses a system of National Vocational Qualifications (NVQs) with five levels. These are competence-based qualifications that show what skills and knowledge are needed to do a job effectively and that a candidate is competent in the work undertaken. Level 3 is considered the level needed by the British population for both economic and social prosperity. *Learning for a Change in Healthcare* indicates that 40% of NHS staff have an NVQ of level of two or below. Twenty-five percent of NHS staff have below a Level 2 or have no formal qualifications at all.

Other findings of significance include that learning needs systemic support and a strategic approach. Learning for those in the lowest pay scale is key to unlocking their potential and support. The report findings indicate that learning is key to transforming health care which requires a higher standard than some other industries because of the kind of work done.

The report has 21 recommendations. Recommendations relating to entry level workers include widening access to learning for those workers in the lowest career bands by including them in plans for workforce development. Furthermore, there should be particular attention to literacy, numeracy, and language skills for health care staff. These skills should be incorporated in the learning plans of organizations. A health care leaders' "toolkit" and materials for managers to promote a culture of learning in their organizations should also be developed. Better partnerships between employers and unions to support learning for entry level workers was recommended.



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### III. Findings *cont'd*

#### iv. Australia

Managers interviewed in the Australian research report *Two Dimensional Work: Workplace Literacy in the Aged Care and Call Centre Industries* indicate that, "the demand for qualifications has squeezed many older non English speaking background workers out of the health care industry" (p. 43). The workers who remain in the industry expressed concern about the growing focus on reading and writing.

The research notes that facilities for the aged employ casual workers on an emergency basis. While some workers like the flexibility of contingent work, most are looking for something more permanent. The report also indicates that casual workers are not expected to complete the documentation expected of facility staff. Some casual workers whose first language is not English indicate they stay casual so they do not have to complete this documentation.

In 2006, NIACE, in conjunction with the Department of Health's Widening Participation in Learning Strategy Unit, conducted a small-scale study on literacy, language, and numeracy, releasing their results in *Skills for Life: Voices from the NHS*. NIACE talked to 100 respondents in health care and found that literacy, language and numeracy are important to patient safety, quality of the patient experience, to the success of Agenda for Change, to staff performance, and to staff progression. They also discovered that upgrading in these foundation skills leads to improved confidence which leads to increased decision making and to more involvement in other training opportunities. NIACE recommends more funding and the development of a strategy within National Health Service for addressing literacy, language and numeracy skills.

#### D. Workplace learning initiatives and results

##### i. Canada

No reports were found on workplace literacy initiatives in health care. However, successful workplace literacy programs have taken place in hospitals and nursing homes etc. in British Columbia, Ontario, Alberta, and Nova Scotia in the past. There is current activity in Manitoba and Nova Scotia. Presently, there is an initiative in British Columbia that is taking a sector approach and looking at embedding literacy into existing training for entry level workers.

##### ii. United States

In 1997, Debbie D'Amico examined five short term programs for health care workers with low literacy that were offered through the labour management education and training fund with Local 1199 Health and Hospital Workers Union, of SEIU in the New York / New Jersey area. These members have access to training and education through the Employment, Training and Job Security Program (ETJSP)—a negotiated joint labour management fund. The ETJSP represents a sectoral strategy for health care. In an analysis of the programs, D'Amico concluded that integrating language, literacy, and numeracy learning with both job training and post secondary education increases employment and earnings. She also notes that bridge programs can facilitate a transition to training and higher education for those health care workers with literacy and language needs. She states that structured career ladders that tie



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### III. Findings *cont'd*

advancement, wages, and promotions within an industry to training and education opportunities are necessary to provide pathways out of poverty for low-income workers.

In 2005, Chisman and Spangenberg conducted research for the Council for the Advancement of Adult Literacy on six career ladder programs in the health care sector known to have a "national reputation of excellence;" their objectives were to identify accomplishments, challenges, and future directions for similar programs. Among other activities, the programs provide opportunities for workers with literacy and language challenges in the health care sector to advance in the sector. For example, a food service worker might obtain entry level clinical training or an entry level clinical worker might receive training to be a licensed practical nurse. Congruent with D'Amico's findings, the authors indicate that in order to create these pathways successfully, these programs need to combine basic skills and language learning with vocational training.

