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Influence of In-Service Training on Service Delivery: A Case of Registered Nurses in Masaba North Sub County; Nyamira County

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Abstract:
Kenya seeks to attain Millennium development goals in all sectors of the economy by 2030. In the health sector, the government seeks to attain the highest possible standards of health in a manner responsive to the needs of the population. This goal will be effectively achieved by strengthening service delivery of health workers and especially the nurses. Orientation programs for new graduates and continuing education for nurses are essential tools to help practitioners improve their knowledge, skills, and expertise so that quality patient care is provided and outcomes are optimized while errors are minimized. Hence, prompting the study. The study was guided by four objectives: To establish the effect of formal lecture, simulation, group discussion and role play on service delivery of registered nurses. The study was conducted between January 2015 and April 2015 in Masaba North Sub-County– Nyamira County with a sample size of 40 respondents. Simple random and purposive samplings were used to identify the respondents for inclusion in the study. Data was collected through document analysis and questionnaires. Data was analyzed both qualitatively and quantitatively using descriptive statistics mainly frequencies and percentages and then presented in form of frequency distribution tables. The study is useful in implementing and improving in service training programme which would result in improved service delivery among registered nurses in Kenya. The researcher pointed out the elements essential in in-service training and its influence on service delivery. Most health centres in the sub-county had inadequate nurses and the service was below average.

1. Background of the Study

The advancement in technology and emergence of new diseases in the continent have posed a great challenge to health service providers which has facilitated need for in service training for these health workers in order to update their skills. Training is a process of bringing a person to a desired standard of efficiency and behavior by instruction and practice. In service means training carried out while actually working at job. Therefore, in-service training as a way of training is an activity that one is engaged in by his or her own initiative or by the employer while on the job (Hornby, 2011).

The need to increase the effectiveness and efficiency of both pre-service education and continuing professional education (CPE) (in-service training) for the health workforce has never been greater. Decreasing global resources and a pervasive critical shortage of skilled health workers are paralleled by an explosion in the increase of and access to information. Universities and educational institutions are rapidly integrating different approaches for learning that move beyond the classroom (Frenk, et al 2010). The opportunities exist both in initial health professional education and CPE to expand education and training approaches beyond classroom-based settings. Nursing is a dynamic profession that is subject to rapid changes in health care provision, hence the need for in service training programmes for nurses.

Newly employed registered nurses require in-service training in order to update them regarding the latest developments in nursing practice. The researcher noted that some newly appointed registered nurses were not competent in all aspects relating to their tasks. This could have been due to a knowledge deficit relating to either new developments or of the procedure relating to a specific task. In some institutions newly-appointed registered nurses on probation reported not receiving in-service training for six months or longer, yet they were still expected to perform their tasks efficiently. In service training in nursing is seen as a necessary component to help the professional nurse to keep up to date on the most recent developments in nursing and to be able to manage the demands of nursing practice.

In-service training is a process of staff development for the purpose of improving the performance of an incumbent holding a position with assigned job responsibilities. It promotes the professional growth and strengthens the competencies of individuals. In-service training is a problem-centered, learner-oriented, and time-bound series of activities which provide the opportunity to develop a sense of purpose broaden perception of the clientele, and increase capacity to gain knowledge and mastery of techniques required. Qualified employees may be out of college and never to think of any possibility of sitting in class but on the job one learns a new thing every

day. The following may be reasons why one will look for in-service training; first, it opens ways for trainees to learn one more thing that adds to one' individual knowledge base. For those employees who need a little extra help, if in –service training is managed properly can boost morale, help strengthen teams, and improve the performance of everyone. When applied to all it improves the modalities of how decisions are made (Malone, 1984).

In-service training can be described as training that has been systematically planned, is carried out by a trainer within an institution and takes place during normal working hours. Booyens (1998) describes in-service training as the training of an employee while she/he is rendering a service to the clients in an institution and includes the following: training; updating knowledge; educating; standardizing procedures; correcting shortcomings; keeping staff informed of company polices; motivating staff to develop both personally and professionally; informing the individual about the present requirements of the job. A well-planned in-service training programme should facilitate the attainment of standards of care and help registered nurses to acquire the skills and knowledge necessary to fulfill their role expectations.

In-service training is the training given by the employer to an employee to enable the individual to execute a specific activity efficiently. It is part of continuing education. In service training is deliberately planned to meet the needs of the employer in order to make up deficiencies in technical and scientific information in an employee, such as teaching of techniques and procedures that the employee has to execute in her/his job (Douglas, 1996).

In the long run in-service training brings consistency and cohesiveness to organizations. It equips members with skills of intervention in other people's bad behaviors, both on and off duty. In-service training encourages competition especially when forced to work under stress which helps people to work and learn more. When attended by every member it initiates the spirit of leading by example. Some skills are perishable in nature which means that they require some form of repetition or practice to improve or maintain the level of performance for each and every skill. Lastly it inculcates in the mind of employees the formation of a routine which if repeated forms a norm or culture which (Christensen, 2009) commends to be one of the internal organizational structure or mechanism that is capable of both the efficient integration and application of individual knowledge. In service training refreshes lectures' commitment to teaching and expands their understanding of the work of teaching, because it is education for teachers (Bullough & Robert, 2009).

The importance of registered nurses and the role they play in the medical process are central to basic health. Successful medical improvement is intrinsically linked to professional improvement. One of the most persistent problems facing Kenyan health sector is that of improving the Quality of registered Nurses so as to produce well qualified, conscientious highly motivated, imaginative and committed registered nurses who would cope with the demands of the nation's health system (Mike, 2009). He further notes that, Kenya has not faired well in terms of health gains as from mid and late 90s.

