

# Evaluation of University Health Network's Project "Future Proofing the PSW Workforce: Toward Confidence, Competence, and Resilience"

## Final Evaluation Report

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FSC is a forward-thinking centre for research and collaboration dedicated to preparing Canadians for employment success. We believe Canadians should feel confident about the skills they have to succeed in a changing workforce. As a pan-Canadian community, we are collaborating to rigorously identify, test, measure, and share innovative approaches to assessing and developing the skills Canadians need to thrive in the days and years ahead. The Future Skills Centre was founded by a consortium whose members are Toronto Metropolitan University, Blueprint ADE, and The Conference Board of Canada

The opinions and interpretations in this publication are those of the author(s) and do not necessarily reflect those of the Future Skills Centre or the Government of Canada.



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# 1.0 Introduction

Goss Gilroy Inc. (GGI) is pleased to present this report for the evaluation of the “Future Proofing the PSW Workforce: Toward Confidence, Competence, and Resilience” project led by the University Health Network (UHN) and funded by the Future Skills Centre (FSC). This evaluation is part of the broader Strategic Evaluation and Learning Support for FSC, for which GGI was engaged in order to capture project knowledge and generate learning reports for a number of FSC-funded projects.

This report starts by presenting some background information about the project, explaining the broader context in which it took place, and identifying the purpose, scope, and objectives of this evaluation. It then briefly summarizes the methods used. Finally, the results of the evaluation are presented according to key evaluation questions and indicators. A brief summary concludes this evaluation report.

## 1.1 Background<sup>1</sup>

University Health Network (UHN) is a health care and medical research organization in Toronto, Ontario. It encompasses the Toronto General and Toronto Western hospitals, the Princess Margaret Cancer Centre, Toronto Rehabilitation Institute, and The Michener Institute of Education at UHN. The scope of research and complexity of cases at UHN has made it a national and international source for discovery, education and patient care. It has the largest hospital-based research program in Canada, with major research in cardiology, transplantation, neurosciences, oncology, surgical innovation, infectious diseases, genomic medicine and rehabilitation medicine.

Personal Support Workers (PSWs) do daily, important, heroic work, without the compensation and professional development available to other care providers. This project will address a key component of this problem.

## Project Description<sup>2</sup>

The project was designed to provide accessible, relevant, education and advocacy for PSWs in key areas of need. This included leveraging an existing educational platform ([www.cacehome.ca](http://www.cacehome.ca)), launching new partnerships with leading organizations, and supporting advocacy for system change for PSWs through the education of organizational leaders. Components of the project included:

- Educational Platform: New modules were to be developed for the course related to: infection prevention and control; COVID-19; and wellness and resilience. Modules were pilot tested and evaluated as part of the project.

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<sup>1</sup> UHN. [About the University Health Network \(uhn.ca\)](http://www.uhn.ca)

<sup>2</sup> UHN Project Proposal

- Partnerships: A participatory, partnered approach was foundational, including family caregiver engagement.
- Advocacy: An Advocacy for Systems Change resource was developed to foster change for PSWs through the education of organizational leaders.

## Project Objectives

Building upon the resources of the CACE Homecare Curriculum, this project developed a series of online modules for PSWs so they can improve their competence, confidence, and resilience in providing safe and effective long term home-based care during a pandemic. The goal was to give PSWs the capacity of going beyond the medical concerns, recommending action upon social aspects of the patient needs, taking appropriate IPAC actions and attending to their own wellness.

The specific project objectives were to:

- Develop three individual modules for the following topics:
  - Infection Prevention and Control (IPAC);
  - The basics of COVID-19 for PSWs; and
  - Wellness and resilience.
- Create an Advocacy for Systems Change resource to foster change for PSWs through the education of organizational leaders.

Family caregiver engagement would be integrated throughout the development of these modules.

