Deanship of Graduate Studies

Al-Quds University

Perspectives of the MOH Hospitals' Nurses about the
Impact of Training Programs on their Performance

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MPH THESIS

Jerusalem-Palestine

1432 / 2011

Perspectives of the MOH Hospitals' Nurses about the

Impact of Training Programs on their Performance

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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

1432 / 2011

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Deanship of Graduate Studies

School of Public Health

Thesis Approval

Perspectives of the MOH Hospitals' Nurses about the Impact of Training Programs on their Performance

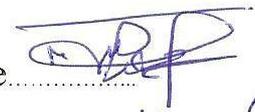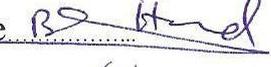Prepared By : Nayef Ibrahim Ouda

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Master thesis submitted and accepted, **18** / **4** / **2011**

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Jerusalem- Palestine

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Dedication

I dedicate this work to

The souls of my parents, to my wife, son and daughters for their great help and encouragement.

Nayef Ibrahim Ouda

Declaration

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

Signed
Nayef

Name: Nayef Ibrahim Ouda

Date: 18/4/2011

Acknowledgment

List of Abbreviations

ANOVA	Analysis of Variance.
BSN	Bachelor Degree of Science of Nursing.
CNE	Continuing Nursing Education.
Df	Degree of freedom
EGH	European Gaza Hospital
LPN	Licensed Practical Nurse.
MAP	Medical Aid for Palestinians
MOH	Ministry Of Health.
PCBS	Palestinian Central Bureau of Statistics
PHD	Philosophy of Doctorate.
RN	Registered Nurse.
SD	Standard Deviations.
SPSS	Statistical Package for Social Sciences.
Sq. km	Square kilometer.
UK	United Kingdom
USAID	U.S agency for International Development
WHO	World Health Organization

Abstract

Universally, the area of health care delivery is highly affected by training. The need for training programs for hospitals' nurses is greater today than ever before in order to keep them exposed for the state-of-the art techniques in this field. The overall objective of this study is exploring the impact of nursing training programs on nurse's performance in Gaza hospitals in order to assess the effectiveness of these programs.

This study is a descriptive, analytical cross-sectional one, conducted on a sample of 258 nurses selected from the three major general MOH hospitals in the Gaza Strip. The participants were selected through a systematic stratified sampling method in proportional to the total number of nurses in each of these three hospitals. The study covered nurses who had participated and those who did not participate in training programs to assess the impacts of the provided training programs. Also, the performance appraisal forms were reviewed and total scores were obtained. Data was collected through a self-administered questionnaire which was developed by the researcher. The research was conducted during the period from June through September 2010. Response rate was 81.5%. Data was entered and analyzed using the SPSS program.

The study revealed that males constituted 58.6 % while females constituted 41.4 % of the sample. More than half of the respondents were less than 35 years old, 26.7% of them aged between 40-50 years. Half of the respondents were holding bachelor degree in nursing; 5.2% of the respondents were holding Master degree. The study findings revealed that respondents who participated in training course/s represented 39.0% of the total respondents. The general reactions of the trainees who participated in the provided training programs were positive (p-value less than 0.05). Around 70 % of the respondents reported having training programs at their hospitals while the remaining did not have.
The Performance of those who participated in training programs did not improve at significant level (Mean in 2008 was 81.4, Mean in 2009 was 82.2), while the performance of those who did not participate in training programs has improved at significant level training (Mean in 2008 was 81.1, Mean in 2009 82.3). This implies that the provided training didn't improve trainees' performance. There were no statistically significant variations in perceptions about the impact of training in reference to a particular hospital.

Results showed statistically significant differences in gender as males showed more willingness to participate in training programs than their females' counterparts (P value 0.01). Similarly, nurses aged less than 30 years were more motivated to take training than their older colleagues with statistically significant differences among the two groups (P value 0.01). Findings also showed inverse relationship between level of education and the desire to undertake further training courses. The majority of participants were uncertain about the appropriateness of the selection process for the training program (54%).

The study recommended that policy makers at MOH should design more effective training programs and to pay more attention to follow up and monitoring the impact of training programs. Evaluation of the impact of the training programs should be given a priority and training should be assessed in reference to performance.

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Chapter I: Introduction

1.1 Research Background

Training is a title of development, training programs designed to increase knowledge, improve skills and change attitudes (Kirkpatrick,1998). It is very important that nurses ensure that their training is kept updated, and it is their duty to be familiar of any major changes and improvements. Training for nurses is badly needed at all times to maintain continuous improvement in performance and to keep nurses knowledge updated and their skills modernized. The gap between theory and practice has been observed by the author in a wide range among nurses at the different levels in various hospitals. Training and development should be long-term and continuous over time in order to respond to teachers' needs as they are changing from inexperienced persons to experts (Fullan, 1991).

Hord (1994) argued that "Staff development and change process are cut from the same cloth", he added that development as a process of change does enhance the success and improvement of nursing care. Many of the staff development leaders would agree that the goal of staff development is change in individuals' knowledge, understanding, behaviors, skills, values and beliefs. In many cases it appears that this view of staff development is not receiving attention. However, if change of some understanding, skill, or behavior is the desired outcome of staff development, it seems reasonable to explore the relationship between what is intended to change (training programs) and the desired outcome (improvement in performance).

Crouch (2005) said :"Each and every one of us should be striving to expand our knowledge, skills, and abilities through any means available. This includes on-the-job training, self-help (reading, courses, etc.)". McGillis Hall et al. (2004) pointed that career planning and development assists nurses to develop and to take advantage of the knowledge, skills and attitudes necessary to create a work environment that is meaningful, productive and satisfying. McConnell (2002) asserted that continuing education in the health care organization is concerned with supervisory and management development as well as with education in clinical and technical skills*".*

1.2 Research Problem

It is often not clear whether the training has made any difference, or whether specific performance problems can be solved through training, although many learning and training programs have been conducted and still being conducted, results were not as desired (Shalabi, 2008).

Despite the many training programs that have been conducted for nurses at MOH hospitals, and from the researcher experience during the last 35 years, it is realized by the researcher that the improvement in nurse's performance and the standard of nursing care given to our patients has not been improved.

The researcher found that this is a problem needs to be researched to clarify the reasons why training did not make any difference and to verify whether specific performance problems can be solved by training.

1.3 Justification

The researcher did not find any similar studies conducted at the MOH hospitals to evaluate training programs in hospitals from the nurses point of view, so that was an urging need to conduct this study to highlight the importance of this issue and to explore how it is reflected on the nurses' performance and standard of nursing care in general. Nursing staff need to be aware of the importance, the outcome, goals and benefits of training programs. As nursing staff become familiar of these facts, and how training programs are prepared and planned, that would lead to improvement in nursing practice and performance.

1.4 Overall objective

The overall aim of this study is to explore the nursing staff perspectives about the impact of training programs they received on their performance in order to assess the effectiveness of these programs.

1.5 Specific objectives

- To assess nurse's perspectives (affective reactions, utility reactions, delivery reactions and instructor reactions) about the impact of training programs provided at governmental hospitals on their performance.
- To measure difference in nurses performance by comparing the annual performance appraisal grades for the year 2008 with the year 2009, for both who participated and others who did not participate in training programs.

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- To identify the obstacles that prevented subjects from participating in training programs.
- To identify the differences in subjects responses due to demographic factors (qualification, age and gender).

1.6 Research questions

- What are the nurses perspectives about the impact of training programs provided at governmental hospitals on their performance?
- What are the nurses reaction levels affecting nursing training programs?
- What are the reasons for not participating in training programs?
- What is the difference in the level of performance between nurses participated in the training programs and who did not?
- How to measure change in the nurse's performance before and after training programs?
- What are the differences in nurses responses toward training programs due to socio-demographic factors?
- What are the factors facilitate nurse's participation in the training programs?
- What are the obstacles that affect the implementation of training programs?

1.7 Research hypotheses

1.7.1 Is there a difference between performance appraisal grades in year 2008 and Performance appraisal grades in 2009 for the nurses who had training?

1.7.2 Is there a difference between performance appraisal grades in year 2008 and performance appraisal grades in 2009 for the nurses who did not have training?

1.7.3 Is there a difference in the perspectives of the MOH hospitals ' nurses about the impact of training programs on their performance with regard to hospital?

1.8 Feasibility of the study

This study was conducted at Kamal Odwan Hospital, Shifa Medical Complex and the European Gaza Hospital as a part of the study at the Faculty of Public Health, Al Quds University. Approval for conducting the study was obtained from the Faculty of Public Health, the directorate of hospitals at MOH and the administration of Kamal Odwan Hospital, Shifa Medical Complex and the European Gaza Hospital.

The study is self funded by the student of master degree and supervised by the Faculty of Public Health, Al Quds University.

1.9 Demographic context

Gaza Strip is a narrow piece of land lying on the coast of the Mediterranean Sea.

Gaza strip is very crowded place with area of 365 sq. km., and constitutes 6.1% of total area of Palestinian territory. In mid year of 2009 the population number was 1,486,816. Gaza Strip is divided into five governorates. Gaza governorate (where Shifa Medical Complex lies as the largest hospital in all Gaza Strip). North of Gaza governorate (where Kamal Odwan Hospital lies as the largest hospital of the north), South governorates including Mid-Zone, Khan-younis and Rafah (where the European Gaza Hospital lies at Al Fakhari area) between Rafah and Khan younis. (Palestinian Central Bureau of Statistics, 2009)

1.10 Socio-economic characteristics

Gaza Strip is considered as a low income area among others in the region. The economy of Gaza Strip is depending mainly on donations and some agricultural projects. The unstable political situation and the restrictions of the occupation are the main causes of the low class economy in Gaza Strip (PCBS, 2007).

1.11 Health care System

Health care system in Palestine is influenced by the political situation in the region. The separation created many obstacles for the MOH, as to the accessibility to health care services. There are four providers for health care services in Palestine: Ministry of Health which is the main health care provider, United Nation Relief and Works Agency, Non-Governmental Organizations, and private sector (WHO-World Health Organization, 2006).

1.11.1. Shifa Medical Complex

Is the largest medical institution in all Gaza Strip, it's located in Rimal area in Gaza city, constituted 20.3% of total areas of Gaza Strip and 1.2% of total area of Palestinian territory area with area 74 sq. km. It serves 496,100 individuals which represent 35 % of the population of Gaza Strip. It includes 518 beds and total number of day care beds/tables/machines 186. Total number of nurses working there is 474 (PCBS-Palestinian Central Bureau of Statistics, 2006), (Shifa Records, 2010) .

1.11.2 European Gaza Hospital-EGH

It is located in the south of Gaza Strip in Al Fakhari area between Rafah and Khan younis as the most recent and advanced hospital of the south, the south constituted 46.7% (Khan-Younis and Rafah) of the total area of Gaza Strip and 2.9% of total area of Palestinian territory area with area 172 sq. km. Total number of nurses working there 221, Total number of in-patient's bed is 207 (PCBS, 2006), (EGH Records, 2010).

1.11.3 Kamal Odwan Hospital: It is located in the North of Gaza Strip as the largest hospital of the north, the north constituted 17% of the total area of Gaza Strip and 1.0% of total area of Palestinian territory area with area 61 sq. km . Total number of nurses working there is 87. Total number of in-patient's bed is 72 (PCBS, 2006), (Kamal Odwan Hospital Records, 2010).

1.12 Training in Palestine health institutions

According to Health authorities there is a great concern for staff upgrading by in-service education, continuing education and on-the job training programs, to meet the international standards. Ministry of Health dedicates a significant time and funds for training, expecting improvement in performance, effectiveness and efficiency of its programs. But it seems unclear whether the training has made any difference, or performance problems can be solved (Shalabi, 2008).

A pediatric nurse training program at hospitals in the West Bank and Gaza Strip was conducted by the UK (United Kingdom) non-profit organization Medical Aid for Palestinians (MAP), and the initiative has transformed the delivery of pediatric care, successfully tackling one of the region's most urgent social problems.

Concern was focused over the availability and quality of medical services, particularly for infants and children. Hospitals were understaffed, and only a small percentage of doctors

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and nurses had any type of pediatric training. Although approximately one-half of all nurses had completed basic coursework in general nursing, the remainder possessed only a few months of on-the-job training. Three hospitals were selected according to their regional distribution and high volume of child patients: the Shifa and Al-Nasr hospitals in Gaza, along with the West Bank's main referral hospital, Ramallah hospital. The achievements and impact of the program have been remarkable. Specialized, pediatric care is now available at a large number of hospitals and, with a core of qualified nursing staff passing on their knowledge to colleagues, solid foundations have been laid for these improvements to gain momentum and spread to other needy areas of Palestine (MAP,1995).

Ali et al (2002) stated that a study was conducted by the U.S agency for international development (USAID), which developed a 19-month training program to strengthen and to improve existing maternal and children's health and family planning services in West bank and Gaza . The program's components included a training of trainers workshop, in-service training, development of a monitoring and supervision system, and follow-up refresher training. A post-training evaluation to measure the impact of their training program was performed, the results from this evaluation assisted in determining the needs for refresher training and identifying gaps and weaknesses that continued to exist in the knowledge and skills of health providers previously trained. Although health providers reported that the training improved their knowledge and interpersonal skills, about half of the participants reported that they needed more training in additional topics. The conclusion of the study revealed that the training provided has positively influenced the level of knowledge and skills of health providers as well as the quality of services provided. Nevertheless, more training is needed to strengthen existing health care services .

1.13 Operational definitions

Perspective: is subjective evaluation of relative significance; viewpoint in cognitive sense it represents the choice of any context forming opinion, belief or experience (Haughtone, 2010).

Impact: is changes in practice, professional knowledge, attitudes, program structures, and the field (Belzer & Alisa,2003).

Training: is uninterrupted instructive exercising, coaching (Megan et al, 1999).

Programs: are any activities, projects, functions, or policies that have an identifiable purpose or set of objectives. Program evaluations: are individual systematic studies

conducted periodically to assess how well a program is working. A program evaluation typically examines achievement of program objectives in the context of other aspects of program performance or in the context in which it occurs. (Shipman and Wholey, 2005).

Performance: is a behavior, a process, a procedure, a way of working or functioning, or an accomplishment (Clarke, 1997).

Performance measurement: is the ongoing monitoring and reporting of program accomplishments, particularly progress towards pre established goals (Shipman & Wholey,2005).

Chapter II: Conceptual Framework & Literature Review

2.1 Conceptual Framework

Miles and Huberman (1994) said that ''A conceptual framework explains, either graphically or in narrative form [diagrams are much preferred], the main things to be studied - the key factors, constructs or variables - and the presumed relationships among them''. The authors added that from the experience of others it is suggested when developing the research questions is to diagram the problem or topic. This is often called a conceptual framework.

McAllister (2006) defined conceptual framework as'' A diagram of the topic is literally worth more than 10,000 words. The task here is to create a diagram of the topic that includes clearly defined variables (independent, dependent, etc.) along with the relationships of those variables and key factors that influence the variables and the relationships''. According to the literature reviewed by the researcher, he built up the research framework that addresses the main dimensions of the study which consists of two main dimensions and another two related factors.

2.1.1 Diagram of the Conceptual framework
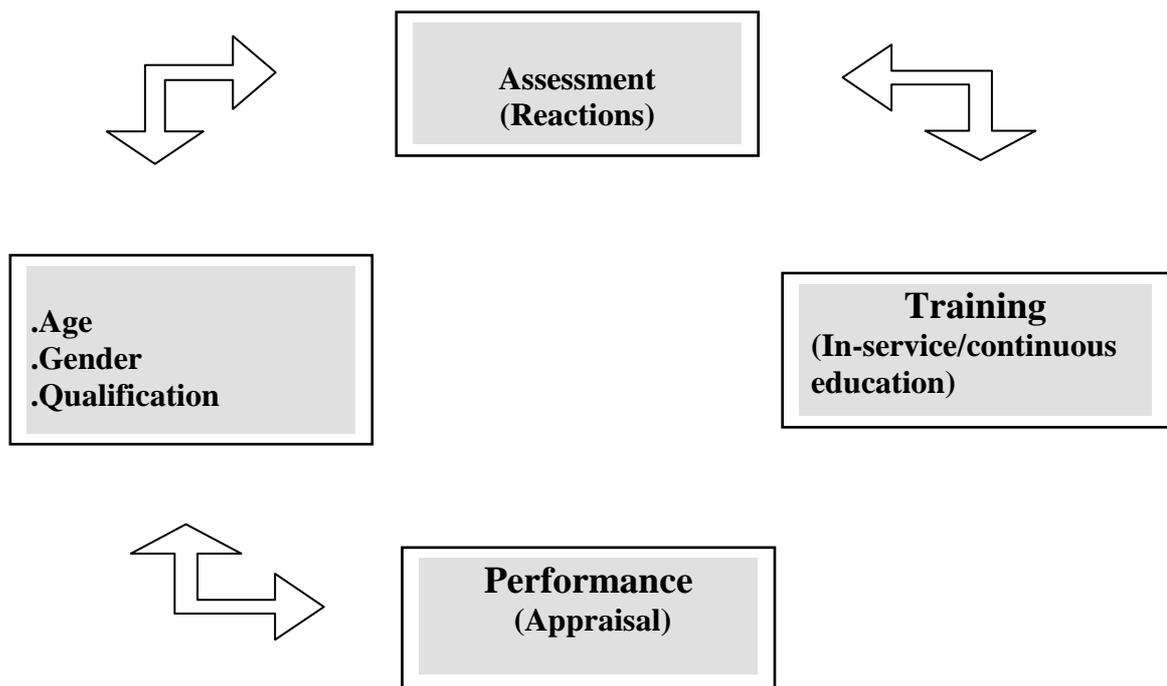
Figure No. (1) Conceptual framework

2.1.2 Dimensions of the conceptual framework:

The first dimension: Performance is the dependent variable (variable of concern)

Performance: is general accomplishment of a given task measured against preset standards of accuracy, completeness, cost, and speed. Evaluation: the reason for evaluation is to determine the effectiveness of training programs, training is a title of development to emphasize training courses programs designed to increase knowledge, improve skills and change attitudes. Appraisal: is the systematic evaluation of individual with respect to their performance on the job. Performance appraisal: is documenting the results of a comparison, and the use of the results to provide feedback to show where improvements are needed and to determine who needs training and who will be promoted (Miler & Drake,1980).

The second dimension: Training is the independent variable

Training: is what you do while you are working in a job, informative course or schedule of lectures (Megan et al, 1999).

In-service education: In-service education: are programs generally short in duration, and usually conducted in the work site, in-service nursing education are vitals for nurses in each hospital to keep nurses updated and oriented of all scientific and technological changes, in-service education relates to acquisition, maintenance, or increase in competency (O'Bannon, 1997).

Related factors:

Assessment: Regular checking of staff performance to assess their progress and needs while implementing the new procedures is not well understood (Galpin, 1996).

Is the process of gathering and discussing information from multiple and diverse sources in order to develop a deep understanding (Weimer, 2002).

2.2 literature Review

2.2.1 Training

2.2.1.1 Concept of training

Training is one of a nurse manager's greatest concerns. Training improves learning of all staff and applies knowledge about human learning and change. It doesn't matter the age at which human learning occurs. Adults have more life experience to take advantage of than younger learners and are often clearer about what they want to learn and why it is important. The need for training programs is important to the future development of independent nursing graduates. Training or educational programs provide skill building, enhance and strengthen nursing staff skills , this is why it is a challenge to let these programs reach each member of the nursing staff individually to bring him or her to more effective and advanced levels of practice (Weimer,2002).

Dete (1999) asserted that the formula for successful staff development can be expressed as: knowledge plus the use of knowledge plus motivation equals expected performance. Because people have different learning styles and strengths, professional development must include opportunities to see, hear, and do various actions in relation to the content by training. A learning organization has five main features; systems thinking, personal mastery, mental models, shared vision and team learning. Learning organization is the organization skilled at creating, acquiring, and transforming knowledge, and at modifying its behavior to reflect new knowledge and insights. There is no meaning for learning if does not create change resulting from gaining, and sharing new knowledge either by discovering it or by imitating the best practices of others (Senge, 1990)**.**

Galpin (1996) stated that organizational learning describes organizations that take advantage of acquired knowledge to become more effective. This effectiveness can be realized through the change process resulting from acquired knowledge. What is important for an organization is the ability to implement the acquired knowledge into supporting change rather than acquire knowledge and never use it.

The International Council of Nurses suggests that career development is a major promoting factor in the advancement of health systems and the nursing profession throughout the world, and is directly linked to the maintenance of high quality care delivery. Despite this assertion, little theoretical work has been conducted in this area.

Career development involves understanding current opportunities, a degree of self-awareness and the ability to plan the development of a profession (Hall, 2008).

Hall et al. (2004) pointed that career planning and development assists nurses to develop and to take advantage of the knowledge, skills and attitudes necessary to create a work environment that is meaningful, productive and satisfying. In a Canadian study examining the outcomes of participation in a Career Planning and Development Program, nurse participants were able to create a career vision and develop an individualized career plan.

2.2.1.2 Steps of training

Clavelle (2008) noted that training is a key part of business growth and change and advised to follow these steps to build a training program, and that will increase the chances of assembling an effective program:

- **Analyze**: the need, or performing a needs assessment.

