# FEASIBILITY AND BENEFITS OF ESTABLISHING A CORPORATE UNIVERSITY IN THE HOME HEALTHCARE INDUSTRY

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# Dedication

I dedicate this thesis to my loving family for continued support and encouragement, forming the foundation for this fulfilling journey. Gratitude is, therefore, in my heart for my parents, who have instilled this spirit of hard work and life in me, to my lovely wife and children, who have been patient and well-understanding throughout this always demanding academic journey. With perennial wisdom and optimism, I extend this special recognition and heartfelt thanks to my in-laws, my guiding light on every crucial occasion. Your belief in me has been my guiding light, and this achievement is just as yours as it is mine.

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# ABSTRACT

# FEASIBILITY AND BENEFITS OF ESTABLISHING A CORPORATE UNIVERSITY IN THE HOME HEALTHCARE INDUSTRY

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The home healthcare industry is at a transformative stage, in which there is an evergrowing demand for services, yet such an urgent need for capable professionals exists. Some key challenges this sector faces include a need for more skilled professionals and the specialized nature of training necessary for home health care. The study explores if forming a corporate university would be feasible and beneficial as a strategic solution to these challenges, focusing on SE Health as the home healthcare leader.

This study adopts a mixed-methods design, which quantitatively surveys and qualitatively interviews various stakeholders in SE Health to obtain comprehensive data. It sought to ascertain how well a corporate university would serve in pursuit of aligning employee development with organizational objectives, improving professional competencies, and creating a culture of continuous learning. This paper explores the multifaceted nature of corporate universities in realizing a new suite of skills, standardization of training, and revolutionizing standards of patient care.

The findings indicate that corporate universities can play a crucial role in addressing the training gap for home health through continuous, adaptive learning applied to the specific needs of home health professionals. The study also found that organizational culture plays a vital role in successfully implementing and accepting a corporate university. This demonstrates how SE Health proactively positioned an educational institution within its strategic framework to meet significant organizational goals and industry standards.

The expected outcome of this research will contribute to a critical discussion of training and development in the healthcare sector. Research shows how corporate universities could be transformational, opening new avenues to reimagine home health workforce development in the future. The findings from this research will have practical implications for SE Health and for the model to be adapted to an organization interested in better training and development.

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#### CHAPTER I: INTRODUCTION

#### **1.1 Introduction**

The home healthcare sector has become a critical pillar of the modern healthcare ecosystem, driven by demographic shifts such as an aging population and the increasing prevalence of chronic diseases (Hajat & Stein, 2018). These changes have led to a growing preference for care at home, where patients can benefit from personalized care in a familiar and supportive environment. As healthcare systems emphasize patient-centered care, the demand for high-quality home healthcare services continues to rise.

SE Health, a leading organization in the home healthcare industry, plays a pivotal role in delivering innovative care solutions. The organization's commitment to continuous improvement and strategic development is reflected in its core priorities: "People Everything," Home Care Modernization, Digital Transformation, and Leadership Development. These priorities will favorably position SE Health to advance patient outcomes, optimize operations, develop internal talent, and allow it to keep pace with, or be responsive to, the ever-changing healthcare environment.

Despite this leadership role, SE Health must ensure quality care from its geographically dispersed work teams. Home health professionals are often solo practitioners who must make important decisions about patient care in 'virtual' isolation from supervisory oversight. This requires advanced competencies on the clinical side, coupled with appropriate decision capabilities and home environmental adaptations, unlike that found in a controlled inpatient environment.

Added to this is the need for more skills within the profession, which increases the agency's frustration in attempting to address the number of patients needing home care.

These go hand in hand with rapid developments in medical technologies and care protocols; hence, practitioners' competencies are ever-novel. Traditional training methodologies, such as one-time and periodic learning through workshops, already need to improve in helping professionals keep up with emergent knowledge in the field. As SE Health works to outpace these trends, the need for an integrated, continuous adaptive strategy for workforce development becomes crystal clear.

These are challenges for which a corporate university at SE Health is the strategic outer cover. Corporate universities serve as a central learning platform that aligns employee development with organizational goals, ensuring the training programs are relevant, comprehensive, and future-focused. It would give home health-specialized programs regarding the unique demands of home health care, skill gaps, and competency challenges among its workforce. Additionally, the initiative would foster a culture of continuous learning by providing structured pathways for professional growth and leadership development.

The corporate university would also support the alignment of employees with the strategic priorities of SE Health. For example, Home Care Modernization demands the application of new technologies and models of care remotely. At the same time, the Digital Transformation Strategy involves contact between professionals and patients/caregivers through telehealth platforms and mobile applications. It can help ensure that employees have the competencies needed to support such initiatives by providing focused training programs, which is the area in which the corporate university is concerned. In such a way, better individual performance and organizational performance are ensured.

The corporate university will provide SE Health with much-needed flexibility to adapt quickly to the industry's latest trends. As new healthcare delivery models continue to evolve, the ability to upskill and reskill employees is increasingly important in ensuring service excellence. The initiative will also support the leadership development goals of the organization in developing future leaders who can lead through the complexities of the healthcare environment and create innovation throughout the organization.

Overall, the corporate university at SE Health represents a strategic investment in the best and most valued resource: the people inside the organization. It prepares for the current workforce challenges, builds a culture of continuous learning, and aligns training programs with strategic goals to set a new bar for workforce development in the home healthcare sector. The initiative is expected to enhance employee competencies and patient outcomes while better positioning SE Health to lead the healthcare industry in corporate education.

#### **1.2 Research Problem**

Personalization the Stringent growth in demand, has put the home healthcare industry under stress to keep up its pace (Mbunge et al., 2021). Such increasing demand is contained in the demographic change, especially the aging of the population, the growth in the burden of chronic diseases, and a general trend towards patient-centered care provided in the comfort of patients' homes. Equally, some of the dire needs that have arisen with the evolution of healthcare systems include skilled professionals within home healthcare (Sterling et al., 2020). In the meantime, the sector faces unresolved workforce shortages and skills gaps among the professionals that raise severe objections to its capability of meeting these demands.

Unlike institutional practices where health professionals work in teams, home health workers often work alone and must make decisions independently in a constantly changing, non-standard physical environment. The independence of the practice requires nothing less than advanced clinical competence coupled with positive decision-making skills ada, patience, and interpersonal competence (Ryan et al., 2020). Most health professionals, however, begin practice without specialized training in how to manage such complexities.

With their episodic in-service and periodic workshops, traditional training methods need to catch up with the demands for continuous learning among professionals in home health care. These challenges mount as technology develops fast and health protocols change frequently (Mackey et al., 2019). Suppose the employees must regularly update their skills and engage in professional development. In that case, they will quickly stay caught up, allowing variability in the quality of care and less-than-optimal patient outcomes.

This is most felt at SE Health, where its capability to align workforce competencies with strategic priorities has taken a path of being most paramount. As key strategy pillars, SE Health has attained commitment points in Home Care Modernization, Digital Transformation, and Leadership Development (Zhou et al., 2022). However, achieving these goals requires highly trained employees who can navigate new care models and technologies. Current training programs have, however, persisted in a fragmented and sometimes inconsistent manner that results in an inability to apply learned skills in practice and provide care among the organization's diverse professional workforce.

As such, the organizational culture of SE Health promotes improvement and innovation but does not advance these values through its current training framework. Professionals will require integrated, structured, and adaptive training to thrive. Furthermore, it makes staff competencies inconsistent, as training is not standardized, weakening SE Health's effort to provide the same quality and consistency of care for the service areas it covers.

These issues create the notion of a corporate university at SE Health as a strategic response. A corporate university provides an avenue for consolidating training and establishing standards that are integrated into the operations and strategic objectives of the organization. The corporate university could be organized with specialized training in home healthcare that caters to unique demands, clinical and decision-making skills, and new technologies.

Additionally, the corporate university would help with the knowledge gap arising from rapid changes in delivering care. Through the integration of e-learning platforms, virtual simulations, and telehealth training modules, this university would then be able to train its professionals for continuous learning on current and emerging challenges head-on. This would improve people's productivity and ensure that SE Health develops a workforce prepared to support strategic alignment with key priorities such as home care modernization and digital transformation.

Beyond single competency improvement, the corporate university would add value to the organization by positively influencing employee engagement and retention. This university would engender a culture of continuous learning and professional advancement by providing clearly defined career development paths. This would encourage employees

to want to stay with the organization, SE Health, and would contribute to its long-term success.

The research problem shall establish the critical emergent challenges in workforce development at SE Health and the broader home healthcare sector. The study explores the feasibility and effectiveness of establishing a corporate university as a strategic tool to enhance employee competencies, align training with organizational goals, and improve patient care outcomes. These challenges are the focus of this research, providing practical insights to SE Health on the best implementation of one such corporate education model that is sustainable and future-focused, a model that will position the organization as a leader in workforce development.

#### **1.3 Purpose of Research**

This research investigates and analyzes the feasibility and probable impact of establishing a corporate university at SE Health as an exponential organizational development strategy in a more significant response to the strategic workforce development challenges the home healthcare sector faces. The study aims to establish how a corporate university might align employee training and development with the strategic priorities of SE Health, such as Home Care Modernization, Digital Transformation, and Leadership Development. At this point, the research will propose practical ways in which continuous learning can construct employee competencies for operational excellence within a constantly changing healthcare environment.

Home health care presents unique challenges, with professionals working and making decisions in isolation. Therefore, particular kinds of adaptive training are required. Current episodic and fragmented approaches to training need to meet the ongoing professional development needs required by dynamic care standards. The current study will investigate if the corporate university could bridge this skill gap through centralized, standardized, and continuous training programs matched to the particular needs of home healthcare.

This research also aligns with the DBA program's applied focus, emphasizing solving real-world problems and providing leadership in management practices. In developing a scalable workforce development model for SE Health, the study seeks to develop a practical solution that could be

replicated by other healthcare organizations facing similar challenges. In turn, the research also serves the business objectives of SE Health, as the review of corporate universities as a strategic tool in workforce development within healthcare education is significantly insightful.

Theoretically, this research will add to the learning theories of Human Capital Theory, Adult Learning Theory, and Technology Acceptance Model beyond the context of SE Health, thus setting a conceptual basis for how investments in education can positively influence improved workforce performance and drive organizational success. The results will bring new learning about aligning educational programs to operational goals that will resonate throughout the organizations and improve employee engagement and patient outcomes.

Aside from feasibility, the research also addresses what the corporate university might impact in terms of employee retention, career progression, and leadership development. Outcomes identified here are critical to the organization for SE Health since, with a well-developed workforce, this organization can continue being competitive within an industry that is highly in demand while ensuring that provided services are excellent. These findings will also provide a detailed implementation framework, thus offering practical guidance on curriculum design, integration of technology, and metrics for evaluation of the corporate university initiative by SE Health.

The specific objectives of this research would be as follows:

- I. Training Needs Assessment: Major competency and knowledge deficiencies prevailing among home healthcare professionals in SE Health must be identified so that proper development of the service delivery mechanism must be considered.
- II. Feasibility Evaluation: Evaluate practical considerations of establishing a corporate university, considering cost, infrastructure, and organizational preparedness.
- III. Strategic Alignment: Determine how the corporate university will align training programs supporting SE Health's identified priorities for Home Care Modernization, Digital Transformation, and Leadership Development.
- IV. Analyze Impact: Determine the potential benefits of a corporate university for employee competencies, job satisfaction, patient care, and organizational performance.

- V. Implementation Framework Development: Describe how the implementation of a corporate university might proceed, focusing on certain key areas, such as the development of curriculum, integration of technology, and establishment of an evaluation mechanism.
- VI. Stakeholders' Involvement: It is necessary to explore the perceptions and expectations of all key stakeholders, whether employees, managers, or other partners, about setting up this corporate university.

This study will adopt an integrated mixed-method approach, incorporating quantitative and qualitative data to analyze the research problem. Surveys, interviews, and focus groups, called Rapid Action Pods, will be conducted to engage healthcare professionals, administrators, and leadership. Such multiple-source data integration will ensure the capture of a broad spectrum of perspectives, leading to robust and actionable conclusions.

This study, therefore, ensures that a corporate university can give substance to developing a strategic workforce development solution and providing it for SE Health. This involves actualizing current workforce training and education gaps in line with organizational imperatives toward advanced individual employee performance and organizational outcomes. Furthermore, this study contributes to discussing broader corporate education models by developing theoretical and practical insights that will inform future workforce development initiatives across the healthcare sector.

#### **1.4 Significance of the Study**

The study makes pragmatic and theoretical contributions to address the dire workforce challenges in the home healthcare sector and further academic knowledge on corporate education models. Fundamentally, this research aims to understand the feasibility and effectiveness of a corporate university at SE Health to deliver practical value to the organization and contribute meaningfully to the workforce development and learning framework literature.

#### **Practical Significance**

From a practical perspective, this study is critical to SE Health, the home healthcare industry in general, and other organizations facing workforce shortages coupled with gaps in training. One of the many challenges SE Health faces is ensuring its workers, often working in remote, independent environments, apply the right skills to deliver quality patient care. The corporate university will bridge these shortfalls through continued specialized training in clinical skills, decision-making, and technology integration.

Furthermore, the corporate university will standardize the training within SE Health and reduce variability in care practices and service quality. This is particularly true for organizations like SE Health that serve a wide geographic area, which may require more work to maintain a comparable standard of care. The corporate university will unify the various training programs at a central location and achieve consistency in care services that will benefit the organization and, most importantly, the patients.

Establishing the corporate university will align with SE Health's strategic priorities.

- I. Modernization of home care requires professionals to learn new technologies and models of care remotely, which the university could provide as specific targeted training modules.
- II. Digital Transformation: Staff training on telehealth platforms, data systems, and virtual care tools.
- III. Leadership Development: The corporate university will reinforce the need for leadership development initiatives with specially designed programs to identify and foster future leaders within its boundaries.

The corporate university will also enhance employee job satisfaction and retention with well-defined career development opportunities. Employees in the competitive healthcare job market remain longer with companies that invest in their growth and provide meaningful development opportunities. This continuous learning culture will enable SE Health to attract and retain skilled professionals for long-term success.

Ultimately, the primary beneficiaries of this initiative will be the patients served by SE Health. Better-trained professionals will be equipped to deliver higher-quality care, make informed clinical decisions, and adopt new technologies effectively, leading to improved patient outcomes and satisfaction. This research offers a practical blueprint that other healthcare organizations can adapt to enhance workforce competencies and service quality.

## **Theoretical Significance**

Theoretically, this research contributes to the academic literature on workforce development and corporate education models. It provides insights into how organizations can align educational programs with strategic objectives, expanding the understanding of corporate universities as tools for professional development.

The study advances several critical learning theories by applying them in the context of home healthcare:

- I. Human Capital Theory (HCT): This research demonstrates how investments in training improve employee competencies and organizational performance, showing the economic value of education.
- II. Technology Acceptance Model (TAM): By exploring how healthcare professionals engage with e-learning platforms, telehealth tools, and virtual simulations, the study offers insights into technology adoption in professional development settings.
- III. Adult Learning Theory (Andragogy): The study highlights the importance of selfdirected learning and experience-based education in designing training programs for adult learners in healthcare.

This research also covers a literature gap: the domain of corporate universities in the healthcare industry is such a place where the centralized training model still needs to be explored. While previous literature has focused on corporate education in business settings, this research will apply to healthcare, offering a new angle on how such corporate universities could address sector-specific challenges, such as independent work environments and technology integration.

This study provides a scalable model for other healthcare organizations on how centralized training platforms can standardize care delivery and continuous professional development. These studies add to the general debate about workforce development and provide valuable frameworks on how training can align with organizational objectives.

This research contributes to the healthcare industry by providing practical solutions for SE Health and theoretical contributions to the academic community. The study responds to significant challenges identified in the literature on home healthcare, including training variability, workforce shortages, and technology adoption. It furthers the knowledge of corporate universities as strategic tools for professional development.

By proposing a model for all-year-round and centralized learning, the study may contribute to the improvement of not only employee performance but also patient care. The research develops theory by applying HCT, TAM, and Adult Learning Theory concepts in a healthcare setting; it extends academic knowledge on workforce education. At the same time, practical recommendations based on this review may guide SE Health and other health organizations in successfully implementing corporate universities.

This duality of contribution places corporate universities in strategic positions to drive workforce development, strategic alignment, and operational excellence in healthcare.

## **1.5 Research Purpose and Questions**

This research aims to provide insight into a corporate university's feasibility and possible impact should this initiative come to SE Health concerning its critical workforce challenges in health care. The investigation into how a corporate university can be applied in bridging skill gaps, improving performance, and aligning workforce development to strategic priorities is done to provide practical solutions that would serve organizational success long into the future.

This research also develops a scalable model that could be replicated for other healthcare organizations, feeding into the broader discourse of corporate education and workforce development frameworks. The mixed-method approach will be applied in this study,

which implies collecting qualitative and quantitative data from employees, leadership, and stakeholders who will ensure practical insights for SE Health.

#### **Specific Research Objectives**

The specific aims of this research are:

- I. Training Needs Assessment: Identify the most relevant skills and knowledge gaps among SE Health's home health professionals that urgently need to be addressed for enhanced service delivery.
- II. Feasibility Study: This assesses the practical considerations such as organizational readiness, infrastructure, and cost implications of setting up a corporate university.
- III. Alignment of Strategy: Discuss how the corporate university aligns its training programs with the critical strategic focuses of SE Health, such as Home Care Modernization, Digital Transformation, and Leadership Development.
- IV. Impact Analysis: Examine the potential benefits of a corporate university in terms of employees' competencies, job satisfaction, quality of patient care, and overall organizational performance.
- V. Implementation Framework: This should include the development of an overall framework for strategy design and implementation of the corporate university, including but not limited to aspects of curriculum design, integration of technology, and mechanisms for evaluation.
- VI. Stakeholder Engagement: Investigate the perceptions and expectations of various stakeholders within SE Health to ensure their needs are incorporated into the planning and implementation process.

## **Research Questions**

The following research questions guide this study:

I. How can a corporate university address the specific training needs of home healthcare professionals at SE Health?

This question aims to identify the unique challenges home healthcare professionals face and how a corporate university can provide targeted training to address these challenges.

II. What are the practical considerations and feasibility of establishing a corporate university within SE Health?

This question explores the logistical, financial, and infrastructural requirements for establishing a corporate university and assesses SE Health's organizational readiness.

III. How can the training programs offered by a corporate university align with and support SE Health's strategic priorities?

This question examines how the corporate university can ensure that its training programs contribute to Home Care Modernization, Digital Transformation, and other strategic goals.

IV. What are the anticipated benefits of a corporate university for individual healthcare professionals and the organization?

This question seeks to analyze the impact of a corporate university on employee performance, job satisfaction, retention, and patient outcomes.

V. What implementation strategies and frameworks are necessary to ensure a corporate university's successful establishment and operation at SE Health?

This question focuses on developing a comprehensive framework for curriculum design, technology integration, and ongoing evaluation mechanisms to ensure the university's effectiveness.

VI. How do different stakeholders within SE Health perceive the concept of a corporate university, and what are their expectations?

This question explores the views and expectations of employees, leadership, and training staff to ensure the initiative meets stakeholder needs and gains widespread support.

The research objectives and questions outlined above provide a comprehensive framework for investigating establishing a corporate university at SE Health. These questions ensure that the research addresses practical challenges and strategic goals, offering valuable insights for SE Health and other healthcare organizations. This study is expected to undertake an investigation that will lead to developing a scalable model for workforce development in home healthcare that improves employee competencies and organizational performance.

#### CHAPTER II: REVIEW OF LITERATURE

## **2.1 Theoretical Framework**

The theoretical framework lays the foundation for this research, providing the conceptual grounds that produce guidelines for exploring or analyzing the corporate university model at SE Health. This section integrates critical theories that are significant in conceptualizing the dynamics of training and development in home health care; these include human capital theory, organizational learning theory, adult learning theory-andragogy, and the technology acceptance model.

#### **Human Capital Theory**

In contrast, the Human Capital Theory proposed by Gary Becker refers to investing in education and training to enhance people's personal productivity and economic value. Quoting Becker (1993), the relevance of such one-sided investment is more pronounced in those industries where the quality of services depends directly on the use of professionals. This theory justifies the rationale for continuous professional development among home healthcare professionals within the context of SE Health. It is explained that investment by SE Health in a corporate university would result in a more knowledgeable and skilled workforce, resulting in better patient outcomes and organizational efficiencies (Becker, 1993).

Human Capital Theory has particular relevance to the healthcare sector, given that the quality of care provided is directly linked to the competencies of the healthcare providers (Paoloni et al., 2020). Most home health professionals are often left alone to deal with highly complicated clinical situations requiring advanced training and continuous skill development. Based on the human capital theory, this investment in human capital could generate returns that are valuable to SE Health in terms of improved quality care, higher patient satisfaction levels, and improved financial performance.

In a broader perspective, workforce development challenges are global issues. Several countries, including Canada and the US, face increasing demands in health workforce production (Squires et al., 2016). The SE Health Corporate University will help place its staff with current

competencies to meet market needs in care provision. Moreover, the WHO (2016) Global Strategy on Human Resources for Health called for strategic investment in education to prepare the health workforce for future needs. This international movement provokes a corporate university within SE Health to ensure skilled talents are developed according to distinct future needs in the healthcare workforce.

#### **Organizational Learning Theory**

Several scholars have articulated Organizational Learning Theory, particularly Chris Argyris and Donald Schön. Organizational Learning Theory places a central importance on continuous learning by people within the organization in order for the organization to adapt and thrive in dynamic environments (Do et al., 2021). Argyris and Schön (1978) illustrate how organizations must adopt both single-loop and double-loop learning: simple adjustments within existing norms and practices and the latter regarding the underlying norms and revising them to affect more fundamental change. This dual approach to learning is particularly relevant within dynamic sectors, such as healthcare, wherein adaptation is a critical factor in maintaining competitiveness and effectiveness.

This applies very well to the context of SE Health, as the healthcare landscape is constantly changing with appropriate advances in medical technology, shifting patient demographics, and regulatory changes (Do et al., 2021). A corporate university at SE Health would be vital to developing the learning organization culture described by Argyris and Schön, where employees continually learn new skills and share best practices. This would ensure that adaptive and generative learning can occur to support SE Health's ability to adapt to changes in the industry.

Organizational Learning Theory is based on the understanding that organizations need to develop structures and processes to maintain organizations that constantly learn and create knowledge from their workers (Lau et al., 2019). Argyris and Schön (1978) state that the ingredients for effective organizational learning require feedback loops and reflective practices so that there can be continuous assessment and refinement of the actions taken by the employees. In the case of SE Health, the corporate university may provide such mechanisms for receiving feedback,

thereby helping healthcare professionals engage in reflective practice and embed new learning into daily practice.

Besides, even the research paper by Witter et al. (2015) has contributed a related example of structured learning programs that develop resilience in fragile contexts. Their study underlines that even within fragile and conflict-affected contexts, well-thought-out continuous learning strategies can support the development of a more adaptable and capable healthcare workforce (Sauer & Hiete, 2019). This corporate university in SE Health aspires to achieve the same kind of resilience by creating a structured environment in which employees engage in lifelong learning to make the organization resilient and able to adapt to the changing needs of patients and advancements within the field.

The corporate university will also act as a hub for organizational learning, whereby the environment is engendered by knowledge being imparted and continuously generated and shared. Employees will help refine training programs through regular feedback loops to ensure SE Health can stay adaptable to industry advancements and changing patient needs. The corporate university for SE Health will combine these principles with the best organizational learning theory.

## Adult Learning Theory (Andragogy)

Adult Learning Theory, otherwise referred to as andragogy, was developed by Malcolm Knowles. Andragogy bases its concept on meeting adult learners' particular needs and motivations. This theory is essential in developing practical training for home healthcare professionals, who tend to be experienced adults with distinct learning preferences. Andragogy provides several principles that are pretty germane to SE Health's corporate university:

- I. Self-Direction: Adult learners prefer to take responsibility for their learning. Training programs should offer flexibility and opportunities for self-directed learning.
- II. Experience: Adults bring a wealth of experience to the learning process, which should be acknowledged and integrated into training activities.
- III. Relevance: Learning should be problem-centered and relevant to the learners' professional roles and challenges.

IV. Immediate Application: Adults are motivated to learn when they see the immediate applicability of new knowledge and skills to their work.

Incorporating Knowles' (1980) assumptions of adult learners—self-directedness, leveraging life experience, readiness to learn, orientation to learning, and internal motivation—SE Health's corporate university will tailor its programs to the specific needs of healthcare professionals. The theory of Knowles, on the contrary, focuses on how training needs to be designed to acknowledge the health workers' prior professional experiences, making the learning relevant and immediately applicable in an exciting manner(Vilppu et al., 2019). For instance, the corporate university will depict SE Health in situation-based, practical training that will gel the theoretical and practical gap, and thus, adult learners will apply their knowledge gained directly into their job roles instantly (Knowles, 1980).

In addition, with advancements in digital technologies in the health sector, it is inevitable that remote patient monitoring, along with other technologies, will become employed everywhere. According to Gheorghiu and Ratchford (2015), training programs must incorporate technology advancement into professional training. The two researchers show how effectively integrating remote patient monitoring technologies can lead to better learning outcomes for adult learners in health settings (Noah et al., 2018). These technologies will be adopted by the corporate university of SE Health so that its training programs can relate to contemporary healthcare practice. This approach will respect adult learning principles and ensure that health professionals are adequately prepared to use advanced tools and equipment in patient care.

The SE Health corporate university will develop interactive, relevant job roles and practical training for adult learners by incorporating these principles. The result could be better retention of knowledge and skills and, consequently, higher quality of care provided by home healthcare professionals (Danielsen et al., 2018). According to Gheorghiu and Ratchford (2015), SE Health is optimistic that by marrying Knowles' andragogical principles with technology-enhanced learning, they can create a dynamic learning environment that can meet the evolving needs of the workforce.

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#### **Technology Acceptance Model (TAM)**

The Technology Acceptance Model, developed by Fred Davis, informs the acceptance and usage of technology. Davis (1989) estimated that generally accepted factors for new technologies are related to perceived usefulness and ease of use. Keeping these emphases on digital transformation and integrating new technologies within training programs, TAM will apply to SE Health's corporate university initiative.

- I. Perceived Usefulness: A person's perception of the likelihood that using a particular technology will improve their job performance Davis, 1989.
- II. Perceived Ease of Use: A person's belief regarding the degree to which using a particular technology will be free of effort for Davis 1989.

It will be necessary for SE Health to integrate advanced technologies such as e-learning platforms, virtual simulations, and telehealth tools into the corporate university's curriculum. According to TAM, the perceived ease and usefulness of advanced technologies significantly enhance health professionals' adoption of these technologies (Davis, 1989). The training programs should focus on clear demonstrations of these technologies' benefits while affording comprehensive support for their use.

Davis' model (1989) postulates that e-learning platforms will be successfully infused into corporate universities because health professionals perceive the technology as applicable and not challenging. SE Health can facilitate technology adoption by providing intuitive platforms integrated into the working processes of healthcare professionals. Secondly, training and technical support should be provided for seamless adaptation and minimizing change resistance (Trenerry et al., 2021). Based on the TAM, this corporate university will guarantee that, for example, new technological tools are rapidly adopted within SE Health and training outcomes and operational efficiencies are significantly improved.