 Kenya experienced a period of health stagnation and deterioration as child mortality of less than 5 years old increased from 97 per 1,000 (in 1990) to 121 per 1,000 in 2003. This was partly due to economic decline, public sector employment freeze and minimal investment in health services as the population continued growing and the emergency of Human Immunodeficiency Virus (HIV) epidemic.

Besides, tropical diseases especially malaria and Tuberculosis had become a public health problem. According to UNDP, more than 16% of adults in Kenya were HIV positive by the year 2006. Aids has contributed significantly to Kenya's dismal ranking in the latest UNDP – Human development report. That report further notes that Kenya is one of the World's Worst performers in infant mortality and maternal mortality.

According to country profile (2007), Kenya is one of the leading countries in accidental death (specifications by Motor Vehicle) in the world, with 510 fatal accidents per 100,000 vehicles while the 2010 maternal mortality rate per 100,000 births for Kenya is 530, though in certain other places like North Eastern it is as high as 1,000 per 100,000 births. (Red, 2011). The total annual economic loss due to maternal mortality in Kenya was US & 2240, which is one of the highest compared to other African regions (Ochako et al 2011). In the period between 1994 – 2010, life expectancy at birth in Kenya reduced to a low of 45, but was expected to rise to 60 years by 2009. Evidence from the National Health accounts (2010) indicates that a lot of resources were increasingly being directed to management functions as opposed to service delivery.

According to World Health Organization (WHO, 2008) strengthening service delivery is the key strategy towards achieving millennium development goals. This includes the delivery of interventions to reduce child mortality, maternal mortality, the burden to HIV/AIDS, Tuberculosis and malaria. Indrian (2013), Nurses and Midwives are critical to improving the state's health indicators, especially in rural and remote areas, where the availability of doctors and specialists is an ever-increasing challenge.

Norushe, (2004), it is vital for any institution to base its training and development philosophy on job content training, management and leadership training. This conceptualization indicates that all employees should get sub content training throughout their careers so as to gain basic skills that were not acquired in previous training, but which are required in the execution of their current duties, thus exposing them more to their current functional areas. This was the reason why this study sought to explain the influence of in service training on service Delivery with a view to encourage the government to commit more funds for the training.

1.1. Statement of the Problem

People are the critical component of the organizational system and superior performance is ultimately based on the people in an organization. Strength of any organization depends upon knowledge and skills of the people it employs, but all employees are not equal in the same settings. To bring them up to the required level the organization offers different training and development programs (Arshad, 2012).

In service training often represents the lion's share of investment for strengthening human resource for health. Training is clearly an important contribution towards the development and maintenance of health worker competencies for delivery of Quality Service

(Rebecca, 2013). Nursing is a dynamic profession that is subject to rapid changes in health care provision, hence the need for in service training programmes for Nurses. On the job, registered nurses require in service training in order to update them regarding the latest development in nursing practice. High Quality nursing care can only be a reality in an environment where registered and unregistered nurses are kept up to date with modern development by means of in service training which should be seen as an integral of work situation (Norushe, 2004). In addition, training and development of registered nurses should be undertaken with a specific purpose in mind when a definite need with regard to competence has been identified.

According to the Health Foundation (2012), training in Quality Improvement may increase the knowledge and confidence of health professionals hence improving the healthcare in general. In service training among the nurses is one of the cornerstones of professional development of nursing persons. It helps nurses to increase their knowledge base in order to improve the standards of nursing care of patients leading to increased satisfaction level of the patients, improved communication skills among the nursing personnel, and have an effective knowledge of handling latest sophisticated instruments and gadgets. From the foregoing discussions, continued professional development is extremely important in the nursing profession especially because of the rapid and continuous progress in medical science and specialization. This study therefore, sought to investigate the influence of in service training on service Delivery among registered nurses in Nyamira.

1.2. Objectives
The study was grounded by one general objective and four specific objectives.

1.3. General Objective
The general objective of the study was to establish the influence of in service training on service Delivery among the registered nurses in Masaba North Sub-County of Nyamira County.

1.4. Specific Objectives
i.   To establish the effect of formal lecture on service delivery of registered nurses.
ii. To find out the effect of simulation on service delivery of registered nurses.
iii. To determine the effect of group discussion on service delivery of registered nurses.
iv. To establish the effect of role play on service delivery of registered nurses.

1.5. Research Questions
i.   How does formal lecture affect service delivery of registered nurses?
ii. What is the effect of simulation on service delivery of registered Nurses?
iii. How does group discussion impact on the service delivery of registered Nurses?
iv. What is the effect of role play on service delivery of registered Nurses?

1.6. Purpose of the Study
The purpose of the study was to establish the influence of in service training on service delivery a case of registered nurses in Masaba North Sub county; Nyamira County

1.7. Significance of the Study
The finding and recommendations of this study would be useful in assisting the management on medical sector to institute or enhance effective in service training programme to help registered nurses to acquire the relevant skills and knowledge necessary to fulfill their role expectation. Registered nurses would be far more receptive and adaptable to changes in their roles and contribute to employee satisfaction and improve morale. Nursing in service training would allow a nurse to look at wider issues around practice and so meet the patient's needs more efficiently. The more health professionals learn, the more they would challenge the traditional practices, embrace change and foster innovation.

1.8. Scope of the Study
The study covered one Sub-County hospital, all Dispensaries and health Centres within Masaba North Sub-County– Nyamira County. The Respondents constituted the Sub-County Medical officer of Health, Human Resource Management personnel in charge of organizing and coordinating in service training and registered nurses from the Sub-County hospital, all the Dispensaries and Health Centres within the Sub County.

2. Literature Review

2.1. Empirical Review
Empirical review was done along major variables: Concept and Criteria for In-service Training, Criteria for in-service training, Rationale for In service Training, Competencies of In service Training, Methods of In service Training, Simulation, Lecture, Role Play and Discussion on service Delivery of registered nurses.

