

Chapter 6

Recommendations and Suggestions

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Chapter 6

RECOMMENDATIONS AND SUGGESTIONS

6.1 RECOMMENDATIONS:

Recommendations are not only the outcomes derived from the statistical analysis of the instrument of research but also from the inputs received from the interviews conducted with the nurse educators, matrons and respondents(nurses) themselves.

6.1.1 Public Sector Hospitals:

- Training programs of nurses should be taken seriously by the management. Training programs should be more organized and conducted on a regular basis- Weekly one hour lecture and One day In-service training program once a month. Advanced updated knowledge will keep the nurses abreast of the changing scenario in the medical field. Prior information about the details of the training program should be communicated to the trainees.
- Investment in training programs can be cost effective in the long term due to low attrition rate of nurses. Job satisfaction is sacrificed for job security and higher salary structure. Knowledge up-gradation by training programs will help the nurses overcome their dissatisfaction and keep them motivated correlating effective in-service training programs with quality patient care and cost-effectiveness.
- Training Programs are generally discontinued after a short run. A training program should be continued till all the nurses have had the opportunity

to attend it. The session should not be discontinued before all the nurses have benefitted from the training program.

- Induction and Orientation program should not just be one-day introduction to the wards but a structured and intense training program where the nurse is introduced to the management, wards and work culture followed basic practical training on hygiene and hospital acquired infections. Training on HIV, TB and other communicable diseases should be included in the Induction Program as the nurses are exposed to these patients regularly. Heavy patient inflow and understaffing in Public Hospitals is a common scenario. Hospital cleanliness, Bio-medical waste management, smooth and efficient stress free management of departments should be introduced in the Induction Programs

- In-service trainers can plan more effective in-service training programs with the assistance of in-service training committees consisting of matrons, nursing managers, ward in-charges and teachers in nursing. In-service trainers can utilise a broader spectrum of methods to assess the needs for in-service training programs. Examples are questionnaires for nurses and the use of a suggestion box.

In-service trainers mostly use the formal lecture method of teaching. It is not viewed as the most effective way of adult teaching because it does not bring about optimal participation in the learning process. Other methods such as self-experience exercises, simulation and practice instructions, could be used more often.

The range of age and experience of participants should be considered to make an effective group for the training program.

Prescribing compulsory subjects is contrary to the principles of adult education. Adults are supposed to participate in planning their own in-service training.

Attendance of in-service training programmes and group discussions does not indicate optimal involvement by nurses. Nurses as adult learners

should be able to see, hear, speak, understand and do for optimal learning to take place. It is important to use other appropriate teaching methods, adequate time and language, where nurses can comprehend and are totally involved in the learning process.

- Attention should be given to the fact that nurses' high workload and unsuitable timings, interfere with their attendance of in-service training programmes. In-service training can be planned in such a way that nurses have the opportunity to attend.
- A concrete reward for nurses who participate actively in in-service training programmes should be considered instead of only the testimonials and enrichment obtained from in-service training. Improvement in career opportunities can well work towards complete involvement in the training programs.
- Evaluation of training programs other than Pre-test and Post-test methods should be designed and used for evaluating the effectiveness of training programs
- Many pharmaceutical companies like Johnsons, Cipla, Ethicon etc. are already managing training programs in hospitals. Such pharmaceutical companies can be roped in with their finances and expertise to support training programs. With dual advantage of their brand promotion and CSR many companies are willing to participate in the training programs.

6.1.2 Private Sector Hospitals:

- According to NABH policies, heavy investment is made in training programs. High turnover rate of nurses is a common problem in private sector. How to improve nurses' willingness to stay in their jobs and reduce

the high turnover rate should become the focus. While direct costs are those costs that are more obvious or tangible, indirect costs are those that cannot be readily assigned to a specific activity, that may be hidden or inappreciable, such as productivity losses, quality of nursing care, medication error incidents and loss of organizational knowledge. Attention needs to be paid to correlating effective in-service training programs with quality patient care and cost-effectiveness

- A concrete reward for nurses who participate actively in in-service training programmes should be considered instead of only the testimonials and enrichment obtained from in-service training. Higher salary structure, improvement in career opportunities can well work towards complete involvement in the training programs.

