

**Deanship of Graduate Studies
Al-QudsUniversity**



**Effects of In-Service Training Programs on Nurses
Performance at Governmental Primary Health Care
Settings-Gaza Governorates**

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MPH Thesis

Jerusalem- Palestine

1439 / 2018

**Effects of In- Service Training Programs on
Nurses Performance at Governmental Primary Health
Care**

Settings-Gaza Governorates

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A Thesis Submitted in Partial Fulfillment of Requirements for
the Degree of Master of Public Health/Health management
Al-Quds University

1439 / 2018

Al-Quds University
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Thesis Approval

**Effect's of In-Service Training Programs on Nurses Performance at
Governmental Primary Health Care Settings-Gaza Governorates**

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Jerusalem – Palestine

1439/2018

Declaration

I certify that this thesis submitted for the degree of Master, is the result of my own research, except where otherwise acknowledged, and this study (or any part of the same) has not been submitted for a higher degree to any other university or institution.

Signed:

Name: Ahmed MousaJouda

Date: 15/7/2018

Dedication

I dedicate this work to my family with tremendous love, thanks and gratitude.

To my parents who taught me how to be myself and always believed that " I could do it".

To my dear wife, for her understanding, support and encouragement

To my son and daughter, Haytham, Yousef and Naya.

To my brothers, sisters and my friends.

To everyone who contributed to get this study a reality, thank you.

AhmedMousaJouda

Acknowledgment

First and foremost, I thank Allah for helping me every moment and during my study.

My effort alone could not have produced this thesis, a number of individuals provided invaluable support and guidance, which helped shaped both the contents and process of completing the work.

My great thanks and gratitude's go to my supervisor Dr. YousifAwadwho was kind enough to acceptSupervising my work.

I would like tothank theacademic andadministrativestaff of the school of public health Al-Quds university for their guidance and support.

Speciallythanks to Dr. Bassam Abu Hamad for his support,encouragement and simplifying issues related to study.

special thank to Dr.Kitham Abu HamadAnd Dr. Yehia Abed for their guidance andsupport.

Last but not least, many thanks to all who participate and respond to this studythe Ministry of Health in Gaza Strip.

With respect,

Ahmed Jouda

Abstract

The overall aim of the study is to evaluate the effects of in-service training programs and their contribution in improvement of the nurses performance at governmental primary health care clinics in Gaza Governorates.

The study design is descriptive, analytical, cross sectional one, The selected sample size was 185 nurses who had participated in training programs and working in the governmental primary health care at different clinics in Gaza Strip. The participants were selected through a proportional stratified sample. Quantitative data was collected through a self-administered questionnaire which was developed by the researcher, in addition, three focus group discussions were conducted with purposively selected 23 participants from different clinics using semi structure interview questioner. Response rate was 100%. The overall reliability was high (Chronbach's alpha .943). Data was entered and analyzed using the SPSS program for the qualitative data while open thematic techniques was used to analyze the qualitative data.

The study revealed that females constitute 67.6% while males constitute 32.4% of the participants. Most of the participants were more than 35 years old, 40.5% of them aged between 36-45 years. More than half of participants 51.4% were holding bachelor degree in nursing; 7.5% of the participants were holding master degree.

The study finding that the total revealed mean of the study dimensions was (3.809=76.18%) for all domains indicating that their perception is good about the training programs. The highest mean was about "effects of training programs" domain (4.01=80.22%) revealed that the general perception of this domain was positive, and the lowest mean was "training environment" (3.61=72.3%), and the role of the institution regarding training (3.68 =73.74%). This implies that the providing of training was conducted in not interested training environment, and inadequate support of the administration regarding the managing, monitoring and follow up of the training programs.

The study results showed that there are no statistical significance differences in all the study domains regarding to gender, marital status, age groups, nurse's qualifications, job title and years of nurse's experience.

Focus groups results revealed that the training programs are important to improve performance and need more attention, managing, monitoring, support and follow up from the administration, participants also express that the training needs enough time to cover all subject's details, discussions and practicing.

The study recommended that the policy makers at the primary health care should pay more attention and do more effective efforts in the follow up and the monitoring of training programs and to give priority to the assessing and the evaluation of the training programs.

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List of abbreviations

AIIMS	All Indian Institute of Medical Science
ANA	American Nurses Association
ANOVA	Analysis of Variance
BSN	Bachelors Degree of Science in Nursing
CE	Continuing Education
CSU	Colorado State University
EGH	European Gaza Hospital
FGDs	Focus Group Discussion
GGs	Gaza Governorates
GS	Gaza Strip
HR	Human Resource
MCH	Mother Child Health
MoH	Ministry of Health
NCD	Non Communicable Diseases
NGOs	Non-Governmental Organizations
PCBS	Palestinian Central Bureau of Statistics
PHC	Primary Health Care
PNGO	Palestinian None Governmental Organizations
SPSS	Statistical Package of Social Science
UCAS	University College of Applied Science
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WB	West Bank
WHO	World Health Organization
WBPER	West Bank Public Expenditure Review

Chapter 1

Introduction

1.1 Background

Employee is considered as the major element of every organization and their success and failure mainly based on their performance (Waheed, 2011). Training and development is an aspect of human resource practices that help in enhancing employees' skills, knowledge, and competence capable of improving employees' ability to perform more efficiently

(Palo & Padhi, 2003).

It is thought that winning organizations generally spend more in training in contrast with others because training aids workforce to acquire the information of their employment in a finer way and individuals gain knowledge from their viable experience, much healthier performs in contrast with academic, and therefore training is considered to have a major effect's on health organization efficiency (Jinnah, 2015).

It is also noticed that more expense in training has led to more productivity, long ago it had been additionally demonstrated by numerous studies that, there are sound of associations amongst training practices and distinct measures of employee performance (Niazi, 2011). Moreover Devins, et.al. (2012) found that trained employees often work better as teams because everyone is aware of the expectations and can achieve them together smoothly.

World Health Organization (WHO), (2012) expression in-service training refers to training of persons already employed, e.g. health providers working in the public or private sector. The effects of in services training programs activities are to improve the professional practice of nursing and the care that is provided by nurses to patients. All Indian Institute of Medical Science AIIMS, (2012), define nursing in-service training, as a need was felt by the nursing administrators that a planned nursing in-service training needs to be started so as to increase the knowledge base of nurses in practice in order to improve & maintain high standard of nursing care at Primary Health Care (PHC). The research findings reported that it needs assessment and an evaluation of in-service training and emphasize the innovative aspects of it.

1.2 Research Problem

The MoH make a great efforts to meet the clients and community satisfaction, where nurses continuously dealing and contact with the clients in the PHC. This requires a sense of quality of services that has induced and provided by the PHC nurses for the clients, while improving the quality it will minimize patient suffering and complains, this could be achieved through improving the performances of the nurses by evolving in in-service training programs for sustainability for effective results and high qualities of care. In spite of different in-service training activities conducted in PHC.

The researcher feels that in-service training programs provided were repeated and duplicated in addition to the contents of these training activities was unsuitable for different nursing levels also was unsuitable for target groups, time, place, follow-up and monitoring from the administration to evaluate the effect of training program.

Also the researcher is interested to evaluate the effects of these training activities on the staff performance, regarding knowledge, attitudes, skills, practice and care provided. Therefore, the researcher focuses on the importance of in-service training programs provided which may lead to better nursing performance, that will reflect out the quality of services provided.

1.3 Justification

In-service training is defined as the informal training of nurses to improve their professional knowledge, skills and attitudes according to the demands of the nursing unit (Muller, 2009). The researcher inquires whether the in-service training programs that is offered for nurses in the PHC, are compatible with the current needs of the nursing staff, their performance and nursing profession or not. In addition to the gap between theoretical education and practical application in training.

So, the researcher in this study tries to shed light and gather information to assess nurses perceptions towards these in-service training programs, which could be return in benefits to improve nurses performance that lead to good quality of care. Therefore, lifelong learning and training is essential for the nurses to maintain and increase competencies in nursing practice. Despite of many and different courses done for nurses in PHC there are limited research studies shedding the light on the effects of in-service training programs in the

GGs. The researcher experience in PHC nursing and his interest in conducting this study is to high light the nurse's performance in this regard.

The study could explore and examine whether in-service training programs has changed practice behavior and improved performance. Furthermore, the nurse's needs and the way to achievethese needs through in-service training programs. Therefore, it is expected that the results of this study will have a practical importance to design In-service training programs for nurses. In addition, the study could determine the strength and weak points of the in-service training programs in PHC in GGs.

Therefore, the policy maker and the providers of in-service training programs should take an appropriate decision about what type of training programs to be offered, the suitable time and place and suitable targeted group to be offered to, and for sure, how to implement these programs. Therefore, the training programs should be well planned and based upon the actual needs of the nursing staff. Also the consequences of training programs should contribute positively to the health service that is provided.

1.4 Aim of the study.

The aim of the study is to evaluate the effects of in-service training programs and their contribution in improvement of the nurses performance which could lead to a good quality of care at PHCs, settings GGs.

1.5 Study objectives

1. To identify the effects of in-service training programs on nurse's knowledge and practice in PHCs
2. To highlight points of strength and weakness of the in-service training programs that are provided.
3. To assess nurse's perceptions, impressions and opinions about in-service training programs that they have received and how they were affected with the socio-demographic variables.
4. To suggest recommendations that has a positive effect on improving the training to meet an advanced nursing services.

1.6 Research questions

1. What are the effects of in-service training programs on the nurses performance?
2. What are the nurses perspective about the effects of training programs provided at PHC.
3. What are the strength and weak points of in-service training programs offered?
4. Are the topics received during in- service training programs, suitable for nurse's needs?
5. What are the difference responses toward training programs due to socio demographics factors?
6. What are the effectivetypes of training that improve the efficiency of nursing?
7. Does the trainer's competencyaffecttheimprovingof the nurse's abilities and their performances?
8. What are the main results revealed from the study that can be turned into recommendation for the PHC administration for future improvement?

1.7 Context of the study

1.7.1 Socio -Demographic Context

TheentireareaofhistoricalPalestineisabout27,000squarekm.(PCBs,2010),which stretchesfromRas-Alnakura in the North to Rafah in the south. Palestineboardedby Lebanon in the North, the Gulf of Aqaba in the South, Syria and Jordan in the East and by Egypt and Mediterranean sea in the West(Annex1).

The importance of strategicsettingofPalestineisthatitiscrossroadthree continents, Asia, Africa and Europe, which making it coveted place to many of the rapists overthe centuries. Palestine wasplaces under British mandate, finished by "Israel" establishment in 1948 in implementing the unfairand wicked Balfour Declaration in 1917 to providing a homeland for Jews, and as a result most of Palestinians became refugees in West bank (WB), GS, Jordan, Lebanon, Syria, and others countries (Abu-Lughod, 1971).

Palestinian population at the end of the years 2012 reached 11,552,716 all over the world.Approximately 4,356,932 lived in the Palestinian Territories (GS and WB) with a percentage 37.7% from Palestinian population over the world (MoH, 2012).

The age group (0-4)formed base of thepyramidwhichrepresent 14.7% of the totalpopulationwhereit formed 13.7% of the population of the WB and 16.5% in the GS and represents the highest percentage among the age group, where the age group (15-44)

represent 46.4% of the total population (MoH, 2012). It's a narrow land, located on the southwest of Palestine on the coast of the Mediterranean Sea with an area of 365 km. GS is a high crowded area, where approximately 1672.865 million live in 365 km², with an estimated density of about 4.583 people per square kilometer (MoH, 2012). It is divided into five governorates, North of Gaza, Gaza city, Mid-Zone, Khan-Younis and Rafah. The province of Gaza where the highest population density with an estimated density of about 7.823 people per square kilometer, while Khan-Younis governorate was the least population density governorate, which represent 2.925/km² (MoH, 2012).

1.7.2 Health care system

In the Palestinian context, MoH is the main regulatory body for all health care providers in the GS. The Palestinian health care system is further complicated because there are four main providers for healthcare services; MoH, United Nations Relief and Works Agency for Palestine Refugees in the Near East, (UNRWA), NGOs and the private sector for profit service providers; MoH is the main health care provider in GG, it provides PHC, secondary and tertiary care Service for the whole population, it purchases advanced medical services through referring patients to the neighboring countries and other private and NGO health care facilities. UNRWA provides PHC services to the refugee population, and purchases secondary and tertiary care services when needed (Annex 2)

The NGOs sector ranges from hospitals, to facilities supported by international organization, to community health centers. The private for-profit health sector also provides the three levels of care through a wide range of practices World Health Organization (WHO, 2005). This heterogeneity of providers and fragmentation of structure may negatively impact the effectiveness and efficiency of the care provided due to duplication of services that may occur as manifested by the phenomena of shopping among health care providers. In other words client are seeking health care from different care providers. These challenges facing the MoH are exacerbated by the intensified Israel siege after Israel declaration of the GS as a "hostile entity" (Hamad, 2009).

Additionally; unplanned growth of Human Resource HR is one of the main challenges facing the health sector (Chemonics International, 2008). There are shortages in many specialties, such as nurses, midwives, nutritionists, and dieticians, and surpluses in others such as dentists and pharmacists, In addition to shortages and surpluses in professionals

staff, the irrational distribution of HR has a profound effect on availability and accessibility of health services for the public (HSR, 2007). There is also a high rate of qualified and trained staff moving from the governmental sectors to work in the private sector, NGOs and/or to outside the Palestinian territories; consequently the 'brain drain' has an effect on the quality of service provided by the governmental health services (ChemonicsInternational, 2008).

These factors were aggravated by the unprecedented political division within Palestine which has had negative consequences on the health of Gazans including health care providers. These factors have also resulted in the MoH being burdened with capacity constraints impacting its institutional effectiveness, West Bank and Gaza public expenditure review (WBPER, 2007).

1.7.3 Primary health care services

The primary healthcare services provided by health professionals usually general practitioners and nurses in the community. The health care professionals in PHCs are considered the first point of contact with patients, who can be referred to medical specialists in second health care services in the hospitals for further checks and treatment as needed (MOH, Singapore, 2015). The ultimate goal of primary health care is better health for all (WHO, 2008). In addition, common primary health care services (PHC) includes outpatient medical treatment, medical follow up after discharge from hospital, immunization program, health screening and education, Mother and Child Health (MCH), family planning, school health, nutrition, diagnostic services and pharmaceutical services.

Regarding Governmental PHC services, MOH runs a well-established and well-equipped primary health care centers (PNGO, 2009). According to MoH, (2016) There are 156 centers distributed at GGs, 49 centers for the Governmental PHC, 22 centers for UNRW and 80 centers for Non-Governmental Organizations (NGOs), the MoH in the Gaza Strip owns and operates 53 centers of primary health care, including 18 centers of the second level, 21 of the third level and 10 of the fourth level in addition to mental health clinics, four PHCs were destroyed in the aggression of 2014, therefore the administration of Al-Zahra clinic turned to military medical services.

Regarding to the medical services of the PHC the number of people which visited the general practitioners are estimated at about 1,779,604 visits, and 0.93 visit per person, in

addition to 337,534 visit received nursing services in PHCs are followed to MoH, and the rate of visits was 0.25 visits per person.

Regarding child health and vaccinations, the vaccinations system in the MoH is considered one of the most important successes in the Palestinian health sector, this is due to the efforts of the MoH in reducing the incidence and diseases control through the national vaccination programs these services are provided close to all primary healthcare centers. Regarding Non Communicable Diseases (NCDs), the PHC offers the most common services which concerning Hypertension, Heart disease, Diabetes mellitus, Kidney failure In addition to Neurological disease.

Concerning women's health services & care of the pregnant women's in GS are provided through 50 maternal health clinics, 28 of them follow to MoH and 22 for UNRWA, the number of new pregnant women which attending PHC centers reached to 59,538 in the GS, from them 16,332 are registered in the MoH. In addition to postnatal care services, the number of women's who received postnatal care are 49,041 in government primary health care centers and UNRWA, 19.4% of them are receiving service through government PHCs, 9.8% are post natal home visits and 70.8% in UNRW clinics. Concerning the family planning services the number of new beneficiaries of family planning are 12,154 women in GS 5,659 of them for MoH and 17,813 for UNRWA. Regarding school health programs, aims to provide medical services which serves all categories of Palestinian students through the government school health program, which provides through governmental public schools and (UNRWA).

concerning to dental services, MoH were registered 133,517 of the total visit to the dental clinics. Other services offer's through the department of education and health promotion in the PHC such as awareness and educational programs within clinics and hospitals, awareness and educational programs at schools, awareness and educational programs in kindergartens, community awareness program within the mosques, awareness and educational programs within universities and colleges, therapeutic and nutrition programs, first aid courses, child Friend of the hospital initiative, celebration in world days. In addition to the services such as lab, pharmacy, X-Ray, Nursing care (dressing and injection) and other specialty like dermatology.

There are a good health services offer's through the PHCs and good coverage in GGs, but the debate are concerning the in-service training programs in the PHC, there is only one unite of in-service education department in (El Remal Clinic Center) that offer's in-service

training programs, including workshops, training programs, seminars, group discussion, symposiums, study days and others related subjects concerning the PHC, all in-service education activities organized and conducted through this department.

1.8 Operational Definitions

In-service training

In-service training is planned actions for developing of training that prepare some opportunities for trainers and managers in which they develop their profession, and its goal is to improve knowledge and capabilities (Gunes et.al., 2011).

Training

May be defined as an method of ensuring that people have knowledge and skills for a specific purpose that they acquired the necessary knowledge to perform the duties of the job. It is expected to acquiring new skills will increases productivity or create a better product(Ajithakumari&Hemavathy, 2014).

Nursing

Defined as the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of persons, families, communities, and populations(American Nursing Association "ANA", 2012).

Primary health care

Primary health care (PHC) is essential health care made universally accessible to individuals and acceptable to them, through full participation and at a cost the community and country can afford. It is an approach to health beyond the traditional health care system that focuses on health equity-producing social policy (Maria, 2016).

The ultimate goal of primary health care is better health for all. (WHO, 2008).

Performance

Afshan et.al. (2012) define performance as the achievement of specific tasks measured against predetermined or identified standards of accuracy, completeness, cost and speed. Employee performance can be manifested in improvement in production, easiness in using the new technology, highly motivated workers.

Chapter 2

Literature review

2.1 Conceptual framework

The conceptual framework is the map that guides the design and implementation of the study and provides illustration of the study variables. It was designed by the researcher and based on a review of the available literature and previous studies.

