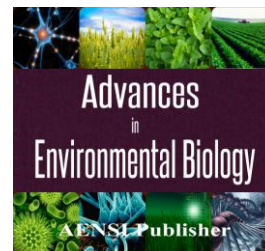




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Barriers to Lack of Implementation In-Service Training by nurses at the Bedside Patients

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ABSTRACT

Introduction: Years of in-service training are held for nurses and other medical groups in hospitals. But research indicated that it is this training are less handled in bedside patients. Therefore, for implementation of correct, complete and comprehensive programs in bedside requires effective assessment. So, the aim of this study is Barriers to Lack of Implementation In-Service training by nurses at the patients bedside. **Methods:** In this descriptive and analytical study, 200 nurses of two medical-training hospitals affiliated to Birjand University of Medical Sciences (2013) were recruited census into the study. Data were collected using Self-made questionnaire with title "Lack of Implementation In-Service training by nurses" Contains, demographic information and questions related to the research objectives in tree dimension "characteristics of individual and organizational nurses" and "Management and organization" and was the training process. Data were collected and analyzed using SPSS16 software and doing descriptive (Frequency, mean, standard deviation) and inferential statistics (T-test, Anova) and considering levels of significance ($P < 0.05$). **Results:** the most significant factors in Lack of Implementation In-Service training by nurses were: motivation (mean and standard deviation: (2.70 ± 0.19)), The large number of patients and work load (2.79 ± 0.16) and Needs Assessment Training nurses (2.73 ± 0.21). **Conclusions:** Use of in-service training by nurses in clinical for nursing quality improvement is important. Therefore, for increase the quality of training in the clinical, necessity of persistent needs assessment before implementation of the training, reduce workload and provide motivation for nurses recommended.

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INTRODUCTION

Learning is important in today's complex world. "Education" is the basis of all learnings [1] and "learning" in the dictionary meaning is defined as an "Act of acquiring knowledge with passion" and training and developing their talents in any organization is the most important duties of managers and we can say that one of the important responsibilities of managers is helping people to develop and improve their occupational abilities [2].

Improving human resources has a long and rich history and includes all activities that performed to promote and enhance the level of competence, knowledge, skills and create awareness for better clinical services [3]. In Successful organization's training new personnel is a type of investment. One type of training which in recent years has been taken into account is in-service training to promote the creativity and knowledge of staff [4].

On the other hand, human needs are also expanding, therefore, the awareness and the level of clinical nursing practice should also be considered for future progress. Nurse without background knowledge and practical skills cannot be strong enough to properly take care of the patient which eventually led to a severe injury to the patient, the family and society. In order to maintain professional standards of nursing, staff should develop and organize their knowledge of nursing care and it requires training and education [5].

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If the training of personnel in a correct and comprehensive way and employee also learn, it will have benefits which creates a sense of flexibility in personnel, reducing direct and indirect controls, coordinate on how to do things, avoid overlap and duplication of tasks and responsibilities among organizations [6].

Dramatic acceleration in all areas of the human sciences, increasing development of technology, changing jobs or job relocation, enhancement and promotion of staff, productivity and reducing occupational accidents are among the factors that makes it necessary to train staff. Therefore, to gain new knowledge and skills, nurses as the most important segment of the medical community are in need of training [3].

The importance of In-Service training became clear in the second half of the twentieth century following the explosive growth in the theoretical and practical training of nurses [1].

Goubinz (2006) in his study concluded that in-service training courses led to a reduction in staff absenteeism, reducing accidents at work, improvement of the organization and increasing efficiency, deeper insights, ability and skills in the workforce and overall increased productivity [7].

In-service training of nurses started in the years 1959 and 1960 with training public health and mental training nurses for 4-2 hours per week in Ministry of Health hospitals. This training continued informally until the Office of Nursing was established in ministry and examined the training of nurses. In 1996, the medical community's continuing education was approved and according to this law, all the nursing staff with Nursing Degree were required to attend continuing education courses for promotion and evaluation, and condition for their enhancement was having a certificate of participation in these courses. The World Health Organization to has considered the maintenance and improving the skills and performance of all health care staff for many years and it was recognized since the 27th session of the WHO in 1974 and all Member States were invited in a legislation of two paragraphs to address this issue urgently [8].