- Nurse educators can plan more effective in-service training programs with the assistance of in-service training committees consisting of matrons, nursing managers, ward in-charges and teachers in nursing.

Nurse educators can utilise a broader spectrum of methods to assess the needs for in-service training programmes. Examples are questionnaires for nurses and the use of a suggestion box.

Nurse educators mostly use the formal lecture method of teaching. It is not viewed as the most effective way of adult teaching because it does not bring about optimal participation in the learning process. Other methods such as self-experience exercises, simulation and practice instructions, could be used more often.

Prescribing compulsory subjects is contrary to the principles of adult education. Adults are supposed to participate in planning their own in-service training.

Attendance of in-service training programmes and group discussions does not indicate optimal involvement by nurses. Nurses as adult learners should be able to see, hear, speak, understand and do for optimal learning to take place. It is important to use other appropriate teaching methods,

adequate time and language, where nurses can comprehend and are totally involved in the learning process.

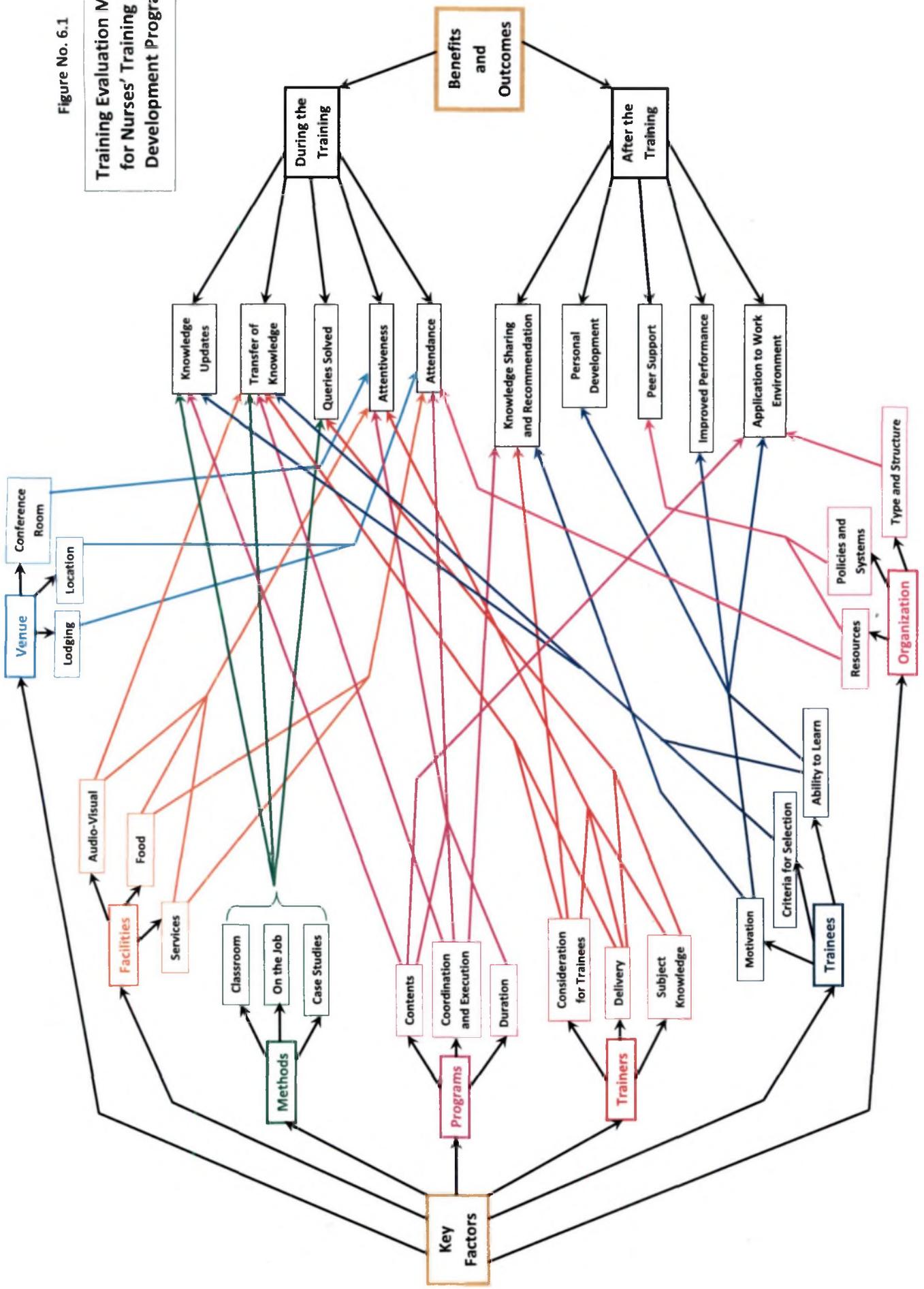
- Many pharmaceutical companies like Johnsons, Cipla, Ethicon etc. are already managing training programs in hospitals. Such pharmaceutical companies can be roped in with their finances and expertise to support training programs.