#### **Integration of Theories**

These integrated theories go a long way toward providing a sound framework to understand the potential impact of a corporate university at SE Health. Human Capital Theory offers a basis on

which economic and productivity gains can be made via investment in training, while Organizational Learning Theory emphasizes continuous learning and adaptability. Adult Learning Theory has ensured that training programs are designed to meet the specific needs of adult learners. At the same time, TAM provides insight into how technology may be effectively integrated into the training process.

With the above theoretical perspectives, SE Health will be able to design a corporate university that meets the prevailing gaps in training, contributes to the implementation of the organization's strategic priorities, and, consequently, improves its performance. This theoretical framework informs the process of research methodology. It thus sets a comprehensive basis on which to carry out an investigation into the feasibility and benefits accruable from the corporate university model in the home healthcare industry.

#### Summary

The theoretical framework thus sets the basis for the subsequent chapters, which will provide a literature review, methodology, results, and discussion. This research work has been based on established theories that ensure that an in-depth and analytical review is made of the perspective in which the corporate university can change training and development at SE Health to improve patient care and organizational success.

#### 2.2 Previous Research on Corporate Universities

This section reviews the literature on corporate universities regarding the roles, benefits, and challenges in various sectors. Through the review of the way corporate universities have been implemented and the implications brought to organizations, we could gain valuable insights into the potential application of such corporate universities in the home healthcare sector for SE Health.

## **Role and Functions of Corporate Universities**

Since their establishment, corporate universities have transformed and even changed several organizational roles. The primary functions of corporate universities include:

- I. Enhancement of Skills: A corporate university aims to develop the competencies and skills of employees within an organization. It may deliver various training programs in communication and leadership, from technical to soft skills.
- II. Knowledge Management: A corporate university will store and store the repository of organizational knowledge. The corporate university will, therefore, promote the transfer and retention of that critical knowledge. This means any preservation and access to valuable information is guaranteed to all employees.
- III. Leadership Development: Most of the corporate universities develop leadership within an organization. This gives specific and systematic programs for developing future leaders, supplying the organizations with competent persons prepared to assume significant responsibilities.
- IV. Cultural Integration: Corporate universities enhance the organization's values and culture. Due to the standardization of training programs, the focus on the organization's core principles easily incorporates new staff. It aligns all among them with the mission and goals of the organization.
- V. Innovation and Change Management: Corporate universities are often at the forefront of organizational change. For any new technology and process, they provide the necessary training so that the organization survives and thrives in a constantly changing world.

## **Benefits of Corporate Universities**

The literature identifies a host of benefits attributed to corporate universities, which might be broadly grouped into individual and organizational benefits:

- I. Individual Benefits:
  - a) Enhanced Competencies: Employees receive targeted training that enhances their skills and knowledge, improving job performance and career progression.
  - b) Increased Job Satisfaction: Continuous learning opportunities make people enjoy work and feel valued and supported in professional development.
  - c) Career Development: Structured training programs clearly outline the career development paths, enabling employees to fulfill their career aspirations.
- II. Organizational Benefits:

- a) Better Performance: Indeed, a better-trained workforce is more productive and efficient, hence the assurance of better performance by the organization.
- b) Employee Retention: Good training and development will retain the best of the lot and decrease the rate of turnover, which is very costly.
- c) Alignment with Strategic Goals: Training programs support the organization's strategic objectives by focusing all staff on common goals.
- d) Competitive Advantage: A solid corporate university gives any organization a further leading edge in the marketplace and equips it to embrace change at an exponentially higher velocity.

## **Challenges in Implementing Corporate Universities**

Despite the apparent advantages, setting up a corporate university has many challenges. Some generally recognized obstacles an organization may face, as identified from the literature, are:

- I. Resource Allocation: Creating a corporate university requires colossal infrastructure, technology, and staffing investment. An organization should be ready to invest extensively in this initiative for success.
- II. Cultural Resistance: There is a need to recognize that employees and management may apply cultural resistance regarding changes from traditional training methods.
   Accordingly, this challenge must be met by utilizing effective change management strategies in conjunction with clear communications about the benefits associated with the corporate university.
- III. Relevancy: The most challenging issue will always be keeping the training current on the industry's happenings and the changing needs of organizations. Corporate universities must continually assess and update their curriculum for relevancy and effectiveness.
- IV. Measuring Impact: Normally, it takes much work to quantify the return on investment from any training program. Equally, organizations must have sound evaluation mechanisms for understanding the impact of the training program on employee performance and further organizational outcomes.

#### **Case Studies of Corporate Universities**

Various case studies of corporate universities from alternate sectors present practical perspectives on the implementation, associated problems, and results.

#### Case Study 1: General Electric's Crotonville

General Electric was at the helm in establishing its corporate university, Crotonville, which started in the 1950s. The leadership development programs at Crotonville are rated among the best one could envision, and this corporate university has contributed considerably to the success of General Electric over the years(Schlegelmilch, 2020). The university's programs are oriented toward developing leadership competencies, stimulating innovation, and enhancing the company's corporate culture (Khan et al., 2020). Key results expected from Crotonville include increased leadership capability, increased engagement of employees, and better alignment with the strategic goals of GE.

#### Case Study 2: McDonald's Hamburger University

Founded in 1961, McDonald's Hamburger University trains restaurant managers and franchisees in food safety, customer service, leadership, and many other areas. Hamburger University has been a strong force in maintaining McDonald's consistency and standards worldwide. This case study highlights the importance of a standardized training program and a corporate university's role in supporting operational excellence.

#### Case Study 3: Siemens Global Learning Campus

Siemens created the "Global Learning Campus, which provides all Siemens employees worldwide with continuous learning and development opportunities (Yang et al., 2019)." From technical training and soft-skills acquisition to leadership development, it uses modern technologies such as e-learning and virtual simulation. The Siemens case clearly explains the importance of using technology in training, and such training must be continuously evaluated to prove effective.

#### Summary

Corporate university roles, benefits, and challenges are suitably placed in the literature review to acquire a broad-based understanding. While on the one hand, corporate universities serve the objectives of skill development, knowledge management, leadership development, cultural integration, and innovation, on the other, they confer a host of benefits on the individual and the organizations in terms of enhanced competencies, improved job satisfaction, better organizational performance, and competitive advantage. A corporate university, on the other hand, demands massive resource allocation, effective change management, continuous curriculum updating, and robust evaluation mechanisms.

These case studies help in the deduction of valuable lessons on the implementation of a Corporate University at SE Health. The case studies will be used to devise a corporate university model for meeting the distinct and specified training needs of home healthcare professionals at SE Health, aligning with strategic priorities while focusing on improving organizational performance. The following section looks at corporate university case studies in the health sector and showcases those that are reasonably proximal to the SE Health environment.

## 2.3 Case Studies of Corporate Universities in Healthcare

This section profiles a few case studies of highly regarded healthcare organizations that have successfully established a corporate university for practical insights and lessons that would give meaning to implementing a corporate university within the health sector. These case studies will discuss approaches considered, challenges faced, and outcomes, providing lessons that SE Health could look at while contemplating its corporate university.

### Case Study 1: Kaiser Permanente's Corporate University

Kaiser Permanente is one of the largest integrated healthcare providers in the nation. Not surprisingly, Kaiser has built a corporate university to support continuous education for a diverse workforce. The university focuses on leadership development, clinical training, and technology integration to support patient service and organizational performance.

Curriculum Development: Kaiser Permanente partnered with top-rated health facilities to develop its curriculum, ensuring that state-of-the-art healthcare developments were integrated. This ensured that the training programs would be fresh, applicable, and valid for pursuit in the clinical improvement process.

Blended Learning Model: Training needed to implement different learning preferences through online courses, in-person workshops, and simulation-based training. This flexibility was required to be sustained at all levels for employee engagement (Hrastinski, 2019).

Outcomes: Overall improvement in the competency of health professionals through the corporate university, specifically patient care and leadership capability, which is more measurable and observable while increasing employee satisfaction.

#### **Case Study 2: Cleveland Clinic Academy**

Another best practice among corporate universities is the Cleveland Clinic Academy. The Academy focuses on leading-edge, cross-discipline training that connects knowledge gaps to drive continuous improvement.

Unique Curriculum Design: The Academy insists on collaboration across departments by providing courses to share knowledge between clinical and non-clinical roles (University of Oxford, 2020).

Technology Integration: Cleveland Clinic was able to apply an e-learning platform and also integrated virtual reality simulation tools, thereby enhancing employees' learning experiences (Bansal et al., 2022). For instance, some clinical procedures are much more intricate than others, whereby a simple mistake can cost a life. With this approach, the worker is better positioned to retain this knowledge and may be allowed to continually practice and perfect their craft in a virtually no-risk environment.

Results: The clinic noted that the team was more collaborative, made better decisions, and was more creative in their approaches to patient care.

#### Case Study 3: Mayo Clinic's Corporate University

Mayo Clinic's corporate university is the quintessential model for workforce development within a large healthcare institution, with programs targeted at clinical excellence, leadership development, and research-driven innovation.

It has a Collaborative Curriculum: The university curriculum is developed with leading educational institutions and key opinion leaders to ensure the training is at the forefront of current medical practice and investigation.

Flexibility: Mayo Clinic is a flexible workplace, as it combines online learning and hands-on training with mentorship programs to fit its diverse needs (Patel et al., 2021).

Outcomes include a highly competent workforce, improvement in patient outcomes, clinical innovation, and leadership succession planning resulting from leadership and clinical programs.

### **Case Study 4: Insights from Academic Integration in Healthcare Training**

A broader perspective on the value of anchoring healthcare training to an academic institution is found in the study by Bloom, Lemos, Sadun, and Van Reenen (2017), who established that hospitals closer to universities offering medical and business education have better clinical and managerial performance. This supports our hypothesis that combining business education with healthcare training can enhance operational efficiency and quality of patient care.

Another way SE Health can combine medical expertise with management training for more integrated employee development is by establishing a corporate university. This is how SE Health will apply the Corporate University model to sustain its differentiated competitive advantage in the home healthcare industry by training its leaders and developing their clinical skills (Vrontis et al., 2021). This approach also corroborates the views of Bloom et al. (2017), who feel that such an academic integration would lead to sustained improvements in employee capability and patient outcomes.

## **Implications for Se Health**

The case studies of Kaiser Permanente, Cleveland Clinic, and Mayo Clinic add to the insights by Bloom et al. (2017) in ways that serve practical lessons for SE Health in its exploration of the feasibility of setting up its corporate university. Key takeaways include:

- I. Curriculum Development: Like these health leaders, SE Health has to consider the curriculum development of its Corporate University in relationship or alignment with state-of-the-art medical and professional practice. There may be an association with autonomous medical institutions, so the said curriculum development adds to its credibility. Embedding business training into the curriculum would also enhance, as Bloom et al. (2017) suggested, the capacity of SE Health to improve clinical and managerial outcomes by providing a more wholesome approach toward workforce development.
- II. Blended Learning: It amalgamates all modules, combined online courses, simulation-based training, and in-person workshops (Enoch et al., 2022). It can cater to the different needs of the workforce of SE Health. It will effectively balance flexibility and ensure high engagement levels, like Kaiser Permanente and Cleveland Clinic.
- III. Technology Integration: Advanced technologies, such as integrating e-learning platforms, virtual simulations, and telehealth tools into training, can further facilitate access to and training effectiveness (Almousa et al., 2021). This is all the more important considering the dispersed nature of home health workers. Bloom et al. find that such technologies' ease of use and alignment with daily workflows are essential for their successful adoption.
- IV. Ongoing Evaluation: Creating robust mechanisms for evaluation concerning the success of its training programs will allow SE Health to keep its quality of service while meeting the shifting trends in healthcare (Schut et al., 2020). Feedback loops, as discussed in the Cleveland Clinic and Mayo Clinic models, are regular so that the content is continually refined and adapted to the needs of healthcare professionals.

Therefore, this will allow the corporate university of SE Health to take up the leading role in workforce competencies development, align employee development with those pursued by strategic goals, and ultimately result in better patient care. Bloom et al. (2017) findings go further to assert that because business and clinical training are integrated, SE Health is in a better position to realize sustained improvement both in the operational efficiency and the quality of patients' outcomes.

# 2.4 Summary

This section summarizes the key lessons from the theoretical framework, prior studies on corporate universities, and the various case studies reviewed in this study. It provides a comprehensive overview of the feasibility and potential benefits of establishing a corporate university at SE Health. The summary is also helpful in linking to the next chapter, discussing the research methodology.

#### **Integration of Theoretical Framework**

The theoretical framework, developed in section 2.1, comprises some theories about creating and implementing a corporate university for SE Health. Therefore, these theories supply the conceptual bases necessary to grasp the role and contributions that continuous professional development can make to the home healthcare sector:

- I. Human Capital Theory emphasizes the economic purpose of worker education and training in terms of investment (Gruzina et al., 2021). In the context of SE Health, the returns on this investment may come in terms of better service to all clients from a corporate university.
- II. Organizing Learning Theory emphasizes continuous learning development versus a culture that would allow organizations to adapt and thrive in changing environments (Lin & Huang, 2020). This theory will be critical for SE Health to remain competitive with innovation in the dynamic healthcare landscape.
- III. Adult Learning Theory (Andragogy) indicates the understanding of designing training programs to meet the unique needs of adult learners (Chacko, 2018). SE Health will be able to create an engaging and compelling corporate university

program by applying the principles of self-directing, experiential learning, and relevancy.

IV. This Technology Acceptance Model - TAM - overviews how health professionals may adopt and use new technologies integrated into training (Rahimi et al., 2018). Ensuring perceived usefulness and ease of use are critical for successfully implementing e-learning and virtual simulations.

# **Insights from Previous Research on Corporate Universities**

Section 2.2 critically reviews existing literature on corporate universities to gather a glimpse of what role corporate universities play, what benefits were derived from them, and what kind of challenges they have faced. Key insights include:

- I. Functions and Responsibilities: Corporate universities are crucial in developing skills, knowledge management, leadership development, cultural integration, and innovation. This will pinpoint the core competencies and create a culture of continuous learning at SE Health.
- II. Range of Benefits: The corporate university will bring many benefits, including better job performance, higher job satisfaction, enhanced career development opportunities, better organizational performance, increased employee retention, and, finally, competitive advantage. In such a way, these benefits will directly indicate how much the corporate university will affect SE Health's workforce and the general success of the organization.
- III. Challenges: Major stumbling blocks toward the implementation of the corporate university include resource allocation, cultural resistance, the relevance of the curriculum, and finally, measuring the impact. Such challenges require strategic planning, effective change management, continuous curriculum updating, and robust evaluation mechanisms.

#### Lessons from Case Studies in Healthcare

Section 2.3 reviews some case studies of corporate universities within various healthcare organizations, including examples of successful implementation and associated outcomes. The case studies provide the following lessons underway for SE Health:

- Kaiser Permanente: Areas of focus were overall curriculum building, blended learning, leadership programs, and ongoing evaluation (Alexander et al., 2024).
   Resources, processes, and employee engagement: Solutions were developed strategically with clear communication.
- II. Cleveland Clinic: Highlighted the innovative curriculum design in technology integration, interdisciplinary training, and mentorship programs. Cultural resistance was overcome with the help of technological adoption by clearly demonstrating the benefits with extensive support (Friedman & Ormiston, 2022).
- III. Mayo Clinic: The focus was on collaborative curriculum development, flexibility in the learning models, emphasis on research and innovation, and leadership training. The training was balanced with the workload by allowing flexible scheduling; similarly, curriculum currency was attained through regular reviews.
- IV. Insights by Bloom et al. (2017): In their work, Bloom et al. provided evidence to show that hospitals, being proximal to universities that provided both medical and business training, had improved clinical and managerial performances. Their research for better alignment of business education with health training further supports the SE Health goal of bringing leadership development in tandem with medical training. This would imply that SE Health can realize a similar performance gain by adopting a corporate university as a strategic asset in developing its workforce.

#### **Implications for SE Health**

These insights from the theoretical framework, previous research, and case studies will impact SE Health's corporate university initiative. These include:

- I. Strategic Alignment: The corporate university's training programs should align, without limitation, to SE Health's strategic priorities: Home Care Modernization, Digital Transformation, and Leadership Development (McCarthy et al., 2023).
- II. Curriculum Development: There is a fast-growing demand for a focused yet flexible curriculum to meet the training required for healthcare professionals delivering care at home—the latest accepted medical advancements, good practices, and more need to be encapsulated into curricula. Again, the findings of Bloom et al. (2017) go even further to indicate that the incorporation of business management skills into the curriculum will improve operational efficiencies.
- III. Integrating technologies such as e-learning management systems, virtual simulation, and telehealth equipment extends training programs' reach and efficiency (AL-Nuaimi et al., 2022).
- IV. Continuous evaluation will be done by establishing mechanisms that will create a deeper awareness of the impacts of these training programs and identify lacunas for improvement. This ensures that the corporate university is relevant and practical.
- V. Stakeholder Engagement: Engaging stakeholders early and regularly in the planning and implementation to build support and ensure the corporate university meets their needs.

The literature review underlined a profound understanding of corporate universities' theoretical framework, roles, benefits, challenges, and practical insights resulting from successful healthcare adoption. These findings are relevant for assessing the potential contribution of a corporate university in bringing about change to the patient care experience, professional competencies, and overall organizational success at SE Health. The insights by Bloom et al. (2017) further solidify that advantage in strategic integration involving clinical and business education within a corporate university framework.

To this end, the following chapter expounds on the research methodology that is meant to establish the feasibility and benefits of the proposed formation of a corporate university within SE Health. This encompasses articulation of the research design, target population, sample, data gathering techniques, ethical issues, and steps for data analysis. The study

adopts a scientific approach to generate the research questions and fulfill the objectives stipulated by the research.

#### CHAPTER III: METHODOLOGY

### 3.1 Overview of the Research Problem

The home healthcare industry presents challenges that require constant and specialized training among health professionals (Lee & Yoon, 2021). SE Health is at the forefront of this industry, observing significant gaps in available training and development programs. These clearest gaps occur regarding advanced clinical procedures, new medical technologies, and emergency responses. This impacts the quality of care provided for the patients and further extends to the efficiency of the organization at large. According to Chase et al., (2019) Traditional training methods are usually episodic and not tailored to the needs of home healthcare professionals for their work.

One strategic solution that can be adopted is setting up a corporate university at SE Health. The corporate university will provide continuous specialist training for SE Health's strategic priorities, such as Home Care Modernization, Digital Transformation, and Leadership development initiatives (Alenezi, 2023). This paper aims to present how this structured environment of ongoing professional development will better equip healthcare professionals in their work, improve patient care outcomes, and contribute to the growth and innovation of the organization.

### **Critical Challenges in Home Healthcare**

I. Skill Gaps and Training Needs

SE Health home health care professionals are independently responsible for a broad portfolio of clinical roles, often without the immediate on-site support of the larger hospital environment. This independence requires a high level of professional expertise in several dimensions, including:

 Advanced Clinical Procedures: Professionals must be able to conduct advanced clinical procedures usually performed in home settings, which tend to be less standardized.

- New medical technologies put into use: With the rapid changes in medical technologies, professionals must continuously upgrade their skills to use new devices and software applications effectively.
- c) Response to an Emergency: In emergencies, a home healthcare professional must act fast and make sound decisions that may contribute to and ensure patient safety and quality care.

While the periodic training interventions at SE Health might only sometimes utilize these approaches, a perception of professionals needing to be prepared in those situations certainly exists. The identified skill gaps suggest a need for a more continuous and context-specific training approach.

# II. Episodic and Fragmented Training

The traditional approach to training programs in SE Health usually involves fragmented approaches to training, mainly because the scheduling of sessions is periodic, outside of daily practice (Ożadowicz, 2020). An episodic approach eliminates reinforcement, which is necessary in the learning process for effective retention of skills. The second reason is that the training content only sometimes aligns with the rapidly changing demands of home healthcare; therefore, practices and knowledge regarding it need to be updated.

## III. Organizational Readiness and Strategic Alignment

SE Health has identified several strategic priorities, including care modernization, digitization, and leadership development. However, the training programs must reflect these priorities, so the workforce is less than adequate to advance these interests (Liu-Lastres et al., 2022). What will be beneficial in this regard are training programs that are strategically designed to support such organizational goals and ensure all employees are working towards common objectives.

# IV. Resource Allocation and Cost Management

Any longstanding training program requires massive time, money, and resource investments (Martin et al., 2022). It now remains for SE Health to plan the best utilization of this investment.

This includes the initial setup and recurring costs involving refreshing the curriculum, incorporating technology, and constantly evaluating the same.

# V. Cultural Resistance to Change

Implementing any new kind of training, such as a corporate university, no doubt invites resistance among people accustomed to doing things traditionally (Mousa et al., 2019). Such resistance is overcome only with an effective change management strategy that communicates the benefits, involves employees during the planning of the change, and espouses support during the transition period.

### The Need for a Corporate University

The proposed strategic solution for such challenges at SE Health would thus be establishing a Corporate University. This will ensure a systematic and regular learning platform that these professionals in home healthcare need. Many vital advantages can be offered by:

I. Continuous Learning and Professional Development

A corporate university can encourage lifelong learning through periodic, formal training courses and programs (Elfert, 2019). Doing this enables professionals to stay abreast of newly available clinical practices and technological breakthroughs in real time, brings elements of learning into daily routines, and gives professionals opportunities to update their skills.

II. Customized Training Programs

These training programs will be highly specialized, targeting advanced clinical procedures, responding to emergencies, and using new medical technologies that home health care professionals need. In this way, SE Health can ensure that its workforce is suitably prepared to meet their jobs' demands.

## III. Alignment with Strategic Goals

It would involve training programs aligned with a corporate university that complements SE Health's strategic priorities, such as home care modernization and digital transformation. With

this in place, training would ensure the enhancement of competencies at an individual level while contributing to the organization's overarching goals.

# IV. Innovative Training Methods

Innovative Training Methods could also ensure that a corporate university avails flexible and effective training options by embracing advanced technologies such as e-learning, virtual simulation, and telehealth tools (Araya Mesfin Nigatu et al., 2024). Advanced technologies can enhance the learning experience through increased interaction and engagement, thus equipping individuals with enablers to prosper in a digital healthcare environment.

### V. Enhanced Evaluation and Feedback

The mechanisms for evaluation can be instituted at the corporate university for continuous review training programs are in place. It includes soliciting responses from the participants, monitoring performance metrics, and periodic review of the curriculum. Continuous evaluation ensures relevance, practicality, and continuous improvement of training.

This elaborate research problem unravels some critical challenges SE Health faces in current training and development practices. This calls for more structured approaches that are continuous and at the professional education level. In this context, a corporate university forms a strategic response to these issues, offering more significant potential to skill and develop home healthcare professionals better, align training more with organizational goals, and support the more general strategic responses of SE Health. The following section discusses the research design, wherein methodology is explored to review the initiative's feasibility and benefits that could accrue.

#### **3.2 Operationalization of Theoretical Constructs**

Missing...

#### **3.3 Research Purpose and Questions**

This research aims to establish the feasibility and potential benefits of establishing a corporate university at SE Health: addressing the critical training and development challenges home healthcare professionals face, aligning the training programs with the strategic priorities of SE Health, and enhancing overall organizational performance. It is designed to serve as an insight into how the corporate university will revolutionize the training and development practices at SE Health in pursuit of better results, from patient care to operational efficiency.

### **Specific Research Objectives**

Consequently, the general objective is achieved through research based on the following specific objectives:

- I. Identify Training Needs and Gaps:
  - a) Specifically, the status quo regarding training in SE Health will be analyzed with a clear identification of gaps regarding skills and competencies among home health professionals.
  - b) Identify needs for additional training in home health care areas representing unique demands, such as advanced clinical procedures, new medical technologies, and emergency response.
- II. Assess Feasibility:
  - Analyze the practical considerations of establishing a corporate university: resource allocation, infrastructure requirements, and organizational preparedness.
  - b) Analyze the financial implications and probable return on investment resulting from a corporate university.
- III. Align with Strategic Goals:
  - a) Explore how training within the Corporate University can help support strategic priorities, including home care modernization, digital transformation, and leadership development within SE Health.
  - Ensure the design of training initiatives to align with and drive broader strategic objectives of the organization.
- IV. Analyze Potential Benefits:
  - Assess expected benefits for the corporate university at an individual level of healthcare professionals regarding their professional competencies, job satisfaction, and career development.

- b) Evaluate the potential organizational benefits, including improving patient care quality, operational efficiency, and employee retention.
- V. Develop Implementation Framework:
  - a) Create a detailed framework for implementing the corporate university, covering curriculum design, technology integration, and evaluation mechanisms.
  - b) Outline key steps and milestones for establishing the corporate university in a planned, orderly way.
- VI. Engage Stakeholders:
  - Explore perceptions and expectations of stakeholders regarding the project at SE Health, including healthcare professionals and management, as well as training staff.
  - b) Assure that planning and implementation address stakeholder needs and concerns to ensure a broadly supported initiative.

# **Detailed Exploration of Research Objectives**

I. Identify Training Needs and Gaps:

This is a broad objective dealing with evaluating current training programs already existent at SE Health. Surveys and interviews with home healthcare professionals will be conducted regarding their experiences with training; specific areas where additional training is needed will be targeted. The aim is to highlight the critical skill gaps that must be met to enhance care quality and operational efficiency.

II. Assess Feasibility:

The study will review a corporate university's practical, resource availability, infrastructural, and organizational readiness. In this light, the cost-benefit analysis will be an essential activity, providing insights into pure financial motives and, consequently, a look at potential ROI. The assessment will consider the organization's general readiness for this culture change.

III. Align with Strategic Goals:

This objective ensures that training provided by the Corporate University targets SE Health's strategic priorities. By developing training institutes to meet goals such as home care modernization and digital transformation, the corporate university would be better positioned to contribute toward the company's capability to fulfill its objectives. It requires the key stakeholders' identification and engagement to ensure the programs are relevant and add value.

# IV. Analyze Potential Benefits:

After all, research will test the benefits of a corporate university at both an individual and organizational level: to the health professionals, in terms of steady improvement in clinical capabilities, job satisfaction, and career advancement opportunities, while to the organization, it means better quality of care for the patients, operational efficiency, and retaining employees longer. These benefits shall be measured through surveys, interviews, and performance metrics.

## V. Develop Implementation Framework:

This will ensure the corporate university has an in-depth implementation framework necessary for its establishment, mapping out significant steps and milestones on curriculum design, technology integration, and evaluation mechanisms. This will help provide systematic ways to successfully and sustainably implement a corporate university.

## VI. Engage Stakeholders:

It is necessary to engage stakeholders because these groups' broad-based support will ease the wheels for the corporate university initiative. This will involve gathering information from various stakeholders, such as healthcare professionals, management, and training personnel, on their perceptions and expectations. To this end, it will be essential to ensure that their needs and concerns are addressed in the planning process to provide a basis for support and successful initiative delivery.

#### Summary

The research objectives are clear and structured to explore the feasibility and potential value of establishing a corporate university at SE Health. The research, therefore, will answer these

objectives as a way of deriving actionable results and practical recommendations regarding how the value and contribution of the training and development practices could be enhanced, aligned with the strategic objectives, and improved the organization's overall performance. This section describes the research design, including the methodology utilized to help study these objectives and collect the required data.

