

The exploration of in-service training needs of psychiatric nurses

Mini-dissertation submitted in partial fulfilment of the requirements for the degree Magister Curationis in Psychiatric Nursing Science at the Potchefstroom Campus of the North-West University.

By

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God knew that no one could survive alone and therefore gave each one of us people who support and love us unconditionally. First and foremost: Thank you, heavenly Father, for guiding me through all challenges because I know it is not through my own strength and intelligence that I am where I am today.

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ABSTRACT

New research findings, changes in legislation and the use of information technology in nursing, requires continuous in-service training of psychiatric nurses (Booyens, 2004:381; Muller, 2004:294) to cope with, reflect on, evaluate and modify their clinical practice based on emerging knowledge (Cowen *et al.*,2009:2; Polit & Beck, 2006:4). Many studies have been conducted on the importance of in-service training, and authors agree that in-service training improves the quality of nursing care. However few studies on in-service in South Africa and psychiatric nursing science have been conducted, of which the last study conducted on psychiatric nursing science in South Africa was 1986 (Nel, 1986:1-125). Personal observations found that some psychiatric hospitals in Gauteng do not conduct in-service training at all and informal discussions held with nursing managers highlighted that when in-service training programmes are compiled that are poorly followed, and it is unclear what the needs of psychiatric nurses are in terms of in-service training to keep them updated and empowered to perform to the best of their ability.

The objectives of the study were to explore and describe the needs and benefits of in-service training for psychiatric nurses in a specific psychiatric hospital in Gauteng and to formulate recommendations for in-service training for psychiatric nurses in this hospital.

The research project followed a qualitative, explorative, descriptive and contextual approach. Six focus group interviews were conducted and relevant data obtained. The findings of this research included seven main themes, namely the need for in-service training, career advantages, social advantages, physical advantages, psychological advantages of in-service training, recommendations regarding in-service training and factors that hinder in-service training. These findings were enriched with direct quotations from the transcriptions as verbalized by psychiatric nurses during focus group discussions. The findings were compared with available relevant literature for confirmation.

Recommendations were formulated for nursing education, nursing research and nursing practice that focus on in-service training for psychiatric nurses.

Key words: In-service training, psychiatric nurse, in-service training needs.

OPSOMMING

Nuwe navorsingsbevindinge, veranderinge in wetgewing en die gebruik van inligtingstechnologie vereis die voortdurende indiensopleiding van psigiatriese verpleegkundiges (Booyens, 2004:381; Muller, 2004:294) om op grond van ontluikende kennis hul kliniese praktyk te hanteer, daarvoor na te dink en dit aan te pas (Cowen *et al.*, 2009:2; Polit & Beck, 2006:4). Talle studies is uitgevoer oor die belangrikheid van indiensopleiding en outeurs stem saam dat indiensopleiding verbeter die gehalte van verpleegsorg. Min studies oor indiensopleiding en psigiatriese verpleegkunde is egter in Suid-Afrika uitgevoer waarvan die vorige studie oor psigiatriese verpleegkunde in Suid-Afrika laas in 1986 uitgevoer is (Nel, 1986:1-125). Volgens persoonlike waarnemings voer sommige psigiatriese hospitale in Gauteng glad nie indiensopleiding uit nie. Informele besprekings wat met verplegingbestuurders gevoer is, dui aan dat wanneer indiensopleidingsprogramme ontwerp word, word dit swak gevolg en dit is onduidelik wat die behoeftes van psigiatriese verpleegkundiges is om hulle deur middel van indiensopleiding ingelig en bemagtig te hou sodat hulle tot die beste van hul vermoë kan presteer.

Die doelwitte van die studie was om die behoeftes aan en voordele van indiensopleiding te verken en te beskryf met betrekking tot psigiatriese verpleegkundiges in 'n spesifieke psigiatriese hospitaal in Gauteng, en om aanbevelings oor indiensopleiding vir psigiatriese verpleegkundiges in dié hospitaal te maak.

Die navorsingsprojek het 'n kwalitatiewe, verkennende, beskrywende en kontekstuele benadering gevolg. Ses onderhoude met fokusgroepe is gevoer en tersaaklike data ingesamel. Die bevindinge van hierdie navorsing het sewe hooftemas ingesluit, naamlik die behoefte aan indiensopleiding, asook die loopbaan-, maatskaplike, fisiese en sielkundige voordele van indiensopleiding, aanbevelings oor indiensopleiding en faktore wat indiensopleiding belemmer. Dié bevindinge is met direkte aanhalings van die transkripsies verryk, soos deur die psigiatriese verpleegkundiges tydens fokusgroepebesprekings bewoord is. Die bevindinge is ter bevestiging met die beskikbare literatuur vergelyk.

Aanbevelings is oor verpleegopleiding, -navorsing en -praktyk geformuleer wat op indiensopleiding vir psigiatriese verpleegkundiges toegespits word.

Sleutelwoorde: Indiensopleiding, psigiatriese verpleegkundige, behoeftes aan indiensopleiding

DECLARATION

I hereby solemnly declare that this research study into “*The exploration of in-service training needs of psychiatric nurses*” is my own work and that it has never been submitted for any degree or examination at any other university. I declare that all the sources used or quoted in this study is indicated and acknowledged in the reference list.

Full name : Herman Rrankele Letlape
Date : March 2012
Signed :

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CHAPTER 1: OVERVIEW OF THE STUDY

1.1 INTRODUCTION

In this chapter the background, problem statement, research questions, research objectives, paradigmatic perspective and research methodology will be discussed.

1.2 BACKGROUND

The organisations providing health care services have a responsibility of ensuring that nursing care rendered by nurses is of the highest quality (Booyens, 2004:381) and (Harrington, 1989:28-31). The quality of nursing care can only be improved if nurses are regularly informed about modern developments in medicine and nursing through in-service training (Erasmus *et al.*, 2009:3) and (Harrington, 1989:28-31).

In-service training is one of the activities in the workplace that keeps nurses informed and equips them to perform to the best of their abilities (Muchinsky, Kriek & Schreuder, 2003:167). In-service training is defined by Muller (2004:294) as the informal training of nurses to improve their professional knowledge, skills and attitudes according to the demands of the nursing unit and according to Abruzzese (1996:3) as the key to quality nursing care. In-service training commenced with Florence Nightingale's efforts during the Crimean war, when she trained the nurses she was working with, to improve the quality of care they were providing (Abruzzese, 1996:3). The purpose of in-service training, according to Muller (2004:294), is to facilitate the more effective functioning of nurses within a team context in a unit, to rectify shortcomings in the nurses' knowledge, skills and attitudes, to prepare the nurses for the changes that are implemented by the nursing service and to manage risks before complicating into health disasters (Harrington, 1989:28-31). According to Booyens (2004:381) the quality of patient care rendered by nurses can be directly related to their knowledge and skills. Nursing managers who invest in ongoing in-service training are rewarded with better patient care as a result of nurses becoming more motivated to perform to the best of their ability (Booyens, 2004:381; Erasmus *et al.*, 2009:3).

The South African Nursing Council (SANC) expects psychiatric nurses to treat patients in a manner that shows respect for the patients' constitutional rights, their dignity, psychological integrity and equality (Nursing Act No 33, 2005:10). The basic training of nurses prepares them to become competent practitioners in their workplaces; however they are faced with the challenge of adjusting to their new role as professional nurses which is demanding (Procter & Hafner, 1991: 845-846) and (Strasser *et al.*, 2005:134). In-service training can prepare these newly qualified professionals to integrate previously acquired basic science information with

performance skills and competencies (Ewan & White, 1991:2) and (Muchinsky *et al.*, 2003:167-168). For nurses to experience job satisfaction and to constantly perform to the expected standard, continuous in-service training is required (Bezuidenhout *et al.*, 1998:109) and (Booyens, 2001:168). All the preceding authors view in-service training as an important part of nursing which aims at improving the quality of nursing care, especially as nursing is faced with ongoing demands and challenges which can result in staff turnover related to job dissatisfaction, in risks of harm to patients and nurses being sued by patients and their relatives (Nursing strategy for South Africa, 2008:15).

In any nursing unit risks exist and the areas of risk include patients, visitors, health personnel and the nursing environment (Meyer, *et al.*, 2004:241). As mentioned above, one of the major purposes of in-service training is to manage these risks to prevent the occurrence of medico-legal hazards. Quality nursing care is achieved when the nursing environment is safe and free from medico-legal hazards. Furthermore, according to Bezuidenhout *et al.*, (1998:109) in-service training enables nurses to be more productive which means nurses render quality, efficient and effective nursing care to their patients. Muchinsky *et al.*, (2003:168) concurs with Bezuidenhout *et al.*, (1998:109) pointing out that in-service training narrows the gap between job demands and the nurses' attributes.

The preceding discussion highlights the importance of in-service training for nurses. Psychiatric nurses are faced with even more challenges of providing care for people who can be verbally and physically abusive, who lack motivation and who neglect themselves (Willets & Leff, 2003:237). Service delivery suffers because of workload pressure, varying competency levels and experiences of psychiatric nurses (Munro *et al.*, 2006:1431-1432). According to Willets and Leff (2003:237), in-service training increases the psychiatric nurse's knowledge and skills in managing psychiatric patients. Bostrom *et al.*, (2007:117) state that the psychiatric nurse uses verbal and non-verbal communication skills as a primary therapeutic agent as compared to the procedures and physical interventions used by the medical-surgical nurse. Psychiatric nurses' need continuous in-service training to update their knowledge on treatment procedures to ensure consistent, quality patient care in the demanding psychiatric nursing field (Bloor *et al.*, 2004:39-41).

Internationally, research regarding in-service training has been conducted in various countries. Bloor *et al.*, (2004:39) investigated the impact of training courses on psychiatric nurses in Russia. The project was one of several partnership projects carried out with the psychiatric services and the substance addiction services in Russia over seven years. The focus of the project was to develop a cultural change in the management of violence and aggression, and

the professionals' ability to question existing practice and develop new methods of treatment and training. The need for training psychiatric nurses in the management of aggression and violence was identified. This project demonstrated the importance of nurses' training as a potent agent for organisational change.

In England, Willets and Leff (2003:237-243) investigated the efficiency of a staff training programme to improve the knowledge and skills of psychiatric nurses. An effective staff training programme was adopted and conducted over ten sessions, addressing a wide range of issues relating to the management of mentally ill patients. The impact of the programme was examined using a knowledge questionnaire and a semi-structured questionnaire to explore the range and usage of management strategies by nurses. The main conclusion was that the training programme was effective in increasing the knowledge and skills of psychiatric nurses. In a further study, in England, Munro *et al.*, (2006:1430-138); Lam *et al.*, (1993:233-237) and Gournay (2000:243-249) found that in-service training increases the knowledge and skills of staff members and should be used in a variety of psychiatric nursing hospitals.

In Switzerland, Needham *et al.*, (2005:649-655) investigated the effect of a training course in aggression management on psychiatric nurses' perceptions of aggression. At that time it was not clear from literature, whether psychiatric nurses' attitudes towards patients' aggression influenced the formers' behaviour towards the latter and if the enhanced capacity of psychiatric nurses to cope with aggressive patients would nurture positive attitudes and alleviate adverse feelings emanating from patients' aggression. However, findings from the study indicated improvement in the psychiatric nurses' perceptions of patients' aggression after receiving a training course in aggression management. This result confirms the importance of in-service training for psychiatric nurses.

Psychiatric nursing is continuously changing, much like the other nursing fraternities. The changes are brought about by new research findings, for example the formulation of atypical anti-psychotic drugs which are producing less severe side effects compared with the typical anti-psychotic drugs which were used before establishing these new drugs (Bostrom *et al.*, 2003:214). Changes in legislation, for example the Mental Health Act 18 of 1973 which emphasized hospital care, was amended and the new Mental Health Act No 17 of 2002 which emphasizes community-based care was promulgated (Uys & Middleton, 2004:89). The use of technology to manage information in nursing, such as the use of computers to store and to transfer information, places a challenge on nurses (Erasmus *et.al.*, 2009:3) and (Harrington, 1989:29). New research findings, changes in legislation and the use of information technology

in nursing, requires psychiatric nurses to be continuously in-service trained to cope with the demands of nursing services (Booyens, 2004:381) and (Muller, 2004:294).

Nationally, a number of studies have been conducted on in-service training for nurses, the majority of which were conducted prior to 1990 and were not related to psychiatric nursing. Some of the in-service training studies conducted in South Africa include Poggenpoel *et al.*, (1985:48-52) who investigated the criteria for effective in-service training. The result produced nine criteria for effective in-service training that can be used as a frame of reference by in-service trainers when planning in-service training:

- In-service trainers can plan more effective in-service training programmes with the assistance of in-service training committees which consist of all categories of nurses.
- In-service trainers can utilize a broader spectrum of methods to assess the needs for in-service training programmes.
- A concrete reward for nurses who participate actively in in-service training programmes should be considered instead of only the testimonial and enrichment obtained from in-service training.
- Attention should be given to correlating effective in-service training programmes with quality patient care and cost effectiveness in a specific health care system.
- If the blackboard which is used mostly by in-service trainers is not an effective teaching aid then alternative teaching aids should be integrated to provide more effective teaching.
- If the attendance of in-service training programmes and group discussions does not indicate optimal involvement of nurses then other teaching methods such as simulation where the nurses are totally involved in the learning process should be considered.
- The nurses' high workload should be taken into consideration as it has the possibility of interfering with the attendance of in-service training programmes. In-service training should therefore be planned in such a way that nurses are able to attend.
- Negative factors involving in-service trainers such as a monotonous voice or a boring presentation manner should be minimized by creating opportunity for feedback from nurses about the way in-service training is conducted.
- In-service trainers should consider nurses as adult learners and encourage active participation in the learning process.

Further to this, Harrington (1989:28-31) investigated in-service training in a private general hospital. The researcher was concerned with the declining professional development and in-

service training of nurses and identified the importance of in-service training as well as ways of conducting successful in-service training. Carolus *et al.*, (1989:26-27) and Norushe *et al.*, (2004:63) also investigated in-service training in South Africa as experienced by registered nurses and midwives. The conclusions from these studies highlight the fact that in-service training improves the quality of nursing care.

The only study conducted in psychiatric nursing in South Africa was done by Nel (1986:1-125) who investigated the effect of in-service training on the quality of psychiatric nursing care for mentally retarded patients. The conclusion was that psychiatric nurses working in centres for mentally retarded patients should receive continuous in-service training in order to improve the quality of care they render to their patients. Clearly all these authors agree that in-service training improves the quality of nursing care.

1.3 PROBLEM STATEMENT

New research findings, changes in legislation and the use of information technology in nursing, requires continuous in-service training of psychiatric nurses (Booyens, 2004:381; Muller, 2004:294) to cope with, reflect on, evaluate and modify their clinical practice based on emerging knowledge (Cowen *et al.*,2009:2; Polit & Beck, 2006:4). Many studies have been conducted on the importance of in-service training, and authors agree that in-service training improves the quality of nursing care. However few studies on in-service training in South Africa and psychiatric nursing science have been conducted, of which the last study conducted on psychiatric nursing science in South Africa was 1986 (Nel, 1986:1-125). Personal observations found that some psychiatric hospitals in Gauteng do not conduct in-service training at all and informal discussions held with nursing managers highlighted that when in-service training programmes are compiled they are poorly followed, and it is unclear what the needs of psychiatric nurses are in terms of in-service training to keep them updated and empowered to perform to the best of their ability.

The following research questions therefore arose:

- What are the in-service training needs of psychiatric nurses in a selected psychiatric hospital in Gauteng?
- What are the benefits of in-service training as recorded by psychiatric nurses in that selected psychiatric hospital in Gauteng?

1.4 RESEARCH OBJECTIVES

- To explore and describe the in-service training needs of psychiatric nurses in a selected psychiatric hospital in Gauteng.
- To explore and describe the benefits of in-service training for psychiatric nurses in that selected psychiatric hospital.
- To formulate recommendations for in-service training for psychiatric nurses.

1.5 PARADIGMATIC PERSPECTIVE

The paradigmatic perspective of this research includes meta-theoretical, theoretical and methodological assumptions.

1.5.1 Meta-theoretical assumptions

Meta-theoretical assumptions refer to the researcher's beliefs about the person, environment, health and psychiatric nursing as applicable to this research.

1.5.1.1 Person

The researcher believes that a person is a developing self-system composed of biochemical, psychological, physiological and interpersonal characteristics and needs. Development occurs as a result of interaction with significant others (Fitzpatrick & Whall, 1983:28), and in-service training provides opportunity for interaction and sharing of information which leads to personal development, professional growth and increased self confidence in psychiatric nurses, the persons in this research.

1.5.1.2 Environment

Environment refers to a dynamic ecological system within which human life nurtures and unfolds (Pinkoane, 2005:14). Environment encompasses both the internal and external environment. The internal environment includes the psychiatric nurse's body, mind and spirit and the external environment includes the cultural forces and societal values significant to personality development (Fitzpatrick & Whall, 1983:29). The psychiatric nurse's internal and external environment influences participation in in-service training. In this study, external environment refers to a selected psychiatric hospital in Gauteng where this study was conducted.

1.5.1.3 Health

Peplau defines health as a symbol that implies forward movement of personality and other ongoing human processes in the direction of creative, constructive and productive community living (Fitzpatrick & Whall, 1983:32). Health promoting behaviours are those which facilitate need satisfaction, self-awareness and meaningful integration of life experiences (Fitzpatrick & Whall, 1983:32). In-service training provides a platform for psychiatric nurses to share their knowledge and work experiences in improving the quality of nursing care which ensures patients safety and possibility of patients' speedy recovery.

1.5.1.4 Psychiatric nursing

Psychiatric nursing refers to an interactive process where the psychiatric nurse as a sensitive, therapeutic professional, facilitates the promotion of psychiatric nursing care through the mobilization of resources and interaction with other health workers. The psychiatric nurses' specialized knowledge and skills need to be improved continuously by in-service training to ensure that quality nursing care is rendered (Poggenpoel, 1994:54).

1.5.2 Theoretical statements

Theoretical statements include the central theoretical statement as well as conceptual definitions of the main concepts applicable to this research.

1.5.2.1 Central theoretical statement

The exploration and description of the needs and benefits of in-service training according to psychiatric nurses in a selected psychiatric hospital in Gauteng, will lead to the development of recommendations for in-service training.

1.5.2.2 Conceptual definitions

The key concepts of this study are **in-service training**, **psychiatric nurses** and **in-service training needs**.

1.5.2.2.1 *In-service training*

In-service training according to Muller (2004:294) refers to the more informal training of personnel to improve their professional knowledge, skills and attitudes according to the demands of the unit. Kaye-Petersen (2004:20) concurs with Muller stating that in-service training as part of continuous professional development is the maintenance and enhancement of

knowledge, expertise and competence of professionals throughout their careers, according to the plan formulated with regards to the needs of the professional, employer, the profession and society. Booyens (2004:384) and Muchinsky *et al.*, (2003:168) view in-service training as the systematic acquisition of attitudes, concepts, knowledge, roles or skills that result in improved performance at work. For the purpose of this study in-service training refers to the sharing of knowledge, expertise, skills and experiences of psychiatric nurses which leads to improved working relationships, increased self confidence and the rendering of quality nursing care by psychiatric nurses.

1.5.2.2.2 *Psychiatric nurse*

The psychiatric nurse is a professional who is educated to be able to interact with the patient in a goal directed way to assist him/her to mobilize his/her environmental resources to facilitate his/her quest for mental health as an integral part of health (Koen, 1991:8) and (Poggenpoel, 1994:54). Molepo (2008:21) concurs with Koen and Poggenpoel stating that the psychiatric nurse is a sensitive therapeutic professional who demonstrates facilitative knowledge, skills, attitudes and values in the promotion of mental health. For the purpose of this study, a psychiatric nurse is a professional nurse who is registered with SANC as a psychiatric nurse, working for the Department of Health in a selected psychiatric hospital in Gauteng.

1.5.2.2.3 *In-service training needs*

In-service training needs refer to gaps in the knowledge and skills which are required or necessary for the effective functioning of nurses (Allen, 1999:793), (Bastable, 1997:58) and (Klopper, 2001:75). For the purpose of this study, in-service training needs are gaps of knowledge and skills in psychiatric nurses working in a selected psychiatric hospital in Gauteng.

1.5.3 Methodological statements

The methodological statements guiding this research are based on Botes's research model (2002:15). The Botes research model is divided into three interlinked levels of nursing activities which function in a specific relationship with each other (Botes, 1995:14).

The first level represents the practice of nursing, which forms the research domain for nursing. In this study this level is represented by the needs and benefits of in-service

training for psychiatric nurses in a selected psychiatric hospital in Gauteng. The second level of Botes' model represents nursing research and theory development. On this level the researcher conducts a study on the identified problem by making study decisions within the framework of study determinants which include the researcher's assumptions, the research problem, the research objectives, the research context and the characteristics of the research field. The results of the study are then added to the scientific knowledge of nursing and directly applied to the nursing practice (Botes, 1995:6). This study explored and described the needs and benefits of in-service training for psychiatric nurses in a selected psychiatric hospital in Gauteng. Furthermore the researcher analysed the needs and benefits of in-service training for psychiatric nurses in a selected psychiatric hospital in Gauteng in order to formulate recommendations for in-service training for psychiatric nurses. On the third level, the researcher's paradigmatic perspective of psychiatric nursing is presented. The paradigmatic perspective includes the meta-theoretical, theoretical and methodological assumptions of the researcher, which directly influence the nursing practice, the research methodology and the interpretation of the data (Botes, 1995:7).

1.6 RESEARCH DESIGN

The research design of this study is a qualitative in nature and was used along with exploratory, descriptive and contextual research strategies, so as to achieve the objectives of the study. A qualitative design is a systematic, interactive and subjective approach used to describe life experiences and give them meaning (Burns & Grove, 2009:22). A detailed discussion will follow in Chapter 2.

1.7 RESEARCH METHOD

According to Botma *et al.*, (2010:199) the research method refers to data gathering (sampling, role of the researcher and research methods for data gathering), data analysis and ensuring rigour of the study. The research method will be illustrated briefly in Table 1.1 and the detailed discussion will follow in Chapter 2.