In summary, the authors found that some of the programs improve job performance, job satisfaction, and promotions within entry level positions for what they termed "very low" skilled workers and, often, programs improved promotional opportunities in above-entry-level positions for some workers with higher level basic skills/high school and good language skills. However, few programs could afford to collect evaluation data.

Among their recommendations, the authors of the report call for increased opportunities for low skilled workers to advance beyond entry level, strengthened career ladders, and enhanced data collection and adequate program evaluation. They stress the importance of these programs in terms of economically disadvantaged workers themselves and in terms of public interest.

The report *Invisible No Longer: Advancing the Entry Level Health Care Workforce* also outlines needed activity in the health care sector to address the needs of entry level workers. This activity includes federal initiatives to develop career ladders for Certified Nursing Assistants, Licensed Practical Nurses (LPNs) and the acceleration of LPNs to Registered Nurses. Other recommended activities include improvements to long-term care systems through recruitment, wage improvement, training, and career ladders initiated by the United States Centre for Medicare and Medicaid Services. The authors advocate for partnerships among employers, unions, community-based organizations, and community colleges to develop workforce development strategies.



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### III. Findings *cont'd*

The recommendations for a framework for workforce development in health care coming out of this report include four pillars:

#### 1. Learning-friendly workplaces with career ladders

This strategy focuses on developing an informal culture of learning where education is part of work with formal career ladders in place for job advancement. The intention is to retain workers by showing them there is a way up rather than a “dead end.” The findings show that retention is improved, as is better job performance, communications, and customer service when this strategy is employed.

#### 2. Work-friendly education: Bridges to higher skills

Training is offered at a time and place convenient to entry level workers. Education programs are connected or bridged effectively to the world of entry level work. These qualities enable workers with little time, family responsibilities, childcare issues, and transportation needs to attain valued and recognized credentials. Workers are provided with counselling and other supports to address barriers they might face. Organizations that employ this strategy have had increased success for employees who take the Licensed Practical Nursing Program.

#### 3. Platforms for workforce development: change the workplace

Career ladders and new forms of workforce development create the need for a workplace culture that supports these new forms of learning. This means changes in workplace policies and practices to support “investments in learning” and career advancement. Workplace learning needs to be fully integrated into the organizational environment that also supports workplace champions and career and learning coaches. Organizations that employ this strategy have had improvements in retention and turnover.

#### 4. Superstructures: Building a support system for workforce development

This fourth pillar of workforce development refers to programs and structures that increase the capacity of regions, states, and the nation to advance opportunities for low-skilled workers in the way of systems reform in the sectors beyond individual workplaces.



### III. Findings *cont'd*

#### iii. United Kingdom

In the UK, Skills for Health, the Sector Skills Council (SSC) for the UK health sector, assists the sector to develop solutions that deliver a skilled and flexible UK workforce in order to improve health and health care. One of its aims is to improve workforce skills. It is one of 25 sector councils with goals to:

- address skills gaps and shortages
- improve productivity and performance
- increase opportunities to boost skills
- improve learning supply

The sector councils are in the forefront of meeting UK's economic challenges through a skilled workforce working with national competencies for each sector.

Literacy, language, and numeracy are integral components of Skills for Health's focus. This area of basic skills has its own web page linked from the Skills for Health website. The web content includes why literacy, numeracy, and language are important, and it outlines a whole organization approach to integrating literacy, language, and numeracy into the business and systems of the organization. The site also includes video vignettes and case studies that highlight success stories. It also features tools such as a generic PowerPoint presentation on Making the Business Case and templates for strategic planning for literacy, language, and numeracy.

The case studies outlined below describe the programs and results.

#### **Situation 1: Certified ESL training for laundry staff and others**

There was concern in the health care organization about staff following instructions and understanding health and safety issues. As a result of the program, participants gained increased self esteem and progressed to other roles. They also brought their less confident friends to the program. Management reported that healthy and safety, patient care, and communication had improved.