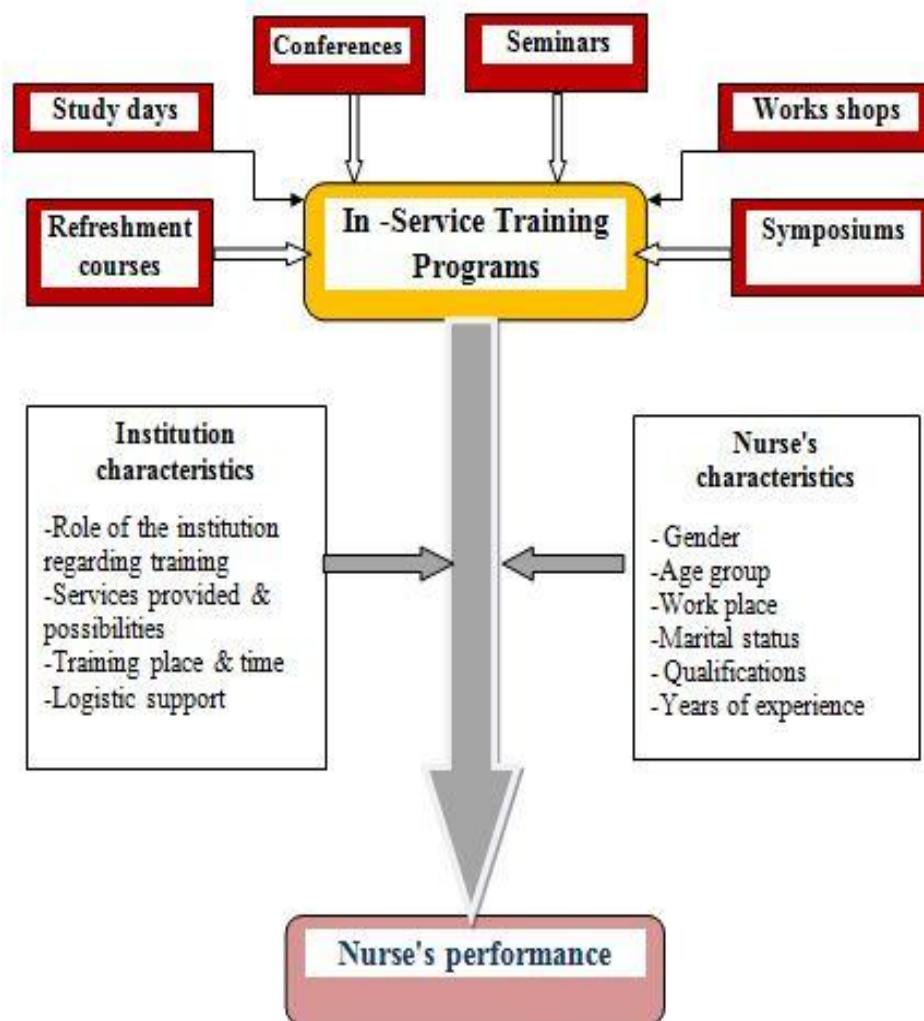


Figure 2.1: Conceptual framework

The above Figure 2.1 of conceptual framework of this study illustrates the components of in-services training programs, which includes workshops, seminars, conferences, study days refreshment courses and symposium, in addition to the institution and nurses characteristics and their contribution on the nurses performance at the PHC.

2.2 Concepts of in-service training programs

In-service training includes a set of measures taken to promote empowerment and competency among employees for the better undertaking of their tasks, thus helping the organization to achieve its goals in fact, in-service training serves to update the staff's occupational knowledge and professional skills and improve the best practices for fulfilling various tasks and responsibilities (Fateminejhad&Kolahjoei, 2013).

Nurses play an important role in improving health standards. Hence, they need to be updated about theoretical and practical knowledge in this field (Ajani & Moez, 2011). Another important point concerning the in-service training of the nursing staff is their active participation in such programs. Active participation of nurses in in-service training can lead to effective learning and development in their field of work. One of the factors contributing to greater involvement of the staff in such programs is the utilization of adult learning principles. Adults are aware of learning objectives, guide their own learning, and they are self-assessors (Knolwes, et.al. 2005).

In addition to Knolwes, et.al. (2005) stated that training is planned action consists of a set of programs designed to teach human resources how to lead its current high level of efficiency through the development and improvement of performance. Also according to Douglas, (1996) In-service training is the training given by the employer to an employee to enable the employee to perform a specific activity efficiently. It is part of staff development, in-service training is deliberately planned to meet the needs of the employer in order to correct deficiencies in technical and scientific information of an employee, such as teaching of techniques and procedures that the employee has to execute in her/his job.

While Cole (1993) defined training as any learning activity which is directed towards the acquisition of specific knowledge and skills for the purposes of an occupation or task. In addition to Booyens (1998) describes in-service training as the training of an employee while she/he is rendering a service to the clients in an institution and includes the following: training; updating knowledge; educating; standardizing procedures; correcting weaknesses, keeping staff informed of institution policies; motivating staff to develop both personally and professionally; informing the individual about the present requirements of the job this brings into focus the training and development in an institution. In evaluating the quality of standards, supervisors have to determine whether the weakness related to employee performances that require in-service training are due to misunderstanding,

attitude, inadequacy in knowledge and skills or inefficient supervision. All identifiable variables related to weakness of employees have to be taken into consideration and the in-service training programs of the institutions have to devote attention to these. The training and development of registered nurses should, therefore, be undertaken with a specific purpose in mind when a definite need with regard to competence has been identified. It is vital for any institution to base its training and development philosophy on job-content training, management and leadership training. This conceptualization indicates that all employees should get job-content training throughout their careers. Also a well-planned in-service training program should facilitate the attainment of standards of care and help registered nurses to acquire the skills and knowledge necessary to fulfill their role expectations. The acquired knowledge should enable the registered nurses to be far more receptive and adaptable to changes in their roles, contribute to employee satisfaction, and improve morale (Swansburg, 1995). It is in this light that in-service training in nursing has been identified as a necessary component of professional competence.

2.3 Importance of training

Training has affected positively on employee performance according to research studies, it's considered as the process of enhancing skills, knowledge, performance, and abilities in staff member. According to Bowes (2008) training is an investment in achieving productivity and employee retention through providing career development and job satisfaction in the long run. Also Ndulue (2012) identify that training is fundamentally essential because it improving the institutions ability to adopt and use advances in technology because of a sufficiently knowledgeable staff; building a more efficient, effective motivated staff; and ensuring adequate human resources for expansion into new programs.

The second important point as stated by Saleem, Shahid and Naseem (2011) that training is an organized from the know and how skills needed for employees to practice efficiently in the provided care. According to Chris Obisi (2011) in their paper 'employee training and development in Nigerian organization' describe the importance of training program and their evaluation process said that the organization should properly evaluate their training program by seeing that their organization objectives and missions are achieved or not and training cannot only change the ability of workforce not only concerning performing their current job but also aid them in the fulfillment of future expected task so for this reason it's

a practice that cannot be discarded from an organization. The study of Abdul Ghafoor, R. et al. (2011) showed that there is a positive correlation between the two variables training & employee performance area. While Rohan Singh & Madhumita Mohanty (2012) explained in their research that training is an important tool for the purpose of enhancing the workforce performance and it'll ultimately increase the worth of an organization but organization ought to be balance amongst training worth and training disbursement. The end results revealed that in diverse industry the effect of training are varied.

Latif (2010) found four subscales to have a significant contribution towards establishment of an effective training program, the study identified four factors to be contingent to an effective training, they were satisfaction with the training session, training content satisfaction, trainer satisfaction, transfer of learning. Furthermore, it also improve the capacities of employees in very effective way by motivating them in to well suitable area, that ultimately affects the performance of staff members at organization.

According to Khanfar (2011) inform that training is an active way to enable members to make use of his capability and his potential capability. Among other schools that highlighted the usefulness of training are Oguntimehin (2001) and Laing (2009) they identified the functions of training as follow improving superior skills, knowledge, capabilities and outlook of the members' performance in the work place. Besides, Laing adds one thing more that it training extends the production of the organization.

In other words, training is only considered when individual of an institution looking for promotion ranking level. Some individuals favor training to enhance skills that help them to work more efficiently which lead on job performance. Professional training improves knowledge then otherwise (Kennedy, 2009).

Ozoya (2009) described training as the vehicle that takes organization to their destination within a stipulated period. In addition, training is very important because it is a life of institution, which improves the human element toward meeting its objectives. Beside this, the purpose of training and development has been identified to include increase productiveness, knowledge, attitude, and skills; improve quality of work; improves the member's growth and ensures survival and growth of the organization; reduces waste, turnover, lateness, and absenteeism (Olaniyan and Ojo, 2008).

2.4 Impact of training on job performance

As stated by Muzaffar, Salamat and Ali (2012) that for increasing the individuals performance, it is crucial to inspire the individuals by means of satisfying the needs of skills necessary and the owned or operated by means of staff through delivering applicable training. Khawaja Fawad Latif et.al. (2013) said in their study on topic association of training satisfaction with employee development aspect of job satisfaction that training giving to employees will results in increasing the level of satisfaction of their current jobs. It underlines the needs of company to concentrate on building employee capability and development to achieve job satisfaction. Different analyses were applied to test the research question.

Singh & Mohanty (2012) found a significant relationship between frequent on-the-job training and employees' performance, they stated that frequently training employees resulted in employees making fewer mistakes, getting more work done in a given time period and managers spending less time on supervision of employees.

Alao Devins, et.al. (2004) found that trained employees often work better as teams because everyone is aware of the expectations and can achieve them together smoothly. Trained employees are also more confident in their performance and decision-making skills. In addition, employees who receive regular training are more likely to accept change and come up with new ideas, employees who learn new skills through training make good candidates for promotions because they have shown their ability to learn, retain and use information.

Regarding to the point view of Akhtar et al. (2011) concluded that training has an optimistic association between motivations along with job engagement involving personnel doing work in organizations. Derouen, & Brian (2010) argued that lack of frequent training is not necessarily the cause of underperformance of employees. He stated the need to determine whether a problem can be solved by training, whenever employees are not performing their jobs properly, it is often assumed that training will bring them upto standard. While Farooq and Khan (2011) discovered that impact of training is to enhance the quality of task process that brings improvement in the performance of staff. Abay (2008) reported that significant relationship was found between the employees training and their resultant performance in accomplishing different tasks, it was found that those employees who have taken trainings were more capable in performing different task & vice versa, training has direct relationship with the employees' performance.

Ohemeng (2009) proposed that to improve job performance of employees, the key requirements are training and empowerment of employees. Essentially, employee training and empowerment provide sustainable opportunities for employees in accordance with their aspirations and talents to acquire knowledge and skills and to apply them in a favorable work environment in order to achieve individual and organizational performance.

Kennedy (2009) found that the frequency of training received have an impact on job performance. According to Thaker (2008) training is an organized procedure by which people learn knowledge and skills for a definite purpose. In the point view of Brum (2007) training is the best strategy to improve employee's determination towards the institution performance. Training is also a process or procedure through which skills, and knowledge of employees are enhanced (Industrial Training Fund, 2006). While Zigon (2002) told that training as the overall process whereby an individual's behavior is modified to conform to a pre-defined and specific pattern.

Oribabor (2000) submitted that training aim at developing competences such as technical, human, conceptual and managerial for the furtherance of employees and organization performance. Also in addition to (Mathis & Jackson 2000), job performance is defined as "the process of evaluating how well employees perform their jobs when compared to a set of standards, and then communicating that information to those employees. While Shanawany (2001) mentioned that, any individual performance reflects his ability and knowledge to achieve the goals associated with the accuracy, whatever the nature of the work.

2.5 Scope of in-service education

2.5.1 Maintenance of familiarity with new knowledge and subject matter:

One of the features of a profession is that its members regularly update themselves of the relevant knowledge. An article written by the president of the American Academy of General Medical Practice explains one of the requirements of a group for its members as including 150 hours of postgraduate training every 3 years (Clement, 2015).

2.5.2 Increased skill in providing: For individual differences among employees.

2.5.3 Improved attitudes and skills: Educational literature frequently re-emphasizes the idea that curriculum improvement is primarily a consequence of the improvement of people. An important skill needed by all educators is that of cooperative group work. Mastering the principles of cooperative group work is not easy. Any newly formed group would do well to give attention to these principles.

2.5.4 Greater skill in utilizing community resources and in working with adults: An important task of modern education is the development of intelligent civic loyalties and understandings.

2.5.5 Development and refinement of common values and goals: One of the major purposes of in-service education is the development of common values and goals in the staff of an institution. a group of administrators or supervisors or in any other professional group that must work cooperatively over a period of time (Clement, 2015).

2.6 Factors affecting in-service education

The factors that affecting nursing in-service education programs are as follows:

Cost of health care: Though in-service education programs may increase the efficiency of nursing services. They add additional expenditure to the health care delivery system.

Manpower: In-service education requires qualified human resources, which means an increase in the human resources component of nursing services.

Changes in nursing practice: There are frequent changes in the programs of in-service education.

Standards: It is essential to maintain the highest standards of nursing practice.

Organization of nursing development: It is important that departmental planning approaches be organized well (Clement, 2015).

2.7 Components of in-service training programs

2.7.1 Refreshing Courses

Refreshing courses are programs designed to update knowledge of current nursing theory and clinical practice to ensure competence of nurses re-entering vocational, professional, or advanced nursing practice. The courses, comprised of didactic and clinical components, may be completed in an educational setting, as part of an extensive orientation program, or by completion of a nursing program of study specific to re-entry to nursing practice. (Texas Board of Nursing, 2013).

2.7.2 Conferences:

Refers to a specific form of in-service education that helps those in the medical field maintain competence and learn about new and developing areas of their field. Through continuing medical education and continuing professional development, health care professionals maintain, develop and ensure that they retain their capacity to practice safely, effectively and legally within their evolving scope of practice. Conferences are conducting several nursing meetings throughout the world like nursing,

World nursing conference, Global nursing conference and many more, which are related to Nursing & Healthcare field. It's a perfect platform where people gather and share their experience and knowledge (Nursing conferences, 2014).

Gupta (2015) defined conference that refers to a formal meeting where participants exchange their views on various topics. Conference can take place in different fields, and it need not be academic in nature all the time. Thus, we have parent teacher conferences, sport conferences, a trade conference, a conference of journalists, conference of doctors, a conference of research scholars, and so on. A conference is a meeting that has been prearranged and involves consultation and discussion on a number of topics by the delegate's .Conference and symposium are similar events where speakers come together and give their opinions on a chosen subject. Symposium can be described as a smaller conference that gets over in a single day with a lesser number of delegates.

2.7.3 Seminar

Is a form of academic instruction, either at a university or offered by a commercial or professional organization. It has the function of bringing together small groups for recurring meetings, focusing each time on some particular subject, in which everyone present is requested to actively participate. The Instructor has prepared the concepts and

techniques they will present and discuss through a combination of visual materials, interactive tools or equipment, and demonstrations. It includes some take home material for the participants that relates to the lecture (Gupta, 2015).

2.7.4 Symposium

Is a formal gathering in an academic setting where participants are experts in their fields. These experts present or deliver their opinions or viewpoints on a chosen topic of discussion. It would be correct to label a symposium as a small-scale conference as the number of delegates is smaller. There are the usual discussions on the chosen topic after the experts have presented their speeches. The chief characteristic of a symposium is that it covers a single topic or subject and all the lectures given by experts are completed in a single day. A symposium prestigious conferences, generally leading venues in their respective fields (Sutter, 2015).

2.7.5 Workshop

Is the most informal of all, it would involve a lot of discussion, a lot of practical doing, a more informal setting where people discuss a particular topic or subject. At the end of the workshop you usually have a 'body of work' that is either finished and complete or that people can continue to work on (Aneetha, 2016). A workshop is a series of educational and work sessions. Small groups of people meet together over a short period to concentrate on a defined area of concern. Purposes for workshops may vary (Johnson, 2016).

2.7.6 Study days

These days focus on a particular theme, but include a broad range of topics and issues for debate, and consist of a series of short talks led by experts from within the relevant department. Discussion and the opportunity to ask questions is a key feature of study days, (University of Southampton, 2016).

2.8 Organization characteristic and training programs

In-service training is considered as one of the main organizational instructions which affects the efficiency and effectiveness of the staff In general, we can introduce the nature, necessities, and needs of the society modifications to the organization personnel through

in-service training and create an attitude and ability in them to dynamically help the organization fulfill the goals of the society (Mardani, 2009).

Sanjeevkumar&Yanan (2011) conducted study in Malaysia to examine whether that organizational factors such as types of training, training environment, work environment influence training effectiveness among employees in their workplace.

Afshan et.al.(2012).Stated that performance may be used to define what an organization has accomplished with respect to the process, results, relevance and success.

Isleem (2013) conducted study on nurses working at governmental primary health centers in Gaza Governorates to examine the relationship between organizational commitment and performance. Also Hosseinifard, et. al., (2011) stated that a part of the effectiveness of the organizational trainings is determined through the measurement of the learner's competence level, the effectiveness of the practical trainings is legitimized through creation of competence, capability, and action, to create competence mastery in learners, it is necessary to execute the learning and training in-service training should be effective in recognizing the organizational deficiencies, curing them, improvement of the individual effectiveness, and the overall evolution of the organization (Ghasemi, 2003).

On the other hand, effectiveness is considered one of the main goals of an organization, and every organization tries to enhance such output,training is an issue which can have an influential role in human force effectiveness, provided that based on the educational needs of the people (Salehizadeh, 2000). So, we should not use training as a fringe benefit or the last resort during the crises. Rather, we should create a consensus in the organization about the important role that training can have in the development of the organization in general (Costea, 2005).The organization managers should use training to bridge the gap between effective behavior (proper competences, adequate knowledge, and positive attitude) and ineffective behavior (useless competences, inadequate knowledge, and negative attitude). To bridge this performance gap, it is necessary to adopt a specific training course with the aim of changing certain competences and attitudes of the staff. (Saito et. al. 2006).

2.9 Characteristics of the nurses and training programs

Nurses are considered as individuals who have a close relationships with the patients and other members of the health team and community and, due to the rapid progress of sciences and technologies, they should be aware of all the new skills and techniques of care. Therefore, considering the importance of increasing the nurses' knowledge, their training seems necessary. In other words, because of the vital role of nurses and the effects of scientific advances on nursing care, providing high quality nursing services is not possible without participating in the in-service training programs and becoming familiar with the new techniques, because the factor affecting the quality of nursing care is the amount of their knowledge and insight on the issues and problem. Lack of nurses' knowledge can reduce the quality of clinical care and cause the irreversible risks and, then, the continuity of learning scientific issues by participating in the in-service training courses is one of the main ways to improve the nursing profession. Today nurses who do not renovate their information, skills, attitudes and behaviors through continual education cannot be effective enough in health care services even though they might have received educational programs which may be thought to be sufficient in terms of time and content, nurses may lose validity in case of not having the opportunities of completing and renewing themselves socially and professionally (Mouzakitis & Tuncay, 2011).

Tasocak (2000) stated that developing qualities of the nursing education" it has been stated that after graduate certificate programs should be carried out in order for the nurse to be more effective in the field s/he wishes to expertise, refresher courses should be provided when needed, and education nurse position should be provided to the ones who will work in continuing education and in-service training programs.

Odah (2001) conducted cross sectional study in Palestine mostly in GS concerning about perspective of the MoH hospitals nurses about the impact of training programs on their performance. The study result showed statistically significant difference in gender as male showed more willingness to participate in training programs than their females and age group less than 30 years old were more motivated to take training than their older colleagues with statistically significant differences among the two groups. Finding also showed inverse relationship between educational level and desire to undertake further training course.

Khelifat and Tarawna (2010) showed in his study the impact of work pressure on job performance among school principals in Jordan. Finding shows that older age employees

have better performance compared to younger employees. Also, Ayyash (2010) carried study in European Gaza Hospital to investigate relationship between nurses' motivation and their performance. The researcher disseminated that there were no significant differences between male and female nurses in all dimensions of performance. In other hand Saqer (2011) conducted study in Palestine to examine the impact of violence inflicted against nurses on their work performance. The study shows that that there was no significant difference in performance between male and female nurses in governmental hospitals in GS. Al-Ahmadi (2009) conducted study to Factors affecting performance of hospital nurses in Riyadh Region, Saudi Arabia identify which reported positive relationship between nurses performance and male nurses.

2.10The concept of job performance

Illmer(2011) define performance as everyone places the concept that suits best, and letting the context take care of the definition. The performance has a certain character; quantity, quality, and comprehensive. The study of Abdul Ghafoor, R. et. al. (2011) showed that there is a positive correlation between the two variables training & employee performance areas

Employee's performance means how well staffs perform on the job and assignments assigned them measured against the generally accepted measure of performance standards set by their organization. This means there are general expectations expected of employees in relation to their performance in every organization. Staff can be said to have performed when they have met the expectations and performed up to standard.

During the recent years, researchers have made progress in clarifying and extending the performance concept. Furthermore, advances have been made in specifying major predictors and processes associated with individual performance. With the ongoing changes that we are witnessing within organizations today, the performance concepts and performance requirements are undergoing changes as well (Sonnetag and Frese, 2002). AlsoMwita (2000) indicate that performance is the important element for achieving the institution goals so to performance improve the effectiveness and efficiency of the institution that is helpful for the achievement of the organizational objectives. There are many factors, which enhance the work of the staff such as, training and flexible scheduling.