Table 1.1: Overview of the research methodology

RESEARCH OBJECTIVES	POPULATION AND SAMPLE	DATA COLLECTION	DATA ANALYSIS	RIGOUR
<ul style="list-style-type: none"> To explore and describe the in-service training needs of psychiatric nurses in a selected psychiatric hospital in Gauteng. To explore and describe the benefits of in-service training for psychiatric nurses in that selected psychiatric hospital. 	<ul style="list-style-type: none"> Population refers to psychiatric nurses employed in a selected psychiatric hospital in Gauteng. Purposive sampling method was used to select participants. Participants met the following inclusion criteria: <ul style="list-style-type: none"> Psychiatric nurses employed by Gauteng Department of Health as psychiatric nurses in a selected psychiatric hospital. 	<p>Focus group interviews were used to collect data.</p> <p>The questions for data collection were developed from literature related to in-service training.</p> <p>The following questions were asked:</p> <ul style="list-style-type: none"> What are your in-service training needs as psychiatric nurses? What are the benefits of doing in-service training? What can be done to ensure that in-service training is done continuously? 	<p>Data was analysed using Tesch's eight steps of data analysis (Creswell, 1994:153-159).</p> <p>A work protocol was handed to an experienced co-coder to analyse collected data independently and confirm the accuracy and relevance of research findings (Polit & Beck, 2006:336).</p> <p>A consensus discussion was held with the co-coder.</p>	<p>The trustworthiness of the research findings was ensured through the criteria of:</p> <ul style="list-style-type: none"> credibility dependability confirmability transferability.

RESEARCH OBJECTIVES	POPULATION AND SAMPLE (cont.)	DATA COLLECTION	DATA ANALYSIS	RIGOUR
	<ul style="list-style-type: none"> - Psychiatric nurses had at least six months clinical experience in psychiatric nursing; - Psychiatric nurses were registered with SANC as professional nurses; - Psychiatric nurses were willing to sign consent forms to participate in the study and to be audio taped. 			

RESEARCH OBJECTIVES	POPULATION AND SAMPLE	DATA COLLECTION	DATA ANALYSIS	RIGOUR
<ul style="list-style-type: none"> To formulate recommendations for in-service training for psychiatric nurses. 	Findings from objective 1 and 2.	Findings from objective 1 and 2.	Findings from objective 1 and 2.	<p>The trustworthiness of the research findings was ensured through the criteria of:</p> <ul style="list-style-type: none"> credibility dependability confirmability transferability.

1.8 FURTHER CHAPTER LAYOUT

- Chapter 2 : Research design and method
- Chapter 3 : Research findings, literature control and integrative summary of research findings.
- Chapter 4 : Limitations, recommendations, and conclusion of the study

1.9 SUMMARY

Chapter 1 covered the background and problem statement, research question, research objectives, paradigmatic perspective and a short description of the research design and method as illustrated in Table 1.1. In Chapter 2 the research design and method will be discussed in detail.

2.1 INTRODUCTION

In this chapter a detailed description of the research design and method of this study will be discussed.

2.2 RESEARCH DESIGN

According to Burns and Grove (2009:218) a research design is a blueprint for conducting a study that maximizes the control over the factors that can interfere with the trustworthiness of the findings of the study. The research design and method guides the researcher in planning and implementing the study in a way that is most likely to achieve the research objectives. A qualitative design with explorative, descriptive and contextual strategies was used to explore and describe the needs and benefits of in-service training for psychiatric nurses in a selected psychiatric hospital in Gauteng.

2.2.1 Qualitative

The research design of this study was qualitative and aimed at exploring and describing the needs and benefits of in-service training for psychiatric nurses in a selected psychiatric hospital in Gauteng. A qualitative design is a systematic, interactive and subjective approach used to describe life experiences and give them meaning (Burns & Grove, 2009:22). The researcher spent 1-2 hours with different groups of psychiatric nurses in a selected psychiatric hospital in Gauteng, using a precise systematic process to collect and analyse data to get psychiatric nurses perceptions and experience of in-service training . The qualitative design allowed the researcher to get clear understanding of the needs and the benefits of in-service training according to psychiatric nurses in a selected psychiatric hospital in Gauteng.

2.2.2 Explorative

When a study is explorative, it attempts to uncover the relationships and dimensions of a phenomenon (Verwey *et al.*, 2008:32) and (Polit & Beck, 2006:20). The purpose of this study was to explore the needs and benefits of in-service training according to psychiatric nurses in a selected psychiatric hospital in Gauteng. The researcher used different communication skills to get a deeper understanding of psychiatric nurses' perception and experiences of in-service training in a selected psychiatric hospital in Gauteng.

2.2.3 Descriptive

The descriptive design aims to improve understanding about a phenomenon within a particular study and to provide a view of situations as they happen naturally (Polit & Beck, 2006:20) and (Burns & Grove, 2005:3). Focus group interviews were conducted to describe, delineate and elucidate the needs and benefits of in-service training according to psychiatric nurses in a selected psychiatric hospital in Gauteng.

2.2.4 Contextual

The study was conducted in Gauteng which is the highest populated province in South Africa with a population density of 10.5 million calculated in 2007 (Statistics South Africa, 2011:1). Gauteng has three main psychiatric hospitals, one of the biggest of which was selected for this study. The hospital is situated in the Westrand; has a bed capacity of over 600 beds and employs over 100 psychiatric nurses who work different shifts to ensure that there is continuity of care when other psychiatric nurses are off-duty. Patients who are admitted in this hospital are suffering from different mental conditions which include schizophrenia, bipolar mood disorder, anxiety disorders and substance related psychosis. In the two months of data collection, Wednesdays of every week was used to collect data because most psychiatric nurses were available on this day.

2.3 RESEARCH METHOD

The research method includes a description of population and sampling, data collection and data analysis.

2.3.1 (a) Population and sampling

Population is defined by Brink (2002:132) and Burns and Grove (2009:344) as the entire set of individuals who meet the sampling criteria of the researcher. The target population of this study was psychiatric nurses working in a selected psychiatric hospital in Gauteng. The targeted psychiatric hospital is discussed in 2.2.4.

b) Sampling method

According to Brink (2002:133), the sample is a part of or a fraction of the target population selected by the researcher to participate in a study. Purposive sampling as described by Macnee (2004:107) was used to select participants from the identified population. Purposive sampling chooses participants who are judged to be typical of the population in question. In this study, the researcher, with the assistance of the training coordinator, selected psychiatric nurses who were knowledgeable about in-service training in a selected

psychiatric hospital in Gauteng (Polit & Hungler, 1997:229). Participants met the following inclusion criteria:

- Psychiatric nurses employed by Gauteng Department of Health as psychiatric nurses in a selected psychiatric hospital, who had at least a minimum of six months clinical experience in psychiatric nursing;
- Psychiatric nurses registered with South African Nursing Council as professional nurses;
- Psychiatric nurses willing to sign a consent form to participate in the study; and
- Psychiatric nurses willing to be audio taped during focus group interviews.

The researcher had individual discussions with the psychiatric nurses who met the selection criteria. The aim of the discussion was to obtain the contact details of potential participants to keep participants informed about dates and times for focus group interviews and provide participants with an opportunity to ask questions related to the study (Burns & Grove, 2009:514).

c) Sampling size

Data was collected from the psychiatric nurses by means of focus group interviews. The aim was to explore and describe the needs and benefits of in-service training for psychiatric nurses in a selected psychiatric hospital in Gauteng. Six focus group interviews, inclusive of the trial run, were conducted and data saturation was reached, which means the focus group interviews were conducted until the nurses' information about in-service training needs and benefits become repetitive and redundant (Macnee, 2004:116). Five psychiatric nurses participated in the focus group interviews; the only exception was in the third and fourth sessions where four psychiatric nurses participated. A total of 28 psychiatric nurses participated in the study.

d) Trial run

A trial run was conducted on a small scale in preparation for the research to test the applicability of the questions for the main interview and the communication skills of the researcher (Mottelle, 2003:22). A group of five psychiatric nurses were included in the trial run focus group interview. The study leaders were given the transcribed interviews and the questions asked during the trial run. They suggested more probing in the manner in which questions were asked and made suggestions which could be used to obtain more information for further data collection. The trial run interview was also included in the study and analysed as part of the data gathered.

2.3.2 Data collection

A detailed description of the data collection included the role of the researcher, physical environment and method of data collection.

2.3.2.1 Role of the researcher during data collection

The researcher requested permission to conduct the research from the North-West University (NWU) Ethics Committee and it was granted (Appendix B). Permission was also requested to conduct the study in the Gauteng Province (Appendix A). The permission was granted (Appendix C). Permission was also requested and granted by the selected psychiatric hospital in the Westrand (Appendix D). The nursing manager delegated a training coordinator to assist in the selection of psychiatric nurses who met the selection criteria as explained in the sampling method. The nursing manager also agreed to release participants for 1-2 hours to participate in the study on the day of data collection. Flyers with information were distributed to different wards (Appendix G), the purpose of which was to inform psychiatric nurses about the study and its aim.

Constant contact was kept with the potential participants to keep them updated about dates of focus group meetings. The training coordinator assisted in recruiting participants and grouping them according to their experience, in order to facilitate open discussions (Burns & Grove, 2005:543), (McMillan & Weyers, 2010) and (Morgan, 1998: 9). The aims of the focus group were clarified before interviews began. Participants were encouraged to express their views about the interviews and topic. The participants were made aware of the fact that all points of view were valid, helpful and that there was no need to defend points that arose from the interviews. The researcher clarified his role to the participants namely, to facilitate, not contribute, to the group interviews. On the day of data collection, consent forms were obtained from the participants to participate in the study, after which focus group interviews were conducted (Appendix H).

2.3.2.2 Physical environment

A venue was booked at a selected psychiatric hospital. The room was organized in such a way that it was removed from activities in the hospital; it had no telephone, was well ventilated, and cleaned to make participants feel at ease and to ensure that the group interviews could take place uninterrupted. The hospital staff members were made aware of the study to prevent disturbances during focus group interviews

and a sign was placed on the door stating “PLEASE DO NOT DISTURB, RESEARCH INTERVIEWS IN PROGRESS”. Chairs were arranged in a semi-circle to allow the researcher to maintain eye contact with all the participants. Sufficient space was left between the chairs to ensure comfort and to respect the participants’ personal space. There were no barriers between the participants and the researcher. All interviews were conducted using English language. The tape recorders were placed strategically so that they did not disturb the concentration of the participants. According to Burns and Grove (2005:543) each focus group must have four to eight participants because fewer participants tend to result in inadequate discussion.

2.3.2.3 Method of data collection

Data was collected through focus group interviews. According to Krueger (*in* Kingry *et al.*, 1990:124) a focus group interview is a carefully planned group interview designed to obtain perspectives on a defined area of interest in a permissive, non-threatening environment. Group dynamics in focus group interviews assist participants to express and clarify their views without fear which are less likely to occur in a one-to-one interview (Burns & Grove, 2009:513) and (De Vos *et al.*, 2005:304).

Interest was shown in what the participants said and how they interacted with one another. Data collection was conducted in a manner so as not to cause any reactive effects on the participants. Questions that made participants take a stand of defending their point of view were avoided for example asking “Why” instead of asking “How will this point of view make the difference?” (Burns & Grove, 2005:543). The sessions were opened by providing an opportunity for participants to express their views about the topic of discussion (Burns & Grove, 2005:543) and (Polit & Beck, 2004:342). After which the following questions were asked:

- What are your in-service training needs as psychiatric nurses?
- What are the benefits of doing in-service training?
- What can be done to ensure that in-service training is done continuously?

Communication techniques as described by Kniesl and Trigoboff (2009:206-212) were adopted during the group interview:

- *Clarifying*: A technique used to understand the basic nature of the participant's statement for example "I am confused about what exactly is upsetting to you. Can you go over that again please?"
- *Paraphrasing*: A technique used by the researcher to test his understanding of what the participant is attempting to communicate for example "In other words you are fed up with being treated like a child."
- *Probing*: The researcher asks open ended questions which will encourage the participants to give more information for example asking a participant to give more information to substantiate a point of view.
- *Reflecting the content*: The researcher repeats the participant's statement using the participant's exact words thus allowing the other participants to hear and follow the discussion.
- *Summarizing*: This technique is used to highlight the main ideas expressed in the discussion.
- *Checking perceptions*: The researcher shares with the participants how he/she perceives the group members so as to validate his/her perceptions.

The researcher recorded field notes on note cards and filed them at the end of each data gathering day. Keeping track of connections between various pieces of data requires meticulous record keeping (Burns & Grove, 2005:546).

2.3.2.4 Field Notes

Field Notes are described by Polit and Hungler (1997:307) as notes taken by the researcher at the end of each focus group discussion to describe the 'what', 'who' or 'how' of the situation. Field notes consist of personal, observational and methodological notes. Field notes were recorded after each focus group interview (Appendix I).

Personal notes: These were notes of each group member's individual reactions, reflections and experiences as observed by the researcher, who placed himself in the position of the participants in order to understand their reactions and reflections.

Observational notes: A detailed description of the events as seen and heard during the group discussion with as little interpretation as possible in recording the: who, what, where and how of the situation.

Methodological notes: A critical analysis of the methodology used to conduct focus group discussions including the interpretations, directions and motivations

formulated which serve as a guide for data analysis. Dates, participant numbers and places where the field notes were taken were documented in order to facilitate an orderly description of data for data analysis.

2.3.3 Data analysis

The audiotapes of the focus group discussions were transcribed word for word for the purpose of analysis. The field notes were analysed and comparison made across the groups (Burns & Grove, 2005:543). Data was analysed according to the techniques for analysis described by Tesch (*in* Creswell, 1994:153-157):

- Each transcript was divided into three columns, with the middle column being used for the interviewer and participant's verbal responses.
- The right hand column was used for the themes that emerged from the responses.
- All the transcripts were read first to get a sense of the information described by the participants in their own words.
- The most interesting transcript was chosen and read first.
- The transcript was carefully read through to find important ideas and they were written down in the left hand column.
- Another reading of that transcript, but this time underlining the themes, words and phrases as stated by the participants.
- The underlined themes were written in the right hand column.
- The identified themes were grouped into main categories, subcategories and leftover categories.
- The process was followed with all the other transcripts.
- Finally the concrete words and phrases were specifically translated into scientific terms.

A work protocol based on the above, as well as the transcripts and field notes were given to the co-coder (Appendix F). Both parties analysed the collected data independently and met afterwards to reach agreement on the main themes and sub-themes that emerged from the data.

2.4 LITERATURE CONTROL

The purpose of a literature control is to compare and combine findings from the study with the literature to determine the current knowledge of a phenomenon (Botma *et al.*, 2010:196) and (Burns & Grove, 2005:93-95). Findings from this study were compared and combined with

information in literature about in-service training of psychiatric nurses to determine current knowledge about the same.

2.5 TRUSTWORTHINESS

According to Peu *et al.*, (2008:19) trustworthiness refers to how a researcher can convince her/his audience that the findings are correct and worthy of attention. Lincoln and Guba's (1985:290) model was used to ensure trustworthiness in this research; a model which applies the criteria of truth value, applicability, consistency and neutrality.

2.5.1 Truth value

Truth value is the confidence the researcher has in the accuracy of the findings of a particular inquiry, with reference to the research design, information, participants and the context in which the research is conducted (Klopper & Knobloch, 2008:31). Truth value is obtained by using the strategy of credibility and the criteria of prolonged engagement, persistent observations, triangulation, peer examination, negative case analysis and member checking.

2.5.1.1 Credibility

Credibility refers to confidence in the truth and interpretations of data (Polit & Beck, 2004:430). According to Lincoln and Guba (1985:80) credibility is obtained from the discovery of human experiences as they are lived and perceived by the participants. Credibility involves two aspects: carrying out the research project in a way that enhances the believability of the findings and taking steps to demonstrate credibility to consumers. In this study the following techniques were used to ensure credibility of the information obtained from the psychiatric nurses in a selected psychiatric hospital in Gauteng:

Prolonged engagement

Prolonged engagement was achieved by building rapport with those psychiatric nurses who met the criteria for inclusion in the research. A selected psychiatric hospital was visited and focus group interviews were conducted with different groups before drawing conclusions about the collected information. One to two hours were spent with each group to get their views about the topic. Training in advanced psychiatric nursing and ten years experience in psychiatric nursing assisted the researcher in relating to each group and understanding the particular challenge these nurses face.

Peer examination

Peer examination is a process where knowledgeable colleagues, who are experts in the phenomenon under study, review and explore the various aspects of the research process and expose the researcher to challenging questions about the research project (Polit & Beck, 2006:333). Written summaries of the collected data, categories and themes that emerged; and the researcher's interpretation of the data were submitted to experts in nursing research at North-West University. Regular appointments with the study supervisors were made in preparation for the fulfillment of the requirements of a dissertation.

Member checking

Member checking is a process where the researcher takes the findings of the study back to the participants in the study in order to confirm the interpretations of the researcher with the participants (Klopper & Knobloch, 2008) and (Polit & Beck, 2006:333). Member checking was done with the psychiatric nurses after analysing all the data collected, so as to discuss the findings of the study; and clarify and confirm the interpretations of the researcher (Burns & Grove, 2009:392) and (Polit & Beck, 2006:333-334). Participants were given the opportunity of reacting to the researcher's interpretations. Participants confirmed the findings as their true needs for in-service training and agreed with the recommendations according to the researcher's findings. This gave the researcher an in depth understanding of the needs and the benefits of in-service training for psychiatric nurses in the specific selected psychiatric hospital.

2.5.2 Applicability

Applicability is the extent to which research findings can be applied to other contexts and settings. The research findings can be generalized from the research sample to the larger target population (Krefting, 1991:216). In this research, applicability was achieved by using the strategy of transferability.

2.5.2.1 Transferability

Transferability refers to the ability to generalize the research findings from the research sample to the target population. To ensure transferability of the collected data, the following techniques were used:

Nominated sample

Nominated sample means that experienced mediators in the research field are used to assist in the selection of participants who are representative of the phenomenon under study (Krefting, 1991:220) and (Feitsma, 2005:23). In this study, the training coordinator of a selected psychiatric hospital in Gauteng was requested to select psychiatric nurses who met inclusion criteria and were able to provide valuable information about in-service training needs for psychiatric nurses.

Saturation of data

Saturation of data occurs when additional group discussions do not provide new information and themes deduced become ineffective and repetitive (Macnee, 2004:113). In this research, data was continuously collected and analysed until the themes deduced from the data become repetitive and ineffective. Six focus group interviews, inclusive of a trial run, were executed and data saturation was reached.

Thick description

Thick description is a process by which the researcher provides a detailed description of the study context, transactions and processes observed during the inquiry, so as to allow another researcher sufficient information to evaluate the contextual similarity (Polit & Beck, 2006:336). The researcher provided a detailed description of the research design and method in this chapter and the verbatim capturing of the interviews on audiotape, including field notes of each session to make it possible for auditing.

2.5.3 Confirmability

Confirmability is the ability to produce the same results if the study is repeated with the same participants using a similar context (Krefting, 1991:216). In this research the strategy of dependability was used.

2.5.3.1 Dependability

Dependability of data refers to the consistency of research findings over time in different situations (Krefting, 1991:221). The relationship between the strategy of credibility and dependability in qualitative research is interdependent, because there is no credibility in the absence of dependability. All the techniques that apply to the strategy of credibility namely, prolonged engagement, persistent observation, triangulation, peer debriefing, member checks and negative case analysis, all indirectly impact on the strategy of dependability (Klopper & Knobloch, 2008) and

(Polit & Beck, 2006:336). The following technique directly impacts on the strategy of dependability:

Inquiry Audit. A process whereby the researcher describes the exact methods of data gathering, analysis and interpretations to allow another researcher to be able to evaluate the raw data, data reduction and analysis to come to conclusions about the consistency and dependability of the data (Polit & Beck, 2006:335) and (Krefting, 1991:221). In this study, after collecting and analysing data, a co-coder who had experience in co-coding qualitative studies was nominated to confirm the researcher's findings (Appendix E), study supervisors guided the study from start to finish and experts in nursing research will examine the study before it is published.

2.5.4 Neutrality

Neutrality is described as the application of objectivity in the collection, analysis and interpretation of data that is based solely on the selected population, conditions of the study and does not have personal biases, interests or perspectives of the researcher (Sliep *et al.*, 2001:70), (Krefting, 1991:217) and (Klopper & Knobloch, 2008). The strategy of conformability was used to ensure neutrality. The techniques of conformability are triangulation and inquiry audit which were discussed previously (2.5.1.1 & 2.5.3.1).

2.6 ETHICAL CONSIDERATIONS

According to Bak (2004:28) if the researcher involves people as participants, the researcher must include an ethics statement in the study. In this study the researcher considered the following ethical issues that would affect the study from commencement of the project to its end. Factors considered were permission to conduct the study, the principle of beneficence which includes freedom from exploitation and benefit-risk ratio, the principle of respect for persons which includes informed consent and the right to full disclosure, the principle of justice, the right to privacy, the right to confidentiality, and the right to fair treatment and anonymity.

2.6.1 Permission to conduct the study

Permission to conduct the study was discussed as one of the roles of the researcher (see 2.3.2.1).

2.6.2 Principle of beneficence

This principle involves an effort by the researcher to secure the well-being of the participants. The researcher aims to protect participants from discomfort and harm which may be physical, emotional, spiritual, economical, social and legal in nature (Brink,

2002:40). In this study, participants received the following benefit for participating in this study:

- increased knowledge about the needs and benefits of in-service training for psychiatric nurses and increased understanding of how in-service training improves service delivery.

Risks: Participants were unable to do their routine activities as usual on the days of data collection (Brink, 2002:40), however relief from duties for the duration of data collection was arranged with the nursing service manager. Participants may have experienced some psychological distress when describing their personal views about in-service training needs of psychiatric nurses (Brink, 2002:40), but the researcher with advanced psychiatric nursing skills would be available to counsel the participant in such an event.

Freedom from exploitation: Information provided by participants would never be used against participants at any point of the study (Polit & Beck, 2006:88). Information provided by participants was used solely for the purpose for which it was provided and was not misused for the researcher's personal benefit.

2.6.3 Principle of respect for persons

The participants were made aware of the fact that participating in the study was voluntary and there was no risk of penalty or prejudicial treatment for refusing to participate. The right to self-determination was respected and was ensured by informing participants about their right to participate or withdraw from taking part in the study (Brink, 2002:43).

Ensuring understanding: According to Brink (2002:43) the participants must understand the information before they can agree to participate in the study. Information was given at the participants' own level of understanding and in their own language. Feedback was requested from participants to ensure that they understood all the information provided. Flyers (see 2.3.2.1) were also used to reinforce the understanding of the study information.

Informed consent: Thorough explanations were given to the psychiatric nurses that were possible participants in this study. Explanations given included the purpose of the study, what made psychiatric nurses in Gauteng the target population, methods and procedures that would be used to collect data, description of the possible risks and discomforts, how data would be handled to ensure confidentiality, the name of a contact person in case participants needed more information about their participation and that tape recorders would be used to record interviews. Explanations were given to participants about the use

of the tape recorders, to alleviate anxiety. Participants were requested to complete the consent form as written proof of agreeing to participate in the study (Appendix H).