2.2. Concept and Criteria for In-service Training

In service training can be described as training that has been systematically planned, is carried out by a trainer within an institution and takes place during normal working hours. Boo (1998), describes in service training as training of an employee while he/she is rendering a service to the clients in an institution and includes the following training; updating knowledge; educating; standardizing procedures; correcting shortcomings; keeping staff informed of company policies, motivating staff to develop both personally and professionally; informing the individual about present requirements in the job

Poel et al (1984), expounded the meaning of in service training as the education that is given to a person while he is employed to do a specific job. It is part of continuing education but not the whole of it. It is deliberately planned to avert the needs of a specific employer, by making up deficiencies in technical and scientific information in his employees. This will enable them to function more efficiently in the organization. It usually occurs after the period of preservice education.

In service training in nursing is seen as a necessary component to help the professional nurse to keep up to date on the most recent development in nursing and to be able to manage the demands of nursing practice (Poel et al, 1984). The same author further notes that quality patient care is based on quality continuing education programme for nurses. The necessity of continuing inservice training is based on the fact that there is fast progress in the approach to and implementation of patient care.

According to Hughes, (2008) the alarming rise in morbidity and mortality among hospitalized patients in the United States heightens concerns about professional competency. Nurses and other health care professionals are under increased scrutiny to provide safe, effective care. Nurses are the largest group of health care providers and it is essential that these nurses feel engaged in their work, have satisfying work environment and thus experience Job satisfaction (Nakumbi et al, 2013).

Training is the act of increasing the skills of an employee for doing a particular job. Training is the process that provides employees with the knowledge and the skills required to operate within the systems and standards set by management (Sommerville 2007). Training is required to cover essential work-related skills, techniques and knowledge, and much of this section deals with taking a positive progressive approach to this sort of traditional training. Importantly however, the most effective way to develop people is quite different from conventional skills training, which let's face it many employees regard quite negatively. They'll do it of course, but they won't enjoy it much because it's about work, not about themselves as people. The most effective way to develop people is instead to enable learning and personal development, with all that this implies.

Studies have shown that training programs increase employee satisfaction, employee morale and employee retention, and decreases turnover and hiring rates. Training has been shown to improve knowledge and in turn knowledge improves the delivery of hospitality business related activities. Daniels (2008) mentions in her article that in the current economic situation; companies may be tempted to cut their training budgets, but they should not however abandon training.

Training improves employees' commitment to the organization, and second, committed employees are likely to be more productive. In essence, in order for employers to remain competitive and maintain high level of performance, employers are employed not to cut back on employees' training, learning and development needs. Training is a content-based activity, normally away from the workplace with an instructor leading and aiming to change individual behaviour or attitude (Mullins, 2010); conversely, others sees it as an important employee motivator (Barret & O'Connell, 2001). Training from a company's perspective adds to human capital and also a means of securing workplace commitment. The theoretical proposition therefore, is that training is likely to lead to employees' commitment to the organization.

Studies have shown that most organizations devote little attention to the evaluation of training effectiveness (Keep and Rain bird, 2000). Companies can seek to achieve organizational goals through a variety of human resource strategies and approaches and the importance of ensuring employees' commitment and retention following training may lie in the strategic approach that is utilized. In an attempt to ensure that the employee remains with the company following training, employers may implement a strategy to training that fosters commitment. Training according to Brum (2010), Owen (2006) will increase employees' commitment, which can further counter the numerous direct and indirect costs associated with employees' turnover.

Increased productivity is often said to be the most important reason for training. But it is only one of the benefits. Training is essential not only to increase productivity but also to motivate and inspire workers by letting them know how important their jobs are and giving them all the information they need to perform those jobs (Anonymous, 1998).

2.3. Criteria for in-service Training

Poel (1984) identified the following criteria for in service training. These criteria are differentiated theoretically but in actual facts they are integrated when applied in practice. The criteria are in service training is specifically planned; it is designed to meet specific needs, remove shortcomings in learning or correct shortcomings in skills of employees; focus on more effective functioning of employees; focus on better functioning of the organization; Adult teaching principles are taken into consideration; General educational principles are met and the philosophy and objectives reflect the goal of the organization involved. The above criteria for inservice training form a frame of reference whereby inservice training programmes may be assessed.

2.4. Rationale for Inservice Training

Inservice training can also be referred as professional development, continued education life long learning and workplace learning. According to American Association of colleges of Nursing (2010), while formal education with pre-determined students to enter the world of work in the 20th century, concerns have been exposed in non health professional and professional education literature that this type of education may not prepare people for work in contemporary society.

Workplace learning has been acclaimed and recommended as a way in which individuals or groups acquire, interpret, reorganize, change or assimilate a related cluster of information, skills and feelings and a means by which health professionals construct meaning in their personal and organizational lives. Laschinger, (2009), using a model of structure empowerment argue that for nurses, access to information, access to support, access to resources needed on the job and opportunities to learn and grow will increase job satisfaction, commitment and productivity, with their adverse patient events. Empowering nurses would make them more effective health providers.

Sampson (2013) the importance of continuing education with any professional is paramount. Within the nursing profession it is a requirement because due to increased skills this knowledge will create, patients are safer. She concludes that continued education is a vital component to providing our patients with the best possible care. Actra (2013), the nursing profession is ever changing and in the medical field, new technology and innovations are continuously improved and introduced. With stagnant knowledge and absence of interest in learning, new nursing practices and revisions, we fail to reach our full potential as nurses. This, as a consequence, will fail us in becoming advocates for our patients because by being their advocates, we have to instill the passion and drive to learn better and new feelings in Nursing so that we can give the patient our best possible care.