### **Research Questions**

These research questions, therefore, guide the investigation of the feasibility and potential benefits to be accrued by SE Health from establishing a corporate university. The questions are meant to address the critical aspects of the problem statement outlined based on the objectives presented in the previous section. In this light, the answers to these questions collectively provide comprehensive insight into how a corporate university would best enhance existing training and development practices to provide better patient care through improved organizational performance.

### Primary Research Question

How can a corporate university address the specific training needs of home healthcare professionals at SE Health and support the organization's strategic priorities?

This overarching question encapsulates the core focus of the research, aiming to explore how a structured and continuous learning environment can bridge the training gaps in home healthcare and align with SE Health's broader goals.

### Specific Research Questions

I. What are the specific training needs and gaps among home healthcare professionals at SE Health?

This question seeks to identify where home healthcare professionals at SE Health require additional training and support. It will explore the specific skills and knowledge gaps that must be addressed to improve their competence and effectiveness in delivering high-quality care. II. What are the practical considerations and feasibility of establishing a corporate university within SE Health?

This question evaluates the practical aspects of implementing a corporate university, including resource allocation, infrastructure requirements, and organizational readiness. It will also consider this initiative's financial implications and potential return on investment.

III. How can the training programs offered by a corporate university align with and support SE Health's strategic priorities, such as Home Care Modernization and Digital Transformation?

This question ensures that the corporate university's training programs are designed to support SE Health's strategic goals. It will investigate how these programs can enhance the organization's capacity to achieve its objectives and drive innovation and efficiency.

IV. What are the anticipated benefits of a corporate university for both individual healthcare professionals and the organization?

This question seeks to assess the potential benefits of a corporate university from both individual and organizational perspectives. It will explore how continuous and specialized training can improve professional competencies, job satisfaction, patient care quality, and organizational performance.

V. What implementation strategies and frameworks are necessary to ensure a corporate university's successful establishment and operation at SE Health?

This question aims to develop a comprehensive framework for implementing the corporate university. It will outline the key steps and milestones, including curriculum design, technology integration, and evaluation mechanisms, to ensure effective and sustainable implementation.

VI. How do different stakeholders within SE Health perceive the concept of a corporate university, and what are their expectations?

This question focuses on understanding the perceptions and expectations of various stakeholders, including healthcare professionals, management, and training staff. It will gather their input and ensure the planning and implementation process addresses their needs and concerns.

### **Detailed Exploration of Research Questions**

I. Training Needs and Gaps:

The first research question involves thoroughly assessing the current training practices at SE Health. The study uses surveys and interviews to gather detailed information on the areas where home healthcare professionals need more training and support. This would help understand the critical skill gaps that need to be addressed.

II. Feasibility and Practical Considerations:

The second research question relates to the viability of establishing a corporate university, considering resource allocation, infrastructure, and readiness at an organizational level. This may involve a cost-benefit analysis to fully understand the financial implications and potential return on investment. Organizational culture and readiness for change are also considered; thus, potential barriers and strategies that may be invoked to overcome such changes will be considered.

III. Alignment with Strategic Priorities:

Third, the research investigates how corporate university training programs align with SE Health's strategic priorities through direct input from key stakeholders; it will collaborate to ensure the relevance and impact of its training initiatives to support goals such as home care modernization and digital transformation.

IV. Anticipated Benefits:

The fourth research question examines how a corporate university benefits individual healthcare professionals and the organization in terms of improvement in clinical skills, job satisfaction, quality of patient care, and operational efficiency. The evaluation will involve surveys and interviews apart from actual performance metrics.

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#### V. Implementation Framework:

The fifth research question is intended to develop a detailed implementation framework regarding the corporate university. This includes describing all critical steps and milestones, such as designing the curriculum, integrating it with technology, or mechanisms for evaluation. It would make the implementation of the corporate university more structured and systematic.

#### VI. Stakeholder Perceptions:

The sixth research question is about stakeholder engagement and understanding of the perceptions and expectations of the stakeholders. This study also seeks to get the contribution of healthcare professionals, management, and training staff to help the corporate university attain broad-based support in meeting the needs and addressing their concerns.

#### Summary

These research questions form a guide through which the feasibility and benefits of setting up a corporate university at SE Health will be studied. The study will answer these questions in such a way that there are actionable insights into how the organization should improve training and development practices, align with strategic objectives, and improve overall organizational outcomes. The following section outlines the research design, including methodologies used to collect the data needed to meet these objectives.

A targeted sampling strategy balanced organizational representation while minimizing business disruption. Business line leaders were asked to volunteer or appoint representatives to participate in RAPs representative of core business areas. The sample size was 30 participants from the June workshop, assembled into pods of 6 to 12 per business area. Each Pod represented expertise from its line of business, such as educators in the Education Practices Pod or IT specialists in the Technology Pod. One further Education Council of 6 leaders helped build the strategy for the corporate university. The Senior Leadership Team, COO, and 5 Senior providing high-level oversight will review the Final Recommendations.

#### 3.4 Research Design

This study adopts a mixed-methods research design, which combines quantitative and qualitative approaches to explore the role and potential of corporate universities in the home healthcare sector. A mixed-methods design avails the strength of statistical rigor from quantitative research and depth from qualitative insight in understanding the research problem. This approach also allows for the integration of findings for a nuanced interpretation of data; hence, it enhances the general reliability and validity of the research.

#### **Rationale for Mixed-Methods Approach**

The mixed-methods approach is particularly well-suited to this study because it provides complementary perspectives:

- I. Quantitative research captures measurable patterns, such as the relationship between technology adoption and employee engagement or the alignment of training programs with strategic goals.
- II. Qualitative research explores the personal experiences, perceptions, and challenges healthcare professionals face, providing context for the quantitative findings.

This combination ensures that both broad patterns and nuanced insights are captured, facilitating a holistic exploration of the corporate university initiative at SE Health.

# **Research Questions and Method Alignment**

The quantitative and qualitative components address distinct but interrelated research questions:

- I. Quantitative Questions:
  - a) What are the perceptions and attitudes of healthcare professionals toward corporate universities?
  - b) How does adopting digital tools (e.g., e-learning platforms) correlate with employee engagement and satisfaction?
- II. Qualitative Questions:

- a) What are the barriers and challenges healthcare professionals face in participating in corporate university programs?
- b) How do stakeholders perceive the alignment of training programs with SE Health's strategic goals, such as Home Care Modernization and Digital Transformation?

The mixed-methods approach systematically explores objective data and subjective experiences by aligning each method with specific research questions.

# **Quantitative Research Design**

The quantitative component aims to capture measurable patterns across a broad sample of healthcare professionals.

I. Survey Design:

A structured questionnaire will be developed to assess participants' perceptions, attitudes, and engagement with corporate universities and digital learning platforms. The survey will use Likert-scale questions to measure attitudes toward technology adoption, satisfaction with training programs, and alignment with strategic goals.

Pilot testing will be conducted with a small group of participants to ensure the reliability and clarity of the survey questions.

II. Sampling Strategy:

A stratified random sampling technique will ensure that critical subgroups (e.g., nurses, therapists, and administrative staff) are adequately represented. This ensures representative participation across clinical and non-clinical roles and captures the diverse perspectives of the workforce.

Target sample size: A sample size of about 300 participants targeted for this questionnaire will be statistically significant to generalize the results within the home healthcare sector.

III. Data Analysis:

SPSS or R will be used in the analysis of results. These may be fundamental analyses such as ttests and ANOVA. However, equal regression analyses may be performed to analyze trends, relationships, and significant findings about technology adoption, satisfaction with training, and alignment at the organizational level.

### **Qualitative Research Design**

The qualitative part of the research will further complement the quantitative data, describing personal experiences and difficulties related to participation in corporate universities.

I. Interviews:

These semi-structured interviews will be conducted with key stakeholders, including frontline healthcare professionals, trainers, managers, and members of the Pod. According to Shimasaki et al., (2019). The interview guide will address barriers to participation, expectations regarding continuous learning, and the alignment of the education programs with the strategic priorities of SE Health.

## II. Focus Groups:

Focus groups will be organized with healthcare professionals to enable an interactive exploration of challenges with training and the use of technology. The focus group discussions will provide insight into the outcomes of discussions, group dynamics, and shared challenges that may otherwise not emerge in individual interviews (Richard et al., 2020).

### III. Data Analysis:

Data from the qualitative part will be analyzed using thematic analysis, entailing the coding of interview and focus group transcripts for recurring themes and patterns. Data triangulation will be ensured by comparing themes across interviews and focus groups to ensure the validity of the findings.

### **Integration of Quantitative and Qualitative Findings**

This is a mixed-methods design that will allow the researcher to combine quantitative and qualitative findings to gain a complete understanding of the research problem. Example:

- I. Quantitative data, in turn, shall give precise proof that employee engagement is always positively correlated with the perceived usefulness of digital tools.
- II. Qualitative data can contextualize these results by showing that senior staff face technology adoption challenges due to a lack of technical support.

This proof ensures that personal experiences complement statistical trends, providing actionable insights to leverage in developing SE Health's corporate university.

#### Summary

The robustness of a mixed-methods research design allows one to investigate the potential of corporate universities within the home healthcare sector. Quantitative survey makers, combined with qualitative interviews and focus groups, can provide both broad patterns and detailed insights necessary for a nuanced understanding of the challenges and opportunities associated with corporate university implementation. This will also align with the strategic priorities of SE Health and, further, provide actionable findings to lead this organization in developing practical and future-ready training programs.

### 3.5 Population and Sample

This section describes the population and sample of the study, along with a statement of the strategy adopted to ensure representativeness, diversity, and manageability. Since the research is targeting the study of the role and impact of corporate universities in the home healthcare industry, wide ranges of responses have to be elicited from almost all aspects of care delivery and management.

#### Population

The target population for this study comprises healthcare professionals working in the home healthcare sector, including clinical and non-clinical roles. It is a very diverse population since it

ranges from professionals in direct patient care to those dealing with the organization and administration of home healthcare.

- I. Clinical roles: registered nurses, physical therapists, occupational therapists, speech therapists, and home health aides.
- II. Non-clinical staff: the administrative personnel, supervisors, and managers in training and development.

The population spans multiple geographical regions and caters to various patient demographics, from pediatric care to chronic disease management. This diversity ensures that the study captures comprehensive insights into how corporate universities can address the specific challenges and needs within home healthcare.

### **Sampling Strategy**

Stratified random sampling will be done to obtain good representative coverage of the population and answer the study's objectives. In this approach, the sample would reflect the diversity in roles within the home healthcare sector, though manageable in size for analyses.

# Rationale for Stratified Sampling

The home health sector is highly stratified, with many day-to-day professionals across disciplines who add value to patients and operations. Stratified sampling ensures that adequate representations are obtained from each subgroup so that a diversity of perspectives and experiences can be captured. This approach minimizes the risk of bias by ensuring that the key groups, such as nurses, therapists, and administrative staff, are proportionally represented.

### **Sample Size**

- I. Quantitative Component (Survey):
  - a) A sample size of 300 respondents, which are health professionals, will be targeted in the survey.
  - b) Rationale: This sample size is expected to produce statistically significant results according to the power analysis. At the same time, meaningful patterns

and trends relationships between factors/variables under study may be established. It also improves the generalization of results across the home healthcare sector.

- c) Reminder emails will be sent, and incentives, such as participation certificates, will be provided to offset possible low response rates.
- II. Qualitative Component (Interviews and Focus Groups):
  - a) Semi-structured interviews will be conducted to collect qualitative data from 10-15 key stakeholders, including senior managers, trainers, and healthcare professionals.
  - Focus groups: Hold 2-3 focus groups with 6-8 participants each to have interactive discussions and share the challenges and benefits of corporate universities.
  - c) Rationale: Smaller samples provide depth and richness, capturing nuance that reveals the intricacies of personal experiences and struggles.

# **Selection Criteria**

Participants will be included according to the following inclusion criteria:

- I. Current Employment: All respondents must have current employment in the home healthcare industry to ensure they can give first-hand information about the present training programs and challenges.
- II. Minimum Experience: The participants must have a minimum work experience of one year in the field. This would help them get enough exposure to the training programs and provide better feedback.
- III. Diverse Functions: The sample will range from clinical to non-clinical functions, such as nurses, therapists, administrative workers, managers, etc. This is important for a holistic view of the training needs and challenges.
- IV. Efforts to Ensure Sample Diversity:
  - a) The participants are expected to be geographically diverse regarding age, gender, and experience. Such a selection ensures that a wide range of perspectives relevant to SE Health's corporate university initiative is captured.

b) Referral sampling shall be utilized to identify additional participants in each subgroup where recruitment challenges are identified to maintain diversity.

### **Recruitment Process**

Participants will be selected from various channels to ensure the sample is representative.

- I. Industry Directories and Professional Associations: Initial invitations will be sent to potential participants identified through professional networks and directories.
- II. Referral Sampling: Participants will also be encouraged to refer colleagues within their network, particularly for roles that may be underrepresented.
- III. Email Invitations: Invitations will outline the research objectives, eligibility criteria, and expected time commitment, encouraging healthcare professionals to participate.
- IV. Informed Consent: All participants will receive a consent form explaining the purpose of the study, their rights, and the confidentiality measures in place. Participation will only proceed after consent is obtained.

## **Ethical Considerations**

To ensure that the research adheres to ethical standards:

- I. Confidentiality: All participant data will be anonymized, and personal identifiers will be removed from the final research report.
- II. Voluntary Participation: Participants will be informed that they can withdraw at any time without penalty.
- III. Data Storage and Protection: Electronic data will be stored on secure servers with restricted access, and physical data will be kept in locked cabinets. The study will also adhere to GDPR/HIPAA guidelines (where applicable) to ensure data privacy.

## Summary

The population and sample for this study have been carefully designed to ensure that the data collected is representative and comprehensive. The stratified random sampling used in the research will ensure that healthcare professionals' voices are captured in all their diversity, from

clinical to non-clinical roles. Ensuring a representative sample helps ensure that findings reflect the depth of experiences within the home healthcare sector and provide actionable insights for SE Health's corporate university initiative. This will be further assured in the section on the recruitment process and considerations of ethics that follow to ensure responsible and transparent data collection.

#### **3.6 Participant Selection**

Participant selection is among those precious steps in the research process that ensure data relevance, representativeness, and correspondence to the aims put forward by the present research. This section develops the inclusion and exclusion criteria, how participants were sought out, and how diversity was ensured to get a sample representative of the different roles, experiences, and regions within the home healthcare sector.

#### **Eligibility Criteria**

Selection would include the following eligibility criteria to ensure the relevance of experience and insight into making meaningful contributions to the study.

I. Current Employment:

The participants should currently work within the home healthcare industry, so shared experiences will reflect current training practices and challenges.

II. Minimum Experience:

The participants must have at least one year of experience within the current position, with the assurance that participants will be conversant with the training programs and the operational practices to provide valid information on any needed area of improvement.

III. Diverse Roles and Levels:

Participants will involve those who play clinical, administrative, and managerial roles to capture a holistic view of the sector: professionals at the grassroots level, trainers, and managers involved in training and strategic planning.

IV. Regional and Demographic Diversity:

The study seeks to document various perspectives since participants are drawn from different geographical regions and possess diverse demographic backgrounds, such as age, gender, or years of experience. Such diversity will ensure that the findings represent home healthcare services' complex and varied nature.

# **Recruitment Process**

Recruitment will be done through a multi-step process to ensure that the sample is representative of the broader home healthcare sector.

- I. Identification of Participants:
  - a) Participants will be identified from industry directories, professional associations, internal SE Health networks, and referrals. This will ensure that both frontline and managerial staff are represented.
  - b) Targeted outreach will ensure the participation of critical subgroups necessary for this study, including nurses, therapists, and administrative staff.
- II. Email Invitations and Outreach:
  - a) Individuals will be invited via personalized emails introducing the research goals, the characteristics/eligibility requirements to participate, and the estimated time required. The email will introduce how the research fits in with the corporate university initiative at SE Health.
  - b) Reminder emails will be used to enhance the response rate, and incentives, including but not limited to certificates of participation, may be used to encourage involvement.
- III. Referral Sampling for Hard-to-Reach Groups:

In the case of some underrepresented roles, referral sampling will be used, such as for therapists and remote workers. Participants will be asked to refer colleagues fitting the inclusion criteria to ensure full representation of opinions.

# **Informed Consent and Confidentiality**

Before participating, all selected individuals will be required to provide informed consent. This ensures that participants understand the purpose of the research, the procedures involved, and their rights, including the right to withdraw from the study at any time.

- I. Informed Consent Process:
  - a) Participants will receive a detailed consent form outlining the research objectives, time commitments, and data confidentiality measures.
  - b) Consent will be obtained electronically (via email) or in person before participants engage in research activities (e.g., surveys, interviews, or focus groups).
- II. Confidentiality Measures:
  - a) All participant responses will be anonymized, and identifying information will not be included in the final research report.
  - b) The research will adhere to data privacy regulations (e.g., GDPR/HIPAA) to protect participants' personal information.
  - c) Only authorized research team members will have access to the raw data, which will be stored securely.

### **Ensuring Sample Diversity**

Efforts will be made to ensure that the sample reflects the diversity of the home healthcare sector in terms of professional roles and demographics.

I. Professional Diversity:

The sample will include participants from both clinical and non-clinical roles, including registered nurses, therapists, home health aides, administrative staff, and managers.

II. Geographical Diversity:

Participants will be drawn from different regions to capture insights into how location impacts access to training and technology adoption.

III. Demographic Diversity:

A balance in gender, age groupings, and years of general experience will be sought. This ensures that the findings reflect the varied experiences of healthcare professionals at different junctures of their careers.

## **Ethical Considerations**

The research study will guarantee ethical integrity in the following ways:

I. Voluntary Participation:

Participation in this study is voluntary, and participants will be able to withdraw from this study at any time for whatever reason without any penalty.

II. Confidentiality and Anonymity:

All responses will remain anonymous to keep participants' privacy. During the data analysis, pseudonyms or ID codes will be used to protect participants' identities further.

III. Data Storage and Access:

All data will be kept securely, so access is limited to authorized personnel for the research project. Digital data shall be encrypted, and physical documents shall be stored in locked cabinet spaces.

### IV. Institutional Review Board (IRB) Approval:

The study will seek ethical approval from an IRB, ensuring the research activities are conducted to the required ethical standard and offering proper participant protection.

### **Summary**

This section, therefore, develops a sample selection framework that allows the research to capture a broad and representative range of perspectives from the home healthcare sector. Stratified sampling, personalized approaches to recruitment, and ethical defenses ensure that the data collected is reliable, valid, and relevant to the research objectives. This will provide rich insights to inform the design and implementation of the corporate university at SE Health.

### **3.7 Instrumentation**

The instruments and tools relevant to collecting quantitative and qualitative data are described below in this mixed-methods research study. For a focus on corporate universities' role in the home healthcare sector, using reliable and valid instruments has been crucial in capturing a mix of measurable patterns and insights from the participants' views. The validation process of each tool is also outlined to assure quality in joint pieces of data, which originate from different parts of the process.

#### **Quantitative Instrumentation: Structured Questionnaire**

The quantitative part of the research will be based on a structured questionnaire to capture data on perceptions, attitudes, and experiences related to corporate universities and training initiatives.

### I. Design and Content:

The questionnaire will include multiple-choice questions, Likert-scale questions, and ranking questions to assess participants':

#### II. Pilot Testing:

The questionnaire will be pilot-tested with 10-15 healthcare professionals to assess clarity, relevance, and reliability. Any ambiguous or confusing questions will be revised based on participant feedback.

### III. Distribution:

The questionnaire will be distributed electronically to participants using survey platforms such as Qualtrics or Google Forms, ensuring easy access for participants working in remote or geographically dispersed locations.

IV. Rationale for Use:

The structured questionnaire allows for statistical analysis of key trends and patterns across a large sample, supporting the generalizability of findings.

### **Qualitative Instrumentation: Semi-Structured Interviews and Focus Groups**

The qualitative component will rely on semi-structured interviews and focus groups to gather detailed, contextual insights into participants' experiences and perceptions. These instruments are essential for capturing nuances and complexities that cannot be obtained through quantitative surveys.

# Semi-Structured Interviews

I. Interview Guide:

An interview guide will be developed to facilitate in-depth conversations with healthcare professionals, managers, and trainers. The guide will include open-ended questions on:

- a) Barriers and challenges in adopting corporate university programs.
- b) Perceptions of how well training programs align with operational goals.
- c) Experiences with technology adoption and digital learning tools.

The guide will be flexible, allowing interviewers to explore emerging themes or follow up on unexpected insights.

II. Interview Format:

Interviews will be conducted in person, by phone, or through video conferencing (e.g., Zoom) to accommodate participants' preferences and schedules.

### Focus Group Discussions

I. Discussion Guide:

A separate discussion guide will be used for focus groups, facilitating interactive discussions among participants. Topics will include:

- a) Shared challenges in participating in training programs.
- b) Group reflections on technology adoption and resistance.
- c) Suggestions for improving the corporate university model.

The guide will contain prompts and follow-up questions to encourage participation and ensure balanced contributions from all members.

II. Focus Group Logistics:

Each focus group will consist of 6-8 participants and will last approximately 60-90 minutes. Discussions will be audio-recorded (with participant consent) to ensure accuracy during transcription.

#### **Instrument Validation**

To ensure the reliability and validity of the research instruments, the following validation steps will be undertaken:

I. Expert Review:

The questionnaire and interview guides will be reviewed by experts in healthcare education and corporate training to ensure that the questions align with the research objectives.

# II. Pilot Testing:

The questionnaire and interview guides will undergo pilot testing with a small group of participants (10-15) representative of the target population. The feedback will refine the instruments' wording, structure, and relevance.

### III. Content Validity:

Content validity will be ensured by aligning the questions with the theoretical framework (e.g., Human Capital Theory, TAM) and the study's strategic focus areas (e.g., Home Care Modernization, technology integration).

### **Data Collection Procedures**

To ensure consistency in data collection, the following procedures will be followed:

### Quantitative Data Collection Procedures

The structured questionnaire will be distributed electronically, with email invitations and reminders sent to participants. Participants will receive clear instructions on completing the survey, and technical support will be provided if needed.

All survey responses will be automatically compiled into a centralized database for further statistical analysis.

#### Qualitative Data Collection Procedures

Interview Appointments: Participants will be invited to schedule interview appointments at their convenience. Interviews will be conducted remotely or in person, based on participant preferences.

Focus Group Sessions: Focus groups will be scheduled at mutually convenient times for participants and held in person or online, ensuring accessibility for all participants.

Consent and Confidentiality: Participants will provide informed consent before interviews and focus groups. Audio recordings will be stored securely, and all transcriptions will be anonymized to protect participant identities.

### **Data Quality and Reliability**

To ensure that the data collected will be of quality and reliable, several steps shall be followed:

I. Training of Research Assistants:

The research assistants who help to interview and conduct focus groups should be trained in data collection methods, ethical considerations, and the use of research instruments to ensure consistency.

### II. Regular Monitoring:

The research team will routinely follow up on data collected to ascertain any discrepancies or issues that would have cropped up during the process.

III. Data Backup and Security:

All data will be regularly backed up on secure servers, and access will only be provided to authorized research team members.

#### Summary

The tools and their description in this section are designed to make the quantitative and qualitative data collection systematic and reliable. The structured questionnaire offers a comprehensive view of patterns and trends, while semi-structured interviews and focus groups capture the depth and complexity of participants' experiences. In this regard, the quality of the data that would address the research objectives and support the necessary insight into the development of the corporate university initiative at SE Health is assured through the rigors of the validation process apart from the well-outlined procedures used in data collection.

### **3.8 Data Collection Procedures**

This section details the consistent quantitative and qualitative data collection method to ensure coherence and conformation with the mixed-methods design. The procedures will be specifically tailored to capture broad trends through surveys, deep insights through semi-structured interviews, and RAPs. A structured ethical approach will ensure that the data is reliable and valid.

### **Preliminary Preparations**

Several preparatory steps will be undertaken to ensure the instruments are finalized and research personnel are prepared:

I. Instrument Finalization:

- a) All instruments, including the survey, interview guide, and RAP discussion guide, will be finalized based on feedback from pilot tests and expert reviews.
- b) The final instruments will be aligned with the research objectives and frameworks (e.g., TAM and Human Capital Theory) to ensure relevance and rigor.
- II. Training of Research Assistants:

Research assistants will receive training on protocols, ethical guidelines, and the proper use of research instruments. This will ensure the following interviews and RAP discussions are neutral and professional.

# **Quantitative Data Collection**

The structured questionnaire will be used to collect quantitative data on the respondents' perceptions, engagement, and experience about corporate university initiatives.

- I. Survey Distribution:
  - a) The survey will be forwarded to them electronically through channels like Qualtrics or Google Forms, reaching health professionals interregionally.
  - b) A motivation email, an introduction to the study, and an invite to participate will be followed by reminder emails to invite the persons at intervals.
- II. Incentives and Support:
  - a) Participants may be given certificates of participation to encourage the completion of the survey.
  - b) Technical support through a technical support team shall be available for participants if problems are experienced while completing the surveys.
- III. Data Compilation and Monitoring:

Responses are automatically collated into a secure database for analysis, and the response rate will be periodically checked to monitor response rates and address incomplete or missing data.

### **Qualitative Data Collection**

Qualitative data will be collected through semi-structured interviews and RAPs, offering in-depth insight into the experiences and perceptions of participants.

### Semi-Structured Interviews

I. Scheduling and Format:

The interviews will be conducted face-to-face, by telephone, or by video conferencing modes such as Zoom to accommodate participants with tight schedules and comfortability.

II. Consent and Recording:

Participants will give informed consent before interviewing. Interviews will be audio recorded, if consented to, to ensure transcription accuracy.

III. Duration and Structure:

Interviews will be based on a semi-structured guide, each approximately 30-60 minutes in duration, free-wheeling to allow for the exploration of emerging themes and topics that might be relevant to the participants.

### Rapid Action Pods (RAPS)

I. Organization and Format:

RAPs will be divided into sessions with 6-8 participants for a collaborative discussion process that can take up to 60 to 90 minutes on common challenges, technology adoption, and corporate university strategy.

II. Virtual and In-Person Options:

Depending on participant availability, RAPs will be conducted in person or online. This will accommodate remote workers.

III. Moderation and Recording:

To this end, each RAP will be moderated by a trained facilitator using a structured discussion guide, thereby the conversation focused. All RAP sessions will be audio recorded in consultation with consent, then transcribed and analyzed.

### **Data Storage and Management**

The integrity of the data, as well as confidentiality, shall be ensured with the following protocols:

- I. Data Security:
  - a) Electronic data will be stored on encrypted servers with limited access to authorized personnel.
  - b) Physical documents, such as consent forms, are kept in locked cabinets to prevent access by unauthorized persons.
- II. Data Backup:

Backups will be done routinely to avoid loss of data. Copies shall be made and kept on cloudbased systems to ensure the system is redundant.

III. Anonymization:

Pseudonyms or ID codes will replace participant identifiers to maintain confidentiality in the analysis section.

### **Quality Assurance and Monitoring**

Quality assurance will be ensured through the following measures to ensure that data is dependable and consistent.

I. Regular Monitoring:

The research team will do periodic checks so everything is going fine regarding the data collection process and all discrepancies are solved due to time consumption.

II. Consistency in Procedures:

Adopting the same protocols for all interviews, RAPs, and surveys will ensure uniformity in the data collection method.

III. Non-Response Mitigation:

Those participants whose questionnaires are not filled will be reminded to return them. In RAPs, moderators will ensure that all participants will have the chance to participate, contributing less to the data gaps in the questionnaire.