2.6.4 The principle of justice

According to Brink (2002:40) the principle of justice includes the participants' right to fair selection and treatment and the right to privacy. In this research participants, who were involved in and knowledgeable about in-service training were selected. The participants were made aware of their rights and those who were willing to participate in the study signed a consent form. All the participants were selected according to the selection criteria. Participants' were treated equally; without any form of discrimination.

Ensuring anonymity: Anonymity refers to the act of keeping participants nameless in relation to their participation in the study. Information related to the study or to the fact that certain individuals have participated in a study should not be available to anyone beyond the immediate study team (Brink, 2002:41). In this study anonymity was ensured by avoiding using participants' actual names (Brink, 2002:41).

The right to privacy: Privacy is the freedom an individual possesses to determine the extent and the general circumstances under which private information can be shared with or withheld from others (Brink, 2002:40). Private information includes the participants' attitudes, beliefs, behaviours, opinions and records. Participants' privacy was ensured by keeping information confidential, ensuring that the cassettes and transcripts of the interviews were kept under lock and key, and that no one had access to them except the researcher and his supervisors. All electronic data was kept on a password protected computer.

The right to confidentiality: Confidentiality refers to the researcher's responsibility to protect all data collected within the scope of the project from being divulged or made available to any other person (Brink, 2002:41). The cassettes and transcripts of the interviews were kept under lock and key and no one had access to them except the researcher and his supervisors.

2.7 SUMMARY

In this chapter a detailed discussion of the research design, method, data collection, data analysis, literature control, trustworthiness and ethical considerations of the study were discussed. In chapter 3 the research findings and literature control will be discussed.

CHAPTER 3: DISCUSSION OF RESEARCH FINDINGS AND LITERATURE CONTROL

3.1 INTRODUCTION

In this chapter the findings regarding the in-service training needs and the benefits of in-service training for psychiatric nurses in a selected psychiatric hospital will be discussed. These findings are affirmed by quotations of the focus group interviews conducted with these nurses in the selected psychiatric hospital in Gauteng. These findings were compared with literature pertaining to the needs and the benefits of in-service training.

3.2 REALIZATION OF DATA COLLECTION AND ANALYSIS

Focus group interviews were used as the data collection technique. Six focus group interviews, inclusive of the trial run, were conducted and relevant data was obtained, as evidenced in the discussion of the research findings in 3.3. The use of focus group interviews contributed towards obtaining apposite data as participants felt comfortable enough to share information.

Field notes were written up after each interview and categorised as personal, observational and methodological. Data was analysed as described by Tesch (as quoted by Creswell, 1994:152). A consensus meeting based on the research findings in relation to the work protocol (Appendix F) and transcribed interviews was held by the researcher and co-coder to compare findings. Consensus was reached based on the research findings and the main themes and sub-themes that emerged (see Table 3.1).

3.3 RESEARCH FINDINGS AND LITERATURE CONTROL

The research findings emanated from the responses of the participants to the questions asked:

- What are your in-service training needs as psychiatric nurses?
- What are the benefits of doing in-service training?
- What can be done to ensure that in-service training is done continuously?

Seven themes and sub-themes emerged from the responses of the psychiatric nurses to these questions (See Table 3.1).

Table 3.1: Overview of the main themes and sub-themes.

MAIN THEMES AND QUESTIONS ASKED	SUB THEMES
<p>Question 1. What are your in-service training needs as psychiatric nurses?</p> <p>Theme 1: Confirmed needs for ongoing in-service training</p>	<ol style="list-style-type: none"> 1. Keeping up to date with new developments and information. 2. The reinforcement and recalling of old information. 3. To be empowered with knowledge and skills. 4. Providing an opportunity to share knowledge and information with others
<p>Questions 2. What are the benefits of doing in-service training?</p> <p>Theme 1: Career advantages</p>	<ol style="list-style-type: none"> 1. Empowerment. 2. Rendering of quality care. 3. Improving working relationships. 4. Creating a therapeutic environment. 5. Encouraging staff members to study further. 6. Keeping up to date with new information. 7. Increasing staff motivation. Ability to work independently.
<p>Theme 2: Social advantages</p>	<ol style="list-style-type: none"> 1. Gaining respect from others. 2. Understanding on how to relate to others.
<p>Theme 3: Physical advantages</p>	<ol style="list-style-type: none"> 1. Decrease in staff injuries. 2. Decrease in patient injuries.
<p>Theme 4: Psychological advantages</p>	<ol style="list-style-type: none"> 1. A feeling of more confidence. 2. An increased ability to manage stress and anxiety.

<p>Question 3:</p> <p>What can be done to ensure that in-service training is done continuously?</p> <p>Theme 1:</p> <p>Recommendations for the improvement of in-service training</p>	<ol style="list-style-type: none"> 1. Involve staff regarding their needs for in-service training. 2. Relevant training based on needs. 3. Recent and interesting topics. 4. Exemplary and proactive management. 5. In-ward in-service training. 6. Centralized in-service training. 7. Trainers must improve their presentation. 8. Learning resources should be made available. 9. Planning for in-service training. 10. Invite external presenters or experienced presenters.
<p>Theme 2:</p> <p>Factors which hinder in-service training</p>	<ol style="list-style-type: none"> 1. Needs of staff neglected. 2. Lack of motivation from staff. 3. Repetition of same topics in in-service training. 4. No opportunity for staff to express their needs with regard to in-service training. 5. Limited resources. 6. Lack of planning.

3.3.1 Question 1: What are your in-service training needs as psychiatric nurses?

Theme 1: Confirmed needs for ongoing in-service training

The participants raised factors which confirmed that psychiatric nurses need in-service training. Factors raised included keeping up to date with new developments and information, the reinforcement and recalling of old information, to be empowered with knowledge and skills, and providing an opportunity to share knowledge and information with others.

Sub-theme 1: Keeping up to date with new developments and information

(16 reports)

Most participants in the interviews agreed that in-service training was necessary to keep them up to date with new developments and information. The participants viewed in-service

training as a way of keeping them updated with new developments and information in the performance of their duties.

Quotations are taken directly from participants' responses and are reported in a text box after introduction of each theme (f = focus group; p = page where the quote was extracted from).

'We need to keep ourselves up to date with recent information that is needed so that we do things correctly' (f2 p2).

'I believe without proper in-service training to update us as psychiatric nurses, we would not be able to share our expertness with our students, even other doctors and other team members' (f2 p3).

'So I think if you are kept updated with new research and technologies that is used nowadays, that will be great thing to us' (f3 p2).

Literature supports this finding. According to Booyens (2004:384) in-service training programmes are directed towards bringing psychiatric nurses up to date with new diagnostic and treatment techniques, the care and operation of new equipment, the optimal use of supplies, and new institutional policy decisions. Psychiatric nurses who are kept up to date with new information are able to function effectively within a team context in the unit (Muller, 2004:294).

Sub-theme 2: The reinforcement and recalling of old information (6 reports)

The participants raised the point that in-service training reinforced their current understanding of the present information and reminded them of the information they obtained years before.

'That is why I am saying it is important to do in-service training regularly to remind people the procedures and the importance of doing them accurately' (trial run p5).

'In-service training helps us to remember medical conditions that we did at school that we tend to forget, ... spent much time in the wards and we forget some of procedures, so I think it is there to help us to remember what we did at school' (f4 p3).

'...you find that every time an incident happens you find that it is those minor things they have said before so they need to reinforce on that issues' (f4 p5).

One of the key reasons for doing in-service training according to literature is to reinforce the psychiatric nurses' knowledge and remind them of the old information, which is still relevant to their practice (Booyens, 2004:384). According to Muchinsky *et al.*, (2003:167) in-service training reinforces the newly employed psychiatric nurses' knowledge and skills in adjusting to their job requirements.

Sub-theme 3: To be empowered with knowledge and skills (8 reports)

Empowerment takes place when employees in this case psychiatric nurses are guided to use their personal potentials and experiences, discover new knowledge and skills to render quality care as independent practitioners. In this study participants mentioned how in-service training helped them perform their duties and to function as independent practitioners.

'... as professional nurses we are charged with responsibilities of making sure that everything runs smoothly in the wards and for us to really do that, we need to have skills like I said and we also need to give skills to other people...so that whenever we are busy with something so they are there and are able to continue' (f2 p3).
'...if you are properly informed at work you will be functioning independently, professionally and proficiently because you are empowered by the information, you would not having scenarios whereby your colleagues might be discussing something and when they ask you for your input you come up blank' (f3 p3).
'In-service training can be theoretically and practical or can be both, by one being exposed to in-service training will go out with knowledge andshare it with other people and that correct the wrong doings and it empowers people' (f3 p6).

Organisations use in-service training to empower employees with skills and knowledge to achieve its goals (Erasmus *et al.*, 2009:235). Psychiatric nurses who are empowered are able to function as independent practitioners, making independent decisions to promote the wellbeing of the patient (Bruce *et al.*, 2011:9). In-service training enhances psychiatric nurse's capability to perform his/her job satisfactorily (Muchinsky *et al.*, 2003:167).

Sub-theme 4: Providing an opportunity to share knowledge and information with others (5 reports)

Participants mentioned that in-service training gave them the opportunity to share information about the best methods of rendering nursing care. People who are continuously

sharing information and knowledge become more knowledgeable because their understanding of that particular information is continuously challenged.

'What I think is that the person with certain information about a certain procedure or something that is done wrongly has to share information' (f3 p6).

'To add on what participant 4 have said, she said a critical point, a confident person always shares information does not wait to be asked questions but they usually teach on the spot if one is having information had to pass it to other people... ' (f3 p10).

'We need to share sort of mutual way of doing things because if I keep it to myself and participant 1 keeps it to himself, we will be having two different opinions and this may lead to conflicts' (f4 p6).

Literature also supports this finding and according to Booyens (2002:168) because of sharing information the individual's sense of self-esteem is improved which leads to positive relationships with colleagues. Continuous sharing of knowledge and information with others provides an environment which facilitates learning and maturing in each psychiatric nurse (Douglass, 1996:280). According to Hood and Leddy (2003:150) interacting with other psychiatric nurses enables them to be aware of other career opportunities and learn about nursing care practice variances across settings.

3.3.2 Question 2: What are the benefits of doing in-service training?

Theme 1: Career advantages (19 reports)

The participants raised many factors which showed that in-service training is advantageous to their career. Factors raised included empowerment, the rendering of quality care, improvement in work relationships, encouraging further study, creating a therapeutic environment, increasing staff motivation, keeping up to date with information and the ability to work independently.

Sub-theme1: Empowerment (15 reports)

Most of the participants' responses were related to empowerment through skills development and gaining knowledge. The second highest number of responses was based on how in-service training helped to empower others which included subordinates, patients and their families and other multi-disciplinary team members.

'The person who was empowered got the skill and at least acquiring the skills instills more

confidence to you and in them, the provider the more you teach the more you understand' (f5 p8).

'...if you are informed you know what to do, you are empowered you would not only render your service in your institution only, but also where you live...you will recommend and educate' (f4 p7).

'The more you learn the more you are empowered' (f3 p10).

In-service training includes guiding, directing and assisting psychiatric nurses in doing their duties effectively and the development of their careers which ensures their empowerment in the workplace (Booyens, 2002:168). The main aim of in-service training is to empower psychiatric nurses with knowledge, skills and positive attitudes so that they can perform their duties according to set standards (Swanepoel *et al.*, 2008:446). Empowering the nursing managers encourage nurses to take responsibility for their decisions by giving them opportunities to self correct and learn from their mistakes.

Sub-theme 2: Rendering of quality care (7 reports)

Rendering of quality care is an aim of every health organisation to meet the needs and demands of the health consumers. The participants listed different factors which showed how in-service training helped them to render quality nursing care. In-service training is made available to improve psychiatric nurses' knowledge and skills to perform tasks at an expected level. To render quality care includes the nurses' awareness of how to handle patients, which in turn reduces patients' and nurses' injuries.

'...when you are confident there is less stress in your body and in your mind that reduces most of the negative effects even on your work, so I would say it is really important to get information for one to be confident in what you are doing' (f3 p3).

'...in-service education boost your confidence and you become more productive at work...as a professional nurse you know the conditions and how to deal with certain situations related to patient care' (f3 p3).

'If somebody knows the technique...do that effectively in short time and there will be less or no injuries on that patient and to you' (f5 p4).

Control over the quality of nursing care which is necessary to ensure that the patient gets the best quality care which is affordable within the framework and constraints of the health institution, as well as the continuous improvement of that care, has become an imperative

in nursing management (Booyens, 2002:304). There is a never ending emphasis in all organisations for nurses to function efficiently, that is less time and minimal waste, when performing their duties to ensure quality nursing care (Muchinsky *et al.*, 2003:168). According to Muller (2009:249) every nursing practitioner is personally and professionally accountable for the provision of quality nursing care in the unit which further confirms that psychiatric nurses need in-service training to meet this demand.

Sub-theme 3: Improving working relationships (14 reports)

Participants in almost all sessions mentioned how in-service training improved their work relationships. The empowered psychiatric nurse makes each person with whom he or she interacts feel valued and respected. In-service training improves the working relationships between colleagues to ensure a peaceful environment which leads to increased productivity.

'In-service training also gives us the knowledge on how to deal with subordinates...so that the environment become conducive to all and we work harmoniously without conflicts so that we solve problems and we are all happy' (f2 p4).

'The relationship improves because the person begins to...she has confidence in me you know it instills confidence as well' (f5 p10).

'I think also in-service training gives information and teach us how to deal with individuals, since we know that individuals are unique and they have inherent values so we need to differentiate between the strong points of a person and weak points like when you delegate duties' (f2 p7).

According to Gopee (2010:40) psychiatric nurses work with social workers, general practitioners and other professionals, and one of the most important psychiatric nursing skill is their ability to work collaboratively, which is enhanced through in-service training. Through in-service training every psychiatric nurse makes a purposeful contribution in the unit by sharing information, preparing for group discussions and participating rationally in decision making which improves working relationships (Muller, 2009:174). In-service training leads to a harmonious working relationship which is based on trust, an essential element of any team (Ghaye, 2005:37).

Sub-theme 4: Creating a therapeutic environment (20 reports)

Therapeutic environment is a careful use of people, resources and events in the patients' immediate environment to ensure patients' safety, develop interpersonal skills, and

enhance the capacity to function independently outside the hospital. The participants in this study raised factors which could make patients' environment to be therapeutic. These included the psychiatric nurses' awareness of patients' rights, giving information to patients and their families which reduces patients' injuries and increases organisation in the work place. In-service training helps nurses to open up to any questions and concerns raised by patient, their family members or their significant others.

'If you do things correctly, knowing the correct procedure after in-service...you do not end up hurting the patient or hurting yourself...if you know what to do you would not be stressed to come to work because you are going to meet that kind of patient one day' (f4 p4).

'I think patients benefit a lot...the number of injuries to patients' have decreased because of awareness of patients rights and also you now become attentive and in terms of listening when patient got something to say' (f2 p5).

'In-service education is beneficial to the patients...with introduction of calming and restraining patient is handled with care and if he is aggressive we know if he is this size we know how to restrain him in the side room' (f2 p5).

Literature supports this finding and according to Kneisl and Trigoboff (2009:249) patients, their families or their significant others need to be informed about all aspects of the therapeutic environment to encourage them to relate their concerns and questions about what to expect in the treatment process. Nurses confront many situations in which they rely on their conscience for decision making and when working with coherent patients, psychiatric nurses provide information and share decisions with their patients (Hood & Leddy, 2003:150). Psychiatric nurses are expected to be aware of patients' rights which include the right to be given an explanation regarding care and treatment provided in the hospital or any clinical setting (Burton & Ormrod, 2011:62-63).

Sub-theme 5: Encouraging staff members to study further (5 reports)

Most participants mentioned that in-service training encouraged them to further their studies. For their presentation psychiatric nurses are forced to search for information to add new information or clarify the existing information to make in-service training a meaningful activity.

'Also for career pathing if you have identified in the ward that one enrolled nurse you can

encourage that person to study further because of the in-service training' (f5 p9).

'Also in-service training helps again for someone to be able to identify the needs for further training in other courses outside and inside the institution' (f1 p3).

'If you need to advance academically in your profession you would not really struggle too much because you will know what you are doing. You go to university to further your studies, the information you get there will be adding on the information that you have been having' (f4 p7).

Literature supports this finding as evidenced by the following sources: in-service training programme is arranged in such a way that it guides psychiatric nurses from elementary to the complex topics, from the known to the unknown topics, and from the concrete to the abstract topics which encourages psychiatric nurses to study further (Van Dyk *et al.*, 2001:154). In-service training encourage psychiatric nurses to take responsibility for their own learning and to take control over their own development (Baldwin & Williams, 1988:61)

Sub-theme 6: Keeping up to date with new information (4 reports)

Participants raised this point for different reasons including the sharing of new information with students and other staff members. Keeping up to date with new information is one of the fundamental reasons for conducting in-service training.

'...the other thing is technology; we are living in a world that evolves so there are new things coming through and if there is no in-service training we will always have obsolete information which will make (it difficult) to compete or to progress in the profession' (f1 p3).

'...we really need to update ourselves with new information, like now they introduced new drugs like for instance "*Resperidal Consta*". Some of us we did not know how to inject this drug' (f5 p2).

'...we are basically clueless to those like recent interventions because even the DSM IV has been up dated but we are left behind even the theories of diagnosing patients have been upgraded and forever evolving and changing and we are left behind' (f3 p2).

In-service training is directed towards bringing psychiatric nurses up to date with recent treatment techniques, care and the operation of new equipment and new institutional policy decisions (Booyens, 2004:384). According to Bruce *et al.* (2011:11) to provide excellent healthcare, the incorporation of evidence-based practice is critical, as the use of current best available evidence when making decisions about patient care is important. Only

through teaching students and psychiatric nurses how to practice using evidence-based practice, can we hope to keep up with the knowledge explosion and provide the highest quality of care to our patients (Levin & Feldman, 2006: 12). Professional nurses cannot plead ignorance of new knowledge and practices; part of their professional accountability requires them to keep up with new information and new practices (Hood & Leddy, 2003:150).

Sub-theme 7: Increasing staff motivation (6 reports)

Staff motivation is the employees' internal or external influence to work hard to meet the operational objectives of their organisation. Most participants raised this factor indicating how in-service training increased their motivation, the motivation levels of their colleagues and their subordinates. The employee who knows what he/she is doing is always motivated to perform his/her duties as opposed to the one who is clueless about the job expectations. The latter is de-motivated and impatient because he/she is struggling with the job and in reaching organisational and own goals.

'...if you are motivated and satisfied with your job then your body will be energetic person...if you are coping and know how to do your work there is no need for you to be burnt out' (f1 p5).

'...here at the workplace there will be less absenteeism because one will be motivated to come to work because he knows what he is doing at work...' (f3 p9).

'To add on in-service training will increase the staff members' motivation and remove stereotypes. Many nurses have been working for many years doing the same thing so they lack motivation to continue working, they are burnt out' (trial run p5)

Managers are continually challenged to motivate their workforce to work towards helping the organisation to achieve its goals and workers to achieve their own goals (Buchbinder & Shanks, 2007:23). The use of in-service training increases the psychiatric nurses' knowledge and skills which motivates the team to achieve the organisational goals as planned (Ghaye, 2005:37). According to Erasmus *et al.*, (2009:235) in-service training increases the psychiatric nurses' motivational variables of recognition, achievement, growth and responsibility which are then internalized and operationalised.

Sub-theme 8: Ability to work independently (8 reports)

Most participants raised this point during the focus group interviews. The ability to work independently is the nurses' ability to function as independent practitioners; making

independent decisions within the multi-disciplinary team context, which results in nurses getting recognition from other professions. The ability to work independently can be hampered by different kinds of fears such as fear of failure and fear of being criticized.

'You know as nurses previously people used to look down upon us as nurses...people who know a lot about the national core standards are nurses; we went out there and get information...on how the national core standards are implemented and gave information to other team members' (f1 p7).

'I think in-service training is helpful in a sense that an individual become more knowledgeable...feel more confident... you are able to take your rightful place being a professional nurse, you gain respect because people realize that you are well informed' (f2 p4).

'In-service training has helped me a lot professionally...I work independently like I do not have to wait for the doctor to tell me what to do' (f2 p6).

From the literature Bruce *et al.*, (2011:9) define nurses as independent practitioners whose field of work is health care, who practice professional nursing which is aimed at total health, not only care for the sick but to give care to people well or ill, to promote a complete state of health as is possible for each person. In-service training empowers psychiatric nurses to make better decisions, solve more problems, increase their ability to handle stress and resolve conflicts more effectively, which increases their ability to function as independent practitioners (Erasmus *et al.*, 2009:235). In-service training helps psychiatric nurses to make better decisions which contribute to effective independent functioning (Nel *et al.*, 2006:456) and according to Douglass (1996:288) in-service training gives psychiatric nurses opportunities to acquire new knowledge and skills on the basis of changes in health care practices to strengthen their clinical competencies to become self directed in their nursing care.

Theme 2: Social advantages

The social advantages of in-service training raised by participants were gaining respect from others and understanding how to relate with others.

Sub-theme 1: Gaining respect from others (8 reports)

Participants mentioned that in-service training increased their information which led to improved service delivery and this resulted result in psychiatric nurses being respected by patients, their family members and members of the multi-disciplinary team.

'...if we know what we are doing we are going to yield positive results and we are going to get the respect from the community...building on the reputation of the hospital...' (f2 p7).

'...recognition from patients and peers because they look up to you because you have this information...sharing it with them, so they also refer to you when they need some information, get respected and people know that so and so is knowledgeable...' (f2 p7).

'I think in-service training is helpful in a sense that an individual become more knowledgeable...feel more confident... you are able to take your rightful place being a professional nurse, you gain respect because people realize that you are well informed' (f2 p4).

Psychiatric nurses gain respect from other multi-disciplinary team members because of their ability to function as independent practitioners in a health care delivery system (Bruce *et al.*, 2011:9). According to Burton and Ormrod (2011:161) the relationship between psychiatric nurses and other multi-disciplinary team members can be observed by the formality and informality placed on the learning and teaching relationship, the nature of support that is fostered and the nature of trust in the psychiatric nurse' knowledge and skills. The relationship between superiors and subordinates is improved because of continuous in-service training (Erasmus *et al.*, 2009:235).