- **Design**: is where we link the needs assessment to the actual creation of new curriculum or the arrangement of existing curricula. This is where we assemble information tied to each program objective.

- **Develop materials**: this includes items like, references, case studies, movies, and other visual aids

- **Implementation.**

- **Evaluation.**

2.2.1.3 Objectives of training

Solter, et al (2007) listed the objectives of the advanced training of trainer's course as follow**:**

- Describe and demonstrate competency-based training techniques. Develop training needs assessment tools.
- Develop training plans, course materials (goals and objectives, course outlines, training materials, pre- and post-tests).
- Develop and demonstrate the use of clinical checklists. Describe and demonstrate a variety of advanced training methodologies.
- Describe how to conduct training follow-up.
- Describe levels of training evaluation. Describe how to hire and evaluate a training consultant.

2.2.1.4 Impact of training

Woodill (2010**)** explained about the impact of training on participation, performance, and productivity and asked how these terms differ? How are they defined? And what connections exist between them? In a report examines the complex relationships between training, performance, and productivity in the workplace the author considers the following questions: How can the terms "training," "education," "productivity," and "performance" be defined? How does training relate to education overall? Does training benefit performance and productivity?. Why is training so hard to evaluate, especially training in the workplace? What deficiencies exist in the research literature on training results?

Philips (2003) stated that participants in training programs estimate the amount of improvement and supervisors estimate the impact of training on the output.

2.2.1.5 Measurement of training

Kearns (2007 **)** asserted that it's in everyone's interest to measure training, and there has always been a saying about advertising that goes like this – "half the money we spend on advertising is wasted, the only problem is we don't know which half!" – a very similar criticism could be made about the money that is spent on training and development. We all know training is important but if anyone asks 'how important?' or 'what return do we get on our investment?' often there are no clear answers. It is quite obvious that everyone

needs training at some time. After all, we have all had to learn how to do our jobs. This can include technical knowledge, understanding regulations and compliance matters, how to use IT systems, supervisory and managerial skills and even the way we deal with clients, in fact it is partly because there is general agreement that training is important that we have never bothered spending too much time trying to measure how important. Another problem has been that a simple method for measuring training has not existed.

2.2.1.6 Training models:

Kaufman's training evaluation model (2008) called this model as needs assessment, Kaufman's model has sometimes been referred to as "Kirkpatrick Plus" - an extension of Donald Kirkpatrick's four levels of evaluation, it is a process for determining and addressing needs, or gaps between current conditions and desired conditions, often used for improvement in individuals, education/training, organizations, or communities. The need can be a desire to improve current performance or to correct a deficiency.

Sugrue and Rivera model (2005) divided his model into five levels:
- level one (employee reaction)
- level two (employee knowledge)
- level three (transfer of training to the workplace)
- level four (impact on business)
- level five (monetary impact of the training)

Researchers found that sales training programs were the most likely to be evaluated at levels three and four while executive development programs were most likely to be evaluated at level five. The general consensus is that training evaluation is a critical and important phase of the program development process; however, this step is often neglected.

Return on Investment (ROI) model (2001): This model identifies annual cost savings in operating expenses and costs of goods sold for specific discrete manufacturing industry segments such as automotive, aerospace and industrial equipments

Kirkpatrick model (1998) divided his model into four levels. The researcher adopted the first level of Kirkpatrick model of training evaluation which is the Reaction Level (how the learners react to the learning process) as it is strongly related to the topic being studied by the researcher.

Kirkpatrick described his four- level model of training evaluation as follow:

- Reaction: measures reaction of trainees to the training program.
- Learning : measures the knowledge acquired, skills improved, or attitudes changed as a result of the training.
- Behavior: measures the transfer of training or if trainees are applying new knowledge, skills, or attitudes on the job.
- Results**:** measures the result of training as it relates to factors such as sales, productivity, profit, costs, employee turnover, and product/service quality.

Kirkpatrick stated that the reason for evaluating is to determine the effectiveness of a training program. Therefore, much thought and planning need to be given to the program itself to make sure that it is effective. The author further added some factors to be carefully considered when planning and implementing an effective training program:

- Determining needs
- Setting objectives
- Determining subject content
- Selecting participants
- Determining the best schedule
- Selecting appropriate facilities
- Selecting appropriate instructors
- Selecting and preparing audiovisual aids
- Coordinating the program
- Evaluating the program.

2.2.1.7 In-service / continuous education

According to O'Bannon (1997), in-service education and continuous education are well-known by characteristics, focus, and content; both types of staff education prove the importance of staff development. In-service education relates to acquisition, maintenance, or increase in competency. In-service education programs are generally short in duration, presented informally, and usually conducted in the work site.

The transformation from the traditional (resisting change) model of pedagogy in nursing education to a learning-centered model requires a revolutionary mode of thinking about the approach to teaching, learning, and responsibility roles (Allen, 2009).

Crouch (2005) said: "Each and every one of us should be struggling to expand our knowledge, skills, and abilities through any means available.

This includes on-the-job training, self-help (reading, courses, etc.), correspondence courses, and classes/seminars/workshops ".

Jones (2005) explained in detail how to invest in work environment, inquired and described why nurse's turnover is a problem that needs to be solved. He continued saying that when nursing leaders support or make decisions to improve the work environment and continue to employ nurses; they invest in nurses' capital, both human and social. Human capital is acquired by individual nurses through education, training, skills advancement, and experience that make them more productive.

2.2.1.7 Methods of on the job training within the in-service / continuous education

- **Mentoring**

The mentor acts as a role model and advocate to pass on life experiences and knowledge in order to motivate, support and enhance the mentee's personal and professional development (Kuhl, 2005).

Henk (2005) described the good mentor who has leadership experience, is available, answering, reacting, believes in the capabilities of the mentee, has vision, and knows how to access professional networks. A mentor is a skillful nurse who is willing to share expertise and organizational insight in order to prepare the mentee for greater performance, productivity or achievement in the future. He further described the mentee as a nurse with a desire to learn, a capacity to accept constructive feedback, an ability to identify personal and professional goals, and a willingness to take risks. The mentee exhibits a desire for job success and seeks challenging assignments and new responsibilities. The mentee actively seeks the advice and counsel of an experienced nurse mentor. Opportunities for nurse mentoring can be found in all areas of nursing practice, education, administration and research.

- **Preceptorship**

Blauvelt (2006) stated that preceptorship has a beginning and an end during which the expectation is that the inexperienced person will learn a set of skills while relating to the more experienced staff nurse. Preceptorship is another aspect of the educational programs and it is a shorter term relationship than mentoring as it offers learning resulting from experience by a senior nurse to the new nurse in a way that gives the trainee an opportunity

to acquire knowledge, skills, and abilities. Effective preceptorships offer the individual the opportunity to provide the preceptor with adequate preparation, rewards, and recognition. The effective preceptorship ensures a relationship that promotes open and honest communication and feedback, establish key goals and objectives for the program.

It is the process of "pairing new graduates with an experienced nurse to facilitate role transition to that of a staff nurse" (McCarty & Higgins, 2005).

- **Coaching**

Is the provision of support and guidance for people to use their existing knowledge and skills more effectively and is concerned with the immediate improvement of performance and development of skills by a form of instruction or giving private lessons to one or a small group. Research evidence suggest that a coaching training program for managers can be successful in changing behavior and improving employee perceptions about how they are managed (Fielden et al, 2009).

Mead (1999) recommended to make the best use of practice placements **:** interpersonal and practice skills should be fostered by the use of experiential and problem-based learning, increased use of skills laboratories and access to information technology, particularly in clinical practice.

Goldstein et al (2005) asked: "Does inadequate education at one level of training affects skills at subsequent levels? If so, then school may be the most critical period for developing important habits, attitudes, and clinical reasoning approaches and may influence subsequent clinical competencies".

- **Orientation**

 Hewitt (2010) stated that employee orientation programs are given to new employees at a place of business. The programs can last from several hours to several days. When a new employee is hired, the employee orientation program offers a business its best chance at shaping an employee's work practices and imprinting its corporate business philosophy onto the new employee's mind, because a new hire is eager to make a good impression.

Moore (2010) declared that new employee orientation is important as it provides new employees with the information about such things as compensation, benefits, policies, procedures, working hours and performance expectations.

It is here that employees receive the first introduction to how the institution operates and what is expected of them on a daily basis. Since this is the first real interaction between the institution and the employee, the orientation should be fun and leave a lasting positive impression.

2.3 Performance

2.3.1 Performance concept

Clarke (1997) pointed that human performance is a behavior, a process, a procedure, a way of working or functioning, or an accomplishment. As a study, human performance is concerned with the measurable results of specific behaviors, especially work performance and productivity. The field of study of human performance for the workplace usually covers few subjects among them: human performance improvement and human performance management. He added that human performance improvement is any process for increasing the effectiveness of specified behaviors or work procedures in producing better results or finding more effective behaviors or procedures to produce the desired results. Performance improvement methods apply to individuals, teams, organizational divisions or departments or entire organizations. He continued saying that training and coaching have been the primary methods of human performance improvement. Human Performance Improvement is a comprehensive approach that covers the many aspects of behavior related to productivity, achievement, skills/knowledge development, learning and creativity.

Those aspects include not only organizational performance and development, but also professional development issues, training, motivation, human resources development, education, management and the effects of health/fitness on performance productivity.

2.3.2 Performance objectives

Greenberg (2004) stated criteria of a successful performance objectives such as: to be Specific :What specifically is to be achieved, to be Measurable: How will you know: how well an objective has been achieved, to be Accountable: Accountability for performance objectives must be clear and must specifically state who is accountable, and to be Realistic: to be meaningful and reasonable.

Quine (2004) asserted that human beings are active organisms with many needs, pushed and pulled about by all sorts of internal and external motivations that lead us to set objectives for ourselves and for others. All human activity is directed, whether consciously or unconsciously, towards the achievement of short-term or long-term goals and objectives.

Achieving goals or objectives requires us to actually do something – that is, it requires the performance of some action, some sequence of steps, some behavior, some procedure or process, some task, duty, or job. The author added that human performance specialists, such as trainers, coaches, and educators spend a lot of time trying to define exactly what people must do to achieve a given outcome.

Henshaw (2009) pointed that there are performance objectives for the quantity, quality and time elements of the job such as: money, deadlines, accuracy, and speed. That you can cut, paste , easily adapt and use today.

2.3.3 Performance management

Stockley (2004) stated that management and employee involvement in the review of a performance management system is important.   Equally important is "Getting it right". He added that like all change programs, a performance management system implementation requires careful planning and management. Many factors need to be considered and allowed for such as the design, the design phase establishes the framework; it also includes the planning for the approval, communication and training. After that, the performance management system needs to be reviewed and approved to ensure employee needs are met. This involves both management and employee interests. Employees, through some form of participation method, should also have the opportunity to show comments. After the system is approved, the communication strategy should be implemented. This involves communicating the key points, benefits and impact of the design.

Mitchell (2007) stated that: " The ideal best practice is simply the most effective process that can possibly be accomplished by anyone over the next five years. It will usually exceed the future best practice by a wide margin, and the ideal best practice reflects a performance level that might not normally be reached for decades"

2.3.4 Performance measurement

Shipman & Wholey (2005) defined performance measurement as the ongoing monitoring and reporting of program accomplishments, particularly progress towards pre established goals. It is typically conducted by program or agency management. Performance measures may address the type or level of program activities conducted and services delivered by a program, and the results of those services.

Miler & Drake (1980) asserted that preparing specific standards of nurse's performance can play an important role in assuring the quality of nursing care. Nursing standards help orient and educate new nurses; promote firm and acceptable nursing care throughout the hospital, enhance communication between nursing staff and managers which have an impact on the quality of nursing care. They added that valuable quality assessment data can be gained from performance evaluations based on standards. When combined with information from patient care evaluation studies, these data can contribute significantly to total assessment of nursing performance and lead to improvement in the quality of nursing care. Standards must be flexible and appropriately modified.

Cobb (2001) stated that the performance appraisal improves quality, aligns employee goals and development activities, and improves employee engagement, retention and overall performance.

Anne & Robin (2007) asserted that finding ways to measure nursing performance is only the first step toward developing methods that recognize nursing contributions in quality improvement initiatives. They added that Perhaps even more difficult is how to structure the incentives for improvement and how any rewards are to be shared among various participants.
Reward, recognition and incentives improve performance, strengthen motivation, encourage personal learning and advancement and foster job satisfaction (Shalabi, 2008).

Berridge et al (2007) stated that it is crucial that appraisal is effective in determining the training needs of the health workforce, and that appropriate training is available to meet these needs. Appraisal should be carried out by an appraiser as familiar as possible
with the work of the individual. Both parties (appraiser and appraisee) should understand the reason for, requirements and intended outcomes of, the appraisal process.

Appraisal should be clearly structured with advance preparation time built in. Appraisal documentation should be accessible and fit for purpose. The appraisal meeting should provide a forum for open and honest discussion of performance and development needs, without fear of negative consequences. Appraisal should be supportive and constructive. Protected time should be provided. Appraisal should address the changing needs of the individual, their roles and the service in which they operate.

Gebbie & Gill (2008) defined organizational performance standards as: expectations of an organization, which clearly mark the role and function of the organization as an entity that will impact on the health system within the community. These expectations include the National Performance Standards, which reflect the expectations of the health system. These standards also include the organizational culture, the learning environment of the organization, the leadership's vision and the relationship between the organization and the health systems.

Chapman (2010) asserted that evaluation of training can only be effective if the training itself is effective and appropriate. Testing the wrong things in the wrong way will give you unhelpful data, and could be even more unhelpful for learners.

Kamal (2007) in a seminar presentation described the support needed to improve performance as: Training, Providing tools & Equipment and simplifying procedures. He added that decisions needed to improve performance are improving polices and regulations efficiency, and simplifying work procedures and processes. Nursing Procedure Manual is an important resource for practice, but ensuring that the correct procedure can be located when needed is an ongoing challenge (Peace, 2006).

Sweitzer (2009) declared that the Nursing Procedure Manual is a recognized procedure manual for nursing care. Expert nurses and consultants routinely review and update these procedures, ensuring that the highest clinical standards are met. Rice (2009) described the procedure manual as it provides health care agencies with a manual of guidelines and standardized performed nursing procedures.

Healthcare means quality, quality means policy & procedure manual. Education and quality are co-dependent domains, which influence clinical and administrative functions (American Hospital Association, 2009).

Kluwer (2010) said that nurses define, implement, and maintain the highest standards of nursing practice. These standards are compatible with national professional standards officially declared by evidence-based practice, national nursing organizations, regional and community standards, and regulatory agency requirements. The author added that department of nursing supervises the development, implementation, and evaluation of educational and developmental programs based on formal and informal needs assessments, current and new evidence and standards of practice.

Alspach (1994) stated that the purpose of the policy is to establish broad guidelines that influence the employee's performance. On the other side, he also defined procedure as an established way of doing something.

Kirkpatrick (1998) said that the reason for evaluating is to determine the effectiveness of training programs. Later he considered training as a title of development to emphasize training programs designed to increase knowledge, improve skills and change attitudes.

2.4 Assessment

Leaders and leadership teams are frequently uncomfortable in carrying out this strategy. As a monitoring example, assessing by "walking around" communicates to nurses the importance of the new program and increases their feeling of being supported in the effort. This strategy by any other name – coaching, consultation, and follow up – is the same. It is the provision of help and assistance based on information gathered through assessing (Galpin, 1996).

Walters & Furyk (2009) in a study described the implementation and evaluation of a nursing education of best practice guidelines involving intramuscular injections, the study examined intramuscular injection techniques. Teaching sessions of safe intramuscular injection techniques were implemented before. All hospital wards were involved, with theory and then practical sessions. The effectiveness of the intervention was evaluated by a knowledge based questionnaires and non-participant observations of intramuscular injections taking place, to see if new techniques were being used. Results revealed that theory based learning tested was at a high level and showed the nurses had a good scientific and evidence based understanding for their practice change. A convenience sample of intramuscular injections was observed over two month's period.

Conclusion was: theory with practical teaching can have an impact upon the care given, possibly reducing the complications associated with intramuscular injections.

McManus & Mike (1997) in a research study on assessment of practice at diploma, degree, and postgraduate levels in nursing education in Britain they presented a review of the assessment of theory and practice at different academic levels it was as follows: lack of clarity in defining levels, incompatibility in use and interpretation of professional and educational frameworks to assess practice; and different methods to assess practice. The key finding was considerable variation in criteria used to distinguish between the assessments of practice at different academic levels. Approaches to assessment of practice were direct observation of the staff performance or written documentary work as papers and tests gathered over a period of time and used for assessing performance or progress.

Dyson et al. (2009) said that the ongoing education for nurses is necessary to ensure currency of knowledge in order to enable evidence based client care. The authors continued saying that the cost of education is high to the organization and the individual, and must be cost-effective, relevant and appropriate. According to research that was conducted, it revealed that education for nurses is not always systematically planned and developed and often depends upon the area of interest and the assessment of the educators. The study found agreement on learning needs. Williams & Taylor (2008) in a purposive study, a sample of nurse educators' perceptions about clinical practice that was under taking. The analysis focused on three main ideas: of clinical practice, perceived benefits and barriers which are examined and discussed. The conclusion identified barriers such as insufficient time, heavy workload and a lack of valuing of the clinical role.

The effect of undertaking clinical practice, particularly on the quality of teaching is argued to be very valuable. Teaching and evaluation is a matter of teamwork and must be planned jointly. He also advised not to change any thing that works satisfactorily (Guilbert, 1981).

2.5 Previous studies

The researcher reviewed some similar previous research conducted abroad and compared them with his study.

Wolfson (2006) in a research published in UK indicate the need to improve evaluation of training and learning found that 72% (of a representative sample) of the UK's leading learning professionals considered that learning tends not to lead to change.

Only 51% of respondents said that learning and training was evaluated several months after the learning or training intervention. Speaking on the findings, Wolfson, said, "These are worrying figures from the country's leading learning professionals.

If they really do reflect training in the UK, then we have to think long and hard about how to make the changes that training is meant to give. The research suggests that we have to do more - much more - to ensure that learning interventions really make a difference.

Grantcharov (2003) this study examined the impact of virtual reality surgical simulation on improvement of psychomotor skills relevant to the performance of laparoscopic cholecystectomy. Sixteen surgical trainees performed a laparoscopic cholecystectomy on patients in the operating room. The participants were then randomized to receive training (ten repetitions of all six tasks on the Minimally Invasive Surgical Trainer, all subjects performed a further laparoscopic cholecystectomy in the OR. Both operative procedures were recorded on videotape, and assessed by two independent and blinded observers using predefined objective criteria. Time to complete the procedure, error score and economy of movement score were assessed during the laparoscopic procedure in the OR.

Results revealed no differences in baseline variables were found between the two groups. Surgeons who received virtual reality training performed laparoscopic cholecystectomy significantly faster than the control group ($P = 0.021$). Furthermore, those who had VR training showed significantly greater improvement in error ($P = 0.003$) and economy of movement ($P = 0.003$) scores. Conclusion was: surgeons who received VR simulator training showed significantly greater improvement in performance in the OR than those in the control group. VR surgical simulation is therefore a valid tool for training of laparoscopic psychomotor skills and could be incorporated into surgical training programs.

Yen-Ru Lina et al (2004) this study's objective was to evaluate the effect of an assertiveness training program on nursing and medical students. 33 participants were included. Participants received eight 2-h sessions of training once a week. Data were collected before and after training and again one month after the end of the training and there was significant improvement in nursing and medical students after training.

Poertner (1980) child welfare has increasingly been held accountable for services and interventions provided to children and families. It has focused on defining and measuring outcomes, while forgetting best practice concerns.

The evidence-based practice movement calls attention to this essential aspect of accountability. Child welfare training has the potential to play a significant role in providing workers the skills and knowledge they need to balance outcome accountability with best practices. However, as this paper describes, to accomplish this goal, training needs to be designed in ways that support child outcomes, the use of best practices, and use of this knowledge in our complex child welfare organizations.

Bartel (1995) a unique dataset collected from the personnel records of a large company is used to study the relationship between on-the-job training and worker productivity. The analysis shows how information contained in a company database is useful for eliminating difference bias in the estimation of training's impact on wages and job performance.
Even when selection bias in assignment to training programs is eliminated, training is found to have a positive and significant effect on both wage growth and the change in job performance scores, thereby confirming the strength of the relationship between training and productivity.

2.6 Literatures consistent with this study and findings

In reference to Kirkpatrick (1998) the researcher adopted his first- level of training evaluation which is the Reaction level.
In reference to Weimer (2002) the researcher tried his best to include all nurses equally in this study by following the systematic stratified sampling to verify their perspectives about training programs.
In reference to Senge (1990) the researcher noticed that Gaza organizations miss the five main features that Senge talked about which are : systems thinking, personal mastery, mental models, shared vision and team learning. because there has been no change in nurse's performance or imitating the best practices of others.
In reference to Kearns (2007) the researcher has raised this issue and initiated measuring the impact of training programs.
In reference to Jones (2005) the researcher emphasizes that nursing leader have to support training of nurses to improve their performance.
In reference to Blauvelt (2006) Gaza hospitals nurses don't know about their annual performance appraisal, they don't share in the appraisal process and it is secretly carried out.

