2019 State of Healthcare Training

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A Note From Qstream

The demands on the healthcare system and its employees continue to mount—they’re tasked with complying with ongoing regulatory changes, updates to operating procedures, shortage of healthcare professionals, and the many new ways to diagnose, treat, medicate, and rehabilitate patients.

Healthcare medical and learning leaders are under constant pressure to keep professional and supporting staff updated, compliant, and delivering the best possible patient care. The need for operational “up time,” unnecessarily high readmission rates, and a shortage of healthcare professionals are already pushing the healthcare system, and its employees, to its limit. As a result, there is little room for mandatory and non-mandatory training in this 24/7 operation.

Qstream is honored to support ATD Research in conducting and publishing this report, which is critical for healthcare leaders to understand the state of play in healthcare training and how these trends affect TD functions and the programs they provide. We are more motivated than ever to support the changing needs of healthcare training, which needs to be ongoing, time efficient, engaging, and measurable to be effective.

We believe it is time for change in the way medical and healthcare learning leaders think about, plan, and roll out training. We will continue to work in partnership with the healthcare industry to make that happen and, through a more proficient workforce, have positive influence on patient outcomes.

About Qstream

Developed at Harvard Medical School, Qstream is the only mobile microlearning solution scientifically proven to increase long-term knowledge retention and change behavior. Adopted by more than 100 healthcare providers and educators, Qstream is trusted by learning leaders to help healthcare professionals and students retain and apply critical knowledge and skills in any medical situation. The company’s origins are grounded in healthcare training; co-founder Dr. B. Price Kerfoot’s more than 22 clinical trials in hospitals and medical education institutions found that Qstream increases individual and team proficiency, resulting in better patient outcomes. For more information, visit qstream.com/healthcare.
The healthcare industry is growing—and quickly. In 2018, healthcare became the largest employment sector in the United States, and more than 2 million healthcare jobs are expected to be added in the next decade.¹ This rapid growth means talent development professionals in the healthcare industry are tasked with even more challenges—not only ensuring that employees develop the skills they need to succeed, but also finding strategies to manage talent shortages and retain employees.

The 2019 State of Healthcare Training Whitepaper (hereafter, the Study) shares findings from a survey of organizations that provide healthcare services in the United States. Healthcare services include acute care hospitals and nonacute facilities, post-acute care, ambulatory or outpatient care, services for individuals with intellectual or developmental disabilities, and behavioral healthcare (including for mental health and substance abuse).

The Study provides a detailed view of how healthcare organizations are training their staff, sharing data on direct learning expenditures, average numbers of learning hours used and available, and learning delivery methods. Its purpose is to provide benchmarks for those in the healthcare field.

To identify how talent development in healthcare differs from other industries, the Study draws comparisons to ATD’s 2018 State of the Industry, which provides data on these same topics for organizations across all industries. The healthcare industry saw a lower direct expenditure per employee compared with other industries. The Study also finds that healthcare organizations had an average direct expenditure per employee of $602, while the 2018 State of the Industry reports a figure of $1,296 for all industries.²

Another key difference concerned the number of learning hours employees used. The average number of learning hours used per healthcare employee was 25.5, while the 2018 State of the Industry finds that the average number of learning hours used per employee across all industries was 34.1.³ This reflects a challenge the healthcare industry faces: giving employees the training they need to succeed and convincing employees and their managers to make time for training despite busy schedules, the demands of shift work, and the need to maintain staffing ratios.

The average direct learning expenditure per employee of healthcare organizations.
The Study also examines how organizations are preparing for the switch to value-based care, which is defined as a payment model that replaces fee-for-service care, reimburses only positive results, and avoids unnecessary procedures and interventions. About a quarter of organizations had already switched to value-based care, while 26 percent were either in the process of switching or planning to switch. Respondents were also asked about the effects of the nursing shortage, as well as strategies organizations are using to prepare for the nursing shortage. The top strategy, used by two-thirds of respondents, was providing tuition reimbursement.

Finally, ATD Research interviewed talent development leaders in healthcare organizations about how their organizations were overcoming challenges to healthcare training, best practices, and recommendations for managing the nursing shortage and the switch to value-based care.
In the 2019 State of Healthcare Training Whitepaper, ATD Research sought to identify trends in healthcare training. Specifically, this report examines direct learning expenditures on various training efforts, distributions of learning hours used and available, trends in value-based care, and the effects of the nursing shortage.

About the Research

The sample was composed of 52 participants who completed an online questionnaire. Respondents submitted data for the last fiscal year on topics related to their organizations’ training expenditures, expenditure distributions, and learning delivery methods.

About three-quarters of participants reported that they represented a nonprofit, non-government organization, while 18 percent said their organization was for-profit, investor-owned. Another 5 percent of respondents were from government organizations.

Just over half of participants (52 percent) said their organization was primarily an acute care hospital, while nearly as many (48 percent) were from organizations that primarily provided nonacute care.