## 1.2 Contextualization

Long-term care homes employ over 100,000 people across Ontario. They serve an increasingly medically complex population of approximately 78,000 residents. All long-term care homes across Ontario are required to have a staffing mix that provides an appropriate level of care and services. The requirements under the *Long-Term Care Homes Act, 2007* include various specified staffing roles, including administrators, personal support workers (PSWs), registered nursing staff, and allied health professionals.<sup>3</sup>

In 2018, PSWs accounted for 58.5 percent of long-term care home staff and provided on average 2.3 hours of the 3.73 hours of direct care provided to residents per day. They make up the largest group of workers in the sector and spend the most time with residents. Long-term care associations, operators, residents, families, and labour partners all often refer to PSWs as the 'backbone' of the long-term care system. The work they undertake is physically and emotionally taxing, which is exacerbated by the severe shortages of PSWs in many long-term care homes. PSWs report the need

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<sup>3</sup> [Long-Term Care Staffing Study \(ontario.ca\)](#)

for support so they can deliver the holistic, quality care that residents deserve, and that they wish to provide. Despite being critical to the success of the long-term care sector, PSWs are often not acknowledged as full members of the team.<sup>4</sup>

In 2019, Workforce Planning for Sudbury & Manitoulin conducted an anonymous survey of PSWs in the Sudbury area. In this study, 80% of respondents indicated they felt “underpaid, overworked, and undervalued”. The survey also found that 90% reported dealing with difficult clients, 54% said they’ve been injured at work,<sup>5</sup> 75% of PSWs receive \$20 an hour or less, 57% have no benefits, and many feel they are often not considered part of the healthcare team.<sup>6</sup>

In 2020, the Ministry of Long-Term Care acknowledged that “Early lessons from COVID-19 demonstrate a distinct need for improved infection prevention and control (IPAC) expertise in all long-term care homes. Rapid spread of COVID-19 in some homes suggests that many initial infection prevention and control efforts were insufficient.”<sup>7</sup>

Acknowledging these realities, UHN launched this project to “future-proof Canada's personal support workers (PSWs) against emerging health crises, while levelling out some of the inequities PSWs face compared to other health professions.” The resulting “evidence-informed” education modules are based on three foundational concepts: critical reflection, co-creation, and cognitive integration.<sup>8</sup>

## 1.3 Evaluation Objectives, Scope and Questions

### Objectives

GGI in consultation with UHN agreed that the evaluation would focus on assessing partnerships (between participating organizations), engagement, relevance, and reach (for both the education modules and the advocacy activities), outcomes (for both the education modules and the advocacy activities), and the sustainability of the project.

### Scope

The scope of the review includes the period March 5, 2021, to September 30, 2022.<sup>9</sup>

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<sup>4</sup> [Long-Term Care Staffing Study \(ontario.ca\)](#)

<sup>5</sup> [Overworked and undervalued, a crisis for personal support workers | CBC News](#)

<sup>6</sup> [Challenges faced by personal support workers | CTV News](#)

<sup>7</sup> [Long-Term Care Staffing Study \(ontario.ca\)](#)

<sup>8</sup> [CAPE \(capelearning.ca\)](#)

<sup>9</sup> The original term of the contract was from March 5, 2021, to March 31, 2022. However, the project duration was extended to September 30, 2022, based on the extreme burden PSWs were under during the pandemic and the challenges associated with getting training on the new modules to occur.

## Evaluation Questions

### *Partnerships*

1. To what extent did the project engage partners in the development of the education modules?
2. To what extent did the project engage partners in the development of the advocacy campaign?

### *Engagement, Relevance and Reach*

3. To what extent did PSWs participate in the education modules?
4. To what extent were healthcare and PSW leadership reached with advocacy resources/activities?
5. To what extent were the education modules relevant to the needs of PSWs?
6. To what extent were the advocacy resources/activities relevant to the needs of healthcare and PSW leaders?

### *Effectiveness*

7. To what extent did the education modules benefit PSWs?
8. To what extent did the advocacy campaign influence healthcare and PSW agency leaders?

### *Sustainability and Next Steps*

9. To what extent is the project sustainable?
10. How can this project be scaled? What are the priorities for next steps for PSW education and advocacy work?

## 2.0 Methodology

### 2.1 Data Collection Methods and Stakeholder Sample

GGI implemented the evaluation in three phases: design, data collection, and analysis and reporting. The methods included:

- Document review; and
- Key informant interviews.

#### Document and Data Review

The document review contributed to evidence for the first eight evaluation questions. Specifically, it provided background information on the origin and initial design of the project. The review of documents was key in order to understand how the project was intended to operate, and how it was actually implemented.

Key documents reviewed included:

- UHN Application for Innovation Project Funding
- UHN Logic Model
- UHN Quarterly Reports (Q1 2021, Q2 2021, Q3 2021, Q1 2022, Q2 2022)
- UHN Annual Report 2021-2022
- Reserca – Summary Qualitative Analysis: FSC Evaluation (Notes and Presentation)
- *Interprofessional Education Learning Activity Evaluation – Get to Know Your PSWs* – Survey Results
- CAPE FSC Evaluation Report - DRAFT

#### Key Informant Interviews (n=8 interviews)

The key informant interviews contributed to evidence for all ten evaluation questions. The information gathered through the interviews provided supporting evidence on how the project was actually implemented as well as perspectives on the perceived value of the program.