Morgan (2002), the goal of any training is to close the gap between how employees currently perform and how they need to perform to meet company objectives. Specifically, the objectives include improved retention rates, increased sales, and increased personal training participation. The benefits of training include: Reduced Employee Turnover rates because employees feel valued and understand how they can impact the company's success; increased customer satisfaction as a result of friendly interaction and pro-active behavior which prevent customer complains and increased productivity and efficiency. Trained employee make fewer mistakes and get more work done in a given time period.

The need for in-service training is getting more attention for employees to equip them with new knowledge and skills for them to face new challenges and reformation in their respective organizations. In-service training can enhance the professionalism of employees who contribute to organizational goals. In-service training is a professional and personal growth activity for employees to improve their efficiency, ability, knowledge and motivation in their professional work.

In-service training offers one of the most promising roads to the improvement of instruction. It includes goal and content, the training process and the context. According to Ong (1993), In-service training is the totality of educational and personal experiences that contribute toward an individual being more competent and satisfied in an assigned professional role. The primary purpose of in-service training is to enable employees to acquire new understanding and instructional skills. It focuses on creating learning environments which enable them to develop their effectiveness.

In this aspect, in-service training is the driving force behind much change that has occurred in organizations. It is vital that Nurses keep up to date on the most current concepts, thinking and research in their field and also promote professional growth among them in order to promote excellent and effective services. According to Kazmi,Pervez & Mumtaz (2011), in-service training enables the staff to be more systematic and logical in delivery of their services.

In-service training is a planned process whereby the effectiveness collectively or individually is enhanced in response to new knowledge, new ideas and changing circumstances in order to improve, directly or indirectly the quality of services.

In-service training is a fundamental aspect for the enhancement of professionalism related to nurses vision to improve the quality of their work. Through in-service training, they can identify and evaluate critically the culture of the organization which can bring changes to the working culture. Studies by Ekpoh,Oswald & Victoria (2013) shows that, nurses who attend in-service training perform effectively in their work concerning knowledge of the subject. Studies by Jahangir, Saheen & Kazmi (2012) also shows that in-service training plays a major role to improve the staff performance.

2.5. Competencies of Inservice Training
According to AACN (2010), the competencies of lifelong learning include several components such as the ability to reflect on one's practice and thereby determine learning needs; the ability to efficiently and accurately search for resources and critically appraise them; skills in applying these resources to clinical and other questions; the management of large and changing bodies of evidence; and the ability to evaluate one's competencies and practice based on external feedback.

Professional education programmes hold the key role in providing students with multiple opportunities to develop these and other skills in order to continuously acquire evidence and translate it into professional behaviours. The same author further notes that, while studies provide evidence of a strong interest in continuing education among nurses and other health professionals at an individual level, they also suggest that lifelong learning should extend beyond individual desires and be supported by health professional schools, healthcare organizations and regulatory bodies.

Hughes (2008) asserted that the characteristics of high-performing health care organizations included "a willingness and ability to: stretch themselves; maximize learning; take risks; exhibit transforming leadership; exercise a bias for action; create a chemistry among top managers; manage ambiguity and uncertainty; exhibit 'a lose coherence.' Exhibit a well-defined culture, and reflect a basic spirituality. These organizations are engaged in continuous improvement to improve outcomes. Since then, Shortell and colleagues furthered his seminal work, finding that what distinguished high-performing organizations was certain key factors, such as having a quality-centred culture, reporting performing organizations was certain key factors, such as having a quality-centred culture, reporting performance, and the ability to overcome quality improvement redesign barriers by directly involving top and middle-level leaders, strategically aligning and integrating improvement efforts with organizational priorities, systematically establishing infrastructure, process, and performance appraisal systems for continuous improvement and actively developing champions, teams and staff.

2.6. Methods of Inservice Training

According to Bastable (1997), teaching methods must be congruent with the learning style of the nurse. A significant increase in academic achievement may be noted when learners are taught with methods that are congruent with their cognitive processing style (Van, 1997). A traditional teaching method used in the nursing orientation process has been lecture. An advantage of lecture is that it allows information to be presented to a large groups of people at the same time and that it enables the educator to emphasize critical points and clarify misconceptions to the whole class (Tornyay & Thompson, 1987).

2.7. Simulation and service Delivery

Simulation refers to those activities that reflect the reality of a clinical environment. It includes activities such as role-playing, and using interactive video tapes to help students in learning. It gives students the opportunity to show their ability in decision-making, critical thinking and other skills, creating an environment in which learners can gain cognitive, psychometric and effective areas of knowledge without fear of harm to the patient are benefits of the simulated environment (Valizaden, 2013).

Fowler (2008), Human patient simulation is a relatively new teaching strategy that allows learners to develop, refine and apply knowledge and skills in a realistic clinical situation as they participate in interactive learning experiences designed to meet their educational needs. Learners participate in simulated patient care scenario within a specific clinical environment, gaining experience, learning and refining skills and developing competence. All this is accomplished without fear of harm to a live patient. The use of simulation as a teaching strategy can contribute to patient safety and optimize outcomes of care, providing learners with opportunities to experience scenarios and intervene in clinical situations within a safe, supervised setting without posing a risk to a patient.

Hughes (2008) says that simulation is a technique that attempts to create characteristics of the real world. Simulation allows the educator to control the learning environment through scheduling of practice, providing feedback and minimizing or introducing environmental distraction. In healthcare education, simulation can take many forms, from a relatively simple to highly complex techniques. Teaching with simulation allows for purposeful exposure to critical care scenarios that the learner may not encounter in the clinical practicum.