2.11Type of Performance

Performance is usually divided into in-role performance (task performance), defined as fulfillment of tasks that are required by the formal job description, and extra-role performance (contextual performance), defined as behavior that is beneficial to the organization and goes beyond formal job requirements (e.g., helping colleagues at work, working extra hours, making suggestions for improvement (Ricketta, 2008) Authors agree that when conceptualizing performance, one has to differentiate between an action (i.e., behavioral) aspect and an outcome aspect of performance. The behavioral aspect refers to what an individual does in the work situation. The outcome aspect refers to the consequence or result of the individual's behavior (Sonnentag and Frese, 2002). The conceptualization of job performance has been expanded in recent years to include core task behaviors, citizenship behaviors, and counter-productive behaviors. Core task performance refers to the basic required duties of a particular job. Citizenship performance refers to those extra behaviors engaged in by employees, over and above their task requirements, which actively promote and strengthen the organization's effectiveness. Counterproductive performance refers to voluntary behaviors that harm the well-being of the organization (Thomas & Daniel, 2009).

2.12 Dimensions of job performance

Performance is considered as a multi-dimensional concept; a process aspect and outcome aspect. Process aspect (behavioral aspect) refers to what people do while at work, the action itself. Performance encompasses specific behaviors. This conceptualization implies that only actions that can be scaled or counted are regarded as performance. Moreover, this performance concept only describes behavior which is goal-oriented, i.e. behavior which the organization hires the employee to do well as performance (Sonnentag et. al. 2010). While outcome aspect refers to the result of individual's behavior.

It is important to emphasize that both behavioral and outcome aspects are related, however, there is no complete overlap, as the outcome aspect is affected by other determinants than the behavioral aspect (Sonnentag, et. al. 2010). Additionally, Campbell et al. 1993 emphasized that performance must be distinguished from effectiveness and productivity or efficiency. Effectiveness refers to the evaluations of the results of performance. In comparison, productivity is the ratio of effectiveness to the cost of attaining the outcome. For example, the ratio of hours of work (input) in relation to products assembled (outcome) describes productivity (Sonnentag et. al. 2010).

2.13 Importance of job performance evaluation

Formal performance evaluation plans are designed to meet organizational and individual needs. They provide systematic judgments to support salary increases, promotions, transfers, demotions and terminations. They are a means of assessing and communicating job performance status to a subordinate employee and suggesting needed changes in behavior, attitude, skills or job knowledge. They are also used as a basis for a supervisor to coach and counsel the individual as well as to identify and deal with performance deficiencies. Proper performance evaluations also provide important legal protection for the employer. Performance appraisals lay the groundwork for discipline and, if necessary, legally defensible termination when problems with an employee cannot be resolved (Lunn, 2011). Employee performance is of high importance for organizations and individuals. Showing high performance when accomplishing tasks results in satisfaction, feelings of self-efficacy and mastery (Kanfer and Ackerman, 2005). Moreover, high performing employees get promoted, awarded and honored, additionally, career opportunities for employees who perform well are much better than those of moderate or low performing employees (Van Scotter et. al. 2000).

2.14 Previous studies

2.14.1 Local studies

Ghaith (2014) In his study evaluate the impact of specialized training on nursing performance at Shifa hospital, descriptive, analytical, cross-sectional study at al-shifa hospital, in Gaza Strip, to evaluate the impact of specialized training on nursing performance, Three hundred and seventy one nurses were selected to participate in the study. The study result there were no statistically significant differences in job performance related to nurses' gender, marital status, nurse's address and working department finding also shows that nurses who have high total reaction in training got 60.87% high performance level compared with 50.0% for those have low total reaction. The study recommended, that administrators at Shifa hospital need to pay attention to follow up and monitor the impact of training programs and evaluation of the impact of training programs should be given a priority and training should be reference to performance, during and on completion of each training programs.

Odah (2011) concerning about perspective of the MoH hospitals nurses about the impact of training programs on their performance. This cross sectional study conducted on a sample of 258 nurses selected from the three major generals MoH hospitals in the GS. This study covered nurses who had participated and those who didn't participate in training programs to assess the impact of provided training program, The study result showed statistically significant difference in gender as male showed more willingness to participate in training programs than their females and age group less than 30 years old were more motivated to take training than their older colleagues with statistically significant differences among the two groups. Finding also showed inverse relationship between educational level and desire to undertake further training course. The study recommended that policy maker at MoH should design more effective training programs and to pay more attention to follow up and monitoring the impact of training program.

2.14.2 Arabic studies

Mohamed & Ramadan (2013) in this studies focusing on Impact of in-service training program on nursing management for children with Pneumonia under mechanical ventilation at Ahmad Ggasim Hospital, khartoum, Sudan, This is a quasi-experimental study aiming to assess the impact of in-service training program for nurses on nursing management for children with pneumonia under mechanical ventilation at Ahmed Gasem hospital. Khartoum State. The sample (50) nurses available during the research period. extended from December 2013 to July 2014 (pre and post training program). The data collected by using a questionnaire and a observational checklist for the purpose of the study was collected by the researcher before and after the training program, the results showed that the nurses were acquired knowledge after intervention specially participant's knowledge and practical regarding mechanical ventilation according their correct and wrong, The study recommended education and training programs on an ongoing basis to provide high quality nursing care and also circulating a protocol for how to handle a patient with pneumonia disease under mechanical ventilation.

Impact of training of primary health care staff on maternity and child health services study conducted by Mahaba(1996) at Hail region, the Kingdom of Saudi Arabia. The study aim is to evaluate the impact of training of PHC staff on maternal and child health services in Hail region. Evaluation of the program, showed improvement in utilization of mother child health services, and improved quality of care provided for mothers and children. This

improvement was manifested by reduction of percentage of home deliveries without medical supervision, and increased numbers of risk factors discovered among pregnant mothers and children. However, the percentage of deliveries conducted at primary health care centers was not increased, and pregnancy outcome showed slight reduction of still birth rate. This was associated with a slight increase of neonatal deaths during the first week, however the perinatal mortality rate was slightly reduced (Mahaba, 1996).

Al-Ahmadi (2009) conducted study to identify factors influencing performance of hospital nurses in Riyadh Region, Saudi Arabia. Specific objectives were to estimate self-reported performance, and determine whether differences in employee demographics, job satisfaction, and organizational commitment, influenced performance. The study finds that job performance is positively correlated with organizational commitment, job satisfaction and personal and professional variables. Both job satisfaction and organizational commitment are strong predictors of nurses' performance. Job performance is positively related to some personal factors, including years of experience, nationality, gender, and marital status. Level of education is negatively related to performance.

Raman et.al., (2011) conducted a quasi-experimental one group posttest design in Oman to assess the effectiveness of student's obstetric skill performance, competency and satisfaction regarding simulation training. The study result showed that majority of students performed high after simulation training. Male students proved higher performance compared to female. The students also expressed that simulator training gave competency in performing obstetric skills, 90% of students felt that simulator lab training were useful and more time need to be allotted for simulation lab training in acquiring skills before the actual maternity clinical posting. The findings of the study reveals that simulation based training is an appropriate proactive approach to reducing errors and risk in obstetrics, improving competency, whilst giving the student a multiplicity of transferable skills to improve their performance.

2.14.3 International studies

Singh and Mohanty (2012) conducted study in India to examine the effects of training on employee productivity. This study provides a review of the current evidence of such a relationship and offers suggestions for further investigation. The focal point of our review is on training practices and employee productivity and their relationship. In conclusion, taken as a whole, the research findings are varied. Some studies have found a positive

association, some negative and some no association whatsoever. The paper concludes with directions for future research by applying different level of analysis on exploring the impact of training practices on employee productivity. This study confirms that training has a significant role to play on productivity. But there are other dominant market forces which reduces its significance (Singh & Mohanty, 2012). Study conducted by Khan (2012) in Islamabad aim is to study the impact of training on performance of employees. There are various factors like training, motivation, technology, management behavior, working environment, where each factor contributes to overall employee performance. Highly contributing factors are those having relative importance given by employees. This study concludes that training contributes greatly to employee's performance in comparison with other factors like motivation, technology, management behavior, working environment. There is positive relationship between the employee's performance and training and motivation. The study shows that training and motivation has positive impact on performance of employees. This study concludes that organization having good training plans for employees can enhance the performance of employees. All the organization that wants to enhance their employee performance should focus on training as it also motivate employees to achieve higher performance levels (Khan, 2012).

Farooq and Khan (2011) conducted an empirical study in Pakistan to clarify the impact of training and feedback on increasing the performance of employees. The study result findings suggest arranging and adopting more effective training programs and techniques. Also, the study show that it is unable for any organization to be a distinctive and effective result producer without extraordinary input from its employees, which is impossible without knowing their requirements for working in the environment low and high level employees should be equally treaded in providing training and response to their feedback. Upper management needs cooperation of their subordinates in each activity. Hence training and feedback provide the assistance in improving the employees' methods of performing their tasks, which readily impacts their performance (Farooq and Khan, 2011).

Updating study conducted in Islamabad by Khan, et. al. (2011) to understand the effect of training and development on the job training, training design and delivery style on organizational performance. The back bone of this study is the secondary data comprised of comprehensive literature review. Results show that training and development, on the job training, training design and delivery style have significant effect on organizational

performance and all these have positively affect the organizational performance. It means it increases the overall organizational performance. Also set the hypothesis through empirical data. However, results are strongly based on the literature review.

Yen-RuLina et.al., (2004) conducted study in Taiwan to evaluate the effect of an assertiveness training program on nursing and medical students. Thirty three participants were included. Participant's received eight 2 hours sessions of training once a week. Data were collected before and after training and gain one month after the end of the training and there was significant improvement in nursing and medical students after training,

Lin, et.al., (2003) stated that services provided by nurse aides directly influence quality of care. Consequently, nurse aides' training programs are critical in providing the qualified personnel who carry the size of the work load in long-term care facilities. Because studies related to nurse aides pre-job training programs and student satisfaction are limited, the study examined nurse aides pre-job training programs and student satisfaction in Taiwan. The highest satisfaction levels were with lecturers and clinical applications. The lowest satisfaction levels were with courses, class size and practice hours. General hospitals and nursing homes were the preferred sites for providing lectures and clinical practice instruction the results of this study provide government departments and health care professionals' data related to designing more effective nurse aides training programs (Lin, et. al. 2003).

The entire local, Arabic, and international research result showed that training always helps to improve the employees' productivity and performance. If the organization properly design and evaluate the training program then it is guaranteed that the performance of the employees will increase and with employees performance the organization will be also develop.

Chapter 3

Methodology

This chapter presents the study methodology which includes, study design, study population, study setting, period of the study, sample size, sampling method, eligibility criteria and data collection as well as validity and reliability of the study instrument. In addition to the method of data collection, analysis, limitations of the study and ethical matters.

3.1 Study Design

The design of this is a mixed-methods one, in which data has been triangulated(quantitative& qualitative). This study is a descriptive, analytical, cross sectional one, this design was used to evaluate the in-service training programs on nurse's performance. These methods were adopted according to their effectiveness, giving us the most meaningful ways through which a large number of nurses participated in this study. Its anticipated that the quantitative part captures quantifiable perception and the qualitative part attempts to reveal the reality behind these perception through deeper understanding of the participants perspective at their natural settings.

3.2 Study population

The population of this study were all employed nurses who had participated in In-service training programs and already working at the primary health care centers in GGs. The total number of nurses who have been enrolled in such programs is about 321 nurses according to nursing directorate records in the PHC records at (MoH,2017).

3.3 Study Period

The study started in September 2017 after the approval of the proposal and the questionnaires. A pilot study was completed on October 2017. Data collection, was started in November 2017 and continued till the end of November 2017. Initial analysis of quantitative data was done between December 2017 till February 2018 prior to the last stage of data collection and validation which took place in March 2018(qualitative data collection). Compiling results and reporting started before and in parallel to qualitative data collection. The drafted report "thesis" has been frequently enriched and edited by the researcher supervisor. The final report continued till the first of April 2018.

3.4 Sample size

The Study samples were selected from different clinic's levels, the fourth, the third and the second, and from different geographical area. According to the records of nursing directorate of PHC, there are 49 PHC centers distributed in all the Governorates of Gaza, the North, the Mid-Zone, Khanyounis, and Rafah. The total nurse's number is 321, distributed according to the clinic's levels as the following; the fourth level 176 nurses, the third level 74 nurses and the second level 71 nurses. The total sample size which was calculated according to the equation below was 178 nurses.

$$n = \frac{N}{K + N(e)^2}$$

N= Population size

K = Constant factor (1)

e = Degree of error expected

n = Sample size

<https://www.slideshare.net/ludymae/chapter-8sample-sampling-techniques>

3.5 Sampling process

For the quantitative part; stratified proportional sample method was used to select the desired sample size, which was obtained from all PHCs. The number of nurses in this sample is (185) and it was selected from the different levels of clinics, the fourth (101), the third (43) and the second (41) and also from different geographical areas. The sample took in consideration the numbers of nurses in those clinics and also their locations.

For the qualitative part; 24 of nurses were purposively selected and called on voluntary basis to participate in three focus groups. Focus groups discussion (FGDs) were selected in a way that ensures they represent female and male nurses, only female nurses, different managerial positions one of them are head of the in-service training in human resources development at Al- Shifa hospital.

3.6 Eligibility criteria

3.6.1 Inclusion

- Nurses and midwifery who are already employed in Governmental PHC clinics.
- Nurses who participated in in-service training programs.

3.6.2 Exclusion Criteria

- PHCs that deals with mental and psychiatric diseases.
- Oral hygienist nurse
- Volunteers and nursing students.

3.7 Study Setting

This study was conducted at Governmental PHC centers-GGs.

3.8 Study instruments

The first tool was a structured self-administered questionnaire, which was designed and developed by the researcher after reviewing the related literature, and supervised by the academic supervisor (Annex 6). The questionnaire was organized in a way that each item was given a serial number. It was translated into the Arabic language with an explanatory letter (Annex 7).

The questionnaire composed from four parts:

The first part covers the socio-demographic data of the participants, the work place and the professional data. It includes 10 questions.

The second one contains data about in-service training programs which was attended by the study participants, regarding the number, title, duration, date, place and sponsors.

The third part explores nurse's perceptions about training programs using Likert's model scale with five options (strongly disagree (1), disagree (2), neutral (3), agree (4) and strongly agree (5). Total questions of the questioner was (63) questions divided into six domains as the following:

1. Program design (11 questions).
2. Contents of training programs (11 questions).
3. Trainer competencies (15 questions).

4. Training environment (5 questions).
5. Effects of training programs (14 questions).
6. Role of the institution regarding training (7 questions).

The fourth part includes four open-ended questions to clarify participant's opinions about training programs regarding the best and worst experiences they had during these programs, their suggestions and recommendations.

The second tool was for qualitative part, semi structure questionnaire (Annex 8) consisted from 18 questions was designed based on the initial findings of the quantitative data. Then semi structure questionnaire was done after the analysis of the quantitative part and translated into English language (Annex 9). FGDs seek participant's view opinions, perceptions and recommendation regarding In-service training programs that were offered to them. The focus groups were helpful in adding a meaning and an understanding to the existing knowledge and topics. The researcher wanted to collect more in-depth data regarding the strength and weakness points in every domain, that will explore more details, discussions, suggestions and recommendations.

3.9 Ethical consideration

An ethical approval letters were obtained from School of Public Health at Al-Quds University (Annex, 3), Helsinki Committee (Annex 4) and from the directorate of nursing at the PHC. (Annex, 5).

Every participant was provided with a full written explanatory form attached to the questionnaire. This form included the purpose of the study, assurance about confidentiality of the information gathered. It also included a statement indicating that participation isn't obligatory and participants have the right to accept or refuse to participate in this study. Anonymity and confidentiality was given and maintained.

3.10 Scientific rigor:

3.10.1 Face and content validity

The validity of an instrument means that the degree to which an instrument measures what it is supposed to be measured, face validity refers to whether the instrument looks as though it is measuring the appropriate construct (Polit, 2004). Face validity helped the researcher to reach the complement of readability and clarity of the instrument. While content validity concerns the degree to which an instrument has an appropriate sample of items for the construct being measured. An instrument content validity is necessarily based on judgment (Polit, 2004). The questionnaire was submitted to an expert panel with experience and knowledge in this field who make suggestions and judgment about the adequacy of the questionnaire (Annex 10). The experts expressed their opinions and suggestions about the clarity, simplicity, comprehensiveness of domains and statements on the questionnaire, therefore the researcher has done some modifications as required .

The semi-structured questionnaire of the FGDs was subjected to peers review and the supervisor was consulted to ensure the relevancy of the tool.

In addition, a pilot study was conducted before the actual data collection to examine participant's responses to the questionnaire and how they understand it. This assured and enhanced the validity of the questionnaire, especially after modifying it to be clearer and more understandable.

3.10.2 Reliability of the instrument

Reliability of an instrument is the degree of consistency with which it measures the attribute it's supposed to measuring Colorado State University (CSU, 2009). The reliability test was done after the pilot stage and also after the data were completely collected and entered. Training of two volunteer nurses has assisted in data collection and were available during filling the questionnaire to give any clarification and to answer any question asked from the participants. This will ensure standardization of questionnaire filling.

For qualitative data , an expert was asked to suggest a sample and to review the questions. A peer has assisted reanalyzing the data and recorded transcripts to minimize the effects of the researcher subjectively. digital recording took place in two FGDs. The total reliability of the scale was (0.943), table 3.2 below shows the reliability test result for all domains.

Table (3.1): Reliability estimates for domains and the entire scale

No.	Domains	No. of Items	Chronbach's Alpha
1.	Programs design	11	.787
2.	Contents of training programs	11	.705
3.	The trainer competencies	15	.857
4.	Training environment	5	.826
5.	Effect of training programs	14	.890
6.	Role of the institution regarding training	7	.864
	Total	63	0.943

3.11 Pilot study

For the quantitative part; a pilot study was conducted to assess the reliability of the questionnaire and to explore the appropriateness of the study instruments. In addition, the pilot study helps to serve many purposes for the study. It was conducted to predict response rate, time consumed to fill the questionnaire by respondent, validity and suitability of questionnaire as well as to indicate where we need to make some modifications. Seventeen participants were chosen for the pilot study from the study population and excluded from the study sample. Some modifications were done.

For the qualitative part; one FGDs was conducted with six male and female nurses participants at Al Daraje clinic in GS. As a result questions were rephrased and order differently.

3.12 Data collection

3.12.1 Quantitative data

The researcher collected the data with the assistance of two volunteer nurses, brief explanations were given about the purpose, objectives and how to collect questionnaire in respect to confidentiality and anonymity of the participant. The researcher also revised and looked over the questionnaires to ensure that they include all the information that were needed. Data collection process lasted for one month.

3.12.2 Qualitative data

The researcher conducted three focus groups in March 2018. Prolonged engagement and propping technique were used to make sure ideas are reasonably reflected. In coordination

with the PHC administration the researcher conducted three FGDs; one mixed male and female participants and conducted in El-Shekheredwan clinic and other FGDs had female only participants done in Al- Sorany clinic, and the last FGDs were done with the PHC managers in Al- Remal clinic sharing the head of in-service training of the human resources development at Al-Shifa hospital. Each FGD lasted for 80 minutes in average and had seven to eight participants. During FGDs, the researcher introduced the study objective in short while after the first question in order not to orient or influence the primer thought of the participants. The researcher and the note-taker ensured that everyone's inputs were express and that gesture and tones are noticed.

3.13 Response rate

Response rate was 100%, all study participants agreed to participate in this study.

3.14 Data entry and analysis

Quantitative part

The researcher used the Statistical Package of Social Science (SPSS version 20) program for data entry. The questionnaires were coded and the data were entered by the researcher in the same day of the collection, using the computer software SPSS program. Data cleaning and data analysis was done by the researcher with support from the supervisor. Frequency tables were done for the study variables, measures of central tendency e.g. means, median, mode percentages and Stander Deviation (SD) were computed for continuous numeric variables. Reliability and validity of instrument were tested, t-test, analysis of variance (ANOVA) test and done for Likert's scale questions.

