

INSERVICE TRAINING IN NURSING

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INTRODUCTION

Inservice training in nursing is seen as a necessary component to help the professional nurse to keep up to date on the most recent developments in nursing and to be able to manage the demands of nursing practice.

In this article a summary will be given of the report on a research project executed in 1983 and 1984. Included are a statement of the problem, objectives of the research project, a reference to the literature review with the focus on criteria identified for inservice training in nursing, method of investigation, results, conclusions and recommendations.

STATEMENT OF THE PROBLEM

Quality patient care is based on a quality continuing education programme for nurses. The necessity of continuing inservice training is based on the fact that there is fast progress in the approach to and im-

plementation of patient care. The nurse's work satisfaction is also related to the measure in which she/he is able to deliver quality patient care.

To satisfy the need of the community, health care organisations, patients and nurses for quality patient care that is cost-effective, effective inservice training programmes which comply with the criteria for inservice training are necessary. (Popiel, 1973: 5; Tobin, 1976: 39; Rufco, 1981: 26; Thomas, 1976: 20; Alexander, 1974: 6; Grubb 1981: 75; Boyer, 1981: 12 & 15; Sovie, 1980: 25; Mulholland 1980: 35).

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OPSOMMING

Navorsing is gedoen om die stand van indiensopleiding vir verpleegkundiges in die Witwatersrand-gebied te beskryf. Deur 'n literatuurstudie en onderhoude is agt kriteria vir geslaagde indiensopleiding geïdentifiseer. Die navorsing is uitgevoer met behulp van 'n vraelys wat op grond van die agt kriteria saamgestel is.

Verskeie probleemareas in indiensopleiding is geïdentifiseer op grond waarvan verskeie aanbevelings gemaak word. Die belangrikste hiervan is dat meer aandag aan die beplanning van programme gegee moet word asook aan die toepassing van die beginsels van algemene en volwasse onderrig. Die agt geïdentifiseerde kriteria kan ook as 'n verwysingsraamwerk vir toekomstige beplanning van indiensopleidingsprogramme vir verpleegkundiges dien.

OBJECTIVES OF THE RESEARCH PROJECT

The main objective of this study is to give a description of inservice training programmes for professional nurses in the Witwatersrand area on the basis of criteria identified.

Other objectives derived from the main objective are:

- to give recommendations and criteria for inservice training in nursing using the results of this study as guidelines and
- to undertake in-depth investigation into aspects that are revealed as possible problem areas by the study.

LITERATURE REVIEW: INSERVICE TRAINING IN NURSING

In the first instance the concepts continuing education and inservice training will be distinguished from each other. Criteria which have been identified for the development of effective inservice training programmes will be given.

Definitions of continuing education and inservice training in nursing

Continuing education includes all those educational activities which take place after . . . the period of basic education has been completed, which gave the person entry into the profession or occupation . . . it updates knowledge and skills and adds

knowledge from all the basically related fields which could enrich the life and potential of the worker (Mellish, 1978: 11).

Inservice education is education that is given to a person while he is employed to do a specific job. It is part of continuing education but not the whole of it. It is deliberately planned education to meet the needs of a specific employer, by making up deficiencies in technical and scientific information in his employees. This will enable them to function more efficiently in the organisation. It usually occurs after a period of pre-service education . . . (Mellish, 1978: 11 & 12).

It is important to identify definite criteria for effective inservice training through a literature review to be able to ascertain the status of inservice training.

Criteria for inservice training

The following criteria have been identified through a literature review. These criteria are differentiated theoretically but in actual fact they are integrated when applied in practice.

Specifically planned (Sovie, 1981: 77; Rufo, 1981: 29; Alexander, 1974: 6; Tobin, Yoder & Hull, 1979: 3, 9 & 10, 17 & 18, 99 h; Popiel, 1977: 59; Billie, 1979: 37; Del Bueono, 1976: 14; Taylor & Cruden, 1979: 1237 & 1238; Pickard & Burns, 1979: 417; Herbestreit, 1971: 28; Mellish, 1979: 9; Hicks, Blackman & Westpal, 1977: 46 & 47; Popiel 1973: 2, 7 & 8, 45 & 46, 67, 69, 77).

Designed to meet specific needs, remove shortcomings in learning or correct shortcomings in skills of employees. (Tobin, 1976: 40; Sovie, 1981: 21 & 22; Mulholland, 1980: 35; Sovie, 1980: 25, 38 & 39; Rufo, 1981: 29; Thomas, 1976: 20; Tobin, *et al.*, 1979: 9 & 10, 99, 103, 108; Popiel, 1977: 47; Billie, 1979: 36 & 37; O'Connor, 1978: 405 & 406; Del Bueno, 1976: 14 & 15; Basque & Merhige, 1980: 50; Pickard & Burns, 1979: 416; Herbestreit, 1971: 24 & 25; Mellish, 1971: 8; Hicks, *et al.*, 1977: 46 & 47; Studdy & Hunt, 1980: 1084; Valish & Boyd, 1975: 16; Poole & Wilson, 1975: 1311; Popiel, 1973: 53 & 54).