Key informant interviews were conducted with:

- UHN Staff (2)
- Partners (VHA – 1, CBI – 3)
- PSWs (2)



## 2.2 Analysis of the Data

GGI analyzed all data from the two different lines of evidence. The analysis consisted of:

- Reviewing documents (i.e., proposal plus quarterly and annual reports) to assess the degree to which actual activities matched planned activities;
- Reviewing feedback provided by PSWs through focus group discussions (Summary Qualitative Analysis) to assess the degree to which the program modules contributed to the expected outcomes from the project; and
- Soliciting input from key informants to support the evidence gathered through the document review.

## 2.3 Strengths and Limitations

Interviews were conducted with 2 of the 3 identified partners. The level of understanding of the advocacy efforts by those interviewed was limited.

Interviews were conducted with only 2 PSWs. In and of itself, this sample size would be insufficient to reach conclusions about the effectiveness of the program modules. However, the results of the Summary Qualitative Analysis, where 54 PSWs provided input through 10 focus group meetings, provided additional information that supported the feedback from the 2 PSWs interviewed.

## 3.0 Findings

### 3.1 Partnerships

**EQ1: To what extent did the project engage partners in the development of the education modules?**

#### **Key Findings:**

Partners were actively engaged in the design, development, and pilot testing of the education modules. Partners included: VHA Home Healthcare, Jodal Health Care, the Reikai Centre, CBI Health, and The Michener Institute at University Health Network.

The level of engagement from the partner organizations ranged from senior level management through to front-line staff. One partner described the process as a “truly collaborative effort” with “the right people involved at the right time”.

The development process involved a “healthy tension” between the need to use scientific language and the desire to create accessible, appropriate training materials. The end result was described as “getting the right message out in the right language” for the target audience (i.e., PSW’s).

#### **Partner Engagement**

Partners were engaged throughout the module development process. VHA was actively engaged from the beginning of the project<sup>10</sup> with Jodal Health Care being added in Q1 of the first year<sup>11</sup> to assist with the design and pilot testing of the modules, the Michener Institute of Education at UHN being engaged in Q2 of the first year<sup>12</sup> to provide support for the development and website hosting of the modules, Reikai Centres being invited to participate in testing the modules in Q3 of the first year,<sup>13</sup> and CBI Health joining in the first year<sup>14</sup> to support the pilot testing of the modules.

#### **Level of Engagement<sup>15</sup>**

One interviewee commented that this project had “the most senior level and board level engagement that I’ve seen in the work that I do” and described the process as “truly collaborative”. This level of

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<sup>10</sup> Interview with VHA key informant

<sup>11</sup> UHN – Q1 Report 2021

<sup>12</sup> UHN – Q2 Report 2021

<sup>13</sup> UHN – Q3 Report 2021

<sup>14</sup> UHN – Annual Report 2021

<sup>15</sup> Interviews with key informants from partner organizations

engagement allowed the project team to remain aligned with public health expectations and messaging given the frequency with which information was changing during the pandemic.

A second interviewee commented that they “liked the transparency as they worked for a common purpose”. The “willingness to listen” resulted in a set of modules that were “specific without being too long or too technical”.

## EQ2: To what extent did the project engage partners in the development of the advocacy campaign?

### Key Findings:

Partners were actively engaged in the development of the advocacy campaign. Partners included: VHA Home Healthcare, CBI Health, the University of Toronto - Centre for Interprofessional Education, and Centennial College.

Development of the advocacy component included bringing on medical, rehabilitation and nursing students from the University of Toronto and PSW students from Centennial College. These students were given the liberty of designing the advocacy material and engaging persons that had expressed an interest in participating.