Qualitative part

Qualitative findings steamed from the open ended questions in the questionnaire and FGDs., data conducted and collected by digital recording . Debriefing reports of the FGDs were done immediately after the end of each focus groups and translated to English language. Also objective considerations of non- prompted intimation, group dynamics and nonverbal cues were noted and considered .Data organized and categorized according to the study themes and domains.

3.15 Limitations of the study

- Financial constraints, since the study is self-funded by the researcher
- The lack of electrical power.
- limited time.

Chapter 4

Results and discussion

4.1 Overview

This chapter illustrates the findings from analysis of the collected data. The analysis of data shows the descriptive, analytical statistics, and qualitative data analysis (focus group). Important techniques like t-test for dependent and independent variables and analysis of one way ANOVA are largely under used in this study.

4.2 Descriptive statistics Part

4.2.1 Personal characteristics

Table 4.1: Distribution of participants according to their characteristics variables.

Items		Number	%
Gender	Male	60	32.4
	Female	125	67.6
	Total	185	100.0
Age groups	Mean \pm Mean = 42.89, S.D., 8.018		
	25-35 years	42	22.7
	36-45 years	75	40.5
	>45 years	68	36.8
	Total	185	100.0
Marital status	Single	14	7.6
	Married	162	87.5
	Divorced	4	2.2
	Widow	5	2.7
	Total	185	100.0
Work place	North	35	18.9
	Gaza	96	51.9
	Med-zone	22	11.9
	Khanyounis	17	9.2
	Rafah	15	8.1
	Total	185	100.0
Clinic level	Level 2	16	8.6
	Level 3	66	35.7
	Level 4	103	55.7
	Total	185	100.0
Qualification	Nursing Diploma	61	33
	Midwifery Diploma	15	8.1
	Bachelor of Nursing	95	51.4
	High diploma & Master	14	7.5
	Total	185	100

Items		Number	%
Job title	Practical Nurse	32	17.3
	Staff Nurse	105	56.8
	Midwifery Diploma	16	8.6
	Managerial positions	32	17.3
	Total	185	100
Years of experience	Mean ± Mean = 17.96, S.D7.034		
	1-10 years	31	16.8
	11-20 years	93	50.3
	>20 years	61	33.0
	Total	185	100.0
Place of graduation	Islamic University	42	22.7
	Palestine College of Nursing	99	53.5
	UCAS	7	3.8
	Al Quds University	6	3.2
	Others	31	16.8
	Total	185	100.0

The distribution of participants according to gender is 32.4% male and 67.6% female, as seen in table 4.1. That reflects the fact that the majority of nurses at PHC are females, since the female employees are the most needed in most sections at primary health care centers. The Figure 4.1. below shows percentages of nurses according to their gender.

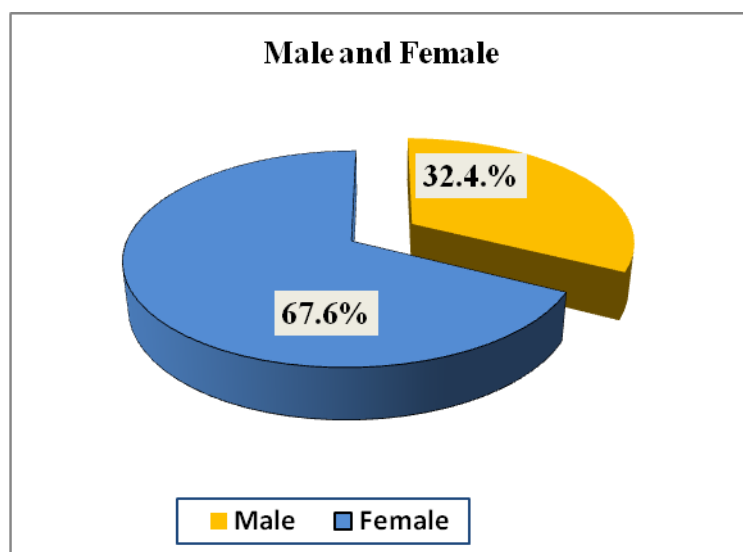


Figure 4.1: Gender distribution

Regarding age, as seen in the table, the majority are between 36-45 years and represented 40.5% of respondents, those who are more than 45 years old, represented 36.8%, while those who are between 25-35 years old represented 22.7%. The mean for all age groups is 42.8 years. These results reveal that, nurses working at primary health care centers and who are relatively older than 36 years, represented 77.3%.

Marital status as shown in the above table, the majority of the study participants 87.6% are married and 7.6% are not. This result reflects the conservative nature of the society that encourages marriage and establishment of families. The lowest marital status results are, widow 2.7% and divorced 2.2%.

Regarding the work place of participants, the results reveal that 50.9% of them work in Gaza city, because most of the PHCs are located in Gaza city, which is a big city with a high population census.

Regarding to the clinic's levels, results show that the majority of participants 55.7% are from level 4, 35.7% are from level 3 and finally 8.6% of participants are from level 2. This result reflects that the majority of nurses working in PHCs are from the level 4 that is located in Gaza city.

Regarding qualifications, the highest percentage of participants 51.4% hold bachelor degrees of nursing, nursing diploma 33%, midwifery diploma and higher studies represent (8.1% and 7.5% respectively). About half of the respondents are bachelor degree holders, which means that the educational level of the study sample is high. These results are consistent with the findings of Ouda, (2011), he found in his study about "perspective of the MoH hospitals nurse about the impact of training programs on their performance". Nurses who hold BSN represent 50.5% of the sample.

Table 4.1 presents the various job titles of the nurses who participated in the questionnaire, the majority of them hold the title "staff nurse" with the percent of 56.8%. Practical Nurse & managerial position 17.3%, and midwifery diploma represented 8.6%. Figure 4.2 below shows percentage distribution of participants according to their job titles.

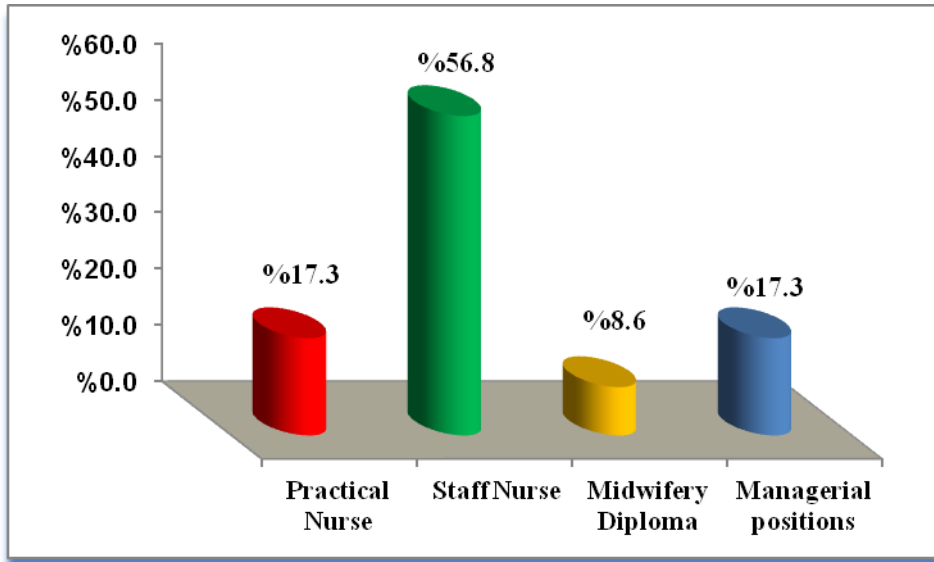


Figure 4.2: Job title's distribution

Regarding years of experience, the results reveal that the majority of participants 50.3% have years of experience between 11-20 years, those who have more than 20 years 16.8% while those with 1-10 years 33.0%. The finding reveals that about the half of the respondents have a good experience in the PHCs. Thus enriches the study and gives us the opportunity to get to know to the points of views of the nurses regarding their different experiences. Figure 4.3 below shows the distribution of participants according to their years of experience.

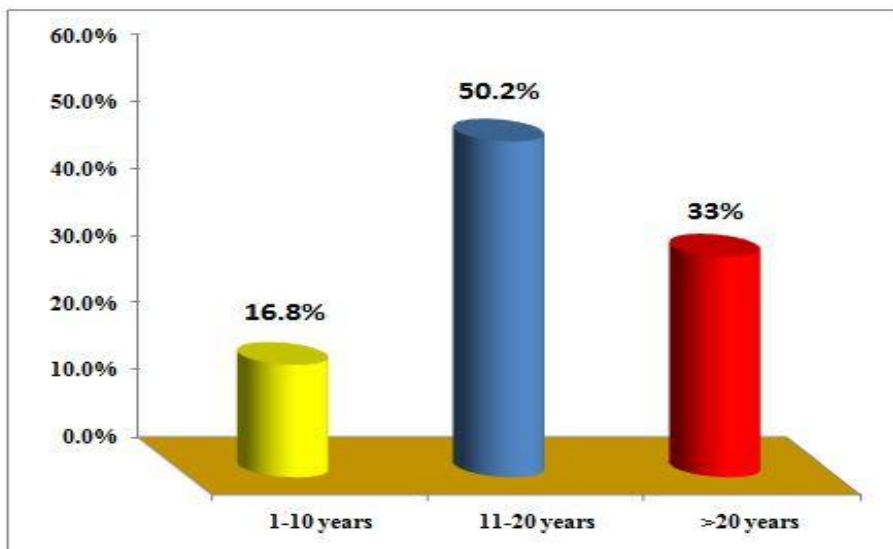


Figure 4.3 Years of experience's distribution

Table 4.2: Total distribution of participants according to the training programs they attended.

No.	Trainingcourses	Frequency				Total Percent
		Attend	Percent	Non	Percent	
1	Vaccination	117	63.2	68	36.8	100%
2	NCD	99	53.5	86	46.5	100%
3	MCH	99	53.5	86	46.5	100%
4	Emergency	77	41.6	108	58.4	100%
5	Mental illness	52	28.1	133	71.9	100%
6	Breast feeding	48	25.9	137	74.1	100%
7	Infection control	38	20.5	147	79.5	100%
8	Nutrition	30	16.2	155	83.8	100%
9	Family planning	22	11.9	163	88.1	100%
10	Management	14	7.6	171	92.4	100%
	Total	185				100%

Table 4.2 shows the total distribution of participants according to the training programs they have attended, the results reveal that vaccination programs take the highest percentage 63.2% , followed by NCD & MCH, which are considered the second pillar with relative percent 53.5%. this indicates that the previous training programs are considered the corner stone of health services at the PHC, therefore every nurse should be trained in such programs to be able to provide the patients with a safe and efficient care.

Regarding the emergency, as shown in the above table, it takes 41.6%, this is related to the international organizations that focus and pay attention on the fourth level of PHCs after the first war on Gaza strip.

Regarding mental illnesses, as shown in the above table, 28.1% of participants attended special programs about mental disorders that was offered after the first war on Gaza Strip. The international organizations give attention to mental disorders, so special programs are provided to reinforce and enable nurses to deal with patients who suffer from such cases.

Breast feeding. 25.9% of participants have attended courses about breast feeding, this percent is low, since the breast feeding courses are limited only for female nurse working in MCH clinics.

Infection control, nutrition, family planning and management are the least relative percent of the courses that was attended by participants (20.5%, 16.2%, 11.9% and 7.6%)

respectively. The last ranking of these courses is management, because its limited to managerial position.

Table 4.3:Distribution of in-service training programs by days.

No.	Training program	Frequency	Percent	Valid percent
1.	Vaccination			
	1-4 days	85	45.9	72.6
	5-8 days	26	14.1	22.2
	>8 days	6	3.2	5.1
	Total	117	63.2	100.0
	Not attended	68	36.8	
	Total	185	100.0	
2.	MCH			
	1-4 days	54	29.2	54.5
	5-8 days	26	14.1	26.3
	>8 days	19	10.3	19.2
	Total	99	53.5	100.0
	Not attended	86	46.5	
Total	185	100.0		
3.	NCD			
	1-3 days	44	23.8	44.4
	4-6 days	49	26.5	49.5
	>6 days	6	3.2	6.1
	Total	99	53.5	100.0
	Not attended	86	46.5	
Total	185	100.0		
4.	Emergency			
	2-6 days	21	11.4	27.3
	7-11 days	16	8.6	20.8
	>-11 days	40	21.6	51.9
	Total	77	41.6	100.0
	Not attended	108	58.4	
Total	185	100.0		
5.	Mental illness			
	1-5 days	40	21.6	76.9
	6-11 days	6	3.2	11.5
	>-11 days	6	3.2	11.5
	Total	52	28.1	100.0
Not attended	133	71.9		
Total	185	100.0		

No.	Training program	Frequency	Percent	Valid percent
6.	Breast feeding			
	1-3 days	28	15.1	58.3
	>-3 days	20	10.8	41.7
	Total	48	25.9	100.0
	Not attended	137	74.1	
	Total	185	100.0	
7.	Infection control			
	1-3 days	25	13.5	65.8
	>-3 days	13	7.0	34.2
	Total	38	20.5	100.0
	Not attended	147	79.5	
	Total	185	100.0	
8.	Nutrition			
	1-5 days	26	14.1	86.7
	>-5 days	4	2.2	13.3
	Total	30	16.2	100.0
	Missing	155	83.8	
	Total	185	100.0	
9.	Family planning			
	1-4 days	12	6.5	54.5
	5-10 days	7	3.8	31.8
	>-10 days	3	1.6	13.6
	Total	22	11.9	100.0
	Not attended	163	88.1	
	Total	185	100.0	
10.	Management			
	1-4 days	3	1.6	21.4
	5-10 days	6	3.2	42.9
	>-10 days	5	2.7	35.7
	Total	14	7.6	100.0
	Not attended	171	92.4	
	Total	185	100.0	

Table 4.3 shows more details about the in-service training programs that were conducted at PHCs and the distribution of days, showing the valid percent of the participants who attended them. Results reveal that the range of the days attended in the training programs ranges between 1-6 days either respectively or one to two days a week, the days hold the following percents, vaccination, MCH, NCDs, emergency, mental illness, breast feeding, infection control, nutrition, family planning, and management with percents (63.2%, 53.5%, 53.5%, 41.6%, 28.1%, 25.9%, 20.5%, 16.2%, 11.9% and 7.6%)

respectively. Most of these in-service training program were sponsored by different organizations such as WHO, UNCEF, JICA, and Red Crescent society" and were coordinated by MoH.

Table (4.4): Total nurses mean perceptions of, SD, and ranking of the six domains (n= 185).

No.	All study domains	No, of items	Mean Score (5)	± SD	%	Rank
1.	Programs Design	11	3.92	.4437	78.54	2
2.	Contents of training programs	11	3.74	.3785	74.94	4
3.	The trainer competencies	15	3.86	.3933	77.26	3
4.	Training environment	5	3.61	.6323	72.32	6
5.	Effects of training programs	14	4.011	.4451	80.22	1
6.	The role of the institution regarding the training	7	3.68	.62634	73.74	5
	Total	63	3.81	.36183	76.18	

The table 4.4 show the results of all study domains with the average mean equal 3.81 and relative percent 76.18%.

The fifth domain "*Effects of training programs*" holds the highest rank 80.22% of the respondents, and relative mean 4.011, this percent reveals that the respondents working in the PHCs are satisfied with the training programs and they also have a positive perspectives towards in-service training programs, that is consistent with Odah's study (2011), perspective of the MoH hospitals nurses about the impact of training programs on their performance, he found that 77.0% of nurses at MoH hospitals are satisfied with the training programs that were provided. This result is also consistent with Gaith's study (2014) " Impact of Specialized Training on Nursing Performance at Shifa Hospital " his results also show that nurses working in MoH have positive perspectives towards the training programs.

Abay(2008) reported that significant relationship was found between the employees training and their resultant performance in accomplishing different tasks. It was found that those employees who have taken trainings were more capable in performing different tasks & vice versa.

The first domain "**Program design**" holds the second rank with mean 3.92 and a relative weight 78.5%, this indicates that the programs design are well prepared and organized.

The domain "**The trainer competencies**" holds the third rank with average mean 3.86 and a relative weight 77.2%, revealing that the opinions of respondents about the trainers performance and characteristics are good. This result is congruent with Gaith's study (2014), in which he found that the opinions of respondents about the trainers performance were also good with mean score 3.89 and relative weight 77.9%. This reflects that the trainer creates an atmosphere of friendship and mutual respect during training, and he also owns the ability to manage the discussion, motivate the participants, facilitates group learning and to manage time efficiently. Hosseinifard et. al. (2011) stated that a part of the effectiveness of the organizational trainings is determined through the measurement of the learner's competence level. The effectiveness of the practical trainings is legitimized through creation of competence, capability, and action.

The fourth rank is given to the domain "**contents of training programs**" with mean 3.74 and represents 74.9%, which indicates that the training courses contents is clear, well-organized and relevant to the subjects. The researcher found that, this result is consistent with Ouda (2011), who conducted cross sectional study on perspective of the MoH hospitals ' nurses about the impact of training programs on their performance, his result concerning this domain was as the following, mean score was 4.12 and relative weight 82.4%. Also Barhoom, Zaher and Alsoliman (2007), they conducted a cross sectional study to assess the scientific principles on which the training process depends in the hospitals of the ministry of higher education in Syria, They found that the duration of the training programs was appropriate with relative mean 4.21.

The two domains "**The role of the institution regarding training and Training environment**" hold the last rank with mean score (3.68, 3.62) respectively, and relative percentages (73.7%, 72.3%) respectively.

This reflects that, the role of the institution regarding the training programs, needs more attention and support from the institution management, and also an improvement to the environmental conditions of the training regarding place, ventilation, and space.

(Mardani, 2009), stated that in-service training is considered as one of the main organizational instructions which affects the efficiency and effectiveness of the staff. In general, we can introduce the nature, necessities, and needs of the society modifications to

the organization personnel through in-service training and create an attitude and ability in them to dynamically help the organization fulfill the goals of the society

Table (4.5):Totalnurses mean perceptionabout design of the programs

No.	Programs Design	Strongly disagree %	Disagree%	Neutral%	Agree%	Strongly agree%	Mean	%	Rank
1.	The objectives of the training programs were realistic	.5	1.6	1.6	82.2	14.1	4.08	81.6	3
2.	Training programs were fit to my needs	0	3.7	7.6	71.4	17.3	4.02	80.4	4
3.	Training programs was important to me	.5	1.1	7.6	63.8	27.0	4.16	83.2	1
4.	Selected of training were successful	0	4.3	11.4	68.1	16.2	3.96	79.2	6
5.	Distribution of subjects was suitable to schedules	.5	9.2	18.9	58.4	13.0	3.74	75.8	9
6.	I think that the contents of courses was in my core work	0	5.4	12.4	64.9	17.3	4.10	82	2
7.	Training programs were appropriate to level of trainees	0	6.5	15.1	65.4	13.0	3.85	77	10
8.	Duration of training programs was sufficient todiscuss the main ideas of the programs	1.6	19.5	17.3	53.0	8.6	3.48	69.6	11
9.	The scientific methods were focusing the experience and practice	.5	4.9	15.7	64.3	14.6	3.88	77.6	8
10.	The training materials were suitable to the content of my experience	0	4.3	10.8	69.7	15.1	3.96	79.2	6 ^a
11.	There is a clear and specific message from training programs	0	2.7	11.4	70.8	15.1	3.98	79.6	5
Total							3.93	78.6	

Table 4.5, thistable illustrates that the total mean score of this domain is about(11) statements. Nurses who agreed and strongly agreed that "*Training programs was important to me*"&"*I think that the contents of courses were in core of my work*"represented 83.2%and 82% respectively.While theyagreed and neutrally that"*Training programs were appropriate to level of trainees*"represented 77%.Also nurses agreed and other disagreed that "*Duration of training programs was sufficient to discuss the mainideas of the programs*"represented 69.6%.