Focus on more effective functioning of employees (Herbestreit, 1971: 24 & 25; Sovie, 1981: 22; Rufo, 1981: 29; Thomas, 1976: 20; Tobin *et al.*, 1979: 4 & 92; Del Bueno, 1976: 14 & 15; Schor, 1981: 90; Mellish, 1971: 7; Goldiak, 1977: 171 & 181; Popiel, 1973: 21, 58-61 & 76; Levine, 1978: 138).

Focus on better functioning of the organisation (Del Bueno & Kelly, 1980: 12-17).

Stable financial as well as written support from organisation involved (Tobin, 1976: 40 & 41; Mulholland, 1980: 35; Tobin, *et al.*, 1979: 11; Popiel, 1977: 60; Jerold, 1979: 61; Del Bueno, 1976: 18; Sovie, 1980: 40; Pickard & Burns, 1979: 419; Herbestreit, 1971: 24, 27 & 28; Goldiak, 1977: 171; Levine, 1978: 139 & 140; Popiel, 1973: 23, 25, 27, 33 & 67).

Adult teaching principles are taken into consideration (Popiel, 1973: 8-12, 141 & 142; Tobin, *et al.*, 1979: 23 & 83; Popiel 1977: 27; Schor, 1981: 87 & 98; Pickard & Burns, 1979: 417; Herbestreit, 1971: 24).

General educational principles are met. (Sovie, 1981: 17-22; Alexander, 1974: 6; Gardner & Del Guadio, 1976: 9-13; Laszlo & McKenzie, 1979: 30, 35 & 36; Grubb, 1981: 75-79; Eckvahl, 1976: 40; Rufo, 1981: 29; Thomas, 1976: 20; Tobin, *et al.*, 1979: 101, 132, 162 & 176; Popiel, 1977: 47 & 48, 120; Billie, 1979: 38; Norman & Hoffman, 1976: 35-37; Herbestreit, 1971: 25 & 26; Hicks, *et al.*, 1977: 47; Poole & Wilson, 1975: 1310; Popiel, 1973: 20, 55 & 56, 88 & 89).

The philosophy and objectives reflect the goal of the organisation involved (Tobin, 1976: 40 & 41; Lovett, 1976: 77; Sovie, 1980: 25; Rufo, 1981: 29; Thomas, 1976: 20; Tobin, *et al.*, 1979: 17, 30 & 65; Pickard & Burns, 1979: 416; Cooper & Hornbach, 1973: 48).

The abovementioned eight criteria for inservice training form a frame of reference whereby inservice training programmes may be assessed.

METHOD OF INVESTIGATION

A questionnaire was used in a survey to determine the status of inservice training of professional nurses in the Witwatersrand area.

The eight criteria for inservice training were used in compiling the questionnaire. After a pilot study the final questionnaire was designed in accordance with the requirements for compiling a questionnaire (Cilliers, 1965: 93; Nel, 1978: 105). The questionnaire has an A section for persons who present inservice training and a B section for persons who receive inservice training. Most questions required an answer on a four point discrimination scale (Likert, 1932: 14) or consisted of multiple choice or *yes* or *no* choice items. Methods were used to exclude areas of error, for example, control and negative items were included in the questionnaire (Van der Walt, 1970: 114-116).

The following autobiographical information is requested at the beginning of the questionnaire: place of work, population group, language in which inservice training is presented, area where currently working, qualifications and whether busy with further formal studies.

Section A has twenty-two and Section B, eleven questions. The questionnaire is bilingual and the information obtained was processed by computer.

The investigation was limited to the Witwatersrand area. In order to include all the different areas of nursing practice (general, psychiatric and community nursing and midwifery) professional nurses involved in health services of the Transvaal Provincial Administration, Department of Health and Welfare and local authorities were included in the study.

Information about the number of professional nurses who worked in the different organisations was obtained through personal interviews with the senior nursing service managers. The numbers involved are shown in Table 1.

Table 1 Number of professional nurses who worked in different organisations

	Number
ORGANISATION 1	860
ORGANISATION 2	271
ORGANISATION 3	1 590
ORGANISATION 4	174
ORGANISATION 5	280
TOTAL	3 175

The questionnaire was given to the whole target population (professional nurses) in the abovementioned organisations. The nursing service managers of the organisations involved were responsible for handing the questionnaires to the professional nurses. The number of questionnaires returned was 1 421 — 477 nurses completed part A and 1 000 nurses completed part B.