2.8. Lecture and Service Delivery

According to Abbaszaden et al (2011), the most common method in medical science education is lecture which of course has a lot of advantages such as cost-effectiveness for high population. Lecturer is one of the traditional methods that despite providing new and modern teaching methods such as problem solving based method and also accessibility of computer and internet, lecture still is one of the convectional methods of providing information and evidences indicated that using content and a skilled lecturer, a reasonable, positive and appropriate future would be achievable (Atrkar, 2003). Learning by lecture is inevitable for everyone in a period of time because it is a mean for providing basic information and even is the most suitable teaching method in some certain circumstances. An advantage of lecture is that it allows information to be presented to a large groups of people at the same time and that it enables the educator to emphasize critical points and clarity misconception to the whole class (Tornyay & Thompson, 1987). According to Billings & Halstead (2005), although the lecture format can be an effective way to deliver information to a large number of nurses, many educational disadvantages to live lecture format exists. Didastic lectures do not appeal to a variety of learning styles, lack learner participation strategies, require lengthy preparation and are costly (Dunn and Griggs, 1998).

2.9. Role Play and Service Delivery

Buhn (2010), Role play is a dramatization or a situation or a problem being learned, followed by a group discussion. The training will use role play to provide participants with an opportunity to practice and perfect the skills learned during the workshop. Role play will initially be conducted in front of the entire group of participants. Participants will have a chance to observe, ask questions and provide feedback. By assuming roles and acting out situations that might occur in the workplace, employees learn how to handle various situations before they face them on the job. Role-playing is an excellent training technique for many interpersonal skills, such as customer service, Interviewing and supervising (Business & Legal Resources, 2014). According to Alvear (2006), Role Play is an effective learning method for adult education because it increases learning relation, provides hands-on training and enables better teamwork and communication. Role play put staff already into situations that they will face in the real world. Training becomes hand on and encourages application of knowledge more effectively than hand outs, presentation or video tape.

2.10. Discussion and Service Delivery

According to Lebuhn et al (2010), Group discussion is an exchange of ideas among participants of a group facilitated by the discussion leader. The whole group participates in examining the problem and discover the answer together as a group. It is a useful teaching method to build understanding and absorb information. It is also useful when exchanging information and experiences, by allowing participants to share what they know or what they do not know. It is also useful for studying and solving a problem. The group can look at the cause of problem, examine facts and arrive at solution. Besides the above, group discussion can change attitudes and determine the participant's need.
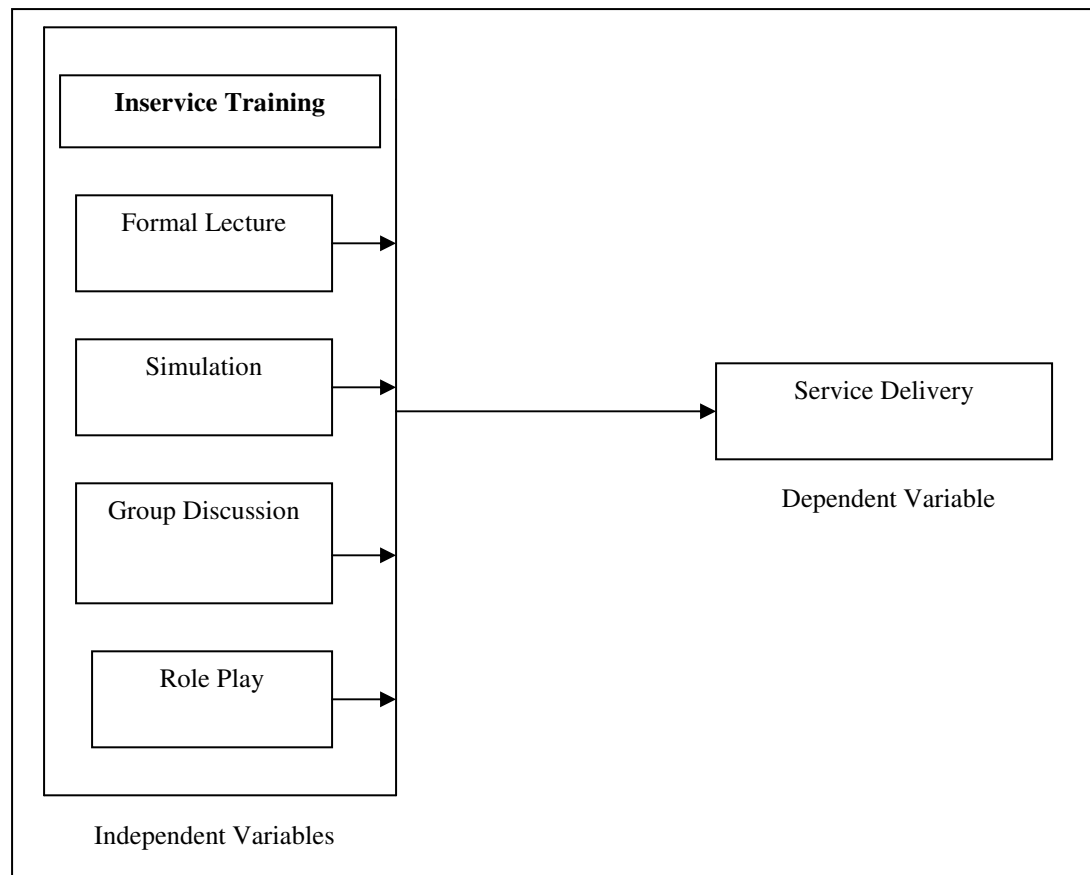
2.11. Conceptual Framework

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│  │  │    Inservice Training      │  │                                        │
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│  │  │   Formal Lecture      │────►   │                                        │
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│  │  ┌──────────────────────┐        │      │   Service Delivery     │        │
│  │  │     Simulation        │────────┼─────►│                        │        │
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│  │                                  │          Dependent Variable            │
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│  │  │   Group Discussion    │────►   │                                        │
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│  │  │      Role Play        │────►   │                                        │
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│       Independent Variables                                                   │
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Figure 1: Conceptual Framework

3. Methodology

3.1. Research Design
Research design is a plan, structure and strategy of investigation so conceived to obtain answers to research question or problems and to control variables (Kerlinger, 2000). The research design that was adopted in this research was descriptive survey design. The study was descriptive because it described the experience of registered nurses relating to in service training programmes.
Burns and Grove (1997), contend that descriptive research provides an accurate account of characteristics of a particular individuals, situation or group. In addition, Mugenda and Mugenda (2003) also argue that this design gives a clear description of the elements in the study range. Therefore, the design was good for this study as it allowed the researcher to bring out details from the respondents' point of view by focusing only on the objectives of the study.
Both qualitative and quantitative approaches were employed in analysis of collected data. Qualitative research approach was used to organize data into themes and sub themes and interpreting it through judge mental method.