In recent years, efforts are continuing for nursing education by nursing organization and in-service has been done more seriously and a large part of the annual health care costs are spent for training manpower, specially nurses. Given the long history of in-service training program for nurses, they come in different shapes and implemented in hospitals. It is expected that the quality of nursing care is improved each year increasingly. Unfortunately, despite a long history of implementation of training programs, one cannot see any the positive effects of education on the professional practice of nurses and the improvement of the quality of nursing care. Much research in the world attests to the low quality of care and dissatisfaction with the care provided by nurses. [1,9,10]. It is noteworthy that education and training courses lone cannot help organizations achieve their goals. Education shall be established according to scientific principles and methods so that the obtained results meet existing needs [11]. Courses alone are not useful. The purpose of encouraging employees to participate in training courses, is the application of the skills learned in practice and improving the efficiency and effectiveness of the organization [12]. Kazrmi and Hamrahi, in a study titled "Pathology in-service training courses based on Syp model "demonstrated that a few although many efforts were conducted to develop and implement an apparently successful in-service training courses and a lot of time and cost spent for the course in addition to creating the motivation of learners to participate in the program, but the poor quality of the input and output as well, indicates that the system does not receive training in appropriate inputs to provide the appropriate output [13]. Investigations recognized many factors involved in the lack of effectiveness of in-service training courses such as: lack of staff training needs assessment prior to conferences, not applicable educational materials, emphasis on the use of speech, not available nursing books in hospitals, not suitable for implementation due to the climate and density according to the characteristics of employees, inadequate educational facilities, not coordinated with the educational content of the day and lack of expertise of the instructors [3,14,15,16].

Despite sporadic studies conducted in this area, more studies on the process or the effectiveness of continuing education and in-service nurses were locally focused. For example, the study of Mohammadi [3] evaluated the process of continuing education for nurses working in Ardabil hospitals and 50% evaluated in-service training conduction as moderate and Hatimi [16] studied the effectiveness of in-service training to increase knowledge, attitudes and skills of administrators, faculty and staff in an Islamic Azad University and showed that in-service training had the same effectiveness in three categories.

So far no previous study done to determine the effectiveness of in-service training and the reasons why nurses do not use it, provided a scientific method of problem solving and strategies for improving the conditions specified on the basis of the given reasons and commensurate with resource constraints and environmental organizations. As every year, a substantial budget allocated to education and the effectiveness of short term training courses to increase the skills and abilities associated with the job. It is necessary to assess the implementation of these programs. The evaluating courses provide the opportunity for proper utilization of funds and training to achieve the highest returns on investment [15]. The researcher intends to do the field research for evaluation of Barriers to lack of implementation In-Service Training by nurses in different aspects.

Methodology:

The present research is a cross-sectional study. Research population includes Nurses in hospitals of Birjand who have at least a bachelor's degree in nursing and have experience of 6 months working in hospital and also has a history of participating in the training courses. A total of 200 nurses were selected from various departments of Imam Reza (AS) and Vali hospitals based on census. For moral considerations, the researcher explained the purpose of the study to the subjects and participants and ensured that the information is confidential and they do not need to write the name of the companies in the study. Data collection instrument was a researcher-developed questionnaire of barriers to Lack of Implementation In-Service training by nurses which included nurses' demographic information (8 items) and questions about the purpose of the study, which included 31 items in 3 following personal characteristics and professional nurses (7 questions), organization and management (10 questions) and the process of education (14 items). The response to each item in the questionnaire was based on Yes (1) No (0) and if yes option was selected the items intensity was from low [1], to moderate [2] and high [3]. Scores on the Yes option was (100%) and the lowest score for No option was zero, respectively. It should be noted that in case of selecting Yes, the maximum rate would be for high option (93 points) and lowest points (31 points) would be for low option, respectively. Reliability of the instrument was determined by content validity by reading books, magazines, newspapers and use of electronic databases and research tools. And then based on the opinions of 10 professors and PhD in Nursing at the University of Tarbiat Modarres and Birjand University of Medical Sciences, the questionnaire was modified. Thus, scientific content of data collection was valid. And for the reliability of the data in this study, the method of internal consistency (Cronbach's alpha) to obtain the Cronbach's alpha coefficient of $r = 0.7$.