For the purposes of the Study, the following definitions are used for acute care and nonacute care:

**Acute care hospitals** are equipped with the personnel, technology, and infrastructure to diagnose and deliver treatment for a wide variety of severe illnesses and injuries. These healthcare facilities may provide other services, but they primarily provide acute care hospital services.

**Nonacute facilities** primarily provide services including:
- home health agency
- hospice
- skilled nursing facility
- ambulatory and outpatient care (ambulatory care clinics, ambulatory surgery centers, primary care, and urgent care centers)
- residential or nonresidential services for individuals with intellectual or developmental disabilities
- inpatient behavioral health facility (including facilities for mental health or substance abuse)
- outpatient behavioral healthcare (including outpatient care for mental health or substance abuse).
The Study provides data for acute care hospitals and nonacute facilities, as well as the consolidated healthcare group, which comprises all 52 acute and nonacute healthcare organizations surveyed.

FIGURE 1:  
Description of Organizations
Which of the following best describes your organization?

<table>
<thead>
<tr>
<th>Organization Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonprofit, non-government</td>
<td>76%</td>
</tr>
<tr>
<td>For profit, investor-owned</td>
<td>18%</td>
</tr>
<tr>
<td>Federal government</td>
<td>3%</td>
</tr>
<tr>
<td>State government</td>
<td>1%</td>
</tr>
<tr>
<td>County, city, or municipal government</td>
<td>1%</td>
</tr>
</tbody>
</table>

Key Findings

The data presented here are intended to help develop benchmarks for those in the healthcare field. Some key findings of this report are:

- **Organizations had an average direct expenditure of $602 per employee.** Nearly 30 percent of the total direct expenditure was spent on learning suppliers; 17 percent of the distribution was spent on tuition reimbursement.

- **About a quarter of organizations had already switched to a value-based care (VBC) model.** Moreover, another 16 percent were in the process of switching to a VBC model, while 10 percent were planning to switch. Just 19 percent reported that they had no plans to switch.

- **Less than a third of participants indicated that their organization was prepared for the nursing shortage to a high or very high extent.** Respondents were much more likely to report that their organization was moderately prepared for the nursing shortage (47 percent).
Throughout this section, the following definitions are used:

**Internal services** include TD staff salaries (including taxes and benefits), travel costs for TD staff, administrative costs, nonsalary development costs, and nonsalary delivery costs (such as classroom facilities or online infrastructure).

**Learning suppliers** include consultants and services, content development, licenses, and workshops and training programs delivered by outside facilities.

**Tuition reimbursement** includes tuition coverage or reimbursement for continuing professional education or education programs at educational institutions.

### Training Expenditure and Distribution

More than half of direct learning expenditure for the consolidated healthcare group went to internal services, and just over a quarter went to learning suppliers (Figure 2). Nearly 20 percent of expenditure went to tuition reimbursement. This was more than twice the percentage reported for all industries in ATD’s 2018 *State of the Industry*, which found that just 8 percent of learning expenditure went to tuition reimbursement for organizations across all industries. This higher allocation for tuition reimbursement in healthcare can be attributed to the need for nurses, doctors, and other health professionals to meet continuing medical education (CME) requirements by obtaining CME credits on a regular basis. Furthermore, offering employees tuition assistance as they meet these requirements can serve as a valuable retention strategy.

However, the Study did find that distribution differed between acute and nonacute organizations. Acute care hospitals spent a majority of their learning expenditure (68 percent) on internal services, compared with 43 percent for nonacute facilities. Nonacute facilities were much more likely to spend funds on learning suppliers (38 percent), compared with 17 percent at acute care hospitals. This difference may relate to organization size—the 2018 *State of the Industry* noted that small organizations may choose to outsource activities because limited staff and resources make it impractical to develop some offerings internally. Indeed, nonacute facilities were more likely to be small; the Study found that 33 percent of nonacute facilities had fewer than 1,000 full-time employees, compared with just 6 percent of acute care hospitals.
FIGURE 2: Expenditure Distribution

Consolidated Healthcare: 56%
- Learning suppliers: 27%
- Tuition reimbursement: 17%
- Internal services: 12%

Acute Care Hospitals: 68%
- Learning suppliers: 17%
- Tuition reimbursement: 15%
- Internal services: 36%

Nonacute Facilities: 43%
- Learning suppliers: 38%
- Tuition reimbursement: 19%
- Internal services: 46%
Conclusion and Recommendations

The healthcare industry faces many unique challenges when it comes to talent development. The Study found that employees at healthcare organizations use fewer learning hours than employees across all industries. In addition to ensuring employees receive the training they need in the limited time available, healthcare organizations are also facing difficulties caused by the nursing shortage and the transition to value-based care. Just over a quarter of organizations believe they are prepared for the nursing shortage to a high extent. To help healthcare organizations navigate these challenges, this section offers advice from subject matter experts.

Recommendations

Based on the results of the Study, as well as insights gleaned from subject matter experts, the following recommendations are offered.

Get Executive Buy-In on the Value of Training

Due to limited time and staffing needs, it may be difficult to convince leaders that training is necessary. Showing executives the value of learning through metrics such as reduced errors or improved patient experience may help convince them that there is a need for employees to take time to learn.