### Partners Engaged

Healthcare and PSW agency leadership (e.g., VHA, CBI Health) were initially contacted to share their stories about the roles and importance of PSWs within the healthcare system.<sup>16</sup> Subsequently, the project team identified PSWs and members of the healthcare community (from the University of Toronto (U of T) and Centennial College), that had expressed an interest in advocating for the needs of PSWs.<sup>17</sup>

### Level of Engagement

According to feedback from a UHN staff member interviewed, “we have great student and community engagement”.<sup>18</sup> A total of 23 U of T Medical, Rehabilitation, and Nursing students and 6 Centennial College PSW students were engaged in the development of advocacy material.<sup>19</sup> Key informants from VHA and CBI indicated that they were not directly involved in the creation of advocacy materials but they did share the advocacy materials within their respective organizations.<sup>20</sup>

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<sup>16</sup> UHN – Q2 Report 2021

<sup>17</sup> UHN – Q3 Report 2021

<sup>18</sup> Interview with key informants from UHN

<sup>19</sup> UHN – Q3 Report 2021

<sup>20</sup> Interviews with key informants from partner organizations

## 3.2 Engagement, Relevance and Reach

### EQ3: To what extent did PSWs participate in the education modules?

#### Key Findings:

PSWs actively participated in the education modules. This ranged from informal participation during the grant application process to active participation in the design, development and testing of the modules.

Participation also included providing feedback on the content of the education modules through a series of focus group sessions conducted in the summer of 2022.

#### Level of Participation

Although PSWs were not involved in writing the grant application, UHN did use its relationships with partner organizations to help craft key components of the application. Once funding for the project was received, UHN was able to engage partners and PSWs early in the design. During the creation and development of the modules, 5 PSWs from Providence Health, 5 PSWs from VHA and 7 PSW students from Centennial College were engaged.<sup>21</sup> Modules were pilot tested with PSWs and Resident Aides by 2 of 4 partner organizations.<sup>22</sup>

In Q2 2021, a total of 7 new participants were engaged in module development. In Q3 2021, 8 new participants were engaged. This number jumped to 47 participants in Q1 2022.<sup>23</sup> A total of 54 PSWs participated in focus group sessions conducted in June and July 2022 to provide feedback on the modules.<sup>24</sup>

According to feedback from a key informant from a partner organization, “PSWs were quite excited to be asked to participate in process.”<sup>25</sup>

#### Participation Barriers / Facilitators

One of the biggest challenges that the project faced was not a “willingness to participate”, but rather “pulling PSWs from the field during a pandemic” when demands on staff escalated considerably. Efforts to compensate for this included using videoconferencing (e.g., Teams, Zoom) to gather input and identifying the best times to enable attendance (2 – 4 pm).<sup>26</sup>

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<sup>21</sup> Interview with key informants from UHN

<sup>22</sup> UHN – Q2 Report 2021

<sup>23</sup> UHN – Q2 and Q3 2021 Reports, Q1 2022 Report

<sup>24</sup> Summary Qualitative Analysis: FSC Evaluation, Reserca

<sup>25</sup> Interviews with key informants from partner organizations

<sup>26</sup> Interview with key informant from UHN

Online availability of the modules allowed PSWs to watch them at a time and place that was convenient. While positive, an identified risk was that people accessing the information would not have the benefit of seeking clarification on a topic if something was not understood.

## EQ4: To what extent were healthcare and PSW leadership reached with advocacy resources/activities?

### Key Findings:

Advocacy resources, once developed, were shared with community partners. This included the development of a social media campaign guide which was posted to the [capelearning.ca](http://capelearning.ca) website.

Additionally, the team participated in the FSC Accelerator Program, a program focused on improving the end-user experience, expanding outreach around program offerings and exploring sustainability and scale-up options.

### Advocacy Activities

As stated previously, health professionals from the University of Toronto and Centennial College were directly involved in the development the advocacy material that was shared with project stakeholders and members of senior leadership. Once developed, the advocacy resources were shared with community partners to share with their professional networks on PSW Day (May 19<sup>th</sup>). A provincial PSW Month is planned for May 2023.<sup>27</sup>

### Advocacy Results

The Michener Institute of Education at UHN has published a series entitled “Interprofessional student groups develop Personal Support Worker-partnered advocacy projects” on its website.<sup>28</sup> The posts in the series describe a number of the initiatives that the U of T and Centennial College students focused on.

As for the uptake by partner organizations, one indicated that it “shared materials with its communications team” but “did not participate in the campaign efforts for advocacy for PSW’s.”<sup>29</sup>

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<sup>27</sup> UHN – Annual Report 2021

<sup>28</sup> [Interprofessional student groups develop Personal Support Worker-partnered advocacy projects - The Michener Institute](#)

<sup>29</sup> Interviews with key informants from partner organizations

## EQ5: To what extent were the education modules relevant to the needs of PSWs?

### **Key Findings:**

UHN staff, partners, and PSWs all agreed the three education modules developed were relevant to the needs of PSWs. The modules related to mental health and wellness and IPAC were deemed as particularly relevant given the realities of COVID as the training was being rolled out.