#### **Situation 2: Enhanced literacy and numeracy skills for advancement**

Management approached a senior health care attendant about additional learning to be considered for pilot nursing training offered in the organization. The attendant needs to take a test and get her level 2 literacy and numeracy. The health care attendant had a supportive supervisor and attended the additional training on working time. She got help with grammar, spelling, and punctuation and felt comfortable learning with her peers who were in the same situation. As a result of the training, she gained improved communication, writing, and clinical skills. She was able to provide more advanced care to her patients and passed and got a certificate of education.



### III. Findings *cont'd*

#### iv. New Zealand

Careerforce (Community Support Services Industry Training Organisation Ltd) implemented an embedding approach to training in the health care and disability sector. The embedding approach to training makes learning part of everyday practice, and develops a learning culture. There are higher and more complex levels of care in the sector that created a need for this kind of approach. The 2009 report *The Embedded Training Model – Benefits* gained by embedding workplace based training in the New Zealand health and disability sector conducted research on five workplaces where this approach was used. The findings indicate that the embedding approach has a level of acceptance by both employers and trainees. The strategy for an embedded approach was tailored to the operational realities of each workplace. The results associated with an embedded approach to training included:

- improved quality of care
- more cooperation among co-workers who participated in training
- more professionalism and efficiency at the workplace
- less turnover and absenteeism
- better wages and working conditions for employees
- better career pathways for employees who had not had a good experience with education in the past



## IV. Summary and Analysis of the Research on Literacy and Foundation Skills and the Health Care Sector

The analysis that follows is based on a review of the literature on literacy and the health care sector with a focus on the entry level health care workforce. It considers literature from Canada, the United States, United Kingdom, New Zealand, and Australia.

### Research on literacy and essential skills for entry level health care workers

Literacy and foundation skills—particularly as they apply to the entry-level health care workforce—have been under researched. The bulk of the research is related to patient barriers in terms of literacy and language and is referred to as “health literacy” rather than the needs and requirements of the health care workforce. One exception appears to be literature that is related to the language skills of internationally trained nurses.

### The entry level health care workforce

The entry level health care workforce includes positions such as health care aides<sup>1</sup>, home care workers, personal support workers, food service workers, housekeepers, clerical staff, and maintenance workers. These workers may be found in acute care institutions, nursing homes, long term care facilities, or be home-based. It appears that these entry level jobs are growing in industrialized countries, especially in view of the ageing population and the move to home-based care.

The entry level health care workforce is characterized in the literature by low wages, poor working conditions, high turnover, growing responsibilities, increased work load, lack of adequate training, little access to qualifications, and increasing casualization. In addition, this workforce is racially and ethnically diverse, ageing, with the majority being women. Many workers may have not had the opportunity for formal education credentials which impedes their ability to get certification in the industry.

### Literacy and essential skills challenges for health care workers

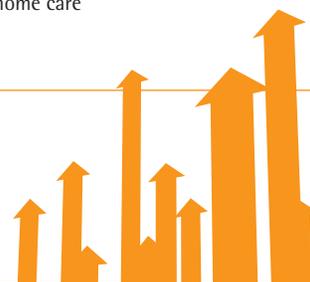
Foundation and basic skills important to the health care workforce include literacy, numeracy, and language and reflects the composition and diversity of the entry level health care workforce. Health care managers, unions representatives, workers, and others indicate that there is a need for access to workplace learning initiatives for the entry level workforce that include foundations skills such as reading, writing, numeracy, technology, and language learning.

<sup>1</sup> The research conducted by Workplace Education Manitoba on the essentials skills needs of health care aides/home care attendant points out that the health care aide goes by many different titles for similar work. These titles include health care aides, personal support worker, home care attendants, health care attendants, nursing assistants, nurses' aides, etc



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## IV. Summary and Analysis of the Research on Literacy and Foundation Skills and the Health Care Sector *cont'd*

### Training for the entry level workforce

Health care workers in entry level positions get the least amount of training in the sector and not enough training to keep up with growing requirements and increased responsibilities around patient care and health and safety issues such as infection control, standardization, and regulation. Workers need formal credentials to move forward in the sector into better paying jobs. This situation is an equity issue in terms of access and opportunity for the racially and culturally diverse health care workforce.