Immediately after completion of the questionnaire, collected data was analyzed by the Software spss16 and descriptive statistics (frequency, mean, and standard deviation), inferential statistics (t-test, one-way ANOVA). It should be noted that a significant level ($P < 0/05$) was considered in this study.

Findings:

The findings showed that 49% of nurses were between 20-30 years of age. Minimum age was 23 years and maximum age was 49 years. The mean and standard deviation, nurses age was $83/5 \pm 62/31$ respectively. The results show that most of the participants had (44%) between 1 and 5 years' experience. The lowest was (5/6%) between 11 and 15 years of experience. The mean and standard deviation of them was $92/2 \pm 85/3$, respectively. The minimum experience was 1 year and maximum of 23 years (Table 1 shows the demographic characteristics of nurses). The results showed that 43% of the nurses agreed with applicability of the training method and 32 percent were opposed to the application of them and 25% stated that training is somewhat practical. In terms of functionality and performance in the education sector (23%) were in favor and 36% opposed and (41%) stated that some of training practices can be run.

Table 1: Absolute and relative distribution of demographic characteristics of nurses.

| Percent | Frequency | Demographic characteristics of nurses | |
|---------|-----------|---------------------------------------|--------------------|
| 84% | 168 | female | gender |
| 16% | 38 | male | |
| 100% | 200 | Sum | |
| 49% | 98 | 30-20 years | age |
| 43% | 86 | 40-31 years | |
| 8% | 16 | 41 years and over | |
| 100% | 200 | Sum | |
| 31% | 62 | Single | Mrital status |
| 69% | 138 | Married | |
| 100% | 200 | Sum | |
| 48% | 96 | Official | Type of employment |
| 29% | 58 | Contractual | |
| 14% | 28 | Contract | |
| 9% | 18 | Plan | |
| 100% | 200 | Sum | |
| 92.5% | 185 | Bachelor degree | education |
| 7.5% | 15 | Master degree | |
| 100% | 200 | Sum | |
| 44% | 88 | 5-1 years | Work experience |
| 34.5% | 69 | 10.6 years | |
| 15% | 30 | 15-11 years | |
| 6.5% | 13 | 16 years and over | |
| 100% | 200 | Sum | |

Based on findings, the main obstacles to Lack of Implementation of in-service training according to the nurses was related to organizational and managerial dimension with mean and SD of $(2/65 \pm 0/41)$ and the

lowest barriers related to individual characteristics and professional nurses with mean and standard deviation ($2/04 \pm 0/37$), respectively (Table 3).

Table 3: Ranking barriers to lack of implementing in-service training in terms of dimensions

| rank | dimension | percent | Mean and SD |
|------|--|---------|-----------------|
| 1 | Organizational and managerial | 92.67 | 2/65 \pm 0/41 |
| 2 | Training process | 91.83 | 2/28 \pm 0/79 |
| 3 | Personal and professional characteristics of nurses. | 87.61 | 2/04 \pm 0/37 |

Table 4. Shows the barriers of effective use of in-service training of nurses in each dimension.

Table 4: The barriers to lack of implementing in-service training by nurses at each dimension.

| frequency Dimensions | The most important barriers in each dimension | percent | | If Yes | | | Mean and SD |
|--|--|---------|-----|--------|--------|------|-----------------|
| | | Yes | No | low | medium | high | |
| Organizational and managerial Training process | Level of motivation | %90 | %10 | %24 | %38 | %28 | 2/70 \pm 0/19 |
| | Level of Education | %86 | %14 | %10 | %14 | %62 | 2/37 \pm 0/58 |
| Personal and professional characteristics of nurses. | The large number of patients and high work density | %98 | %2 | %8 | %12 | %78 | 2/79 \pm 0/16 |
| | Plan to reform the curriculum | %94 | %6 | %12 | %18 | %64 | 2/56 \pm 0/54 |
| Organizational and managerial | Nurses Training Needs Assessment | %96 | %2 | %11 | %16 | %69 | 2/73 \pm 0/21 |
| | Duration of training | %88 | %12 | %17 | %28 | %43 | 2/44 \pm 0/53 |

According to the test, t-test revealed that there was not a significant difference in the mean scores of gender, marital status, and education by means of a questionnaire, ($p > 0/05$) and one-way ANOVA (Anova) showed that there was not a significant difference between the mean scores of the questionnaire with respect to age, employment status and nursing experience ($p > 0/05$).