In reference to Solter, et al (2007) the researcher observed some training programs that did not follow many of the mentioned objectives such as developing training needs assessment tools, pre- and post-tests, the use of clinical checklists, and these objectives need to be followed in the future.

In reference to Williams & Taylor (2008) the researcher in this study found that insufficient time was a noticeable barrier.

In reference to Cobb (2001) Gaza hospitals performance appraisal is only an annual routine thing.

In reference to Kirkpatrick (2005) the researcher has done exactly the same by exploring nurse's perspectives and by analyzing their annual performance appraisal of the last two years.

Chapter III: Methodology

3.1 Study Design

The design of this study is descriptive, analytical, quantitative and cross-sectional. It is focused on nurses working at Ministry of Health (MOH) hospitals and it is conducted on a representative sample. It is a simple design to describe and to measure the impact of training on performance and the relationship between study variables at the same point of time.

3.2 Study Population

Nursing Staff (Males & Females). The total number of the study population is 782 nurses distributed as follow: 87 nurses at Kamal Odwan Hospital (North of Gaza Strip), 474 nurses at Shifa Medical Complex (Center of Gaza Strip), and 221 nurses at the European Gaza Hospital (South of Gaza Strip).

3.3 Sampling Method & Size

According to Epi Info program version 3.5.1 the study is calculated as follow: The study population is 782, assuming that the: Expected frequency of the factor under the study (training) is 50%, the Worst acceptable is 45%, and Confidence level 95%, thus the sample size becomes 258 (Annex 6). This sample was distributed in a stratified systematic method proportionately with respect to the total number of nurses in each of the three hospitals. Names in each hospital at Shifa Medical Complex and in each department at Kamal Odwan Hospital and EGH were listed alphabetically and every third name was selected (proportionately with the total number of the sample), as the whole sample is approximately one third of the total population. The study was conducted on a sample size with average of 33% of target population (258/782x100 =33%).

The same average used to distribute the sample on the three hospitals as follows:

Total   87   : 474 : 221

Sample 28   : 157 : 73

Ratio   1   : 6   : 3

Kamal Odwan Hospital 33x87/100= 28   28/258 =1/10 of the sample

Shifa Medical Complex 33x474/100= 157   157/258=6/10 of the sample

European Gaza Hospital 33x221/100= 73   73/258=3/10 of the sample

3.4 Selection Criteria

The **258** nursing staff included in the study were selected from the nursing department record books of three main hospitals: Kamal Odwan Hospital in the north of Gaza strip, Shifa Medical Complex in the center of Gaza strip and the European Gaza Hospital in the south of Gaza strip.

3.5 Eligibility criteria

3.5 .1 Inclusion Criteria

Permanent nursing staff with employment numbers and with minimum two years experience (to make comparison between the last two years performance appraisals) at MOH hospitals (Males & Females) who reported to duty during the period of the study and agreed to participate in the study at Kamal Odwan hospital, Shifa Medical Complex and the European Gaza Hospital. Each one had the same chance to be selected in the study in the morning shift, evening and night shifts.

3.5.2 Exclusion Criteria

- Directors of nursing.
- Nursing staff members who did not report to duty due to different reasons.
- Those who were on vacations.
- Females who have been on maternity leaves.
- Those who refused to participate in the study.
- Volunteers, under employment nurses and student nurses at the time of the study.
- Those with less than two years experience at MOH hospitals.

3.6 Period of the study

The study was implemented immediately after the approval of the proposal and it is completed on February 2011.

3.7 Study Settings

The study is conducted at

Kamal Odwan Hospital

Shifa Medical Complex

European Gaza Hospital (EGH)

3.8 Data Collection

3.8.1 Self Administered Questionnaire

The self administered questionnaire was used as a study tool for collecting data and was constructed of Arabic and English close ended questions. Arabic copy was used for data collection. The researcher adopted the first level of Kirkpatrick model of training evaluation which is the Reaction Level (how the learners react to the learning process) in constructing the questionnaire as it is strongly related to the topic being studied by the researcher which included three parts.

The first part of the questionnaire is for all participants, included personal & professional data such as: educational status, employment status and experience. The second part is only for those who participated in training programs in the last two years , included Kirkpatrick's first level of training evaluation model which is Reaction to explore nurse's point of view about training programs, and divided into four subsections as follows:

1. Affective Reactions consist of 8 questions

2. Utility Reactions consist of 4 questions

3. Delivery Reactions consist of 15 questions

4. Instructors Reactions consist of 33 questions

1-sample K-S test was used to identify if the data follow normal distribution or not, this test is considered necessary in case of testing hypotheses, as most parametric tests stipulate data to be normally distributed and this test is used when the size of the sample is greater than 50. Result as shown in table (1), clarifies that the calculated p-value is greater than the significant level which is equal 0.05 (p-value. > 0.05), this in turn denotes that data follows normal distribution, and so parametric tests must be used.

Table (1) 1-sample K-S test to identify if the data follow normal distribution

Section	Items No.	Statistic	P-value
Affective Reactions	8	0.980	0.605
Utility Reactions	4	0.73	0.660
Delivery Reactions	15	0.811	0.527
Instructors Reactions	33	0.626	0.828
Total	60	0.990	0.959

The third part is only for those who did not participate in training programs, included perceptions about training such as: verifying motivations needed, obstacles of implementing training programs, and selection methods (Annex 8).

3.8.2 Annual performance appraisal

The already approved (by General Personnel Council) governmental annual performance appraisal was used as performance measurement tool through comparing the performance appraisal of the participants of the years 2008 with the performance appraisal of the participants for the year 2009 to evaluate their level of improvement, whether they participated or did not participate in training programs (Annex 6). The administration of the General Personnel Council provided the researcher with grades of the performance appraisal of all the participants in the research study without names, but only with the employment numbers of the participants to avoid bias and for ethical consideration, guarantees for confidentiality were officially given.

3.9 Validity

3.9.1 Validity of the Research

We can define the validity of an instrument as a determination of the extent to which the instrument actually reflects the abstract construct being examined. Validity refers to the degree to which an instrument measures what it is supposed to be measuring. High validity is the absence of systematic errors in the measuring instrument. When an instrument is valid; it truly reflects the concept it is supposed to measure.

Achieving good validity required the care in the research design and sample selection. The improved questionnaire was examined by the supervisor, the analyst and eleven experts in the tendering and bidding environments to evaluate the procedure of questions and the method of analyzing the results. The expertise agreed that the questionnaire was valid and suitable enough to measure the purpose that the questionnaire designed for.

3.9.1 Content Validity of the Questionnaire

The content validity was conducted by the help of group of experts to ensure relevance, clarity and completeness of the questionnaire, as they reviewed the contents some items were added, modified or excluded and recommendations of the experts were taken into consideration. After experts discussed the instrument to be valid, the researcher accepted their approvals to credit the instrument. The final form of the questionnaire is illustrated in Arabic (Annex 9). Names of experts are illustrated in (Annex 10).

3.9.2 Statistical Validity of the Questionnaire

To insure the validity of the questionnaire, two statistical tests should be applied. The first test is Criterion-related validity test (Pearson test) which measures the correlation coefficient between each item in the field and the whole field (see tables A-D in Annex11).

3.9.3 Criterion Related Validity

Internal consistency of the questionnaire is measured by a scouting sample, which consisted of thirty questionnaires, through measuring the correlation coefficients between each paragraph in one field and the whole filed. Tables 11-A-D (see annexes) show the correlation coefficient and p-value for each field items. The p- Values are less than 0.05 or 0.01, so the correlation coefficients of this field are significant at $\alpha = 0.01$ or $\alpha = 0.05$, so it can be said that the paragraphs of this field are consistent and valid to measure what it was set for.

3.9.4 Face validity of the questionnaire

The questionnaire was submitted to expert's panel with experience and knowledge in health education and management to make suggestions and judgment about the adequacy of the instrument. The questionnaire was prepared in suitable papers, pointed, cleared statements and proper arranged of ideas to make the questionnaire easy and simple.

The pilot study respondents were asked to give their opinions about the format, layout, structure and type writing clarity of the study instruments.

3.9.5 Structure Validity of the Questionnaire

Structure validity is the second statistical test that used to test the validity of the questionnaire structure by testing the validity of each field and the validity of the whole questionnaire. It measures the correlation coefficient between one filed and all the fields of the questionnaire that have the same level of likert scale, the significance values are less than 0.05 or 0.01, so the correlation coefficients of all the fields are significant at $\alpha = 0.01$ or $\alpha = 0.05$, so it can be said that the fields are valid to be measured what it was set for to achieve the main aim of the study (Annex12).

3.10 Reliability
3.10.1 Reliability of the questionnaire

Data was collected by the researcher with the help of five student nurses from Palestine College of nursing who volunteered to help the researcher and were trained

well by him. Pilot study for thirty nurses was conducted from the three hospitals, questionnaires were distributed proportionately, and reevaluation of the questionnaires for the purpose of questionnaire adjustment was done according to the results of the pilot study. Participants in the pilot study were not included in the research study because some modifications were added to the questionnaire and final standardized questionnaire was developed.

3.10.2 Reliability of the Research

Reliability of an instrument is the degree of consistency with which it measures the attribute it is supposed to be measuring. The test should be repeated to the same sample of people on two occasions and then to compare the scores obtained by computing a reliability coefficient. For the most purposes reliability coefficient above 0.7 are considered satisfactory. Period of two weeks to a month is recommended between two tests. Due to complicated conditions that the participants facing at the time being, it was too difficult to ask them to responds to our questionnaire twice within short period. The statistician's explained that in order to overcome the distribution of the questionnaire twice to measure the reliability, it can be achieved by using Cronbach Alpha coefficient through the SPSS software.

3.10.3 Cronbach Coefficient Alpha

This method is used to measure the reliability of the questionnaire between each field and the mean of the whole fields of the questionnaire. The normal range of Cronbach coefficient alpha value between 0.0 and + 1.0, and the higher values reflects a higher degree of internal consistency. As shown in Table No. (2) The Cronbach coefficient alpha was calculated for the first field of the causes of claims, the second field of common procedures and the third field of the Particular claims. The results were in the range from 0.8365 and 0.8529, and the general reliability for all items equal 0.8743. This range is considered high; the result ensures the reliability of the questionnaire.

Table (2) Cronbach Alpha for reliability

Number	Section	No. of Items	Cronbach Alpha
1	**Affective Reactions**	8	0.8493
2	**Utility Reactions**	4	0.8529
3	**Delivery Reactions**	15	0.8365
4	**Instructors Reactions**	33	0.8427
	Total	60	0.8743

3.11 Data management and statistical analysis

3.11.1 Data entry

Data entry was done after over viewing the data excel sheet.

Data was cleaned to ensure correct entry.

The variables were coded then entered onto the computer.

Statistical Package for Social Sciences (SPSS) program was used for data entry.

3.11.2 Data analysis

Data analysis was done by the researcher with the help of the supervisor and the analyst. The analysis focused on the two tools of the study: the questionnaire and the annual performances appraisals for the last two years only, considering those who participated in training programs before those tow years are not included in the comparison with regard to performance measurement.

The comparison as follow : between those who participated and who did not participate in training programs, the level of improvement in performance for those who participated in training programs and the level of improvement in performance for those who did not participate in training programs. The analysis started by cross tabulation for specific study variables, and then advanced statistical analysis was used to explore the potential relationship among the study variables.

3.12 Ethical considerations

- Consent form was used and every participant was provided with an explanatory form in Arabic about the study. This form included the purpose of the study, confidentiality of information and some instructions; it also included a statement about people's right to participate or to refuse that. (Annex 7)
- The names of participants in this research are not mentioned because of the ethical considerations, only the employment numbers were used to help in reviewing, comparing the annual performance appraisal and measuring level of improvement in performance.
- Guarantees of confidentiality are given and maintained.
- Ethical concept, respect for truth and for people are considered.

3.13 Pilot study

A pilot study for the questionnaire was conducted before collecting the results of the sample. It provided a trial run for the questionnaire, which involves testing the wordings of question, identifying ambiguous questions, testing the techniques that used to collect data, and measuring the effectiveness of standard invitation to respondents.

Pilot study was carried out by distributing self administered questionnaires to a total of 30 nurses (about 10% of the sample). Those were not included in the research study later on because some items were added, modified or excluded (see first draft of Arabic and English questionnaires annex 14+15).

The proportionate distribution of the pilot study was as follow:

4 nurses from Kamal Odwan Hospital (87/4=22 every twenty second name was

selected from first to last then start again), 18 nurses from Shifa Medical Complex (474/18 = 26 every twenty sixth name was selected from first to last then start again and 8 nurses from the European Gaza Hospital (221/18 = 27 every twenty seventh name was selected from first to last then start again, to test the questionnaire questions before the start of data collection, in order to provide feedback about the questionnaire and to correct or to add any other questions.

3.14 Limitations of the study

Time factor.

Limited budget

Limited resources such as books and journals

3.15 Response rate was as follows:

Respondents from Kamal Odwan Hospital 27/28 = 96%

Respondents from Shifa Medical Complex 127/157 = 81%

Respondents from the European Gaza Hospital 56/73 = 77%

Average Response Rate: 210/258 = 81.5%

Chapter IV: Data Analysis & Discussion

4.1 Overview

This chapter explores the results and findings of the descriptive & analytical statistical analysis of the data collected through questionnaires and by making comparison between the annual performance appraisals of the participants for the last two years.

That includes characteristics of the study population and the result of the relevant statistical tests to identify the relationship between the different variables

4.2 Descriptive statistics

Characteristics of the study population

- **Distribution according to hospitals**

Figure No. (2) Shows that 12.9 % of the sample are from Kamal Odwan hospital,
60.5 % of the sample are from Shifa Medical Complex, and 26.7% of the sample are from EGH . That goes along with natural distribution of nurses in these hospitals and so the sample selected.
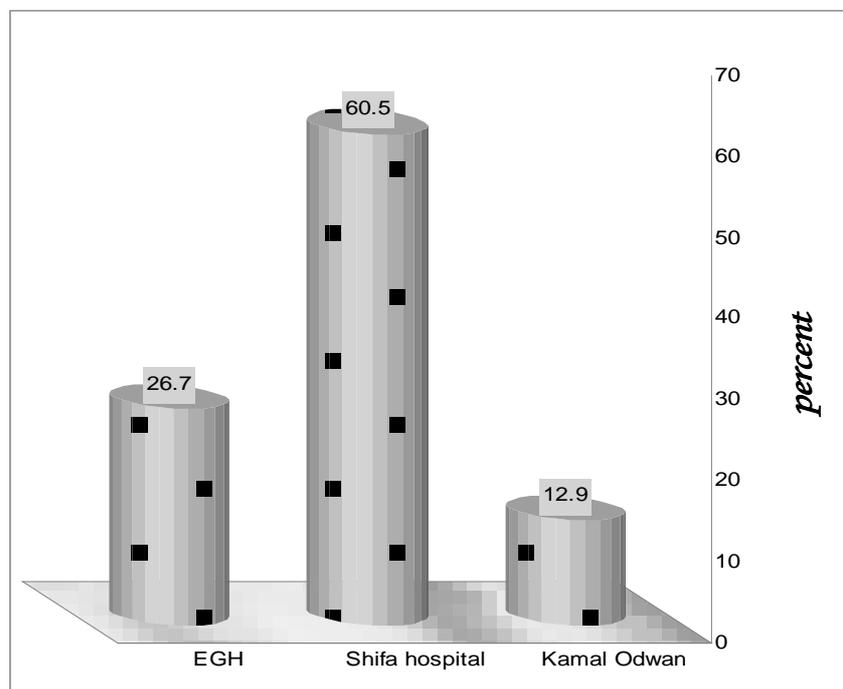
Figure No. (2) Respondents distribution according to hospitals

- **Distribution according to gender**

Figure No. (3) Shows that 58.6 % of the sample are Males **,** and 41.4 % of the sample are Females **.** That reflects the fact that the majority of nurses in Gaza are males .
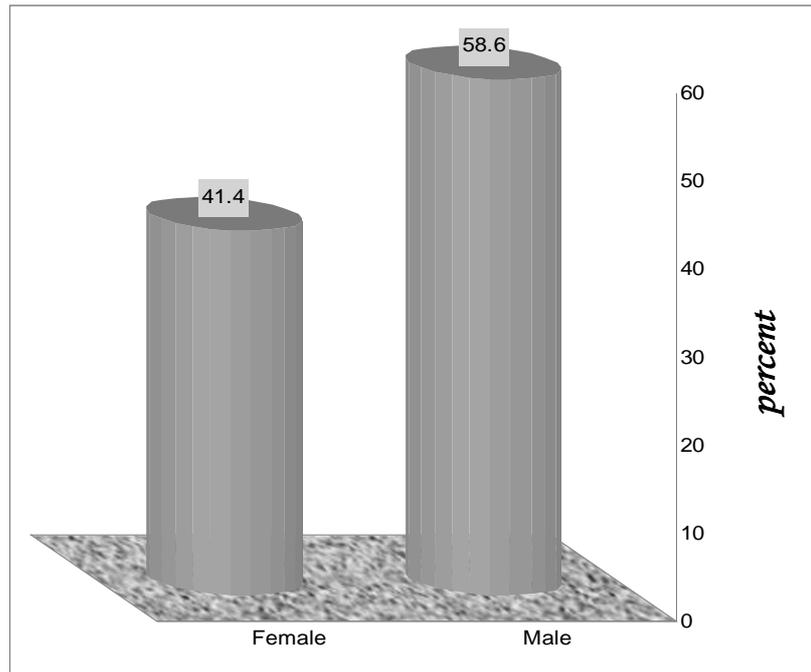
Figure No. (3) Gender distribution

- **Distribution according to age**

Figure No. (4) Shows that 54.3 % of the sample ages are Less than 35 years, which shows that more than one half of the study sample are from the young age, 26.7% of the sample ages are between 40-50 years, and 19.0% of the sample ages are more than 50 years . The mean for all age groups 31.6 years.
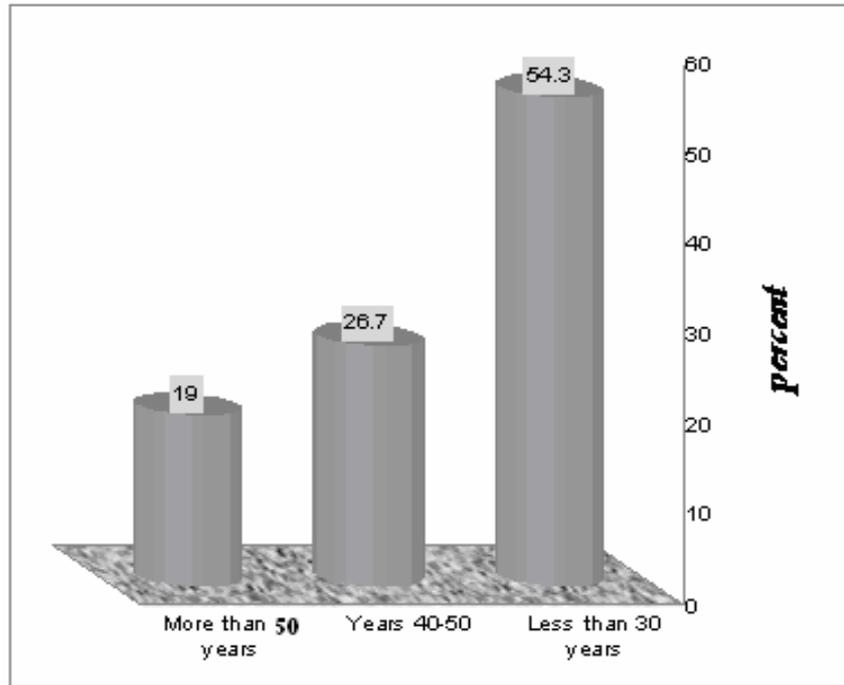
Figure No. (4) Age distribution

- **Distribution according to educational level**

Figure No. (5) Shows that **50.5 %** of the sample are holding BSN , 32.4 % are holding 2 year Diploma, 10.0 % are holding 3 year Diploma , 5.2% are holding Master degree, and 1.9 % of the sample their education level is other. That reflects the improvement in theoretical upgrading programs, as half of the participants are holding BSN since this number is greater than before .
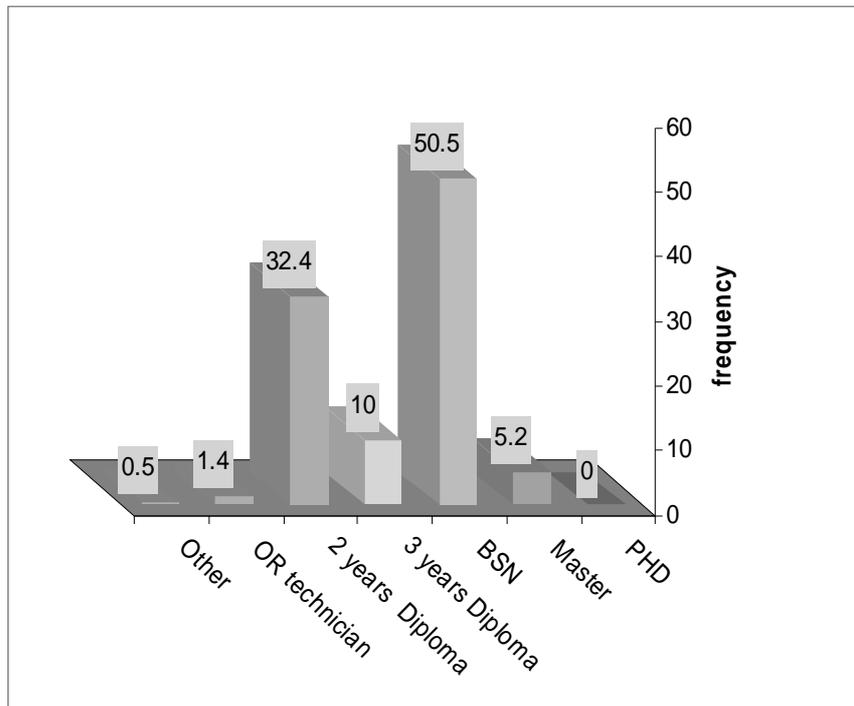
Figure No. (5) Distribution according to Educational level distribution

- **Distribution according to present job title**

Practical nurses constituted 40.0% of the sample, OR technicians 2.4%, Staff nurses 42.9%, Head nurses 8.6 %, and 6.2% of the sample their present job title is Nursing supervisor. That indicates the need for more upgrading theoretical and training programs, as the percentage of practical nurses is still high **.**

- **Distribution according to years of experience**

Those who have less than 5 years of experience constituted 46.7 % of the sample, 5-10 years 32.9%, 11-15 years 6.7 %, more than 15 years are 13.8 % of the sample .
That highlights the fact that the majority of nurses do not have long experience.