3.2. Target Population
According to Mugenda and Mugenda (2003) target population is the complete set of individuals, cases or objects of the study. The study targeted all 133 registered Nurses in all health centres in Masaba North Sub-County who had undergone an in service training. It also targeted the Human resource personnel involved in in service training of registered nurses in the Sub County because they were directly involved in in service training of medical personnel in the region.

3.3. Sample Design and Sample Size
Sampling is the process of selecting a number of individuals from a population such that the selected group contains elements representative of the characteristics found in the entire group (Orodho, 2005). In this study, purposive sampling was used to select one (1) MOH while simple random sampling was used to select registered Nurses who had undergone in-service training and had experience of the same as well as the personnel involved in organizing for in-service training. In this study, 40 respondents were randomly sampled representing 30 percent of the target population of 133 registered nurses and 1 MOH purposively sampled which was considered representative for the study according to (Roscoe, 1975) as quoted by Uma and Bourgie's book (2009).

Facility	Target Population	No. of Registered Nurses	% of S.S to T.P	MOH
Keroka	30	09	30	1
Esani	09	03	30	0
Gesima	14	04	30	0
Mochenwa	06	02	30	0
Magombo	12	03	30	0
Miriri	06	02	30	0
Girango	06	02	30	0
Nyagancha	06	02	30	0
Mong'oni	06	02	30	0
Nyanchonori	09	02	30	0
Rigoma	09	02	30	0
Rikenye	06	02	30	0
Machururiati	06	02	30	0
Mosobeti	06	02	30	0
Nyaiguta	02	01	30	0
Total	**133**	**40**		1

Table 1: Health Facilities in Masaba North Sub-Sub-County.
Source: Medical Officer of Health – Keroka Sub-County (2014)

3.4. Data Collection instruments
According to Polit and Hugler (1997), data collection is a method of gathering information in order to address a research problem. This research employed questionnaires and document analysis to obtain data required to meet research objectives. In order to collect data that met the objectives of the study, both open ended and closed ended questions were used in the study (Kombo & Tromp, 2006).

3.5. Questionnaires
A questionnaire is a set of questions, a set of statements in question form that assess attitudes, opinions, beliefs and biographical information that is required in order to make conclusion in the research study (Mugenda and Mugenda, 2003). Both closed and open ended questions were included in the questionnaire to enable the researcher collect data that precisely meets the objectives of the study.
The open ended questions were intended to give respondents room to give more in depth information and express themselves freely while closed ended questions were intended to produce particular answers the researcher expected to collect. Mugenda and Mugenda (2003) argue that closed ended questions enable a researcher to form an opinion and make valuable conclusions.
The questionnaires were presented and administered to respondents in a flexible way so as to allow the respondent give relevant and detailed information while filling the questionnaires. Questionnaires were administered to the registered nurses who had undergone training and the organizers/facilitators of training activities in this case the MOH Masaba North Sub-County to elicit information about the number of registered nurses employed in Masaba North Sub-County, their distribution, qualification, those who had undergone in service training.

3.6. Document Analysis
The study adopted use of secondary sources to obtain crucial information regarding frequency of training and nature of training among the registered nurses which was difficult to obtain through other tools. Document analysis was used to enhance the accuracy of data by obtaining documented information.

3.7. Piloting
Piloting is the pre-testing of research instruments to a selected sample which is identical to actual sample to be used in the study (Orodho, 2005). A pilot test was conducted in the neighboring Manga Sub-County of Nyamira County because both Sub-Counties share similar conditions such as topography, economic activities and weather condition

3.8. Reliability and Validity of research instrument
Reliability refers to the degree to which a measuring procedure gives constant results. A reliable test is a test that would divide a consistent set of scores for a group of individuals if it is administered independently on several occasions (Viep, 2005). Validity refers to the degree in which an instrument measures what it is supposed to measure (Levy, 1999).
Reliability and validity of research instruments was ascertained before being used in data collection. Reliability was ensured through piloting of the questionnaires in the neighboring Manga Sub-County of Nyamira County.
To ensure validity, the researcher sought assistance from the experts in the field of Human Resource Management, school of Human Resource Development, Jomo Kenyatta University of Agriculture and Technology. The validity of the research instrument was then tested for internal consistency by use of Cronbach's Alpha with a 70% acceptance level.

3.9. Data Analysis and presentation
Data was analyzed qualitatively and quantitatively. Descriptive statistics was used mainly frequencies and percentages and inferential statistics mainly correlation analysis. Analyzed data was presented using frequency distribution tables.

4. Research Findings and Discussions

4.1. Introduction
This part tries to record the findings of the study that answered questions relevant to the academic gap that ought to be filled. It was restricted in four objectives namely;
   i.   To establish the effect of formal lecture on service delivery of registered nurses.
  ii.   To find out the effect of simulation on service delivery of registered nurses.
 iii.   To determine the effect of group discussion on service delivery of registered nurses.
  iv.   To establish the effect of role play on service delivery of registered nurses.

Out of the forty one (41) questionnaires that were administered all were filled and returned. Based on that, all qualified for data organization and analysis.