Sub-theme 2: Equips them to relate to others (2 reports)

Participants stated that in-service helped them to understand the behaviour of their colleagues and how to interact with them. The psychiatric nurses' ability to understand how to relate to others in the work place is a challenge in many organisations. This is more evident in organisations which experience recurring conflicts, which are not resolved despite the use of conventional methods to resolve them. Being equipped to relate to others helps senior employees delegate duties to subordinates according to their potential which leads to the achievement of organisational goals.

'...also from in-service training to know how to deal with subordinates so that the environment becomes conducive to all and we work harmoniously without conflicts so we

that solve problems and we are all happy' (f2 p4).

'...you are able to understand new behaviours...differentiate the knowledge the person you start to work with, who associate with who...and if I want to build relationship with a person I should handle him or her in this fashion' (f2 p6).

'...if you are properly informed...you would not have scenarios whereby your colleagues might be discussing something and when they ask for your input you come up blank' (f3 p3).

The following source from literature support this finding: In-service training helps the psychiatric nurses to turn an angry confrontation into a productive meeting by employing the strategy of stress listening (Booyens, 2004:384). In-service training helps managers to be able to handle complex, ambiguous problems that are not clearly defined and for which opinions vary on the nature of the problem and possible solutions (Buchbinder & Shanks, 2007:23). According to Erasmus *et al.*, (2010:4) in-service training improves employees' relationships with superiors and subordinates.

Theme 3: Physical advantages (13 reports)

The physical advantages of in-service training raised by participants were decrease in staff injuries and patient injuries.

Sub-theme 1: Decrease in staff injuries (6 reports)

Participating psychiatric nurses found it difficult to report for duty because of fear of being hurt. They stated that there was a new method of managing aggressive patients called calming and restraining. It has proved to be effective because the number of psychiatric nurses who have been injured on duty has decreased. Psychiatric nurses including as well as other members of the multi-disciplinary team were no longer afraid to report for duty because they have been trained to deal with aggressive patients.

'All the staff members cross cutting from doctors to the lowest category of nurses, they are now much confident, they are not afraid of patients because they are now able to handle anger outburst of patients' (f1 p7).

'...if you have been in-serviced example dealing with aggressive patient you will be knowing when he start this is what I do, you would not be stressed... knowing exactly what to do' (f4 p4).

'I think in-service training is a need in psychiatric for nurses the reason being that we are dealing with patients that you can expect anything from them; you cannot say I know the

patient...' (f3 p3).

From the literature, it is reported that working in a selected psychiatric hospital is a challenge for psychiatric nurses because patients can be aggressive and direct their anger at staff members and to other patients (Willets & Leff, 2003:237). According to Muller (2009:350) one of the purposes of in-service training is to rectify shortcomings in the practitioner's knowledge, skills, values and attitudes related to the nature and scope of professional practice within the unit and in accordance with the strategic plan of the health care service. In-service training is done to ensure that there is quality improvement which includes a formal programme to monitor measure and evaluate the quality of service delivered and identify opportunities for improvement (Booyens, 2004:384).

Sub-theme 2: Decrease in patient injuries (7 reports)

The psychiatric nurses' knowledge and skill becomes an important tool to prevent injuries patient to patient and nurse to patient. The participants during focus group discussions mentioned that in the past nurses perhaps ill treated patients maybe to protect themselves. They said that things had changed because patients and their families were aware of their rights, and how to use these rights to get fair treatment. The calming and restraining method was introduced to ensure that aggressive patients were managed without causing harm to either patient or staff member.

'Since the introduction of the new mental health act, most patients got rights so the patients' rights charter was introduced...there were no more complaints...whenever the patient complains about somebody it was recorded hence the introduction of this courses...' (f2 p5).

'...in-service training has helped me a lot professionally...I can figure out that the patient is a danger to himself and others I will...make sure that he does not injure himself or others...' (f2 p6).

'If you do things correctly, knowing the correct procedure after in-service training let me say for example physically there is a course called calming and restraining...you do not end up hurting the patient or hurting yourself...' (f4 p4).

According to Muller (2009:351) psychiatric nurses need continuous in-service training to keep up with these changes in psychiatric nursing service and the health care system in general to ensure patient's safety in the ward. Most psychiatric patients are violent and in most cases their violence is directed at any one who is near, therefore psychiatric nurses

need in-service training to decrease injuries in patients and staff (Willets & Leff, 2003:237). In-service training helps psychiatric nurses to share information and skills to deliver maximum services to patients and their families which leads to a reduction in patient injuries (Kniesl & Trigoboff, 2009:22).

Theme 4: Psychological advantages (15 reports)

The psychological advantages of in-service training raised by participants were a feeling of more confidence and an increased ability to manage stress and anxiety.

Sub-theme 1: A feeling of more confidence (10 reports)

Participants stated that in-service training increased their confidence. People who are confident feel empowered and are usually ready to share information with other and improve the quality of the service rendered.

‘...you really become up to date in terms of new developments, not stagnate in that in the past times and you are confident and you are not afraid of challenges from other people because you keep updated with new developments’ (f2 p6).

‘I would say if I get a type of in-service training, it will make me to be competent. Actually be confident to handling whatever situation that I will be coming across instead of being mediocre professional nurse...think more than just being general’ (f3 p6).

‘One becomes developed and gain some confidence when you walk out of the training and ...there is that kind of feeling that you can add value to the institution...’ (f1 p4).

According to Muller (2009:351) the confident psychiatric nurse is able to implement changes that are brought in by the health care and nursing service. Psychiatric nurses who receive ongoing in-service training which leads to higher order needs such as self actualization and self expression are likely to remain with the same institution for many years (Booyens, 2004:384). According to Erasmus *et al.*, (2010:4) in-service training helps psychiatric nurses to handle stress, tension and conflict more effectively which increases their confidence.

Sub-theme 2: An increased ability to manage stress and anxiety (5 reports)

Stress is the demands of the environment which put a strain on the person’s resources and coping capabilities causing a negative effects physically, socially and psychologically. Participants stated that in-service training helped them to be more organized, which made them more effective in their service delivery. People usually become restless and jittery when they are not sure about what they are doing. This situation is prevalent in people who

are not informed. People who are informed are confident and trust their judgment and as a result have less stress.

'...when you get information one becomes confident and you are confident there is less stress in your body and in your mind that reduces most of the negative effects even on your work' (f3 p3).

'...once you are informed you tend to be relaxed even in extreme cases when faced with or dealing with difficult situations...you are able to manage your anxiety because you know what exactly expected from you in terms of managing those situations...' (f2 p4).

' In-service training in line with new aspects of work and one of them being to catch with new developments like new technologies, new research and so forth...not getting in-service training one start to develop fear' (f1 p5).

According to Kniesl and Trigoboff (2009:444) anxiety is a subjective feeling expressed in response to stressors, it is a normal response that usually help people to cope with threatening situations. One of the purposes of in-service training is to facilitate more effective and efficient functioning of the psychiatric nurses within a team context in the unit which allays psychiatric nurses' anxiety (Muller, 2009:351). In-service training helps psychiatric nurses to develop effective communication, necessary to make time to hear what the sub-category nurses think about the psychiatric nursing procedures done in the hospital which reduces anxieties related to performance of these procedures (Booyens, 2004:384).

3.3.3 Question 3: What can be done to ensure that in-service training is done continuously?

Theme 1: Recommendations for the improvement of in-service training

Participants recommended the following for the improvement of in-service training; the involvement of staff members regarding the needs for in-service training, relevant training based on needs, recent and interesting topics, exemplary and proactive management, inward in-service training, centralized in-service training, trainers must improve their presentation, learning resource should be made available, planning for in-service training and inviting external presenters or experienced presenters.

Sub-theme 1: Involve staff regarding their needs for in-service training (14 reports)

Most participants said that they had expressed their needs but they had not been addressed. Learning takes place effectively when learners are actively involved in their learning. The best way to involve learners is to allow learners to identify their own learning needs and address them.

'We should invite motivational speakers on our plan like last time we were talking about topics do a survey and people chooses the topics people would like to attend' (f2 p8).

'...they should go to each and every employee or nursing staff in the hospital to find out about their training needs...and on top of that if they see that something is not included they must include it' (f3 p5).

'...we also do what we call needs analysis and they come with their own topics that they will need information on that makes them at least to be motivated and attend' (f1 p8).

From literature, Muller (2009:351) states that assessment of the learning needs should be done which include the circulation of the list to identify the learning needs of psychiatric nurses according to their personal preferences. The participation of psychiatric nurses in the planning of an in-service training programme is important with the trainers taking the leading role (Booyens, 2002:176).

Sub-theme 2: Relevant training based on needs (10 reports)

Learning is effective if it is based on identified needs and the learners are ready to receive information. Most participants mentioned that in-service training in their hospital was not based on the needs expressed by staff members which led to poor attendance of in-service training sessions.

'...If you are going to make –up your mind and say I will present without finding out if people are interested...end up appearing as if we are undermining the presenter whereas it might not be exactly be the fact...the attitudes do affect learning' (f3 p7).

'...I think it goes to the interest of the people...because I think it is useless to take somebody to do something that they are not really interested in' (f5 p6).

'...they send forms to the nurses to write their in-service training needs but the problem is that there is no follow up on those needs...' (f4 p9).

The plan for psychiatric nurses' in-service training begins with an analysis of training needs and culminates in the assessment of training results (Muchinsky *et al.*, 2003:171).

Uncovering the in-service training needs of psychiatric nurses during the consultation phase is crucial in ensuring that the potential for disappointment or disillusion after the training is minimized (Baldwin & Williams, 1988:63). In-service training must be task and result orientated, focus on enhancing those specific skills and abilities needed to perform the job, and it must make real contribution to the improvement of the quality of psychiatric nursing care (Van Dyk *et al.*, 2001:150).

Sub-theme 3: Recent and interesting topics (5 reports)

Participants in different sessions recommended that in-service training topics should be interesting, that different presenters should be used including presenters from outside the hospital, and staff members should show creativity when choosing topics for in-service training. Learning takes place effectively when the learners' attention is drawn to the learning area. Factors which can draw learners' attention include the topic itself. If the topic is interesting the learners are motivated to attend and participate actively, whereas if the topic is boring then people would be de-motivated to attend. Topics that could be boring are topics that are repeated to the same people by the same presenters. In this case the audience already knows what the presenter will say and how long he will present.

'I think people get bored to listen to one in-service training (topic) down there. I think if they may try; do more research about crime and the new treatment people may develop interest to come to in-service trainings' (f4 p5).

'...there is always poor attendance if the in-service training is done by a person from the hospital...usually when they see a circular that somebody from external; everybody become very interested and the attendance improves...' (f3 p7).

'... you find that needs analysis have been conducted and people are requested to provide topics and the very same old topics are written over and over again...think creatively and think out of the box also ourselves and forward the needs timeously...we need to participate actively in terms of what we need to learn about, I think so' (f2 p9).

According to Booyens (2004:387) the topics that are interesting are the ones that are chosen by the psychiatric nurses. The trainers must keep up with the current literature on the needs of in-service training of psychiatric nurses to identify interesting and informative topics (Muchinsky *et al.*, 2003:171). The presentation of interesting topics should be in line with the training needs identified during the needs assessments done (Muller, 2009:351).

Sub-theme 4: Exemplary and proactive management (6 reports)

Proactive management is the control of situations in the organisation by taking initiatives to prevent the potential hazards before becoming hazardous. Participants complained about managers who were reactive, saying things could be done incorrectly for a long time, as long as there were no complaints. As soon as complaints were lodged then change was implemented including immediate in-service training on how to do things correctly. Managers who are reactive are not effective because they try to implement preventive measures when damage has already been done. The investigative approach will improve communication between psychiatric nurses and nursing managers to ensure that the problems are attended to proactively.

'Most managements or particularly our management are not proactive but they are just reactive when something happens is when you will see a policy coming out or protocol coming out or something pertaining to whatever incident that has happened...prior to that incident there is nothing...' (f3 p4).

'I also think that if we as operational managers can become exemplary to our subordinates in a sense that we also prepare to some extent and present to them in the wards so that they can be encouraged...' (f2 p10).

'I think one of the most important things that needs to be done about in-service training so that management is not reactive instead become proactive so I think they should go to each and every employee or nursing staff in the hospital to find out about their training needs...if they see that something is not included they must include it' (f3 p5).

Literature confirms this finding and according to Marquis and Huston (2012:244) in-service training outcomes improve if nursing executives are proactively involved in the planning and developing of integrated in-service training programmes and whenever possible they teach some of the topics. Nursing managers and in-service trainers must serve as role models by practicing ethically and professionally to integrate professional and ethical concepts in all classroom and clinical settings, in addition to conducting themselves in a manner supportive of professional ethical values (Abruzzese, 1996:283). If nurses are not treated with respect and fairness by their nursing managers, then they are less likely to treat their patients respectfully and fairly (Abruzzese, 1996:284).

Sub-theme 5: In-ward in-service training (5 reports)

Participants mentioned that they needed to have ownership of their in-ward in-service training programme which could lead to a sharing of information between the newly qualified and the experienced psychiatric nurses in the ward at the latter's convenience.

'...we need in-service training but then the sense of ownership is not there so I think if the ward managers can make sure that in the wards they discuss the things with people and involve them in the decision making...come up with topic that are relevant to the people...'
(f3 p6).

'Involve personnel to verbalize their needs for in-service training in such a way that the newly qualified psychiatric nurse and the experienced psychiatric nurses could share information' (trial run p3).

'I think if we can include in-service training in the ward routine...every day there should be in-service training about any topic that affects psychiatric nurses' (trial run p3).

Various sources from literature confirm this: According to Douglass (1996:288) there is increasing recognition of the fact that psychiatric nurses differ in their skills, experience and knowledge therefore there is a need for continuous in-service training. In-service training is used to rectify shortcomings in the psychiatric nurses' knowledge, skills and attitudes in the unit to render quality nursing care (Muller, 2009:351). Psychiatric nurses need to update one another with information or skills to ensure consistent practice in the ward (Willets & Leff, 2003:237).

Sub-theme 6: Centralized in-service training (4 reports)

Participants stated that there were times when there was a lack of knowledge about a certain topic or procedure which affected almost all psychiatric nurses in the hospital. Centralized in-service training should be planned to provide information to all psychiatric nurses in the hospital. This should apply also when an external presenter shares information on new treatment procedures.

'...I think is that the person with a certain information about a certain procedure or something that is done wrongly has to share information...if it needs to be understood by everybody in the institution, so that person can liaise with the training coordinator so that it can be done centrally...'
(f3 p6).

'... for some of the topics that we are to attend if they could bring people from outside

because people show interest when is someone from outside...' (f3 p6).

'Secondly we need to invite people from outside to give us the new knowledge about psychiatric nursing' (trial run p3).

The common reason for this type of in-service training is to update all psychiatric nurses' old practices to the new practices in the whole hospital (Booyens, 2004:381). The centralized in-service training is aimed at narrowing the gap of knowledge between the nurses' attributes and their work requirements (Muchinsky *et al.*, 2003:171). According to Douglass (1996:288) in-service training is designed for psychiatric nurses who need additional preparation to fulfill job requirements to advance in positions of leadership and management. Centralized in-service training shifts the focus of training and development from the narrow skills-based training towards a broad-based development which enables managers to deal effectively with change and prepares staff members for the future world of work (Erasmus *et al.*, 2009:235).

Sub-theme 7: Trainers must improve their presentation (4 reports)

Trainers who have researched their topics are able to capture the attention of their audience even when the topic is repeated. Participants stated that some topics were after repeated and there was no creativity in the presentation which made the in-service training attendance poor.

'I think if they may try to do more research about...people may develop interest to come to in-service trainings' (f4 p5).

'...most of the people say it is boring; we are doing the same thing over and over again...so try to find a better ways, the methodology is actually important when presenting in-service training'... (f5 p5).

'...I think it goes to the interest of the people...it is useless to take somebody to do something that they are not really interested in, they really not going to use it, it will be worthless to them' (f5 p5).

The training directors must keep up with the current literature on training methods because previous success or failure can help to shape the selection or the design of the training programme (Muchinsky *et al.*, 2003:171). Psychiatric nurses will be motivated to assimilate the contents of the instruction if they are told in advance about the benefits they will accrue

from learning the presented content and adopting the required behaviour (Booyens, 2004:381). The presentation could be effective if it is well planned and participants know what will be presented in advance and are given opportunities to participate actively during presentation (Erasmus *et al.*, 2009:235).

Sub-theme 8: Learning resources should be made available (4 reports)

Learning resources are important to making learning effective and interesting. Important learning resources include recent textbooks which the presenters will use to prepare their presentation. Participants mentioned resources such as a library with textbooks, newspapers and journals so they could keep in touch with recent information and share it with colleagues.

'I think what we also need in this institution; I wish we were having a library where there are journals, books, daily newspapers and the latest books around psychiatry which will enable one not to depend on somebody getting information for you, then if the institution has the library that is so functional it helps' (f3 p10).

'The personnel should be motivated, the resources like the teaching media and the research information to update the old information' (trial run p6).

According to Poggenpoel *et al.*, (1985:48-52) if the blackboard which is used mostly by in-service trainers is not an effective teaching aid then alternative teaching aids should be integrated to provide more effective teaching. A skilled librarian can save psychiatric nurses a tremendous amount of time by providing guidance in the most comprehensive and efficient approaches to search health care literature and other resources (Huston, 2010:25). Computer generated presentations are easy to edit, even to restructure completely and to adjust presentation after receiving experience of presenting it (Race, 2003:36).

Sub-theme 9: Planning for in-service training (5 reports)

Planning is the most important activity in any project. If there is no planning the project is bound to fail. Planning is also important in in-service training, trainers and trainees should know in time which topics will be presented, when and by whom, so as to help trainees to prepare themselves for the presentation. If trainers and trainees are well prepared then there will be active participation, and learning will take place.

'Well I am thinking the scheduled programme...to organize activities around that ...organize better as when you are busy in the ward' (f5 p9).

'I think for a successful in-service education for it to continue to be successful we need proper planning from the beginning of the year...so we properly plan so that in-service can be done' (f2 p8).

'I think if we can include in-service training in the ward routine. Every day there should be in-service training about any topic that affects psychiatric nurses' (trial run p3).

In-service training is a planned process, which is based on scientific principles of assessment, planning, implementation and evaluation (Muller, 2009:351). After determining the learning needs in the needs analysis, the trainers should develop a plan that contains objectives for the psychiatric nurses' in-service training (Erasmus *et al.*, 2009:235). An in-service training programme based on nurses' learning needs should facilitate acquisition of the knowledge and experiences necessary to deliver patient care in an ever changing society (Abruzzese, 1996:284).

Sub-theme 10: Invite external or experienced presenters (4 reports).

The external presenters have something new to offer to the psychiatric nurses, it could be new information, a new way of interpreting that same old information or a different presentation of the same information. Participants mentioned that external participants bring, an excitement to the attendance of in-service training, whereas psychiatric nurses do not show any interest when the presenter is internally based.

'...invite motivational speakers on our plan like last we were talking about topics, do a survey and people chooses the topics people would like to attend' (f2 p8).

'...poor attendance if the in-service is done by a person from the hospital...when they see a circular that somebody from external everybody become very interested and the attendance improves'... (f3 p7).

'Secondly we need to invite people from outside to give us the new knowledge about psychiatric nursing' (trial run p3).

The involvement of competent trainers will have an impact on how the psychiatric nurses experience in-service training (Norushe *et al.*, 2004:70). The use of competent trainers who can switch gears between psychiatric nurses and nursing assistants make the topic to be educative and interesting (Nel *et al.*, 2006:455).

Theme 2: Factors which hinder in-service training

Participants mentioned the following factors as hindrances to in-service training: the needs of staff were neglected, a lack of staff motivation, repetition of the same topics, no opportunity for staff to express their needs with regard to in-service training, limited resources and a lack of planning.

Sub-theme 1: Needs of staff neglected (4 reports)

Participants mentioned that they wrote down their in-service training needs on a yearly basis, but their needs were not always attended to. In-service trainers often assume that certain information is known by everybody or that this information is not important for this particular group. Psychiatric nurses lose interest in attending in-service training because their needs are not attended to by the trainers.

‘...so people’s needs are also been neglected or being weighed; they should know this and why doesn’t she know that’ (f3 p7).

‘...we are made actually to write our training needs but as to the feedback as to what we submitted, it is like not coming forth...at end of the day those needs are not met, they are fighting a lost battle’ (f3 p7).

‘...before the programme begins they send a form to the nurses to write their in-service training needs, but the problem is that there is no follow up on those needs’ (f4 p9).

According to Nel *et al.*, (2006:451) adult learners learn from their internal motivation which originates from the need to grow and develop to self realization, thus the presentation should be related to the psychiatric nurses’ objectives and their work situation. The gathering of accurate and relevant data should be a prerequisite for the identification of in-service training needs of psychiatric nurses (Erasmus *et al.*, 2009:144).

Sub-theme 2: Lack of motivation from staff (4 reports)

The staff members are reluctant to participate in in-service training as presenters or as audience. Participants said that they did not attend in-service training when their needs were not attended to.

‘The motivation of the staff members if the staff members think the topic is not related to their scope of practice and it is not interesting then the in-service training attendance will be poor’ (trial run p7).

‘...so if you going to make up your mind and say I will present without finding out if people are interested or not then it end up appearing as if we are disregarding or undermining the presenter whereas it might not be exactly be the fact’ (f3 p7).

‘...there are people whom when you are talking about in-service training you are talking about a monster’... (f5 p9).

Learning becomes effective if nurses are motivated by the need for recognition, self-esteem, self-actualization, better quality of life, self confidence and ofcourse by learning material itself (Van Dyk *et al.*, 1997:215). Nursing managers can create a motivating climate by being positive and enthusiastic role models in the clinical settings (Marquis & Huston, 2012:412). A common mistake which is made by in-service trainers is trying to share knowledge and experience with people who are not ready to learn (Abruzzese, 1996:284).

Sub-theme 3: Repetition of same topics in in-service training (4 reports)

Repetition makes psychiatric nurses reluctant to attend in-service training because they are given the same information over and over again, which no longer makes any sense to them.

‘...most of the people say it is boring; we are doing the same things over and over again’... (f5 p5).

‘...you find that need analysis have been conducted and people are requested to provide the topics and the very same old topics are written over and over again’... (f2 p9).

‘I think people get bored to listen to one in-service training down there...do more research about crime and the new treatment; people may develop interest to come to in-service trainings’ (f4 p5).