6.2 Suggestions:

Based on Data Analysis, Observations and Findings, the researcher has developed a Model for Evaluation of Training Programs designed for Nurses and Paramedical Staff of both sectors, private and public, of hospitals.

Figure No. 6.1

Training Evaluation Model for Nurses' Training and Development Programs



Explanation of Training Evaluation Model for Nurses' Training and Development Programs

Table 6.1 Evaluation Model Tabular form				
No.	Key Factors	Sub-Key Factors	Benefits and Outcomes	
			During the Training	After the Training
	1	2	3	4
1	Programs	a Contents	Knowledge Update Attentiveness Attendance	Application to Work Environment
		b Coordination and Execution	Transfer of Knowledge Attentiveness Attendance	Knowledge Sharing and Recommendation
		c Duration	Attentiveness Attendance	
2	Trainers	a Consideration for Trainees	Transfer of Knowledge Attentiveness	Knowledge Sharing and Recommendation
		b Delivery	Transfer of Knowledge Queries Solved Attentiveness	
		c Subject Knowledge	Queries Solved Attentiveness	
3	Trainees	a Motivation		Knowledge Sharing and Recommendation Personal Development Improved Performance Application to Work Environment
		b Criteria for Selection	Transfer of Knowledge Knowledge Update	
		c Ability to Learn	Transfer of Knowledge Knowledge Update	Personal Development Improved Performance Application to Work Environment

Explanation of Training Evaluation Model for Nurses' Training and Development Programs

No.	Key Factors	Sub-Key Factors	Benefits and Outcomes	
			During the Training	After the Training
	1	2	3	4
4	Methods	a Classroom	Knowledge Update	
			Transfer of Knowledge	
			Queries Solved	
		b On the Job	Knowledge Update	
			Transfer of Knowledge	
			Queries Solved	
		c Case Studies	Knowledge Update	
			Transfer of Knowledge	
			Queries Solved	
5	Venue	a Conference Room	Attentiveness	
		b Location	Attendance	
		c Lodging	Attendance	
6	Facilities	a Audio-Visuals	Transfer of Knowledge	
			Attentiveness	
		b Food	Attentiveness	
			Attendance	
		c Services	Attentiveness	
			Attendance	
7	Organization	a Type and Structure		Application to Work
		b Policies and Systems		Peer Support
		c Resources	Attendance	Peer Support

The "Key Factors" of evaluation of training programs are mentioned in Column No. 1 with "Sub-key Factors" in Column No. 2. The "Benefits and Outcomes" "During the Training Program" are mentioned in Column 3 while the "Benefits and Outcomes" "After the Training Program" are mentioned in Column 4.

This "Model" has been derived by the Researcher from the data analysis and conclusions of the Research. The Model can be applied for the evaluation of training programs as the Model indicates relationships between factors of evaluation and outcomes & benefits of training programs.

Future Scope of Research:

1. This Model has not been tested for its validity and reliability which may be the future scope of research.
2. Scope of this Research can also be extended by conducting similar comparative studies in PCMC area and other parts of the state.
3. With consent from proper authorities, the training programs of the Central Government hospitals and District Hospitals can be studied and evaluated in comparison with other sectors.
4. The basis of selection of nurses from various public hospitals for the training programs conducted by the government needs to be studied and evaluated.
5. Planning of participative and effective training programs for the nurses in Public Sector Hospitals needs more research.
6. Effective use of training for reduction of nurse turnover in Private sector hospital can be a topic of research.
7. Different evaluation methods can be suggested to understand the benefits/outcomes of the training programs.