#### **Ethical Considerations in Data Collection**

The research will be performed concerning ethical guidelines that protect the rights and confidentiality of the participants:

I. Informed Consent:

Informed consent: A detailed consent form will be provided to all participants on the purpose of the study, their rights as participants, and confidentiality. Informed consent should be obtained before proceeding with participation.

II. Voluntary Participation:

Participants will be informed of their right to withdraw without penalty. They may also decline to answer specific questions during interviews or RAPs.

III. Ethical Compliance:

The research will follow IRB guidelines and respective data protection legislations (e.g., GDPR, HIPAA) for ethical research practices.

### Summary

The procedures of data collection described herein give a structured approach to quantitative and qualitative data collection, ensuring such findings' uniformity, validity, and reliability. The advantage of surveys, semi-structured interviews, and RAPs is thus ensured to completely cover the research problem's investigation, with both general trends and in-depth analysis. The study will adhere to ethical standards while ensuring rigorous quality control measures are implemented to develop valid data to inform the design and implementation of a corporate university initiative at SE Health.

#### **3.9 Data Analysis**

The following section elaborates on the step-by-step analytical procedures for quantitative and qualitative data from surveys, semi-structured interviews, and RAPs. Data analysis will be based on the principles of rigor and validity to ensure that the insights are meaningful and reliable, pointing appropriately to the research objectives. Quantitative and qualitative findings will be combined to comprehensively understand the research problem by combining statistical trends with contextual insights.

#### **Quantitative Data Analysis**

Quantitative data will be analyzed using statistical techniques to identify patterns, correlations, and significant findings from the structured questionnaire.

- I. Data Cleaning and Preparation:
  - Raw survey data will be screened for missing values, outliers, or inconsistencies to ensure the integrity of the dataset.
  - b) Incomplete responses will be addressed by contacting participants, or these entries will be excluded from specific analyses.
- II. Descriptive Statistics:
  - a) Descriptive statistics (e.g., means, medians, standard deviations, and frequency distributions) will provide an overview of the general trends in participants' responses.
  - b) For example, measures will indicate overall satisfaction with training programs and engagement with digital tools.
- III. Inferential Statistics:
  - a) T-tests, ANOVA, and regression analysis will be employed to test relationships between variables such as:
  - b) Technology adoption and employee engagement (aligned with TAM).
  - c) Training program satisfaction and alignment with SE Health's strategic goals.
  - d) These analyses will help determine if observed patterns are statistically significant, supporting or refuting the study's hypotheses.

## IV. Software Tools:

The quantitative data will be analyzed using statistical software such as SPSS or R, facilitating descriptive and inferential analyses.

## **Qualitative Data Analysis**

Qualitative data from semi-structured interviews and RAP discussions will be analyzed using thematic analysis, ensuring that recurring themes, patterns, and narratives are identified and interpreted meaningfully.

I. Transcription of Interviews and RAP Sessions:

All recorded interviews and RAP sessions will be transcribed verbatim to ensure the accuracy of the data. Transcriptions will be reviewed to correct any errors or misinterpretations.

- II. Coding and Theme Identification:
  - a) The transcribed data will be coded systematically using a deductive and inductive approach:
  - b) Deductive coding will align with pre-identified themes (e.g., challenges in technology adoption and barriers to continuous learning).
  - c) Inductive coding will allow for the emergence of new themes that were not anticipated but are relevant to the research objectives.
  - d) Coding will be conducted using software such as NVivo to manage large datasets efficiently.
- III. Thematic Analysis Process:
  - a) Themes will be identified, refined, and grouped into overarching categories (e.g., barriers to training, engagement with corporate universities, and perceptions of strategic alignment).
  - b) Thematic maps will be created to visualize the relationships between themes and explore how different factors influence participants' experiences.
- IV. Data Triangulation:

Qualitative data from interviews and RAPs will be compared and triangulated with quantitative survey findings to ensure validity. The process will help to determine convergences and divergences between datasets.

#### **Integration of Quantitative and Qualitative Findings**

Since it is a mixed-method design, the findings will integrate quantitative and qualitative analyses to view the research problem comprehensively.

I. Complementary Insights:

Quantitative findings around correlations between technology adoption and engagement will be complemented by qualitative insights from the interviews and RAPs, which can contextualize the challenges and barriers identified.

II. Convergent and Divergent Patterns:

Integration will allow the identification of converging themes, such as consistent support of the corporate university with divergent perspectives and differences in junior and senior Staff in technology adoption.

III. Framework Alignment:

The findings will result from integration to align with the underlying TAM and Human Capital Theory frameworks, which can ensure that the logical derivation of data is based on conceptual grounds for this study.

## Validity and Reliability Measures

The following would be employed to establish the validity and reliability of quantitative and qualitative data:

- I. Quantitative Data Validity:
  - a) Content validity is ensured when the instrument undergoes pilot testing that refines questions regarding clarity and relevance.

- b) The internal consistency of the survey scales, such as the reliability coefficients, will be computed using appropriate statistical tests (e.g., Cronbach's alpha).
- II. Qualitative Data Validity:
  - a) Interview and RAP data triangulation with the survey findings will be used to confirm the themes.
  - b) Member checking will be performed when the situation allows; for example, participants can confirm that their interview transcripts are accurate.
- III. Reliability of Coding:

Inter-coder reliability will be ensured through multiple coders analyzing the qualitative data and resolving any discrepancies in theme identification

IV. Transparency in Data Interpretation:

Extensive audit trails will document the data analysis, enhancing the research's transparency and replicability.

## **Ethical Considerations in Data Analysis**

Ethical principles will guide the data analysis process to ensure the confidentiality and integrity of the research:

I. Anonymization:

All participants will be anonymized before analysis by adding unique codes to substitute their identities.

II. Data Security:

Transcriptions and datasets are stored on encrypted servers; access is strictly limited to authorized research personnel.

III. Fair and Accurate Reporting:

This research team will ensure that all findings are reported wholly and accurately, reflecting the variation in participants' responses.

#### **Presentation of Data and Visualization**

For the report, data will be presented under structures of research questions for clarity of analysis. Results will be organized into subheadings that best reflect specific research questions. Such a structure helps to identify how each result is suitable for the objectives, and thus, clear insights and conclusions will be understood.

Graphs, charts, and tables will improve accessibility and understanding of the results. These graphical aids would quickly present qualitative and quantitative data related to the key patterns and trends.

#### **Interpretation and Implications for Practice**

The results will be interpreted in the context of the research objectives, questions, and relevant literature. This process will involve drawing meaningful conclusions and discussing theoretical and practical implications based on the findings.

The Implications for Practice specifically focus on how SE Health can implement the findings to improve workforce training and development through the corporate university model. The following areas will be addressed to ensure that the findings are not only academically sound but also actionable in a real-world business context:

- I. Develop Customized Training Programs: The findings suggest that SE Health can address department-specific training needs by offering tailored programs. For example, the Education Practices Pod emphasized the importance of scenario-based training for home healthcare professionals. At the same time, the Technology Pod highlighted the need for continuous training in emerging tools and digital platforms. Implementing such programs will help SE Health bridge the gap between current employee competencies and future requirements.
- II. Improve Cross-Departmental Collaboration: Focus group discussions revealed the value of cross-departmental learning and collaboration. SE Health can institute this through its

corporate university, incorporating collaborative projects and learning initiatives that would cut across the organization in terms of knowledge sharing.

- III. Better Leadership Development: Through the study, aligning the corporate university with SE Health's strategic focus on leadership development may help nurture future leaders. Such leadership development would ensure that SE Health is developing and retaining key talent to drive long-term growth.
- IV. Address Technological Adaptation: The results from the Technology Pod reflected a great deal of training on a wide range of digital tools and platforms. SE Health can thus focus on technology-related training through its corporate university so that staff are suitably prepared to address changes emanating from the digital transformation of health.

By focusing on these practical applications, SE Health can ensure that through the corporate university, their organization will not only respond to the current challenges they are facing with their workforce but also stand a better opportunity to address imminent changes within the industry. This holistic approach contributes to improving employee engagement, patient care, and organizational effectiveness in general.

This leads to the conclusion that SE Health will understand the findings and thus draw implications for a theoretical basis and actionable strategy in implementing the corporate university model.

#### Summary

The procedures for data analysis to be followed in this section offer a strict, systematic process through which the derivation of meaningful insights from quantitative and qualitative data can be developed. Quantitative data using various statistical techniques and thematic analysis for qualitative data thus offers a full exploration of the research questions. Integrating findings and measures to ensure validity and reliability during analysis will yield actionable insights that will inform the development of SE Health's corporate university initiative.

#### **3.9 Research Design Limitations**

No matter how comprehensive it might be, every research design has certain limitations. The acknowledgment of limitations enhances the transparency and, hence, credibility of the study by allowing a framework for the findings. Some of the critical limitations of the research design of the study are as follows:

Sample Representation: While every effort has been made to ensure the sample is diverse and representative, it is inevitably the case that some significant variations in opinions, experiences, and challenges cannot be fully represented within the home healthcare sector, which touches on the richness of insights for specific groups or perspectives represented in limited ways.

Self-reporting Biased Data: The research has heavily utilized the data through questionnaires or interviews, which, more often than not, introduce biased self-reporting. These data could be subject to social desirability bias, recall errors, or participants' tendencies to present themselves in a favorable light. They may affect the accuracy and reliability of such data.

Temporal Limitations: The research represents the status and impact of corporate universities' implementation regarding the current status of the home healthcare sector. It may weaken in applicability after some time as the industrial practices evolve or external factors, regulatory changes, or technological advancements shape them.

Subjectivity of Qualitative Data: As much as qualitative data provides depth and insight; its analysis is always subjective. Thematic analysis will, therefore, be used to identify patterns and themes; however, different researchers may view the same data differently and thus change the outcomes of the findings.

Generalizability might be limited because the home healthcare industry has unique characteristics and challenges. Therefore, caution must be taken not to generalize this study beyond what is considered in the context of this research.

Potential Confounding Variables: Although a comprehensive study might have been devised, there is still the possibility that external factors or things that have yet to be considered within the population may impact the findings. These aspects may impede the researchers from coming up with a concrete conclusion about the relationships under analysis.

One accepts the research contribution by pointing out these limitations but ensures the findings are appropriately understood. This also lays the ground for further research. Further studies may address these limitations by expanding the scope, refining the methodology, and exploring additional variables to understand better what has become the status quo in corporate universities in home healthcare.

#### **3.10** Conclusion

The methodology chapter acts as the blueprint of the research; it identifies the orderly steps and procedures used to answer the research question. The methodology chapter should house everything from the problem statement and objectives of the study to the details of strategies adopted for data collection and analysis.

Several critical considerations were made to ensure the research was valid, appropriate, and sound. A combined approach to both quantitative and qualitative data was adopted for the holistic understanding of the role and potential held by corporate universities in the home healthcare sector. Using multiple instruments and data collection methods ensures that a wide range of perspectives and experiences will be captured to enhance the depth and breadth of the findings.

Although limitations inherently exist within the research design, those identified and discussed in the previous section attempted to anticipate and mitigate potential biases and challenges. This provides added transparency and credibility to the research, showing that findings are interpreted within context.

This chapter, therefore, provides the foundation for the intensive and systematic investigation of the research problem. Further chapters present the research findings, discuss the implications, and analyze the importance thereof based on the procedures and methods presented in this chapter.

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### CHAPTER IV: RESULTS

This chapter, therefore, presents the findings collected from data collection methods as prescribed in Chapter 3. This presents a detailed analysis and interpretation of the data obtained from document reviews, interviews, and observational studies, thereby setting a comprehensive understanding of the corporate university initiative at SE Health. The chapter is, therefore, structured to meet the research objectives concerning the prevailing state of educational practices and future strategic planning of the corporate university concurrently.

#### 4.1 Research Question One

How might a corporate university contribute to fulfilling the peculiar training needs of SE Health's workforce?

#### **Observational Insights**

The observational insights into the following areas provide ample scope for intervention by SE Health's corporate university to enhance the effectiveness of training programs:

I. Bridging the Technological Proficiency Gap:

Corporate universities should establish specific training routes for different groups of employees, including necessary support to senior staff in applying newer technologies.

II. Shifting Toward Practical Learning:

This will require shifting from theory-based teaching to hands-on, simulation-based learning to improve knowledge retention and application. Upskilling opportunities should be provided for trainers to master new tools and techniques that can be used during participant engagement.

III. Ongoing Support and Knowledge Reinforcement:

Follow-up coaching through coaching programs will ensure that learning is reinforced over time and allows the worker's consistency in applying new knowledge in the workplace, hence bridging the gap between learning outcomes and application.

IV. Addressing Resistance to Technology:

SE Health academia needs to re-strategize its digital tools with the principles of TAM; namely, technologies should create perceived usefulness and ease of use. This can only occur with sufficient onboarding days and gradual integration into everyday working schedules.

## **Training Gaps Identified Across Departments**

Several training gaps across SE Health departments were identified, with a need for more coordination and education around service learners:

Department	Identified Training Gaps	Departmental Priorities
Education Practices	Fragmented and inconsistent training programs; reactive rather than proactive learning	Transition toward a unified, learner- centric, and proactive approach, focusing on continuous learning
Technology	Outdated and fragmented technology (LMS), lack of mobile access	Modernizing with a comprehensive LMS, centralizing learning resources, and integrating mobile learning
Mandatory Training	Lack of clear structure on mandatory courses;	Streamlined communication and systematic approach to mandatory

## Table 1: Training Gaps Identified Across Departments

	compliance and completion challenges	course selection and tracking completion rates
Clinical and non- clinical Staff	Customizable learning paths for roles (e.g., nurses) and the need for role-specific onboarding (policies, procedures)	Simulation-based training and mobile access to accommodate clinical schedules
Cross-Departmental Collaboration	Gaps in inter-departmental collaboration during training	Foster greater synergy and shared learning across departments
Indigenous Populations	Limited cultural training for Urban Indigenous groups	Develop tailored educational programs for specialized care and mental health training
Continuous Professional Development (CPD)	Inconsistent access to up- to-date healthcare practices and skills tracking	CPD initiatives with specialized dashboards for real-time tracking and certification progress

# **Departmental Priorities and Training Needs**

Through focus groups and pod deliverables, SE Health has identified several areas of critical training needs and gaps within its departments. The findings range in demand from clinical and non-clinical Staff for new, more accessible, and coordinated training programs.

I. New Hire Onboarding

In SE Health, the onboarding for the roles of nurses and rehabilitation professionals was fragmented and inconsistent. The departments identified this brilliantly, highlighting that each

role required customized learning paths with a role-oriented spotlight on policies, procedures, and knowledge. Simulation-based training would be imperative to integrate to give Staff more realistic job preparations. The accessibility of such training modules on mobile will help address the busy schedules of clinical Staff, allowing flexible access to training materials.

The User Journey Mapping Flowchart below illustrates the onboarding process for a new hire through eLearning, simulation-based learning, and preceptor-led mentorship.



#### Figure 1: New Hire Onboarding Steps

This onboarding journey is curated to strike a balance in theory and practice with an intense blend of eLearning and mobile-enabled modules on one hand and simulation-based training along with preceptor-mentored learning on the other. This flowchart is intended to emphasize a blended learning approach for the better culmination of new hires into the role. At the same time, flexible scheduling through mobile-enabled eLearning caters to their needs.

Key Takeaways for the Onboarding Process:

- a) Cellular Accessibility: The extension of mobile access to eLearning modules will ensure the flexibility of clinical Staff during the initial phase and in further development processes.
- b) Blended Learning: This learning mode integrates eLearning, in-person, and preceptor-led training, giving the new hires exposure to theoretical knowledge and hands-on practice from top to bottom.
- c) Continuous Professional Development (CPD): Onboarding then graces into CPD to ensure that employees can easily continue tracking their learning progress and development of skills beyond the initial onboarding phase.
- II. Continuous Professional Development (CPD)

Health professionals must be updated with the constant changes in healthcare practices. It is also vital that tracking progress mechanisms are made accessible to nurses and rehabilitation staff in systematic ways based on specialized competencies. SE Health recognized that its people had variable access to the CPD resources and lacked tracking tools for professional growth. Completing curated learning dashboards will allow professionals to track skill development in real-time, assuring themselves of their current industry knowledge.

## III. Indigenous Populations and Specialized Training

An extensive training gap remains in the provision of culturally appropriate care for Urban Indigenous populations, particularly in areas of mental health and specialized clinical care. SE Health has prioritized the development of tailored educational programming, reflecting the specific healthcare needs of Indigenous populations. These programs support SE Health's more significant health equity objectives, ensuring all Staff are prepared to provide culturally sensitive care.

### IV. Technology Integration in Training

Too much outdated and fragmented technology is seriously getting in the way of practical training, especially about LMS. The Staff insisted that modernization of the LMS should mean moving toward integrating a centralized resource that will ultimately provide a much easier way of accessing learning content. A mobile-friendly environment was also brought to the fore. It should be a priority to make it easy for Staff to complete their training anywhere, anytime, especially with the irregular schedules that clinical workers may have.

#### V. Mandatory Training Programs

The current gaps at SE Health involve inconsistencies in how mandatory training programs are structured and communicated. Completion rates at facilities are inconsistent, with a general issue around clarity concerning which courses are mandatory and how those are communicated. A systematic approach to defining the mandatory courses combined with a streamlined approach to communication is imperative to ensure that staff members know the training obligations they have to meet and that courses are completed on time.

#### VI. Cross-Departmental Collaboration

There was also concern over the gaps in interdepartmental collaboration during training. Each department often operates independently, creating inconsistent training practices throughout the organization. SE Health's conclusion goes toward an understanding that collaboration and learning across departments are critical; hence, informing all Staff, irrespective of their role, is essential regarding identical combined training.

#### **Readiness and Implementation Strategies**

The readiness assessment of SE Health for the implementation of the corporate university entailed resource allocation, preparedness of staff, and possible barriers to success. The interviews held with the management showed the willingness to commit the necessary resources to the corporate university. However, there needs to be more concern about the readiness of the technological infrastructure in line with the probable large-scale remote learning (Zou et al., 2021). On the staff's part, enthusiasm was shown towards the project. They also voiced that more staff training concerning the usage of the new learning platforms was literally a necessity.

#### Implementation Strategies

SE Health plans to go live with the corporate university in phases by starting as pilot programs within central departments before scaling up to a full-scaled organization-wide program. This will allow a few issues to be uncovered and resolved before scaling up fully. Some of the significant implementation strategies include ongoing staff training, a technical support system, and continuous feedback loops in order to ensure the initiative's long-term success (Looman et al., 2021).

#### 4.2 Research Question Two

What are the practical considerations and challenges in establishing a corporate university at SE Health?

### **Organizational Documents**

This section summarizes the results of a thematic analysis of key internal documents at SE Health, such as strategic plans, training evaluations, and reports from the various Pods. This was done to understand how current training matches the organization's strategic focus and what gaps are present along with development opportunities. These insights provide the foundational understanding of what constitutes educational practices and set the stage for the corporate university initiative.

#### Findings

The document analysis gave rise to several key themes, which pointed out both some strengths and gaps in SE Health's current training practices:

I. Need for a Scalable Training Framework

Training evaluations identified that the current programs cannot be scaled because training delivery is inconsistent across departments and geographic locations. The 2023 report from the Education Pod identified concrete reasons for creating a unified, scalable training system to standardize education across the organization.

The remote workers mentioned geographically constrained access to training programs, hence the need for remote learning solutions.

II. Inconsistent Alignment with Strategic Goals

Strategic documents, such as SE Health's Home Care Modernization strategy, indicate that training is now only partially aligned with the organization's more significant initiatives. Although clinical skills are provided on an individual program basis, more integration needs to be performed regarding digital transformation efforts, such as training employees on telemedicine platforms and remote patient monitoring.

This gap came to light in the recent quarterly report of the Education Pod, which recommended that further training programs be aligned with the goals set under the organization's digital transformation for consistency in care delivery.

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## III. Technology Integration as an Emerging Priority

Technology integration was cited as one of the challenges and opportunities from various reports. For instance, IT Pod documents discussed the implementation of e-learning platforms; however, diffusion across levels needs to be more consistent. More specifically, adjustment struggles were voiced on the part of senior staff with such platforms, which, again, presumes an increase in technical support and more excellent training resources.

Simulation training was also made possible when the Technology Pod emphasized using virtual reality to enhance practical skills among healthcare professionals.

## IV. Knowledge Application Gaps

While the training modules provide employees with a conceptual understanding of various things, post-training evaluations show that employees apply such knowledge sporadically or not at all in the work environment. Therein, one could notice a learning gap between outcomes and practical knowledge utilization; this could be blamed on the absence of ready support or refresher courses.

#### **Observational Insights**

This section gives an overview of the findings through direct observations of the Pod meetings and training sessions, thereby allowing real-time insight into the current educational practices at SE Health. The aspects observed are the level of staff engagement, teaching methods, and practical challenges faced during training delivery. These insights provide an essential context for how employees of SE Health engage with the training programs and posit potential barriers to effective learning and technology adoption.

#### I. Variation in Staff Engagement

 Junior staff were highly engaged, especially with interactive e-learning tools and simulations. This group had a quick uptake on the various digital platforms, as they were also highly engaged in discussion threads and completed their tasks with very little support.

- b) Senior staff needed to be more engaged and found accessing new platforms challenging. Some senior participants complained about the lack of technical support and requested further personal training, suggesting that onboarding programs for experienced staff needed adjustment.
- c) Implication: The difference in engagement levels suggests a technological proficiency gap between junior and senior staff. This must be addressed to ensure consistent adoption of digital tools across all levels.
- II. Teaching Methods and Knowledge Delivery
  - a) Observations revealed that trainers often stick to theoretical sessions and leave less room for participants to practice or apply the gained knowledge realistically; though promising, the introduction of simulation-based tools was used for the selection of training sessions only.
  - b) Some of the trainers were unfamiliar with the use of e-learning platforms, and as a result, not all tools were presented and used classically. That is why some trainees needed clarification about what some training sessions were focused on.
  - c) Implication: Such an over-reliance on theory-based teaching indicates that more practice-oriented training resources are called for. Digital upskilling is necessary among trainers so that they can be confident about the delivery and participation in their training.
- III. Gaps in Knowledge Application
  - a) Follow-up discussions in Pod meetings revealed that, although the staff attended the sessions, only a little new skill application was delivered back to the workplace. It often proved difficult, according to managers, for the employees to integrate newly acquired knowledge into daily routines, especially in remote healthcare delivery.
  - b) The lack of continuous support or refresher training realized one specific constraint to effective knowledge transfer. Some staff identified

that beyond the training, limited avenues existed to reinforce learning through practice or coaching.

- c) This implies that in such a gap, there is a dire need for SE Health's
   Corporate University to install some structured follow-up and coaching sessions to ensure that employees consistently apply what they learn in practice.
- IV. 4. Technology Adoption Challenges
  - a) While the junior staff adjusted to the new e-learning platforms, the senior staff slightly resisted accepting change due to unfamiliarity with such technology. Observers have also commented on several incidents where the senior staff had to seek help from their colleagues to perform simple functions of the journal and either delayed doing them or bored themselves.
  - b) Pod discussions reflected that some staff find the new technologies disruptive to existing workflows. This resistance fits within the Technology Acceptance Model. OneModel. One of the main underpinnings when looking to begin adopting any technology is the tool's perceived ease of use/usefulness.
  - Implied: The corporate university will then need to focus on onboarding sessions and technical support for all employees, making it easier for them to include new technologies into their daily routine.

#### **Insights from Pod Meetings**

Data from Pod meetings were, therefore, important in understanding the strategic planning process for the corporate university. The Pods involved workgroups that focused on particular areas of functionality, such as education and IT, employee engagement, etc., which were helpful in providing insight into the discussions and decision-making processes regarding this initiative. The meeting of Pods is recorded through detailed notes with respect to issues like curriculum development, integration of technology, and external linkages. Audio recording was also employed when consent was secured in order to offer the opportunity for more detailed analysis.

#### Findings

If there was one thread that ran through many of these sessions, it was the integration of technology. In fact, the Technology Pod recommended virtual learning platforms and simulation-based training to expand accessibility for a more geographically dispersed workforce within SE Health. Other themes that emerged included external partnerships with healthcare institutions to extend the scope and credibility of the programs offered by the corporate university.

### **Challenges and Gaps**

This section consolidates those challenges and gaps identified through document analysis and observations that give an in-depth look into SE Health's barriers to implementing effective educational practices. Their success with the corporate university initiative will depend on how these are addressed. Key issues relate to the quality of training, knowledge application, technology adoption, and strategic alignment.

- I. Inconsistent Training Quality
  - a) Documents and Observational Findings: The review of organizational documents and observations revealed significant variations in training delivery across departments and geographical locations. Some departments receive comprehensive training programs with blended learning options, while others rely heavily on inconsistent or ad-hoc training practices.
  - b) Impact: The inconsistency erodes SE Health's capacity for consistent service delivery and diminishes the overall impact of its training programs. In particular, employees from remote or less-served areas indicated that access to high-quality training could have been improved.
  - c) Implication for the Corporate University: The corporate university provides the opportunity to standardize the training undertaken so that all staff, irrespective of location or department, will receive the same quality and level of education.
- II. Gaps in Knowledge Application and Practical Skills

- a) Observation Outcomes: While much theoretical knowledge is imparted through training programs, most employees need to gain the proper application of such skills in their daily work. Observations in Pod meetings indicate a gap in dissociating and applying their training outcomes at workplaces, especially in complicated health scenarios.
- b) Impact: Lack of post-training follow-up or retraining impedes employees from integrating new knowledge into practice and could affect patient care quality. For example, some professional staff who received training on distant patient monitoring did report limitations in applying such skills in the field.
- c) Implication for Corporate University: Coaching programs and follow-up sessions should be implemented where knowledge application is reinforced.
   The introduction of practical simulations and opportunities for experiential learning will bridge the gap between theory and practice.
- III. Resistance to Technology and Digital Tools
  - a) Observation and Documentation Findings: Present by the induction of elearning platforms and digital tools was shown among senior staff, while juniors were more open to change. Pod discussions also revealed that some employees perceive new technologies as disrupting mainstream workflows, which is consistent with TAM's emphasis on ease of use and perceived usefulness.
  - b) Impact: Resistance to this digital tool may hold back the effectiveness of SE's health movement to virtual learning and telehealth education, which encompasses conducting the organization's key strategic objectives.
  - c) Implication for the Corporate University: The corporate university should provide focused onboarding programs and dedicated technical support to ease the way for such technologies to reach the senior staff by paving the path. The creation of digital tools aligned with workflows will help overcome resistance.
- IV. Misalignment with Strategic Goals

- a) Document Findings Review: Strategic objectives like Home Care Modernization and Digital Transformation should be appropriately reflected in current training programs. Though single initiatives may cover clinical skills, essential competencies such as telemedicine, remote monitoring, and other digital tools for patient care must be included.
- b) Impact: There is a need to align the educational programs and organizational goals to maintain training effectiveness in support of strategic initiatives, leading to variability in care practices across the organization.
- c) Implication for the Corporate University: The corporate university is a place where training can be mapped to strategy to make sure that staff have the competencies required to support the strategic priorities for SE Health. Modules in telehealth and digital transformation will ensure better alignment among learning outcomes and operational priorities.
- V. Limited Support for Continuous Learning
  - a) Observational Findings and Stakeholder Feedback: Employees needed ongoing training and personalized learning paths, especially those in remote roles. However, the current structure needs continuous learning opportunities and adaptive learning systems that cater to individual development needs.
  - b) Impact: The absence of continuous learning pathways hinders professional growth and reduces employee engagement. It also risks skill stagnation, particularly for healthcare workers managing evolving patient care technologies.
  - c) Implication for the Corporate University: The corporate university should incorporate adaptive learning platforms that offer personalized content based on employees' progress and feedback. This will foster continuous development and ensure employees remain engaged and updated with industry advancements.