The programme should be highly interactive with trainees realizing that the focus of the training is not directed at the trainer but trainees (Nel *et al.*, 2006:451). This means if there is a need to repeat topics it should be for the benefit of the trainees not the trainer. Norushe *et al.*, (2004:70) identified that in-service training could be done better if in-service training planners and management could encourage psychiatric nurses to use their critical thinking skills as part of self directed learning so that in-service training addresses the key issues related to service delivery.

Sub-theme 4: Limited opportunity for staff to express their needs (3 reports)

The opportunity to express their needs for in-service training was not afforded to everyone. The opportunity was given to psychiatric nurses who were there when the needs assessments were done.

‘...they send forms to the nurses to write their in-service training needs...forms are given at the last shift and those who were off for the night are not informed, some are on leave after that you see a programme...which does not cover all aspects of the employees’ (f4 p9).

‘...so people feel do not have interest at all because the management is dictating so they do not care what has to be done something like that’ (f3 p8).

Psychiatric nurses, nurse managers and programme planners should empower one another with valuable insights and support in relation to the identification of in-service training needs of psychiatric nurses (Norushe *et al.*, 2004:70). Adults prefer to plan their own learning projects and to adopt a self-directed approach towards learning (Nel *et al.*, 2006: 451). In-service training is a planned process therefore in-service trainer’s and nurse managers should make sure that all psychiatric nurses are given the opportunity to participate in the process from start to finish (Muller, 2009:351).

Sub-theme 5: Limited resources (5 reports)

Participants said that they did not have access to recent books, up-to-date research journals and internet where they could get latest information about psychiatric nursing and share it with their colleagues. Presenting information requires the trainer to search for information which will enable the psychiatric nurses to realize the benefits of leaving their duties to come to listen to the trainer. The trainer can achieve this aim if there are resources within his/her reach.

‘...when you are giving in-service training...you start by going to research and get more information because you want your audience to end up knowing’...(f5 p2).

‘ I think what we need in this institution...a library for where there are journals, books, even daily newspapers and latest books around psychiatric nursing’... (f3 p10).

‘The personnel should be motivated, the resources like teaching media and the research information to update the old information’ (trial run p6).

Audio-visual material covers an array of training techniques such as films, slides and videotapes which allow nurses to see as well as hear, and it is usually quite good at capturing their interest (Muchinsky *et al.*, 2003:177). In-service training will be successful when psychiatric nurses use the resources such as textbooks, videos, audiotapes and journals when conducting in-service training (Race, 2001:143).

Sub-theme 6: Lack of planning (3 reports)

Participants mentioned that they stayed away from presentations when they were not involved in the planning and because presentations were cancelled regularly. Planning is an important activity in any project. If planning is not done then the project is bound to fail. In the case of in-service training if there is no proper planning then there will be problems such as cancellation at short notice, poor presentation of topics and poor attendance at presentations. Cancellations and poor presentations have de-motivated psychiatric nurses to attend in-service training.

'...so if you are going to make up your mind and say I will present without finding out if people are interested or not then it end up appearing as if we are disregarding or undermining the presenter' ...(f3 p7).

'Suppose you were off duty and you only came for that course and it is cancelled which means for next time to come to attend a course it will be difficult because you are not sure if you go it is not going to be cancelled again' (f4 p9).

According to Erasmus *et al.*, (2009:17), it is important to develop a strategic training and development plan for the organisation to ensure that training is planned efficiently. The success of the in-service training programme depends on the active participation and involvement of psychiatric nurses in the planning of the programme (Norushe *et al.*, 2004:70).

3.3 SUMMARY

The realization of data collection on the needs and benefits of in-service training for psychiatric nurses and data analysis was discussed in this chapter. The findings of this research included seven main themes, namely the need for in-service training, career advantages, social advantages, physical advantages, psychological advantages of in-service training, recommendations regarding in-service training and factors that hinder in-service training. These findings were enriched with direct quotations from the transcriptions as verbalized by psychiatric nurses during focus group discussions. The findings were compared with available relevant

literature for confirmation. In chapter 4 limitations of the research, recommendations and conclusions based on research findings will be discussed.

4.1 INTRODUCTION

In this chapter, the limitations and conclusions of this study will be discussed. Recommendations are formulated for nursing education; nursing research and nursing practice that focus on in-service training for psychiatric nurses.

4.2 LIMITATIONS OF THE RESEARCH

The following limitations were identified in the course of this study.

- It would have been preferable to conduct this study in all psychiatric hospitals in the Gauteng Province, but since this was a mini-dissertation, it was beyond the requirements necessary for fulfillment of the degree.
- The planned assistance of the nursing manager in the selection of psychiatric nurses who had experience in in-service training in a selected psychiatric hospital was difficult to implement because of the manager's commitments. In this instance the task was then delegated to a training coordinator.

4.3 RECOMMENDATIONS FOR NURSING EDUCATION, NURSING RESEARCH AND NURSING PRACTICE

4.3.1 Nursing education

The findings of this research can add value to nursing education if they can be included in the basic nursing curriculum offered in colleges and universities. According to the participants in this research, in-service training should not be the responsibility of only the professional nurses or unit managers, but all the nursing staff in the unit, including students. The focus should not be the importance of in-service training only, but also the needs identification and the presentation of in-service training. Norushe *et al.*, (2004:70) recommend that registered nurses should be taught about the importance of in-service training, especially planning, adult learning principles, implementation and evaluation. The inclusion of in-service training in the nursing curriculum aims to minimize the lack of motivation of nurses to present or attend in-service training raised by the participants in the focus group interviews. If all the categories of nurses know what in-service training is, its importance, how they benefit in either presenting or attending, this will improve the planning and conducting of in-service training (Erasmus *et al.*, 2009:116).

4.3.2 Nursing research

Based on the research findings and literature, it is evident that there is potential for further research to explore and describe the needs and benefits of in-service training for psychiatric nurses. Research was conducted in only one psychiatric hospital in Gauteng and it is recommended that the study be conducted on a larger scale and another study could be done on the implementation of in-service training guidelines.

4.3.3 Nursing practice

Recommendations for nursing practice are related to the third objective of this research study, which refers to the formulation of recommendations for in-service training for psychiatric nurses. The development of these recommendations is discussed below (see 4.3.3.1).

4.3.3.1 Development of recommendations for in-service training

The recommendations were developed from question three of the interview schedule, namely 'What can be done to ensure that in-service training is done continuously?' (see table 3.1). The themes, namely "Recommendations for the improvement of in-service training" and "Factors which hinder in-service training", and their respective sub-themes were divided into five main categories namely: needs assessment, management involvement, planning, varied topics, and presenters and resources. Each of the sub-themes was addressed in these categories. In the following table (see table 4.3), the category was operationalised and the themes and sub-themes that were addressed in the category, were listed. Some of the recommendations of in-service training quoted from Poggenpoel *et al.*, (1985:48-52), (see page 4) were included to confirm the validity of these recommendations for psychiatric nurses in psychiatric hospitals in Gauteng.

Table 4.3: Recommendations for in-service training for psychiatric nurses in a psychiatric hospital in Gauteng (t = theme; s = sub-theme)

CATEGORIES	OPERATIONALISATION	ITEMS FROM QUESTION 3
<p>Needs assessment</p>	<ul style="list-style-type: none"> • Staff development officer (SDO) should form an in-service training committee which consists of all categories of nurses to assess, plan, analyse, implement and evaluate in-service training programmes. • The in-service training committee should develop an in-service training needs assessment form. • The SDO should circulate the developed in-service training needs assessment form, so that psychiatric nurses can indicate their needs for in-service training on a yearly basis. • Other needs assessment methods should also be used to ensure that nurses have sufficient methods of expressing their in-service training needs e.g. suggestion boxes. • Nurses must sign for receipt of the in-service training needs assessment forms and when they return the forms. The SDO must make sure all the nurses in the hospital have received forms and that all of them have returned their forms. • The in-service training committee must categorise the in-service training needs according to their importance and determine the topics that could be discussed at ward level and centrally. • The SDO must inform nurses about the decision the in-service training committee made regarding the topics for in-service training. 	<p>T1 S1</p> <p>T1 S2</p> <p>T2 S1</p> <p>T2 S4</p>

CATEGORIES	OPERATIONALISATION	ITEMS FROM QUESTION 3
Management involvement	<ul style="list-style-type: none"> • The nursing manager should act proactively to resolve pending problems by suggesting topics which will empower nurses to function effectively. • The nursing manager should add topics that were omitted; which in his/her view are important for all nurses to render quality nursing care in the hospital. • The nursing manager should authorize centralized in-service training based on the recommendations provided by the in-service training committee. • The nursing manager and in-service training committee should explore partnerships with universities so as to increase accessibility to experts in the different fields of health science. • The nursing manager must also attend in-service training and present topics to nurses as an example to subordinates. • The management of the hospital should design a way of rewarding nurses who present and actively participate in in-service training. • The management of the hospital should correlate effective in-service training programmes with quality patient care and cost effectiveness in the hospital. 	<p>T1 S4</p> <p>T1 S10</p>

CATEGORIES	OPERATIONALISATION	ITEMS FROM QUESTION 3
Planning	<ul style="list-style-type: none"> • In ward in-service training should be planned every month in consultation with the unit manager and venues booked accordingly. • The centralized in-service training programme should be planned on a yearly basis in consultation with the nurse manager and venues booked accordingly. • The in-ward in-service training programme should be made available a month in advance so that presenters can prepare for the session. • The centralized in-service training programme should be made available a year in advance so that external presenters can be invited to present and internal presenters can be prepare for the session. • In service training programmes should be presented at times and dates that are convenient for nurses to attend e.g. nurses common day on duty. • All in-service training programmes should be made accessible to all the nurses in the hospital e.g. placed on notice boards in the wards. • Preparations and presentations should be done in pairs in the ward, the experienced presenter paired with an inexperienced presenter to empower the inexperienced. • The SDO should keep records of topics discussed centrally and in the wards. At the end of each in-service training session the presenter should be evaluated by the attendants. The evaluation form and attendance list should be submitted to the SDO for further planning. • The in-service training committee should meet regularly to evaluate the in-service training programme and to identify problems, and intervene accordingly. 	<p>T1 S2</p> <p>T1 S5</p> <p>T1 S6</p> <p>T1 S7</p> <p>T1 S9</p> <p>T2 S6</p>

CATEGORIES	OPERATIONALISATION	ITEMS FROM QUESTION 3
<p>Varied topics and presenters</p>	<ul style="list-style-type: none"> • The in-service training committee should reviews topics discussed centrally and in the wards to determine which topics could be repeated. Topics must never be repeated unless there is a need to do so. • The in-service training committee in consultation with the nursing manager should decide on the topics which could be presented by experts from outside the hospital. • Internal presenters who are good at presenting must be given opportunities to present centrally, while those that are still developing their presentation skills should be limited to presentation in the ward. 	<p>T1 S3</p> <p>T1 S10</p> <p>T2 S3</p> <p>T2 S2</p>

CATEGORIES	OPERATIONALISATION	ITEMS FROM QUESTION 3
Resources	<ul style="list-style-type: none"> • The in-service training committee in consultation with the nursing manager should explore partnerships with universities and access to resources like psychiatric nursing related journals, textbooks, and experts in different health care sciences. • The in-service training committee in consultation with the nursing manager should explore access to computers and the internet for presenters. • Presenters should be encouraged to deliver power point presentation and provide compact discs or note pages/copies of the presentation. • Presenters who cannot make power point presentations should be encouraged to use chalk boards, overhead projectors and flip charts. 	<p>T1 S8</p> <p>T2 S5</p>

4.4 CONCLUSIONS

Conclusions of this study were based on the research findings as discussed in chapter 3. Seven main themes emanated from the research findings regarding the in-service training needs and benefits for psychiatric nurses in a selected psychiatric hospital in Gauteng. These will be discussed separately.

4.4.1 Confirmed needs for ongoing in-service training

Psychiatric nurses are challenged by the nature of their patients and the environment in which they work, therefore they need continuous in-service training to be updated on new developments and information related to psychiatric care, in order to render quality nursing care to their patients and the community. Psychiatric nurses can plan ongoing in-service training with the assistance of the staff development department, psychiatric nursing lecturers and auxiliary psychiatric nurses.

4.4.2 Career advantages of in-service training

The continuous updating on new developments and information develops career paths for psychiatric nurses. In this study it became clear that in-service training has the following benefits: it increases psychiatric nurses' motivation, increases the ability to work independently, improves the working relationships, and encourages psychiatric nurses to study further and to keep updated with new information. A conclusion can be drawn that psychiatric nurses need continuous in-service training to enjoy these benefits which could lead to an appointment to senior positions inside or outside the hospital.

4.4.3 Social advantages of in-service training

In-service training has social advantages which bring about cohesion among psychiatric nurses. Cohesion is brought about by the ability to share useful information with others, by an increase in self confidence which results in psychiatric nurses gaining respect from other members of the multi-disciplinary team and the understanding on how to relate with seniors and subordinates in the workplace. From this study it can be concluded that in-service training brings social cohesion between psychiatric nurses and other members of the multi-disciplinary team. Social cohesion will result in improved communication among psychiatric nurses leading to a reduced occurrence of medico-legal hazards.

4.4.4 Physical advantages of in-service training

One of the main reasons for conducting in-service training is to reduce the risk of medico-legal hazards before they turn into adverse events. In-service training empowers psychiatric nurses with knowledge and skills resulting in reduced injuries to psychiatric nurses and

patients. It became clear in this study that psychiatric nurses, who are empowered with the latest psychiatric skills and knowledge, are able to prevent injuries to both psychiatric nurses and patients.

4.4.5 Psychological advantages of in-service training

The research findings conclude that psychological advantages of in-service training include psychiatric nurses feeling more confident and enjoying increased ability to manage anxiety and stress. In-service training improves their knowledge and skills which leads to proper planning and organisation of the workload, resulting in the achievement of goals and recognition by other multi-disciplinary team members. The achievement of organisational goals and recognition by multi-disciplinary team members makes psychiatric nurses less stressed and less anxious.

4.4.6 Recommendations for the improvement of in-service training

Recommendations for in-service training include all the points that psychiatric nurses and their managers need to do to ensure that in-service training is done regularly. In this study the following points were raised as points to consider when planning in-service training: involve staff regarding their needs for in-service training, present relevant in-service training based on needs, present recent and interesting topics, exemplary and proactive management, in-ward in-service training, centralized in-service training, trainers must improve presentation, learning resources should be made available, proper planning for in-service training and invite external presenters or experienced presenters. All these points should be taken into consideration when planning in-service training for psychiatric nurses.

4.4.7 Factors which hinder in-service training

Factors that hinder in-service training in psychiatric nursing are challenges faced by psychiatric nurses and their managers when planning and implementing in-service training. In this study the following points were raised as challenges to the planning and implementation of in-service training: psychiatric nurses training needs are neglected, lack of motivation from psychiatric nurses, repetition of the same topics, no opportunity for nurses to express their needs for in-service training, limited resources and lack of planning of in-service training programmes. It can be concluded that all factors that hinder in-service training should be avoided to ensure successful in-service training for psychiatric nurses.

4.5 REFLECTION

The selection of this hospital for this study was done on the basis that there were problems with in-service training. There was inconsistency in rendering of nursing care which was evidenced by some wards being more organized and others being disorganized. Some wards were encouraging patients to function independently whereas other wards were doing almost everything for their patients. In some wards quality patient care was dependent on availability of certain psychiatric nurses as a result there was a need for psychiatric nurses to share knowledge and experienced. This hospital reflects a typical psychiatric hospital because it provides all the services expected in a psychiatric hospital and there are patients with different mental conditions which challenges psychiatric nurses to be knowledgeable. The challenge for this hospital was to ensure that psychiatric nurses shared information to ensure that they provide consistent quality nursing care in all the wards. This led the researcher to ask whether psychiatric nurses need in-service training. With this question in mind, the researcher had informal discussions with the nursing managers of two psychiatric hospitals in Gauteng. These nursing managers highlighted that in-service training programmes are compiled, but these programmes were followed poorly. According to the nursing managers, it is not clear what the needs of in-service training for psychiatric nurses are to keep them updated and empowered to perform to the best of their ability. This situation motivated the researcher to explore the needs and benefits of in-service training for psychiatric nurses in a selected hospital in Gauteng.

The research project followed a qualitative, explorative, descriptive and contextual approach to explore the needs and benefits of in-service training for psychiatric nurses in a selected hospital in Gauteng. Nurses were selected based on specific selection criteria. It was envisaged that the nursing manager would assist in the selection of participants, according to their experience, but because of work commitments the task was delegated to the training coordinator. The training coordinator performed the delegated task well. All the nurses that met the selection criteria were willing to participate, but because of work commitments, not all possible participants were able to participate in the focus group interviews.

The study supervisors guided the research project from start to the finish, so as to ensure that this study makes a meaningful contribution to the nursing profession. Ethical guidelines were adhered to and ethical approval was sought and granted by the North-West University ethics committee, the Gauteng Department of Health and the selected psychiatric hospital. A co-coder analysed the data independently and confirmed the accuracy and relevance of the research, where after a consensus discussion was held. Trustworthiness was ensured throughout the research process.

The research findings resulted in seven main themes. Themes and sub-themes were enriched with direct quotations from the transcriptions as verbalized by psychiatric nurses during focus group interviews and compared with available relevant literature for confirmation. The recommendations for in-service training were compiled based on these research findings. All the objectives stated in this research project were attained.

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172 Roosmaryn Street
Geelhoutpark Ext 6
Rustenburg
0299

9 February 2011

The Director
Gauteng Health Department
Dear Sir/Madam

REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN GAUTENG PROVINCE.

I am employed at the Ann Latsky Nursing College component of Gauteng Health Department and I am registered with North West University to do my Masters in Psychiatric Nursing Science. One of the requirements of this course is that I have to conduct a research project.

I hereby request permission to conduct this research with the following title: **“The exploration of in-service training needs of psychiatric nurses”** and would request permission to conduct this research at one of the psychiatric institution in Gauteng Province. The objective of this research is to:

- Explore and describe the in-service training needs of psychiatric nurses in Gauteng Province.

I trust that this research will contribute to the realization of the above mentioned objective. The research will be conducted under the supervision of experts in Psychiatric Nursing Science and Nursing Research at the School of Nursing Science.

Enclosed please find the research proposal that has been approved by the relevant authorities at North West University. This proposal gives an outline of what the research entails.

Your favourable consideration of the matter and a response at your earliest convenience will be appreciated. Should you require any further information concerning this research, please do not hesitate to contact me.

Thanks in advance.

Yours sincerely

.....
Herman Rrankele Letlape (Researcher)

.....
Prof M.P. Koen(Supervisor)

.....
Dr S. Knobloch-Coetzee(Co-supervisor)



400011 NWU, LAW 193/11
 YL 16/01/11 14:00:40 NE BSM/HR/MS
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Prof Dalcon Kuen

Ethics Committee

Tel: +27 18 259 4050
 Fax: +27 18 283 5379
 Email: Ethics@nwu.ac.za

ETHICS APPROVAL OF PROJECT

The North-West University Ethics Committee (NWU-EC) hereby approves your project as indicated below. This implies that the NWU-EC grants its permission that provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

Project title:	An exploration of in-service training needs of psychiatric nurses in South Africa	
Ethics number:	NWU-EC-11-001-11-01-11	
Approval date:	2011-01-07	Expiry date: 2016-01-06

Special conditions of the approval (if any): None

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- The project leader (principal investigator) must report to the prescribed format to the NWU-EC:
 - regularly (or as often as is appropriate) on the progress of the project,
 - without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
- The approval applies strictly to the protocol as stipulated in the application form. Should any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the NWU-EC. Would there be deviation from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically terminated.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-EC and new approval received before or on the expiry date.
- In the interest of ethical responsibility the NWU-EC retains the right to:
 - request access to any information or data at any time during the course or execution of the project;
 - withdraw or postpone approval if:
 - any unethical principles or practices of the project are revealed or suspected;
 - if it becomes apparent that any relevant information was withheld from the NWU-EC or that information has been false or misrepresented;
 - the required annual report and reporting of adverse events was not done timely and accurately;
 - your institutional rules, national legislation or international conventions demand if necessary.

The Ethics Committee would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the Ethics Committee for any further enquiries or requests for assistance.

Yours sincerely

Prof MMJ Lowes
 (Chair NWU Ethics Committee)

Dear Herman Letlape,

Thank you for submitting your research protocol to the Policy, Planning and Research Directorate (PPR). Our procedure is clearly described in our policy guidelines, see attached document but I'll summarise it here as follows:

All researchers are expected to submit a full proposal of a study plus an ethics clearance certificate from an accredited South African based ethics committee. The proposal will be reviewed once an ethics clearance certificate is present.

Depending on the nature of the proposal, approval is either given by the directorate or HOD. For all student proposals with the exception of some special cases (e.g. sensitive review of classified information, controversial policy issues etc.), PPR directorate reviews and approves proposals. For "other" forms of research and student proposals that PPR deem to have serious policy/political implications, we send a recommendation to the COO and HOD for approval. It would appear that in your case HOD would have to approve your proposal.

From the day of receipt of a full application pack, it takes three days for a student proposal and five days for "other" research proposals to be reviewed. For students, we will send feedback after three days and for "other" research we will send a recommendation to the office of COO and HOD.

A manager/CEO of facility must provide a signed in-principle approval letter to the central office. I have attached here a template letter which you must modify to suit your circumstances, present to CEO and ask for a signature and send to us with your application pack. By signing this letter, the CEO is not in any way agreeing or approving the study but merely giving central office a go-ahead to review and approve.

I hope this helps and if you have any further queries, please feel free to contact Siyabonga on (011) 355 3477.

IN-PRINCIPLE APPROVAL LETTER: ACCESS TO GDHSD FACILITIES FOR CONDUCTING RESEARCH

TO : CEO/Facility Manager:

FROM : Principal Researcher

CC : S. Le Roux, Director: Policy, Planning and Research;
S. Mkoka, Deputy Director: Policy, Planning and Research

DATE : **10 March 2010**

RE: REQUEST FOR APPROVAL BY HERMAN LETLAPE TO ACCESS THE HOSPITALS / HEALTH FACILITIES AND DISTRICT OFFICES TO CONDUCT A RESEARCH STUDY ENTITLED: "THE EXPLORATION OF IN-SERVICE TRAINING NEEDS OF PSYCHIATRIC NURSES IN SOUTH AFRICA."

Dear CEO/Facility Manager

This letter serves as a formal in-principle approval to grant the researcher from North-West University permission to access and interview nurses in the hospital. This endorsement is given only under the condition that the Director of Policy, Planning and Research or HOD of the Gauteng Department of Health & Social Development will provide final authorization of the proposal that the researchers submitted to the department.