The modules resonated with PSWs because they were informed by home care providers and home care best practice specialists. Input from PSWs during the development of the modules made them feel “part of the team” and “valued”. Although the general structure of the modules was there from the beginning of the project, language and focus were refined by PSWs.

### **Module Content**

#### *Well-being*

UHN staff, partners, and PSWs all agreed that this module was the most relevant of the three given the realities that PSWs were facing at the time (i.e., COVID pandemic). The module offered concrete strategies to recognize and improve overall well-being. Although the content was familiar to most PSWs it served as a reminder to value and prioritize their health. It reinforced the message that PSWs need to take care of themselves if they are responsible for taking care of others.<sup>30</sup>

The module was described as “very well designed” and “easy to follow”. Scenarios presented in the module “reflected the real-life PSW experience”.

#### *IPAC*

UHN staff, partners, and PSWs all agreed that this module was extremely timely given the realities that PSWs were facing at the time. Issues related to IPAC during the pandemic were contributing to the challenges around mental health and wellness and the pressure PSWs felt to stay in the workforce whether it was because of finances or to remain with their clients.

The module taught PSWs best practices for infectious disease control and its broad applicability (not just the “what” but the “why”. Although familiar with the content, PSWs specifically valued learning about PPE and hand hygiene. It also highlighted and addressed the realities that PSWs face working in a home environment (e.g., dealing with patients who may not recognize a PSW in full PPE; disposal

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<sup>30</sup> Interviews with key informants from partner organizations, UHN and PSWs

of PPE) which are different than working in a hospital or institution-based environment. The module was described as “well developed” and “easy to follow and understand”.

*Health Policy (originally called “The Basics of COVID-19 for PSWs”)*

PSWs agreed that this module was important, but not as relevant as the other two modules. PSWs acknowledged how this module highlighted the importance of using credible sources and provided them with more systematic processes for evaluating and sharing credible information.

## EQ6: To what extent were the advocacy resources/activities relevant to the needs of healthcare and PSW leaders?

### **Key Findings:**

While healthcare and PSW leaders acknowledged the importance of ongoing advocacy, were aware of the advocacy material, and shared advocacy materials, the extent to which the project advocacy resources / activities were relevant to the needs of healthcare and PSW leaders could not be ascertained.

Healthcare and PSW leaders acknowledged that the advocacy materials helped them remember the critical role that PSWs play in the community, and helped to keep PSWs “top of mind” over the past two years. One partner identified the importance of PSW month (May) to assess the degree to which PSWs remain top of mind. The focus of PSW month is to bring targeted attention to PSWs (and leaders) through four different themes: PSW awareness; education for PSWs that wish to develop their skills; sharing stories of impact about PSWs; and “team week” – an overlap between nurses and PSWs. Policy makers are another targeted group.

A concern that was expressed is that “recency bias” (i.e., focusing on the latest crisis) may result in leaders forgetting about the importance of PSWs going forward.<sup>31</sup>

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<sup>31</sup> Interviews with key informants from partner organizations and UHN staff

## 3.3 Effectiveness

### EQ7: To what extent did the education modules benefit PSWs?

#### **Key Findings:**

Both partner organizations and PSWs acknowledged the benefit of the education modules. These included both indirect (feeling engaged, seen, heard, valued) and direct (e.g., protecting themselves, their families, and their clients from infection) benefits.

Partners commented that it was important that PSWs felt like they could see themselves and their work which provides a sense of importance and value to what they do because often the work they do is invisible.

#### **Module Impact**

PSWs work in very unique circumstances. By providing education materials that reflected content that was clear, accurate, and represented current and home care practices was considered a benefit. The project was conducted during an unprecedented time where personal and client safety were important. Significant strain was felt by providers during this time. The modules not only benefited PSWs, their families and their clients, but it helped PSW's feel safe and remain in the workforce and made them feel that they were an important and valuable part of the team. The modules have helped address physical safety (i.e., don't want them to get sick), as well as psychological safety (feeling valued).<sup>32</sup>

The modules reinforced prior learnings in all three domains. This served to validate the PSWs' expertise, boost their self-confidence and empowered them to apply the knowledge and skills.<sup>33</sup>

#### *Well-being*

PSWs will prioritize their overall health and well-being by applying the tips shared in the module and through group discussion. They recognized how adopting self-care can lead to better outcomes for themselves and improved client care.