4.2. Personal Information
4.1.1 Professional Aspect
Most nurses had a diploma qualification. Below is the tabulation on various qualifications within the nursing fraternity that were involved in the study.

Academic Level	No. of Nurses	Percentage
Masters	0	0
Degree	3	7.5
Diploma	35	87.5
Certificate	2	5
Total	**40**	**100**

Table 2: Qualifications of Nurses

The MOH, who was purposively sampled, also had a bachelors' degree. From Table 2 above, its noteworthy that no respondent had masters qualifications and above. Also of worthy to note was that majority of respondents (35) representing 87.5% had a diploma. This was attributed to high costs for training of nurses and inadequate facilities in training institutions.
The study sought to establish the age brackets of respondents and the results were tabulated in Table 3 below.

Age	No. of Nurses	Percentage
20-30years	8	20
30-45years	25	62.5
45-55years	5	12.5
>55years	2	5
Total	**40**	**100**

Table 3: Age Distribution of Respondents

The study revealed that nurses between thirty (30) and forty five (45) years formed the majority. This can be seen in Table 3, whereby those aged between 30-45 years were 25 representing 62.5%. Further analysis showed that all the nurses worked on full-time basis and that most of them had served for more than ten (10) years. This was attributed to the fact that, there is need for qualified nurses from other countries and therefore need to have them on full time basis.
Worthy to note was the fact that, 2 respondents representing 5% were over 55 years. This was due to the fact that, as they advanced in years, they developed themselves professionally. In addition, the MOH was not captured in the age bracket.
On the side of in-service training, all of them admitted that they engage themselves in and that they were all keen in their professional growth and enrichment of knowledge. This represented 100% on motivation for enrollment for the programme. The results indicated that regular training were essential in that they bring on board the current researched information in the field of medicine and the related fields like policy formulation and implementation.
The study further established that, in service trainings offered were financed by the government, Non- governmental Organizations and other interested parties. This was evident as the trainings were offered whenever, the funds are sent to respective counties and at a particular period of time. Even though they attended the trainings, it was further revealed that not all nurses had attended all cycles. The reason was that financial factor imposed a greater challenge as most of them had families and most of their resources were directed towards supporting the family at large.

It was established that most young nurses engaged in in-service training as compared to nurses with the age more than 45 years. The reason would be that, the older nurses had other responsibilities outside academic world. There was a very strong positive relationship between activities carried out by nurses with regular in-service programmes in that they provided quality services as compared to those who never enrolled in the in-service programmes. This was achieved through the interview conducted on the patients who visited in these health centres.

On the side of methods employed in in-service programmes, the respondents were asked on their opinion regarding the training methodologies and the results are tabulated as below in Table 4.

Aspect	Disagree	Neutral	Agree
Cost Effectiveness	9	0	31
Learning Style	10	3	27

Table 4: Formal Lecture on Service Delivery

The study established that formal lecture was cost effective. This was due to the fact that, 31 respondents representing 77.5% against 09 respondents representing 22.5% who disagreed. This was attributed to the fact that, formal lecture addresses a large group of people at a given time. That is, using minimal resources to reach big target group during training. On learning style, 27 respondents representing 67.5% agreed that formal lecture was a good learning style as opposed to 10 respondents who disagreed representing 25%. It's worthy to note that 3 respondents were undecided representing 7.5%. This was due to the fact it assists the trainees to acquire basic skills without being actively involved.

Aspect	Disagree	Neutral	Agree
Role Playing	10	0	30
Interactive Video Tapes	28	2	10

Table 5: Simulation on Service Delivery

On the effect of simulation on service delivery, role playing was found to impact greatly on service delivery. This was established after 30 respondents representing 75% agreed to this fact. This was due to the fact that, trainees get time to interact with each other thus making them creative and innovative. On the other hand, 10 respondents disagreed representing 25%. This was attributed to difference in age gaps among the nurses.

Interactive video tapes were found to have negative effect on simulation. This was after 28 respondents disagreed representing 70%. The findings were attributed to failure by institutions to secure up to date technology facilities due to cost implications. 2 respondents representing 5% were neutral due to their lack of participation in the training process and 10 respondents agreed representing 25% due to availability of projectors and other information technology facilities and their involvement in the process of training.

Aspect	Disagree	Neutral	Agree
Problem Solving	15	4	21
Accessibility of Computer and internet	7	0	33

Table 6: Group Discussion on Service Delivery

Group discussion was found to increase problem solving skills of trainees. This was found out when 21 respondents agreed representing 52.5%. The findings were attributed to the fact that group discussion enhances creativity among trainees and fosters group cohesiveness. However, 4 respondents representing 10% were neutral which was attributed to them being introverts thus not free in being in groups. Fifteen (15) respondents representing 37.5% disagreed to this aspect and this was due to the fact that trainees came from different health centres with varied problems and therefore they felt that, grouping them together did not equip them with problem solving skills.

These findings were in line with Tornyay & Thompson, (1987), who argued that an advantage of lecture is that it allows information to be presented to a large groups of people at the same time and that it enables the educator to emphasize critical points and clarity misconception to the whole class.

On accessibility of computer and internet, respondents agreed that through group discussion, the trainees accessed the services. This was evident when 33 respondents attested to this aspect representing 82.5%, and this, the study established was due to limited resources among health centres against 7 respondents representing 17.5 % who disagreed which was attributed to the age of participants that feel challenged with technological pace.