- **Distribution according to working at the preferable place**

Those who work in the preferable place constituted 82.9 % of the sample, and 17.1% are not working in the preferable place. That shows the possibility of not rotating nurses and that could be the cause of not improvement in performance.

Training related data (for those who did not participate in training programs):

- **Availability of training programs at hospitals**

At Kamal Odwan Hospital those who said that they have training programs constituted one half of the subjects, at Shifa those who said that they have training programs constituted 72%, and at EGH those who said that they have training programs 78%.

The average of those who had training programs at their hospitals constituted 71 % of the total, but 29% of the total did not have training programs at their hospitals. That explains the need to improve these training programs though they are existing because performance has not been improved.

Table (3) Availability of training programs at hospitals

		Do you have training programs at your hospital?		Total
		Yes	No	
Hospital Kamal Odwan	Count	9	9	18
		%50	%50	%100
Shifa	Count	51	19	70
		%72	%28	%100
EGH	Count	31	9	40
		%78	%22	%100
Total	Count	91	37	128
	% of Total	%71	%29	%100

- **Subjects participated in training course/s**

Subjects participated in training programs are 39 % of the sample, while 61% did not participate in training programs. That indicates the need for more effective training programs.

Table (4) Subjects participated in training course/s

Training course	Frequency	Percentage
Yes	82	39.0
No	128	61.0
Total	210	100.0

- **Nurses selection for training programs**

Figure No.(6) shows that those who think that nurses are selected properly for training constituted 17.2% of the sample, 28.1 % think that nurses are selected improperly, and 54.7% of the sample are uncertain about the appropriateness of selection . That indicates that the majority are uncertain about the way that nurses are selected for the training programs.
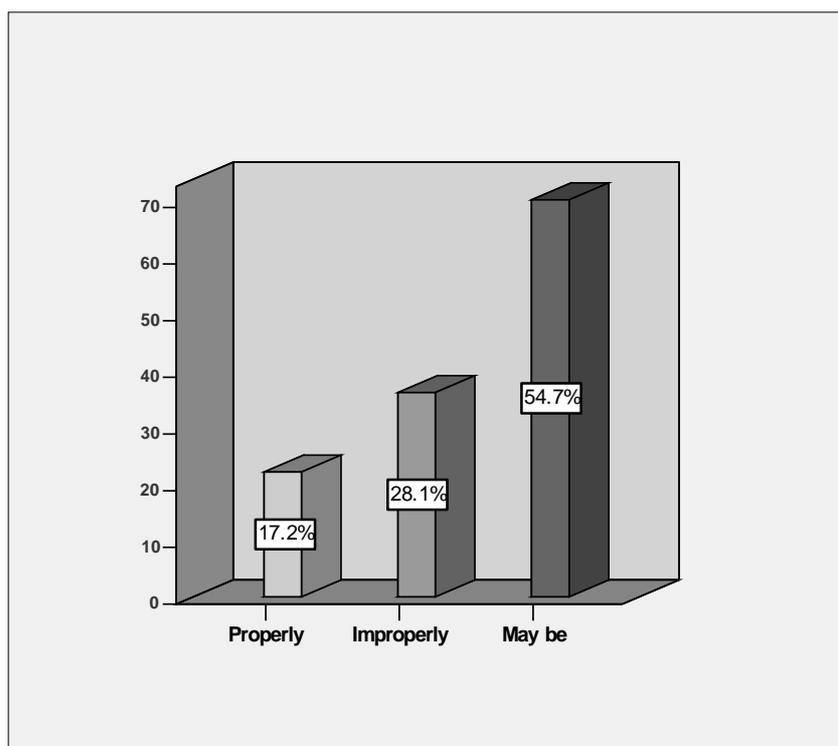
Figure No. (6) Nurses selection for training properly, improperly or may be properly?

- **Reasons that prevented nurses from participating in training programs**

The reasons that prevented nurses from participating in training from the most important to lowest as follow:

1. Time , with percentages equal 31.72 , and ranked the first.
2. lack of support from nursing administration , with percentages equal 29.57 , and ranked the second.

That means that the nursing administration support is necessary to help nurses to participate in training programs.

- Those who think that training programs could lead to career advancement constituted 98.4% of the sample, but 1.6% of the sample do not think that training programs could lead to career advancement. This is another fact which strengthen the previous one that performance could be improved if nurses receive support from nursing administration and are given the chance to participate in future training programs as long as they have this concept.

- Those who are willing to participate in future training programs constituted 89.1% of the sample, but 10.9% of the sample are not willing to participate in future training programs. That is an encouraging fact that performance could be improved.

- Those who are willing to participate in training programs inside the country constituted 27.4% of the sample, 14.5% are willing to participate in training programs outside the country, and 58.1% of the sample are willing to participate in training programs both inside and outside the country. This indicates that most of the nurses wish to participate in inside and outside training programs to be acquainted of what is going on outside the country and to be able to make a comparison with our local situation

- Those who wish to change their workplace after participating in new training programs constituted 50.0 % of the sample, and the other half of the sample do not wish to change their workplace after participating in new training program. This necessitates the need to change the workplace according to the new training program to gain the benefit from it.

- Those who think that the training programs could affect positively on performance with regard to patient care delivered constituted 92.2 % of the sample, but 7.8% of the sample do not think that training programs could affect positively on performance with regard to patient care delivered. That gives additional support to prepare and plan for suitable training programs.

- The expected outcome from participating in the training programs in the future from the most important to lowest as follows:
  1. Increment , with percentages equal 36.88 , and ranked the first.
  2. Improvement in performance, with percentages equal 32.81%, and ranked the second. That sends a message to the authorities to pay attention to incentives and patient outcomes.

The following table summarizing the characteristics of the study population:

Table No. (5) Characteristics of the study population

Variable	Frequency	Percentage
Hospitals distribution:		
Kamal Odwan	27	12.9%
Shifa Medical Complex	127	60.4%
EGH	56	26.7%
Place of work at assigned hospital:		
Medical	50	23.8%
Surgical	49	23.3%
Pediatric	22	10.5%
Maternity	32	15.2%
Nursing office	5	2.4%
Others	52	24.8%
Gender:		
Male	123	58.6%
Female	87	41.4%
Age:		
20-25 years	42	20%
26-29 years	72	34.3%
30-39 years	52	24.7%
40-60 years	44	21%
Marital status:		
Single	35	16.6%
Married	172	81.9%
Not married	3	1.5%
Place of graduation:		
Gaza	195	92.9%
West Bank	2	1.0%
Other	13	6.2%
Educational level:		
Master	11	5.2%
BSN	106	50.5%
3 year Diploma	21	10.0%
2 year Diploma	68	32.4%
Others	4	1.9%
Present job title:		
Practical nurse	84	40.0%
OR technician	5	2.4%
Staff nurse	90	42.8%
Head nurse	18	8.6%
Nursing supervisor	13	6.2%
Years of experience:		
Less than 5 years	98	46.6%
5-10 years	69	32.9%
11-15 years	14	6.7%
More than 15 years	29	13.8%
Working at the preferable place:		
Yes	174	82.9%
No	36	17.1%

In comparison with Poertner , 1980 study (Linking Child Welfare Training and Child Outcomes): The researcher agrees with this study, as Gaza training programs also need to be designed in ways that support patient outcomes, the use of best practices, and the use of this knowledge in our hospitals.

In comparison with Bartel, 1995 study (Training, Wage Growth, and Job Performance): There is no significant effect of training programs on nurse's performance at MOH hospitals in Gaza Strip and there is no positive effect on wage growth, as in that study training is found to have a positive and significant effect on both wage growth and the change in job performance scores.

4.3 Analytic statistics

- **Relationship between gender & willingness to participate in training programs inside the country or abroad or both**

Chi Square test was used to test the relationship between gender & willingness to participate in training programs inside the country or abroad or both at significant level $\alpha = 0.05$ and the results revealed that : the males answered inside the country constituted 11.4% , who answered abroad 21.5%, and who answered both 67.1%, while the females answered inside 48.1% , who answered abroad 5.6%, and who answered both 46.3%, the average of those who are willing to participate in training programs inside the country constituted 27% of the total, those who are willing to participate in training programs abroad constituted 15% of the total, and those who are willing to participate in training programs in both constituted 58% of the total. P value 0.00 which is statistically significant.

The researcher supports the nurses wish to participate in both inside and outside training programs to be acquainted of what is going on outside the country and to be able to make a comparison with our local situation.

Table (6) Relationship between gender & willingness to

participate in training programs

		Are you willing to participate in training programs inside the country or abroad or both			
		Inside the country	Abroad	Both	Total
Male	Count	8 %11.4	15 %21.5	47 %67.1	70 %100
Female	Count	26 %48.1	3 %5.6	25 %46.3	54 %100
Total	Count % of Total	34 %27	18 %15	72 % 58	124 %100.0
Chi- square = 22.56		d. f= 2		P-value = 0.000	

- **Relationship between age & willingness to participate in future training programs**

Chi Square test was used to test the relationship between Age & nurses selection at significant level $\alpha = 0.05$ and the results revealed that : those who are less than 30 years and answered Yes are 90% , those who answered No are 10%, While those who are between 40-50 years and answered Yes are 97% , those who answered No are 3%, those who are more than 50 years and answered Yes are 76%, those who answered No 24%,

The average of those who are willing to participate in future training programs constituted 89% of the total, while the average of those who are not willing to participate in future training programs constituted 11% of the total.

P value 0.01 which is statistically significant. That indicates the need to give the young aged nurses the chance to participate in future training programs as long as they are willing to do so to improve their performance.

Table (7) Relationship between age & willingness to

participate in future training Programs

			Are you willing to participate in future training programs		
			Yes	No	Total
Age	Less than 30 years	Count	54 %90	6 %10	60 %100
	Years 40-50 years	Count	38 %97	1 %3	39 %100
	More than 50 years	Count	22 %76	7 %24	29 %100
Total		Count % Of Total	114 %89	14 %11	128 %100.0
Chi-Square= 8.049		d. f = 2		P-value = 0.018	

- **Relationship between educational level & willingness to participate in training Programs inside the country or abroad or both**

Chi Square test was used to test the relationship between educational level & willingness to participate in training programs inside the country or abroad or both at significant level $\alpha = 0.05$ and the results revealed that: none of those holding the master degree is willing to participate in training programs inside the country, those who are willing to participate in training programs abroad constituted 50%, and the same percentage are willing to participate in both, As for those holding the BSN who are willing to participate in training programs inside the country constituted 29%, those who are willing to participate in training programs abroad constituted 12%, and those who are willing to participate in both constituted 59%, regarding the holders of 3 year diploma 57% are willing to participate in training programs inside the country, 14% are willing to participate in training programs abroad, and 29% are willing to participate in both, while subjects of the 2 year diploma holders who are willing to participate in training programs inside the country constituted 21.5%, those who are willing to participate in training programs abroad constituted 14.5%, and 64% of them are willing to participate in both. All OR technicians are willing to participate in both inside and out side training programs. The average of those who are willing to participate in training programs inside the country constituted 27% of the total, and The average of those who are willing to participate in training programs abroad constituted 15% of the total, while The average of those who are willing to participate in training programs in both constituted 58% of the total.

P value 0.03 which is statistically significant. That indicates that the BSN nurses have more interest and greater will than others to participate in training programs especially in both.

Table (8) Relationship between educational level &

willingness to participate in training

| | | | Are you willing to participate in training programs inside the country or abroad or both | | | |
			Inside the country	Abroad	Both	Total
Educational Level	Master	Count	0	3	3	6
			%0	%50	%50	%100
	BSN	Count	17	7	35	59
			%29	%12	%59	%100
	3 year Diploma	Count	8	2	4	14
			%57	%14	%29	%100
	2 year Diploma	Count	9	6	27	42
			%21.5	%14.5	%64	%100
	OR technician	Count	0	0	3	3
			%0	%0	%100	%100
Total		Count	34	18	72	124
		% of Total	%27	%15	%58	%100.0
Chi-Square= 16.867			d. f= 8			P-value = 0.032

- **Relationship between present job title & nurses selection**

Chi Square test was used to test the relationship between present job title & nurses selection at significant level $\alpha = 0.05$ and the results revealed that : practical nurses answered that nurses are selected properly for training programs constituted 18%, those who answered that selection is done improperly constituted 22%, and those who answered that selection is may be done properly constituted 60%. While OR technicians who answered that selection is done improperly constituted 60% , and those who answered that selection is done may be properly constituted 40%. Regarding the staff nurses , those who answered that selection is done properly constituted 9.5%, and those who answered that selection is done improperly constituted 36.5%, and those who answered that selection is done may be properly constituted 54%. As for head nurses who answered that selection is done properly constituted 50%, and those who answered that selection is may be done properly constituted 50%, but supervisors who answered that selection is done properly constituted 37.5%, and those who answered that selection is done improperly constituted 25% , and those who answered that selection is done may be properly constituted 37.5%,

The average of those who answered that selection is done properly constituted 17% of total, those who answered that selection is done improperly constituted 28%, and those who were uncertain about the selection process constituted 55% of the total.

P value 0.03 which is statistically significant. That indicates that the majority of nurses holding various titles are uncertain about the appropriateness of the selection process.

Table(9) Relationship between present

job title & nurses selection

| | | | Do you think that nurses are selected properly for training, improperly, or may be properly | | | |
			Properly	Improperly	May be Properly	Total
Present job title	Practical nurse	Count	10 %18	12 %22	33 %60	55 %100
	OR technician	Count	0 %0	3 %60	2 %40	5 %100
	Staff nurse	Count	5 %9.5	19 %36.5	28 %54	52 %100
	Head nurse	Count	4 %50	0 %0	4 %50	8 %100
	Nursing supervisor	Count	3 %37.5	2 %25	3 %37.5	8 %100
Total		Count % of Total	22 %17	36 %28	70 %55	128 %100.0
Chi-Square= 16.680			d. f= 8		P-value = 0.034	

- **Relationship between working at the preferable place and the wish to change workplace after participating in new training program**

Chi-square test was used to test the relationship between working at the preferable place and the wish to change workplace after participating in new training program and the result revealed that: those who are working at the preferable place and wish to change their workplace after participating in new training programs constituted 45%, while 55% do not, those who are not working in the preferable place and wish to change workplace after participating in new training program constituted 76%, while 24% do not.

The average of those who wish to change their workplace after participating in new training programs constituted 50%, and those who do not wish to change their workplace after participating in new training programs constituted 50% .

P- value equal 0.009 which is statistically significant. That indicates that though one half of the participants are working in the preferable place, they are sill willing to change

workplace after participating in new training program, which further indicates that good utilization from the training programs could be obtained.

Table (10) Relationship between working at the preferable place and the wish to change workplace after participating in new training program

			Do you wish to change your workplace after participating in new training programs		Total
			Yes	No	
Working at the preferable place	Yes	Count	47 %45	58 %55	105 %100
	No	Count	16 %76	5 %24	21 %100
	Total	Count % of Total	63 %50.0	63 %50.0	126 %100.0
Chi-Square= 6.914			d. f= 1		p-value = 0.009

- **Relationship between place of work at assigned hospital and the possibility that training programs could affect positively on performance**

Chi-square test was used to test the relationship between place of work at assigned hospital and the possibility that training programs could affect positively on performance and the result revealed that: those who are working at medical departments and answered Yes constituted 93%, while those who answered No constituted only 7%, those who are working at surgical departments and answered Yes similarly constituted 93%, while those who answered No constituted only 7%, those who are working at pediatric departments and answered Yes constituted 94%, while those who answered No constituted only 6%, those who are working at maternity departments and answered Yes constituted 86.7%, while those who answered No constituted 13.3%, those who are working at nursing offices and answered Yes constituted 100%. The average of those who answered Yes among all subjects constituted 92% while those who answered No constituted only 8%.

P- value equal 0.943 which is statistically not significant, also the result indicates that almost all the participants think that the training programs could affect positively on performance

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Table (11) Relationship between place of work at

assigned hospital and the possibility that training programs

could affect positively on performance

			Do you think that the training programs could affect positively on performance		Total
			Yes	No	
Place of work at hospital	Medical	Count	27 %93	2 %7	29 %100
	Surgical	Count	29 %93	2 %7	31 %100
	Pediatric	Count	15 %94	1 %6	16 %100
	Maternity	Count	13 %86.7	2 %13.3	15 %100
	Nursing office	Count	4 %100	0 %0	4 %100
	Others	Count	30 %91	3 %9	33 %100
Total		Count % of Total	118 %92	10 %8	128 %100.0
Chi-Square= 1.216			d.f = 5	P-value = 0.943	

- **Relationship between age and nurses selection for training programs**

Chi-square test was used to test the relationship between age and nurses selection for training programs and the result revealed that: whose age is less than 30 years and answered that nurses were selected properly constituted 16.7%, those who answered improperly constituted 25%, and those who were uncertain constituted 58.3%. As for those between 40-50 wears and answered that nurses were selected properly constituted 15.4%, those who answered improperly constituted 33.3%, and those who were uncertain constituted 51.3%. While those whose age is more than 50 years and answered that nurses were selected properly constituted 20.7%, those who answered improperly constituted 27.6%, and those who were uncertain constituted 51.7%. The average of those who answered that nurses were selected properly constituted 17% of total, those who answered that nurses were selected improperly constituted 28% of total , and the average of those who were uncertain constituted 55% of total.

P- value equal 0.886 which is statistically not significant, also the result indicates that those whose age is less than 30 years are uncertain about the appropriateness of selection more than other age groups.

Table (12) Relationship between age and nurses selection

for training programs

| | | Do you think that nurses are selected properly for training, improperly or may be properly | | | Total |
		Properly	Improperly	May be Properly	Total
Age less than 30 years	Count	10 %16.7	15 %25	35 %58.3	60 %100
40-50 Years	Count l	6 %15.4	13 %33.3	20 %51.3	39 %100
More than 50 years	Count	6 %20.7	8 %27.6	15 %51.7	29 %100
Total	Count	22	36	70	128
	% of Total	%17	%28	%55	%100.0
Chi-Square= 1.153	d.f= 4				p-value = 0.886

- **Relationship between age and the possibility that the training programs could affect positively on performance**

Chi-square test was used to test the relationship between age and the possibility that the training programs could affect positively on performance and the result revealed that those whose age is less than 30 years and think that the training programs could affect positively on performance constituted 90%, and 10% do not think so, those who are between 40-50 years and think that the training programs could affect positively on performance constituted 95% and only 10% do not think so, while those whose age is more than 50 years and think that the training programs could affect positively on performance constituted 93% and only 7% do not think so. The average of those who think that the training programs could affect positively on performance among all age groups constituted 92% of total, while 8% of them do not.

P- value equal 0.663 which is statistically not significant, also the result indicates that those whose age is less than 30 years believe that the training programs could affect positively on performance more than the other age groups.

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Table (13) Relationship between age and the possibility that

the training programs could affect positively on performance

| | | Do you think that training programs could affect positively on performance | | Total |
		Yes	No	
Age less than 30 years	Count	54 %90	6 %10	60 %100
Years 40-50	Count	37 %95	2 %5	39 %100
More than 50 years	Count	27 %93	2 %7	29 %100
Total	Count	118 %92	10 %8	128 %100.0
	% of Total			
Chi-Square=.823	d.f= 2	P-value = 0.663		

- **Relationship between marital status and willingness to participate in future training programs**

Chi-square test was used to test the relationship between marital status and willingness to participate in future training programs and the result revealed that: the single subjects who are you willing to participate in future training programs constituted 94%,while only 6% are not, the married subjects who are you willing to participate in future training programs constituted 88% and the remaining are not. The average of those who are willing to participate in future training programs constituted 89% of total, and 11% of the total are not.