#### *IPAC*

The module complemented the extensive training PSWs have already received on infectious control. It also served as an effective reminder of the importance of prevention and avoiding complacency.

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<sup>32</sup> Interviews with key informants from partner organizations, UHN

<sup>33</sup> Summary Qualitative Analysis: FSC Evaluation, Reserca



## Health Policy

PSWs will implement more effective communication strategies to ensure they have an accurate understanding of the clients' needs using the tools to share and evaluate credible information.

### EQ8: To what extent did the advocacy campaign influence healthcare and PSW agency leaders?

#### Key Findings:

While there was evidence that advocacy material reached healthcare and PSW agency leaders (see EQ4), there was limited evidence to assess the degree to which the advocacy campaign had influenced leaders.

The majority of staff and partner key informants interviewed (5 of 6) indicated that “time will tell” referring to how well the upcoming PSW month in May is supported by leaders.

## 3.4 Sustainability and Next Steps

### EQ9: To what extent is the project sustainable?

#### Key Findings:

All key informants interviewed (staff, partner, and PSW) believe that the project has delivered high quality material, and that effort needs to be made to ensure that the good work continues. Sustainability, based on feedback from staff and partners, will be dependent on continued funding.

The training material created through this project is highly regarded by all project participants (partners, staff and PSWs). When questioned about sustainability, the answers varied somewhat based on how the term sustainability was interpreted.

- Sustainability of the material created through this project (as measured by the ability to access the training modules going forward) has been enabled by adding the modules to the existing CAPE (Collaborative Advocacy and Partnered Education) site.<sup>34</sup>

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<sup>34</sup> Interviews with key informants from UHN

- Sustainability (as measured by the degree to which modules are regularly updated to incorporate new information) will require additional resources (i.e., funding).<sup>35</sup>
- Sustainability (as measured by the degree to which more PSWs and other healthcare workers are trained on the modules) will require additional staff time.<sup>36</sup>
- Sustainability (as measured by the degree to which more PSWs and healthcare workers are made aware of and access the materials) will require continuation of the advocacy efforts.<sup>37</sup>
- Sustainability (as measured by the addition of new or modified content) will require additional funding.<sup>38</sup>

## EQ10: How can this project be scaled? What are the priorities for next steps for PSW education and advocacy work?

### Key Findings:

All key informants interviewed (staff and partners) agreed that the project should be scaled up. Suggestions for doing this included marketing the modules to other healthcare professionals (e.g., nurses), and increasing the reach of the education modules to a larger number of PSWs.

In terms of the priorities going forward, the partner responses were mixed. Two of six key informants believe that advocacy should be the higher priority, two believe that education should be the higher priority, and two believe that both are equally important.

Staff and partner key informants provided a number of suggestions for scaling this project. These included:

- Move beyond providing training just to the larger service providers;
- Broaden partnerships with informal caregiving organizations;
- Incorporating the modules into orientation for other healthcare professionals;
- Provide PSWs that have completed the training with a forum to “get the word out” about the value of the material.

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<sup>35</sup> Interviews with key informants from partner organizations

<sup>36</sup> Interviews with key informants from partner organizations

<sup>37</sup> Interviews with key informants from staff and partner organizations

<sup>38</sup> Interviews with key informants from staff and partner organizations

- Imbed training on the modules into the curricula for PSWs; and
- Broaden partnerships with other colleges that provide training for other healthcare professionals.

One partner key informant suggested that a key priority is to keep things relevant. The comment, “Don’t waste a good pandemic” highlights the concern that now that the pandemic is over, people will forget about the challenges that PSWs face.

## 4.0 Conclusions and Recommendations

### 4.1 Conclusions

The stated outcome for this project was to increase the PSWs competence, confidence, and resilience in providing safe and effective long-term and home-based care. The longer-term impact was to motivate organizational leaders to stand for PSW rights and professional development opportunities.

Based on the analysis of the information gathered through this review, it can be concluded that:

- PSWs are more aware of how the challenges they face in their work can contribute to mental health issues and the steps that can be taken to recognize and improve their overall well-being.
- PSWs are more aware of the issues associated with infection prevention and control and why the steps defined to prevent the spread are so important.
- PSWs are more aware of the importance of ensuring information they communicate is from reliable sources.