# **Training Gaps and Priorities by Department**

The following table provides a summary of the training gaps identified across departments, paired with the corresponding priorities aimed at addressing those gaps:

Table 2: Visual Representation: Training Gaps and Priorities by Department

Department	Identified Training Gaps	Departmental Priorities
Clinical and non- clinical Staff	Fragmented and inconsistent onboarding programs	Customized learning paths, simulation-based training, mobile accessibility
Continuous Professional Development (CPD)	Inconsistent access to up-to- date healthcare practices, lack of skill tracking	Curated learning dashboards for real- time skill development tracking
Indigenous Populations	Lack of culturally appropriate training for Indigenous populations	Tailored educational programs focusing on health equity and specialized care
Technology Integration	Outdated LMS and lack of mobile accessibility	Modernized LMS, centralized resources, and mobile-enabled training
Mandatory Training Programs	Unclear structure of mandatory courses, problems of compliance	

Lack of collaboration in	Foster cross-departmental synergy
training across departments	and shared learning practices

### Key Insights and Implications

- I. Onboarding Customization: SE Health must design customized learning tracks for different roles, such as clinicians. Simulation-based people need training with mobile access. This would bring a more immersive onboarding experience and consistency across new hires.
- II. CPD Modernization: Developing curated learning dashboards allows SE Health to open the doorway to the latest healthcare practices continuously. This enables Staff to monitor professional growth and stay relevant in their practice fields.
- III. Cultural Competency Training: A critical leaping point to achieve the best performance is tailoring a training program explicitly meeting the needs of the population of Urban Indigenous. This should be the core of the training offering catalog from the Corporate University towards health equity goals at SE Health.
- IV. Technology-Enabled Learning: Essential. The LMS needs an upgrade to be opened on mobiles to enhance the effectiveness and accessibility of the training programs of SE Health, providing seamless access to learning resources from any device, anytime.
- V. Mandatory Training Compliance: SE Health needs to have a better structure concerning mandatory training and get the information on greater compliance with quicker results for courses to be completed on time.
- VI. Cross-Departmental Synergy: Encouraging department collaboration will lead to more cohesive and standardized training practices across the organization. This will eliminate silos and ensure that training is aligned with SE Health's overall strategic objectives.

#### **Strategic Focus on Learning Efficiency**

SE Health's current Learning Management System (LMS) has been identified as severely limited in functionality and unable to meet the organization's evolving training needs and future aspirations. Departments emphasized that while an LMS exists, it cannot support centralized, modular, and flexible learning. Several strategic priorities have been identified to enhance learning efficiency, streamline training processes, and improve the overall effectiveness of educational content delivery.

## **Centralized Learning Resources**

Although SE Health already has an LMS, its current system cannot meet the organization's demands. Focus groups and pod discussions highlighted the need for a more robust, centralized educational repository. The enhanced LMS must offer:

- I. Standardized Templates and Version Control: The Education Practices Pod identified gaps in the consistency of training materials due to the absence of standardized templates. A modern LMS must provide cross-functional access to updated training content with version control, ensuring that all departments use the most current and consistent materials.
- II. Real-Time Updates and Accessibility: The Technology Pod underscored the importance of enabling real-time updates to learning materials to reflect the latest healthcare practices. The improved LMS should serve as a centralized hub that ensures all departments can access current, high-quality learning resources from any device at anytime.

To better understand how resources should be allocated within the LMS, the following pie chart illustrates the breakdown of critical categories for centralized learning resources:

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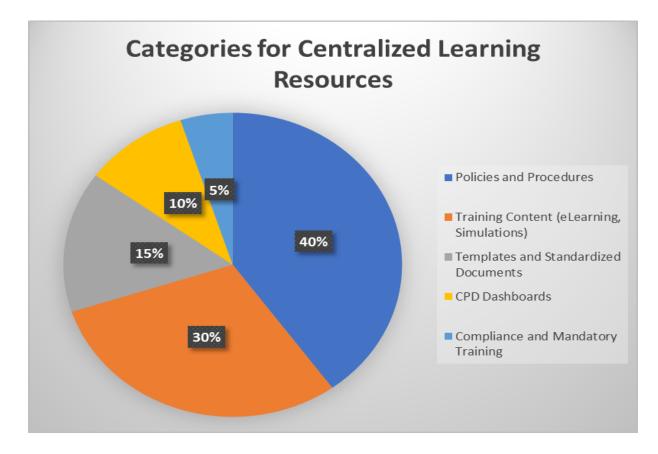


Figure 2: Critical Categories for Centralized Learning Resources

This breakdown emphasizes the following priorities:

- I. Policies and Procedures (40%): Centralizing policies and procedures is critical to maintaining consistency across departments. All employees need immediate access to upto-date documentation to ensure they follow organizational guidelines.
- II. Training Content (30%): eLearning modules, simulation-based training, and professional development courses must be centralized for easy access and scalability. As training needs evolve, this content must be updated frequently and made accessible through the LMS.
- III. Templates and Standardized Documents (15%): Standardizing documents and templates will ensure uniformity across departments, reducing inefficiencies and improving administrative processes.

- IV. CPD Dashboards (10%): Centralized dashboards for Continuing Professional Development (CPD) allow employees to track their skills, certifications, and progress, aligning with SE Health's commitment to professional growth.
- V. Compliance and Mandatory Training (5%): Although representing a smaller portion, mandatory training is universally essential and needs to be readily accessible, ensuring compliance and regulatory adherence across the organization.

### Key Insights and Implications

- I. Standardization and Consistency: SE Health can ensure consistency throughout all the various departments via similar resources, such as policies and procedures. This can help to sustain compliance with regulatory requirements by ensuring operational efficiency.
- II. Continuous Learning and Growth: Centralization of one's training content and CPD dashboards strengthens continual professional growth and development, allowing Staff to receive learning from anywhere, at any time, and using any device. It, therefore, fosters a culture of continuous learning in the organization.
- III. Mobile Accessibility: A modern, mobile-responsive LMS ensures learning resources, including eLearning modules, are accessible to all employees, especially clinical Staff with on-again/off-again schedules, and support even greater training efficiency and engagement.

#### Modular and Blended Learning

Due to limitations in its current LMS, SE Health has been developing a combination of modular and blended learning programs for its Staff. Modular learning means the content is chunked into customizable learning pathways; this takes into consideration the role and learning preference:

- I. Flexible Learning Paths: Technology Pod focused on scalable and adaptable modular learning. This modular content will offer Staff flexible and personalized learning paths, such as e-learning modules for onboarding new hires and ongoing development for experienced professionals.
- II. Blended Learning: In the blended model, the departments will have the autonomy to propose a balance of online learning and in-person training. Examples will range from

clinical Staff receiving theory online and simulation-based training to practicing realworld scenarios, while non-clinical Staff can have a fully online learning path.

## Continuous Evaluation and Feedback

SE Health plans to establish a regular assessment and feedback process in the improved LMS that would help keep training relevant and current.

- I. Track Learner Progress: Real-time dashboards will show the completion of training by Staff and leadership. For example, CPD dashboards will help clinical Staff track their professional development and skill acquisition over time.
- II. Feedback Loops: The modernized LMS will also include tools for collecting immediate feedback from learners after completing training modules, allowing for continuous improvement of course content.

The following table summarizes SE Health's key learning efficiency initiatives, designed to address the limitations of the current LMS and enhance its future capabilities:

Strategic Initiative	Description	Departmental Priority
Centralized Learning Resources	Upgrade the LMS to a unified, accessible system with standardized templates and version control.	Ensure that learning resources are current, consistent, and accessible across all departments.
Modular Learning Programs	Develop modular content that can be customized for different departments	Provide flexible learning paths for clinical and non-clinical Staff with scalable content

Blended	Combine online and in-person	Integrate online learning and	
Learning	training to meet diverse learning	simulation-based training for clinical	
Approaches	needs	roles	
Continuous Feedback Mechanisms	Implement dashboards for tracking learner progress and collecting feedback	Allow Stafff to monitor training paths and provide real-time feedback for continuous improvement	

## **Key Insights and Implications**

- LMS Modernization: SE Health's current LMS cannot support the organization's training needs. Upgrading the system to a more capable LMS will ensure centralized, standardized, and accessible learning resources across all departments, significantly improving the consistency and quality of training materials.
- II. Modular Learning for Flexibility: Modular learning paths, supported by a modern LMS, will enable personalized and flexible training that caters to internal Staff and external partners. This approach allows SE Health to address diverse learning needs efficiently.
- III. Evaluation for Continuous Improvement: Integrating real-time tracking and feedback mechanisms within the LMS will allow SE Health to continually improve its training programs, ensuring they remain relevant and impactful.

## **Quantitative and Qualitative Insights**

The quantitative and qualitative data analysis has provided critical insights into SE Health's training needs and the areas where the corporate university model can bring the most value. These insights have been gathered through user journey mapping and extensive feedback from various focus groups involving representatives from different business lines.

I. User Journey Mapping

The user journey maps developed for roles such as nurses and rehabilitation professionals revealed critical insights into the training process, especially in training progress tracking and

feedback on learning modules. The data supports SE Health's goal of leveraging data-driven decision-making to improve training efficiency and employee performance. Key findings from user journey mapping include:

- a) Tracking Training Progress: Healthcare professionals, particularly nurses, expressed the need for precise tracking mechanisms to monitor their progress through training modules. The absence of real-time dashboards creates uncertainty about their training status and completion deadlines, affecting compliance with ongoing professional development.
- b) Feedback about Learning Modules: The users felt limited adaptation and improvement of the model are possible due to a lack of immediate feedback regarding learning content. The interview participants asked for integrated feedback loops whereby constructive feedback on completing a particular module could be provided for further continuous improvement along the training journey.

These findings justify establishing a unified tracking system within LMS for real-time purposes, which would provide users with clarity regarding their progress in training, active feedback inclusive. Such features are highly needed to guarantee increased efficiency and learning engagement among SE Health employees.

To put a face to these numbers, the following table now shows how training efficiency continued to get better and better over time as SE Health introduced new learning interventions:

Table 4: Progressive Improvement in Training Efficiency at SE Health Through Learning
Interventions

Month	Training Efficiency (%)	Milestone/Intervention
1	60%	Introduction of eLearning modules for onboarding

65%	Continued rise in module completion rates	
70%	Integration of real-time feedback loops	
80%	Spike in feedback engagement after real-time feedback	
85%	Mobile-enabled eLearning tools introduced	
88%	Significant increase in engagement with mobile access	
90%	Introduction of simulation-based training modules	
92%	Incremental improvement in practical skill application	
94%	Ongoing preceptor-led mentorship sessions	
96%	Continuous improvement through hands-on training and mentorship	
	70%         80%         85%         88%         90%         92%         94%	

# Key Insights from the Table

- I. Module Completion Rates: On Craig's account, regular implementation of eLearning modules with feedback loops ensued with gradually increasing completion rates-reflecting improved user engagement.
- II. Utilization of Feedback: There was a sudden increase in the engagement of feedback provided once immediate feedback mechanisms were introduced in Months 3-4, reinforcing the need for timely and actionable feedback by learners.

- III. Mobile Learning Accessibility: Mobile learning tools introduced within months 5-6 resulted in significant training engagement, especially for the clinical Staff, because of their flexibility and on-the-go learning options.
- IV. Simulation-Based Training and Preceptor-Led Mentorship: Incorporating simulationbased training from Months 7-10 with preceptor-led mentorship contributed to continuous improvement in practical skill application and overall training efficiency.
- V. This has allowed SE Health to enhance the outcomes of the different trainings over time iteratively and demonstrates the organization's commitment to a data-informed adaptive learning environment.

#### Summary

The insights gathered through user journey mapping and the Training Efficiency Line Graph highlight the positive impact of integrating real-time feedback, mobile-enabled learning, and hands-on training in enhancing the overall training experience for SE Health's workforce.

I. Focus Group Insights

The feedback from the various focus groups representing business lines that included education, technology, and mandatory training reinforced a desire for a single active educational framework: The participants expressed a need to communicate quickly, set priorities, and cross-coordinate departments within the training process. Key qualitative insights include:

- I. Unified Educational Framework: Representatives from the Education Practices Pod emphasized transitioning from fragmented, reactive training methods to a learner-centric, proactive approach. The goal is to create a seamless training experience across all departments, ensuring consistent quality and resource access.
- II. Prioritization and Communication: The Mandatory Training Pod raised concerns about the communication gaps surrounding required training programs. A lack of structured communication about which programs are mandatory and why leads to inconsistent compliance. A streamlined communication strategy and more apparent prioritization of mandatory courses are essential to improving completion rates and adherence to training protocols.

III. Department-Specific Training Needs: Focus groups also highlighted the importance of tailoring training to specific departmental needs. For example, the Technology Pod stressed the importance of continuously updating the LMS and mobile learning tools to meet the evolving technological needs of clinical and non-clinical Staff.

To further illustrate the key themes that emerged from the focus groups, the following bar chart represents the frequency of mentions for each critical theme:

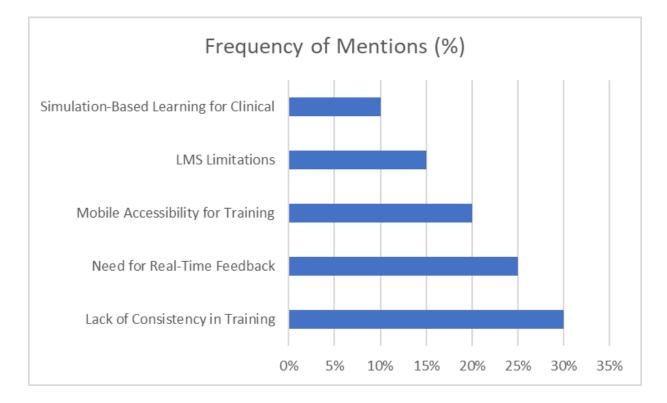


Figure 3: Key Themes That Emerged from The Focus Groups

This chart visually highlights the most pressing issues identified by SE Health's employees, clearly indicating where the corporate university should focus its efforts.

## Key Insights and Implications

I. Lack of Consistency in Training (30%): Multiple departments raised concerns about inconsistent training resources, noting that outdated or conflicting materials were often used. This inconsistency negatively impacts learning quality and employee performance.

- II. Need for Real-Time Feedback (25%): Participants emphasized the importance of realtime feedback loops for continuous learning and improvement. Employees can receive immediate, actionable feedback to adjust and enhance their skills by integrating feedback within the LMS.
- III. Mobile Accessibility for Training (20%): Clinical Staff, particularly nurses, expressed the need for mobile-accessible training modules to accommodate their irregular schedules and enable learning during off-hours.
- IV. LMS Limitations (15%): Several focus groups highlighted the limitations of the current LMS, emphasizing the need for advanced features such as real-time progress tracking, data analytics, and integration with external training platforms.
- V. Simulation-Based Learning for Clinical Staff (10%): Nurses and rehabilitation professionals stressed the need for more simulation-based training to better prepare them for real-world scenarios in a controlled, risk-free environment.

Area of Insight	Key Finding	Recommendation
User Journey Mapping	Nurses lack visibility into their training progress and completion timelines.	Implement a real-time training progress dashboard integrated into the LMS
Feedback on Learning Modules	Limited feedback mechanisms prevent learners from improving effectively	Introduce feedback loops after each training module to provide actionable insights

Table 5: Visual Representation: Quantitative and Qualitative Insights

Unified	Fragmented, reactive training	Shift to a learner-centric,
Education	methods impede learning	proactive training framework
Framework	consistency	across all departments
Mandatory Training Compliance	Confusion over mandatory training programs due to poor communication	Develop a streamlined communication strategy with clear prioritization of mandatory courses
Departmental Technology Pod identified a need		Update LMS and mobile
Customization for updated LMS tools and mobile		learning platforms to better
accessibility to improve learning		support department-specific
efficiency.		learning needs.

## Summary

Combining insights from user journey mapping, focus group feedback, and the visual representation of the critical themes provides a clear roadmap for SE Health's corporate university to address the most pressing issues across departments. SE Health can enhance its learning efficiency and employee engagement by focusing on real-time feedback, improving LMS functionality, and ensuring consistent training resources.

## Modes of Training by Department

The following bar chart outlines the preferred training modes for different roles within SE Health. This breakdown highlights the effectiveness and scalability of each mode of training—eLearning, in-person (in-class or virtual instructor-led), and preceptor-led training—in addressing the specific needs of each role.

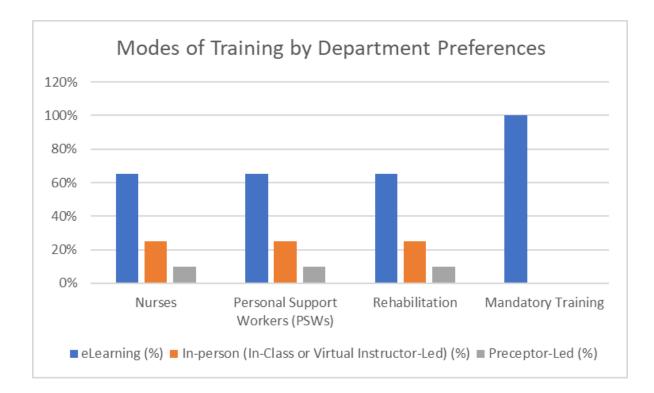


Figure 4: Preferred Training Modes for Different Roles Within SE Health

## Analysis

- I. Nurses, PSWs, and Rehabilitation Professionals: Most training (65%) is delivered through eLearning, providing scalability and accessibility, especially for theoretical knowledge and compliance-related content. In-person (25%) training remains essential for role-specific hands-on skills, particularly in clinical settings. Preceptor-led training (10%) provides personalized guidance and on-the-job mentoring for more complex, experiential learning.
- II. Mandatory Training: As mandatory training applies universally across departments, it is delivered exclusively through eLearning (100%) to maximize scalability, ensure consistency, and accommodate large numbers of participants. This mode is most effective for compliance-related content, ensuring that all Staff can complete the required courses at their own pace.

# Key Insights and Implications

- I. Scalability of eLearning: The dominance in mandatory and professional-specific training reflects SE Health's commitment to scalable, accessible learning solutions. eLearning allows universal applicability across roles and departments, making it the most efficient mode for large-scale training programs.
- II. Role-Specific Blended Learning: For professional-specific training, in-person and preceptor-led components are crucial in delivering hands-on, experiential learning that cannot be fully replicated through eLearning. This blended learning approach ensures clinical Staff are well-equipped for practical, real-world scenarios.
- III. Efficiency in Mandatory Training: The 100% eLearning approach for mandatory training supports SE Health's goals of ensuring compliance and delivering standardized training to a broad workforce. It ensures that all employees meet regulatory and organizational requirements with minimal operational disruption.

### **Innovations and Proposed Changes**

The strategic planning process has brought in a number of proposed innovations that would outline the revolutionary change to be made in existing educational practices at SE Health. This includes proposed innovations dealing with new teaching methodologies, advanced technologies, and new ways of engaging employees. Analytical focus group planning document and interview data suggest a recommendation that provides adaptive learning platforms, ones that advance educational content based on employee progress and learning preferences. This will facilitate SE Health's ability to offer customized training experiences.

# Findings

Another proposed innovation is the introduction of virtual reality training for home healthcare workers to practice complex medical procedures in a risk-free environment. This reflects SE Health's dedication to leveraging leading-edge technology in ways that continuously improve the quality of education and, thereby, patient care.

## **4.3 Research Question Three**

How does the concept of a corporate university align with SE Health's strategic goals and broader organizational objectives?

# **Organizational Documents**

The findings in the organizational documents highlight several critical areas through which the corporate university can add value to the educational framework of SE Health:

I. Standardized Curriculum Development:

The corporate university will resolve the inconsistency in training delivery by developing scalable, centralized, standardized training modules across departments and geographic locations.

II. Alignment with Strategic Goals:

It was also decided that the corporate university will include modules such as training and remote patient monitoring its curriculum in its curriculum, considering similar initiatives such as home care modernization and digital transformation.

III. Enhanced Technology Support:

It will thus be possible for the corporate university to overcome the challenges of adopting e-learning platforms by providing them with special training and technical support, particularly senior staff, in using new tools.

IV. Bridging Knowledge-Application Gaps:

The corporate university will provide follow-up training and coaching programs to ensure that knowledge gained in training is consistently applied in real life. This addresses the gap in learning outcomes and workplace practices.

### **Interviews with Key Stakeholders**

More insight into the future vision and objectives was gained through interviews with management and employees who were part of the planning process involved in establishing the corporate university. Through such an interview, there came a revelation of what was expected, the challenges likely to be faced, and how they would be addressed for successful implementation. Key stakeholder interviews were conducted with the senior management, educational leads, and members of the Pods. These interviews were designed to explore participants' views on the corporate university's future direction and their perceptions of the initiative's potential impact.

#### Findings

Respondents were generally very supportive of the corporate university, particularly in terms of its potential to help meet skill gaps and engender a culture of continuous learning. There were, however, some reports which could indicate resource allocation challenges. For example, a number of managers suggested that while the corporate university was a priority, juggling the financial and human resources necessitated by this initiative with the more immediate operational requirements was a significant challenge.

## **Comparative Analysis**

This section benchmarks SE Health's educational practices against best practices in the industry to identify opportunities for improvement. It ensures that the corporate university initiative is aligned with proven models in the healthcare sector. Critical case studies of corporate universities such as Kaiser Permanente, Cleveland Clinic, and Mayo Clinic, as well as insights by Bloom et al. (2017), provide context. The comparison underlines strengths, gaps, and recommendations that will enable the leaders to design and implement the Corporate University for SE Health.

## Strengths in Se Health's Current Educational Practices

I. Innovative Initiatives:

- a) SE Health has moved to remote learning platforms and has used telehealth education (Anthony, 2020). This has been the growing demand for virtual healthcare solutions. The above efforts epitomize early commitment to the modernization of delivery in training.
- b) Observational insights suggest that the willingness of the junior staff to engage with new technologies is a good prospect for the future adoption of digital learning tools (Teresa & Fantinelli, 2024).
- II. Commitment to Professional Development:
  - a) Stakeholder feedback indicates that it is essential to SE Health that continuous learning is occurring and, therefore, the training remains aligned with strategic objectives. Therefore, here again, an enabling organizational culture of growth and learning is replicated, as also noted at Kaiser Permanente and Mayo Clinic (Seay-Morrison et al., 2021).

## Areas for Improvement

I. Inconsistent Alignment with Strategic Goals:

Though SE Health has directed numerous learning and development programs, there needs to be more alignment of training programs in support of strategic objectives like Home Care Modernization and Digital Transformation (Marks & AL-Ali, 2022).

The Cleveland Clinic Academy has integrated training on clinical innovation with operational goals in interdisciplinary programs that are aligned with both patient care and organizational strategy (Bokhour et al., 2018).

Recommendation: Specialty modules in the areas of telemedicine, remote patient monitoring, and digital tools within the corporate university of SE Health would bring the staff together toward the strategic priorities.

II. Technology Adoption Challenges:

It was observed that the resistance to new technologies comes from the senior staff levels, and interviews with stakeholders revealed that, for the time being, technical support could be better (Safi et al., 2018).

Best Practice Example: The Mayo Clinic provides an extensive onboarding process and ongoing support to ensure that all staff, no matter their level within the organization, can engage in new tools (Tursunbayeva, 2019).

Recommendation: The onboarding and technical support programs need to be well-tailored to ensure smoother adoption, and these should be implemented in the corporate university of SE Health, using the TAM principles developed by Davis (1989).

III. Need for Standardized and Scalable Training:

Organizational documents reviewed indicated that the quality of training was inconsistent across departments and varied from region to region, creating variation among the employees' competencies.

Best Practice Example: Kaiser Permanente uses blended learning models that include elearning, face-to-face workshops, and simulation-based training to ensure consistent education for all sites.

Recommendation: Considering the fact that SE Health operates under highly diverse geographies, it is best to adopt a centralized blended learning model for consistency and scalability.

IV. Lack of Business and Clinical Integration:

Currently, most of the programs offered at SE Health are all clinical-skilled-based; no managerial training is integrated into them. This would mean any effort at employee development is less comprehensive than it ought to be.

Better Practice Example: Bloom et al. (2017) established that those hospitals that integrate both business and clinical education realize even better clinical and managerial results.

This would be recommended: The corporate university for SE Health should include modules of leadership and business education to develop managerial skills among practitioners alongside their clinical acumen, which would lead to better outcomes in operational efficiency and patient care.

## Implications for SE Health's Corporate University Initiative

The comparison analysis highlights different areas where SE Health needs to adopt the best industry training practices in order to upgrade its training.

- I. Strategic Alignment: The inclusion of digital health training and other specialist modules within the corporate university curriculum will ensure that SE Health can thus develop education programs in line with its strategic priorities.
- II. Improved Technology Adoption: The onboarding programs and ongoing technical support will help ensure that the rate of adoption for this digital tool is smoother, especially for senior staff.
- III. Standardization and Scalability: In this way, SE Health will manage to get standardization and high-quality training across different departments and regions using the blended learning model.
- IV. Business and Clinical Integration: The integration between business education and clinical training would round out the employee, thus serving operations and clinical outcomes positively.

## **Strategic Alignment and Goals**

This section reflects on how the plans for the future of the corporate university align with SE Health's more extensive strategic initiatives, such as Home Care Modernization and Digital Transformation. The corporate university is seen as a core tool to ensure that staff has all the pertinent skills required for the fulfillment of these organizational objectives. Strategically aligned, or not, was an issue that arose from Pod meetings and interviews continually. A corporate university would support the strategic orientation of SE Health, particularly when one considers the upcoming courses in development around digital health tools and person-centered care. The initiative is also expected to feature as an

essential element of operational efficiency throughout the organization, where standardized training in practices of care will reduce variation.

# Findings

A number of plans were discussed by the educational leaders during the interview regarding special training modules on telemedicine and remote patient monitoring, which would serve SE Health's digital transformation initiatives directly. This alignment of educational initiatives and organizational objectives is expected to result in increasing employee development and patient care.

# 4.4 Summary of Findings

This research examines the role, motivations, challenges, and potential of corporate universities in the home healthcare industry. In this regard, some key findings that emerged from a thorough data collection and analysis exercise were:

- I. Motivations
  - a) Improvement in employee competencies and skills was targeted as the main reason for the establishment of the corporate university.
  - b) Among other significant motivations was aligning training and development in efforts to improve the attainment of organizational goals and attract more talent.
- II. Challenges
  - a) Budgetary constraints, maintenance of training content to keep it current, and employee engagement were the most significant hurdles corporate universities faced.
  - b) The integration of technology into training programs and ensuring relevance for diverse roles were also highlighted as challenges.
- III. Benefits and Potential
  - a) Corporate universities in home healthcare truly enable a continuous learning culture.