RESULTS OF THE RESEARCH PROJECT

The data obtained from the questionnaires was processed with the aid of the SPSS computer programme.

The results were given in frequency tables under the headings of the eight criteria for effective inservice training.

In processing of the results correlation statistics were not used because the objective of the study was to give a description of inservice training of nurses in the Witwatersrand area.

DISCUSSION OF THE RESULTS AND CONCLUSIONS

The results of the research project give a broad overview of inservice training of nurses in the Witwatersrand area. It is important that no correlations should be made between results. Such comparison will be invalid because the number of respondents in various sections and organisations differs.

The results serve as guidelines for further in-depth research about aspects which are identified as possible problem areas. These areas will be discussed briefly.

Questionnaire A: Inservice trainers

- Inservice trainers spend 64 % of their time on inservice training programmes as the need arises. It can be questioned what percentage of the abovementioned is spent on assessment, planning, implementation and evaluation of inservice training and what the inservice trainer does during the remainder of the time.
- The nursing service manager plans the inservice training programme on her own 42,2 % of the time. This is not in accordance with the principle that there should be an inservice training planning committee.
- The nursing service manager's involvement in prescribing compulsory subjects 56,9 % of the time, is contrary to the principles of adult education. Adults are supposed to participate in planning their own inservice training.
- Only 28,2 % of the respondents indicated that the budget made provision for planning inservice training. Without financial aid from the organisation involved an inservice training programme can not be run successfully.
- The most general methods that are used to ascertain needs for inservice training are: participative observation (49,3 %), group discussions (51,3 %) and nursing audits (42,9 %). A suggestion box and questionnaires to employers, employees and patients are not generally used. It would be of value to be able to ascertain how much of the information obtained by the firstmentioned methods is similar to that obtained by the latter methods.
- 74,7 % of inservice trainers are of the opinion that inservice training should be compulsory. If it is considered that nursing service managers plan inservice training on their own 42,2 % of the time, the question arises to what extent nurses will be motivated to participate in inservice training if they are not involved in planning it.
- Attendance of inservice training is rewarded by testimonials (61,8 %) and the fact that nurses are enriched by attending inservice training (78,8 %).
Inservice trainers see enrichment as important. From the literature it appears that nurses who attend inservice training should receive concrete acknowledgement which will further motivate them to improve their competence as practitioners.
- Scheduled inservice training (59,2 %) occurs monthly. Nurses then know then that they receive inservice training monthly and that their employers show an interest in them by creating opportunities for them to receive such training.
- Inservice training programmes are repeated 41,8 % of the time according to need and twice times and more 44 % of the time. The repetition of inservice training programmes requires further investigation because it gives all nurses the opportunity to attend a specific programme if they could not attend it when first presented.
- Inservice trainers are of the opinion that change in behaviour (55 %), change in attitudes (48,4 %), saving of costs (46,4 %) and the promotion of motor skills (53,3 %) are the least important objectives of inservice training. These aspects form an integral part of inservice training and are necessary components of it.
- Inservice trainers mostly utilise the blackboard (52,9 %) while other facilities (aids) are used less often. This aspect needs further investigation because the use of the blackboard without other aids is less effective. Inservice trainers need guidance in the more effective utilisation of teaching aids.
- The focus of inservice trainers in planning active participation of nurses in education and training are practising of practise (61,5 %) and group discussions (64,8 %) while role play

(23,2 %) and closed circuit television (12,6 %) are used less often. Nurses can participate effectively in their training programme through role play and this method can possibly be used more often. The cost associated with closed circuit television and the fact that it is not freely available, could contribute to the fact that it is not taken into consideration when planning for active participation.

- The fact that workload is too high (38,9 %) is indicated as the main factor for poor attendance of inservice training programmes. It is important for inservice trainers to consider this aspect when planning inservice training programmes.
- Formal lectures (53,9 %), group discussions (49,6 %) and demonstrations (49,4 %) are the methods of training mostly used by inservice trainers. It is important that inservice trainers should use other teaching methods as well. An example is simulation which will promote greater involvement of nurses in their inservice training.

Questionnaire B: Persons (nurses) who receive inservice training (inservice trainees)

- High workload (22 %) and unsuitable times (19,2 %) are indicated by nurses as the most common causes for non-attendance of inservice training programmes. It is important that these factors are considered when planning inservice training programmes.
- 33,9 % of the nurses indicated that they do not participate in inservice training programmes because they were not actively involved in it. It is possible that the learning opportunities which are created in the inservice training programmes are less effective than they could be and are not based on the active involvement of trainees in the programmes.