Based on feedback gathered from PSWs through focus groups conducted in the summer of 2022, this increased awareness has contributed to increased competence (e.g., PPE and hand hygiene), confidence (i.e., new knowledge and how to use it), and resilience (e.g., adopting self-care; better work/life balance).<sup>39</sup>

The degree to which organizational leaders have been influenced by the advocacy materials was not possible to ascertain through the information collected and reviewed.

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<sup>39</sup> Summary Qualitative Analysis: FSC Evaluation, Reserca

## 4.2 Recommendations

### Recommendation for UHN's Consideration

- Continue with the efforts to increase awareness of the training modules. Consider offering regular (e.g., semi-annual, annual) refresher courses for those that have participated.
- Increase the use of group training opportunities. Feedback suggested that the exchange of information among participants was every bit as useful as the content of the programs.
- Secure additional funding to expand the scope (e.g., additional topics) and reach (e.g., different portals, different languages) of the training.
- Monitor the participation levels of healthcare and PSW leadership in PSW month in May. Based on observations made, adjust the advocacy efforts to continue to keep the needs of PSWs “top of mind”.

### Recommendation for FSC's Consideration

- UHN's approach to education module development is based on the three components of critical reflection, co-creation, and cognitive integration. Given how well designed and well received the training modules were by all involved in the program, FSC may want to consider UHN's approach to “evidence-informed” education as a leading practice to consider when evaluating other opportunities for education funding.
- Provide funding to support future projects that support the collaborative development of programs focused on skills upgrading.

## Appendix A – Evaluation Matrix

Evaluation Issues/Questions	Document Review	Staff, Partner, and PSW Interviews
1. To what extent did the project engage partners in the development of the education modules?	X	X (staff, partners)
2. To what extent did the project engage partners in the development of the advocacy campaign?	X	X (staff, partners)
3. To what extent did PSWs participate in the education modules?	X	X (staff, partners, PSWs)
4. To what extent were healthcare and PSW leadership reached with advocacy resources/activities?	X	X (staff, partners)
5. To what extent were the education modules relevant to the needs of PSWs?	X	X (staff, partners, PSWs)
6. To what extent were the advocacy resources/activities relevant to the needs of healthcare and PSW leaders?	X	X (staff, partners)
7. To what extent did the education modules benefit PSWs?	X	X (staff, PSWs)
8. To what extent did the advocacy campaign influence healthcare and PSW agency leaders?	X	X (staff, partners)
9. To what extent is the project sustainable?		X (staff, partners, PSWs)
10. How can this project be scaled? What are the priorities for next steps for PSW education and advocacy work?		X (staff, partners, PSWs)

# Appendix B - Interview Guides

## Interview Guide – Staff

### *Introduction*

The Future Skills Centre (FSC) has contracted Goss Gilroy Inc. (GGI), an independent consulting firm, to support their strategic evaluation and learning support initiatives by assisting University Hospital Network with its evaluation activities. GGI specializes in conducting program evaluations of skills training programs.

The interview will take about 30-45 minutes. Your participation in the case study is voluntary. Also, please be assured that any information you provide will remain confidential and will be managed and protected in accordance with the *Privacy Act* to prevent its loss or unauthorized disclosure. The information we gather through this interview will be summarized in aggregate form.

Since this interview covers a diverse range of activities, you will only be asked to speak to those areas where you are most involved or knowledgeable. Feel free to let us know if any questions do not apply to you, or if you do not feel comfortable answering them.

### *General*

1. Please briefly describe your current role regarding the University Hospital Network's project, "Future Proofing PSW's for the Future of Work".

### *Engagement, Relevance and Reach*

2. In what ways did PSWs participate in the education modules?
  - a. How many PSWs were engaged?
3. Are you aware of any PSW barriers and/or facilitators to accessing the modules? Please explain.
4. To what extent were the education modules relevant to the needs of PSWs? Please explain.
5. How were healthcare and PSW leadership reached with advocacy resources/activities?
  - a. How many leaders were engaged?
  - b. What were the barriers and/or facilitators to participating for leaders?
6. Were the advocacy resources/activities useful? Why? Why not?
  - a. What changes came about as a result?

### ***Partnerships***

7. To what extent did the project engage partners in the development of the education modules?
  - a. Were the right people at the table? What worked well? What didn't?
  - b. What was unique about this approach?
8. To what extent did the project engage partners in the development of the advocacy campaign?
  - a. Were the right people at the table? What worked well? What didn't?

### ***Effectiveness***

9. In what ways did the education modules benefit PSWs?
  - a. Who was most likely to benefit? Why?
10. In what ways did the advocacy campaign influence healthcare and PSW agency leaders?
  - a. Was the project successful in influencing leaders' attitudes and behaviours? Please explain.