This result is consistent with Champathes (2006)who reported that an important function of human resource management is the development of employeesand their satisfaction throughproper training and development programs sincethe more employees aredeveloped

the more they are satisfied with their job, leading to the increase of the productivity and profitability of the institution. This is also similar to Odah's (2011) he conducted a cross sectional study in GS to examine the impact of training programs on nurses' performance, the study has found that 73.4% of nurses are satisfied with the training programs. Ndulue(2012) identifies the training as a fundamental necessity because of its role in improving the institution's ability of adopting and using the advanced technology to create a more sufficient, effective and motivated staff efficient, and also to provide an adequate human resources for the expansion of new programs.

According to Khanfar (2011) he focused on the role of training in enhancing the performance of the employees, he also noted that the training plays a vital role in the building of competencies between employees that will affect their performance in a very effective way and also prepares them to hold future positions with full capabilities enabling them to overcome any deficiency in any related area.

Ozoya (2009) he described the training as the vehicle that takes organization to their destination within a stipulated period, it's also very important because it is the life of the institution, that improves the human ability towards meeting his objectives.

According to Thaker (2008) training is an organized procedure by which people learn knowledge and skills for a definite purpose.

Concerning the qualitative part of this domain, FGDs responded to the questions that are related to this domain as the following:

"Participants express that the in-service training programs were not suitable for most of participants level regarding knowledge and educational level, and there is personal differences of the academic levels among the participants. Other participants said that sometimes the in-service training programs were suitable for most of the participants educational levels."

Concerning that discussions were enough to cover the main subject of the training programs, their opinions were as the following:

"Discussions of the subjects of training programs were not adequate enough, and there was no integration during the sessions, the way of lecturing was just as vomiting information most of the time. The discussion was as a questioning method which was embarrassing for some participants. Most of the time the topics of contents were higher of the participants levels, some of the trainers were given

the enough time to discuss and share their ideas, while others were not given that chance".

Regarding the importance of the training programs and its relevancy to the work, the participants responded as the following:

"Most of the respondents expressed that training programs are important and relevant to their work and also could be implemented easily in the clinic."

Regarding the periods of the training programs, whether they were adequate enough to discuss and handle the main topics or not, the participants expressed it as the following:

"Some of training programs were very concentrated and they need more days and longer lectures to enable the participants to understand the contents more enough."

The managers and supervisors opinions about this domain, were as the following:

"In-service training concerned of all nurses categories regardless of their uneven educational degree, It is possible that the scientific material is difficult for some nurses according to the variation of their categories, taking in consideration that some of the trainees were not interested in the training due to the lack of incentives. Other said these training programs were built according to the training needs".

Concerning, that discussions were enough to cover the main subject of the training programs, their opinions were as the following:

"Trainers were not effectively managed and couldn't control the training sessions efficiently and couldn't clarify the information and ideas to trainees very clearly, also some of them were not interested in the training session that led to the lack of interest in the educational topics. Other express yes because the of the presentation style was diversified and gives ample time for discussion

Regarding the importance of the training programs and its relevancy to the work, the supervisors opinions areas the following:

"Training programs were selected to meet the needs of the work, assessment questionnaires were done to know the educational needs, then ranking and conducting them according to priorities of training programs that were agreed upon by the majority of all nursing categories".

Regarding the period of the training programs, whether it was enough to discuss and handle the included topics, the in-service training supervisor opinions come as the following:

"Some of training programs were conducted at the end of the shift hours, they were very concentrated with a limited time for discussion, that affect negatively the understanding because of lack of opportunities to discuss the different topics. Other said that most of the training programs periods were short and can't exceed 30 hours."

Researcher point of view about this domain is that there are congruent among participants' perceptions and opinions of the above domain. FGDs results about the training materials, were not suitable for some nurses' levels. Also there was a limited time, not enough for discussions during sessions, that could be due to concentrated topics and limited time to conduct and implement all the topics, in addition to that participants are from different educational backgrounds and experiences.

Table (4.6): Total nurses mean perceptions, about the contents of training programs

No.	Contents of training programs	Strongly disagree %	Disagree %	Neutral %	Agree %	Strongly agree %	Mean	%	Rank
1.	The contents of the training course were clear	0	3.2	2.2	77.3	17.3	4.09	81.8	1
2.	The contents of the training course were coordinated	.5	2.7	7.0	72.4	17.4	4.03	80.6	3
3.	The training material is highly applicable	2.2	9.2	16.8	61.6	10.3	3.69	73.8	8
4.	The content of the training material helped me to obtain scientific concepts	0	4.3	2.7	76.8	16.2	4.05	81	2
5.	The integrity and fluency of the language in the presentation of the training material were clear	.5	2.2	9.7	74.6	13.0	3.97	79.4	4
6.	The content of the training material were applicable in the field of health services	2.2	6.5	15.1	68.6	7.6	3.73	74.6	7
7.	The Training material contained applicable practical skill	.5	4.9	13.0	67.6	14.1	3.90	78	5
8.	There was a repetition of the content of the training programs	2.2	16.8	22.2	48.1	10.8	3.49	69.8	10
9.	Course material handouts were available in most courses	1.6	11.4	20.0	58.9	8.1	3.61	72.2	9
10.	I feel that the training material was well prepared	.5	3.8	15.7	70.3	9.7	3.85	77	6
11.	I faced obstacles in understanding the content of the programs	4.9	27.6	57.8	0	9.7	2.82	56.4	11
Total							3.75	75	

Table 4.6 illustrates that the total mean score of this domain is about (11) statements. Nurses who agreed and strongly agreed "*The contents of the training course were clear*" & "*The content of the training material helped me to obtain scientific concepts*" represented 81.8% and 81% respectively, While they neutrally and agreed that "*There was a repetition of the content of the training programs*" represented 68.8%. Also nurses neutrally and disagreed that "*I faced obstacles in understanding the content of the programs*" represented 56.4%. The result is consistent with Ouda (2011) in his study showed that the participants have positive perspective about training programs were delivered, with average mean 3.85 and percentage 77.04%. Also The results is congruent with Niazi (2011) stated in his study that training and development programs always gives employees chance to learn something new, Training is full of learning and creativity so to stay ahead of competitors training is necessary. In other hand according to Chidambaram & Ramachandran (2012) they conducted that Developing forward in tasks and enhancing skills of employees could be listed as expected outcomes of ideal training program. According to Mamoria (1995) stated that training is a materials have to be prepared with care and distributed among the trainees so that they may come well-prepared to a session and are able to understand the operations and demonstrations quickly and correctly.

Also Armstrong (1995) stated that training programs to be effective, information should be readily available to the trainees. Extensive discussion with the trainees would go a long way to prepare them on various issues like reasons for the training and the benefit of the training to the trainees and the organization.

Regarding the participants point of view about the training topics they express that as following:

"Most of participants express that's training topics were not difficult and its improve their knowledge and gaining new concepts, others said some of training topics were not easy to understand, regarding obstacles, most of participants said there were no any difficulty or obstacles regarding training participation, some of them said sometime the training done from work time that lead to interruption in

the work. Such as Inability to reach the place of training due to difficult transportation."

Regarding the topics repetition of training programs, participants opinions were as the following:

"Most of respondents express that there were a repetition in the contents of the training programs which make the feeling bored."

Regarding the in-service training programs topics, the managers opinions were as the following:

"The training topics are suitable and easily understand, which provide a new updating information to all nurses categories". But there is some obstacles facing some nurses due workload and timing of the training, but the priority give to the work, and regarding to repetition of training programs they claim that there were no repetition rather than refreshing and updating information and linking the old information with new one. Other said some of the topics were new and others were to confirm, also due to the work pressure the administrators not allow the employee to training".

Researcher point of view about this domain that there are a congruent of participant perceptions and opinions of the above domain, FGDs express that the training contents were not so difficult and new information and new knowledge were gained, but there is some variation in opinions between participants and nursing supervisors about the training topics repetition, where supervisors' opinions that the training course repeated for the purpose of refreshments and updating knowledge, skills and practice.

Table (4.7):Total nurses perceptions, aboutthe trainer competencies

No.	Trainercompetencies	Strongly disagree %	Disagree %	Neutral %	Agree %	Strongly agree%	Mean	%	Rank
1	The trainer has set goals of the course from its beginning	0	3.2	6.5	75.2	15.1	4.02	80.4	2
2	The trainer was able to link the training material to the actual work field	0	3.8	9.7	71.4	15.1	3.98	79.6	5
3	The trainer was using advanced techniques in presenting the material	.5	2.2	11.4	73.5	12.4	3.95	79	8
4	The trainer made a pre-training assessment	.5	9.2	13.5	59.5	17.3	3.84	76.8	13
5	The trainer made a post-training assessment	1.1	5.9	12.4	63.2	17.3	3.90	78	11
6	The trainer is able to communicate information and experience	0	2.7	11.9	70.3	15.1	3.98	79.6	5 ^a
7	The presentation method was easy to understand	.5	2.2	12.4	70.3	14.6	3.96	79.2	7
8	Uses multiple training techniques and methods	0	5.4	13.0	65.9	15.7	3.92	78.4	9
9	The trainer facilitates group learning	.5	4.3	13.0	67.0	15.1	3.92	78.4	9 ^a
10	Explain new concepts clearly	1.1	2.2	9.2	70.3	17.3	4.01	80.2	3 ^a
11	He creates an atmosphere of friendliness and respect during training	.5	5	3.2	70.3	25.4	4.19	83.8	1
12	He had the ability to manage the discussion and motivate participants	0.	3.2	7.6	74.1	15.1	4.01	80.2	3
13	He has the ability to manage time efficiently	.5	5.4	11.4	70.3	12.4	3.89	77.8	12
14	Has the ability to achieve the objectives of training sessions	.5	4.9	13.5	71.9	9.2	3.84	76.8	13 ^a
15	There is no compatibility between training programs and health services provided	8.1	37.8	49.7	0	4.4	2.55	51	15
Total							3.86	77.2	

Table 4.7 Table illustrates that the total mean score of this domain is about (15)statements. Nurses who agreed and strongly agreed that "*He creates an atmosphere offriendliness and respect during training*" & *The trainer has set goals of the course fromits beginning*" represented 83.8% and 80.4% respectively.While they agreed and others neutrally that"*Has the ability to achieve the objectives of training sessions* " represented 76.8%. Also nurses disagreed and neutrally "*that There is no compatibility between training programs and health services provided* "represented 51%.

These results are consistent with the findings of Ghaith (2014) stated in his study,that therespondents reactions aboutthe trainers are good with mean score 3.89 and

percentage 77.9%. Also according to results of Ouda's study (2011) he stated that participants have positive reactions toward the trainer with average mean equal 3.91 and relative weight 78.2%.

There are few things that contribute to training effectiveness; including trainer's capabilities, suitability of methods of delivery used by trainers, location of training, training contents and objectives. The individual who is assigned to task for the purpose of conveying the training objectives is called a trainer, and it holds central position in attaining efficiency in the training program. The trainer's role is shifting from a simple role of providing skills to active communicator, who makes an effort in achieving training as well as organizational objectives, trainer plays an important role in transferring the learning to work, the one of the barriers to convey the training to the employees is "poor training content and delivery style". Thus a good trainer is the one who has the skills to conduct a training program more purposeful by setting an appropriate training objectives and also deliver it in the best way so the employee can easily understand because training objectives is considered as the 'pillar' of training programs and lack of solid objectives leads to failure of training programs (Silberman, 2006).

Concerning the qualitative part of this domain, FGDs responded to the questions that are related to this domain as the following:

"Participants express about the trainer, he evaluate the educational and training methods as required, most of them able to give information, create an appropriate atmosphere through participation and gives examples, others participant express that some trainers acceptable and other not."

Regarding the pre and post-test in training programs the participants are respond:

"Only that's the courses sponsored by foreign organization doing pre and post-test, other respondents said not all the trainers conduct pre and post-test, also not in all programs, others said that he can do it in most of the time."

Concerning trainer time managing the participants answers as the following:

"most of respondents express that the time was not enough due to a lot of information, and others said that he can manage the time efficiently, also others said nearly enough."

The managers and supervisors opinions about this domain their answers are as the following:

"Trainers selected carefully according to specific criteria to be able to give trainees with new skills and concepts in clear and understandable manner. concerning the pre and post-test, formally was not done because the main objectives of the training programs are to improve and enhance the nurses skills and developing their performance. Regarding time management, some of trainers not managing time well in addition to some trainees wasting time in discussion in issues not related to the core of subjects, Others said that the trainers are highly competent in many subjects and some of them need to take sufficient time to prepare training materials".

Researcher point of view about this domain that there are a congruent of participant perceptions and opinions of the above domain and FGDs results about the trainers, some of them are acceptable and other not which is matching with the domain results, also some of them were doing pre and post-test and other not, while other said that training programs which sponsored by foreign and international organization doing pre and post-test. Supervisors express that pre and post-test was not formally performed because training were concentrating for developing skills rather improving the knowledge.

Table (4.8): Total nurses perceptions, about the training environment

No	Training environment	Strongly disagree	Disagree %	Neutral %	Agree %	Strongly agree %	Mean	%	Rank
1.	Suitable for the nature and purpose of training	3.8	10.8	15.7	60.0	9.7	3.61	72.2	2
2.	Suitable lighting and ventilation in training places	3.8	8.6	15.7	61.1	10.8	3.66	73.2	1
3.	Breaks periods were appropriate for the purpose for activating refreshing trainees'	2.2	13.0	17.3	59.5	8.1	3.58	71.6	3
4.	The time and timing of the course was suitable for trainees	1.1	17.3	17.3	56.8	7.6	3.52	70.4	4
5.	Provide adequate hospitality services	4.3	18.4	22.7	47.6	7.0	3.35	67	5
Total							3.62	72.4	

Table 4.8 table illustrates that the total mean score of this domain is about (5) statements. Nurses who agreed and other neutrally that their *"Suitable lighting and ventilation in*

training places" & "*Suitable for the nature and purpose of training*" represented 73.2% and 72.2% respectively. While they disagreed and agreed to "*The time and timing of the course was suitable for trainees*" and "*Provide adequate hospitality services*" represented 70.4% and 67% respectively.

Sanjeevkumar & Yanan (2011) conducted study in Malaysia to examine whether that organizational factors such as types of training, training environment, work environment influence training effectiveness among employees in their workplace. While Farooq, M. & Aslam, M. K (2011) stated that managers are trying their level best to develop the employee's capabilities, ultimately creating good working environment within the organization. For the sake of capacity building managers are involved in developing the effective training programs for their employees to equip them with the desired knowledge, skills and abilities to achieve organizational goals. However, employee performance is also effected by some environmental factors such as corporate culture, organizational structure, job design, performance appraisal systems, power and politics prevailing in the firm and the group dynamics. The researcher point view that the location of the training should be conducive to help the participants relax and concentrate on the training activities.

Concerning the qualitative part of this domain, FGDs responded to the questions that are related to this domain as the following:

Regarding the time and appointments, the availability of services and learning environment of the training programs the respondents express as the follow.

"All of participants agree that the time and appointments of the training programs are not suitable and need arrangement, because it distributed at end of the years, others express it's come unexpectedly, need to be more organized and well schedules. Relate to services availability most of participants answered some time the services were good and some time were not, other participants said the services was not enough. Others mentioned that lighting, ventilation and seating were good."

Regarding the break periods and hospitality during the training they climes that:

"The break periods was not suitable enough because the concentrated of scientific material, other participants said that; some time the hospitality was below the average".

Concerning the managers and supervisors' opinions about training time and timing they express as the following:

"Most of the training programs are conducted at the ends of the shift hours which affect negatively on training process and. Related to the services availability and training environment they express that the selection of training places are carefully because of its hospitality they claim that there is a lack of logistics support such as supplies and materials affects positively on training process. Regarding the time and appointment in most courses the employees spend the day at work to accomplish the main tasks and the second half of the day for training, also the training environment needs to be renewed and updated and modern training methods are taken into account".

Table (4.9): Total Nurses mean perception about the Effects of training programs

No.	Effects of training programs	Strongly disagree %	Disagree %	Neutral %	Agree %	Strongly agree %	Mean	%	Rank
1	I have gained new skills that can be applied in my work	1.1	2.2	9.2	74.1	13.5	3.97	79.4	9
2	I have the ability to make the right decision in my work	1.6	2.7	12.4	69.2	14.1	3.91	78.2	12
3	Training programs bridge the gaps between the theory and practice	.5	6.5	15.1	63.8	14.1	3.84	76.8	13
4	I apply most of the skills I have gained from training programs	.5	4.9	11.9	66.5	16.2	3.93	78.6	10
5	The training programs helped me to benefit my colleagues in the field of work	.5	3.2	8.1	71.9	16.2	4.00	80	8
6	I feel that I am thinking more deeply about professional matters	.5	3.8	11.9	70.3	13.5	3.92	78.4	11
7	The training help me to develop my performance	.5	3.2	7.6	70.8	17.8	4.02	80.4	6
8	Training is very important to raise the level of professionalism	0	1.1	5.4	63.8	29.7	4.22	84.4	1
9	I recommend my colleagues to attend training program in future	.5	1.6	3.2	64.9	29.7	4.22	84.4	1 ^a
10	The training helped me do things I had not done before	1.1	2.2	10.3	64.3	22.2	4.04	80.8	7
11	My mistakes reduced at work because of training	1.1	4.9	19.5	57.8	16.8	3.84	76.8	13 ^a
12	I feel that my performance is improving	.5	1.1	10.8	63.3	24.3	4.10	82	3
13	I feel more confident in myself	1.1	1.6	14.1	56.8	26.5	4.06	81.2	5
14	My performance assessment became better after training	0	2.7	13.5	57.8	25.9	4.07	81.4	4
Total							4.01	80.2	

Table 4.9 Table illustrates that the total mean score of this domain is about (14) statements.

Nurses who agreed and strongly agreed that the "*Training is very important to raise the level of professionalism, & I recommend my colleagues to attend training program in future*" represented 84.4%. While they agreed and other neutrally that "*Training programs bridge the gaps between the theory and practice*" & "*My mistakes reduced at work because of training*" represented 76.8%. These results are consistent with the findings of Gaith study (2014) that he found training programs help the staff and improve their performance with mean score 4.14 and relative weight 82.8%. Also the result is congruent with the study of Muzaffar, Salamat and Ali (2012) they emphasize that for increasing the individuals performance, it is crucial to inspire the individuals by means of satisfying the needs of skills necessary and the owned or operated by means of staff through delivering applicable training. According to Farooq and Khan (2011) explored that impact of training is to enhance the quality of task process that brings improvement in the performance of staff also they stated that s "realistic notices and accurate training information prior to training reported better outcomes than those that did not receive any information regarding the training program.

Regarding to the point view of Akhtar et. al. (2011) concluded that training has an optimistic association between motivations along with job engagement involving personnel doing work in organizations. Itika (2011) in his study stated that training has many advantages for the individual, the department and the organization because it is expected to provide a skilled pool of human resources, improvement of existing skills, and increase in knowledge and experience of employees, improve employees' motivation, job performance, customer service, and personal growth and opportunity for career development.

Khawaja Fawad Latif et. al. (2013) said in their study on topic "association of training satisfaction with employee development aspect of job satisfaction" that training giving to employees will results in increasing the level of satisfaction of their current jobs. Also Devins, et. al. (2012) founds that trained employees often work better as teams because everyone is aware of the expectations and can achieve them together smoothly. Trained employees are also more confident in their performance and decision-making skills. Also Warran et. al. (2007) stated that respect feeling, valuable, participation, involvement in decision, communication and autonomy are assumed to be predictable factors influencing employees' performance. While Swart et. al. (2005) stated that's bridging the performance gap refers to implementing a relevant training intervention for the sake of developing particular skills and abilities of the employees and enhancing employee performance.

Concerning the qualitative part of this domain, focus groups participants responded to the questions that are related to this domain as the following:

Regarding the important of training programs and colleagues participation they express as the following:

"Most of participants answer that, they recommended their colleagues to participate and to enroll in training programs when its available which is reflectson the performance improvement, increase the level of knowledge and practice".

Concerning the gap between theory and practices the participants opinions are as the following:

"Sometime the training programs has positive impact in reducing the gap between theory and practice, others participants said there are no available resources for practicing what is learned".