The researcher will provide the Chief Executive Officer/ Facility Manager of the hospital with all the necessary documents (Proposal and Ethics Clearance Letter) as stipulated by the Gauteng Department of Health & Social Development policy guidelines.

Thanks in advance



**health and
social development**
Department: Health and Social Development
GAUTENG PROVINCE

**STERKFORTEIN HOSPITAL
CLINICAL DEPARTMENT**

Enquiries: Dr. Subramaney
Telephone : (021) 951-8341
Facsimile : (021) 951-8391
e-Mail: Harris.Smith@gauteng.gov.za

Dr. M.R. Billa
Chief Executive Officer
Sterkfontein Hospital
KRUGERSDORP
1740

Dear Dr. Billa

STUDY : THE INSERVICE TRAINING NEEDS OF PSYCHIATRIC NURSES IN SOUTH AFRICA
RESEARCHER: HERMAN R. LETLAPE

The above study was discussed at the Clinical Heads meeting. We recommend that permission be granted that Sterkfontein Hospital be used as a site for the above research. However, since this is a research project involving voluntary participation, we cannot guarantee participation of individuals/patients.

Upon completion of the study, a copy thereof should be submitted to Sterkfontein Hospital

Thank you.

.....
DR. U. SUBRAMANEY
PRINCIPAL PSYCHIATRIST / CLINICAL HEAD
12/05/2011

Approved.

.....
DR. M.R. BILLA
CHIEF EXECUTIVE OFFICER

21-05-2011

172 Roosmaryn Street
Geelhoutpark Ext 6
Rustenburg
0299

17 August 2011

REQUEST TO BE CO-CODER OF MY RESEARCH PROJECT

Dear Sir/Madam

I am currently studying for the M.Cur (Psychiatric Nursing) degree at North West University at Potchefstroom campus. One of the requirements for this degree is that I have to conduct a research project.

The title of my research is “**The exploration of in-service training needs of psychiatric nurses**”. The objective of this research is to:

- explore and describe the in-service training needs of psychiatric nurses in selected psychiatric facilities within the Gauteng Province; and
- to formulate recommendations for in-service training that can improve the quality of psychiatric nursing care in Gauteng Province.

I therefore request you to be an independent coder of my research project to provide verification of the findings from the collected data. I plan to start the interviews from the second week of June 2011. The work protocol and research proposal are attached.

I trust that this research will contribute to the realization of the above mentioned objective. The research will be conducted under the supervision of experts in Psychiatric Nursing Science and Nursing Research at the School of Nursing Science at North West University.

Thanks in advance.

Herman Letlape

Contact details:

Cell: 0739897320

Tel: 011 644 8936

WORK PROTOCOL FOR DATA ANALYSIS

Dear.....

The objectives of this research are as follows:

- To explore and describe the in-service training needs of psychiatric nurses in Gauteng Province.
- To formulate recommendations for in-service training to psychiatric nurses.

Focus group interviews will be conducted.

The method of open coding as described by Tesch (as quoted by Creswell, 1994:152) will be used to analyse data: the following steps will be followed:

- Each transcript will be divided into three columns, with the middle column being used for the interviewer and participant’s verbal responses.
- The right column will be used for the themes that will be emerging from the responses.
- The researcher will read through all the transcripts first to get a sense of all the knowledge described by the participants in their own words.
- The shortest transcript or the one which is most interesting will be chosen.
- The researcher will carefully read through the transcript to find important ideas. The ideas that come up to mind will be written down in the left column.
- The researcher will again read through the same transcript, this time underlining the themes, words and phrases as stated by participants.
- The underlined themes will be written in the right hand column.
- The identified themes will be grouped into main categories, subcategories and leftover categories.
- The process will be followed with other transcripts.
- Finally the concrete words and phrases will be translated in specific in scientific terms.

The consensus meeting will take place at a convenient time for you after completing your own analysis.

Thank you

.....

H.R Letlape

TO THE PROSPECTIVE PARTICIPANT

REQUEST TO PARTICIPATE IN A RESEARCH PROJECT

I, Herman Rrankele Letlape, invite you to attend a research project entitled “**The exploration of in-service training needs of psychiatric nurses**” as a requirement for a degree of Magister Curations in Psychiatric Nursing Science. The study will be done under supervision and guidance of Prof. M.P. Koen and Dr S. Knobloch-Coetzee from the Department of Health Sciences at North-West University.

The objective of this study is:

- To explore and describe the in-service training needs of psychiatric nurses.
- Formulate recommendations for in-service training that can improve the quality of psychiatric nursing in Gauteng Province.

After obtaining your permission, focus group discussions will be conducted for one to two hours. The group meetings will be held in the comfortable places in the hospital setting. Comfortable chairs, water and snacks will be made available to the participants. The group discussions will be audio taped and transcribed verbatim for verification of findings by an independent co-coder and my supervisors. The tapes will be kept under lock and key, and only I and my supervisors will have access to the tapes. The tapes will be destroyed two years after publication of the research findings. The research findings will be made available to you on request.

Participation in this research is voluntary; as a result you can terminate your participation at any time without being penalized. You will not get paid for participating in this study. You will get the following benefits: increased knowledge about in-service training needs of psychiatric nurses, increased understanding of how in-service training improves service delivery, improvement in psychiatric nursing care to the patients will make you feel valued more than other nurses because of your contribution in the study. The consent form will be made available on the day of the meeting.

Thank you for taking time to read this letter.

My address:

172 Roosmaryn Street

Geelhoutpark Ext 6

Rustenburg

0299

Telephone : 011-644-8900

Cell : 0739798320

NB. Please contact me between 16h00 - 22h00 if you are having any questions regarding this research project.

WRITTEN CONSENT FORM TO PARTICIPATE IN A RESEARCH PROJECT

I.....give my permission to participate in the research project titled: The exploration of in-service training needs of psychiatric nurses.

The information related to participating in the research project has been explained to me and I understand the implications of participating in the project.

.....

Signature: Participant

Date:

.....

Signature: Researcher

Date:

FIELD NOTES

First Session

Focus group discussions were done with Assistant Nursing Managers.

Personal Notes

The researcher realized that the participants were reluctant to talk about their experience of in-service training and how it affected them. They preferred to talk about how in-service training affects their subordinates. They were also reluctant to talk about how quality nursing care become compromised when in-service training is not done properly. Some of the participants were talking with a low tone of voice which could be interpreted as lack of confidence in what they are saying. The participants were more comfortable in talking about the benefits of in-service training to their subordinates.

Observational Notes

Participants were seated in a semi-circle appearing to be comfortable except one participant who was shuffling his feet now and then.

Methodological notes

Most participants were giving circumstantial answers as they were not sure about their answers or they were avoiding direct answers. The participants lacked spontaneity when responding to the questions.

FIELD NOTES

Second session

Focus group discussions were done with operational nursing managers.

Personal notes

The participants were generally settled ready to talk about their needs for in-service training. They were spontaneous in their responses most of the time. Some of the participants were showing signs of restlessness which was becoming more evident when they were responding. Those who were restless most of the time were responding with a low tone of voice and stammering here and there. Those who were restless wanted to participate in the study but were uncomfortable in expressing their views and needs of in-service training in front of other professional nurses. At end of it they manage to express their views and needs.

Observational notes

The participants were sitting in a semi-circle with the researcher in the centre. Some of the professional nurses were restless and lack spontaneity in their responses. Those that were restless and lack spontaneity were also speaking in a low voice.

Methodological notes

The researcher used simple English when asking questions and the participants responded well to the questions. The questions were paraphrased to clarify questions further.

FIELD NOTES

Third session

Focus group done with professional nurses.

Personal notes

The participants were spontaneous all of them in their responses, relaxed and ready to talk about their needs of in-service training as psychiatric nurses. They were relaxed and ready to talk. Some of the participants were angry as a result of how they are treated in the hospital and how in-service training is not done properly.

Observational notes

Participants were spontaneous and fearless to talk about their weakness and the weakness of the management in conducting effective in-service training. The participants were committed to see changes in the way in-service training is done in the hospital. They seem to have a clear understanding of their needs for in-service training but have few recommendations. They seem to be observant have interest in the rendering quality nursing care.

Methodological notes

The questions were asked in clear and simple English for the participants to understand the questions. The participants were responding well to the questions. The researcher repeated some questions and the participants picked it up but were able to provide more information as the researcher suspected that there could be some information that the participants did not give out.

FIELD NOTES

Fourth session

Focus groups done with another group of professional nurses.

Personal notes

The researcher realized that participants were generally showing lack of energy and interest during the discussion. Their lack of energy could be resulting from the fact that they were on duty and the discussions were done in the afternoon when they have done a greater part of their daily routine. Some of the participants said they were coming from in-service training meeting arranged by the hospital management.

Observational notes

This group of participants was lacking spontaneity in their responses and only one participant was responding more often. The other participants were responding with low voices and were stammering most of the time which could be meaning they were not free to talk about their needs of in-service training in front of their colleagues or they were not sure about their needs of in-service training.

Methodological notes

The questions were presented in simple English and were clarified for the participants. The answers were in circles at times as if the participants were avoiding the relevant answers. Most of the time the researcher was paraphrasing the questions to help participants to understand the questions.

FIELD NOTES

Fifth session

Focus group discussions done with different categories of professional nurses.

Personal Notes

The researcher realized that the participants were willing to discuss about their needs for in-service training. They were speaking clearly showing that they are not hiding anything. They were showing some energy and interest to participate in the study.

Observational Notes

Most participants were giving circumstantial answers as they were not sure about their answers or they were avoiding direct answers. The participants were relaxed evidenced by their tone of voices and clear responses to the questions asked.

Methodological notes

The questions were presented in simple English and were clarified for the participants. The answers were in circles at times as if the participants were avoiding the relevant answers. Most of the time the researcher was paraphrasing the questions to help participants to understand the questions.

FIRST SESSION

This study was done in one of the selected psychiatric hospitals in Gauteng Province. Five participants volunteered to participate in the study. The researcher introduced himself to the participants and explained the purpose of conducting this study. The anonymity and confidentiality of the participants information was explained to the participants. To ensure anonymity the participants were allocated numbers which they will use instead of their actual names.

Researcher. Afternoon ladies and gentlemen, welcome to this session, this is study about in-service training needs of psychiatric nurses in Gauteng Province. Whatever we are going to discuss here will be kept confidential meaning it will be between you, me and my study supervisors at the university. Each one of you will be allocated a number which we will use it instead of using names during the discussion. This means you are not allowed to call another participant with his /her name but call her or him with the number allocated to him. For example I agree with participant 4 when he says this..... We have plus/minus one hour to discuss. There is no right or wrong answers in this discussion, whatever idea you are having in mind is very important. All the inputs will assist in explaining the in-service training needs of psychiatric nurses. Before we start with the discussion is there any question regarding the allocation of numbers and the confidentiality of your information.

My question is what are in-service training needs for psychiatric nurses? In other words do you need in-service training as psychiatric nurses, if you need it what are your reasons and if you do not need it also what are your reasons?

Participant 1: We need in-service training as psychiatric nurses because every now and then we employ nurses who are not so conversant with psychiatric nursing skills therefore needs to be updated and there are some policies which we review which we need to update our personnel with them. That is why we need some in-service.

Researcher. What are others saying?

Participant 2: Well I am number2, just to add on what number 3 has just said we as psychiatric nurses 'mm' we trained in the skill of therapeutic use of self which we have to enhance from time to time and also I would say in-service training needed here because I believe in experiential learning which means people in the work place should at least be able to put theory

into practice so to enhance our skills. The other thing is to prevent things like burn out. As people we are being pressurized by authorities being the government and being institutions itself to perform and once you perform you will eventually get a burn out if you do not replenish your energy so to replenish your energy you need this continuous in-service training and we have so many risks that are involved in psychiatry so as part of risk management we also need this in-service training. Lately as my last point we have six quality priorities of our government so to meet those demands we have to training our people so that is in-service training. At least the national co-standards especially the cooperate things like the patients charter, Batho-pele principles and human rights issues should be known by all so people should be in-service trained. And we saying we are living in the changed world that is globalization so we need to know what is happening in other countries are doing.

Researcher: It seems we are talking about other people that they need in-service training, maybe if we can focus on ourselves. How are you going to benefit from in-service training and how it will help me in my working area?

Participant 1: Oh, mm, I think as participant 3 have indicated when you start a new job or promoted into a new position for instance myself when I was promoted to assistant manager's post for me to perform I must know exactly what is done, what is required from me in that position so that must be done by the people who are already in those positions they have to transfer the knowledge and skill to me so in-service training in that situation is very important. Also it helps again for someone to be identifying the needs for further training in other courses outside and inside the institution. And the other thing is technology; we are living in a world that evolves so there are new things coming through and if there is no in-service training we will always have obsolete information which will make you to compete or to progress in the profession.

Participant 3: As number1 has indicated in our level in-for service training for example I do think it means to sit in a classroom but in-service training is an ongoing method of updating ourselves. Example our Deputy Director is not around and she had delegated one of us to work as a deputy director whatever he does not understand he will be updated and we are working together and helping each other.

Participant 4: I tend to agree with my colleagues here, nursing in psychiatry does not differ from other nursing disciplines, nursing is dynamic in a sense that are there a new conditions developing and new methods of treating those conditions. The ways of rendering nursing care are changing from time to time for example we were trained long ago with old methods but now

there are new developments that are coming in so we need the in-service training about these new developments so that we can render the required serve and guide other nurses accordingly so that they retain their experience and keep up with this developments example when were training we did not have this HIV/AIDS pandemics and nowadays is about treating patients with these conditions therefore there is a new way of dealing with this conditions. With drugs, there are new drugs that were introduced recently so if you are not developed yourself or have in-service training you will not be able to render care to our patients. Then besides that nursing in general as a nurse because you nurse before you become a psychiatric nurse, community as whole you need to know all the developments attracted to your community, so through in-service training you able to learn new ways of with for example our government have these Batho-pele which was not so intense in our times but now you have to because that is what the public expects from us, so we have to practice, so we need in-service training it is a way of life that we get from our colleagues, from other health professionals that we are working together. As you know that today's eh in health even..... I mean in nursing there are lots of cultures going on even all over the world and in our country determining our economy and so also their way of communication, their way of the person conveys his illness and their way of responding to health. We learn to render a comprehensive care to our patients. Without in-service training there is no that we can survive. Today we got extensive use of computers in all sectors of government which extend the use of computers. Those who trained long ago were not using computers so through the in-service training on the usage of computers we learn new means of communication to share information.

Participant 2: As participant 2, I just want to add people who are in the same place for a long period of time tend to get fatigued and they end up breaking down so I think what is needed here is to change some people's attitudes and values to achieve the goals for in-service training.

Researcher: So you mentioned how in-service training will help in your working environment, so how are you as individuals going to benefit from conducting in-service training? How are you personally going to benefit from conducting in-service training as individuals? You have mentioned that in-service training will help in the sharing of information, so how are you benefiting from being in-service trained?

Participant 1: I would say as participant 1 one becomes developed and gain some confidence when you walk out of the training and mmmm, there is that kind of feeling that you can add value to the institution. It is not like you waking up and coming to work not know what you are

coming here to do but if you know what you are expected to do and able to do that then you feel very confident.

Participant 5: I am number 5, I agree with number1, in-service training itself is a staff development, improves my prejudices and my skills that will benefit myself in the implementation as number 1 has just mentioned that also my improve my own image and picture my moral very high and also setup as an example to those who are entering the profession and growing within it.

Researcher: You mentioned in-service training improving the moral. In what ways will in-service training make the moral to be high?

Participant 5: I mentioned that it will improve my coping skills and I expect in a way to improve my moral.

Participant 2: As participant 2 the previous speaker has spoken about self empowerment so it will empower us. My belief is eh, you know when you are empowered is not only about an individual but also help in accumulate (again) so to say the quality nursing standards especially in psychiatry.

Participant 3: As number3 I am adding on what other participants have said, the benefits of in-service training is that you also become assertive when you have been empowered because you are able to pinpoint yes and no because you have been empowered and you are competent and you want to maintain the level of the personnel whom you are working with to the level where you are so that whatever care they are rendering is of expected value. The benefits of in-service again is for the succession plan because now when you are in-serviced you are aiming at improving your standards so that whatever your skills can be at the level that whatever position is above your position you can compete.

Participant 4: As number 4 I fully agree with my colleagues, I think that once was I am empowered I will be able to empower those who come under me as a form of preparing them for succession in case I had to leave for administrative or standards of services at the higher level, empower empowering them so that when they experiencing a problem they can fill the gap end up rendering a smart service to our community. Other thing is that as a person it will enhance my personal self actualization and you know when you grow you start to give back service your social life and professional life, while I act in my profession so if I did empowered I will be able to reach my personal actualization of the input that I put in the profession of higher

standards unlike if I was not empowered have doubts related to type of service rendered that is not up to scratch because of some areas that I neglected so that will give me a sense of feeling good; I have done something for that community by rendering this quality service.

Participant 1: Is number 1 and I want to add on what number 5 have said about moral you know when you are competent in doing something people trust you and even get delegated to tasks that are not within your scope but because people trust you can delegate you around that creates job satisfaction and when you are satisfied with your job your moral becomes high and get motivated to come to work.

Participant 5: Also like participant 1 said, I am participant 5, value for money; from being competent I will be able to compete to higher posts or higher levels and hence the success of it is I will have more money and as a ground rule, it is a good feeling to have a very good income as the results of in-service training.

Researcher: When you conduct in-service training regularly how will it affect your physical being? As a psychiatric nurse you know you have the physical being, social being and psychological being. How will that in-service training affect your physical being? You have already mentioned how it will affect your psychological being like getting job satisfaction, being satisfied by what you are doing and even a sense of being fulfilled by what you are doing but now how will in-service training help physically and socially in our working situations?

Participant 4: As number 4, I would like to say if I am properly developed especially in psychiatry because of the psychiatric abuse we sometimes find ourselves in as a nurses, if I am properly developed I would be able to avoid some risks pertaining to for instance the fighting and committing crimes, avoid those physical fights and will act on how to physically reduce the fights unlike if I am not properly in-serviced will end up getting or hurting the client so those are the things that physically can be avoided when you are in-service trained.

Participant 1: As number 1, I think earlier on one of my colleagues if I not mistaken is number 2 he spoke about self and we know the person's body functions as a whole psychologically you are not okay it will affect your physical so for instance if you look at what is happening mainly in the public sector people absent themselves because they give you one of the reasons is that they are not satisfied with their jobs and then makes me feel like sot of you become lazy or you are fatigued you cannot wake up in the morning, which really doesn't need to be something that is physical but then is psychological and affects your body. You can become sick and become stressed and just get sick but if you are motivated and satisfied with your job then your body will

be energetic person. It comes from the know how that happens, if you are coping and know how to do your work there is no need for you to be burnt out.

Participant 5: As number 5 in-service training in line with new aspects of work and one of them being to catch with new developments like new technologies, new research and so forth. When does not get in-service training, one start to develop fear. A nurse having fear of incompetence or develop of in-service training is emotional have a negative impact on the employee. I cannot remember the type of injection given; it really puts the esteem down.

Participant 2: Still on the physical part of it as number 2 if you can look back some decades ago lot of dealings with psychiatric patients were different or should I say they were horrendous but now through in-service training you can look at new methods that are in place, the statistics of injuries to both staff members and patients have dropped so it is good to have in-service training.

Participant 5: In addition to participant 2 I am number 5, so psychologically I come to work so I am sick and in terms of the risk associated with my work and mental health is of missing of files in the past the administrative issue is lack of proper management and what people work I do not know, there is circular can you say.....

Participant 3: I am participant 3, I should think also the in-service training if you are being in-serviced as we are assistant managers it builds up a team, so we work as a team because you all know what is your goal and you aiming at achieving that goal so that your supervisor should not at least be burdened with the work load so you work as a team because you have been in-serviced and you are aiming at picking up the service standards at the expected level. At the same time when you are been in-serviced you are able to assess and see what you are not conversant with and you are open to discuss with your team leader and members of the team what you are not conversant with this, you are not fearful let me put it that way. So it keeps us as a team that is united.

Researcher: United team.

Participant 3: Yes, yes not just as a team but a united team. My fall is his fall.

Researcher: Mm, mm

Participant 1: As number 1, I would say you get to know other resources that are available like we have spoken about personal safety you get to know that there are other resources which can assist one when he have problems like for instance we have around here the wellness programme, employee assistant programme so you will know about these things so any of your physical problem you will be able to address it with the relevant resource whether you want to prevent problems or you want help on the existing problem.

Participant 4: As number 4, in addition to what my colleagues have just said I just want to say once in-service is in place for instance in psychiatry we have working as team like number 1 has just said and I think number 3 said earlier, working as a team so you get to know through in-service training you get to know the role played by each member of the team and get to understand what my role fit into the whole plan connecting the activities that are taking place as I deal with this the common goal.

Researcher: The goal of the organisation.

Participant 5: Yes the goal of the organisation. Then we all work towards this goal, let me say because it keeps like more like dedicated to work hard because you do work hard unless when other team members are sitting down there not reaching our goal as we are supposed to.

Participant 2: As number 2, once more earlier I spoke about the effects of globalization. Previously we were confined to South Africa, being within the borders of South Africa we did not have the global view of what was happening in other countries but now since there was this movement of nurses from South Africa to other countries, those people are coming back in droves and they come with a lot of experience and are sharing with us and also there are projects that are initiated by the department like teaming project whereby like our hospital(name withheld) is going to be teamed with another hospital in France, I remember very well. So now it is still in the pipeline that there should be exchange of nurses, nurses in our hospital going to work in France and those with experience from France coming here to impart their experiences. I think that will be wonderful and it is part of in-service training.

Researcher: Mm, mm. It seems there is a lot that is happening in the psychiatric department that is shared among countries which includes the experiences to improve the quality of psychiatric nursing service.

Participant 1: The other I think you get recognition for instance lately like number 2 has spoken about the six priorities. You know as nurses previously people used to look down upon us as

nurses the other professions but people who a lot about the national core standards are nurses we went out there and get information to get in-serviced on how national core standards are implemented and gave information to other team members; doctors and psychologists. We some recognition from that and we are having some of our colleagues here they have a training that they are doing and it is basically done by nurses and people appreciate it. Our restraining and calming programme is done by nurses so you get some recognition and people appreciate what you are doing.

Researcher: I am making a follow up on what you have just said, you said nurses are doing calming and restraining programme, how will this calming and restraining improve the way the nurses render their services?

Participant 2: As number 2 I think I have mentioned I think I have did mentioned that with new methods well I was not specific to the calming and restraining methods but I was referring to it that statistics, the injury statistics will drop.