- b) They offer a standardized platform for training, ensuring consistency across different units of an organization.
- c) The use of technology in favor of e-learning platforms and virtual reality was considered one of the significant opportunities for corporate universities.
- IV. Future Outlook
  - a) The future of corporate universities in the home care industry seems bright, with significance being attached to them.
  - b) However, continuous adaptation to the evolving healthcare landscape and technological advancements is imperative.

To sum up, corporate universities also show great promise in home healthcare. Though they face many challenges, the simple fact that they focus on building competencies among employees to help them further organizational goals and instill a culture of learning cannot be minimized.

By addressing the training gaps through personalized learning paths, centralized resources, and modernized technology solutions, SE Health's corporate university will be well-positioned to meet its workforce's diverse and evolving needs. The insights gathered from user journey mapping, focus groups, and departmental feedback highlight several critical areas of focus:

- I. Personalized Learning Paths:
  - a) The combination of eLearning (65%), in-person training (25%), and preceptor-led sessions (10%) across professional-specific roles (nurses, PSWs, rehabilitation professionals) provides a blended learning approach that supports both theoretical knowledge and practical, hands-on experience.
  - b) The complete reliance on eLearning (100%) for mandatory training ensures scalability and consistency across SE Health's workforce, enabling the organization to meet compliance and regulatory requirements efficiently.
  - c) This balance of learning modalities ensures that each role receives the appropriate mix of training to prepare Staff for their specific responsibilities while also maintaining flexibility through scalable eLearning modules.

- II. Centralized Resources:
  - a) One of the cross-cutting deliverables across departments is the requirement for a centralized scalable, mobile-enabled, centralized Learning Management system LMS is highly limited; not only can it not support real-time tracking, but it also lacks all means of provision for mobile access and feedback mechanisms.
  - b) Upgrading the LMS to integrate centralized resources means that all training materials will be standardized, consistent, and accessible to all Staff at each department and location. It allows departments and the organization to support collaboration regarding current learning material on strategy for SE Health.
- III. Modernized Technology Solutions:
  - a) The over-reliance on old LMS technologies has resulted in several barriers to accessible and practical training. The findings highlight the need for SE Health to invest in modernizing the LMS to support mobile learning, real-time progress tracking, and immediate feedback loops to learners.
  - b) Implementing the technology mentioned above will guarantee that training is provided to the entire Staff, including clinical professionals who need flexibility in learning options due to their irregular work schedules and heavy workloads.
  - c) With mobile-enabled training, your employees can complete modules on the go, hugely enhancing overall learning efficiency and employee engagement.
- IV. Blended Learning for Professional Development:
  - a) The blended learning model ensures that clinical Staff, such as nurses and PSWs, benefit from a mix of eLearning and in-person training, allowing them to receive hands-on experience where necessary while maintaining the flexibility of online learning.
  - b) Preceptor-led training, while a smaller proportion, provides crucial mentorship and on-the-job guidance essential for integrating new knowledge into real-world practice. This ensures that learners can apply their skills in a supervised setting, further enhancing their professional development.

# 4.5 Conclusion

By implementing highly individualized learning paths, centralized resources, and modern technology solutions, SE Health's corporate university will be in a better position to enhance learning efficiency and equip the employees with the knowledge and skills required to cope with the demands of the modern world. Fully integrated with a cutting-edge, state-of-the-art LMS, along with combined learning approaches, SE Health can offer the benefits of flexible, practical, scalable training programming aligned with the organization's long-term objectives.

The review of organizational documents for SE Health highlights some of the strengths and areas of limitations in analyzing the existing training framework. Specific progress has been made by introducing innovative programs; for instance, remote learning platforms need a clear scalability gap, alignment to strategic objectives, and practical application of knowledge. A centralized and scalable training system must be built through the corporate university to meet these challenges. The following section highlights observational insights on Pod meetings and training sessions that would further put into perspective the educational practices at SE Health.

Observational data reflect specific strengths and challenges regarding the current educational practices at SE Health. The junior staff is ready for new learning tools; the senior staff needs more support to engage with these technologies. The theoretical knowledge also limits practical applications; hence, there is a further need for simulationbased training and support programs in operation. These are important insights, as they represent a critical foundation for understanding how the corporate university can help address such challenges by providing relevant, appropriate training paths and driving consistent technology adoption across the organization. The following section focuses on additional challenges and gaps identified from the summed findings of document reviews and observations.

The analysis quickly leads to various issues and gaps within current methods of education at SE Health that will need resolution if the corporate university is going to be successful. Key factors inhibiting effective learning include inconsistent quality of training,

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application of knowledge issues, resistance to technology, and alignment of strategies and goals. Secondly, the limitation to continuous learning opportunities will restrict professional growth for staff in the long term.

The corporate university provides a unique opportunity to standardize training, integrate practical skills, enhance technology adoption, and align educational programs with strategic imperatives. Once addressed, such gaps will also help improve workforce competencies and support broader organizational goals related to SE Health, such as home care modernization and digital transformation. The following section will be developed around the stakeholder perspective, which will lend more insight into the beliefs employees and managers have about the current state of education, as well as what is expected from the corporate university.

The benchmark of industry-best practices shows that SE Health is on the right track in terms of several pioneering initiatives. However, there is excellent scope for improvement in many vital areas. The corporate university provides an opportunity to address these gaps by integrating business education, scalable learning models, and linking training programs to strategic objectives. Drawing from some of the leading healthcare organizations such as Kaiser Permanente, Cleveland Clinic, and Mayo Clinic, SE Health will be able to develop a comprehensive, future-oriented corporate university plan that enables continuous learning in pursuit of operational efficiency and improved patient outcomes. The strategic planning outlined in the next section will thus be firmly grounded in these insights.

Results from this study have thus provided valuable insights into the role, motives, challenges, and promise of corporate universities in the home healthcare sector. Some of the key points regarding the findings are given below.

- a) Central role: The need to enhance employee skills, correct alignment of training with organizational objectives, and infuse the concept of continuous learning is what fosters the establishment and operation of corporate universities(Li, 2022).
- b) Challenges and Opportunities: There is a delicate balance between the challenges, which include things like budgetary constraints, dynamic healthcare standards, and

significant opportunities (Darwish et al., 2017). In this regard, the article shows that technology and new training methods could potentially be avenues around which corporate universities can evolve and be relevant.

c) Future Potential: The fact that corporate universities are increasingly being recognized shows excellent potential for the future. As health care continues to evolve, corporate universities will be at the forefront of providing the desired skills and knowledge to employees.

This study, therefore, ascertains that corporate universities hold the potential to be real game changers in the home healthcare business. Their operations are highly needed in training and development; besides, they can be made to prevail by applying appropriate strategies. In fact, the insights emerging from this study will help inform such organizations within the sector whether to establish, maintain, or improve on any existing corporate university.

## CHAPTER V: DISCUSSION

# 5.1 Discussion of Results

The discussion chapter represents the interpretation of the results outlined in Chapter 4 in a manner consistent with the research questions, theoretical frameworks, and objectives of this study. It looks not only into the feasibility and impact of SE Health's corporate university initiative but also the broader implications for the home healthcare sector. The discussion adds to the ongoing debate on workforce development and corporate education in health by sharing insights beyond SE Health into other organizations concerned with similar challenges.

This chapter knits the findings together with Human Capital Theory, TAM, and TRA. Each one of these frameworks has taken the lead in this discussion to show how investment in employee education through HCT increases the competencies of the workforce, technology acceptance, according to TAM, increases the use of training platforms, and finally, cultural acceptance, according to TRA increases participation in continuous learning programs. A conceptual underpinning of the discussion in these diverse theories only strengthens an understanding of the potential benefits, challenges, and critical success factors related to corporate universities.

The following sections will answer one of the research questions in detail. Section 5.2 deals with the benefits that the home care industry will accrue from the corporate universities. Section 5.3 describes how such thinking can help train staff on challenges to ensure that SE Health's human resources are prepared to meet the changing standards of health care. Section 5.4 lists those critical factors that effectively shape a corporate university's implementation and operation by focusing on leadership, cultural alignment, and resource allocation. These discussions have actionable insights for SE Health and carry broader lessons for other healthcare organizations.

The chapter concludes by addressing the broader ramifications of corporate universities throughout the healthcare sector and providing recommendations for SE Health. The study's limits are then recognized for transparency, followed by a concluding summary outlining the value added from this research.

#### **5.2 Discussion of Research Question One**

What are the perceived advantages of establishing a corporate university in home healthcare?

Results reveal evidence of quite strong agreement among the respondents over the substantial advantages that a corporate university would provide. The core of such advantages would be the development of employees' skills and competencies, something the respondents identified as one of the significant drivers of SE Health's initiative. This also agrees with the Human Capital Theory, or HCT, which emphasizes investing in employee education to raise productivity and organizational performance (Islam & Amin, 2021). It becomes crucial in home healthcare, whereby investments become critical in light of the rising complexity of patient care needs, adoption of new technologies, and focus on personalized, patient-centered care.

## **Competency Development and Talent Retention**

One of the benefits identified most often was that a corporate university could develop employees' competencies in a much more structured and consistent way than any existing training system. The participants who identified this benefit also highlighted that with standardized training modules, all employees would receive uniform education in line with best practices. This will help ensure that home healthcare professionals who work independently, like those at SE Health, have to make informed decisions by themselves. Finally, sophisticated, competency-based training positions SE Health to attract and retain top talent by painting conspicuous and legible opportunities for career advancement.

Corporate universities, in addition to skill development, nurture the culture of lifelong learning and increase employee satisfaction and engagement (Saleh & Atan, 2021). Employees are more willing to stay on when they see fundamental ways for professional advancement. Retention improves, reducing a long-standing healthcare problem called turnover. Indeed, the strategy of a corporate university approach can be replicated in other healthcare organizations in hospitals and long-term care facilities to enable their strategies related to workforce shortages and improving talent retention.

#### **Standardizing Practices to Improve Patient Care**

The other significant benefit that came about was the standardization of care practices. Within a corporate university, employees are taught consistently and stably, such that whomever it is and wherever and at whatever level someone works, they will know the same thing and be able to apply comparable skills to care delivery. That is very important in home healthcare, as staffers are often isolated and must rely almost exclusively on their training and professional judgment (Griffiths et al., 2020). It standardizes the quality of care, leading to less variability, improving patient outcomes, and ensuring compliance with all regulatory standards.

Apart from that, corporate universities guarantee that dynamic standards and regulations in health care proportionally update the training content to help employees meet the challenges of changing clinical protocols and changing requirements of the industry. Such flexibility enables a healthcare organization to deliver quality healthcare even in a dynamic environment.

## Scalable Solution for Healthcare Sectors Beyond SE Health

These findings suggest that the benefits of corporate universities do not merely rest within SE Heath but can be scaled and otherwise extended outwards to other areas of healthcare. Their centralized, scalable training solutions can also be applied to hospitals, outpatient centers, and long-term care facilities. For example, a corporate university may provide consistent training across departments and locations at sizeable dispersed hospital networks for improved operation efficiencies and patient outcomes.

Corporate universities also align education strategy with big enterprise goals, such as improving patient safety or expanding telehealth services. As healthcare organizations proceed with innovative technologies and new care models, corporate universities can act as a source of central conduit to disseminate knowledge and develop technology-related competencies among staff (Anupama Prashar, 2023).

## Alignment with Human Capital Theory

These benefits also align closely with the principles of Human Capital Theory, purporting that investments in training improve individual and organizational performance (Leitão et al., 2019).

The Corporate University at SE Health will bridge the competencies in opposition to current employees and modern home healthcare demands and prepare the workforce to provide quality care.

According to HCT, the economic returns on education investments are demonstrated through improved patient care, reduced turnover, and increased employee satisfaction. Thus, as SE Health invests in developing the competencies of its workforce, it positions itself to sustain growth through long-term success, ensuring that a skilled and motivated workforce is prepared for future challenges in healthcare.

## 5.2 Discussion of Research Question Two

How would the corporate University effectively address the home healthcare industry's training and development issues?

These test results highlight some significant issues related to the home healthcare sector, including outdated training programs, difficulties with technology adoption, and geographic dispersion of staff (Kruse et al., 2019). Such challenges often lead to inconsistent care practices and make it hard to ensure that all employees are trained to meet evolving healthcare standards. In this context, a corporate university presents pragmatic solutions to these problems, as SE Health would be better suited to provide consistent, accessible, and technology-driven training across its workforce.

## Addressing Inconsistent and Outdated Training Programs

Some of the most critical findings from this report were related to significant inconsistencies in the quality of training from one branch of SE Health to another. This is typical of home healthcare, where employees are often independent of any centralized location, which can reduce their access to high levels of training. A corporate university can help standardize the training content, ensuring all employees get the same quality education aligned with current clinical best practices and regulatory standards (Qureshi et al., 2022).

A corporate university can also ensure that SE Health updates the training content as newer healthcare developments unfold. According to evolving regulations and new care models, such as telehealth, a corporate university would provide a place to update the knowledge of employees efficiently (Abernethy et al., 2022).

This standardization in training ensures that health professionals, whether operating in remote areas or urban centers, are accorded the same knowledge and skills, reducing variability in care delivery and improving patient outcomes.

# Leveraging Technology to Overcome Geographical Barriers

A critical challenge is the geographical dispersion in the home healthcare section, where the employees need help to reach physical locations to impart appropriate training. (Ochieng et al., 2023) Advanced e-learning platforms, virtual simulations, and mobile applications would provide the required scalability through a corporate university.

According to the technology acceptance model, TAM, employees are most likely to use technology-based learning when perceived as valuable and easy to use (Pan, 2020). The research study shows that junior staff members have extensively used e-learning. In contrast, the senior staff needs further assistance to feel its effects at total capacity. This would reflect increased participation from various workforce levels through user-friendly technologies and technical support at SE Health.

For example, VR simulation allows health professionals to safely practice clinical skills in a controlled environment. These Davy simulations also increase knowledge retention and enable staff to practice their skills without affecting patient safety (Cardoso et al., 2023). On the other hand, mobile learning platforms afford the convenience of access to training materials on the go, hence allowing for easier participation in continuous learning among remote workers.

Because these technologies are scalable, other large and small healthcare organizations, such as hospitals or outpatient facilities, can implement a similar solution that ensures everyone can engage with valuable and practical training regardless of location.

## **Ensuring Flexibility and Engagement in Training Programs**

Other benefits of the corporate university model include flexibility in training delivery. The possibility of training on mobile platforms assures that employees can train at their convenience without taking time out of their busy work schedules (Huq et al., 2022). This is quite important in the home healthcare industry, where many healthcare professionals have to juggle themselves with irregular hours and sometimes complex schedules.

These findings indicate that the staff members value training related to their immediate job roles. The corporate University has ensured that such immediate applicability of training will occur through scenario-based learning modules and case studies relevant to home healthcare. This approach allows the staff to retain more knowledge for better patient care outcomes.

The TRA helps explain how perceptions of the benefits of training influence participation. Work employees are more likely to act continuously if they perceive the programs as valuable and leadership-supported. Therefore, SE Health must create a culture of continuous learning through managers and peers where active encouragement toward participation in corporate university programs takes place (Anthonysamy et al., 2020).

### **Broader Implications for the Healthcare Sector**

Solutions identified through SE Health's Corporate University model have greater relevance for other healthcare organizations. Similar technology-based learning platforms can drive scalable, flexible training across their hospital-based, long-term care, or outpatient networks.

For example, VR-based simulations for emergency procedures may be carried out in the networks of hospitals for nurses and physicians. At the same time, mobile learning platforms may be used for outpatient services to keep clinicians current on new diagnostic tools and protocols relating to telehealth. It standardizes training content, enabling consistent quality care at the unit and location level and improving patient outcomes and operational efficiency.

#### Summary

These results prove beyond doubt that the corporate University will alleviate the training and development burdens faced by SE Health and, broadly, the home healthcare sector. Corporate universities can adopt a standardized training program, innovative technologies, and flexible delivery models so that SE Health can better prepare its workforce for modern healthcare demands. In a broader sense, TAM and TRA emphasize the role of perceived ease of use, perceived usefulness, and cultural acceptance as significant drivers in stimulating employee interest in training programs.

These give way to actionable insights for SE Health and all other healthcare organizations that look to advance workforce capabilities through corporate education initiatives.

### 5.2 Discussion of Research Question Three

What critical success factors determine the successful establishment, viable operation, and acceptance of a corporate university in the context of home healthcare?

These findings illustrate that certain critical factors are perceived as leading to a corporate university's successful establishment and operation, each contributing something to sustainability and longevity of impact. The factors extend beyond the immediate environment of SE Health, offering a variety of lessons for other healthcare organizations desirous of investment in educational programs.

# Leadership Support and Strategic Alignment

Strong support from leadership emerged as one of the essential ingredients in setting up the corporate University at SE Health. Its leaders need to have more than endorsement; they should actively participate in developing and implementing this initiative (Haldane et al., 2020). Participants discussed aligning the objectives of the corporate University with more significant strategic priorities such as Home Care Modernization, Digital Transformation, and leadership development.

The same goes with strategic priorities: When training programs are matched, employees see the corporate University as a valuable tool for accomplishing personal and organizational goals (Islami et al., 2018). Such strategic alignment is borrowed from Human Capital Theory, which postulates that returns from investments in training occur when such training is allied to operational and strategic outcomes. This would mean that training programs are in place for SE Health to improve patient care directly and enhance operational efficiency.

In other words, aligning with corporate education programs' objectives in broader health contexts may benefit other organizations, such as hospitals or long-term care facilities. For instance, training on patient safety or regulatory compliance might improve care quality and organizational performance.

# **Cultural Acceptance and Employee Engagement**

The model leads to the cultural acceptance of corporate universities and employee engagement in terms of relevance, value that employees perceive in training, and perceived support by leadership and peers about the same. This is in line with what is ordinarily stated by the Theory of Reasoned Action, which says individuals are most likely to Engage in a behavior if they believe it is beneficial and also perceive social support from colleagues and superiors (Ulker-Demirel & Ciftci, 2020).

SE Health experience has highlighted, in addition to this, the importance of building a culture of continuous learning. Participation and the focus of the training program to meet specific needs must be encouraged with active support from management. Participants reported that even senior staff resisted the introduction of new digital tools into their habitual practice at an early stage, emphasizing the need for targeted support to overcome resistance. The Corporate University will further facilitate this by encouraging peer collaboration and recognizing employee achievements to ensure that continuous learning can focus on the complete integration of the organization.

This realization may be generalized to other healthcare organizations. For example, hospitals can couple corporate education with performance reviews to promote learning behaviors, while outpatient clinics may use peer mentoring-type programs to foster engagement.

#### **Resource Allocation and Sustainability**

Sufficient financial, technological, and human resources must be spent to make the corporate university work successfully. According to the comments from participants, funding has to be provided not just at the time of launching but also to meet the continuing needs for the development and maintenance of the programs: investments in technology platforms, skilled trainers, and evaluation mechanisms.

Most significantly, technological infrastructure is critical for scalability and accessibility. The findings indicate that how well SE Health will be able to bridge the gap depends on whether it will provide reliable e-learning platforms and their technical support (Olanrewaju et al., 2021). Secondly, there is a need for regular evaluations of programs so that training content may be refreshed for practical relevance.

The resource allocation in many health organizations, constrained by limited budgets, can be phased: pilot programs that grow as value is demonstrated. This helps balance financial sustainability and quality education for the corporate University.

### **Customization and Flexibility in Training Programs**

What has come to be recognized as a corporate university has been an essential factor in customizing the training programs to meet the unique needs of professionals working in home healthcare. Other trainees mentioned that training should address real-life problems in home healthcare settings, such as clinical decision-making in isolation and telehealth tools.

Equally, the corporate University can offer flexible learning options, including mobile access to courses and on-demand modules, ensuring employees can learn without disrupting the workflow. Besides, it points out the personalization of learning pathways related to employee roles and career aspirations. With such flexibility, SE Health takes full advantage of maximum engagement and knowledge retention, especially among distant and part-time workers.

Customization and flexibility remain essential in other healthcare sectors, too. For example, department-specific training modules can be beneficial in hospitals. At the same time,

specialized content can be used to cover better the needs of elderly patients in long-term care facilities.

## **Continuous Improvement and Feedback Mechanisms**

Continuous feedback loops and mechanisms for improvement on sustainability issues at the corporate UniversityUniversity must be continuous. The findings reveal that frequent feedback from employees and managers is a way of refining the training programs to remain relevant and practical (Sartori et al., 2018).

Participants emphasized establishing mechanisms for monitoring and, where possible, evaluating training to measure the impact or relative strengths and weaknesses of SE Health's corporate University. Participants recommended that active on-the-ground employee feedback be brought fully into program design, enabling the training to change with the industry and stay tuned with operational objectives. Continuous improvement lets this corporate University respond to the shifting workforce and healthcare needs (Fraher & Brandt, 2019).

It is equally essential that continuous improvement mechanisms be in place across the healthcare sector. For instance, it would be easy for hospitals and clinics to conduct post-training assessments regarding how well their programs ensure that employees apply new knowledge in daily practice.

### Summary

Critical success factors in establishing, operating, and accepting a corporate university within SE Health and the more significant health sector include leadership support, cultural engagement, resource allocation, customization, and continuous improvement. These elements work together to maintain alignment with strategic objectives, ensure financial viability, and achieve responsiveness to employee needs.

Following the theories of TRA and HCT, SE Health can create a learning culture and ensure complete engagement of employees with the corporate University. These insights offer valuable lessons for other healthcare organizations on the need for strategic alignment, flexibility, and continuous improvement in building a successful education program.

#### CHAPTER VI: SUMMARY, IMPLICATIONS, AND RECOMMENDATIONS

## 6.1 Summary

The research herein offers helpful insights into the feasibility, challenges, and impacts of establishing a corporate university in the home healthcare sector. This section summarizes the significant findings, drawing on the research questions and theoretical frameworks that underpin this study.

## **Research Question One**

What are the advantages of setting up a corporate university within the home healthcare industry?

This research identified several benefits of corporate universities, most of which revolved around employee competency development and continuous learning opportunities. The study participants underlined the necessity to upscale the knowledge and skills of the staff members so that they could respond relevantly to modern healthcare challenges- a view that the Human Capital Theory supports. Along with upgrading their practical skills, employees acquire opportunities for career development and hence improve job satisfaction and retention. Moreover, the results showed that this corporate University may even standardize care practice in various locations and ensure consistency and quality in the care of patients.

#### **Research Question Two**

How can a corporate university realistically help home healthcare organizations find solutions for their particular training and development problems?

The research showed a few barriers to the current training environment: outdated curricula, distance, and low technology adoption. The corporate University of SE Health will solve those problems by providing standardized uniform curricula and allowing flexibility in e-learning platforms that remote workers may access. Simulations based on VR and knowledge of mobile learning platforms ensure higher enterprise engagement and knowledge retention. This aligns

with TAM, which purports that two key factors influencing employees in adopting new technology are perceived usefulness and ease of use.

## **Research Question Three**

What are the critical factors determining the successful establishment, operation, and acceptance of a corporate university in the home healthcare environment?

The critical factors identified in this process were leadership, cultural engagement, resource allocations, and constant feedback. Again, leadership was referred to as being crucial for strategic alignment, indicating that the strategic goals of the corporate University should further align with general SE Health objectives such as home care modernization. Employee engagement also emerged as a facilitator, consistent with the TRA- the employees would act upon the activity only if the perceived benefits and social support for the training were there. The resource allocation and tailor-made programs were also linked to securing the long-term future of the corporate University.

## **Conclusion of Key Findings**

These findings point out that a corporate university could be the game-changing lever for workforce transformation at SE Health to set the staff up for the requirements of modern home healthcare. It enables SE Health to bridge skill gaps, increase engagement, and create a culture of continuous learning to achieve its strategic objectives. The implications are much broader, however, and the insights gained here point to the potential for corporate universities to contribute meaningfully to these missions through improved care delivery, operational efficiency, and employee satisfaction.

### **6.2 Implications**

This was a significant contribution to theory and practice, with implications offering further frameworks and actionable strategies for SE Health, among other healthcare organizations. These findings filled critical gaps in the literature on corporate universities in health care, especially in home health care, and show how organizations can strategically align education programs with operational goals.

# **Theoretical Contributions**

# Extension ff Human Capital Theory (HCT)

The present study extends HCT by providing empirical evidence regarding the investment in education through corporate universities, yielding significant returns in employee performance and patient outcomes. While HCT typically focuses on the workforce's productivity, this research shows that continuous learning fosters job satisfaction, talent retention, and alignment with organizational goals. It also indicates that upskilling professionals in home care environments leads to consistent care quality in dispersed teams and helps overcome challenges not effectively explored in mainstream HCT research.

This further refines HCT by demonstrating that the non-economic returns of employee engagement, knowledge retention, and career development hold value equal to economic returns. By integrating real-life training scenarios into a corporate university model, this study indicates how healthcare organizations can maximize human capital investments over time.

# Application of The Technology Acceptance Model (TAM)

The research also contributes to the Technology Acceptance Model through a real-world application showing that actual implementations of e-learning platforms, VR simulations, and mobile learning tools can be well adopted in the home healthcare environment. Perceived usefulness and ease of use were identified as the primary determinant factors impacting employee engagement with these technologies (Molino et al., 2020). Most often, this TAM has been applied so far to corporate and educational contexts; thus, the contribution of this study is relatively new, with its application to healthcare workforce education regarding how technology adoption may affect clinical and operational outcomes.

It also introduces organizational support as a factor in increasing technology acceptance. The study further extends the TAM framework to outline the social dimensions of technology adoption in healthcare environments by showing how peer collaboration and leadership involvement raise perceived value for training platforms.

## Theory of Reasoned Action (TRA) And Employee Engagement

The research contributes to the Theory of Reasoned Action (TRA) by showing how social support and cultural acceptance influence participation in corporate university training programs. More specifically, workers' tendency to participate in a training program is fostered by the perception of the program's relevance to their current or future professional plans and by the encouragement of colleagues and supervisors (Spoor et al., 2021). This brings us back to organizational culture as an influential factor in employees' behaviors and motivations toward continuous learning practices.

The application of TRA in the home healthcare setting has identified that peer networks and leadership endorsement are crucial in developing a learning culture. This impression brings a new dimension to TRA and infers that cultural congruence is at the heart of successful workforce development programs, especially in health care.

# **Practical Contributions**

## Strategic Alignment of Training with Organizational Goals

This would give SE Health practical insight into how a corporate university aligns training programs to strategic priorities, such as Home Care Modernization and Digital Transformation. The Corporate University assures consistency in employee training relevant to employee jobs and thus reduces variability in care practices. Each health organization would align its education to strategic objectives, enhancing operational efficiency and patient care outcomes.

# Improving Employee Engagement and Retention

The findings also provide concrete recommendations for improving employee engagement and retention. The corporate University in the SE Health case shows how career development pathways can be laid down to enhance job satisfaction and minimize organizational turnover. Corporate universities address the individual training of employees, individualized training, and the specialized training paths required for a culture of continuous professional development (Karlberg & Bezzina, 2020).

This is one of many ways other healthcare organizations can repeat such successes by offering personalized training to meet specified challenges and increase retention rates. It is very applicable to long-term care facilities and outpatient clinics, too, which enjoy chronic problems with staff turnover.