Regarding the important of training programs and its affect the opinions of managers and supervisors were as the following:

"They believe that's training programs are very important to improve skills and performance so they recommended every nurse to participate in it. Concerning the training theory and practical gap they express that's the gape has some causes such as lack of proper working conditions to implements of what are learned due to lack of possibilities also lack of training follow up from administration".

Table (4.10): Total nurses perceptions about the role of institution regarding training

No	The role of institution regarding the training	Strongly disagree %	Disagree %	Neutral %	Agree %	Strongly agree %	Mean	%	Rank
1.	The institution facilitated application what I learned it	2.7	9.2	18.4	61.1	2.7	3.58	71.6	6
2.	Colleagues participation in training is recommended	0	5.4	15.1	69.2	10.3	3.84	76.8	2
3.	The work system in the institution is consistent with the training	2.7	9.2	18.4	61.1	8.6	3.64	72.8	4
4.	Training is consistent with working protocols with the organization	2.2	8.6	21.1	59.5	8.6	3.64	72.8	4 ^a
5.	My supervisor is familiar with the training	1.1	6.5	13.0	61.6	17.8	3.89	77.8	1
6.	My supervisor supports me on my scientific application for training	1.6	7.6	19.5	55.7	15.7	3.76	75.2	3
7.	There is a follow-up system for trainees	4.9	16.2	21.1	44.3	13.5	3.45	69	7
Total							3.69	73.8	

Table 4.10 illustrates the total mean score of this domain is about (7) statements. The nurses who agreed and strongly agreed that their "supervisor is familiar with the training" and "Colleagues participation in training is recommended" represented 77.8% and 76.8% respectively, while they disagree and others agree that "The institution facilitated and application what I learned it" and the "There is a follow-up system for trainees" represented 69% and 71.6 % respectively.

According to Vijayan Manisha (2014) aims to ascertain the attitude of employees towards various aspects of training namely management's attitude, selection process, quality of training, impact on individuals, impact on productivity and post-training assessment.

Cherame et. al (2007) argued that, management, mostly feel hesitant while investing in its human resource due to various reasons.

While Jie and Roger (2005) stated that Training programs not only develops employees but also help an organization to make best use of their human resources in favor of gaining competitive advantage. Therefore, it seems mandatory by the firm to plan for such a training programs for its employees to enhance their abilities and competencies that are needed at the workplace,

Khawaja Fawad & Latif et. al. (2013) conducted in their study on topic "association of training satisfaction with employee development aspect of job satisfaction" that training giving to employees will results in increasing the level of satisfaction of their current jobs, It underlines the needs of company to concentrate on building employee capability and development to achieve job satisfaction. According to Abdul Hameed (2011) Employee is considered as the major element of every organization and their success and failure mainly based on their performance. Also Alan and Celia, (2007), said the goal of training is to enhance the institution effectiveness. It also demands an influence on employee's performance, as well as in relation to organizational performance which is mediated by means of employee's performance. Also McDowall et. al. (2010) argue that the recognition of the importance of training in recent years has been heavily influenced by the intensification of competition and the relative success of organizations where investment in employee development is considerably emphasized.

According to the researcher point view of this domain the managerial role needs to be improved for follow up, organized well & monitoring for the effects of training programs on nurses' performance

Concerning the qualitative part of this domain FGDs responded about the questions related to this domain are as the following:

Regarding the administration responsibilities from training programs, preparation and follow up, the respondents answers as the following:

"Most participants answers are "yes" because the coordination and the mechanism of the work are done by administration, other express that the financial supervision of training programs in their "pocket" of the administration, and coordination with foreign organization, others participants said not almost. concerning follow up they express that most the time there are not follow up to the effects of training programs on employees performance by the administration, other participants point view the follow up is done when there is funded from outside parties, other said almost there are follow up".

Regarding administration facility and services availability for application the participants respond as the following:

"Most of the participants answer there are no support and possibilities to provide resources that is required for application".

Regarding the managers and the supervisor from the training programs preparation and follow up, they express as the following:

"The planning of training programs and learning were put by the supervision of the administration so they oriented about it process, and concerning the follow up they express that's the problem its self comes from the administration follow up mechanism in applicability of the training due to lack of supplies and possibilities, others said that not all administrators are interested and realize the value of training at work.

Researcher point of view about this domain that there is a congruent of participant perceptions and opinions of the above domain and focus groups results about the role of the administration should do more efforts in continuous monitoring, follow-up and evaluation of the training programs and its effect on nurses performance.

4.3 Inferential analysis

This part represent the relationships between study domains and its relation of participant socio-demographic variables regarding gender, marital status, age groups, qualifications, job title and clinic levels.

Table (4.11):Differences in perceptions about the study domains according to genderN = (185)

No.	Domains	Gender	N	Mean Score (5)	t	Sig. value
1.	Design the programs	Male	60	3.9136	-.289	.773
		Female	125	3.9338		
2.	Contents of training programs	Male	60	3.7045	-1.056	.293
		Female	125	3.7673		
3.	The trainer competencies	Male	60	3.8511	-.294	.769
		Female	125	3.8693		
4.	Training environment	Male	60	3.5639	-.779	.437
		Female	125	3.6413		
5.	Effects of training programs	Male	60	4.0310	.425	.671
		Female	125	4.0011		
6.	The role of the institution from training	Male	60	3.7238	.560	.576
		Female	125	3.6686		
	Total	Male	60	3.7980	-.274	.785
		Female	125	3.8136		

Table (4.11), Show the results of independent t-test to compare mean differences of nurses perceptions between male and female of the study domains. There are no statistical significance difference between all the domains($p=.785$).This could be due to that male and female nurses are takes the same subjects content of the training programs which offer's through the in-service training units at the PHC. The results are inconsistent with Ouda (2011) who conducted a cross sectional study on perspective of the MoH hospitals nurses about the impact of training programs on their performance, he founds in his results that there are statistical significant difference on the effect and impact of training with ($p=0.000$).Also the results are incongruent with Gaith study (2014) that he founds male have higher percentage of performance 47.6% than females 40%,but these difference did not reach statistically significant level ($p= 0.153$).

finding consistent with Al-Ahmadi (2009) who examine the factors affecting performance of hospital nurses in Riyadh Region, Saudi Arabia identify which reported positive relationship between nurses performance and male nurses.

In addition, correspond with Abu El-Amreen (2008) who examines the level of mental health among nurses working at governmental hospitals in Gaza provinces and its relation with performance. Finding shows that there was insignificant difference in performance between male and female nurses working at governmental hospitals in GS. Also Finding, inconsistent with Ayyash (2010) who carried study in EGH which found that there were no significant differences between male and female nurses in all dimensions of performance.

Table (4.12): differences in perceptions about the study domains and the marital status

No.	Domains	Marital status	N	Mean Score (5)	t	Sig. value
1.	Programsdesign	Single	23	3.9723	.519	.604
		Married	162	3.9209		
2.	Contents of training programs	Single	23	3.8577	1.505	.134
		Married	162	3.7312		
3.	The trainer competencies	Single	23	3.9014	.495	.622
		Married	162	3.8580		
4.	Training environment	Single	23	3.8188	1.650	.101
		Married	162	3.5874		
5.	Effects of training programs	Single	23	4.1056	1.092	.276
		Married	162	3.9974		
6.	The role of the institution regarding the training programs	Single	23	3.6522	-.280	.780
		Married	162	3.6914		
	Total	Single	23	3.8847	1.079	.282
		Married	162	3.7977		

Table (4.12), show the results of independent t-test to compare mean differences between marital status and the study domains. There are no statistical significance difference between marital status and training programs perceptions in all domains, ($p = .282$). The researcher observed that there is a variation and difference in the mean score not reach to significance level, but the mean difference shows the difference in favor toward single nurses and mostly young's, because they highly motivated and interested to develop their knowledge and performance more than married nurse, in addition to that single nurse are free from social obligation like family, children, and have more free time than married.

The researcher point of view that working in health sector requires that all nurses perform their tasks in a quality manner regardless of their marital status, besides that the vast majority (87.6%) of nurses were married and mature enough to perform their tasks in a good manner. The study result was similar to Isleem (2013) who conducted study on nurses working at governmental primary health centers in GGs to examine the relationship between organizational commitment and performance. Finding showed that there were not statistically insignificant differences in job performance related to marital status ($p=0.737$). Moreover The results is consistence with Gaith (2014) who found performance and marital status doesn't reach to significant level ($p=0.209$). also result was consistent with the results of Khlifat and Tarawna (2010) who conducted study to show the impact of work pressure on job performance among school principals in Jordan which showed no significant differences in performance related to marital status. Finally participants either single or married having mostly in-service training program, and working at the same field of nursing for that there is a little variation about their perception and attitudes regarding in-service training programs.

Table (4.13):Difference in perception about the study domains according to age groups N = (185)

No.	Domains	Age groups	Mean	df	Mean Square	F	Sig.
1.	Programsdesign	25-35 years	3.913	2	.136	.690	.503
		36-45 years	3.972	182	.198		
		>45 years	3.886	184			
2.	Contents of training programs	25-35 years	3.734	2	.081	.560	.572
		36-45 years	3.782	182	.144		
		>45 years	3.717	184			
3.	The trainer competencies	25-35 years	3.824	2	.090	.579	.561
		36-45 years	3.810	182	.155		
		>45 years	3.850	184			
4.	Training environment	25-35 years	3.607	2	.414	1.035	.357
		36-45 years	3.691	182	.400		
		>45 years	3.539	184			
5.	Effects of training programs	25-35 years	4.029	2	.009	.046	.955
		36-45 years	4.004	182	.200		
		>45 years	4.007	184			
6.	The role of the institution regarding the training programs	25-35 years	3.752	2	.148	.375	.688
		36-45 years	3.688	182	.395		
		>45 years	3.645	184			
	Total	25-35 years	3.807	2	.077	.584	.559
		36-45 years	3.839	182	.132		
		>45 years	3.774	184			
			3.809				

One-way ANOVA test used to figure out the differences between the scores of perceptions of the age groups table 4.10. There are no statistical significant differences between all domains (P-value >0.05). While there are a difference means in this domains between age groups, its observed that older participant (36 to 45) have the highest mean score in most domains, this means that this age groups are more experienced, more knowledgeable, more manageable and more oriented nurses.

This results are congruent with Gaith (2014) stated that performance is increasing by the age increase, more than 41 years old have a higher percentage of performance 47.8% than other nurses age group, The differences between age reach highly statistically significant level (P value= 0.000). Also Khlifat and Tarawna (2010) conducted study to show the impact of work pressure on job performance among school principals in Jordan" Finding shows that older age employees have better performance compared to younger employees, Also Isleem (2013) conducted study on nurses working at governmental primary health centers in Gaza Governorates to examine the relationship between organizational commitment and performance which reported that there was no significant difference between performance and age in primary health care in GS. Ouda (2011) tested in his study the relationship between age and the possibility that training programs could affect positively on performance and the result reveals those whose age between 40 to 50 are affected positively.

Table (4.14):difference in perceptions about the study domains according to the level nurses qualification N = (185)

No.	Domains	Qualifications	Mean	df	Mean Square	F	Sig.
1.	Programs Design	Master & high Diploma	4.1039	3	.257	1.313	.272
		Bachelor	3.9378	181	.196		
		Diploma	3.8584	184			
		Midwifery diploma	3.9758				
2.	Contents of training programs	Master & high Diploma	3.7792	3	.012	.084	.969
		Bachelor	3.7493	181	.145		
		Diploma	3.7452	184			
		Midwifery diploma	3.7091				
3.	The trainer competencies	Master & high Diploma	4.0476	3	.231	1.509	.214
		Bachelor	3.8211	181	.153		
		Diploma	3.8907	184			
		Midwifery diploma	3.8489				
4.	Training environment	Master & high Diploma	3.8333	3	.264	.656	.580
		Bachelor	3.6105	181	.402		
		Diploma	3.5710	184			
		Midwifery diploma	3.6333				
5.	Effects of training programs	Master & high Diploma	4.1684	3	.126	.633	.595
		Bachelor	3.9977	181	.199		
		Diploma	3.9953	184			
		Midwifery diploma	4.0095				
6.	The role of the institution from training	Master & high Diploma	3.9796	3	.455	1.162	.326
		Bachelor	3.6466	181	.391		
		Diploma	3.6768	184			
		Midwifery diploma	3.7048				
Total		Master & high Diploma	3.9853	3	.160	1.228	.301
		Bachelor	3.7938	181	.130		
		Diploma	3.7896	184			
		Midwifery diploma	3.8136				
			3.8085				

One-way ANOVA test used to figure out the differences between the scores of perceptions of level of nurses' qualification table 4.11. There are no statistical significant differences between all domains ($P\text{-value} > 0.05$). While there are a difference means in most of domains in nursing qualification levels, its observed that those whom have master degree & high midwifery diploma have the highest mean score in their perceptions regarding most domains, this indicate that the who have higher qualifications have more assessment skills of evaluation of themselves, programs training contents and the context of the training

process. the results are inconsistent with study conduct by Isleem (2013) which found that there were no significant differences in performance between nurses who have bachelor degree and those who have diploma certificate. Also Gaith in his study (2014) revealed that there were statistically significant differences in job performance related to qualification ($p=0.048$), those who have post-graduate studies have higher performance compared to nurses who have bachelor and diploma certificate.

Table (4.15): Difference in perceptions about the study domains according to job title N = (185)

No.	Domains	Job title	Sum of Squares	df	Mean Square	F	Sig.
1.	Design the programs	Practical Nurse	3.8750	3	.110	.212	.888
		Staff Nurse	3.9359	181	.199		
		Managerial positions	3.9574	184			
		Midwifery Diploma	3.9148				
2.	Contents of training programs	Practical Nurse	3.7557	3	.062	.281	.839
		Staff Nurse	3.7515	181	.146		
		Managerial positions	3.7642	184			
		Midwifery Diploma	3.6648				
3.	Trainer competencies	Practical Nurse	3.9479	3	.104	.935	.425
		Staff Nurse	3.8432	181	.156		
		Managerial positions	3.8917	184			
		Midwifery Diploma	3.7708				
4.	Training environment	Practical Nurse	3.5677	3	.255	.332	.802
		Staff Nurse	3.6540	181			
		Managerial positions	3.5417	184	.404		
		Midwifery Diploma	3.6146				
5.	Effects of training programs	Practical Nurse	3.9799	3	.176	.081	.970
		Staff Nurse	4.0170	181			
		Managerial positions	4.0290	184	.199		
		Midwifery Diploma	3.9955				
6.	The role of the institution regarding training	Practical Nurse	3.7946	3	.139	.484	.694
		Staff Nurse	3.6490	181			
		Managerial positions	3.7188	184	.399		
		Midwifery D.	3.6518				
Total		Practical Nurse	3.8201	3	.070	.080	.971
		Staff Nurse	3.8084	181			
		Managerial positions	3.8171	184			
		Midwifery Diploma	3.7687		.133		
		Total	3.8085				

One-way ANOVA test was used to figure out the differences between the scores of perceptions of participant regarding the nurses' job title table 4.12. There are no statistical significant differences), between all domains($p=$ value >0.05 , While there are a difference in the means of score in most domains (2, 3, 5, and 6 respectively) in favor to practical nurse & managerial positions. This revealed that the practical nurses are very interesting in training programs & most of them have manual skills in apply what they learned in training, also the managerial positions had especial knowledge, organizing & follow up regarding training programs. The result are congruent with Ouda (2011) in his study" perspective of the MoH hospitals nurses about the impact of training programs on their performance" he was test the relationship between present job title and nurses, the results revealed that practical nurses selected properly for training programs. In other hand the results are incongruent with Gaith (2014) in his study Impact of Specialized Training on Nursing Performance at Shifa Hospital that there were statistically significant differences in job performance related to the job title ($p=0.000$), his results obtained revealed that staff nurses have higher performance compared to managerial position (head nurses & supervisors nurse.

Table (4.16): Difference in perception about the study domains by years of experienceN = (185)

No.	Domains	Years of experience	Mean	df	Mean Square	F	Sig.
1.	Design the programs	1-10 years s	3.8856	2	.201	1.023	.362
		11-20 years s	3.9736	182	.197		
		>20 years	3.8778	184			
2.	Contents of training programs	1-10 years s	3.6950	2	.073	.506	.604
		11-20 years s	3.7713	182	.144		
		>20 years	3.7362	184			
3.	The trainer competencies	1-10 years s	3.8602	2	.026	.166	.847
		11-20 years s	3.8789	182	.156		
		>20 years	3.8415	184			
4.	Training environment	1-10 years s	3.5538	2	.487	1.220	.298
		11-20 years s	3.6882	182	.399		
		>20 years	3.5383	184			
5.	The impact of training programs	1-10 years s	4.0115	2	.002	.009	.991
		11-20 years s	4.0146	182	.200		
		>20 years	4.0047	184			
6.	The role of the institution from training	1-10 years s	3.8618	2	.577	1.477	.231
		11-20 years s	3.6575	182	.390		
		>20 years	3.6417	184			
	Total	1-10 years s	3.8113		.061	.460	.632
		11-20 years s	3.8307		.132		
		>20 years	3.7734		.		
			3.8085				

One-way ANOVA test was used to figure out the differences between the scores of perceptions of participant regarding the total years of experience table 4.13. There are no statistical significant differences between all domains (P-value > 0.05), which means that years of experience has no impact on nurses' perception, toward training, while there was a difference in the means of score in most domains in favor to years from 11 to 20 years, except the role of the institution from training was in favor to nurses experience from 1 to 10 years, gets higher than other years of experience groups. The participants with high experience had more responsibilities, more commitment, more interest and interaction than those less than 10 years and more than 20 years. While nurses those of 1-10 years more interested and highly motivated to share in training programs, also having high expectation from training program to gain more skills and knowledge and to improve their performance.

Burt (2015) conducted in his study that work experience could be measured by identifying how many months of job related training a person has received or how many opportunities they have had instructing others in the tasks relevant to the target job.

Odah (2011) in his study result showed that there are statistically significant difference in gender as male showed more willingness to participate in training programs than their females and age group less than 30 years old were more motivated to take training than their older colleagues with statistically significant differences among the two groups. Finding also showed inverse relationship between educational level and desire to undertake further training course. In addition to Rynes, Orlitzky, & Bretz (1997) stated that organizations' employ on the account of work experience because they expect better performance from experienced workers.

Table (4.17): Difference in perception about the study domains according to clinic levels''N = (185)

No.	Domains	Clinic level	mean	df	Mean Square	F	Sig.
1.	Design the programs	Level 2	3.8864	2	.462	2.382	.095
		Level 3	4.0220	182	.194		
		Level 4	3.8729	184			
2.	Contents of training programs	Level 2	3.7159	2	.222	1.559	.213
		Level 3	3.8127	182	.142		
		Level 4	3.7096	184			
3.	The trainer competencies	Level 2	3.9125	2	.064	.410	.664
		Level 3	3.8869	182	.156		
		Level 4	3.8408	184			
4.	Training environment	Level 2	3.5625	2	.192	.477	.621
		Level 3	3.6768	182	.402		
		Level 4	3.5858	184			
5.	Effects of training programs	Level 2	3.8661	2	.227	1.150	.319
		Level 3	4.0530	182	.198		
		Level 4	4.0062	184			
6.	The role of the institution regarding the training	Level 2	3.6607	2	.006	.016	.984
		Level 3	3.6861	182	.397		
		Level 4	3.6907	184			
	Total	Level 2	3.7673	2	.119	.907	.406
		Level 3	3.8563	182	.131		
		Level 4	3.7843	184			
			3.8085				

Table 4.11, shows that there are no statistical significant difference regarding nursing perception those working in different clinic levels, (P-value > 0.05), but there are some variation in mean score between clinic levels in favor to clinic level 3, regarding the health services which provides by level 3 clinics these services include maternal and child health care (vaccination and antenatal care), NCDs, daily care, family planning, dental care, pharmacy, laboratory services, and X-ray this revealed that's these services provides by level 3 clinics, reflects the main topics cover by training programs.