“Persuade the C-suite to see that learning is an investment and tie it to business results,” says Jacque Burandt. For training that involves topics like compliance, Burandt recommends that TD professionals focus their conversations with leaders on the consequences that may result if learners do not receive training, such as noncompliance fines.

Provide and Promote Programs That Target Nurses’ Needs

The Study found that the top strategies organizations have undertaken to combat the nursing shortage are providing tuition reimbursement, increasing opportunities for internal advancement, and formally partnering with educational institutions. University Health System has taken a multi-pronged approach by implementing several strategies to retain nurses, including offering student loan reimbursement. While some strategies, such as the nursing scholarship program, are open only to employees who have worked at University Health System for a year, other strategies (including
student loan reimbursement) are open to new and existing employees. Offering programs that serve both new and current employees can help organizations attract and retain their staff.

As increased burnout was the top effect of the nursing shortage that respondents identified, programs that help nurses experiencing burnout or emotional distress are also valuable. University Health System’s Code Lavender program gives employees opportunities to destress through meditation, therapeutic communication, and aromatherapy.

Whatever programs organizations are offering to support nurses, promoting them is key. “Because we have a shortage, there are a lot of emerging nurses who can decide where they want to work,” says Yon Sugiharto. “Healthcare organizations should showcase the programs they’re offering to show how they’re different from other healthcare organizations.”
Acknowledgments

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- **Jacque Burandt**, President, Award-Winning Results; former Executive Director of the Center for Learning Excellence, University Health System
- **Joan Grothmann**, Epic Operational Lead, St. Charles Hospital
- **Andrew Osso**, Epic Credentialed Trainer, St. Charles Hospital
- **Yon Sugiharto**, Director of Learning and Development, Yale School of Medicine
Notes


About the Author and Contributors

The Association for Talent Development (ATD) is the world’s largest professional membership organization supporting those who develop the knowledge and skills of employees, improve performance, and achieve results for the organizations they serve. Originally established in 1943, the association was previously known as the American Society for Training & Development (ASTD).

ATD’s members come from more than 120 countries and work in public and private organizations in every industry sector. ATD supports talent development professionals who gather locally in volunteer-led U.S. chapters and international member networks, and with international strategic partners. For more information, visit www.td.org.

ATD’s researchers track trends, inform decisions, and connect research to practice and performance. By providing comprehensive data and insightful analyses, ATD’s research products, which include research reports, briefs, infographics, and webcasts, help business leaders and talent development professionals understand and more effectively respond to today’s fast-paced industry.

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Shirley E.M. Raybuck is a designer for ATD and served as the designer for this report.
Appendix: Survey Overview

Target Survey Population

The target survey population for this Study was healthcare professionals from organizations of various sizes and type. Overall, 52 unique participants completed the survey.

Survey Instrument

The survey was composed of 26 questions, including those geared toward the demographics of respondents.

Procedure

ATD Research distributed a link to an online survey to the target population in February 2019. The survey closed in May 2019. Online and telephone interviews with subject matter experts were conducted in May 2019.
More From ATD Research

2019 Talent Development Salary and Benefits Report

In 2019 Talent Development Salary and Benefits Report, ATD Research provides valuable information about salary in the TD profession. Based on a survey of 1,911 TD professionals, the report identifies the median base salary of individuals working in talent development, as well as non-base pay such as bonuses and incentive pay. The report provides salary information by job level, industry, and primary area of responsibility. In addition, the report helps organizations evaluate their compensation and benefit offerings. The report includes information on what benefits talent development professionals are receiving, as well as which benefits see the greatest use. For more information, visit www.td.org/SalaryReport2019.

The Future of Work

The Future of Work: Technology, Predictions, and Preparing the Workforce examines how technology advances and transformations in the workplace are expected to change organizations in the next five years—and how talent development leaders can prepare their organizations for it. According to the report, just 24 percent of organizations have a workforce that is well prepared for the future of work. The report also features detailed interviews with TD executives, who share their experiences, insights, and recommendations. For more information, visit www.td.org/FutureofWork.

Developing New Managers

Developing New Managers: Key Elements for Success is a new examination of first-time manager development. The Study found that many organizations were achieving strong results in developing new leaders; further, most participating organizations offered structured development programs or individual training assets specifically for new managers. However, it also revealed issues and missed opportunities that could, if constructively addressed, enable talent development professionals to better prepare first-time managers for the challenges they face. The report looks at first-time people managers, sales managers, and technical managers. For more information, visit www.td.org/newmanagers.

2019 State of Sales Training

The 2019 State of Sales Training focused not only on benchmarking organizations’ annual sales training expenditures, but also on identifying best practices of high performing organizations. In addition, the report examined the barriers to effective sales training, distribution of annual sales training content hours, and delivery methods, as well as the distribution of annual budget and frequency of sales training. Included are insights and recommendations from subject matter experts on how sales training professionals can overcome key challenges to improve their efforts. For more information, visit www.td.org/sales2019.

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