P- value equal 0.681 which is statistically not significant, also the result indicates that the majority of participants are married and are willing to participate in future training programs.

Table (14) Relationship between marital status and
willingness to participate in future training programs

			Are you willing to participate in future training programs		Total
			Yes	No	
Marital status	Single	Count	17	1	18
			%94	%6	%100
	Married	Count	96	13	109
			%88	%12	%100
	Widow	Count	1	0	1
			%100	%0	%100
Total		Count	114	14	128
		% of Total	%89	%11	%100.0
Chi-Square=.768			d. f= 2		P-value = 0.681

- **Relationship between educational level and the possibility that the training programs could affect positively on performance**

Chi-square test was used to test the relationship between educational level and the possibility that the training programs could affect positively on performance and the result revealed that: those who are holding master degree and think that the training programs could affect positively on performance constituted 100%, those who are holding BSN and think that the training programs could affect positively on performance constituted 90% and only 6% do not. As for 3 year diploma holders who think that the training programs could affect positively on performance constituted 93% and only 7% do not. The 2 year diploma holders who think that the training programs could affect positively on performance constituted 93%, while only 7% do not. Regarding the OR technicians all of them think that the training programs could affect positively on performance. The average of those who said that the training programs could affect positively on performance constituted 92% of total while only 8% of total do not think so.

P- value equal 0.869 which is statistically not significant, also the result indicates that the BSN nurses believe more than others that the training programs could affect positively on performance.

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Table (15) Relationship between educational level and the possibility

that the training programs could affect positively on performance

			Do you think that training programs could affect positively on performance		Total
			Yes	No	
Educational Level	Master	Count	6	0	6
			%100	%0	%100
	BSN	Count	54	6	60
			%90	%10	%100
	3 year Diploma	Count	13	1	14
			%93	%7	%100
	2 year Diploma	Count	42	3	45
			%93	%7	%100
	OR technician	Count	3	0	3
			%100	%0	%100
Total		Count	118	10	128
		% of Total	%92	%8	%100.0
Chi-Square=1.252		d. f= 4			P -value = 0.869

- **Relationship between working at the preferable place and willingness to participate in future training programs**

Chi-square test was used to test the relationship between working at the preferable place and willingness to participate in future training and the result revealed that: those who are working at the preferable place and willing to participate in future training programs constituted 88.7%, and 11.3% of them are not willing, but those who are not working at the preferable place and wiling to participate in future training programs constituted 90% and only 10% of them are not wiling. The average of those who are willing to participate in future training programs regardless the preferable place constituted 89% ,while 11% are not.

P- value equal 0.760 which is statistically not significant, also the result indicates that those who are working in preferable place are more willing to participate in future training programs.

Table (16) Relationship between working at the preferable place and

willingness to participate in future training programs

			Are you willing to participate in future training programs		Total
			Yes	No	
working at preferable place	Yes	Count	94 %88.7	12 %11.3	106 %100
	No	Count	20 %90	2 %10	22 %100
Total		Count % of Total	114 %89.0	14 %11.0	128 %100.0
Chi-Square= .093			d. f= 1		P-value = 0.760

- **Relationship between gender and willingness to participate in future training program**

Chi-square test was used to test the relationship between gender and willingness to participate in future training programs and the result revealed that: the males who are willing to participate in future training programs constituted 86%, and those who are constituted 14%. But the females who are willing to participate in future training programs constituted 92.6%, and those who are constituted 7.4%. The average of those who are willing to participate in future training programs constituted 89% of total, while those who are not wiling constituted only 11% of total.

P- value equal 0.274 which is statistically not significant, also the result indicates that males are more willing to participate in future training programs than females.

Table (17) Relationship between gender and willingness to

participate in future training program

			Are you willing to participate in future training programs		Total
			Yes	No	
Sex	Male	Count	64 %86	10 %14	74 %100
	Female	Count	50 %92.6	4 %7.4	54 %100
Total		Count % of Total	114 %89	14 %11	128 %100.0
Chi-Square=1.195			d. f=1		P-value = 0.274

In the following tables one sample t test was used to test if the opinion of the respondent in the content of the sentences are positive (weight mean greater than "60%" and the P-value less than 0.05) or the opinion of the respondent in the content of the sentences are neutral (weight mean greater than "60%" and P- value is greater than 0.05) or the opinion of the respondent in the content of the sentences are negative (weight mean less than "60%" and the P-value less than 0.05)

Reactions of the trainees (for those who participated in training programs):
 1. Affective reactions

One sample t test was used to test if the opinion of the respondent about the affective reactions according to weight means from highest to lowest, and the results shown in table No. (18) As follows:

Table (18) One sample t test to test the opinion of the respondent about the affective reactions

No.	Items	Mean	standard deviation	Weight mean	t-value	P-value
1	I enjoyed the training.	4.46	0.502	89.27	26.412	0.000
2	The training was fun to complete.	4.29	0.657	85.85	17.814	0.000
3	Overall I am satisfied with the training.	4.18	0.591	83.66	18.136	0.000
4	I am enthusiastic about what I learned in the training program.	4.40	0.628	88.00	19.926	0.000
5	The training was boring.	2.00	0.770	40.00	-11.763	0.000
6	During the training program I became frustrated about some Of the material.	2.41	1.022	48.15	-5.219	0.000
7	Training met my expectations.	3.61	0.782	72.20	7.062	0.000
8	The training was safe to complete.	4.00	0.930	80.00	9.741	0.000
	Total	3.67	0.333	73.42	18.261	0.000

Critical value of **t** at df "209" and significance level 0.05 equal 1.97

Generally the results for all items of the field show that the average mean equal 3.67 and the weight mean equal 73.42% which is greater than "60%" and the value of t test equal 18.261 which is greater than the critical value which is equal 1.97, and the P-value equal 0.000 which is less than 0.05, that means the affective reactions are statistically significant, which indicates that participants were satisfied about the training programs and have positive perspectives.

Utility Reactions

One sample t test was used to test if the opinion of the respondent about the Utility Reactions according to weight means from heights to lowest, and the results shown in table No. (19) As follows:

Table (19) One sample t test to test the opinion of the respondent about the Utility Reactions

No.	Items	Mean	Standard deviation	Weight mean	t-value	P-value
1	I believe the training program objectives closely matched my idea of what I expected would be taught.	3.95	0.757	79.01	11.307	0.000
2	The training will help me improve my Performance on my job.	4.28	0.711	85.68	16.247	0.000
3	I believe that the **content** of the training course irrelevant to my job.	4.34	0.571	86.83	21.262	0.000
4	I do not think I will use what I learned in the training program.	2.33	1.123	46.59	-5.410	0.000
	Total	3.73	0.469	74.51	14.006	0.000

Critical value of **t** at df "209" and significance level 0.05 equal 1.97

Generally the results for all items of the field show that the average mean equal 3.73 and the weight mean equal 74.51% which is greater than "60%" and the value of t test equal 14.006 which is greater than the critical value which is equal 1.97 and the P- value equal 0.000 which is less than 0.05, that means the a Utility Reactions are statistically significant which indicates that participants have utilized the training programs and have positive perspectives.

3. Delivery Reactions

One sample t test was used to test if the opinion of the respondent about the Delivery Reactions according to weight means from highest to lowest, and the results shown in table No. (20) As follows:

Table (20) One sample t test to test the opinion of the respondent about the Delivery Reactions

No.	Items	Mean	Standard deviation	Weight mean	t-value	P-value
1	The training course content was clear.	4.15	0.547	82.93	18.974	0.000
2	I could easily understand the training course content.	4.06	0.691	81.22	13.900	0.000
3	The instructional material was comprehensive.	3.63	0.962	72.68	5.967	0.000
4	The content of the training course helped me learn important concepts.	4.12	0.659	82.47	15.338	0.000
5	The training course content was well organized.	4.10	0.696	81.95	14.283	0.000
6	The material presented during the training course was appropriate for my level of experience.	4.07	0.699	81.46	13.905	0.000
7	The structure of the training course made is easy to learn the material.	3.78	0.770	75.61	9.176	0.000
8	The speed of progress of the training course was appropriate.	3.74	0.843	74.88	7.987	0.000
9	The training was coherent.	3.89	0.754	77.80	10.696	0.000
10	The training material and resources provided enhanced my learning experience.	4.01	0.729	80.24	12.582	0.000
11	The training course material was presented at the right speed.	3.51	0.959	70.24	4.837	0.000
12	There was enough technical training material.	3.62	1.062	72.44	5.305	0.000
13	The training material was useful.	3.46	1.056	69.27	3.972	0.000
14	The training material was easy.	3.74	0.814	74.88	8.279	0.000
15	The training material was relevant and accurate.	3.88	0.710	77.56	11.206	0.000
	Total	3.85	0.481	77.04	16.043	0.000

Critical value of **t** at df "209" and significance level 0.05 equal 1.97

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Generally the results for all items of the field show that the average mean equal 3.85 and the weight mean equal 77.04% which is greater than " 60%" and the value of t test equal 16.043 which is greater than the critical value which is equal 1.97 and the P- value equal 0.000 which is less than 0.05, that means the Delivery Reactions are statistically significant which indicates that participants have positive perspectives about how training programs were delivered.

4. Instructors Reactions

One sample t test was used to test if the opinion of the respondent about the Instructors Reactions according to weight means from heights to lowest, and the results shown in table No. (21) As follows:

Table (21) Instructors Reactions

No.	Items	Mean	Standard deviation	Weight mean	t-value	P-value
1	Set goals and objectives for training.	4.05	0.442	80.98	21.500	0.000
2	Keep current and up to date.	3.78	0.802	75.61	8.817	0.000
3	Conduct needs assessments.	3.77	0.742	75.37	9.376	0.000
4	Provide advice trainees.	4.10	0.659	81.95	15.073	0.000
5	Design instruction so it is easily understood.	3.91	0.757	78.29	10.943	0.000
6	Provide positive reinforcement.	3.99	0.694	79.76	12.893	0.000
7	Combine Different training techniques.	3.73	0.786	74.63	8.425	0.000
8	Use questioning to involve trainees.	3.85	0.882	77.04	8.693	0.000
9	Facilitate group learning activities.	4.00	0.754	80.00	12.016	0.000
10	Clearly explain concepts.	3.96	0.679	79.26	12.763	0.000
11	Present training in a logical sequence.	3.80	0.793	76.10	9.196	0.000
12	Recognize and attends to individual differences.	3.56	0.983	71.22	5.170	0.000
13	Explain complex ideas so they can be easily understood.	3.78	0.842	75.50	8.237	0.000
14	Evaluate effects and impact of training.	3.78	0.866	75.56	8.083	0.000
15	The instructors were prepared for every class.	3.98	0.801	79.51	11.031	0.000
16	The instructors were competent.	3.96	0.761	79.27	11.466	0.000
17	The instructors were knowledgeable about the training content.	4.10	0.678	81.95	14.662	0.000
18	The instructors delivered content in an appropriate, organized, and	3.95	0.735	79.02	11.713	0.000

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No.	Items	Mean	Standard deviation	Weight mean	t-value	P-value
	well spaced manner.					
19	The instructors responded effectively to questions and issues.	3.91	0.804	78.29	10.297	0.000
20	The instructors demonstrated the ability to establish plans that meet with course objectives.	3.80	0.895	76.10	8.144	0.000
21	The instructors created an atmosphere of respect and learning.	4.23	0.528	84.63	21.117	0.000
22	The instructors were comfortable in the training.	4.06	0.659	81.23	14.511	0.000
23	The instructors listened carefully to comments and suggestions from the trainees.	4.02	0.816	80.49	11.366	0.000
24	The instructors were able to provide and accept constructive criticism.	3.95	0.850	79.01	10.065	0.000
25	The instructors use adult learning principles.	3.87	0.843	77.32	9.304	0.000
26	The instructors conduct demonstrations.	4.13	0.843	82.68	12.187	0.000
27	The instructors use role play.	3.68	1.000	73.59	6.002	0.000
28	The instructors use audiovisuals.	3.90	0.976	78.05	8.370	0.000
29	The instructors manage appropriate use of technology.	3.70	0.796	73.90	7.904	0.000
30	The instructors promote learning transfer.	3.95	0.718	79.02	11.990	0.000
31	The instructor's presentation style made the topics interesting.	4.00	0.754	80.00	12.016	0.000
32	The instructors demonstrated trouble shooting skills and abilities.	3.85	0.904	77.07	8.548	0.000
33	Overall, the instructors were effective at teaching The training course.	4.01	0.868	80.24	10.563	0.000
	Total	3.91	0.498	78.27	16.610	0.000

Critical value of **t** at df "209" and significance level 0.05 equal 1.97

Generally the results for all items of the field show that the average mean equal 3.91 and the weight mean equal 78.27% which is greater than " 60%" and the value of t test equal 16.610 which is greater than the critical value which is equal 1.97 and the P- value equal 0.000 which is less than 0.05, that means that Instructors Reactions are statistically significant which indicates that participants have positive reaction towards the instructors.

Reactions of the trainees

Table No.(22) shows that the average mean equal 3.85 and the weight mean equal 77.07% which is greater than " 60%" and the value of t test equal 19.150 which is greater than the critical value which is equal 1.97 and the p- value equal 0.000 which is less than 0.05, which indicates that all reactions of the trainees are positive.

<div align="center">Table (22) Reactions of the trainees</div>

No.	Section	Mean	standard deviation	Weight mean	t-value	P-value
1	Affective Reactions	3.67	0.333	73.42	18.261	0.000
2	Utility Reactions	3.73	0.469	74.51	14.006	0.000
3	Delivery Reactions	3.85	0.481	77.04	16.043	0.000
4	Instructors Reactions	3.91	0.498	78.27	16.610	0.000
	Total	3.85	0.404	77.07	19.150	0.000

Critical value of **t** at df "209" and significance level 0.05 equal 1.97

Performance appraisal grades

There is no significant difference between Performance appraisal grades in year 2008 and Performance appraisal grades in 2009 for the nurses who had training at significant level $\alpha = 0.05$

To test the hypothesis, paired Samples t Test was used and the result illustrated in table no. (23) which shows that the P-value equal 0.119 which is greater than 0.05 and the value of T test equal 1.585 is les than the value of critical value which is equal 2.0, that's means There is no difference in the correspondence between evaluation grades in year 2008 and evaluation grades in 2009 for the nurses who had training at significant level $\alpha = 0.05$.

That indicates the ineffectiveness of the training programs due to different reasons, among them improper selection of trainers and trainees, lack of support from the nursing administration, and lack of incentives.

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Table (23) Paired Samples Test for difference between Performance appraisal grades in year 2008 and Performance appraisal grades in 2009 for the nurses had training at significant $\alpha = 0.05$ level

Evaluation	Mean	N	Std. Deviation	T	P-value
2008 year	81.414	58	4.874		
2009 year	82.259	58	5.652	-1.585	0.119

Critical value of t at df "57" and significance level 0.05 equal 2.0

There is significant difference between Performance appraisal grades in year 2008 and Performance appraisal grades in 2009 for the nurses who did not have training at significant level $\alpha = 0.05$

To test the hypothesis, paired samples t Test was used and the result illustrated in table no. (24) which show that the P-value equal 0.002 which is less than 0.05 and the value of T test equal 3.183 is greater than the value of critical value which is equal 2.0, that means there is difference in the correspondence between evaluation grades in year 2008 and evaluation grades in 2009 for the nurses who had training at significant level $\alpha = 0.05$

This is a surprising and questionable matter, as those who had training did not improve while those who did not have training have improved, that may reflect the fact of ineffective training programs due to different reasons, the most important one is not utilizing the knowledge and skills that have been gained by participants in training programs by assigning them to the proper place and not rotating them .

Table (24) Paired Samples t Test for difference between Performance appraisal grades in year 2008 and Performance appraisal grades in 2009 for the nurses who did not have training $\alpha = 0.05$ at significant level

Evaluation	Mean	N	Std. Deviation	T	P-value
2008 year	81.132	106	4.821	-3.183	0.002
2009 year	82.358	106	4.285		

Critical value of t at df "105" and significance level 0.05 equal 1.98

The result of this study is consistent with Wolfson (2006) who found that training did not lead to improvement, as in our situation training which is a part of learning did not lead to change and this is why we have to do something to ensure that learning interventions really make a difference.

In comparison with the study by Grantcharov (2003) who found that the group of surgeons who participated in training programs have improved , in this study, Gaza nurses who participated in training programs showed no significant improvement in performance, while those who did not participate in training showed significant improvement, this needs further study.

The result of this study contradicts with Yen, et al (2004) who found that training leads to improvement in performance, while in Gaza is there is no difference between evaluation grades in year 2008 and evaluation grades in 2009 .

There is no difference in the Perspectives of the MOH Hospitals ' Nurses about the Impact of Training Programs on Their Performance with regard to Hospital at significant level $\alpha = 0.05$.

To test the hypothesis, one way ANOVA test was used and the result illustrated in table no.(25) which show that the p-value equal 0.370 which is greater than 0.05 and the value of T test equal 1.007 which is less than the value of critical value which is equal 3.11, that

means There is no difference in the correspondence about the Perspectives of the MOH Hospitals ' Nurses about the Impact of Training Programs on Their Performance with regard to hospital at significant level $\alpha = 0.05$

That indicates that the Perspectives of all participants in the training programs in all hospitals are positive without any variation.

Table (25) One way ANOVA test the difference in Perspectives of the MOH Hospitals ' Nurses about the Impact of Training Programs on Their Performance

Field	Sources	Sum of Squares	Df	Mean Square	F value	Sig.(P-Value)
Affective Reactions	Between Groups	0.058	2	0.029	0.255	0.775 `
	Within Groups	8.909	79	0.113		
	Total	8.967	81			
Utility Reactions	Between Groups	0.125	2	0.062	0.279	0.758
	Within Groups	17.701	79	0.224		
	Total	17.826	81			
Delivery Reactions	Between Groups	0.132	2	0.066	0.280	0.757
	Within Groups	18.597	79	0.235		
	Total	18.729	81			
Instructors Reactions	Between Groups	0.690	2	0.345	1.405	0.252
	Within Groups	19.408	79	0.246		
	Total	20.098	81			
Total	Between Groups	0.328	2	0.164	1.007	0.370
	Within Groups	12.861	79	0.163		
	Total	13.189	81			

Critical value of F at df "2, 79" and significance level 0.05 equal 3. 11

Chapter V: Conclusion and Recommendation

5.1 Conclusion

Based on the research objectives and the conceptual framework of the research, nursing staff perspectives about the impact of training programs they received on their performance in order to assess the effectiveness of these programs were obtained. Personal factors and other related factors have been studied, performance appraisal grades were also obtained, and performance improvement was measured through comparison between the last two years performance appraisals.

The relationship between gender & willingness to participate in training programs showed that the males who answered inside the country constituted 11.4% , who answered abroad 21.5%, and who answered both 67.1%, while the females who answered inside 48.1% , who answered abroad 5.6%, and who answered both 46.3%.

The average of those who are willing to participate in training programs inside the country constituted 27% of the total, those who are willing to participate in training programs abroad constituted 15% of the total, and those who are willing to participate in training programs in both constituted 58% of the total. P value 0.00 which is statistically significant.

The relationship between age & willingness to participate in future training programs showed that those who are less than 30 years and answered Yes are 90% , those who answered No are 10%, While those who are between 40-50 years and answered Yes are 97% , those who answered No are 3%, those who are more than 50 years and answered Yes are 76%, those who answered No 24%.

The average of those who are willing to participate in future training programs constituted 89% of the total, while the average of those who are not willing to participate in future training programs constituted 11% of the total. P value 0.01 which is statistically significant

The relationship between educational level & willingness to participate in training programs inside the country or abroad or both showed that: none of those holding the master degree is willing to participate in training programs inside the country, those who are willing to participate in training programs abroad constituted 50%, and the same percentage are willing to participate in both, As for those holding the BSN who are willing to participate in training programs inside the country constituted 29%, those who are willing to participate in training programs abroad constituted 12%, and those who are willing to participate in both constituted 59%, regarding the holders of 3 year diploma 57% are willing to participate in training programs inside the country, 14% are willing to participate in training programs abroad, and 29% are willing to participate in both, while subjects of the 2 year diploma holders who are willing to participate in training programs inside the country constituted 21.5%, those who are willing to participate in training programs abroad constituted 14.5%, and 64% of them are willing to participate in both. All OR technicians are willing to participate in both inside and out side training programs.

The average of those who are willing to participate in training programs inside the country constituted 27% of the total, and The average of those who are willing to participate in training programs abroad constituted 15% of the total, while The average of those who are willing to participate in training programs in both constituted 58% of the total.

P value 0.03 which is statistically significant.