### ***Sustainability and Next Steps***

11. Would you like to see this project sustained? Please explain.
  - a. If so, what are the most important components to continue (e.g., education modules, advocacy work)?
12. How can this project be scaled in the future?

***Thank you very much for your participation in this interview.***



# Interview Guide – Partners

## ***Introduction***

The Future Skills Centre (FSC) has contracted Goss Gilroy Inc. (GGI), an independent consulting firm, to support their strategic evaluation and learning support initiatives by assisting University Hospital Network with its evaluation activities. GGI specializes in conducting program evaluations of skills training programs.

The interview will take about 30-45 minutes. Your participation in the case study is voluntary. Also, please be assured that any information you provide will remain confidential and will be managed and protected in accordance with the *Privacy Act* to prevent its loss or unauthorized disclosure. The information we gather through this interview will be summarized in aggregate form.

Since this interview covers a diverse range of activities, you will only be asked to speak to those areas where you are most involved or knowledgeable. Feel free to let us know if any questions do not apply to you, or if you do not feel comfortable answering them.

## ***General***

1. Please briefly describe your current role regarding the Women’s College Hospital project, “Future Proofing PSW’s for the Future of Work”.

## ***Engagement, Relevance and Reach***

2. Did you/your organization participate in the development and/or piloting of the education modules on infection prevention and control; COVID-19; and wellness and resilience?
  - a. Did you/your organization experience any barriers and/or facilitators to participating?
3. To what extent were the education modules relevant to your needs/ the needs of your organization?
  - a. Why? Why not?
4. Did you/your organization participate in any of the PSW advocacy resources/activities?
  - a. Were these resources/activities relevant to you/your organization?
  - b. Did you experience any barriers and/or facilitators to participating?
5. Were the advocacy resources/activities useful? Why? Why not?
  - a. What changes came about for you/your organization as a result?

### ***Partnerships***

6. In what way did the project engage partners in the development of the education modules?
  - a. Were the right people at the table? What worked well? What didn't?

### ***Effectiveness***

7. To what extent do you think the education modules benefited PSWs?
  - a. Who was most likely to benefit? Why?
8. To what extent did the advocacy campaign influence healthcare and PSW agency leaders?
  - a. To what extent was the project successful in influencing leaders' attitudes and behaviours?

### ***Sustainability and Next Steps***

9. Would you like to see this project sustained? Please explain.
  - a. If so, what are the most important components to continue (e.g., education modules, advocacy work)?
10. How can this project be scaled in the future?

***Thank you very much for your participation in this interview.***

# Interview Guide – PSWs

## ***Introduction***

The Future Skills Centre (FSC) has contracted Goss Gilroy Inc. (GGI), an independent consulting firm, to support their strategic evaluation and learning support initiatives by assisting University Health Network with its evaluation activities. GGI specializes in conducting program evaluations of skills training programs.

The interview will take about 30-45 minutes. Your participation in the case study is voluntary. Also, please be assured that any information you provide will remain confidential and will be managed and protected in accordance with the *Privacy Act* to prevent its loss or unauthorized disclosure. The information we gather through this interview will be summarized in aggregate form.

Since this interview covers a diverse range of activities, you will only be asked to speak to those areas where you are most involved or knowledgeable. Feel free to let us know if any questions do not apply to you, or if you do not feel comfortable answering them.

## ***General***

1. Are you aware of the Women’s College Hospital project, “Future Proofing PSW’s for the Future of Work”? How did you find out about the project?

## ***Engagement, Relevance and Reach***

2. Did you participate in any of the following learning modules: infection prevention and control; COVID-19; and wellness and resilience?
3. Did you experience any barriers and/or facilitators to accessing the modules?
4. In what ways were the education modules relevant to your needs?
5. Are you aware of any advocacy resources/activities that were part of this project? If so, please explain.
  - a. How relevant are these resources/activities?
  - b. Are you aware of any changes that came about as a result?

## ***Effectiveness***

6. How did you benefit from the education modules, if at all?
7. How did the advocacy campaign influence healthcare and PSW agency leaders, if at all?

### ***Sustainability and Next Steps***

8. Would you like to see this project sustained? Please explain.
  - a. If so, what are the most important components to continue (e.g., education modules, advocacy work)?
9. Do you have any ideas about how this project be scaled in the future?

***Thank you very much for your participation in this interview.***