# Scalable Training Models for The Healthcare Sector

The findings from this study lend themselves to scalable solutions for other healthcare sectors facing similar challenges. For example, VR-based training can be extended to hospitals so that their staff get acquainted with complex clinical procedures. Mobile learning platforms provide on-demand training to outpatient staff in the same way. This ability to standardize training content ensures consistent education of employees across several locations, improving care delivery and compliance with regulations.

The experience of SE Health supports the idea that corporate universities apply for scale and scope and thus must be more cost-effective in training for any organization with a dispersed workforce. These experiences will be salient in the ongoing adoption of new technologies in health organizations, including expansions of telehealth services.

#### **Broader Implications for Policy and Workforce Development**

The findings have wider ramifications on health policy and human resource development. Policymakers can use incentives for corporate universities as a strategic lever to solve the skills shortage in healthcare, particularly for home healthcare or long-term care sectors. Alternatively, healthcare organizations could position the corporate University as a means of tailoring workforce education to match better national health priorities-areas such as enhancing patient safety, increasing access through telehealth, and maintaining regulatory compliance.

The findings also contribute to the growing awareness of continuous learning and professional development in building resilient healthcare systems. From this perspective, as long as the health environment continues to change, corporate universities will play an increasingly important job in preparing workers for emerging challenges while maintaining high-quality standards of care.

### Summary

This is an essential contribution to theory and practice since it will enhance academic knowledge and provide insights for healthcare organizations in practice. By extending the Human Capital Theory, applying TAM in the healthcare environment, and refining TRA, this research offers a theoretical basis for understanding corporate universities. In that process, results have also given scalable and actionable solutions to SE Health for advancing workforce competencies and betteraligning education with strategic objectives and needs shared by other organizations. Overall, these contributions demonstrate the impact of corporate universities not just within SE Health but within the healthcare sector at large.

### **6.3 Recommendations**

#### **Recommendations for SE Health**

The following section gives some practical, actionable suggestions to assist the corporate university initiative of SE Health based on the findings from the research study. The suggestions have been developed to guarantee that the corporate University will be aligned with the organizational goals, engagement of employees, and sustainability over time. The section gives in detail specific recommendations that are required to achieve the aims of alignment, engagement, and sustainability.

# I. Leadership Support and Strategic Alignment

It will be essential to have constant leadership to ensure the desired outcomes of the corporate University are driven. It is not sufficient for leaders to endorse the initiative; leaders must participate in training programs and foster a learning culture throughout the organization. The purpose of the University should be aligned with the strategic priorities of SE Health, such as Home Care Modernization and Digital Transformation.

Actionable Steps:

a) Include corporate university programs in performance management systems to tie professional development to operational objectives.

 b) Ensure executive leaders communicate the value of institutional training to employees and participate in program evaluations.

In light of ensuring that the Corporate University has aligned its priorities effectively with the organization, SE Health is well positioned to become one of the leading educators in home healthcare, providing all staff with an opportunity to contribute to realizing strategic objectives.

# II. Technology Integration and Adoption

The successful adoption of technology, such as e-learning platforms, VR simulations, and mobile learning applications, will be the key to corporate university success. Junior staff quickly adopted the new platforms; however, senior staff presented some challenges that would require additional support.

Actionable Steps:

- a) Provide focused training sessions on introducing new technologies to senior staff.
- b) TAM principles: Emphasize the platform's ease of use and usefulness to increase adoption.
- c) Establish a technical support team that will help the employees resolve complicated difficulties that may arise with learning tools.

Incorporating technology acceptance and ongoing support will ensure that SE Health's staff effectively engages with the corporate University's digital platforms.

III. Fostering Cultural Engagement and Peer Support

A learning culture will determine the success of the corporate University. According to the theory of reasoned action, employees will share in training once they perceive these events as valuable ideas that are socially supported. Therefore, promoting peer collaboration and leadership involvement will successfully foster engagement.

Actionable Steps:

- a) Peer mentoring programs must be developed where experienced staff mentor new employees through training modules.
- b) Recognition and rewards-recognize employees actively participating in the training to create incentives for continuous learning.
- c) Organize regular knowledge-sharing sessions so that employees from different departments can come together and collaborate.

This may also be exerted through peer-to-peer support and recognition, enabling SE Health to position professional development within the organization's culture and make learning a shared responsibility.

# IV. Resource Allocation and Sustainability

The Corporate University would also need an appropriate resource base for training programmakers, maintainers, and evaluators. The need for continuous funding to support technology platforms, competent trainers, and evaluations of the programs would be one such requirement.

Actionable Steps:

- a) Adopt a phased rollout strategy for the corporate University to allocate resources efficiently and test the effectiveness of programs before scaling up.
- b) Develop external partnerships with academic institutions and industry experts to enhance the credibility and in-depthness of training programs.
- c) Regularly run an independent ROI to prove the value of the corporate University in order to secure ongoing funding.

Ensuring the availability and sustainability of the resources will enable SE Health to provide quality training while responding to future needs and challenges.

V. Customization and Flexibility in Training Programs

For corporate university success, customized training programs would help meet the unique needs of home healthcare professionals. Since the staff is geographically dispersed, training has to be flexible to accommodate various schedules.

# Actionable Steps:

- a) Develop modular learning paths depending on the type of staff, for example, nurses, therapists, and administrative staff.
- b) Provide mobile access to training materials, thus helping employees learn at their own pace and convenience.
- c) Real-life case studies relating to home healthcare or incorporating relevant scenarios into the training modules.

This approach will ensure that training is engaging and practical, equipping employees with the skills they need to succeed.

VI. Continuous Feedback and Program Improvement

The establishment of mechanisms of continuous feedback is hence critical in keeping the corporate University responsive to employees' needs and the changing industry requirements. Results from the collection of feedback will, therefore, aid SE Health in identifying areas that require improvement and refining the training programs over time in ways that best suit operations.

Actionable Steps:

- a) Post-training surveys can be implemented, and focus group discussions or Rapid Action Pods will gather information from the participants.
- b) Use learning analytics to monitor employees' progress and recognize challenges in real-time.
- c) Create a feedback loop 'in' where employee contributions are integrated into regular program updates.

By adopting a continuous improvement model, SE Health can ensure its corporate University stays relevant and practical while continuing to align with emerging healthcare standards.

### Summary

These recommendations outline the actual implication of the practical steps that could be taken to ensure SE Health can deliver on the promise of a corporate university initiative implementation and sustainability. Assured of leadership support for technology adoption, employee engagement, and resource availability, SE Health will be assured of having a robust learning ecosystem that fosters continuous professional growth. Moreover, customization and feedback mechanisms ensure responsiveness to employee needs and operational challenges. These strategies will bring SE Health to the leading edge of corporate education within the healthcare sector and set a benchmark against which other organizations will measure themselves.

#### **Recommendations for Future Research**

By and large, as much as this study has provided a basis listing advantages that could be accrued from a corporate university, challenges that might be encountered, and critical success factors within the home healthcare sector, there is still quite a fair area that is shallowly explored, and hence issued for further research. This section underlines critical areas of research interest in which findings could be done to help further the results gained from this study and add to the pool of information in the mainstream of corporate education and workforce development.

I. Longitudinal Studies on Corporate University Impact

One of the limitations of this current study is that it reflects the present status and impact of the corporate University at SE Health. The long-term outcomes of corporate universities may be further studied by conducting longitudinal research to understand the impacts these initiatives may have on workforce competencies, job satisfaction, employee retention, and, ultimately, patient outcomes over time. That would give way more valuable insights into the sustainability and efficiency of corporate universities as a means for continuous learning.

# II. Comparative Studies Across Healthcare Sectors

While this study focused on the home healthcare sector, corporate universities are relevant to other settings such as hospitals, outpatient services, and long-term care facilities. Comparing corporate university strategies across healthcare sectors would lend a greater depth of

understanding of how corporate universities function differently within different contexts. This would highlight common challenges and best practices across sectors that could be generalized to organizations contemplating similar initiatives.

## III. 3. Technology Adoption and Resistance

It was then found that older staff is resisting the new training technologies. Future research could also focus on technology adoption barriers from age-related challenges or cultural resistance in a healthcare organization, taking TAM as this conceptual framework. It could also look at how organizations can reduce resistance to these technologies and improve the acceptance of the platform for e-learning, VR simulation, and other virtual tools.

# IV. Role of Leadership and Organizational Culture

Corporate universities only blossom with leadership support and creating a culture of learning. The realm of future studies is the influence of different leadership styles and organizational cultures on employee approaches to corporate university programs. Future studies can also develop an understanding of how peer networks and leadership behaviors influence participation in continuous learning initiatives using some frameworks, such as the Theory of Reasoned Action.

## V. Continuous Feedback Mechanisms and Training Effectiveness

While the study presented above stressed feedback loops as continuous in corporate education, further research is necessary in terms of how mechanisms of feedback improve training program effectiveness. Possible future studies may be related to what kind of feedback- for example, peer feedback or supervisor evaluation- is most potent, enhancing learning outcomes, or even how real-time data analytics might be used to refine such corporate university programs.

#### Summary

Further research along these lines will help extend knowledge about corporate universities, which will be constructive for healthcare organizations, policymakers, and researchers. Longitudinal studies will yield better awareness of the ultimate impact of such initiatives, while comparative studies can establish best practices across different healthcare contexts. Moreover, deeper explorations of technology adoption, leadership styles, and feedback mechanisms contribute to giving an organization way to overcome obstacles toward optimizing effectiveness in corporate universities. These potential future research directions will ensure that corporate education keeps abreast and evolves with the dynamic healthcare environments.

## Limitations of the Study

This is one of the limitations that must be identified, as the present study has highlighted several valuable insights into the feasibility, benefits, and challenges of establishing a corporate university in the home healthcare sector.

I. Sample Size and Representation

One limitation of this study is that although the sample size is sufficient to conduct reputable statistical tests, it may need to fully represent the experience of the larger home healthcare workforce. While efforts have been made to ensure representation across various job roles through stratified random sampling, the sample may still need to capture all perspectives, especially those of underrepresented groups entirely.

The results should then be generalized with the understanding that not all views or experiences have been covered. Further research may expand the sample size or ensure that participants from more than one healthcare organization can generalize the results.

II. Self-Reported Data and Potential Bias

It was highly dependent upon subjective data provided through face-to-face interviews, questionnaires, and discussion groups in a format called Rapid Action Pods. Although enlightening and in-depth these techniques can be, the inherent biases of recall bias or social desirability bias can quickly occur.

Participants may also have focused on positive aspects of the corporate University or minimized problems to meet the organization's expectations, which have been made to triangulate findings

across different data sources. Other studies might consider longitudinal designs or objective performance data to reduce these biases.

# III. Geographic Scope and Generalizability

This study focused on SE Health's corporate University alone, which might limit the generalization potential across other healthcare organizations or even the general geographic regions. Although many of the identified strategies and challenges in this study can be relevant across other sectors, such as hospitals or outpatient clinics, the context-specific factors will influence how the corporate University works in different healthcare settings.

In this vein, future research might consider comparative studies across health sectors and geographical regions to delineate some emerging themes and challenges related to specific contexts to improve the generalizability of the findings.

## IV. Temporal Limitations

It provides a snapshot of the current condition and associated challenges of the corporate University for SE Health; however, healthcare standards, technologies, and policies are in ongoing evolution and thus may imply the relevance of findings throughout time.

Improvements in telehealth, changes in regulations, or even new technologies used for training could arise and change certain circumstances. Meanwhile, further studies can address any temporal limitations, such as conducting a longitudinal study on how corporate universities evolve through time and adjust to changes in their respective industries.

# V. Technology-Related Barriers

Although the given study defined technology resistance among senior staff as one of the obstacles to successful training, this issue needed to be studied more in detail. The reasons for the resistance against adopting new technologies by particular employees and the means of such barriers will be crucial for the practical application of the corporate University.

Further studies could investigate the challenges in adopting technology using TAM to delve deeper into perceived usefulness and ease of use for engagement. This could provide actionable

insights for SE Health and any organization seeking to improve technology-driven education programs.

## **Summary**

The limitations outlined in this section provide important context for interpreting these findings. Although these limitations make the results less generalizable and narrow their scope, this situation does not adversely affect the value of the insights gleaned. Consequently, this research offers transparent and realistic conclusions by noting these limitations, thereby setting a stage on which further studies can build to improve these findings and fill the identified gaps.

These challenges notwithstanding, this study significantly enhances an understanding of corporate universities within health care and provides pragmatic recommendations for SE Health while offering helpful information for other organizations. With further research, the full potential of corporate universities to transform workforce development will be realized.

## **6.4 Conclusion**

The study has provided valuable insight into corporate universities' roles, challenges, and potentials within the home healthcare setting with greater emphasis on SE Health. Through a well-structured mixed-methods methodology, this study has studied precisely how a corporate university may be more active in developing talent within the workforce, overcoming challenges to training, and better aligning educational programs with business strategy.

The results show corporate universities have their share of benefits, such as skills enhancement, employee retention, and care standardization. The corporate University, thus equipping staff with competencies for evolving healthcare demands, helps ingrain a culture of continuous learning and professional development that ensures better patient outcomes. The Corporate University at SE Health acts as a model for training solutions that are scalable and flexible and that benchmark other healthcare organizations.

#### **Key Contributions to Theory and Practice**

This extends theoretical contributions and practical implications through an elaboration of principles by HCT while showing that investments in training yield not only economic returns but also some non-financial outcomes, such as job satisfaction and career progression. Secondly, this study has adopted the Technology Acceptance Model to demonstrate that perceived usefulness and ease of use breed the use of e-learning platforms and VR tools. The Theory of Reasoned Action (TRA) helped explain how cultural acceptance and peer support influence participation in corporate university programs.

These are actionable findings at a practical level for SE Health, wherein sustained leadership support, resource allocation, technology adoption, and feedback mechanisms all become required. Corporate University is a strategic enabler aligned with crucial workforce development organizational priorities such as home care modernization and digital transformation.

#### **Challenges and Opportunities Ahead**

Though this research has identified the potential of corporate universities, it has also pointed out several challenges, technological resistances, and cultural engagement that need resolution. These will be opportunities for further innovation in customized learning pathways, peer mentoring programs, and adaptive technologies.

Looking to the future, the role of corporate universities will become even more critical as healthcare organizations continue to adapt to telehealth, AI diagnosis, and remote patient monitoring. Corporate universities could provide a central point through which new knowledge is distributed and the upscaling of staff supported in response to such innovations.

#### **A Forward-Looking Perspective**

As the healthcare environment continues to shift, corporate universities will increasingly become a critical linchpin to the workforce of the future. Those organizations valuing ongoing learning while creating a culture of growth and professional development may better exist to handle changes in the industry and new technologies. The story of SE Health helps illustrate how focused leadership, technology integration, and cultural alignment have the potential to revolutionize workforce development and quality care for the profession at large.

# **Final Reflection**

In all, this study underlines the strategic relevance of corporate universities to healthcare organizations through its theoretical contributions to workforce development. Hence, corporate universities are a sustainable model for continuous education through skill-gap-mediating, employee-engaging, and organizational-objective-aligning training. While health organizations continue to struggle to surmount the challenges of sometime in the future, corporate universities will remain an important mechanism that enhances employee competencies for quality care and operational success.

The research thus provides a basis for further studies regarding corporate education and workforce development. A well-strategized approach will help healthcare organizations realize the full potential of corporate universities in building a resilient and capable future healthcare workforce.

### APPENDIX A SURVEY COVER LETTER

Dear ...,

I invite you to participate in a research study titled "Feasibility and Benefits of Establishing a Corporate University in the Home Healthcare Industry." This study is being conducted as part of my doctoral dissertation at the Swiss School of Business and Management Geneva.

This study uses SE Health as a case example to explore the opportunities and challenges of creating a Corporate University within home healthcare. Your insights or experiences remain fundamental to this research, and your participation will provide the data necessary for a critical contribution to developing a better understanding of our industry's training and development needs.

- I. What you will be asked to do: You will be invited to participate in the survey, which will require about 15-20 minutes. The survey will request responses concerning your experience and practice regarding training and development programs, the benefits and challenges associated with corporate universities, and recommendations for improving the training initiatives regarding home health.
- II. Confidentiality: Please be assured that all information collected in this survey will be kept strictly confidential. Your responses will be anonymized; no personally identifiable information will be included in the study findings or reports that will be publicly published. The data will be exclusively used for academic purposes and stored securely.
- III. Voluntary Participation: Participation in this web-based survey is entirely voluntary. You are always free to terminate the interview without penalty at any

time. If you decide to participate, it will provide specific, rich insights that could influence future training and development strategies in the home healthcare industry.

Contact Information: If you have any questions or concerns about this study, please do not hesitate to contact Sam at samanthabryson@sehc.com or me at ravindertulsiani@sehc.com.

Thank you. Your participation will add much value to the success of this research. Your time and contribution are of immense value.

Sincerely,

Ravinder Tulsiani

**Doctoral Candidate** 

Swiss School of Business and Management Geneva

# APPENDIX B INFORMED CONSENT

Title of the Study: Feasibility and Benefits of Establishing a Corporate University in the Home Healthcare Industry

Researcher: Ravinder Tulsiani, Doctoral Candidate

Swiss School of Business and Management Geneva

**Contact Information:** 

Email: ravindertulsiani@sehc.com

Phone: 416-712-3272

Purpose of the Study:

The purpose of this research is to explore the feasibility and benefits of establishing a corporate university within the home healthcare sector, using SE Health as a case example. This study aims to understand how such an initiative can address the training and development challenges faced by the industry.

# Procedures:

If you agree to participate in this study, you will be asked to complete a survey that will take approximately 15-20 minutes of your time. The survey will include questions about your

experiences with current training programs, your views on corporate universities, and suggestions for improving training and development in the home healthcare sector.

# Voluntary Participation:

Your participation in this study is entirely voluntary. You may choose to withdraw from the survey at any time without any penalty. If you decide not to participate or to withdraw, it will not affect your relationship with SE Health or the Swiss School of Business and Management Geneva in any way.

# Confidentiality:

All information collected in this survey will be kept strictly confidential. Your responses will be anonymized, and no personally identifiable information will be disclosed in the study's findings or published reports. The data will be used solely for academic purposes and will be stored securely.

### **Risks and Benefits:**

There are no anticipated risks associated with participating in this study. While there are no direct benefits to you, your participation will contribute valuable insights that can help improve training and development strategies in the home healthcare sector.

### Compensation:

There is no compensation for participating in this survey.

Contact Information for Questions:

If you have any questions or concerns about this study, you are encouraged to contact the researcher, Ravinder Tulsiani, at ravindertulsiani@sehc.com.

Consent:

By signing this consent form, you agree to participate in this study and confirm that you have read and understood the information provided above. You will be given a copy of this consent form to keep for your records.

Participant's Signature:

Date: \_\_\_\_\_

Researcher's Signature:

Date: \_\_\_\_\_

Thank you for considering participation in this research study. Your contribution is greatly appreciated. If you need any further information or have any questions, please do not hesitate to contact me.

Sincerely,

Ravinder Tulsiani

Doctoral Candidate

Swiss School of Business and Management Geneva

# APPENDIX C INTERVIEW GUIDE

Title of the Study: Feasibility and Benefits of Establishing a Corporate University in the Home Healthcare Industry Researcher: Ravinder Tulsiani, Doctoral Candidate Swiss School of Business and Management Geneva Email: ravindertulsiani@sehc.com Phone: 416-712-3272

# Introduction

- Welcome and thank you for participating in this interview.
- The purpose of this interview is to gather insights on the feasibility and benefits of establishing a corporate university in the home healthcare sector.
- Your responses will remain confidential and will be used solely for academic purposes.
- The interview will take approximately 45-60 minutes.
- Do you have any questions before we begin?

### Background Information

- 1. Can you please describe your current role at SE Health?
- 2. How long have you been working in the home healthcare sector?

3. What are your primary responsibilities in your current position?

Current Training and Development

- 1. How would you describe the current training and development programs available at SE Health?
- 2. What do you believe are the strengths and weaknesses of the existing training programs?
- 3. How well do these programs align with the organizational goals and your personal career development?

Perceptions of Corporate Universities

- 1. Have you heard of the concept of a corporate university before? If so, what is your understanding of it?
- 2. What do you think are the potential benefits of establishing a corporate university within SE Health?
- 3. What challenges do you foresee in implementing a corporate university in the home healthcare sector?

Specific Needs and Opportunities

- 1. What specific training needs do you think a corporate university could address that current programs do not?
- 2. How do you think a corporate university could enhance the skills and competencies of employees at SE Health?

3. In what ways do you believe a corporate university could improve patient care and service delivery?

Implementation and Acceptance

- 1. What factors do you think are critical for the successful implementation of a corporate university at SE Health?
- 2. How do you think employees would respond to the establishment of a corporate university?
- 3. What strategies do you suggest to ensure the acceptance and engagement of employees with the corporate university's programs?

**Technological Integration** 

- 1. What role do you think technology should play in the corporate university's training programs?
- 2. Can you provide examples of how technological tools (e.g., e-learning platforms, virtual reality) could enhance training effectiveness?

Continuous Improvement and Feedback

- 1. How important do you think continuous feedback and improvement mechanisms are for the success of a corporate university?
- 2. What methods would you recommend for gathering and incorporating employee feedback into the training programs?

# **Final Thoughts**

- 1. Do you have any additional comments or suggestions regarding the establishment of a corporate university at SE Health?
- 2. Are there any other areas related to training and development in the home healthcare sector that you believe should be explored further?

# Conclusion

- Thank you very much for your time and valuable insights.
- Your contributions are greatly appreciated and will significantly inform the research.
- If you have any questions or need further information, please feel free to contact me at ravindertulsiani@sehc.com.

#### REFERENCES

- Abernethy, A., Adams, L., Barrett, M., Bechtel, C., Brennan, P., Butte, A., Faulkner, J.,
  Fontaine, E., Friedhoff, S., Halamka, J., Howell, M., Johnson, K., Long, P., McGraw, D.,
  Miller, R., Lee, P., Perlin, J., Rucker, D., Sandy, L., & Savage, L. (2022). The Promise of
  Digital Health: Then, Now, and the Future. NAM Perspectives, 6(22).
  https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9499383/
- Abouelmehdi, K., Hessane, A. B., & Khaloufi, H. (2018). Big healthcare data: preserving security and privacy. Journal of Big Data, 5(1). Springer. https://doi.org/10.1186/s40537-017-0110-7
- Agarwal, R., Dugas, M., Gao, G. (Gordon), & Kannan, P. K. (2019). Emerging technologies and analytics for a new era of value-centered marketing in healthcare. Journal of the Academy of Marketing Science, 48(1), 9–23. https://doi.org/10.1007/s11747-019-00692-4
- Agarwal, V., Mathiyazhagan, K., Malhotra, S., & Saikouk, T. (2021). Analysis of challenges in sustainable human resource management due to disruptions by industry 4.0: An emerging economy perspective. International Journal of Manpower, 43(2), 513–541. https://doi.org/10.1108/ijm-03-2021-0192
- Alenezi, M. (2023). Digital Learning and Digital Institution in Higher Education. Education Sciences, 13(1), 88. https://doi.org/10.3390/educsci13010088
- Alexander, C. C., Hakim, H., Rudell, E., Ingram, M., Agrawal, T., Peterson, P., Davies, M.,
  Adelson, K., & Oliver, B. J. (2024). Building Frontline Capability for Shared DecisionMaking (SDM) in a Major Academic Oncology Center Caring for People With Non–
  Small Cell Lung Cancer: Performance Outcomes of a SDM Simulation Training
  Program. The Permanente Journal, 1–12. https://doi.org/10.7812/tpp/23.160
- Almousa, O., Zhang, R., Dimma, M., Yao, J., Allen, A., Chen, L., Heidari, P., & Qayumi, K.(2021). Virtual Reality Technology and Remote Digital Application for Tele-Simulation

and Global Medical Education: An Innovative Hybrid System for Clinical Training. Simulation & Gaming, 52(5). https://doi.org/10.1177/10468781211008258

- AL-Nuaimi, M. N., Al Sawafi, O. S., Malik, S. I., & Al-Maroof, R. S. (2022). Extending the unified theory of acceptance and use of technology to investigate determinants of acceptance and adoption of learning management systems in the post-pandemic era: a structural equation modeling approach. Interactive Learning Environments, 1–27. https://doi.org/10.1080/10494820.2022.2127777
- Alvarez, R. (2008). Examining technology, structure, and identity during an enterprise system implementation. Information Systems Journal, 18(2), 203–224.
- Anabo, I. F., Elexpuru-Albizuri, I., & Villardón-Gallego, L. (2019). Revisiting the Belmont Report's ethical principles in internet-mediated research: perspectives from disciplinary associations in the social sciences. Ethics and Information Technology, 21(2), 137–149. https://doi.org/10.1007/s10676-018-9495-z
- Andreassen, H., & Skrøvseth, S. (2016). Making sense of changing health landscapes—new demands for research and evaluations.
- Anthony, B. (2020). Use of Telemedicine and Virtual Care for Remote Treatment in Response to COVID-19 Pandemic. Journal of Medical Systems, 44(7), 1–9. https://doi.org/10.1007/s10916-020-01596-5
- Anthonysamy, L., Koo, A. C., & Hew, S. H. (2020). Self-regulated learning strategies in higher education: Fostering digital literacy for sustainable lifelong learning. Education and Information Technologies, 25. https://doi.org/10.1007/s10639-020-10201-8
- Antonio, M. G., Schick-Makaroff, K., Doiron, J. M., Sheilds, L., White, L., & Molzahn, A. (2019). Qualitative Data Management and Analysis within a Data Repository. Western Journal of Nursing Research, 42(8), 640–648. https://doi.org/10.1177/0193945919881706

- Anupama Prashar. (2023). Modeling enablers of agility of healthcare organizations. International Journal of Quality and Reliability Management/International Journal of Quality & Reliability Management, 41(1), 173–194. https://doi.org/10.1108/ijqrm-11-2022-0322
- Araya Mesfin Nigatu, Tesfahun Melese Yilma, Lemma Derseh Gezie, Yonathan Gebrewold, Monika Knudsen Gullslett, Shegaw Anagaw Mengiste, & Tilahun, B. (2024). Health professionals' technology readiness on the acceptance of teleradiology in the Amhara regional state public hospitals, northwest Ethiopia: Using technology readiness acceptance model (TRAM). PloS One, 19(3), e0301021–e0301021. https://doi.org/10.1371/journal.pone.0301021
- Argyris, C., & Schön, D. A. (1978). Organizational learning: A theory of action perspective. Addison-Wesley.
- Bansal, G., Rajgopal, K., Chamola, V., Xiong, Z., & Niyato, D. (2022). Healthcare in Metaverse: A Survey On Current Metaverse Applications in Healthcare. IEEE Access, 10, 1–1. https://doi.org/10.1109/ACCESS.2022.3219845
- Becker, G. S. (1993). Human capital: A theoretical and empirical analysis, particularly regarding education (3rd ed.). University of Chicago Press.
- Bloom, N., Lemos, R., Sadun, R., & Van Reenen, J. (2017). Healthy business? Managerial education and management in health care. Review of Economics and Statistics, 99(3), 1– 15. https://doi.org/10.1162/rest\_a\_00847
- Bloom, N., Lemos, R., Sadun, R., & Van Reenen, J. (2017). Healthy business? Managerial education and management in health care. Review of Economics and Statistics, 99(3), 1– 15. https://doi.org/10.1162/rest\_a\_00847
- Bloom, N., Lemos, R., Sadun, R., & Van Reenen, J. (2017). Healthy business? Managerial education and management in health care. Review of Economics and Statistics, 99(3), 1– 15. https://doi.org/10.1162/rest\_a\_00847