Discussion:

Education and training of skilled, competent and effective nurses are important factors in improving and proportionating and thus ensuring the health of the community. Participating in-service training alone is not useful. The purpose of encouraging employees to participate in training courses is to use the skills learned in practice and in improving the efficiency and effectiveness of the organization. In fact, the present study introduces a set of criteria to define the use of training for nurses.

The results of this study showed that 32% of nurses at the bedside are opposed to the use of in-service training, and 36% stated that this training is in clinical applicability. If the study Nalle et al., the role of in-service training to improve the knowledge and skills of nurses at the bedside tool was useful to 83% [17]. It seems that this difference can be due to conduct in-service training programs (No use of in-service training programs, in particular the principle of continuity, repetition and practice, and ultimately effective feedback being a participant in them). In-Service training if correctly held can be a part of the rehabilitation and the development of human resources.

One of the most important items that nurses emphasize the importance of the effectiveness of in-service training is the motivation of nurses in training as 90% of nurses had acknowledged that this factor is important in effect of training but it is not fully considered in hospital. Boyt and colleagues (2001) showed that a reward leads to increased job satisfaction, improved quality of care and ultimately improved patient satisfaction [18].

According to the Danish and Osman (2009) organizations to further impact the performance of employees should note that what the employees are being offered and thus to increase their motivation and job satisfaction and provide greater recognition and reward programs [19]. Obviously, if there is insufficient and inappropriate incentives in the nurses even if the desired content and teaching methods are used in in-service training programs, effectiveness in clinical training would not be desirable.

Content planning and implementation of in-service training based on audience views, the design and implementation of a system for needs of stakeholders and experts, the use of new methods of teaching programs and to provide program evaluation with follow-up after training, in-service training of nurses can enhance motivation and active participation of students in programs [20].

The results showed that 96% of nurses believe that conducting training needs assessment before the presentation is the effectiveness on in-service training for effective learning. In support of this research in 2004, Mohammadi and Dadkhah showed that 59.8% of nurses do not believe that their training needs assessment prior conferences to [3]. Parsa and Ghanbari in 2009 showed that 64.1% of total training purposes do not fit the needs of the participants [21]. Farmani and colleagues found that 3/52% of nurses assessed the match between the content of the vocational in-service training needs as medium [22]. Mousavi et al in a prospective study on 228

patients at hospitals affiliated to Tehran University of Medical Sciences showed that 80% of nurses during a training class learn information which does not fit with their work and 60% of nurses disagreed with training and this retraining approach [23].

Bahn in his study found that to improve the quality of in-service training, the adaptation of content to the needs of nursing education is important [24]. According to these studies, it is concluded that training courses for nurses are not significant in concrete and real needs. If planning is based on staff training needs and since assessment is in fact one of the key steps only by knowing the exact training needs, the main topics will be given in-service training program. Finally, the factors such as the selection of suitable individuals to participate in training courses, according to the principles and practices of adult education and types of nurses (part) can all affect the effectiveness of in-service training program. Therefore, there should be a leader, planner and executor with college education in hospitals for proper implementation of in-service training.

Improper pressure and workload of nurses (98%) to provide in-service training at the bedside was also another influential reason. Jalali believes that mandatory overtime, hard work and a shortage of nurses has reduced the chance to participate in training programs [25]. Dent in the study found that 40% of nurses and 47% of nurses are busy at work and lack time to participate in continuing education courses [26]. Panz stated that full-time work was a barrier to participation in training programs and finally transfer the training to the job [27]. It appears that in-service training programs are done regardless of working pressure for nurses. Reducing workload, increasing manpower and reduced working hours lead to increasing the participation of nurses in service training courses and providing effective education to patients.

Among the limitations of this study was that it was a cross-sectional study, connecting the intertwining strands to validate methods such as interviews and clinical assessment and also that the quality of mental health nurses affected their response to questions.

Conclusion:

Implementation of in-service training of nurses is important since the implementation of the principles and standards of education can affect quality of care. Consequently, to improve the quality and impact of these programs on knowledge and practice of nurses, it is suggested:

1. Subject and execution procedures of in-service training should be revised
2. The continuous evaluation and assessment of nurses should be done before and after in-service training
3. The appropriate time to hold training, reduce the workload of nurses and motivate them to complete the program should be provided.

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