According to Chris Obisi (2011) in their paper 'employee training and development in Nigerian organization' describe the importance of training program and their evaluation process said that the organization should properly evaluate their training program by seeing that their organization objectives and missions are achieved or not and training cannot only

change the ability of workforce not only concerning performing their current job but also aid them in the fulfillment of future expected task so for this reason it's a practice that cannot be discarded from an organizations .Rohan S., &Madhumita M. (2012) explained in their research that training is an important tool for the purpose of enhancing the workforce performance and it'll ultimately increase the worth of an organization but organization ought to be balance amongst training worth and training disbursement.

Saito et. al. (2006)statedthat the organization managers should use training to bridge the gap between effective behavior (proper competences, adequate knowledge, and positive attitude) and ineffective behavior (useless competences, inadequate knowledge, and negative attitude). To bridge this performance gap, it is necessary to adopt a specific training course with the aim of changing certain competencies and attitudes of the staff.

Chapter 5

Conclusion and recommendation

5.1 Conclusion

This study was conducted to evaluate the effects of in-service training programs on nurses performance at governmental primary health care centers, the study could help in improving the in-service training programs in future, particularly in the PHCs, the study explores more characteristics of the training programs regarding programs design, contents of the training programs, trainers, effects of the training programs & the role of institution regarding training programs. The study could fill the gap between the theory and its application .

The sample of the study consists of 185 nurses 60 male and 125 female, it was divided as the following: 32 practical nurse, 16 midwifery diploma, 105 staff nurses and 36 from managerial positions.

Regarding to demographic variables, the results show that, most of the study sample, 40.5% are between age 36-45 years.

The majority 87.5% of the study sample are married while 12.5% of the study are single, divorced and widows.

Regarding the work experience at the PHC, the results revealed that more half of the participants 50.3% having experience from 11-20 years, on the other hand 51.9% and 18.9% of the study sample are living in Gaza and north respectively. Also regarding clinics levels, revealed that more than half of the nurses 55.7% work at level 4 clinic.

The results also show that, 51.4% of the study sample were from Bachelor degree holders while (33%) were from two & three years diploma. (8.1%), midwifery diploma, and finally (7.5%) were master & high diploma

Concerning in-service training programs the results revealed that vaccination courses hold the highest score (63.2%), followed by NCD & MCH with relative weight (53.5%).

Regarding distributions of days attending by participant's, results revealed that's the highest percent periods of the training programs ranging between 1-6 days, and highest percent of participant's attending in-service training program were the vaccination, MCH, NCDs, followed by emergency, mental illness, breast feeding, infection control, nutrition, family

planning, and management, (63.2%, 53.5%, 53.5%, 41.6%, 28.1%, 25.9%, 20.5%, 16.2%, 11.9% and 7.6%) respectively.

As regarding study domains the results revealed that the "effects of training programs" domain hold the highest ranked with relative weight equals 80.2% followed by programs design domain 78.54%, the trainer with relative weight 77.2%, contents of training programs 74.94%, the role of institution regarding training with relative weight 73.7%, and training environment ranked the last with relative weight 72.32%.

About nurses perceptions of the first domain "design of the programs" the statement number 3 "training programs was important to me" hold the first rank 83.2%, while the statement the statement no. 8 "duration of training programs was sufficient to discuss the main ideas of the programs" hold the last rank 69.6%.

Regarding the opinions of participants in focus group related this domain they express that the training programs was important and relevant to the work and easily to be implemented in the clinic, others express that the in-service training programs were not suitable for most of participants level regarding knowledge and educational level, and there is personal differences of academic levels between the participant.

In addition regarding domain "contents of training programs" revealed that the statement no. 1 "content of training courses were clear" ranked the first 81.8%, while statement no. 11 "I faced obstacles in understanding the content of the programs" ranked the last 56.4%.

The opinions of participants in focus group, they express that's training topics were not difficult and its improve their knowledge and gaining new concepts, regarding obstacles most of participants said there were no any difficulty or obstacles regarding training participation.

Also concerning the perception of nurses regarding "trainer" domain, the first high ranked statement no. 11 "he creates an atmosphere of friendliness and respect during training" (83.8%), while the statement "There is no compatibility between training programs and health services provided" no. 15 hold the last rank (51%).

Concerning the opinions of participants in focus group regarding this domain they express about the trainer that he value the educational and training methods as required, most of them able to give information, create an appropriate atmosphere through participations and gives examples.

In training environment domain, "suitable lighting and ventilation in training places" statement no.2 hold the highest rank 73.2%, while statement no.5 Provide adequate hospitality services hold the last ranked 67%. Regarding the participants opinions in this domain.

The result of focus group revealed that lighting, ventilation and seating were good, other said the break periods was not suitable enough because of limited time.

In addition the domain "effects of training programs" revealed that the statements no. 8 & 9 "training is very important to raise the level of professionalism" and "I recommend my colleagues to attend training program in future" ranked the first 84%, while statements no. 3 & 11 "training programs bridge the gaps between the theory and practice" and "My mistakes reduced at work because of training" ranked the last 76.8%.

Opinions and discussions of the focus groups in this domain, revealed that most of the participants recommended their colleagues to participate and to enroll in the training programs when its available. Other results revealed that the training programs has positive impact in reducing the gap between theory and practice, others participants said there are no available resources for practicing what is learned.

Concerning the role of institution regarding the training in this domain, the statement no.5 "my supervisor is familiar with the training" ranked the first 77.8%, while statement no.7 "there is a follow-up system for trainees" ranked the last 69%.

Regarding the opinions of participants in focus group related this domain, revealed that coordination of training programs was through the administration. And concerning the follow up result revealed that most of the time there are no follow up to examine the effects of training programs on employees performance by the administration.

As regarding, the comparison of mean differences between gender perceptions of training domains results revealed that there were statistical significance difference between gender perception in "effects of training programs" domain ($p=.023$), while there was no statistical significance difference between the rest of domains.

Moreover, the result revealed that there was no statistical significance difference between marital status perception and training in all domain.

Regarding the age group the study revealed that there was no statistical significance difference between age categories, while there is a difference in means score between of age groups in favor category (36-45) years.

Regarding the qualifications results show that there is no statistical significant difference between qualifications groups and rest of the domains, but there is a difference in the mean score in favor to master degree & midwifery diploma.

Regarding the job title the study reported that there were no statistical significant differences between job title and training, while there was a difference in mean score in favor to practical nurse & managerial positions.

Concerning years of experience findings showed that there were no statistical significant differences between of nurses' experience of all the domains while there was a difference in the means score in most of the domains in favor to experience from (11-20) years.

Regarding the level of clinics findings showed that there was no statistical significant difference between different clinics levels and nurses perception in all study domains. but there is some variation in mean score between clinic levels in favor to clinic level 3

5.2 Recommendation

Based on the results on our findings, the researchers suggest the following recommendation for future implementation.

- Administrators of PHC needs to pay more attention of follow up and monitor the effects of training programs. Evaluation of the effects of training programs should be given a priority and training should be reference to performance, during and on completion of each training programs.
- Adopt the concept of training programs as part of the organizational culture, and formulate standards to measure the effect on employees performance..
- Offering equal chances for staff development, growth, and incentives, which increase their feeling of equity, fairness and satisfaction.
- Act toward improving the work environment and conditions that enhance nurses to maintain high performance
- Support and strengthen the in-service training programs to bridge the gap between theory and practice.
- Involvement and sharing nurses in selecting the in-service training program which matching their own professional needs.
- The time and timing of in-service training program should be taking in consideration.
- Further study to measure the in-service training programs offered and its effects on the quality of the nursing care provided.
- Further study to identify the actual training needs forPHC nurses
- Further qualitative studies to test and examine changes in nurse's perceptions towards in-service training programs.

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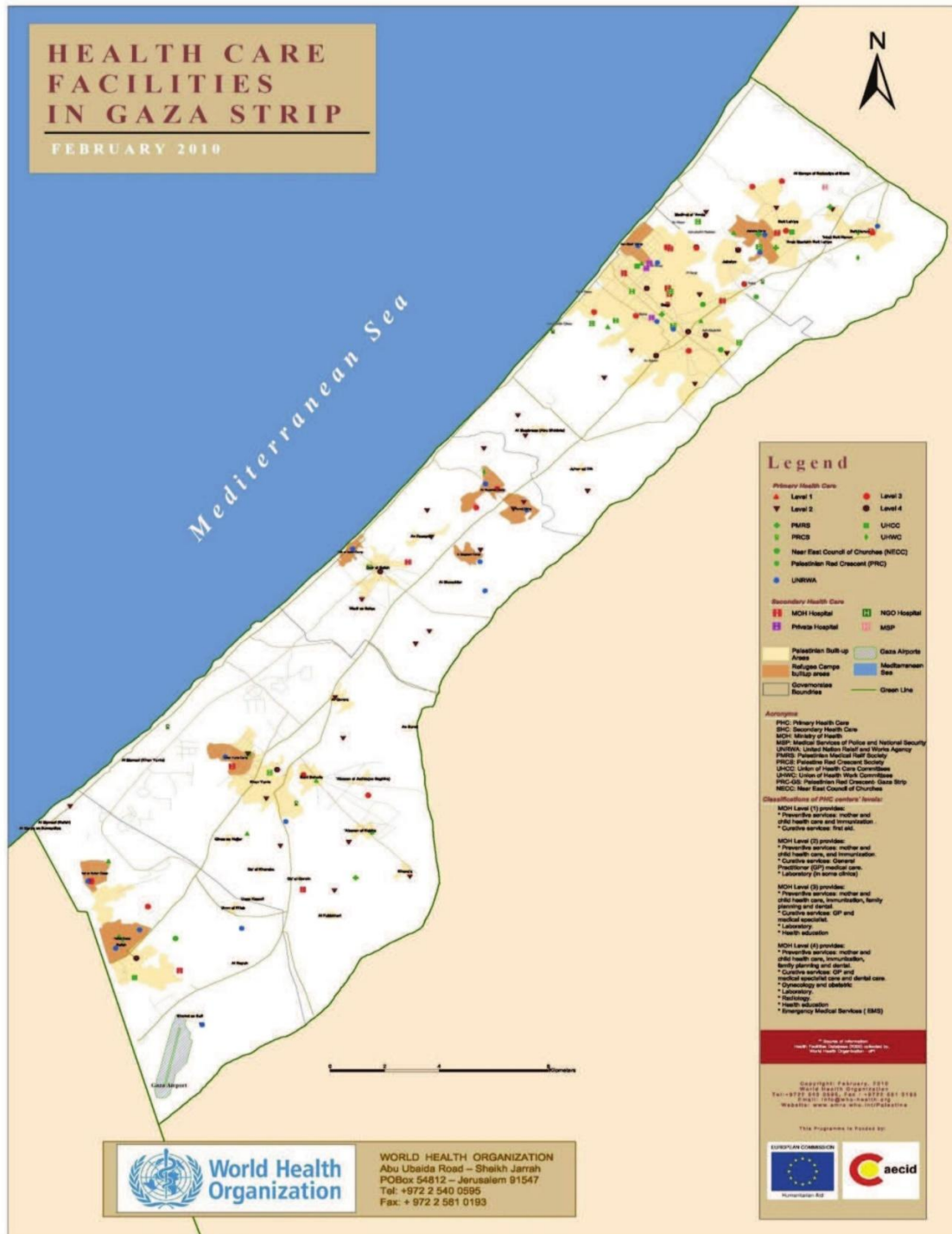
Annexes

Annex (1):Map of Palestine



Source: PCBS (2012)

Annex (2): Distribution of Health Centers at Gaza strip:



Source: (WHO,2010)

Annex (3): Al – Quds university letter to Staff devlopmentdepartmentof MOH

Al-Quds University
Jerusalem
School of Public Health



جامعة القدس
القدس
كلية الصحة العامة

التاريخ: 2017/8/30

حضرة الدكتور/ رامي العبادلة
المحترم
مدير عام تنمية القوى البشرية-وزارة الصحة

تحية طيبة وبعد،،،

الموضوع: مساعدة الطالب أحمد جودة

نشكر لكم دعمكم الدائم لمسيرة العلم والتعليم وخصوصاً دعم كلية الصحة العامة وطلابها، ونود إعلامكم بأن الطالب المذكور أعلاه يقوم بعمل بحث كمتطلب للحصول على درجة الماجستير في الصحة العامة-مسار الإدارة الصحية بعنوان:

“Effects of in-service Training Programs on Nurse's Performance at Primary Health Care Settings- Gaza Governorates”

وعليه نرجو من سيادتكم التكرم بالموافقة على تسهيل مهمة الطالب في إنجاز هذا البحث حيث تشمل عينة الدراسة المرضين العاملين في مراكز الرعاية الأولية التابعة لإدارتكم.

و اقبلوا فائق التحية و الاحترام،،،



د. بسام أبو حمد
منسق عام برامج الصحة العامة
فرع غزة

نسخة:

- الملف

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فرع غزة / تليفاكس 08-264420-2644210
ص.ب. 51000 القدس

Annex (4): Ethical approval: Helsinki Committee



المجلس الفلسطيني للبحوث الصحي

Palestinian Health Research Council

تعزيز النظام الصحي الفلسطيني من خلال مأسسة استخدام المعلومات البحثية في صنع القرار
Developing the Palestinian health system through institutionalizing the use of information in decision making

Helsinki Committee For Ethical Approval

Date: 2017/08/07 **Number:** PHRC/HC/238/17

Name: AHMED M. JOUDA الاسم:

We would like to inform you that the committee had discussed the proposal of your study about: نفيكم علماً بأن اللجنة قد ناقشت مقترح دراستكم حول:

Effects of in-service training programs on Nurses performance at primary health care setting Gaza governorates.

The committee has decided to approve the above mentioned research. Approval number PHRC/HC/238/17 in its meeting on 2017/08/07 وقد قررت الموافقة على البحث المذكور عاليه بالرقم والتاريخ المذكوران عاليه

Signature

Member



Member



Chairman



Genral Conditions:-


1. Valid for 2 years from the date of approval.
2. It is necessary to notify the committee of any change in the approved study protocol.
3. The committee appreciates receiving a copy of your final research when completed.

Specific Conditions:-

E-Mail: pal.phrc@gmail.com

Gaza - Palestine غزة - فلسطين
شارع النصر - مفترق العيون

Annex (5) : Ethical Approval :Nursing directorate of PHC

STATE OF PALESTINE		دولة فلسطين
Ministry Of Health		وزارة الصحة
primary health care		الرعاية الأولية

التاريخ: 2017/9/10

الأخوة/ مشرفين تمريض المناطق الكرام،
الأخوة/ رؤساء تمريض المناطق الكرام،
السلام عليكم ورحمة الله وبركاته،،

الموضوع / تسهيل مهمة الباحث / أحمد موسى نمر جودة

يرجي تسهيل مهمة الباحث المذكور أعلاه الملحق ببرنامج ماجستير الصحة العامة -
جامعة القدس أبو ديس بغزة في إجراء بحث بعنوان:
**"Effects of in-service training programs on Nurse's performance at
governmental primary health care settings – Gaza Governorate".**

(أشر ببرامج التدريب على أداء التمريض في الرعاية الأولية الحكومية في محافظات غزة)

حيث أن الباحث بحاجة لتعبئة استبانته من عدد من الممرضين العاملين في الإدارة العامة
لرعاية الأولية وعمل مجموعات بؤرية لعدد منهم بما لا يتعارض مع مصلحة العمل وضمن أخلاقيات
البحث العلمي ودون تحمل الوزارة أي أعباء أو مسئولية.

نشكر لكم حسن تعاونكم،،

جهاد محمد مطر
مدير دائرة تمريض الرعاية الأولية
الوزارة العامة للصحة
MINISTRY OF HEALTH
Department of PHC Nursing
دائرة التمريض بالرعاية

Annex (6) Questionnaire in English

Dear participant:

My name is Ahmed MousaJouda, student at Al-Quds University(Abu Dease) ,working in the primary health care (Al Daraje clinic) at Gaza Governorate. I would like to inform that's you Are choosing to participate in research study"**Effects of in-Service TrainingPrograms on Nurse's Performance at Governmental Primary Health Care Setting, Gaza Governorates**". As part of the requirement for master degree in public health- Health management. The aim of this study to evaluate the effects of training programs on nurses performance those working at the primary health care, your participation is voluntary,you have the right to refuse to answer the questions. We appreciate your participation, because your answer are important, participation in these study request to answer all the question and your reaction will directly schedule, it will take 20 minutes from your time, the information will kept confidential, and you will not mentioned to any authority. Once again your participation are voluntary and you can refuse that, there is no financial cost or effect on the services. Dealing withyour data are confidentially.

Thank you for your cooperation

Researcher

Ahmed MousaJouda

Ahmed.jouda.77@gmail .com

SerialNo. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
<u>Please answer the following questions</u>				
1.Age years				
2. sex Male <input type="checkbox"/> Female <input type="checkbox"/>				
<u>3. Work address by governorate</u>				
North governorate <input type="checkbox"/>		Gaza gove <input type="checkbox"/>		Middle gove <input type="checkbox"/>
Khanyounes <input type="checkbox"/>		Rafah <input type="checkbox"/>		
<u>4.Marital status:</u> Single <input type="checkbox"/> Married <input type="checkbox"/> iorce <input type="checkbox"/> Widow <input type="checkbox"/>				
<u>5.Work-related variables</u>				
Workplace In the province				
<u>Do you work in the place you prefer:</u> Yes <input type="checkbox"/> No <input type="checkbox"/>				
<u>6.Qualification :</u> Diploma <input type="checkbox"/> M <input type="checkbox"/> vifery diploma <input type="checkbox"/> Bachelor <input type="checkbox"/> <input type="checkbox"/> Master & high Diploma <input type="checkbox"/>				
<u>7.Place of graduation.....</u> University/ college..... Years of graduation.....Employment date.....				
<u>8.Practical experience:</u> years				
<u>9. job title:</u> Practical Nurse <input type="checkbox"/> Nurse <input type="checkbox"/> Midw <input type="checkbox"/> Diploma <input type="checkbox"/> Managerial position <input type="checkbox"/>				
<u>10.Training courses you received during work at primary health care</u>				
Course Name	duration	Training date	Provider	Place of training
1.				
2.				
3.				
4.				
5.				