Health care employers are concerned about the lack of adequate training for these workers and see this issue as linked to high turnover. They believe that training that includes literacy and language learning could improve quality of service, employee retention, and opportunities for advancement for these workers. Issues and challenges related to health and safety in health care organizations can be highly public in that they are reported in the media. These challenges are seen as issues of patient and public safety and can be linked to the training (or lack of it) that the workforce receives.

Literacy, language, and foundations skills are seen as essential components of any learning strategy for the entry level health care workforce. These basic skills are important in terms of organizational goals around customer service and patient care, health and safety, and workplace and skill requirements changes. They are equally important for worker goals for employment security, pathways to better paying jobs, and keeping themselves and others safe.

In the United States in particular there is concern for providing training opportunities that include literacy and language learning for both the unemployed and incumbent workers within the health care sector.

### Workplace literacy and essential skills initiatives for health care workers

Canada has had successful workplace initiatives in health care organizations such as hospitals, nursing homes, and other health care facilities. These initiatives have been planned by management and labour but they have been mostly local or provincial strategies. However, there is little written about these initiatives in the literature.

Workplace literacy development is cited as more than just offering programs. It is about integrating a culture of learning and support for learning (including literacy learning) into the regular business of health care organizations. Labour management partnership to address overall learning needs—including literacy learning—are illustrative as best practice.

Those health care organizations that have included literacy and language development as part of learning and training have had positive results. Results for employers of workplace literacy initiatives



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#### IV. Summary and Analysis of the Research on Literacy and Foundation Skills and the Health Care Sector *cont'd*

include 1) improved patient care, 2) improved employee retention, 3) better ability to fill labour shortages, 4) improved job performance and 5) increased health and safety. Results for workers include 1) increased self esteem, 2) increased job satisfaction, 3) education credentials, and 4) access to further learning and advancement within health care.

Actual and recommended strategies to address the learning needs of the entry level health care workforce include career ladders, and language and literacy programs that are embedded with job-related content and lead to credentials and opportunities for better pay and advancement for the health care work force.

##### **Infrastructure and funding for training for the entry level health care work force**

It appears that little work on a system-wide basis has been done in addressing these needs of the health care workforce except in the United Kingdom through its Skills for Health Council and Skills for Life initiative. Other than this example, initiatives that focus on foundation skills for health care workers appear to be local and piecemeal except for training trust funds and resulting programs for health care workers negotiated through collective bargaining.

The UK has developed an infrastructure and funding (the Train for Gain program) support for literacy, language, and numeracy within health care. This support focuses on partnerships and integrating basic skills into an organization's systems and processes through a whole organization approach.

In Canada, there is no joint labour management sector council for health care. However, there are national and provincial health care associations and union advocates that could serve as partners in awareness-raising around the need for workplace literacy and training for the health care workforce.

Notably, there is current activity in the health care sector in Manitoba and Nova Scotia. Manitoba has done a needs assessment for health care aides and developed an essential skills curriculum for this occupation, along with a communication workshop for health care leaders in a rural hospital. In Nova Scotia, essential skill and workplace programs have been offered in nursing homes through the provincial workplace initiative. In addition, the Nova Scotia Healthcare Sector Council has developed a recruitment and retention package for the sector.



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## IV. Conclusion

The dearth of material on the entry level health care work force and resulting training for literacy and essential skills shows that indeed the choice of the health care sector for mobilization was appropriate.

The environmental scan paints a picture of a sector where there are many changes happening that impact entry level health care workers. Their jobs are becoming more complex with more issues around health and safety and more responsibilities around client care. The need to read and understand documents, write reports and use technology is an integral part of the changes for entry level workers in the sector. However, a picture of training is painted as being limited or non-existent across the industrialized world in the sector. Contracting out in many cases has left these workers more vulnerable with less training and lower wages than ever before.

The need to provide ongoing training and learning to these workers is an issue of importance to both employers and the workers themselves.

Training, particularly an approach where literacy, language and basic skills are integrated into vocational training and embedded into health care workplaces show positive results for both employers and entry level workers.



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