Researcher: The injuries and medico-legal hazards will go down. What else will the nurses benefit?

Participant 2: All the staff members cross cutting from doctors to the lowest category of nurses they are now much confident they are not afraid of patients because they are now able to handle anger outbursts of patients.

Participant 3: As number 3, also in what number 2 is saying some of the incidence of injuries will be adverse in some instances and adverse incidence due to injuries that helps the department not to have incidences where the hospital is sued.

Participant 1: participant 1 here, the fact that people know how to handle patients in a humane manner it gives our profession a good name because remember we have had that experience whereby people would just shout at patients, swear at them and grab them do all funny stuff but because there is something that is in progress try to improve how people deal with patients that is giving our profession a good name particularly in psychiatry.

Participant 5: As managers we now stand on a good platform of monitoring and getting the correct information about the number of incidence and also being proper managed so you can see much better because all incidence are properly managed whether a minor or major incidence is because all the staff are in-service trained.

Participant 4: Number 4 to add on what number 5 has said, if this proper management of patient or client is not only for the sister in the hospitals but also for sisters in the clinics. It is about changing the mind set. It does not only improve the image of the profession also give community the confidence in our institutions.

Researcher: What can we do to ensure that in-service training is continually done in our institutions?

Participant 5: As number 5 there is a lot to be done as an institution must first of all get a training coordinator either with skills of development facilitator and now with regard to in-service training that in-service training coordinator or skills development facilitator will promote courses and all staff members that including supervisors and also motivate staff to attend courses, also do interviews with different categories of nurses to find what is the attitude like one of my colleagues says it is about mind, attitude plus training try to change it and link it with the services that you are rendering. By that you will be improving more participation and also catch up with new developments and technologies that will be ongoing and you will see the rewards improving the quality service through in-service training.

Participant 2: As number 2 and if I am right, I think you are talking about consistency and maintain in-service training throughout as an institution here let me say as management we have programmes in place because we have this participative style of management we do not just give people what they do not need we also do what we call needs analysis and they come with their own topics that they will need information on that makes them at least to become motivated and attend. Some of the courses are also in our orientation programme like for instance this calming and restraining is done and people attended it.

Participant 3: And again with what you were asking that how we ensure that in-service training continues also with our PMDS when we are doing the assessments there is a area where we have to assess to see your personnel, where is weak so to improve her skills so that by the time we do the final quarter we have to ensure that whatever she was not conversant with during the three quarters by the fourth quarter the needs have been attended.

Researcher: If I make a follow up on that what are the common learning needs that as the manager you pick up in your subordinates? Generally people that you refer for in-service training lack this...

Participant 2: Technology, the computer skills mostly apply to be given opportunities to study those courses and the department is offering those courses, people are trained.

Participant 1: May be as participant 1 I would say because at our level as supervisors we supervise another level of management. I think at times you find that there is lack or there is a need to improve also their managerial skills at their level because that is where you know at operational level things happen there and the managers there are the important ones because they must be able to manage the units. If I can make an example there are certain things like discipline at ward level and managing absenteeism and also managing peoples movement in general, when people leave units people just move around and managing other resources not only human resources.

Researcher: When the managers who are supposed to be managing the units are not effective in managing the units how does that affect patient care?

Participant 1: As a number 1 again I would say it does affect patient care because for instance we always complain about injuries especially patient to patient. If you are not managing your junior nurses properly they sometimes leave patients alone and patients fight and you find that those injuries are not accounted for and sometimes you find escapes that you do not know how they happen so it is a risk to patient's life and that is.

Participant 3: And when there is lack on managerial skills what again happens is as number 1 has said is the quality of care, you find that there is Laissez-Faire attitude with the management and you will be able to see that when this particular operational manager is on duty like for instance we are responsible for three wards most of the time then you will be able to see that this operational manager who is in this particular ward is able to carry a specific work load and the other one is not able to carry that specific workload then you are able to give some help or be supportive because some of them for instance are not so more experienced but are keen to be supported.

Researcher: Meaning that you have to bring them like you were saying one is able to manage three wards and the other one is struggling.

Participant 3: What I am trying to say is like number 1 have said we as managers we are managing some operational managers, what I am trying to say is that you find that as I am running three wards I am able to assess that operational manager working in ward 9 is able to carry a work load and my expectation if I have said in two weeks I need this, then this operational manager is able to do it and the other operational manager then me as a supervisor with managerial skills I need to have more input upon him, to lift him to the level of the others.

Researcher. Thank you so much for your contributions, I really find them to be helpful. I promise to that after I have analysed this information at the end of the project I will give you feedback of what I have discovered from the discussions. Thanks once more for your time and contributions.

SECOND SESSION

This study was done in one of the selected psychiatric hospitals in Gauteng Province. Five participants volunteered to participate in the study. The researcher introduced himself to the participants and explained the purpose of conducting this study. The anonymity and confidentiality of the participants information was explained to the participants. To ensure anonymity the participants were allocated numbers which they will use instead of their actual names.

Researcher: Morning everybody.

Participants: Morning.

Researcher: Welcome to this session of our research, I am Herman Letlape from the North-West University. I am doing a study on in-service training needs of psychiatric nurses. Whatever we are going to say in this session will remain confidential and anonymous meaning that whatever you say here cannot be traced back to determine who said this and who said that. We are going to ensure that by using those numbers that I have allocated to you meaning that you must always keep the number open so that whoever wants to comment on what you have said will be able to say as number four have said this and that or I am number 2 and I am viewing this situation like this and that, is that clear.

Participants: mmm...

Researcher: Our session will take plus or minus one hour and there are no right and wrong answers, all the information about in-service training that you going to give to us will be very important at the end, we are going to find it very important information give us whatever you know about your needs for in-service training. Is there any question about that, is everything clear to you? So my question is 'what are your in-service training needs as psychiatric nurses', your needs for in-service training as a professional nurse. Do you need in-service training or you do not need, whatever option choose possibly you have reason for it and it is what I would like to know. I said there are no right and wrong answers. All the information is very important, anyone can start.

Participant 4: My personal view is that we need in-service training in psychiatry my reasons for saying I need it is actually because we need to be experts in what we are doing, we need to keep ourselves up to date with the recent information that is needed so that we do things

correctly, with common understanding, I believe in-service training will actually assist us in achieving that goal.

Silence

Researcher: You can add on or state your view.

Participant 1: I would like to concur with what participant 4, in-service training is very important especially because this is a different set up whereby we nurse specialty because as psychiatric trained institution, we need skills because sometimes admit patients with different behaviours from different institutions therefore we need those skills for example on admission you get a very violent and uncooperative patient and therefore we need skills as to manage that patient is very important that we do in-service training to do our best.

Participant 2: I also like to concur with my colleagues, we do need in-service training in psychiatric institutions like candidate number one have said this is like a specialty base on the fact that we have students placed here we really need to be experts in what we are do for instance we need thorough in-service training regarding the treatment as a whole because we have new drugs on the market and that we are using and I believe without proper in-service training to sort of update us as psychiatric nurses we would not be able to share our expertness with our students, even other doctors and other team members.

Participant 5: I am participant 5 and I also agree that we need in-service training in the psychiatric set up as nursing is dynamic. We know that it is not static so we have to keep abreast with the new developments also including the new treatment modalities that are introduced so we need some in-service training.

Silence

Researcher: Is that all the needs?

Participant 3: I think it is important to have in-service training all the times and I agree with my colleagues to say it help us to keep informed and actually to inform the families and our clients are always interacting with internet. Our clients are coming with different expectations and we talk about and found that information they had was not relevant so with in-service training we help them to get relevant information.

Researcher: I hear you are mentioned in-service training helps you to render quality service now I would like to hear how it help you as professional nurse physically, psychologically and

socially as a person. You have mentioned it helps you to render quality service, when you do something it is two way so let us direct it to ourselves now.

Participant 4: Ok I am participant 4 I think the benefits of in-service training are actually endless you know we as professional nurses we are charged with responsibilities of making sure that everything runs smoothly in the wards and for us to really do that we need to have skills like I said and we also need to give the skills to other people so that we have more time to focus on critical issues in making sure that we can have time to strategise for the safety of the patients. If we do not do in-service training we would not have time to sit and relax because every time you try to sit and strategise someone will be calling you to intervene and sedate the patient so if we are serious about in-service training, we have to ensure that we empower other people so that whenever we are busy with something they are there and are able to continue. That is all I have to say.

Researcher: So you are saying when you are not there someone could continue, to whom are you referring to?

Participant 4: Well I am referring to my subordinates, I am referring to my colleagues in the ward, and I do not have to managing all the situations alone.

Participant 2: I think in-service training is helpful in a sense that for an individual to become more knowledgeable, once you are more knowledgeable and sure about what you are doing and sure about what you are talking about you will not be afraid to share information with others. Thus you feel more confident in what you are doing because you are knowledgeable and know what you are talking about, so have the confidence and you are sure of what you are saying or what you doing at a particular time and you are able to take your rightful place being a professional nurse, you gain respect because people realize that you are well informed.

Participant 1: In-service training helps me in a sense that I become more knowledgeable and I get more skills for instance in the community as participant 3 have said, also in conflicts and problems solving situations for example if the community members are aware if there is a problem there will know that So and So lives there why can't we utilises him, he is knowledgeable they will come and say we are having this problem therefore I will be able to help families and give the necessary information, that in-service training helps.

Participant 5: I am participant 5 in-service training also gives us the knowledge on how to deal with the subordinates also yet the skills on how to deal with people who got problems like help

with conflict management and problems. People who need to be referred for other opinions we able to refer them so gather information also from in-service training to know how to deal with subordinates so that the environment becomes conducive to all and we work harmoniously without conflicts so that we solve problems and we are all happy.

Researcher: You mentioned that it helps you to become more knowledgeable and apply it in different situations in the community but having said that I have not heard you mentioning how it helps you physically; how it help you to meet your physical needs as a person.

Participant 3: I think physically when you are faced like sometimes you find that you have pressure, you are under pressure at home, because of the problems sometimes with families and like, so the skills you acquired during in-service training you may apply back at home to go through with the situation and also when you at work sometimes and you are under pressure by using those the skills you acquired during in-service training you will be able to cope again not being stressful and able to look at the problem now think now after doing some final exercises you know now how to go about it.

Participant 4: I am participant 4, I think adding to the physical benefits; before we used to have a number of injuries to staff members and I think the major problem was because people did not know how to handle aggressive patients sometime back. There was the introduction of the handling of an aggressive patient, calming and restraining in other words. People gained the skill and gained the knowledge of how to handle patients in case they are aggressive. After the introduction of that course; of that in-service training particularly people were more knowledgeable and incidences of staff injuries were somehow decreased so I think it how it benefited us physically.

Participant 2: I think also in-service training one benefit in a sense that once you are informed you tend to be relaxed even in extreme cases when faced with or dealing with difficult situations. You are able sot of to control; some situations are such that they provoke you and end up being anxious at times and when you are anxious you not operate or you cannot think straight sometimes you end up not being okay. But being more knowledgeable you are sot of confident, you are able to manage your anxiety because you know what exactly expected from you in terms of managing those situations. I think physically that is how it helps.

Participant 2: Physically I have been through stressful situations inside here so this in-service training helps me to see how far this stress, does it cracks my skull, does it affect my heart,

affect my mental health or does it affect my mind. Can I share with someone I can go to someone, people differs and others will just act out is too high and difficult to cope.

Researcher: In other words in-service training helps you to take time and evaluate the situation and act on accurately. Is what you are telling us?

Silence, no comment or follow up.

Researcher: We have talked about the physical, social and psychological benefits so let us turn the talk about how it affect patients, like participant number4 mentioned that since the training of handling of the aggressive patient was introduced less staff members are injured. What about the patients, how did this training help the patients?

Participant 1: Since the introduction of the new mental health act, most patients got rights so the patients' rights charter was introduced and the patients' rights and the patients' charter and there were no more complaints. There was awareness of those rights and whenever the patient complains about somebody it was recorded hence the introduction of this courses.....

Participant 3: In-service education is beneficial to the patients because now when you are informed when you are faced a with introduction of calming and restraining patient now is handled with care and if he is aggressive we know if he is this size we know how to restrain him in the side room and this how to do the procedure now longer injured it is best.

Participant 2: Candidate number2, I think patients benefit a lot my colleague just said the numbers of injuries to patients have decreased because of aware of patients' rights and also you now become attentive and in terms of listen when patient got something to say when patients are talking. I think before people were reactive they did not listen properly to patients when patient had something to say but now you become more attentive and listen more and also giving them the respect that they deserve now because we are now aware of the proper ways of handling the patients. Let me stop on the point of respect. So the staffs are also approachable because now they are calmer, not always thinking that the patient will want to do something or instigate or etcetera.

Silence.

Researcher: You mentioned how patients benefit so I would like to hear it how in-service training affects your professional development as psychiatric nurses. The way you see yourself since you are going through in-service training, how are you benefiting professionally?

Participant 3: By undergoing in-service education you end up at work like doing it as it is your duties being up getting recognition from the management and that is whereby now you are getting promotions, recognition already recognised at work and due to promotion improve economically.

Researcher: Let me make a follow up on what you saying, if I am doing my work correctly and I do not go to in-service training, what are my chances, I would not get recognise and promotions?

Participant 3: There will be a point whereby you do not do some of the things properly since when there is something new they normally call in-service training but if you miss that information how you going to disseminate it to your subordinates you will be empty, you will only know the previous information, the information that was used in the 1950's and the staff there missing out the attendance of new in-service training education. By attending you would not be stagnant; you will grow that is what I want to say.

Participant 5: I am candidate number 5, the in-service training has helped me a lot professionally since I able to handle aggressive patients, like I work independently like I do not have to wait for the doctor to tell me what to do. I can figure out that the patient is a danger to himself and others so I will take the patient and remove him from other patients and make sure that he does not injure himself or others. Then I will inform the doctor to come to help us, so I can just wait and say waiting for the doctor to come to prescribe whatever is needed. I can make sure that other people are not injured, the staffs are not injured and this aggressive patient is also not injured. So I can really work independently on my own.

Researcher: In other words you are able to create a safe environment for your patients.

Participant 4: I am participant4; adding on what my colleagues have just said nursing is very dynamic and I think what makes nursing to be dynamic is because the society is also dynamic. The society is knowledgeable and if I do not attend in-service training it means the society will be more knowledgeable than me and I will end not being a useful member in the society and end up being frustrated, you know those things. Much as the patients are getting knowledgeable, I should also be an expert in what I am doing rather being told by the patient or community members or patients what to do and if I not doing things right. So really not attending in-service training I will be actually making myself to be redundant in the profession.

Participant 2: I found that in-service training is very critical in a sense that when it comes to professional body if you are not attending you become stagnant like you said and when you get to attend you benefit a lot because you get to interact with your peers and you benefit in a sense that you mature, you become matured and you are able feel to situations independently because you got information and you are knowledgeable and you really become up to date in terms of new developments not stag in that in the past times and you are confident and you are not afraid of challenges from other people because you keep updated with new developments.

Researcher: When you do this in-service training socially, let us look at it socially, somewhere some how it affects you socially, can you share with us how it is helping you, in your hospital setting and community.

Participant 3: Socially when like you off duty meet people out of the community you are able to understand new behaviours, understand the satellite behaviours. You are able to differentiate the knowledge of the person you start to work with, who associate with who or I should be able handle him or her way or that way. This one is shy and if I want to build a relationship with a person I should handle him or her in this fashion. So you are able to understand.

Participant 1: Socially, it makes you to be able to depict that this person does not relax when he is with others and always keeps to himself and like when he knock off he takes the bag and lock the door. He standing up more often and quickly this behaviour shows that he is having issues. You are able to depict the behaviour of such a person and needs some different interpretation to help this person. Asking why don't you mix with us and why so and so is not coming with us. At work also you know some people rinse, rinse a cup maybe ten times and a plate thoroughly, wash that plate may be ten times. When you look at her she looks calm.

Participant 5: I am participant 5, I think also in-service training gives information and teach us how to deal with individuals, since we know that individuals are unique and they have inherent values so we need to differentiate between the strong points of a person and the weak points like when you delegate duties, I know for a certain person which duties I can give to her taking into consideration strong points, so that individual should feel important and contribute positively to patient care unlike giving a person something that you know she does not know well though it is also our duty to give them information and in-service training if I encounter that she is not performing well in another area it is my duty also give information to help us a lot to break into it so that everything runs smoothly that person do her job and she will feel great about it.

Participant 4: My addition again is that as psychiatric nurses we have an obligation to serve the community and serving the community we really need to do things according to Batho-pele principles whereby one of the things is that we have to deliver quality care. We need to serve the community with the knowledge of what we are doing and if we know what we are doing we are going to yield positive results and we are going to get the respect from the community so that is how the community will respect us, respect us by what we are doing and so we will be building on the reputation of the hospital and the rewards will also comeback to us because we will be happy and as well as confident nurses. So I think that is how it benefits us in the community set up.

Participant 2: I am participant 2, I think also socially looking at an individual one will be able to discuss issues with confidence where people are gathered together and issues recognition from patients and peers because they look up to you because you have this information lasting that you are sharing it with them, so they also refer to you when they need some information get respected and people know that so and so is knowledgeable let us ask information from this person that is socially it could be like acquire a status for somebody who is an expert in your organizational duties.

Researcher: Ok, is that all we need as far as in-service training in psychiatry is concerned? Are all that our in-service training needs that you have mentioned?

Participant 2: I also think even if it is not a need but I think in-service training also prepares you in a sense that you end up gauging yourself in terms of carrier development maybe the things you were taught about and rekindle the need to study further as person and hence you find people applying for sorts of courses and pursue furthering their carriers in terms of psychiatry and others building the society.

Participant 4: Talking about the needs, we actually need a structured way of in-service training around the hospital, like we want a formalized thing which should be central like a training school if they can make sure that they get people who are knowledgeable and expertness of which we have them around the hospital, you know. Make sure that they set up a system whereby those people will be conducting in-service training particularly on the psychiatric conditions and all those you know so that the whole hospital can benefit, not like one ward has a responded expert and that expert is only going to teach his/her ward only but it should be central so that each everybody around the hospital can benefit. So that is actually what we need to see happening.

Researcher. So what participant4 is saying is a recommendation can we add more recommendations about our needs for in-service training?

Participant 1: We are aware we need a centralized in-service training so that we can share information.

Participant 3: I think for a successful in-service education for it to continue to be successful we need proper planning from the beginning of the year because sometimes we can plan to have in-service education to take place and it is not proper planning because we have strains in the needs so we need proper planning so that in-service training can be done.

Researcher. Can you give an example of a properly planned plan; if things could be planned this way then we will have in-service training going on.

Participant 3: For an example proper planning, I am talking in terms of like there is a year plan for instance showing that on these days whereby there will be enough staff. The days like Wednesday, everybody is on duty so target those days and this make in-service training successful in this institution.

Participant 2: I understand the idea of proper planning sometimes you find that we have the system in place, proper planning for and there are people who have been identified to, who are having the expertness who to give education to our staff but the problem is how do we ensure that the people attend this in-service training because I found that some people become discouraged because seemingly because do not attend so I think the other way of trying to ensure that people attend is maybe to introduce a point system whereby as a person attends they earn certain points or whatever so that at the end the points will be tallied to know that people are committed in terms of attending this in-service training because if we have a proper planning and everything and people do not attend then it is pointless to ensuring that people attend in-service training.

Participant 3: I think in the proper planning there should be interesting topics, it should not be 2011, let start my in-service training, 11weeks ago we should have this type of in-service education let us hear the reply, so that is whereby people are invited to attend but now if you have the interesting topics involves your daily interactions because interesting topics will attract people.

Researcher: Let me get clarity, when you say interesting topics I think it is broad, is the topic work related, socially or community or financially related topics which topics will be interesting to us?

Participant 3: I would say interesting topics like as was saying its very purpose of in-service education meaning you have to bring in topics that you has never heard off, can be social sometimes, you know in our lives we need a lot of things maybe somebody is bringing education about finance like something to teach workers about something that will definitely motivate workers. Sometimes you can go out of work page and that will also interest the workers.

Participant 1: We should invite motivational speakers on our plan like last time we were talking about the topics, do a survey and people chooses the topics people would like to attend.

Participant 4: Again supporting my colleagues, I would say if in-service training can be in the strategic plan of the hospital and the training school should actually be charged with the responsibility of making sure that the in-service training is conducted therefore it will be a must for all of us and to implement again people will actually be given a notice of the list of people who are going to attend on a particular day the in-service training on a particular day and definitely make a provision to actually cover for a person who will not being there you know. Coming to the interesting topics that the colleagues have mentioned I think the hospital should actually look at the co-issues around the hospital. The hospital like for instance say there is a complain that the group activities are not conducted, in-service training for patients is not done, then they should call upon people to identify the topic they want to teach people and make sure that they teach even the lowest categories of activities and topics you can teach people. People will gain expertness and this will be beneficial to everybody. Most importantly it should be part of the strategic planning of the hospital and the training school should be charged with the responsibility. We cannot be repeating one subject over and over again like my colleagues have said that will be boring and people are not going to attend but if it deals with exactly what they are supposed to do on daily basis, then people should go.

Participant 2: I also think that we also as people in the hospital from operational managers category of nurses, we really we need to participate in what we need in terms of in-service training. So I find that people do not take this serious because people are requested to forward their needs in terms of what they need but you find that people do not take it seriously. You find that needs analysis have been conducted and people are requested to provide the topics and the very same old topics are written over and over again. I think also we are to be blamed in

terms of what we get during in-service training. If we can think if we can be creatively much as a planning tool touches and supposed to touch everything, I think also we also must come up with what we need to be taught on, you know. Think creatively and think out of the box also ourselves and forward the needs timeously so that they can strategise and prioritise as to how to get people to come and do the presentations and all those things. If it is something that is fitting their capabilities they can do it themselves but we need to participate actively in terms of what we need to learn about, I think so.

Researcher: From what you have just said I get an idea that in-service training is only for a centralised area. What about in the wards, is it not going on in the wards for staff to share information?

Participant 1: In the wards there is we sit and discuss the ward routine including the information sharing. We manage to set the dates and people write the dates on which they are going to present.

Participant 3: Yes in the wards we also do in-service training, we are performing our own in-service training and have our in-service books whereby after the presentation the person who was presenting is given feedback by the people who were attending the in-service.

Researcher: So base on the information that you have given that there is in-service training going on in the hospital centralised placed so the recommendation is that you need more for the centralised place what about there in the wards?

Silence

Participant 5: Excuse me, what about....