Part: II Please read the following statements and put mar(✓) under the answer that you see that is correct. There is no correct or wrong answer:

No.	Statement	Strongly Disagree	Disagree	Agree	Strongly Agree
The first Domain: programs design					
1	The objectives of the training programs were realistic				
2-	Training programs were fit to my needs				
3-	Training programs was important to me				
4	Selected of training were successful				
5-	Distribution of subjects was suitable to schedules				
6-	I think that the contents of courses was in my core work				
7-	Training programs were appropriate to level of trainees				
8-	Duration of training programs was sufficient todiscuss the main ideas of the programs				
9-	The scientific methods were focusing the experience and practice				
10-	The training materials were suitable to the content of my experience				
11-	There is a clear and specific message from training programs				
The second Domain:Contents of training programs					
1	The contents of the training course were clear				
2	The contents of the training course were coordinated				
3	The training material is highly applicable				
4	The content of the training material helped me to obtain scientific concepts				
5	The integrity and fluency of the language in the presentation of the training material were clear				
6	The content of the training material were applicable in the field of health services				
7	The Training material contained applicablepractical skill				
8	There was a repetition of the content of the training programs				
9	Course material handouts were available in most courses				
10	I feel that the training material was well prepared				
11	I faced obstacles in understanding the content of the programs				
The third Domain:The trainer competencies					
1	The trainer has set goals of the course from its beginning				

2	The trainer was able to link the training material to the actual work field				
3	The trainer was using advanced techniques in presenting the material				
4	The trainer made a pre-training assessment				
5	The trainer made a post-training assessment				
6	The trainer is able to communicate information and experience				
7	The presentation method was easy to understand				
8	Uses multiple training techniques and methods				
9	The trainer facilitates group learning				
10	Explain new concepts clearly				
11	He creates an atmosphere of friendliness and respect during training				
12	He had the ability to manage the discussion and motivate participants				
13	He has the ability to manage time efficiently				
14	Has the ability to achieve the objectives of training sessions				
15	There is a mismatching between the training programs and the health services provided				
The fourth Domain: Training environment					
1	Suitable for the nature and purpose of training				
2	Suitable lighting and ventilation in training places				
3	Breaks periods were appropriate for the purpose for activating refreshing trainees'				
4	The time and timing of the course was suitable for trainees				
5-	Provide adequate hospitality services				
The fifth Domain: Effects of training programs					
1	I have gained new skills that can be applied in my work				
2	I have the ability to make the right decision in my work				
3	Training programs bridge the gaps between the theory and practice				
4	I apply most of the skills I have gained from training programs				
5	The training programs helped me to benefit my colleagues in the field of work				
6	I feel that I am thinking more deeply about professional matters				
7	The training help me to develop my performance				
8	Training is very important to raise the level of professionalism				
9	I recommend my colleagues to attend training program in future				
10	The training helped me do things I had not done before				

11	My mistakes reduced at work because of training				
12	I feel that my performance is improving				
13	I feel more confident in myself				
14	My performance assessment became better after training				
	The Sixth Domain: The role of the institution regarding training				
1	The institution facilitated application what I learned it				
2	Colleagues participation in training is recommended				
3	The work system in the institution is consistent with the training				
4	Training is consistent with working protocols with the organization				
5	My supervisor is familiar with the training				
6	My supervisor supports me on my scientific application for training				
7	There is a follow-up system for trainees				

Part: III

- In your opinion, the best thing about the training was:
- The worst thing in training was:
- To enhance and benefit from training I recommend:
- If you have change Thing in the training it will be:

Thanks for your cooperation

Researcher
Ahmed Jouda
0599780109

Annex(7) Questionnaire in Arabic

بسم الله الرحمن الرحيم

استبانة

عزيزي الزميل/ة أنا أحمد موسى جودة طالب في جامعة القدس أبو ديساً عمل بوظيفة حكيم فيالرعاية الأولية في عيادة الدرجية "طاعزة" وأنا علم سيادتكم انه قد تم اختيار كلاشتر اكفيالدراسة البحثية التي تركز علي أثر برامج التدريب بالداخلي على أداء الممرضين في مراكز الرعاية الأولية الحكومية في محافظات غزة

"Effects of in-Service Training Programs on Nurse's Performance at Governmental Primary Health Care Setting, Gaza Governorates"

كجزء من متطلبات للحصول على درجة الماجستير في الصحة العامة- الإدارة الصحية.

تهدف هذه الدراسة إلى تقييم أثر البرامج التدريبية بالداخل على أداء التمريض العاملين في عيادة الرعاية الأولية، حيث أننا المشار كتحفيذها لدراسة طوعاً وعياً ويمكننا اختيار عدداً لإجابة عن أسئلتنا / أو على جميع الأسئلة، رغم أننا نقدر كثيراً مشاركتكم في إجابتكم مهمة المشاركة في الدراسة يتطلب الإجابة على مجموعة من الأسئلة وسندخل دودكم بالجدول لمباشرة تستغرق تعبئة الاستبانة نحو 20 دقيقة من وقتكم.

المعلومات التي ستعطونها لنا ستكون موضع السرية ولن نيطلع سوى فريق البحث ولن نذكر اسمك للسلطات أو أي جهات أخرى. مرة أخرى، إن مشاركتكم طوعاً وعياً بإمكاننا القبول أو الرفض الكلي أو الجزئي للمشاركة.

لن يكون هناك تكلفة مالية عليك نتيجة لمشاركتكم المعلومات التي سيتم الحصول عليها عنكم في هذه الدراسة لن تؤثر على خدماتنا، وسيتم التعامل مع البيانات الخاصة بك علناً بأسرية.

شكر الحسنة تعاونكم

الباحث / أحمد موسى جودة

Ahmed.jouda.77@gmail.com

الرقم التسلسلي:

منفضلأجبنا الأسئلة التالية				
1. العمر.....سنة				
2. الجنس		ذكر: <input type="checkbox"/>	أنثى: <input type="checkbox"/>	
3. <u>عنوان العمل حسب المحافظة</u>				
محافظة الوسطى خانينو نس محافظة ترفح			محافظة الشمال محافظة غزة	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <u>الحالة الاجتماعية</u> : أعزب/أنسة <input type="checkbox"/> جمطلق/أ/ة <input type="checkbox"/>				
5. <u>المتغير اتمر تبطة بالعمل</u>				
مكان العمل:			في محافظة:	
هل تعلم في المكان الذي تفضله				
<input type="checkbox"/> نعم		<input type="checkbox"/> لا		
6. <u>المؤهل العلمي</u> : ماجستير بـ <input type="checkbox"/> دبلوم 3 <input type="checkbox"/> دبلوم مستين دبلوم <input type="checkbox"/>				
<input type="checkbox"/> دبلوم عالي				
7. <u>بلد التخرج</u> : الجامعة/كلية: سنة التخرج:				
.. تاريخ التعيين:				
8. <u>الخبرة العملية</u> :				
سنة				
<u>المسمى الوظيفي</u> : <input type="checkbox"/> ممرض <input type="checkbox"/> حكيم <input type="checkbox"/> رئيس شعبة <input type="checkbox"/> رئيس قسم <input type="checkbox"/>				
مشرف تمر ي ضد بلو <input type="checkbox"/> لة <input type="checkbox"/> بكالوريوس قبالة <input type="checkbox"/>				
9. الدورات التدريبية التي حصلت عليها أثناء عملك في الرعاية الأولية				
اسم الدورة	مدة الدورة	تاريخ الدورة	الجهة المقدمة	مكان الدورة
1.				
2.				
3.				
4.				
5.				

اقرأ العبارات التالية وضع علامة "

أماما لإجابة التيتنا سبقك، علماً بأنهم لكل عبار خمسة إجابات كما هو مبين في الجدول التالي، فيما يخص البرامج التدريبية التي شاركت فيها. ✓

م	العبارة	موافق بشدة	غير موافق	غير موافق	موافق	موافق بشدة
	المحور الأول : تصميم البرامج					
1	أهداف البرامج التدريبية كانت واقعية					
2	برامج التدريب كانت تتلاءم مع احتياجاتي التدريبية					
3	برامج التدريب كانت مهمة لي					
4	تماختيار البرامج التدريبية بصورة موفقة					
5	ملائمة توزيع الموضوعات على الجدول الزمني					
6	أعتقد بأن محتوى الدورة التدريبية كان في صميم عملي					
7	البرامج التدريبية كانت مناسبة لمستوى المتدربين					
8	مدة البرامج التدريبية كانت كافية لطرح ومناقشة الأفكار الرئيسية للبرنامج					
9	تم التركيز على استخدام الأسلوب العلمي في الطرح والمزج بالمعرفة المبنية على الخبرة والممارسة					
10	كانت المادة التدريبية مناسبة لمستوى خبرتي					
11	هناك سألته واضحة ومحددة لبرامج التدريب					
	المحور الثاني: محتوى البرامج التدريبية					
1	محتويات المادة التدريبية كانت واضحة					
2	محتويات المادة التدريبية كانت منسقة					
3	تمتاز المادة التدريبية بقابليتها للتطبيق					
4	محتوى المادة التدريبية ساعدني في الحصول على مفاهيم عملية					
5	سلامة وسلاسة اللغة في عرض المادة التدريبية كانت واضحة					
6	محتوى المادة التدريبية تعتبر مادة علمية قابلة للتطبيق في مجال الخدمات الصحية					
7	المادة التدريبية كانت تحتوي على معلومات تطبيقية					
8	كان هناك تكرار في محتوى البرامج التدريبية					
9	المادة العلمية للدورة متوفرة في معظم الدورات					
10	اشعر بأن المادة التدريبية كانت معدودة إعدادا جادا					
11	واجهتك صعوبات في استيعاب محتوى البرامج					
	المحور الثالث: قدرات المدرب					
1	حدد المدرب بالأهداف للدورة من بدايتها					
2	المدرب كان قادرا على ربط المادة التدريبية بالواقع العملي للمتدربين					
3	المدرب كان يستخدم أساليب حديثة في عرض المادة					
4	قام المدرب بعمل تقييم ما قبل التدريب					
5	قام المدرب بعمل تقييم ما بعد التدريب					
6	المدرب قادر على توصيل المعلومات والخبرات					
7	أسلوب عرض المادة كان سهلا لفهم					
8	يستخدم وسائل وتقنيات تدريبية متعددة					
9	يسهل المدرب بعملية التعليم الجماعي					
10	يشرح المفاهيم الجديدة بوضوح					
11	يخلق جو من الود والاحترام أثناء التدريب					

12	كانت لديه مقدرة على إدارة النقاش وتحفيز المشاركين			
13	لديه القدرة على إدارة الوقت بكفاءة			
14	لديه قدرة على تحقيق أهداف الجلسات التدريبية			
15	هناك عدم توافق بين برامج التدريب والخدمات الصحية المقدمة			
	المحور الرابع: بيئة التدريب			
1	ملائمة المكان لطبيعة وغايات التدريب			
2	ملائمة الإضاءة والتهوية في الأماكن التدريبية			
3	فترات الاستراحة مناسبة لغايات تنشيط قدرة المتدرب على المشاركة			
4	وقت وتوقيت الدورة كان مناسب للمتدربين			
5	تقديم خدمات الضيافة بالشكل الأمثل			
	المحور الخامس: أثر البرامج التدريبية			
1	اكتسبت مهارات علمية جديدة يمكنني تطبيقها في عملي			
2	أصبح لدي القدرة على اتخاذ القرار المناسب في عملي			
3	برامج التدريب قللت الفجوة بين الواقع النظري والواقع العملي			
4	أقوم بتطبيق معظم المهارات التي اكتسبتها من برامج التدريب			
5	برامج التدريب ساعدتني في إفاضة زملائي في مجال العمل			
6	اشعر بأنني أفكر أكثر عمقا في الأمور المهنية			
7	التدريب ساعدني في تطوير أدائي أثناء العمل			
8	التدريب مهم جدا لرفع المستوى المهني			
9	أنصح زملائي بالمشاركة في البرامج التدريبية مستقبلاً			
10	التدريب ساعدني على عمل أشياء لم أكن أعملها من قبل			
11	أخطائي في العمل قلت بسبب التدريب			
12	اشعر أن أدائي تحسن			
13	أشعر أكثر ثقة بنفسني			
14	تقييم الأداء لدي أصبح أفضل بعد التدريب			
	المحور السادس : دور المؤسسة من التدريب			
1	سهلت المؤسسة تطبيق ماتعلمته			
2	تم طلب مشاركة الزملاء في التدريب			
3	نظام العمل في المؤسسة منسجم مع التدريب			
4	التدريب منسجم مع بروتوكولات العمل مع المؤسسة			
5	مشرفي على دراية بالتدريب			
6	يدعمني مشرفي على تطبيقي العلمي للتدريب			
7	يوجد نظام متابعة للمتدربين			

حسب رأيك:

- أحسنشينا في التدريب كان:
- أسوأشينا في التدريب كان:
- لتعزيز والاستفادة من التدريب أوصي:

- لو لديك تغيير شي في التدريب سيكون:

انتهت الأسئلة

شكرا لحسن تعاونكم

احمد موسى جودة
جامعة أبو ديس (كلية الصحة العامة)
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Annex (8) Qualitative part of questionnaire - Arabic (Focus Group)

الجزء الثاني الأسئلة النوعية (المجموعات البؤرية)

الأخوة الزملاء الكرام/ أرحب بكم جميعا في هذه الجلسة (المجموعة البؤرية) لمعرفة أرائكم وملاحظاتكم وتوصياتكم بخصوص أثر البرامج التدريبية علي أداء أفراد هيئة إدارة التمريض وهي محور دراستي للحصول عل درجة الماجستير في الصحة العامة (الإدارة الصحية) يسعدني مشاركتكم والأخذ برأيكمفي المحاور التالية:-

المحور الأول :

1. برأيكم أكانت البرامج التدريبية مناسبة لمستويات المشاركين العلمية والعملية
2. تعتقد أن البرامج التدريبية التي التحقتم بها كانت تحتوي على مناقشات كافية للموضوع عال رئيسي للبرنامج
3. من وجهة نظر كالمبرمجين أكانت مهماتكم لها علاقة في تصميم طبيعة عملكم في العيادة
4. تعتقد أن فترات التدريب كانت كافية لمناقشة المواضيع العامة

المحور الثاني :

1. برأيكم هل كانت المواضيع سهلة أو هلزدتكم بما هي جديدة
2. واجهتكم أي صعوبات أو تعقيدات بخصوص مشاركتكم في البرامج التدريبية
3. تعتقد أن هناك تكرار في المواضيع المطروحة في البرامج التدريبية

المحور الثالث :

1. رأيكم في المدة بين من ناحية الاستعداد والتمكين وإثراء المادة العلمية، وهل كان ذلك مجو ملائمًا مناسبًا للعملية التعليمية
2. تعتقد أني عمل اختبار ما قبل وبعد عملية التعلم
3. تعتقد أنيدير الوقت بكفاءة ونجاح

المحور الرابع :

1. تعتقد أن وقتكم مع الدورات مناسب لجميع المشاركين
2. كيف كانت بيئة التعلم مناسبة لإضاءة أو التهوية المقاعد تعتقد أن الخدمات كانت متوفرة
3. حسب رأيكم كيف كانت فترات الاستراحة والضيافة أثناء جلسات التدريب

المحور الخامس :

1. تتنحز من أن تكون البرامج التدريبية ذات أهمية في رفع المستوى العلمي والمهني
2. تعتقد أن البرامج التدريبية قللت الفجوة بيننا وبين التعليم النظري والتطبيق العملي

المحور السادس :

1. تعتقد أن المسؤولين والمدراء كانوا على معرفة بالبرامج المقدمة
2. برأيكم كان هناك متابعة لأثر البرامج التدريبية على أداء الممرضين من قبل المؤسسة
3. من وجهة نظركم تقوم الإدارة بتسهيل ما تم تعليمه وتعمل على توفير المستلزمات اللازمة للتطبيق؟

شكر الحسنة لكم

الباحث/ أحمد جودة

Annex (9) Qualitative parts - English (focus group)

Dear colleagues / welcome to you all in this session (focus groups) to hear and know your opinions and recommendation regarding the effects of training programs on

nurses performance, which is core of my studies to obtain a master's degree in public health (health management), I am glad to sharing your opinion in the following domain.

The first domain

- 1- From Your point of view the training programs were suitable for the scientific and practical levels of the participants of.
- 2- You believe that the programs you have joined in it were sufficient to discuss the main topic of the program.
- 3- From your point of view, the training programs were important to you and it has relation with your work in the clinic.
- 4- You think the training period was sufficient to discuss the general topics?

Second domain

- 1- From your point of view, the topics were easy and did it provided you new concepts
- 2- Have you facing any difficulties or obstacles regarding your participation in the training programs.
- 3- You believe that there was a repetition in the training programs topics

Third domain

- 1- Your opinion about the trainers competency in terms of readiness, empowerment, and enrich the scientific material, were he creates suitable weather and appropriate educational process.
- 2- You think he/she was done pre and post-test during learning process
- 3- You think he/she was managed the time efficiently and successfully

Fourth domain:

- 1- You think the timing and appointment of the training are appropriate for all participants

2- How was the learning environment in terms of lighting, ventilation and seats and you believe the supplies were available.

3- From your point of view , how the breaks and hospitality were offered during the training sessions.

Fifth domain:

1- You advise your colleagues to enroll in the training programs because of its importance to raising the professional and educational level.

2- You believe that the training programs reduced the gap between theoretical education and practical application

Sixth domain

1- You Believe that the managers were familiar with the programs provided

2- You perceive that there was a follow-up to the effects of the training programs on nurses performance by the organization.

3- From your point of view, does the administration facilitate what has been learned and, provide the necessary requirements for implementation?

Thanks for your cooperation

Researcher / Ahmed Jouda

Annex (10): Names of Experts

1.	Dr. Bassam Abu Hamad	Al-Quds University
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2.	Dr. Khitam Abu Hamad	Al-Quds University
3.	Dr. Hammza A bdelJawad	Palestine College of Nursing
4.	Dr. Moatsem Salah	Ministry of Health
5.	Dr. Mohammed Al Jerjawy	Palestine College of Nursing
6.	Mr. Jehad Matter	Directorate of Nursing at PHC, MoH
7.	Mr. Kamel Al Asmar	In- service training supervision at PHC, MoH
8.	Mr. Ahmed Isleem	Nursing supervisor at PHC, MoH

Annex (11): Abstract Arabic

ملخص الدراسة

الهدف العام لهذه الدراسة هو تقييم أثر البرامج التدريبية وعلاقتها في تحسين أداء الممرضين من حيث المعرفة والمهارات في عيادات الرعاية الأولية الحكومية في محافظات غزة.

صممت هذه الدراسة كدراسة وصفية تحليلية مقطعية، وكان حجم العينة المختارة عشوائياً 185 ممرض من الذين التحقوا ببرامج التدريب الداخلي، في الرعاية الأولية من مختلف المستويات.

تم جمع البيانات من خلال استبانة تعبأ ذاتياً أعدت من قبل الباحث، وعينة نوعية قد جمعت عن طريق عمل مناقشة مع مجموعتان بؤريتا ن.، نسبة الاستجابة كانت 100% وقد تم إدخال ومعالجة البيانات إحصائياً باستخدام البرنامج الإحصائي (SPSS) بتطبيق مجموعة من الأساليب و المعاملات الإحصائية المناسبة لطبيعة أسئلة الدراسة مثل النسب المئوية، المتوسطات الحسابية الانحراف المعياري (SD)، اختبار (t-test) واختبار التباين الأحادي (One Way ANOVA).

وخلصت الدراسة أن الإناث تشكل 67.6% بينما يشكل الذكور 32.4% من العينة و كان معظم المشاركين أكثر من 35 سنة ، 40.5 % و تتراوح أعمارهم ما بين 36-45 سنة. وكان أكثر من نصف المشاركين 51.4 % كانوا يحملون درجة البكالوريوس في التمريض، 7.5 % من المشاركين كانوا يحملون درجة الماجستير .

توصلت الدراسة إلى أن المتوسط الحسابي الإجمالي لأبعاد الدراسة كان المتوسط الحسابي 3.86 و بنسبة 76.18% وهذا يعكس أن درجة إدراكهم لجميع المجالات كانت جيدة. وكان أعلى متوسط حسابي لصالح محور "آثار برامج التدريب" 4.01 و بنسبة 80.22% ويعكس أن الأثر لهذا المجال كان إيجابياً، وكان أقل متوسط كان لمحور "بيئة التدريب" 3.61 و بنسبة 72.3%.

وبما يتعلق بدور المؤسسة بخصوص التدريب كان المتوسط الحسابي 3.68 و بنسبة 73.74%. وهذا يعني أن تنفيذ برامج التدريب تم إجراؤها في بيئة تدريبية غير مناسبة، وكان الدعم والمتابعة والمراقبة غير كافي من قبل الإدارة فيما يتعلق ببرامج التدريب.

كما أظهرت نتائج الدراسة عدم وجود فروق ذات دلالة إحصائية في الدراسة وأيضاً فيما يتعلق بنوع الجنس والحالة الاجتماعية والفئات العمرية ومؤهلات الممرضين والمسمى الوظيفي وسنوات الخبرة.

كما أظهرت نتائج المجموعات البؤرية أن برامج التدريب مهمة لتحسين الأداء وتحتاج إلى المزيد من الاهتمام، الرصد، الدعم والمتابعة من قبل الإدارة، كما عبر المشاركون عن أن التدريب يحتاج إلى وقت كافٍ لتغطية ومناقشة جميع المواضيع ببرامج التدريب.

وقد خلصت الدراسة إلى مجموعة من التوصيات أهمها بأن يقوم صانعي القرار في الرعاية الصحية الأولية أن يعطوا المزيد من الاهتمام والقيام بجهود أكثر فاعلية في متابعة ومراقبة وتقييم برامج التدريب.