Relationship between present job title & nurses selection showed that : practical nurses answered that nurses are selected properly for training programs constituted 18%, those who answered that selection is done improperly constituted 22%, and those who answered that selection is may be done properly constituted 60%. While OR technicians who answered that selection is done improperly constituted 60% , and those who answered that selection is done may be properly constituted 40%. Regarding the staff nurses , those who answered that selection is done properly constituted 9.5%, and those who answered that selection is done improperly constituted 36.5%, and those who answered that selection is done may be properly constituted 54%. As for head nurses who answered that selection is done properly constituted 50%, and those who answered that selection is may be done properly constituted 50%, but supervisors who answered that selection is done properly constituted 37.5%, and those who answered that selection is done improperly constituted 25% , and those who answered that selection is done may be properly constituted 37.5%,

The average of those who answered that selection is done properly constituted 17% of total, those who answered that selection is done improperly constituted 28%, and those who were uncertain about the selection process constituted 55% of the total.

P value 0.03 which is statistically significant.

Relationship between working at the preferable place and the wish to change workplace after participating in new training program showed that: those who are working at the preferable place and wish to change their workplace after participating in new training programs constituted 45%, while 55% do not, those who are not working in the preferable place and wish to change workplace after participating in new training program constituted 76%, while 24% do not.

The average of those who wish to change their workplace after participating in new training programs constituted 50%, and those who do not wish to change their workplace after participating in new training programs constituted 50% .

P- value equal 0.009 which is statistically significant.

The average mean of the affective reactions of the trainees for all items of the field towards training programs equal 3.67 and the weight mean equal 73.42% which is greater than " 60%" and the value of t test equal 18.261 which is greater than the critical value which is equal 1.97, and the P- value equal 0.000 which is less than 0.05, that means the affective reactions towards training programs are statistically significant which indicates that participants were satisfied about the training programs and have positive perspectives.

The average mean of utility reactions of the trainees for all items of the field towards training programs equal 3.73 and the weight mean equal 74.51% which is greater than " 60%" and the value of t test equal 14.006 which is greater than the critical value which is equal 1.97 and the P- value equal 0.000 which is less than 0.05, that means that utility reactions towards training programs are statistically significant which indicates that participants have utilized the training programs and have positive perspectives.

The average mean of delivery reactions of the trainees for all items of the field towards training programs equal 3.85 and the weight mean equal 77.04% which is greater than " 60%" and the value of t test equal 16.043 which is greater than the critical value which is equal 1.97 and the P- value equal 0.000 which is less than 0.05, that means the delivery reactions towards training programs are statistically significant. which indicates that participants have positive perspectives about how training programs were delivered.

The average mean of instructors reactions of the trainees for all items of the field equal 3.91 and the weight mean equal 78.27% which is greater than " 60%" and the value of t test equal 16.610 which is greater than the critical value which is equal 1.97 and the P- value equal 0.000 which is less than 0.05, that means that Instructors Reactions are statistically significant which indicates that participants have positive reaction towards the instructors.

The average mean of instructors reactions of the trainees towards training programs equal 3.91 and the weight mean equal 78.27% which is greater than " 60%" and the value of t test equal 16.610 which is greater than the critical value which is equal 1.97 and the P- value equal 0.000 which is less than 0.05, that means instructors reactions are statistically significant which indicates that participants have positive reaction towards the instructors.

The average mean of general reactions of the trainees towards training programs equal 3.85 and the weight mean equal 77.07 which is greater than " 60%" and the value of t test equal 19.150 which is greater than the critical value which is equal 1.97 and the P- value equal 0.000 which is less than 0.05, that means reactions of the trainees towards training programs are statistically significant which indicates that all reactions of the trainees are positive

There is no difference between evaluation grads in year 2008 and evaluation grads in 2009 for the nurses who had training (Mean 2008 81.414, Mean 2009 82.259).

There is difference between evaluation grads in year 2008 and evaluation grads in 2009 for the nurses who did not have training (Mean 2008 81.132, Mean 2009 82.358).

5.2 Recommendation

With regard to dimensions of the study (Performance & Training), and the related factors (assessment, socio-demographic factors) , the researcher came up with a questionable issue that performance of those who participated in training programs did not improve at significant level, while the performance of those who did not participate in training programs has improved at significant level. The researcher recommends the following:

- MOH policy makers need to pay attention to follow up and monitoring the impact of training programs. Evaluation of the impact of the training programs should be given a priority and training should be assessed in reference to performance, during and on completion of each training program.
- Proper selection for trainees and trainers to be carried out without bias or any personal reactions.
- Those who receive training should go back to work at places relevant to the topics and materials that have been studied to ensure proper performance, and to maintain good utilization of the new knowledge and skills that have been gained.
- Survey to be carried out prior to conducting training programs to assess the real need of type, time, place and duration of these programs, the nursing administration need to plan well and to consider all needs and other matters resulting from survey.
- To consider outcomes of training programs such as incentives to encourage nurses retention and to prevent brain drain.
- The researcher recommends that further studies to be conducted for evaluation of the training programs following the whole model of Kirkpatrick including it's four levels.
- Further studies and investigation are needed to find out where is crack? either in the training programs or the evaluation process.

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Annex 1

Gaza Strip map (A)
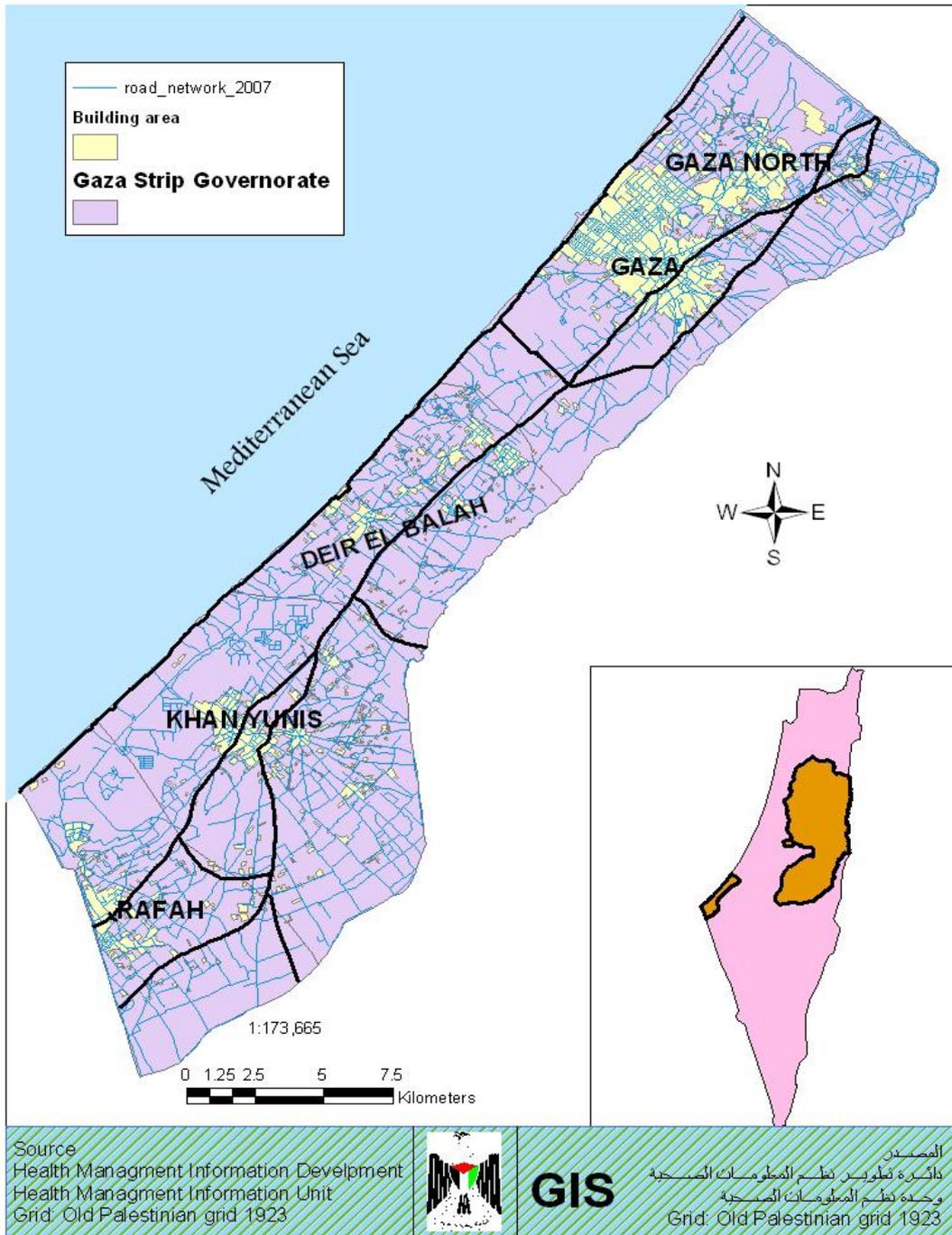
Annex 2

Gaza Strip map (B)
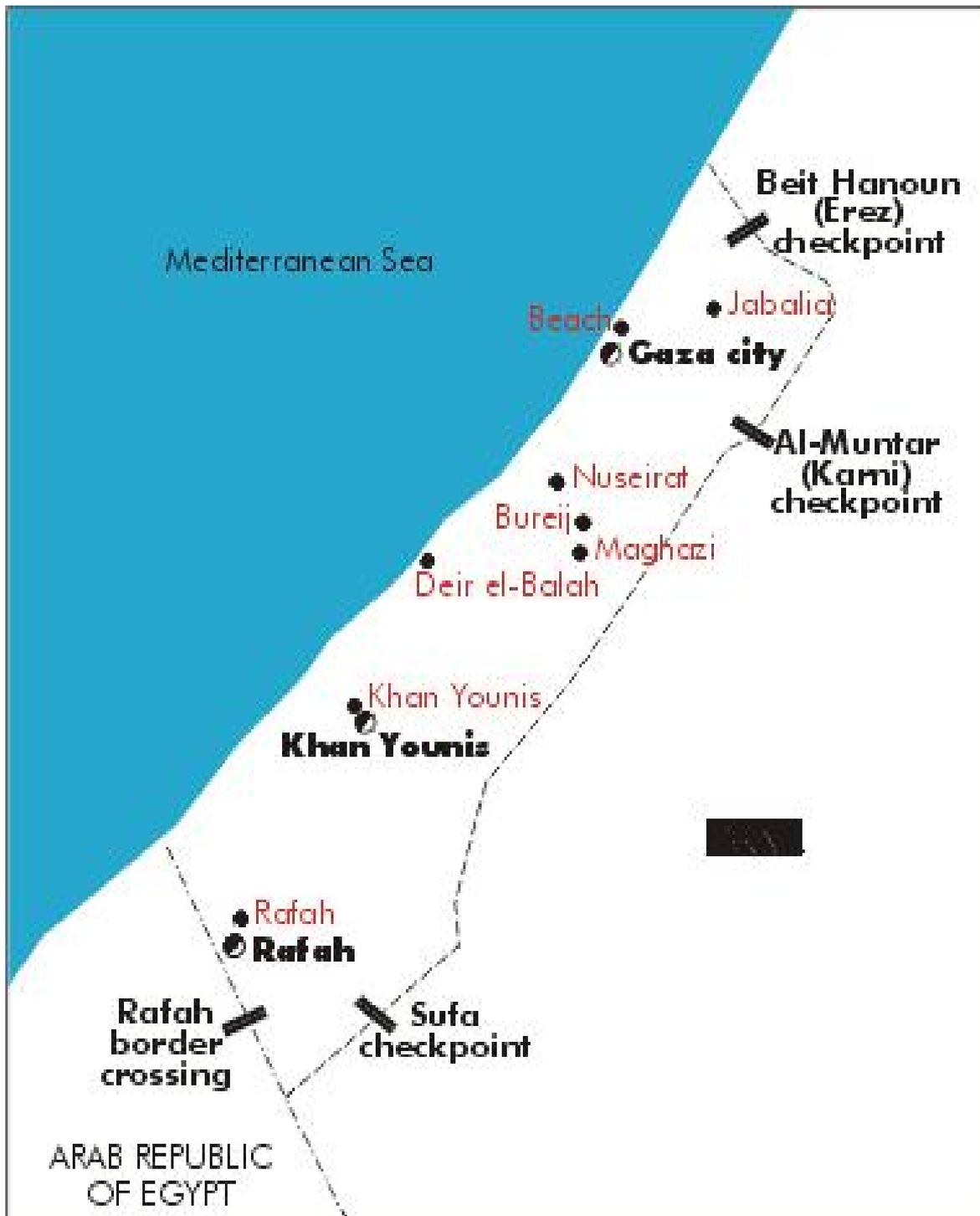
Annex 3

Helsinki committee approval letter

②

Palestinian National Authority
Ministry of Health
Helsinki Committee

السلطة الوطنية الفلسطينية
وزارة الصحة
لجنة ولسنكي

التاريخ   7/6/2010

Name:

I would like to inform you that the committee
has discussed your application about:

**Perspectives of the MOH hospitals' nurses
about the impact of training programs on
their performance.**

In its meeting on June   2010

and decided the Following:-

To approve the above mention research study.

الاسم: نايف إبراهيم عودة

نفيدكم علماً بأن اللجنة قد ناقشت مقترح دراستكم

حول:-

و ذلك في جلستها المنعقدة لشهر   6   2010

و قد قررت ما يلي:-

الموافقة على البحث المذكور عاليه.

Signature
توقيع

Member

Member

Chairperson

عضو

عضو

Conditions:-
  ❖ Valid for 2 years from the date of approval to start.
  ❖ It is necessary to notify the committee in any change in the admitted study protocol.
  ❖ The committee appreciate receiving one copy of your final research when it is
     completed.

Annex 4

Al-Quds university letter to the staff development department at MOH

Al-Quds University

Jerusalem

School of Public Health

2010/7/7

جامـعة الـقدس

القدس

كلية الصحة العامة

الأخ/د. ناصر أبو شعبان   المحترم

مدير عام تنمية القوى البشرية—وزارة الصحة

تحية طيبة وبعد،،،

الموضوع: مساعدة الطالب نايف إبراهيم عودة

يقوم الطالب المذكور أعلاه بإجراء بحث بعنوان:

"Perspectives of the MOH Hospitals' Nurses about the Impact of Training Programs on their Performance"

كمتطلب للحصول على درجة الماجستير في الصحة العامة— مسار إدارة صحية و عليه نرجو التكرم للإيعاز لمن ترونه مناسب لتسهيل مهمة الطالب في جمع البيانات اللازمة من مستشفى كمال عدوان و مستشفى الشفاء و مستشفى غزة الأوروبي التابعة لوزارة الصحة.

علماً بأن المعلومات ستكون متوفرة لدى الباحث و الجامعة فقط.

و اقبلوا فائق التحية و الاحترام،،،

د. بسام أبو حمد

منسق عام برامج الصحة العامة

نسخة:

— الملف

Annex 5

Hospitals general director letter to directors of hospitals.

Palestinian National Authority		السلطة الوطنية الفلسطينية
Ministry Of Health		وزارة الصحة
Hospitals General Administration		الإدارة العامة للمستشفيات

الرقم:عام   التاريخ:٢٠١٠١٠٧١١٥

الأخوة / مدراء المستشفيات ـ د/الأوربي /كل لمحترم   المحترمون

السلام عليكم ورحمة الله وبركاته

<u>الموضوع/ إجراء بحث</u>

بالإشارة لكتاب السيد مدير عام تنمية القوى البشرية بخصوص الموضوع أعلاه يرجى تسهيل مهمة الحكيم/ نايف عودة

والذي يعمل محاضر في كلية فلسطين للتمريض وملتحق ببرنامج ماجستير الصحة العامة– إدارة صحية– جامعة القدس لإجراء

بحث بعنوان.

"Perspectives of the MOH Hospitals Nurses About the Training Programs on their Performance"

حيث سيقوم الباحث بتعبئة استبانه من الممرضين العاملين في المستشفيات التالية(م.كمال عدوان ، م.الشفاء ، غزة

الأوروبي) وذلك بما لا يتعارض مع مصلحة العمل وضمن ضوابط وأخلاقيات البحث العلمي، دون تحمل الوزارة أي أعباءه

مع موافقة خطية من المشاركين في البحث.

ولا مانع لدينا من إجراء الاستبيان.

آملين حسن تعاونكم،،،

د.محمد الكاشف

مدير عام المستشفيات

–صورة للسيد مدير عام تنمية القوى البشرية   المحترم
–صورة للسادة مدراء للمستشفيات المعنية   المحترمون

فندق الأمل – وزارة الصحة   تليفاكس : ٢٨٢٠٧٣٤

Annex 6


```
C:\Epi_Info\STATCALC.EXE                                    - □ ×

EpiInfo Version 6            Statcalc            November 1993

Population Survey or Descriptive Study Using Random (Not Cluster) Sampling

            Population Size    :        782

            Expected Frequency :      50.00 %

            Worst Acceptable   :      45.00 %

            Confidence Level        Sample Size
            ----------------        -----------
                 80 %                    136
                 90 %                    201
                 95 %                    258
                 99 %                    359
                99.9 %                   454
               99.99 %                   516

    Change value of Population, Frequency, or Worst Acceptable to recalculate.

  F1-Help                        F5-Print   F6-Open File   F10-Done
```

Epi Info program version 3.5.1

Total population: 782

Expected frequency 50%

Worst acceptable 45%

Confidence level 95%

Sample size 258

الموافقة

على الاشتراك في دراسة بحثية بعنوان:

وجهات نظر العاملين في مجال التمريض في مستشفيات وزارة الصحة

حول مدى تأثير برامج التدريب على أدائهم

Consent form

to participate in a research study on :

Perspectives of the MOH Hospitals ' Nurses about the Impact of Training

Programs on Their Performance

أخي العزيز أختي العزيزة...

يسعدني مشاركتكم في هذا البحث الذي هو جزء من متطلبات الحصول على درجة الماجستير في الإدارة الصحية من كلية الصحة العامة جامعة القدس- غزة ـ الهدف من الدراسة هو التعرف على وجهات نظر العاملين في مجال التمريض في مستشفيات وزارة الصحة حول مدى تأثير برامج التدريب على أدائهم، وسعيا مني للوصول إلى نتائج وحقائق أكيدة قمت بتجهيز الاستبانة المرفقة التي بين أيديكم لذا أرجو من سيادتكم التعاون معي بالإجابة على جميع الأسئلة بكل دقة وصدق وأمانة، مع العلم بأن هذه الأسئلة لن تستخدم إلا لأغراض بحثية علمية فقط، فلا حاجة لكتابة أسمائكم أو ما يشير إليكم من خلال البيانات المدونة في الاستبانة.

ومع ذلك فإن لكَ/لكِ الحق في الموافقة أو الامتناع عن المشاركة في هذا الاستبيان.

لمزيد من الاستفسار يرجى الاتصال بالباحث على جوال 0599542549 أو على البريد الإلكتروني

Nouda1@hotmail.com

و شكراً لتعاونكم.

نايف إبراهيم عوده

Self administered questionnaire

Perspectives of the MOH Hospitals ' Nurses about the Impact of

Training Programs on Their Performance

Please put an (X) before the proper answer**:**

No	**Part 1 : Personal & professional data** (for all)
1	Hospital : ☐ Kamal Odwan ☐ Shifa hospital ☐ EGH
2	Place of work at your hospital: ☐ Medical ☐ Surgical ☐ Pediatric ☐ Maternity ☐ Nursing office ☐ Other (please decide)……………
3	Employment No: …………………(used to bring the annual performance appraisal forms, in comparison and statistical analysis, confidentiality is guaranteed, it will be dealt with numbers only and names will be deleted.
4	Sex : ☐ Male ☐ Female
5	Age: ……… years
6	Marital status : ☐ Single ☐ Married ☐ Divorced ☐ Widow
7	Place of graduation: ☐ Gaza ☐ WB ☐ Other (please decide)……………
8	Address : ☐ North governorate ☐ Gaza governorate ☐ Mid. zone governorate ☐ Khan younis governorate ☐ Rafah governorate
9	Date of employment at current position: ……………………
10	Educational level: ☐ PHD ☐ Master ☐ BSN ☐ 3 years Diploma ☐ 2 years Diploma ☐ OR technician ☐ Other (please decide)……………
11	Present job title : ☐ Practical nurse ☐ OR technician ☐ Staff nurse ☐ Head nurse ☐ Nursing supervisor
12	Years of experience:
13	Are you working in the place that you prefer? ☐ Yes ☐ No

Part 2: This part is only for those who participated in training programs in the last two years. Those who did not please skip to part 3.

14	
	What are the period and the title of the training course/s that you have participated in?
	Period: ……………… Title: ……………………………………
	Period: ……………… Title: ……………………………………

Reactions of the trainees:

Please note that your answer can be:
SA: Strongly Agree, A: Agree, N: Neutral D: Disagree, SD: Strongly Disagree

1. Affective Reactions

Statement	S. A	A	N	D	S.D
15. I enjoyed the training.					
16. The training was fun to complete.					
17. Overall I am satisfied with the training.					
18. I am enthusiastic about what I learned in the Training program.					
19. The training was boring.					
20. During the training program I became frustrated About some Of the material.					
21. Training met my expectations.					
22. The training was safe to complete.					
2. Utility Reactions					
23.I believe the training program objectives closely matched my idea of what I expected would be taught.					