Researcher: You have made recommendations for in-service training for the whole hospital; in your ward what can you recommend, saying if this could be changed or done in the wards, in-service training will go effectively in the wards.

Participant 5: In the wards in-service training will go on smoothly if we involve everybody in the wards make it a point that individuals they can choose the topics that they are feel comfortable with in order to prepare to give in-service training unlike if you give person a topic only to find out that the person cannot give any information or does not understand the subject properly. It is better if the individual chooses the topic and then deal with the topic and then there after everybody can give inputs in whatever they if they are available.

Participant 2: I also think that if we as operational managers can become exemplary to our subordinates in a sense that we also prepare to some extent present to them in the wards so that they become encouraged also because sometimes we have a draft, we have a plan and we can plan in the ward that so and so will present. Then by people not committing, they keep on postponing and postponing so everything will be put off and so if we commit as operational managers and be set of become exemplary and be advance in miles something will tick. I think this is a motivation for others to buying in to realise that it is critical that in-service trainings are conducted in the ward. Once they accept a topic they will commit because they have seen you doing it. So they will not be under pressure but feel that it is necessary for them also to prepare and present their topics.

Researcher: Ok, have we exhausted all the recommendations? All participants remained silent.

Researcher: From what we have discussed I picked up that you need in-service training and you made recommendations that for the central place what are things that should to be done so that all the people should gather in one place and you also made recommendations for in-service training in the wards whereby you maybe identify a need that you want to empower your fellow staff members. Lastly I would like to say thank you to all of you for your time, for your contributions, thank you so much you are really appreciated, thank you. Time for refreshments, sweets and drinks are there. Thank you.

All participants: Thank you.

Participant 4: Thank you also Mr. Letlape we did not know that in-service training is so broad, you can split it into different areas.

Participant 2: Even a small unplanned in-service training for few minutes can make the difference.

Participant 4: I do not know but I think if as operational managers we can come together one day to make a 'braai' and talk about in-service train to see how we facilitate it.

Participant 2: You are right, I think if we do not support one another, you get staged and wonder if you are on the right track, so if come together we will be supporting one another and strategise together.

Researcher: Thank you so much.

THIRD SESSION

This study was done in one of the selected psychiatric hospitals in Gauteng Province. Four participants volunteered to participate in the study. The researcher introduced himself to the participants and explained the purpose of conducting this study. The anonymity and confidentiality of the participants information was explained to the participants. To ensure anonymity the participants were allocated numbers which they will use instead of their actual names.

Researcher. Afternoon ladies and gentlemen, welcome to this session, this is study about in-service training needs of psychiatric nurses in Gauteng Province. Whatever we are going to discuss here will be kept confidential meaning it will be between you, me and my study supervisors at the university. Each one of you will be allocated a number which we will use it instead of using names during the discussion. This means you are not allowed to call another participant with his /her name but call her or him with the number allocated to him. For example I agree with participant 4 when he says this.... We have plus/minus one hour to discuss. There is no right or wrong answers in this discussion, whatever idea you are having in mind is very important. All the inputs will assist in explaining the in-service training needs of psychiatric nurses. Before we start with the discussion is there any question regarding the allocation of numbers and the confidentiality of your information.

My question is what are your in-service training needs as psychiatric nurses? In other words do you need in-service training as psychiatric nurses, if you need it what are your reasons and if you do not need or do not see a need to do it also state your reasons? Anyone can start.

Participant 3: According to my opinion I think we need in-service training in psychiatry because we are dealing with the patient as a whole being, so we are not only treating the mind also the body but we are treating the body which means everything that affects the body can affect the mind so we need in-service training on the things that we are not exposed to such as medical conditions so that we can intervene when we have such. Thank you.

Participant 1: According to my experience here in the hospital there is not like proper sufficient in-service training. The in-service training that I personally think we are in need of is like the recent researches which come up if you read medical journals, via internet and so on, like recent researches about medications, recent theories everything that relates to psychiatry and the care of the patient because really we did like psychiatric nursing many years ago, personally I training ten years ago and there are recent researches, recent reviews, recent updates and so on. We are basically clueless to those like recent interventions because even the DSM IV has

been updated but we are left behind even the theories of diagnosing patients have been upgraded and forever evolving and changing and we are left behind.

Participant 2: Yes, in my view we need in-service education in psychiatric nursing especially in medical conditions because the patients that we have here have medical conditions, I believe that if you learn something, it will be written in your mind and at the end of the day you will use it one day. So I think if you are kept updated with new research and new technologies that is used nowadays, that will be great thing to us, we really need in-service education of which we do not get that much here in the institution.

Participant 4: I think in-service training is a need in psychiatry for nurses the reason being that we are dealing with patients that you can expect anything from them; you can not say I know the patient, anything can happen any time so need in-service training to handle whatever the situation effectively. Also want to add what participant 1 has said we have to know the recent researches, technologies, theories and the latest developments in psychiatry latest developments in psychiatry and the DSMIV, theories and researches and what is coming that is new in terms of psychiatry of which we are not getting enough.

Silence

Researcher: You are saying you need in-service training so how is it affecting you physically, psychologically and socially? Because as human being you have those aspects meaning the physical being, psychological being and social being, how is it helping you?

Silence

Researcher: Let us look at in-service training this way; like you are saying you need in-service training, so how is affecting you physically, psychologically and socially. As a human being you got these aspects and if you do something it affects those parts of you. When you do this in-service training how is it helping you physically, socially and psychologically as professional nurse?

Participant 4: I would say if I get a type of in-service training, it will make me to be competent. Actually be confident to handling whatever situation that I will be coming across instead of being mediocre professional nurse, doing things because that is how they are generally being done, but I will be able to think more than just being general.

Participant 3: To add on what participant 4 have said when you get information one becomes confident and when you are confident there is less stress in your body and in your mind that

reduces most of the negative effects even on your work, so I would say it is really important to get information for one to be confident in what you are doing.

Participant 1: What they are saying is highly true; because like I give you a scenario if you get undermined by your colleagues at work because you are under informed, ill informed or you lacking the knowledge and when you get home your spouse may ask you a simple question and you end up snapping at them because you are already irritated the whole eleven hours you spent at work; you are irritated. So the few hours you gone spent at home before you sleep you may just cause tension in the house and so forth. Furthermore if you are properly informed at work you will be functioning independently, professionally and proficiently because you will be empowered by the information you would not having scenarios whereby your colleagues might be discussing something and when they ask you for your input you come up blank.

Participant 2: Let me add on what was already said by participant 1, 3 and 4 yes you know in-service education boost your confidence and you become more productive at work because of in-service education because you are having information and psychologically yes you will be confident, socially yes it built your self esteem will be improved if you know that because as a professional nurse you know the conditions and how to deal with certain situations related to patient care, that is all from my side.

Participant 4: Just to add on that, I am participant 4, I will also say if we have sufficient in-service training it will also reduce medico-legal hazards because we are dealing with patients, that there is violence; patient to patient; and patient to staff like there is a recent case whereby the patient was involved with a doctor and a nurse but if we are sufficiently informed does not mean we will be perfect but may be something better could have been done differently to avoid the situation to even go to a level whereby people died. If you have sufficient in-service training you will know how to use the legislature you know in terms of the acts or regulations that govern the way we behave in our profession so that we know when we are covered and when you are not covered, by doing certain actions or when you are not doing certain actions because currently really we are doing things we do not even know which acts is applying to us or how do they apply. We may know that they govern us but we do not know actually how they apply so it is not extensive enough for one to be so secured.

Participant 2: One last addition also, I would like to make an addition also in this hospital we get students as well from different colleges so they come here they expect us to be knowing almost everything especially related to nursing so if they come they have heard new regulations and new information about certain conditions or something related to patient care. They come

here asking questions expecting to get more information from you and if you do not know the answers because if you do not get in-service training you become blank that is an embarrassment to the student as well because they came here for learning.

Participant 3: I would say in our hospital they are trying to do the in-service training but it is mostly based on the psychiatric conditions and some of the difficult things but they tend to forget most of the things that affects the employees things like eh, safety, they usually; that is not done. I think since I have been here in this hospital I have never seen a disaster drill, things like that, so they just forget such things which are important. You know it is such things that can just happen and if disaster happens everybody will be like going opposite way.

Researcher: What are others saying in relation to what she has said? What can you add on?

Participant 4: I think what participant 3 have said it does happen, currently I may think the institution may be saying; they undermining the fact that they are not having lot of disasters incidence, they are not actually practicing you know so that when disaster happens we know we are triaged accordingly. It is not happening as I have been here for the time that I have been here for..... *laughing*.

Participant 1: To add on what you say, most managements or particularly our management, are not proactive but they are just reactive when something happens is when you will see a policy coming out or protocol coming out or something pertaining to whatever the incident that has happened and they will be saying you must do things this and that but prior to it that incident there is nothing. There was a patient in some of the wards they needed something from the emergency box when they check it was not there and the dispensary never issued it, the dispensary never made a follow up when they receive a stock of that particular amp so that they can forward it to the ward and when the emergency came up that is when they noticed that it is not there. So now they are coming with thing that we must check an emergency box on a daily basis; based on that one incident. So always waiting for something to happen first before they can do something; maybe that is why on these circulars there is a quality assurance post.

Researcher: Based on that information that you have just mentioned that information or policies will come out after something has happened, what we can say, what are our needs then from that statement regarding in-service training. What can we do about our needs for in-service training in relation to what has happened?

Participant 4: Well are we saying it is a problem when a policy per se comes about because we are been reactive, because think situations differ maybe there might be no reason before for

the policy to be there before but hence now seeing that we had this incident we are trying to set precedence. So I would rather enforce that everybody understand the policies to know the policies, involve everybody when they developing the policy, so we all understand what the policy is all about. The thing with them is that they are make policies on their own they are not consultative so that everybody understands the policy and why is it there and how it should actually apply.

Participant 1: To make a follow up on what you have said, because I personally if I was given a task of managing, I think you will have to know each every single thing which happens in your institution and know exactly what is done, and even go out to other institution to find what they are doing, how they doing it and why they do it so that whatever applies to them can apply to you. If you can think back since my first year as a student in general wards there are emergency trolleys which are checked daily. That is why they say is an emergency trolley the first thing when you come in the morning you make sure that everything is there, that is why they say it is an emergency trolley, you make sure that everything is there. Here they took it for granted, they gave the job to the dispensary people now the problem comes up that is when they thinking as nurses but if they have thought about this that since their training this is what we have been doing, so I was surprised when I came here and find that the emergency box is done by other people so basically what I am trying to say is as nursing manager or as nurses we should try to uphold the quality and standard of nursing as it should be not the way maybe like we are in a psychiatric institution is not general hospital disregarding these other disciplines. Just concentrate on a psychiatric nursing, saying I just give tablets and give education and just forget about other things as they were talking about general conditions, there are those generally disregarded physical conditions. It comes to a point whereby you tell them that there is a patient with chicken pox they ask if it is confirmed even in the general institution when you suspect it, even before you can confirm that the vesicles are of chicken pox you remove that person until you confirm not to leave them there and when it spread is then you say oh, it was, so let us seclude people and do that barrier nursing and so on. They tend to forget these other disciplines and just say we are psychiatric nurses; we do psychiatric related tasks and let us forget about general nursing. I do not think it is the way it is supposed to be.

Participant 2: According to what has just been raised by respondents, I think one of the most important things that needs to be done about in-service education so that management is not reactive instead become proactive so I think they should go to each and every employee or nursing staff in the hospital to find out about their training needs, everybody's training needs and on top of that if they see that something is not included they must include it.

Researcher. What I pick up from participant 1, there is a need, there are things that are done, but are not done properly and other people know that what they are not done properly and some do not know, so what can be done? What will be our in-service training needs to get all these in order?

Participant 3: What do you mean when you say what will be our needs?

Researcher: I am mean that in-service training is about sharing information, so what I would like to get from you is how can you use that in-service training to correct that situation in other words? So that what was not done properly or efficiently can be corrected using in-service training.

Participant 3: In-service training can be theoretically and practical or can be both, by one being exposed to in-service training will go out with knowledge and when they go out with knowledge they share it with other people and that correct the wrong doings and it empowers people. So we really need in-service training that is where we are lacking in-services so that we can teach others and correct the wrong things.

Participant 2: What I think is that the person with a certain has information about a certain procedure or something that is done wrongly has to share the information, for example at ward level and then if it needs to be understood by everybody in the institution, so that person can liaise with the training coordinator so that it can be done centrally so that everybody in the institution is aware of the new procedure that we need, liaise with the training coordinator and so that collaboration with the training coordinator so that you can do central in-service training so that everybody should know.

Participant 3: To add on participant 2 I think the in-service training per se it should not be something that is conducted by one people like the normal norm that it must be done by managers, I think in-service training should involve everybody. If somebody can like volunteer on the certain topic, he is really aware of it and ready, confident to give information and train people about it and understand it. I think if they can do this it is going to help.

Researcher. What you are saying now is what I was going to ask you later about recommendations, what can be done to improve in-service training, so is like you are already there recommending, so you can add on recommendations. What can be taken forward regarding in-service training?

Participant 3: According to my opinion on the recommendations, the way I see things, I think we are mostly aware in this hospital that there is of lack knowledge and we need in-service training but then sense of ownership is not there so I think if the ward managers can make sure that in the wards they discuss the things with people and involve them in the decision making come up with the topic that are relevant to the people. Make it a team thing and I think with the team spirit it will really work because everybody will be having the ownership the topic and we really need this in-service training and we will all go there to listen to this person.

Participant 4: I do not know but what I have observed is that they say they are having training courses; normally they sent a list recommending that people put their names and attend the course. In a short period that I have been here I have noted that few people will go to those courses or if none, you know. I do not know maybe the culture itself of the either employees or the management has that people will not attend. People needs to be re-educated about how is it important to get in-service training because they end up doing mediocre work down there and it is not supposed to be like that, that is what I have observed.

Participant 2: Recommendations what I have observed is that there is always poor attendance if the in-service training is done by a person from the hospital what I have observed, usually when they see a circular that somebody from external everybody become very interested and the attendance improves I do not know if everybody has observed that. So what I would suggest is that for some of the topics that we are to attend, if they could bring people from outside because people show interest when it is someone from outside. If the person is from inside, they know this person and some have personal issues, they will say I will not attend in-service training conducted by participant 2 for example. What I have observed people from outside they come here to give in-service education there is a lot more attendance.

Researcher: From what you are saying it means for in-service training to occur we need people from outside. The question is what about in the wards sharing information at ward level?

Participant 2: I mean central in-service education but then at ward level.....

Participant 1: I would like to dispute what participant 2 is saying although there is certain truth towards what is saying, but I would say those that come from outside they come to present topics which we mostly we have interest in and people are curious to find out what they are bringing to the people. Then most of those which are conducted by the people internally some we do not have much interest and then we tend not to attend. So it comes back to the issue, I do not know who raised it exactly, the issue of going around to finding out peoples' needs or

interest as to if I present this will you come or not. So if you goner make-up your mind and say I will present without finding out if people are interested or not then it end up appearing as if we are disregarding or undermining the presenter whereas it might not be exactly be the fact. There is some truth in what you said, the attitudes do affect learning.

Participant 3: Lack of ownership.

Researcher: What can be done to make people feel like they own their in-service training?

Participant 1: You know they raised the point of in-service training in the wards; you know there is this paper thing, that they circulate at the either at end or beginning of the year where we write our interest to learning and needs for in-service training. You know in my ward I remember there was someone who wrote something like taking blood pressure, I do not remember, it is a simple thing people have been here for too long, people have not been doing it so much so they end up forgetting exactly what you must listen for, when you pump where to put a finger first here or there, put a stethoscope immediately, it is a genuine need for some people, but it is not attended to. If you do not attend to my basic need then if you goner come up with; we are presenting mania, but you did not attend to me when I wanted to learn about taking blood pressure so will I jump this and go there? So people's needs are also been neglected, or being weighed; they should know this and why doesn't she know that.

Participant 4: I think adding on what participant 1 is saying it is true, we are made actually to write our training needs but as to the feedback as to what we submitted, it is like not coming forth. There the management must really take it seriously because people recommended their training needs, should be attended to and not obviously undermining or overlooking the fact that they might have seeing a certain training need they need the staff to attend but they must look at the training needs we submitted individually because at the end of the day those needs are not met, they are fighting a lost battle.

Researcher: You are saying you are writing topics for in-service training are not attended to so what can be done to make sure that when you write those needs they are attended to or are presented?

Participant 1: I am goner go back to this circular the post of the quality assurance if you are in that post and you are not ensuring that there is quality all around, because with quality assurance is not only about looking at buildings if they are falling or not, food patients are eating, you have to make sure that your staff are having quality managerial something; feel that

you are being valued so that they give back the quality care and quality workmanship. If you feel you are being undervalued even the in-services as I was saying before if they say there is in-service training you will end up saying what is the point of going there, you end up having attitude towards management and towards whatever thing they bring to the table.

Participant 3: It goes back to the point of ownership if people should be involved, they discuss things at ward level and take ownership and involved in the development of in-service training rather than the topic coming from the management and they are the ones who are presenting. So people feel do not have interest at all because the management is dictating so they do not care, what has to be done something like that.

Participant 2: As we mentioned that at the beginning of the year or late towards end of the year, every staff member writes his/her learning needs and some are attended to and some are not attended. For the mere fact that some of the learning needs are not attended to and people are not given feedback like why I wrote a topic of interest but it is not attended to I need a feedback about that. The following year when they say again I must write again the topic of interest, people get de-motivated so two people will write their topics end up having four topics that is why they had few topics to present are not done the previous year it was not attended to when I wrote it.

Participant 4: To add on what participant 2 have said, it is great importance that it goes to ward level where the employees are directly based in the same ward and they see each other and if there is one topic of interest then it will benefit each other, if there is one competent nurse they will help each other at ward level, it will so critical and helpful rather than actually centralizing it for management, I think that will be better.

Participant 2: Also to add on that the ward level in some wards it is not consistent, you find that in the beginning of the month everybody will be asked to bring a topic of interest that she or he is going to present in the wards where it is done it really helps everybody in a unit presents a topic that he chose himself or herself. But it is not consistent in all the wards but if it could be done in all the wards then we would not need that centralized in-service training that is for few topics that can be covered at clinical level in the ward level.

Researcher: It seem you view in-service training as beneficial to you as helping it is happening, you mentioned recommendations but I have not had much of how in-service training benefits you as psychiatric nurses, coming through because there were lot of them coming out. Can we look again on how we benefit from in-service training?

Participant 2: As number 2 I think we that we already covered that, remember when you ask the first question saying are we benefiting from doing in-service training unless if some is having another view.

Participant 4: I think we have covered that but I would say professional development comes along because as a person you develop professionally because you came into the institution knowing few things but gradually you developing then enables you even when you are out of the institution you are able to show that you are developing professionally. You are able to give quality care, treatment and rehabilitation and that is relevant to the patient because at times you find that the prescription of doctors does not mean always they might not be wrong sometimes but if you are not 100% clued up about treatment you may find yourself having given a wrong treatment, but if you are knowledgeable you will help in terms of advocating for the patient where there is improvement you also advocate for patient in terms of the medical treatment.

Silence

Researcher: Is that all our needs for in-service training?

Participant 4: the needs for in-service training for psychiatric nurses are so broad for me because our patients come from very different dimensions of life, culturally you have to be flexible in psychiatric field for it become part of how you manage your patient and it differs from one patient to another one patient might be a Moslem and if you do not know, so we need in-service training regarding cultures so that we become sensitive to each culture and language sensitive because at times language becomes a barrier with our patients in psychiatry and that makes a problem even in our multi-disciplinary team the way we communicate at times it become one sided you know it like doctors speak their language we are there to take orders and give to the patient at times, it really needs to be inclusive and I do not know how we could approach it, our needs are very broad.

Researcher: How is your physical need or psychological need or social need addressed when you give in-service training or when you receive in-service training? I know some of the points you mentioned them earlier is that all.

Participant 4: If my in-service training needs are met , socially more effective at work the less stress you are taking home and here at workplace there will be less absenteeism because one will be motivated to come to work because he knows what he is doing at work and perform mediocre whether you are coming or not it does not an issue if you know why you are coming to

work because you got quality in-service so less absenteeism and you will not be bored but if you are not getting in-service training you will be bored because of doing the same routine work and not developing professionally as an individual just doing the same work same as last year.

Participant 1: To add on what participant 4 have said where you have this manager who is having less information than you have and when you try to in-service him, then tells you that they have been here long and they know better what is going to motivate you to come to work and do your duties perfectly as you must. If the person you are working with is like giving you motivation to better your came what is goner motivate you to come to work and do the work professionally, efficiently as you in-service does affect every party

Participant 3: Isn't psychiatry a specialised area whereby any professional can come and work without any skill, so we are not only managing our patients but also their families and their community and when one's mind is affected it affects the whole body as nation so I think it really helps the way we present ourselves, the attitudes towards the patients, attitudes towards families and attitudes towards communities with respect to the patients' rights charter so if you know what is it says so it will be that you do not break the rules you just ignore what is being supposed to be done.

Silence

Researcher: Is that all our in-service training needs?

Participant 4: it might not be all but may be one is thinking broadly in terms of the discussion but one might need to think broader than we know.

Researcher: Let talk about our professional development, how is it affecting your professional development?

Participant 1: the more you learn the more you are empowered. So the more you get in-service training about things that are related to your field can develop you. So you will develop through the career path of the institution, from the junior professional nurse as student nurses always brought to our institution.

Participant 2: in-service training like mentioned earlier it will make you more confident and competent and there will be more customer satisfaction and increased productivity and your institution will be rated highly.

Participant 4: I think what we also need in this institution, I wish we were having a library for where there are journals, books and even daily newspapers and latest books around psychiatry which will enable one not to depend on somebody getting information for you, then if the institution has the library that is so functional it helps.

Researcher: The library will only empower you alone unless if you share the information after reading.

Participant 3: To add on what participant 4 have said, she said a critical point, a confident person always shares information does not wait to be asked questions but they usually teach on the spot if one is having information had to pass it to other people. It is easier if some one is having information to it to other people.

Participant 1: I know if you share information with someone who is having interest you may go a step further go and find some more information and comeback and to share it with you and you will do the same over and over again meaning that at least the information sharing will never stop. Meaning learning and self growth will always forever in progress and never stop.

Silence

Researcher: Is that all the needs we have about in-service training?

Silence

Researcher: If that is all, thanks for your time and energy and for participating in this discussion, as you participating at end of discussions I will come back to you to give you my interpretation of your information so that you can agree or disagree and yes this is our needs or that you do not get it clear. Thank you so much once more.