- Bokhour, B. G., Fix, G. M., Mueller, N. M., Barker, A. M., Lavela, S. L., Hill, J. N., Solomon, J. L., & Lukas, C. V. (2018). How Can Healthcare Organizations Implement patient-centered care? Examining a large-scale Cultural Transformation. BMC Health Services Research, 18(1), 1–11.
- Bolmer, B. R. J., Taverne, M., & Scherer, M. (2019). Exploring the added value of blockchain technology for the healthcare domain.
- Bos, J. (2020). Confidentiality. Research Ethics for Students in the Social Sciences, 149–173. https://link.springer.com/chapter/10.1007/978-3-030-48415-6\_7
- Boudreau, J. W., & Ziskin, I. (2011). Corporate universities: An engine for continuous learning. Journal of Healthcare Management, 56(2), 91-98.
- Bryda, G., & Costa, A. P. (2023). Qualitative Research in Digital Era: Innovations, Methodologies and Collaborations. Social Sciences, 12(10), 570. mdpi. https://doi.org/10.3390/socsci12100570
- Cardoso, S., Jenisha Suyambu, Iqbal, J., Jaimes, D., Amin, A., Jarin Tasnim Sikto, Valderrama,
  M. J., Simranjit Singh Aulakh, Venkata Ramana, Shaukat, B., & Patel, T. (2023).
  Exploring the Role of Simulation Training in Improving Surgical Skills Among
  Residents: A Narrative Review. Cureus, 15(9). https://doi.org/10.7759/cureus.44654\
- Catapang, J. K. (2018). A collection of database industrial techniques and optimization approaches of database operations.
- Chacko, T. (2018). Emerging pedagogies for effective adult learning: From andragogy to heutagogy. Archives of Medicine and Health Sciences, 6(2), 278. https://doi.org/10.4103/amhs.amhs\_141\_18
- Chase, J.-A. D., Russell, D., Rice, M., Abbott, C., Bowles, K. H., & Mehr, D. R. (2019). Caregivers' Experiences Regarding Training and Support in the Post-Acute Home Health-Care Setting. Journal of Patient Experience, 7(4), 561–569. https://doi.org/10.1177/2374373519869156

- Cleveland Clinic. (2019). Cleveland Clinic Academy: Workforce development through innovation. Retrieved from https://my.clevelandclinic.org
- Danielsen, B. V., Sand, A. M., Rosland, J. H., & Førland, O. (2018). Experiences and challenges of home care nurses and general practitioners in home-based palliative care a qualitative study. BMC Palliative Care, 17(1). https://doi.org/10.1186/s12904-018-0350-0
- Darwish, A., Hassanien, A. E., Elhoseny, M., Sangaiah, A. K., & Muhammad, K. (2017). The impact of the hybrid platform of internet of things and cloud computing on healthcare systems: opportunities, challenges, and open problems. Journal of Ambient Intelligence and Humanized Computing, 10(10), 4151–4166. https://doi.org/10.1007/s12652-017-0659-1
- Davis, F. D. (1989). Perceived usefulness, perceived ease of use, and user acceptance of information technology. MIS Quarterly, 13(3), 319–340. https://doi.org/10.2307/249008
- Do, H., Budhwar, P., Shipton, H., Nguyen, H.-D., & Nguyen, B. (2021). Building organizational resilience, innovation through resource-based management initiatives, organizational learning and environmental dynamism. Journal of Business Research, 141, 808–821. https://doi.org/10.1016/j.jbusres.2021.11.090
- Elfert, M. (2019). Lifelong learning in Sustainable Development Goal 4: What does it mean for UNESCO's rights-based approach to adult learning and education? International Review of Education, 65(4), 537–556. https://doi.org/10.1007/s11159-019-09788-z
- Enoch, L. C., Abraham, R. M., & Singaram, V. S. (2022). A comparative analysis of the impact of online, blended, and face-to-face learning on medical students' clinical competency in the affective, cognitive, and psychomotor domains. BMC Medical Education, 22(1). https://doi.org/10.1186/s12909-022-03777-x
- Fishbein, M., & Ajzen, I. (1975). Belief, attitude, intention, and behavior: An introduction to theory and research.

- Fraher, E., & Brandt, B. (2019). Toward a system where workforce planning and interprofessional practice and education are designed around patients and populations not professions. Journal of Interprofessional Care, 33(4), 389–397. https://doi.org/10.1080/13561820.2018.1564252
- Franzosa, E., Tsui, E. K., & Baron, S. (2017). Home Health Aides' Perceptions of Quality Care: Goals, Challenges, and Implications for a Rapidly Changing Industry. NEW
  SOLUTIONS: A Journal of Environmental and Occupational Health Policy, 27(4), 629– 647. https://doi.org/10.1177/1048291117740818
- Friedman, N., & Ormiston, J. (2022). Blockchain as a sustainability-oriented innovation?:
  Opportunities for and resistance to Blockchain technology as a driver of sustainability in global food supply chains. Technological Forecasting and Social Change, 175(1), 121403. https://doi.org/10.1016/j.techfore.2021.121403
- Gabriel, S. E., & Normand, S. L. (2012). Leadership training at Mayo Clinic: A model for healthcare organizations. Academic Medicine, 87(2), 123-130.
- Gao, L. X., & Zhang, L. J. (2020). Teacher Learning in Difficult Times: Examining Foreign Language Teachers' Cognitions About Online Teaching to Tide Over COVID-19.
   Frontiers in Psychology, 11. https://doi.org/10.3389/fpsyg.2020.549653
- Gheorghiu, B., & Ratchford, F. (2015). Scaling up the use of remote patient monitoring in Canada. Studies in Health Technology and Informatics, pp. 209, 23–26. https://doi.org/10.3233/978-1-61499-508-8-23
- Goleman, D. (2013). Focus: The hidden driver of excellence. HarperCollins.
- Griffiths, P., Saville, C., Ball, J., Jones, J., Pattison, N., & Monks, T. (2020). Nursing workload, Nurse Staffing Methodologies & Tools: a Systematic Scoping Review & Discussion. International Journal of Nursing Studies, 103(1). https://doi.org/10.1016/j.ijnurstu.2019.103487

- Gruzina, Y., Firsova, I., & Strielkowski, W. (2021). Dynamics of Human Capital Development in Economic Development Cycles. Economies, 9(2), 67. https://doi.org/10.3390/economies9020067
- Hajat, C., & Stein, E. (2018). The Global Burden of Multiple Chronic conditions: a Narrative Review. Preventive Medicine Reports, 12(1), 284–293. https://doi.org/10.1016/j.pmedr.2018.10.008
- Haldane, V., Chuah, F. L. H., Srivastava, A., Singh, S. R., Koh, G. C. H., Seng, C. K., & Legido-Quigley, H. (2020). Community Participation in Health Services development, implementation, and evaluation: a Systematic Review of empowerment, health, community, and Process Outcomes. PLoS One, 14(5). https://doi.org/10.1371/journal.pone.0216112
- Hannawi, S., & Salmi, I. A. (2014). Health workforce in the United Arab Emirates: Analytic point of view. The International Journal of Health Planning and Management, 29(4), 332–341. https://doi.org/10.1002/hpm.2221
- Harriss, D. J., MacSween, A., & Atkinson, G. (2019). Ethical Standards in Sport and Exercise Science Research: 2020 Update. International Journal of Sports Medicine, 40(13), 813– 817.
- Hofstede, G. (2001). Culture's consequences: Comparing values, behaviors, institutions, and organizations across nations. Sage Publications.
- Hrastinski, S. (2019). What Do We Mean by Blended Learning? TechTrends, 63(5), 564–569. https://doi.org/10.1007/s11528-019-00375-5
- Huq, S., Akter, S., Sultana, N., Arafat, S. M., & Rahman, M. (2022). MOOC-based learning for human resource development in organizations during the post-pandemic and war crisis: a study from a developing country perspective. Journal of Research in Innovative Teaching & Learning, 16(1), 37–52. https://doi.org/10.1108/jrit-09-2022-0054

- Islam, M. S., & Amin, M. (2021). A systematic review of human capital and employee wellbeing: putting human capital back on the track. European Journal of Training and Development, ahead-of-print(ahead-of-print). https://doi.org/10.1108/ejtd-12-2020-0177
- Islami, X., Mulolli, E., & Mustafa, N. (2018). Using Management by Objectives as a Performance Appraisal Tool for Employee Satisfaction. Future Business Journal, 4(1), 94–108. Sciencedirect. https://doi.org/10.1016/j.fbj.2018.01.001
- Jöhnk, J., Weißert, M., & Wyrtki, K. (2020). Ready or Not, AI Comes— An Interview Study of Organizational AI Readiness Factors. Business & Information Systems Engineering, 63(1), 5–20. https://doi.org/10.1007/s12599-020-00676-7
- Johnson, R. (2007). The impact of subjective norms on the adoption of a corporate university strategy. Journal of Organizational Behavior, 28(3), 365–371.
- Kaiser Permanente. (2020). Leadership Development at Kaiser Permanente: Creating value in the workplace. Retrieved from https://share.kaiserpermanente.org
- Karlberg, M., & Bezzina, C. (2020). The professional development needs of beginning and experienced teachers in four municipalities in Sweden. Professional Development in Education, 48(4), 1–18. https://doi.org/10.1080/19415257.2020.1712451
- Keerie, C., Tuck, C., Milne, G., Eldridge, S., Wright, N., & Lewis, S. C. (2018). Data sharing in clinical trials – practical guidance on anonymising trial datasets. Trials, 19(1). https://doi.org/10.1186/s13063-017-2382-9
- Khan, M. A., Ismail, F. B., Hussain, A., & Alghazali, B. (2020). The Interplay of Leadership Styles, Innovative Work Behavior, Organizational Culture, and Organizational Citizenship Behavior. SAGE Open, 10(1), 1–16. https://doi.org/10.1177/2158244019898264
- Knowles, M. S. (1980). The modern practice of adult education: From pedagogy to andragogy. Cambridge Books.

- Kruse, C. S., Karem, P., Shifflett, K., Vegi, L., Ravi, K., & Brooks, M. (2019). Evaluating barriers to adopting telemedicine worldwide: A systematic review. Journal of Telemedicine and Telecare, 24(1), 4–12. https://doi.org/10.1177/1357633x16674087
- Kruse, C., Marquez, G., Nelson, D., & Palomares, O. (2018). The Use of Health Information Exchange to Augment Patient Handoff in Long-Term Care: A Systematic Review.
- Lau, K. W., Lee, P. Y., & Chung, Y. Y. (2019). A collective organizational learning model for organizational development. Leadership & Organization Development Journal, 40(1), 107–123. https://doi.org/10.1108/lodj-06-2018-0228
- Lee, D., & Yoon, S. N. (2021). Application of Artificial Intelligence-Based Technologies in the Healthcare Industry: Opportunities and Challenges. International Journal of Environmental Research and Public Health, 18(1), 271. mdpi. https://doi.org/10.3390/ijerph18010271
- Leitão, J., Pereira, D., & Gonçalves, Â. (2019). Quality of work life and organizational performance: Workers' feelings of contributing, or not, to the organization's productivity. International Journal of Environmental Research and Public Health, 16(20), 3803. ncbi. https://doi.org/10.3390/ijerph16203803
- Li, L. (2022). Reskilling and Upskilling the future-ready Workforce for Industry 4.0 and beyond. Information Systems Frontiers, 24(3), 1–16. Springer. https://doi.org/10.1007/s10796-022-10308-y
- Lin, C.-Y., & Huang, C.-K. (2020). Employee Turnover Intentions and Job Performance from a Planned change: the Effects of an Organizational Learning Culture and Job Satisfaction. International Journal of Manpower, 42(3), 409–423.
- Liu-Lastres, B., Wen, H., & Huang, W.-J. (2022). A reflection on the Great Resignation in the hospitality and tourism industry. International Journal of Contemporary Hospitality Management, 35(1), 235–249. https://doi.org/10.1108/ijchm-05-2022-0551

- Looman, W., Struckmann, V., Köppen, J., Baltaxe, E., Czypionka, T., Huic, M., Pitter, J., Ruths, S., Stokes, J., Bal, R., & Rutten-van Mölken, M. (2021). Drivers of successful implementation of integrated care for multi-morbidity: Mechanisms identified in 17 case studies from 8 European countries. Social Science & Medicine, 277, 113728. https://doi.org/10.1016/j.socscimed.2021.113728
- Mackey, T. K., Kuo, T.-T., Gummadi, B., Clauson, K. A., Church, G., Grishin, D., Obbad, K., Barkovich, R., & Palombini, M. (2019). "Fit-for-purpose?" – challenges and opportunities for applications of blockchain technology in the future of healthcare. BMC Medicine, 17(1). https://doi.org/10.1186/s12916-019-1296-7
- Marks, A., & AL-Ali, M. (2022). Digital Transformation in Higher Education: A Framework for Maturity Assessment. COVID-19 Challenges to University Information Technology Governance, 61–81. https://link.springer.com/chapter/10.1007/978-3-031-13351-0\_3
- Martin, A. R., Stroud, R. E., Abebe, T., Akena, D., Alemayehu, M., Atwoli, L., Chapman, S. B., Flowers, K., Gelaye, B., Gichuru, S., Kariuki, S. M., Kinyanjui, S., Korte, K. J., Koen, N., Koenen, K. C., Newton, C. R. J. C., Olivares, A. M., Pollock, S., Post, K., & Singh, I. (2022). Increasing diversity in genomics requires investment in equitable partnerships and capacity building. Nature Genetics, 54(6), 740–745. https://doi.org/10.1038/s41588-022-01095-y
- Mayo Clinic College of Medicine and Science. (2021). Leadership and learning programs at Mayo Clinic. Retrieved from https://college.mayo.edu
- Mbunge, E., Muchemwa, B., Jiyane, S., & Batani, J. (2021). Sensors and healthcare 5.0: transformative shift in virtual care through emerging digital health technologies. Global Health Journal, 5(4). https://doi.org/10.1016/j.glohj.2021.11.008
- McCarthy, A. M., Maor, D., McConney, A., & Cavanaugh, C. (2023). Digital Transformation in education: Critical Components for Leaders of System Change. Social Sciences & Humanities Open, 8(1), 100479. https://doi.org/10.1016/j.ssaho.2023.100479

Menachemi, N., Brooks, R. G., Schwalenstocker, E., & Simpson, L. (2018). The role of information technology usage in physician practice satisfaction. Health Care Management Review, 33(4), 365–371.

Metwally, O. (2017). On the economics of knowledge creation and sharing.

- Molino, M., Cortese, C. G., & Ghislieri, C. (2020). The Promotion of Technology Acceptance and Work Engagement in Industry 4.0: From Personal Resources to Information and Training. International Journal of Environmental Research and Public Health, 17(7), 2438. https://doi.org/10.3390/ijerph17072438
- Moosavi, S. N., Khalifeh, A., Shojaee, A., & Abessi, M. (2019). Analyzing the impact of two major factors on medical expenses paid by health insurance organizations in Iran.
- Mousa, M., Massoud, H. K., & Ayoubi, R. M. (2019). Organizational learning, authentic leadership and individual-level resistance to change. Management Research: Journal of the Iberoamerican Academy of Management, 18(1), 5–28. https://doi.org/10.1108/mrjiam-05-2019-0921
- Noah, B., Keller, M. S., Mosadeghi, S., Stein, L., Johl, S., Delshad, S., Tashjian, V. C., Lew, D., Kwan, J. T., Jusufagic, A., & Spiegel, B. M. R. (2018). Impact of remote patient monitoring on clinical outcomes: an updated meta-analysis of randomized controlled trials. Npj Digital Medicine, 1(1). https://doi.org/10.1038/s41746-017-0002-4
- Ochieng, V. O., Asego, C. S., & Gyasi, R. M. (2023). The place of academia and industry in the adoption and adaptation of educational technologies for a post-COVID-19 recovery in Africa. Scientific African, 20, e01658. https://doi.org/10.1016/j.sciaf.2023.e01658
- Olanrewaju, G. S., Adebayo, S. B., Omotosho, A. Y., & Olajide, C. F. (2021). Left behind? The effects of digital gaps on e-learning in rural secondary schools and remote communities across Nigeria during the COVID19 pandemic. International Journal of Educational Research Open, 2, 100092. https://doi.org/10.1016/j.ijedro.2021.100092

- Ożadowicz, A. (2020). Modified Blended Learning in Engineering Higher Education during the COVID-19 Lockdown—Building Automation Courses Case Study. Education Sciences, 10(10), 292. https://doi.org/10.3390/educsci10100292
- Pan, X. (2020). Technology Acceptance, Technological Self-Efficacy, and Attitude Toward Technology-Based Self-Directed Learning: Learning Motivation as a Mediator. Frontiers in Psychology, 11. https://doi.org/10.3389/fpsyg.2020.564294
- Paoloni, N., Mattei, G., Dello Strologo, A., & Celli, M. (2020). The present and future of intellectual capital in the healthcare sector. Journal of Intellectual Capital, 21(3), 357– 379. https://doi.org/10.1108/jic-10-2019-0237
- Patel, A. R., Kelle, S., Fontana, M., Jacob, R., Jadranka Stojanovska, Collins, J., Patel, H. N., Francone, M., Han, Y., W. Patricia Bandettini, Chiara Bucciarelli-Ducci, Raman, S., & Weissman, G. (2021). SCMR level II/independent practitioner training guidelines for cardiovascular magnetic resonance: integration of a virtual training environment. Journal of Cardiovascular Magnetic Resonance, 23(1). https://doi.org/10.1186/s12968-021-00836-y
- Qureshi, M. O., Chughtai, A. A., & Seale, H. (2022). Recommendations related to occupational infection prevention and control training to protect healthcare workers from infectious diseases: a scoping review of infection prevention and control guidelines. BMC Health Services Research, 22(1). https://doi.org/10.1186/s12913-022-07673-4
- Rahimi, B., Nadri, H., Lotfnezhad Afshar, H., & Timpka, T. (2018). A Systematic Review of the Technology Acceptance Model in Health Informatics. Applied Clinical Informatics, 09(03), 604–634. NCBI. https://doi.org/10.1055/s-0038-1668091
- Richard, B., Sivo, S. A., Orlowski, M., Ford, R. C., Murphy, J., Boote, D. N., & Witta, E. L. (2020). Qualitative Research via Focus Groups: Will Going Online Affect the Diversity of Your Findings? Cornell Hospitality Quarterly, 62(1), 32–45. https://doi.org/10.1177/1938965520967769

Rogers, E. M. (2003). Diffusion of Innovations (5th ed.). Simon and Schuster.

- Ryan, D., Burke, S. D., Litchman, M. L., Bronich-Hall, L., Kolb, L., Rinker, J., & Yehl, K. (2020). Competencies for Diabetes Care and Education Specialists. The Diabetes Educator, 46(4), 384–397. https://doi.org/10.1177/0145721720931092
- Safi, S., Thiessen, T., & Schmailzl, K. J. (2018). Acceptance and Resistance of New Digital Technologies in Medicine: Qualitative Study. JMIR Research Protocols, 7(12), e11072. https://doi.org/10.2196/11072
- Saleh, R., & Atan, T. (2021). The Involvement of Sustainable Talent Management Practices on Employee's Job Satisfaction: Mediating Effect of Organizational Culture. Sustainability, 13(23), 13320. mdpi. https://doi.org/10.3390/su132313320
- Sartori, R., Costantini, A., Ceschi, A., & Tommasi, F. (2018). How Do You Manage Change in Organizations? Training, Development, Innovation, and Their Relationships. Frontiers in Psychology, 9(313). NCBI. https://doi.org/10.3389/fpsyg.2018.00313
- Sauer, P. C., & Hiete, M. (2019). Multi-Stakeholder Initiatives as Social Innovation for Governance and Practice: A Review of Responsible Mining Initiatives. Sustainability, 12(1), 236. https://doi.org/10.3390/su12010236
- Schlegelmilch, B. B. (2020). Why Business Schools Need Radical Innovations: Drivers and Development Trajectories. Journal of Marketing Education, 42(2), 93–107. https://doi.org/10.1177/0273475320922285
- Schut, S., Maggio, L. A., Heeneman, S., van Tartwijk, J., van der Vleuten, C., & Driessen, E. (2020). Where the rubber meets the road — An integrative review of programmatic assessment in health care professions education. Perspectives on Medical Education, 10(1), 6–13. https://doi.org/10.1007/s40037-020-00625-w
- Seay-Morrison, T. P., Hirabayshi, K., Malloy, C. L., & Brown-Johnson, C. (2021). Factors Affecting Burnout Among Medical Assistants. Journal of Healthcare Management, 66(2), 111–121. https://doi.org/10.1097/jhm-d-19-00265

- Shimasaki, S., Bishop, E., Guthrie, M., & Thomas, J. F. (Fred). (2019). Strengthening the Health Workforce through the ECHO Stages of Participation: Participants' Perspectives on Key Facilitators and Barriers. Journal of Medical Education and Curricular Development, 6, 238212051882092. https://doi.org/10.1177/2382120518820922
- Sim, J., & Waterfield, J. (2019). Focus Group methodology: Some Ethical Challenges. Quality & Quantity, 53(6), 3003–3022. https://link.springer.com/article/10.1007/s11135-019-00914-5
- Smith, K. (2005). The role of attitudes in the adoption of corporate university strategies. Journal of Workplace Learning, 17(1/2), 74–88.
- Spoor, J. R., Flower, R. L., Bury, S. M., & Hedley, D. (2021). Employee engagement and commitment to two Australian autism employment programs: associations with workload and perceived supervisor support. Equality, Diversity and Inclusion: An International Journal, ahead-of-print(ahead-of-print). https://doi.org/10.1108/edi-05-2020-0132
- Squires, A., Uyei, J., Beltrán-Sánchez, H., & Jones, S. (2016). Examining the influence of country-level and health system factors on nursing and physician personnel production. Human Resources for Health, 14(1), 1-9. https://doi.org/10.1186/s12960-016-0145-4
- Sterling, M. R., Tseng, E., Poon, A., Cho, J., Avgar, A. C., Kern, L. M., Ankuda, C. K., & Dell, N. (2020). Experiences of Home Health Care Workers in New York City During the Coronavirus Disease 2019 Pandemic. JAMA Internal Medicine, 180(11). https://doi.org/10.1001/jamainternmed.2020.3930
- Teresa, G., & Fantinelli, S. (2024). Managing the future of talents: digital innovation in learning organizations. Learning Organization/~the œLearning Organisation. https://doi.org/10.1108/tlo-06-2023-0096
- Thompson, A., & Komparic, A. (2024). Ethics in Pharmacovigilance. Springer EBooks, 319– 338. https://doi.org/10.1007/978-3-031-51089-2\_14

- Thompson, F., Rongen, F., Cowburn, I., & Till, K. (2022). The Impacts of Sports Schools on Holistic Athlete Development: A Mixed Methods Systematic Review. Sports Medicine, 52, 1879–1917. https://doi.org/10.1007/s40279-022-01664-5
- Trenerry, B., Chng, S., Wang, Y., Suhaila, Z. S., Lim, S. S., Lu, H. Y., & Oh, P. H. (2021). Preparing Workplaces for Digital Transformation: An Integrative Review and Framework of Multi-Level Factors. Frontiers in Psychology, 12(2), 822. Frontiersin. https://doi.org/10.3389/fpsyg.2021.620766
- Triliva, S., Ntani, S., Giovazolias, T., Kafetsios, K., Axelsson, M., Bockting, C., Buysse, A., Desmet, M., Dewaele, A., Hannon, D., Haukenes, I., Hensing, G., Meganck, R., Rutten, K., Schønning, V., Van Beveren, L., Vandamme, J., & Øverland, S. (2020). Healthcare professionals' perspectives on mental health service provision: a pilot focus group study in six European countries. International Journal of Mental Health Systems, 14(1). https://doi.org/10.1186/s13033-020-00350-1
- Trompenaars, F. (1993). Riding the waves of culture: Understanding diversity in global business. Nicholas Brealey Publishing.
- Tseng, C. W., Lin, H. T., & Lin, C. H. (2011). The role of service innovation in the marketing of new high-tech products: A case study of high-tech industries in Taiwan. International Journal of Management, 28(3), 891–902.
- Tursunbayeva, A. (2019). Human resource technology disruptions and their implications for human resources management in healthcare organizations. BMC Health Services Research, 19(1). https://doi.org/10.1186/s12913-019-4068-3
- Ulker-Demirel, E., & Ciftci, G. (2020). A systematic literature review of the theory of planned behavior in tourism, leisure and hospitality management research. Journal of Hospitality and Tourism Management, 43, 209–219.
- University of Oxford, M. S. D. (2020). Global health education in medical schools (GHEMS): a national, collaborative study of medical curricula. BMC Medical Education, 20(1). https://doi.org/10.1186/s12909-020-02315-x

- Verderber, S. (2004). David Charles Sloane and Beverlie Conant Sloane, Medicine moves to the mall.
- Vilppu, H., Södervik, I., Postareff, L., & Murtonen, M. (2019). The effect of short online pedagogical training on university teachers' interpretations of teaching–learning situations. Instructional Science, 47(6), 679–709. https://doi.org/10.1007/s11251-019-09496-z
- Vrontis, D., El Chaarani, H., El Abiad, Z., El Nemar, S., & Yassine Haddad, A. (2021). Managerial innovative capabilities, competitive advantage and performance of healthcare sector during Covid-19 pandemic period. Foresight, ahead-of-print(ahead-of-print). https://doi.org/10.1108/fs-02-2021-0045
- Willie, M. M., & Nkomo, P. (2019). Digital Transformation in Healthcare—South Africa Context.
- Witter, S., Falisse, J. B., Bertone, M. P., Alonso-Garbayo, A., & Martins, J. (2015). Statebuilding and human resources for health in fragile and conflict-affected states: Exploring the linkages. Human Resources for Health, 13(33), 1-10. https://doi.org/10.1186/s12960-015-0029-3
- World Health Organization. (2016). Global strategy on human resources for health: Workforce 2030. https://www.who.int/hrh/resources/pub\_globstrathrh-2030/en/
- Wu, Y., Howarth, M., Zhou, C., Hu, M., & Cong, W. (2019). Reporting of Ethical Approval and Informed Consent in Clinical Research Published in Leading Nursing journals: a Retrospective Observational Study. BMC Medical Ethics, 20(1), 1–10. https://doi.org/10.1186/s12910-019-0431-5
- Yang, Y., Brosch, G., Yang, B., & Cadden, T. (2019). Dissemination and communication of lessons learned for a project-based business with the application of information technology: a case study with Siemens. Production Planning & Control, 31(4), 273–286. https://doi.org/10.1080/09537287.2019.1630682

- Zhou, S., Ni, Z., Ogihara, A., & Wang, X. (2022). Behavioral Patterns of Supply and Demand Sides of Health Services for the Elderly in Sustainable Digital Transformation: A Mixed Methods Study. International Journal of Environmental Research and Public Health, 19(13), 8221. https://doi.org/10.3390/ijerph19138221
- Zou, C., Li, P., & Jin, L. (2021). Online college English education in Wuhan against the COVID-19 pandemic: Student and teacher readiness, challenges and implications. PLOS ONE, 16(10), e0258137. https://doi.org/10.1371/journal.pone.0258137