Statement	S. A	A	N	D	S.D
24. The training will help me improve my Performance on my job.					
25. I believe that the content of the training course is Relevant to my job.					
26. I do not think I will use what I learned in the training program.					
3. Delivery Reactions					
27. The training course content was clear.					
28. I could easily understand the training course Content.					
29. The instructional material was comprehensive.					
30. The content of the training course helped me learn important concepts.					
31. The training course content was well organized.					
32. The material presented during the training course Was appropriate for my level of experience.					
33. The structure of the training course made is easy To learn the material.					
34. The speed of progress of the training course was appropriate.					
35. The training was coherent.					
36. The training material and resources provided Enhanced my learning experience.					
37. The training course material was presented at the Right speed.					

Statement	S. A	A	N	D	S.D
38. There was enough technical training material.					
39. The training material was useful.					
40. The training material was easy.					
41. The training material was relevant and accurate.					
4. Instructors Reactions					
42. Set goals and objectives for training.					
43. Keep current and up to date.					
44. Conduct needs assessments.					
45. Provide advice trainees.					
46. Design instruction so it is easily understood.					
47. Provide positive reinforcement.					
48. Combine Different training techniques.					
49. Use questioning to involve trainees.					
50. Facilitate group learning activities.					
51. Clearly explain concepts.					
52. Present training in a logical sequence.					
53. Recognize and attends to individual differences.					
54. Explain complex ideas so they can be easily understood.					
55. Evaluate effects and impact of training.					
56. The instructors were prepared for every class.					

Statement	S. A	A	N	D	S.D
57. The instructors were competent.					
58. The instructors were knowledgeable about the Training content.					
59. The instructors delivered content in an Appropriate, organized, and well spaced manner.					
60. The instructors responded effectively to questions And issues.					
61. The instructors demonstrated the ability to establish plans that meet with course objectives.					
62. The instructors created an atmosphere of respect And learning.					
63. The instructors were comfortable in the training.					
64. The instructors listened carefully to comments And suggestions from the trainees.					
65. The instructors were able to provide and accept constructive criticism.					
66. The instructors use adult learning principles.					
67. The instructors conduct demonstrations.					
68. The instructors use role play.					
69. The instructors use audiovisuals.					
70. The instructors manage appropriate use of technology.					
71. The instructors promote learning transfer.					
72. The instructor's presentation style made the topics interesting.					

Statement	S. A	A	N	D	S.D
73. The instructors demonstrated trouble shooting Skills and abilities.					
74. Overall, the instructors were effective at teaching The training course.					

Part 3: Perceptions of training, standards (This part is only for those who did not participate in training programs in the last two years).

75	Do you have training programs at your hospital? ☐ Yes ☐ No
76	Do you think that nurses are selected properly for training or improperly? ☐ Properly ☐ improperly
77	What are the reasons that prevented you from participating in training programs? You can choose more than one answer according to priority. ☐ Financial situation ☐ Lack of motivation ☐ Time ☐ lack of support from nursing administration ☐ Resistance to change ☐ Shortage of nurses ☐ Other (please decide…) ………….
78	Are you willing to participate in future training programs? ☐ Yes ☐ No
79	Do you think that training programs could lead to career advancement? ☐ Yes ☐ No
80	Are you willing to participate in training programs inside the country or abroad or both? ☐ Inside the country ☐ Abroad ☐ Both
81	Do you wish to change your workplace after participating in new training program? ☐ Yes ☐ No
82	Do you think that the training programs could affect positively on performance with regard to patient care delivered? ☐ Yes ☐ No

83	From your point of view what is the expected outcome from Participating in the training programs in the future? You can chose more than one answer ☐ Increment ☐ Improvement in performance ☐ Behavioral ☐ improvement ☐ Gaining new skills ☐ Non
84	What kind of motivations that could lead you to Participate in training programs? You can choose more than one answer. ☐ Moral ☐ Monetary ☐ Certificate ☐ Promotion

Thank you for your cooperation

Nayef I. Ouda

استبانه

وجهات نظر العاملين في مجال التمريض في مستشفيات وزارة الصحة

حول مدى تأثير برامج التدريب على أدائهم

من فضلك ضع علامة (X) قبل الإجابة المناسبة :

الجزء الأول : البيانات الشخصية والمهنية : (للجميع)	
المستشفى: ☐ كمال عدوان ☐ مستشفى الشفاء ☐ مستشفى غزة الأوروبي	1
مكان العمل الحالي داخل المستشفى الذي تعمل فيه : ☐ باطنه ☐ جراحة ☐ أطفال ☐ ولادة ☐ مكتب التمريض ☐ غير ذلك (حدد).................	2
الرقم الوظيفي.....................................(يستخدم فقط لاستخراج نماذج التقييم السنوي و في عملية المقارنة والتحليل الإحصائي حيث السرية التامة مضمونة وسيتم شطب الأسماء والتعامل مع الأرقام فقط).	3
الجنس: ☐ ذكر ☐ أنثى	4
العمر............. سنة	5
الحالة الاجتماعية : ☐ أعزب/عزباء ☐ متزوج/ة ☐ مطلق/ة ☐ أرمل/ة	6
مكان التخرج: ☐ قطاع غزة ☐ الضفة الغربية ☐ غير ذلك (حدد)...............	7
العنوان :☐ محافظة الشمال ☐ محافظة غزة ☐ محافظة الوسطى ☐ محافظة خان يونس ☐ محافظة رفح	8
تاريخ التعيين في الوظيفة الحالية:...........................	9
المستوى العلمي: ☐دكتوراه ☐ ماجستير ☐ بكالوريوس ☐ دبلوم 3 سنوات ☐ دبلوم سنتان ☐ فني عمليات ☐ غير ذلك (حدد)............	10
المسمى الوظيفي الحالي: ☐ ممرض عملي ☐ فني عمليات ☐ حكيم جامعي ☐ حكيم رئيس قسم ☐ مشرف تمريض	11
مدة الخبرة :...........................	12
هل تعمل في المكان المفضل لديك داخل المستشفى؟ ☐ نعم ☐ لا	13

الجزء الثاني: البيانات الخاصة بالتدريب (هذا الجزء فقط لمن اشترك في دورات تدريبية خلال السنتين الماضيتين. من لم يشارك في دورات تدريبية الرجاء الانتقال إلى الجزء الثالث) .

14	ما هي المدة وعنوان الدورة / الدورات التي شاركت فيها؟ المدة............... عنوان الدورة:................ المدة............... عنوان الدورة:................

رد فعل المتدربين:
1. ردود الفعل العاطفية

	غير موافق بشدة	غير موافق	محايد	موافق	موافق بشدة	العبارة	
						استمتعت بالتدريب.	15
						إكمال التدريب كان شيئا ممتعا.	16
						إجمالا أنا راض عن التدريب.	17
						أنا متحمس لم تعلمته من التدريب.	18
						التدريب كان ممل.	19
						شعرت بخيبة أمل خلال التدريب بما يخص بعض المواد.	20
						التدريب توافق مع توقعاتي.	21
						التدريب كان أمنا وغير ضار ليتم استكماله.	22
						2. ردود فعل الاستفادة	
						اعتقد أن أهداف الدورات التدريبية كانت تتلاءم بدقة مع فكرتي عما توقعت تعلمه.	23
						التدريب سيساعدني في تحسين أدائي في العمل.	24
						اعتقد أن محتوى البرنامج التدريبي له صلة بمهنتي.	25
						لا أعتقد أنني سأستخدم ماتعلمته خلال البرنامج التدريبي.	26

3. ردود فعل توصيل المعلومات

غير موافق بشدة	غير موافق	محايد	موافق	موافق بشدة	العبارة	
					محتويات الدورة التدريبية كانت واضحة.	27
					استطعت أن أفهم بسهولة محتوى الدورة.	28
					المواد التعليمية كانت شاملة.	29
					محتوى البرنامج التدريبي ساعدني على تعلم مفاهيم عامة.	30
					محتوى الدورة التدريبية كان مرتبا بشكل جيد.	31
					المواد التي تم عرضها خلال البرنامج التدريبي كانت مناسبة لمستوى خبرتي.	32
					تركيبة البرنامج التدريبي وضعت لتكون سهلة لتعلم المواد.	33
					سرعة التقدم في البرنامج التدريبي كانت مناسبة.	34
					التدريب كان مترابطا.	35
					المواد التدريبية والموارد المزودة عززت خبرتي التعلمية.	36
					مواد البرنامج التدريبي عرضت بسرعة مناسبة.	37
					كانت هناك وسائل تدريبية تقنية كافية.	38
					الوسائل التدريبية كانت كافية.	39
					الوسائل التدريبية كانت سهلة.	40
					الوسائل التعليمية كانت ذات صلة ودقيقة.	41

غير موافق بشدة	غير موافق	محايد	موافق	موافق بشدة	العبارة	
					المــدربون يحــددون الأهـداف والأغـراض مـن التدريب.	42
					المدربون يبقون على أنفسهم متجددين ومطلعين على مجريات الأمور.	43
					المدربون يجرون تقييم للحاجات.	44
					المدربون يقدمون النصح للمتدربين.	45
					المــدربون يصممون التوجيهــات بحيث تكــون مفهومة بسهولة.	46
					المــدربون يــزودون المــشاركين بــالتعزيزات الإيجابية.	47
					المــدربون يمزجــون بــين تقنيــات التــدريب المختلفة.	48
					المــدربون يــستخدمون طريقــة الاســتجواب لإشراك المتدربين.	49
					المدربون يسهلون النشاطات التعليمية الجماعية.	50
					المدربون يشرحون المفاهيم بوضوح.	51
					المدربون يستعرضون التدريب بتتابع منطقي.	52
					المــدربون يــدركون ويولــون العنايــة للفروقـات الفردية.	53
					المدربون يوضحون الأفكار المعقدة لكي تفهم بسهولة.	54
					المدربون يقيمون تأثيرات التدريب وأثره .	55

4. **ردود الفعل تجاه المدربين**

غير موافق بشدة	غير موافق	محايد	موافق	موافق بشدة	العبارة	
					المدربون كانوا جاهزين لكل محاضرة.	56
					المدربون كانوا أكفاء.	57
					المدربون كانوا على معرفة بمحتويات الدورة التدريبية.	58
					المـدربون قـاموا بتوصـيل محتويـات الـدورة بطريقة مناسبة ومنظمة وبأسلوب ذو بعد حسن.	59
					المـدربون استجابوا بفعاليـة للأسئلة والمسائل المطروحة.	60
					المدربون أظهروا بوضوح القدرة علـى وضـع الخطط لتحقيق أهداف البرنامج التدريبي.	61
					المدربون أحدثوا جوا من التعلم والاحترام.	62
					المدربون كانوا مرتاحين خلال التدريب.	63
					المدربون استمعوا بدقة إلى تعليقـات واقتراحـات المتدربين.	64
					المدربون كانوا قادرين على توجيه وقبول الانتقادات البناءة.	65
					المدربون يستخدمون مبادئ تعليم الكبار.	66
					المـدربون يوصـلون المعلومـة عـن طريـق الاستعانة بالوسائل التوضيحية والأمثلة.	67
					المدربون يستخدمون طريقة لعب الأدوار.	68
					المـدربون يسـتخدمون الوسـائل السـمعية والبصرية.	69

غير موافق بشدة	غير موافق	محايد	موافق	موافق بشدة	العبارة	
					المدربون يديرون الأمور التكنولوجية بشكل ملائم.	70
					المـدربون يعـززون فكـرة نقـل المعلومـة مـن شخص لآخر.	71
					نمط عرض المدربين جعل الموضوعات شيقة.	72
					المـدربون أظهـروا القـدرات والمهـارات علـى وضع النقاط على الحروف.	73
					إجمـالاً، المـدربون كـانوا ذو فاعليـة فـي تـدريس الدورة التدريبية.	74

الجزء الثالث: مفاهيم التدريب، المعايير (هذا الجزء خاص فقط بمن لم يشارك في دورات تدريبية خلال السنتين الماضيتين).

هل يوجد برامج تدريبية في المستشفى الذي تعمل فيه ؟ □ نعم □ لا			75
هل تعتقد أنه يتم اختيار الأشخاص المناسبين للاشتراك في الدورات التدريبية أم لا أم أحيانا؟ نعم □ لا □ أحيانا □			76
ما الأسباب التي منعتك من الاشتراك في دورات تدريبية؟ يمكن اختيار أكثر من إجابة وترتيب الأولوية □ الحالة المادية □ قلة الحوافز □ الوقت □ قلة الدعم من إدارة التمريض □ مقاومة التغيير □ قلة عدد أفراد التمريض □ أخرى (حدد)........................			77
هل ترغب في الاشتراك في دورات تدريبية مقبلة؟ □ نعم □ لا			78
هل تعتقد أن الدورات التدريبية تؤدى إلى الارتقاء بالمهنة؟ □ نعم لا □			79
هل ترغب في الاشتراك في دورات تدريبية داخل البلاد أم خارج البلاد أم كلاهما ؟ □ داخل البلاد خارج البلاد □ كلاهما □			80
هل ترغب في تغيير مكان عملك بعد الاشتراك فى دورة تدريبية جديدة؟ □ نعم لا □			81

82	هل تعتقد أن البرامج التدريبية قد تؤثر إيجابا على الأداء بما يخص العناية المقدمة للمريض؟ ☐ نعم ☐ لا
83	من وجهة نظرك ما هي النتائج المتوقعة إذا شاركت في برامج تدريبية قادمة؟ يمكن اختيار أكثر من إجابة وترقيم الإجابات حسب الأولوية. ☐ علاوات ☐ تحسن في الأداء ☐ تحسن في السلوك ☐ اكتساب مهارات جديدة ☐ لا شيء
84	ما هي الحوافز التي قد تدفعك للالتحاق بالبرامج التدريبية؟ يمكن اختيار أكثر من إجابة وترتيب الأولوية. ☐ معنوية ☐ مادية ☐ شهادة تقدير ☐ ترقية

انتهت الأسئلة
شكرا لتعاونكم

نايف إبراهيم عودة

Annex 10

<table>
<tr><td colspan="4" align="center">**Questionnaire panel of experts**</td></tr>
<tr><td>**SN**</td><td>**Name**</td><td>**Qualification**</td><td>**Workplace**</td></tr>
<tr><td>1</td><td>Dr. Yehia Abed</td><td>MD, MPH, Dr.P.H Health Consultant</td><td>School of public Health – Al Quds University-Gaza.</td></tr>
<tr><td>2</td><td>Dr. Bassam Abu Hamad</td><td>PHD</td><td>Coordinator of the programs - School of Public Health – Al Quds University-Gaza</td></tr>
<tr><td>3</td><td>Dr. Nehaya El Telbani</td><td>PHD</td><td>Al Azhar university-Gaza.</td></tr>
<tr><td>4</td><td>Dr. Ashraf Al Jedi</td><td>PHD</td><td>Dean of faculty of nursing- Islamic university- Gaza.</td></tr>
<tr><td>5</td><td>Dr. Yousif Al Jeesh</td><td>PHD</td><td>Assistant Professor-Faculty of nursing-Islamic university-Gaza.</td></tr>
<tr><td>6</td><td>Dr. Emad Lubad</td><td>PHD</td><td>Consultant of the Head of General Personnel Council – Gaza.</td></tr>
<tr><td>7</td><td>Dr. Fawzi Al Haj</td><td>PHD</td><td>Professor- Al Azhar university-Gaza.</td></tr>
<tr><td>8</td><td>Mr. Khalil Shuaib</td><td>DscN. Fellowship</td><td>Dean of Palestine College of nursing-Gaza.</td></tr>
<tr><td>9</td><td>Mr. Yousif Awad</td><td>DscN. Fellowship</td><td>Depute Dean- Palestine College of nursing-Gaza.</td></tr>
<tr><td>10</td><td>Dr. Majed El Farra</td><td>PHD</td><td>Dean of faculty of commerce - Islamic university- Gaza.</td></tr>
<tr><td>11</td><td>Dr. Nafez Barakat</td><td>PHD</td><td>Islamic university-Gaza.</td></tr>
</table>

Annex 11

A- The correlation coefficient between each paragraph in the field and the whole field (Affective Reactions)

No.	Question	Pearson coefficient	P-value
15.	I enjoyed the training.	0.567	0.001
16.	The training was fun to complete.	0.786	0.000
17.	Overall I am satisfied with the training.	0.836	0.000
18.	I am enthusiastic about what I learned in the training program.	0.418	0.022
19.	The training was boring.	0.663	0.000
20.	During the training program I became frustrated about some of the material.	0.780	0.000
21.	Training met my expectations.	0.538	0.002
22.	The training was safe to complete.	0.786	0.000

B- The correlation coefficient between each paragraph in the field and the whole field (Utility Reactions)

No.	Question	Pearson coefficient	P-value
23.	I believe the training program objectives closely matched my idea of what I expected would be taught.	0.923	0.000
24.	The training will help me improve my performance on my job.	0.658	0.000
25.	I believe that the content of the training course is relevant to my job.	0.704	0.000
26.	I do not think I will use what I learned in the training program.	0.468	0.009

C- The correlation coefficient between each paragraph in the field and the whole field (Delivery Reactions)

No.	Question	Pearson coefficient	P-value
27.	The training course content was clear.	0.728	0.000
28.	I could easily understand the training course content.	0.923	0.000
29.	The instructional material was comprehensive.	0.831	0.000
30.	The content of the training course helped me learn important concepts.	0.706	0.000
31.	The training course content was well organized.	0.475	0.008
32.	The material presented during the training course Was appropriate for my level of experience.	0.594	0.001
33.	The structure of the training course made is easy to learn the material.	0.841	0.000
34.	The speed of progress of the training course was appropriate.	0.744	0.000
35.	The training was coherent.	0.658	0.000
36.	The training material and resources provided enhanced my learning experience.	0.440	0.015
37.	The training course material was presented at the right speed.	0.788	0.000
38.	There was enough technical training material.	0.812	0.000
39.	The training material was useful.	0.851	0.000
40.	The training material was easy.	0.777	0.000
41.	The training material was relevant and accurate.	0.706	0.000

**D- The correlation coefficient between each paragraph
in the field and the whole field (Instructors Reactions)**

No.	Question	Pearson coefficient	P-value
42.	Set goals and objectives for training.	0.629	0.000
43.	Keep current and up to date.	0.750	0.000
44.	Conduct needs assessments.	0.871	0.000
45.	Provide advice trainees.	0.790	0.000
46.	Design instruction so it is easily understood.	0.645	0.000
47.	Provide positive reinforcement.	0.704	0.000
48.	Combine Different training techniques.	0.611	0.000
49.	Use questioning to involve trainees.	0.859	0.000
50.	Facilitate group learning activities.	0.635	0.000
51.	Clearly explain concepts.	0.416	0.022
52.	Present training in a logical sequence.	0.616	0.000
53.	5Recognize and attends to individual differences.	0.924	0.000
54.	Explain complex ideas so they can be easily understood.	0.663	0.000
55.	Evaluate effects and impact of training.	0.852	0.000
56.	The instructors were prepared for every class.	0.748	0.000
57.	The instructors were competent.	0.589	0.001
58.	The instructors were knowledgeable about the training content.	0.663	0.000
59.	The instructors delivered content in an Appropriate, organized, and well spaced manner.	0.704	0.000
60.	The instructors responded effectively to questions and issues.	0.598	0.001
61.	The instructors demonstrated the ability to establish plans that meet with course objectives.	0.438	0.016
62.	The instructors created an atmosphere of respect and learning.	0.663	0.000
63.	The instructors were comfortable in the training.	0.755	0.000
64.	The instructors listened carefully to comments and suggestions from the trainees.	0.881	0.000
65.	The instructors were able to provide and accept constructive criticism.	0.596	0.001
66.	The instructors use adult learning principles.	0.550	0.002
67.	The instructors conduct demonstrations.	0.571	0.001
68.	The instructors use role play.	0.497	0.005
69.	The instructors use audiovisuals.	0.478	0.008
70.	The instructors manage appropriate use of technology.	0.809	0.000
71.	The instructors promote learning transfer.	0.932	0.000
72.	The instructor's presentation style made the topics interesting.	0.750	0.000
73.	The instructors demonstrated trouble shooting skills and abilities.	0.822	0.000
74.	Overall, the instructors were effective at teaching the training course.	0.663	0.000

Annex 12

Structure Validity of the Questionnaire

No.	Section	Pearson correlation coefficient	P-value
1	**Affective Reactions**	0.667	0.000
2	**Utility Reactions**	0.903	0.000
3	**Delivery Reactions**	0.875	0.000
4	**Instructors Reactions**	0.949	0.000

Annex 13

Performance appraisal form

بسم الله الرحمن الرحيم

PALESTINIAN NATIONAL AUTHORITY

GENERAL PERSONNEL COUNCIL

السلطة الوطنية الفلسطينية

ديـــوان الموظفيـــن العـــــام

..../...../20....