- Nurses are of opinion that inservice training has the most effect on quality care (64,6 %), motivation (59,1 %) and the satisfaction of general needs (40,4 %) and less influence on cost effectiveness (21,4 %).

It is important that it should be brought to nurses' attention that quality care can bring about cost-effectiveness and that cost effectiveness can not be seen as an isolated factor.

- Nurses attend inservice training for professional growth (70,7 %), enrichment of knowledge (70,7 %), because it is compulsory (59,1 %) and out of interest (55,9 %). Social togetherness (8,8 %) is the smallest reason for attendance. It is important to enforce the nurses' attitude that inservice training is of value for professional growth and enrichment of knowledge.
- Nurses participate in inservice training programmes by attending the programme (57 %), participating actively in group discussions (37,4 %) and practising skills (29,7 %).

It is unsatisfactory that nurses are of the opinion that they participate in inservice training programmes by attending. More attention should be given by inservice trainers to promoting methods of active participation.

- Nurses prefer group discussions (44,1 %) and demonstrations (41,5 %) as methods of training while inservice trainers prefer formal lectures.
- These preferences of nurses for methods of training should be an important consideration in the planning and implementation of their inservice training programmes.
- Nurses are evaluated continually (55,8 %) or at the end of an inservice training programme (56,4 %). The evaluation is mostly done verbally (42,3 %).

It is important that inservice trainers should evaluate nurses in written form. This will enable them to see specifically what the professional strong and weak points of the trainees are.

- According to nurses the most general negative factors associated with inservice trainers are a monotonous voice (27,5 %) and insufficient knowledge (22,5 %).

Inservice trainers can minimise or eliminate these factors and try to present inservice training programmes more effectively.

RECOMMENDATIONS

The following recommendations about inservice training in nursing are made using the results and conclusions discussed above as guidelines.

- Inservice trainers can plan more effective inservice training programmes with the assistance of inservice training committees consisting of nursing managers, professional nurses and teachers in nursing.
- Inservice trainers can utilise a broader spectrum of methods to assess the needs for inservice training programmes. Examples are questionnaires for nurses, employers, patients and members of the community and the use of a suggestion box.
- A concrete reward for nurses who participate actively in inservice training programmes should be considered instead of only the testimonials and enrichment obtained from inservice training.
- Attention can be given to correlating effective inservice training programmes with quality patient care and cost-effectiveness in a specific health care system. Further research about this aspect is of major importance.
- The blackboard, which is used mostly by inservice trainers, is not the most effective teaching aid. Alternative aids can be integrated effectively into inservice training programmes to create learning opportunities.
- Attendance of inservice training programmes and group discussions does not indicate optimal involvement by nurses. Nurses as adult learners should be able to see, hear, speak and do for optimal learning to take place. It is

important to use other appropriate teaching methods such as simulation, where nurses are totally involved in the learning process.

- Attention can be given to the fact that nurses' high workload could possibly interfere with their attendance of inservice training programmes. Inservice training can be planned in such a way that nurses have the opportunity to attend.
- From the results it appeared that inservice trainers mostly use the formal lecture method of teaching. It is not viewed as the most effective way of adult teaching because it does not bring about optimal participation in the learning process. Other methods such as self experience exercises, simulation and practice instructions, could be used more often.
- Negative factors involving the inservice trainers, such as a monotonous voice or boring way of presentation, should be minimised or eliminated by creating opportunity for feedback from nurses about programmes.

- The eight criteria for effective inservice training can be used as a frame of reference by inservice trainers when planning inservice training.
- The results of this research project can be used as a basis for further in-depth research into the problem areas in inservice training which have been identified, such as planning as well as utilising the principles of adult and general education.

CONCLUSION

This research described inservice training in the Witwatersrand area. In order to provide this description eight criteria for effective inservice training were identified through a literature study and interviews with representatives of other occupational groups.

A questionnaire was compiled based on the eight criteria for inservice training. Section A has questions for inservice trainers and Section B has questions for nurses who receive inservice training, to ascertain how they experience such training.

Results derived from the questionnaires were processed with the aid of a SPSS computer programme into frequency tables. The frequency tables were presented under the headings of the eight criteria for inservice training, providing a broad overview of inservice training of nurses in the Witwatersrand area.

Possible problem areas identified in the results were discussed and recommendations made about the approach to inservice training in nursing.

The most important recommendations are that more attention should be given to the manner of planning inservice training and more consideration should be given to the principles of adult and general education in the presentation of the programmes. The eight criteria can serve as a frame of reference for future planning of inservice training programmes in nursing.

The results of this research study can also serve as a basis for future intensive research into the problem areas in inservice training which were identified.

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