نموذج تقييم الأداء السنوي لسنة 20.....م (فئة المهن الطبية)

اسم المقيم: _ _ _ _ _ _ _ _   الرقم الوظيفي : _ _ _ _   رقم الهوية : _ _ _   الفئة: _   المسمى: _ _ _ _

اسم المتقيم: _ _ _ _ _ _ _ _ _ _ _   رقم الهوية : _ _ _ _ _ _ _ _ _   الوظيفة الحالية: _ _ _ _ _ _ _

الوزارة: _ _ _ _ _ _ _   الرقم الوظيفي: _ _ _ _ _   الادارة العامة: _ _ _ _ _ _ _   الفئة : _ _ _   الدرجة: _ _ _

التقدير والمعيار		محاور التقييم	العنـــاصر	النهاية العظمى	الرئيس المباشر
ممتاز 85-100 %	4	الانتاج والتطوير (48) درجة	القدرة على تحديد المشكلة وضع الحلول المناسبة لها .	6	
			الإحاطة الدقيقة بطبيعة التخصص.	6	
جيد جداً 75 – 84 %	3		المهارة في تحسين الأداء حسب الممارسة القائمة على الدليل العلمي .	6	
			الاهتمام بالنواحي النفسية والاجتماعية للمستفيدين من الخدمة.	6	
جيد 65– 74 %	2		المعرفة بطرق استخدام الأجهزة و المستلزمات الطبية و المحافظة عليها .	6	
			أداء الأمانة المهنية.	6	
متوسط 50– 64 %	1		المهارة في المتابعة والتوجيه الفني و استغلال الوقت .	6	
			الإبداع و الإبتكار في تحديث أساليب العمل .	6	
ضعيف أقل من 50%	0		المجمـــــــــــوع	48	
رأي المسئول المباشر في مجالات		مهارات الإتصال والتواصل والعمل بروح الفريق (12) درجة	التعاون مع الرؤساء و الزملاء و العمل بروح الفريق .	4	
أسماء الدورات التدريب			يتعامل مع الجمهور باهتمام وفاعلية.	4	
			لديه القدرة على استخدام الطرق المختلفة في الإتصال و التواصل.	4	
مكان النقل النقل			المجمـــــــــوع	12	
		إدارة الذات (24) درجة	البحث عن فرص للتعليم و التطوير الذاتي .	8	
نوع الترقية الترقية			يعمل على نقل الخبرة لغيره من العاملين .	8	
			المشاركة في برامج التعليم الصحي و التدريب .	8	
			المجمـــــــــوع	24	
رئيس الدائرة الحكومية المختص أو من ينوب عنه		المسئولية والمبادرة (16) درجة	الإلتزام بالدوام و الأنظمة والتعليمات.	4	
			الإلتزام بالمظهر الشخصي و الزي الرسمي .	4	
التدريب			القدرة على العمل تحت الضغط و تحمل المسئولية و قبول التوجهات.	4	
			القدرة على اتخاذ القرار و حل المشاكل.	4	
النقل			المجمـــــوع	16	
الترقية		المجمـــــــــوع الكـــلي بالأرقــام		100	
		اسم و توقيع الرئيس المباشر			
		اسم و اعتماد رئيس الدائرة الحكومية المختص أو من ينوب عنه			

ديوان الموظفين العام– نماذج التقييم — نموذج رقم (40) تقييم المهن الطبية.

103

وجهات نظر العاملين في مجال التمريض في مستشفيات وزارة الصحة

حول مدى تأثير برامج التدريب على أدائهم

Code No.:

ضع علامة(x) عند الإجابة المناسبة :

	الجزء الأول: البيانات الشخصية والمهنية
1	المستشفى: كمال عدوان ☐ مستشفى الشفاء ☐ مستشفى غزة الأوروبي ☐ مكان العمل الحالي داخل المستشفى الذي تعمل فيه : ....
2	الجنس: ذكر ☐ أنثى ☐
3	العمر: .... سنة
4	الحالة الاجتماعية : أعزب/عزباء ☐ متزوج/ة ☐ مطلق/ة ☐ أرمل/ة ☐
5	مكان التخرج: قطاع غزة ☐ الضفة الغربية ☐ غير ذلك ☐
6	المحافظة : الشمال ☐ غزة ☐ الوسطى ☐ خان يونس ☐ رفح ☐
7	تاريخ التعيين في الوظيفة الحالية: اقل من سنة ☐ اقل من سنتين ☐ اقل من 5 سنوات ☐ أقل من 10 سنوات ☐ أقل من 20 سنة ☐ 20 سنة فأكثر ☐
8	أخر شهادة علمية حصلت عليها: دكتوراه ☐ ماجستير ☐ بكالوريوس ☐ دبلوم 3 سنوات ☐ دبلوم سنتان ☐ فني عمليات ☐ غير ذلك ☐
9	المسمى الوظيفي الحالي: ممرض عملي ☐ فني عمليات ☐ حكيم جامعي ☐ حكيما رئيس قسم ☐ مشرف تمريض ☐
10	الخبرة:اقل من سنة ☐ 5-2 سنوات ☐ 6- 10 سنوات ☐ 11-15 سنة ☐ أكثر من 15 سنة ☐
11	هل تعمل في المكان المفضل لديك؟ نعم ☐ لا ☐
12	هل تشعر بأنك تعمل بموجب أنظمة ولوائح أو حسب احتياجات الحدث ؟ بموجب أنظمة ولوائح ☐ حسب احتياجات الحدث ☐
	الجزء الثاني: البيانات الخاصة بالتدريب
13	هل شاركت في برامج تدريبية في المستشفى الذي تعمل فيه؟ نعم ☐ لا ☐
14	إذا كانت إجابتك نعم ما هي المدة وعنوان الدورة أو الدورات التي شاركت فيها؟ أقل من أسبوع ☐ أقل من شهر ☐ أقل من شهرين ☐ غير ذلك ☐ عنوان الدورة :................................. 4-1

15	هل شاركت في برامج تدريبية خارج المستشفى الذي تعمل فيه؟ نعم ☐ لا ☐
16	إذا كانت إجابتك نعم ما هي المدة وعنوان الدورة أو الدورات التي شاركت فيها؟ أقل من أسبوع ☐ أقل من شهر ☐ أقل من شهرين ☐ غير ذلك ☐ عنوان الدورة :..
17	ما هي الحوافز التي تدفعك للالتحاق بالبرامج التدريبية؟ معنوية ☐ مادية ☐ شهادة ☐ ترقية ☐ تقدير ☐
18	هل ترغب بالاشتراك في دورات تدريبية خارجية؟ نعم ☐ لا ☐
19	هل تشعر بأنك بحاجة إلى دورات تدريبية داخل المستشفى الذي تعمل فيه؟ نعم ☐ لا ☐
20	هل تفضل الاشتراك في البرامج التدريبية خلال ساعات الدوام الرسمي أو خارجه؟ خلال ساعات الدوام الرسمي ☐ خارج ساعات الدوام الرسمي ☐
21	هل تعتقد أن التدريب الذي حصلت عليه له صلة بالمكان الذي تعمل فيه؟ نعم ☐ لا ☐
22	ما هي درجة استفادتك من الدورة أو الدورات التي حصلت علبها كي يتحسن أداؤك في العمل؟ كبيرة ☐ متوسطة ☐ قليلة ☐
الجزء الثالث : مفاهيم التدريب ، المعايير ، دليل الإجراءات التمريضية	
23	هل تعتقد أنه يتم اختيار الأشخاص المناسبين للاشتراك في الدورات التدريبية أم لا ؟ نعم ☐ لا ☐
24	كيف تقيّم البرامج التدريبية في المستشفى الذي تعمل فيه؟ ممتاز ☐ جيد جدا ☐ جيد ☐ مقبول ☐ غير مقبول ☐
25	من وجهة نظرك ما هي معيقات تطبيق البرامج التدريبية؟ الحالة المادية ☐ مقاومة التغيير ☐ قلة الدعم من الإدارة ☐ نقص الكادر التمريضي ☐ الوضع السياسي ☐
26	هل يوجد دليل موحد للإجراءات التمريضية في المستشفى الذي تعمل فيه؟ نعم ☐ لا ☐
27	هل تعتقد أن وجود دليل الإجراءات التمريضية مهم في القسم الذي تعمل به كمرجع للجميع؟ نعم ☐ لا ☐
28	إذا كان جوابك نعم ما هي درجة إلمامك به؟ ممتاز ☐ جيد جدا ☐ جيد ☐ مقبول ☐ غير مقبول ☐ 4-2

الجزء الرابع: البيانات المتعلقة بالأداء وقياس الأداء	
29	هل تعتقد أن البرامج التدريبية قد أثرت إيجابيا على أدائك بما يخص العناية المقدمة للمريض؟ نعم ☐ لا ☐
30	صف مدى تكرار التوجيهات من قبل مدربيك لك؟ دائما ☐ أحيانا ☐ نادر ا ☐
31	هل تشعر بأن المدربين ملمون بشكل وافٍ بمواضيع البرامج التدريبية؟ نعم ☐ لا ☐
32	ما هو مستوى الرضا عن مدربيك؟ ممتاز ☐ جيد جدا ☐ جيد ☐ مقبول ☐ غير مقبول ☐
33	من وجهة نظرك هل تعتقد أن مشرف التعليم التمريضي يجب أن يقوم بتقييم أدائك بعد الحصول على الدورات أم مسئول القسم الذي تعمل فيه أم كليهما؟ مشرف التعليم التمريضي ☐ مسئول القسم ☐ كليهما ☐
34	من وجهة نظرك ما هي النتائج المتوقعة من مشاركتك في البرامج التدريبية؟ علاوات ☐ تحسن في الأداء ☐ تحسن في السلوك ☐ اكتساب مهارات جديدة ☐
35	ما هي تعليقاتك أو اقتراحاتك حول البرامج التدريبية أو الأداء فيم يتعلق بالمتدربين أو المدربين؟ ....
36	ما هي أهم المهارات التي اكتسبتها من البرنامج التدريبية التي شاركت فيها؟ ....
37	ما هي أكثر العناصر قوة في البرامج التدريبية التي شاركت فيها؟ 4-3

38	ما هي أكثر العناصر ضعفا في البرامج التدريبية التي شاركت فيها؟
	....
	....
	....
	....
39	كيف يمكن زيادة فعالية البرامج التدريبية؟
	....
	....
	....
	....
40	اذكر الأسباب التي قد تمنعك من الالتحاق بالبرامج التدريبية مستقبلا؟
	....
	....
	....
	....
	4-4

وشكرا لتعاونكم

Annex 15: The first draft of the Self administered questionnaire

Self administered questionnaire

Perspectives of the MOH Hospitals ' Nurses about the Impact of

Training Programs on Their Performance

Code No.:

No	Part 1 : Personal & professional data
1	Hospital: Kamal Odwan □ Shifa hospital EGH □ Place of work at your hospital: …………………….
2	Sex : Male □ Female □
3	Age: …….years
4	Marital status : Single □ Married □ Divorced □ Widow □
5	Place of graduation : Gaza □ WB □ Other □
6	Address: North governorate □ Gaza governorate □ Mid. zone governorate □ Khan younis governorate □ Rafah governorate □
7	Date of employment: Less than 1year □ Less than 2years □ Less than 5years □ Less than 10years □ Less than 20years □ 20 years and more □
8	The last academic certificate you have got : PHD □ Master □ BSN □ 3 years Diploma □ 2 years Diploma □ OR technician □ Other □
9	Present job title : Practical nurse □ OR technician □ Staff nurse □ Head nurse □ Nursing supervisor □
10	Experience : Less than 1year □ 2-5 years □ 6- 10years □ 11-15 years □ More than 15 years □
11	Are you working in the place that you prefer? Yes □ No □
12	Do you feel that you are working according to rules and regulations or according situational needs? According to rules and regulations □ according situational needs □ 1-5

	Part 2 :Training related data
13	Did you participate in training programs in your hospital? Yes □ No □
14	If your answer is yes what is the period and the title of the training course/s that you have been enrolled in? Less than 1 week □ Less than 1 month □ Less than 2 months □ Other: Title:
15	Did you participate in training programs outside your hospital? Yes □ No □
16	If your answer is yes what is the period and the title of the training course/s that you have been enrolled in? Less than 1 week □ Less than 1 month □ Less than 2 months □ Other: Title:
17	What kind of motivations that lead you to Participate in training programs? Moral □ Monetary □ Certificate □ Promotion □ Recognition □
18	Are you willing to participate in training courses abroad? Yes □ No □
19	Do you feel that you are in need for training programs at your hospital? Yes □ No □
20	Do you prefer to participate in training programs during the on duty hours or out the duty hours? On duty hours □ Out the duty hours □
21	Do you think that the training that you have received is related to your workplace? Yes □ No □
22	What is the degree of benefit that you have gained from training to improve your performance? High □ Moderate □ Few □ 2-5

	Part 3 : Perceptions of training , standards and procedure manual
23	Do you think that nurses are selected properly for training or improperly? Properly □ improperly □
24	How do you evaluate the training programs at your hospital if there is any? Excellent □ Very good □ Good □ Fair □ Unfair □
25	According to your opinion what are the obstacles of implementing training programs? Financial situation □ Resistance to change □ lack of support from the administration □ Political situation □ Shortage of nurses □
26	Do you have standardized policy & procedure manual at your hospital? Yes □ No □
27	Do you think that keeping the procedure manual at the unit that you are working at is important as a reference for all? Yes □ No □
28	If your answer is yes how are you oriented to it? Excellent □ Very good □ Good □ Fair □ Unfair □
	Part 4 : Performance related data & Performance measurement
29	Do you think that the training programs affect your performance on the patient care delivered? Yes □ No □
30	Describe how often did you receive instruction from your trainers? Always □ Sometimes □ Rarely □
31	Do you feel that trainers are fully oriented of all training details? Yes □ No □ 3-5

32	Please decide your level of satisfaction about your trainers : Excellent ☐ Very good ☐ Good ☐ Fair ☐ Unfair ☐
33	From your point of view who do you think should evaluate your performance after participating in training programs; the supervisor for nursing education or the head nurse or both? Supervisor for nursing education ☐ Head nurse ☐ Both ☐
34	From your point of view what is the expected outcome from participating in the training programs? Increment ☐ Improvement in performance ☐ Behavioral improvement ☐ Gaining new skills ☐
35	What are your comments or suggestions about the training programs and Performance concerning trainees or trainers? ……………………………………………………………………………………… ……………………………………………………………………………………… ……………………………………………………………………………………… ………………………………………………………………………………………
36	What are the most important skills that you have gained from the Training programs that you have participated in? ……………………………………………………………………………………… ……………………………………………………………………………………… ……………………………………………………………………………………… ………………………………………………………………………………………
37	What are the points of strength in the training programs that you have participated in? ……………………………………………………………………………………… ……………………………………………………………………………………… ……………………………………………………………………………………… ……………………………………………………………………………………… 4-5

38	What are the points of weakness in the training programs that you Have participated in?
	....
39	How the effectiveness of the training programs could be increased?
	....
40	Mention the causes that could prevent you from participating in the training programs in the future?
	 5-5

<div align="center">Thank you for your cooperation</div>

وجهات نظر العاملين في مجال التمريض في مستشفيات وزارة الصحة

حول مدى تأثير برامج التدريب على أدائهم

إعداد: نايف إبراهيم عودة

إشراف: د. محمد إبراهيم المدهون

ملخص الدراسة

أهداف الدراسة:

تتأثر الجهات المقدمة للخدمات الصحية على مستوى العالم كله بشكل عال بالتدريب، لذلك فإن الحاجـــة للبـــرامج التدريبية لممرضي وممرضات المستشفيات تبدو اليوم أكثر تأثيراً من السابق لإبقائهم مواكبين لمنزلة التقنيات الفنية في هذا المجال. تهدف هذه الدراسة إلى استطلاع وجهات نظر العاملين في مجال التمريض في مستـــشفيات وزارة الصحة حول مدى تأثير البرامج التدريبية على أدائهم.

منهجية الدراسة:

وقد صممت هذه الدراسة كدراسة وصفية تحليلية مقطعية. تم إجراء هذه الدراسة خلال الفترة ما بين شهري يوليـــو ونوفمبر 2010 التي استهدفت الممرضين والممرضات في مستشفيات وزارة الصحة بقطاع غـــزة. وقـــد اختـــار الباحث عينة الدراسة وعددها 258 ممرض وممرضة حسب برنامج Epi Info موزعة نسبياً و طبقياً حسب العدد الإجمالي للممرضين والممرضات في ثلاثة مستشفيات رئيسية تمثل جميع مستشفيات قطاع غزة : م. كمال عدوان في الشمال ومجمع الشفاء الطبي في الوسط ومستشفى غزة الأوروبي في الجنوب. وقد سبق ذلــك دراســة لعينــة استطلاعية مكونة من 30 ممرض وممرضة أي 10% من مجتمع الدراسة تقريبا وزعت بطريقة منظمـــة وتـــم

استثنائهم من عينة الدراسة الشاملة فيما بعد، ولقد تمتع مقياس الدراسة بدرجة ثبات عالية بلغت 0.8743 حسب مقياس(Cronbach Alpha). وقد شملت الدراسة العاملين في مجال التمريض ممن شاركوا ومن لم يشارك في البرامج التدريبية لتقييم تأثير البرامج التدريبية المقدمة. كذلك تم مراجعة نمـــاذج تقييم الأداء الـــسنوية الخاصـــة بالمشاركين وتم الحصول على درجاتهم. تم جمع البيانات عن طريق تعبئة استبانات تم إعدادها وتطويرها بواســطة الباحث، وكان توزيع الاستبانات طبقياً منظماً في جميع أقسام تلك المستشفيات وفى جميع فتـــرات الـــدوام علـــى الممرضين والممرضات وكانت الفرصة متساوية للجميع.

نتائج الدراسة

بلغت نسبة تجاوب الممرضين والممرضات مع الدراسة 81.5% . تم إدخال البيانات وتحليلها باستخدام البرنامج الإحصائي SPSS. لقد أظهرت الدراسة أن نسبة المشاركين الإجمالية من الذكور بلغت 58.6% و مـــن الإنـــاث 41.4%، وأن أكثر من نصف المشاركين في الدراسة كانت أعمارهم أقل من 35 سنة و 26.7% لمن تراوحـت أعمارهم ما بين 40-50 سنة، كذلك أظهرت الدراسة أن نصف المشاركين في الدراسة هم من الحاصـــلين علـــى درجة البكالوريوس في التمريض وأن نسبة الحاصلين على درجة الماجستير 5.2%. وقد أظهرت نتائج الدراسة أن نسبة الممرضين والممرضات الذين شاركوا في دورات تدريبية 39%. كما كـــشفت النتـــائج أن وجهـــات نظـــر المشاركين في الدراسة ممن شاركوا في دورات تدريبية كانت النتيجة ايجابية ذات دلالة إحصائية من ناحيـــة ردود الأفعال حسب مقياس كيرك باتريك. وقد أجاب حوالي 70% من عينة الدراسة أنه يوجد فـــي المستـــشفيات التـــي يعملون بها برامج تدريبية بينما باقي العينة لا يوجد في مستشفياتهم برامج تدريبية.

كما بينت النتائج أنه لا يوجد فرق ملحوظ في التشابه بين درجات التقييمـــات الـــسنوية لعـــامي 2008 و 2009 للمشاركين في الدراسة ممن اشتركوا في دورات تدريبية عند قيمة احتمالية ذات دلالة إحصائية (متوسط درجـــات 2008 = 81.4% ومتوسط درجات 2009 = 82.2%) وهذا يوحي أن البرامج التدريبية المقدمة لم تقم بتحسين أداء المتدربين. كذلك أظهرت النتائج وجود فرق ملحوظ في التشابه بين درجات التقييمات السنوية لعامي 2008 و 2009 للمشاركين في الدراسة ممن لم يشتركوا في دورات تدريبية عند قيمة احتمالية ذات دلالة إحصائية (متوسط

درجات 2008 = 81.1% ومتوسط درجات 2009 = 82.3%). كذلك لا توجد فروق ذات دلالة إحصائية فـي وجهات نظر العاملين في مجال التمريض في مستشفيات وزارة الصحة حول مدى تأثير البرامج التدريبيـة علـى أدائهم فيما يتعلق بالمستشفيات الثلاثة عند قيمة احتمالية ذات دلالة إحصائية. ولقد أظهرت النتائج وجود فروقـات ذات دلالة إحصائية فيما يتعلق بالجنس حيث أن الذكور أبدوا رغبة أكثر في المشاركة في دورات تدريبية مستقبلية من الإناث. وبشكل مماثل أظهرت النتائج وجود فروقات ذات دلالة إحصائية فيما يتعلق بالعمر حيث أن من تقـل أعمارهم عن 30 سنة كان الحافز لديهم أقوى للمشاركة في البرامج التدريبية من زملائهم الأكبـر سـناً. كـذلك أظهرت النتائج وجود علاقة عكسية بين المستوى العلمي والرغبة في المشاركة في دورات تدريبية مستقبلية. كما أن أغلبية المشاركين في الدراسة وكانت نسبتهم 54% كانوا غير واثقين من ملائمة عملية اختيار البرامج التدريبية.

التوصيات

وتوصى الدراسة ببعض المقترحات إلى صناع القرار في وزارة الصحة لاعتماد برامج تدريبية أكثـر فاعليـة وأن يعيروا متابعة ومراقبة البرامج التدريبية اهتماما أكبر، وكذلك إعطاء الأولوية لتقييم تأثير تلك البرامج وأن يتم تقييم البرامج التدريبية وربطها بالأداء.