Aspect	Disagree	Neutral	Agree
Supervision	5	2	33
Interviewing	3	0	37

Table 7: Role Play on Service Delivery

Role play was found to be impacted by supervision and interviewing. Thirty three (33) respondents agreed that supervision was paramount in influencing service delivery representing 82.5% against 5 respondents who disagreed to this fact. It's worthy to note that 5 respondents representing 12.5% disagreed. Supervision was necessary to ensure that the laid down procedures and training policies were followed to the letter. On the other hand, interviewing was accepted by majority of respondents (37) representing 92.5% against 3 who disagreed representing 7.5%. This was due to the fact that interviewing brings out in-depth information from respondents crucial in enhancing service delivery.

The study findings concurred to Alvear (2006) who suggested that role Play is an effective learning method for adult education because it increases learning relation, provides hands-on training and enables better teamwork and communication.

The respondents maintained that in-service trainings were the main pillars for profession growth. Whoever engaged him in in-service training strengthened his/her profession Endeavour. On the effectiveness, respondents greatly preferred discussion and formal lecture as these methods played a greater role in unleashing the potential in Nurses to simulation and role play.

Methodology	Yes %	No %
Trainees	36 (90)	4 (10)
MOH	1 (100)	0 (0)

Table 8: In service Training on Service Delivery

The respondents were asked to give their opinions regarding the impact of in service training on service delivery.

Thirty six respondents representing 90% agreed that in service training influences in service training against 4 respondents who disagreed representing 10%. The MOH also agreed that in service training influences service delivery.

The data was subjected to statistical correlation analysis to determine the direction and degree of association between the variables. The correlation coefficient obtained was 1 implying a perfect positive relationship between in service training and service delivery.

These findings concur to Mulinge, (2010) who notes that service delivery results from the in-service programmes, motivation and external factors, like government policy. Other studies have shown that training programs increase employee satisfaction, employee morale and employee retention, and decreases turnover and hiring rates. Training has been shown to improve knowledge and in turn knowledge improves the delivery of hospitality business related activities.

Training improves employees' commitment to the organization, and committed employees are likely to be more productive. Training is a content-based activity, normally away from the workplace with an instructor leading and aiming to change individual behaviour or attitude (Mullins, 2010); conversely, others see it as an important employee motivator (Barret & O'Connell, 2001).

Training is essential not only to increase productivity but also to motivate and inspire workers by letting them know how important their jobs are and giving them all the information they need to perform those jobs (Anonymous, 1998) as cited by (Susan, 2002). Thus, the findings for this study were in concurrence to these studies. Chow, Haddad and Singh (2007), found in their study of 46 hotels in San Diego that by providing training and development, the hotels' employee morale, productivity and job satisfaction improved, which in turn can improve managers' morale.

These findings were also in agreement to Mellish and Brink (1990) who argued that one of the purposes of in-service training is to assure independent, thinking, competent, knowledgeable registered nurses who are capable of exercising educated judgment in the delivery of patient care. Nursing is a dynamic profession that is subject to rapid changes, hence the need for in-service training for nurses.

5. Summary, Conclusions and Recommendations

5.1. Introduction

Human resource development is key to the success of any organization as the smooth and efficient running of any institution depends on how well employees are equipped with relevant skills to perform their tasks. Nurses just like other employees from time to time are developed through in-service training. The long term success of an organization depends on its capacity to develop employees capable of accepting increasingly broader roles and responsibilities. The continual process of development is a primary ingredient in organizational health. Trainings enhance new approaches, new ideas, creative potential and the change that is so necessary for organizations to survive in an ever dynamic environment. That was the reason behind the study to determine the influence of in-service training on service delivery: a case of registered nurses in Masaba North Sub County; Nyamira County.

5.2. Summary

Organizations rely on the expertise, knowledge, skills, and capital resource and capacity development of their employees in order to compete favorably and indeed gain competitive advantage in the international market. It is against this backdrop that this study sought to evaluate the influence of in-service training on service delivery: a case of registered nurses in Masaba North Sub County; Nyamira County.

The study looked at the methods used in offering in service training and their impact on service delivery and from the findings the study established that there was a perfect positive correlation between in service training and service delivery implying that regular in service trainings lead to improved service delivery.

5.3. Formal Lecture on Service Delivery

The findings revealed that formal lecture was preferred by nurses for in service training. This was in agreement to Abbaszaden et al (2011), who argued that the most common method in medical science education is lecture which of course has a lot of advantages such as cost-effectiveness for high population.

5.4. Simulation on Service Delivery

Simulation was also studied and only two aspects: Role playing and interactive video tapes. The influence of simulation on service delivery was found to have little influence on it as nurses did not prefer it for training. Simulation will promote greater involvement of nurses in their in service training and therefore, should be reinforced in offering in in service training.

5.5. Group Discussion on Service Delivery

Group discussion was found to increase problem solving skills of trainees. These findings were in line with Tornyay & Thompson, (1987), who argued that an advantage of lecture is that it allows information to be presented to large groups of people at the same time and that it enables the educator to emphasize critical points and clarify misconception to the whole group. On accessibility of computer and internet, respondents agreed that through group discussion, the trainees accessed the services.

5.6. Role Play on Service Delivery

Role play was found to be impacted by supervision and interviewing. Supervision was necessary to ensure that the laid down procedures and training policies were followed to the letter. On the other hand, interviewing was accepted by majority of respondents due to the fact that interviewing brings out in-depth information from respondents crucial in enhancing service delivery. The study findings were in agreement to Alvear (2006) who suggested that role Play is an effective learning method for adult education because it increases learning relation, provides hands-on training and enables better teamwork and communication.

5.7. Conclusion

High quality nursing care can only be a reality in an environment where registered nurses are kept up to date with modern developments by means of in-service training, which should be seen as an integral part of the work situation.

The study was to establish the influence of in-service training on service delivery. The study was carried out in Masaba Sub- County. The researcher pointed out the elements essential in in-service training and its influence on service delivery. Most health centres in the sub-county had inadequate nurses and the service was below average. Nurses who engaged themselves in in-service training had their services well offered. It was in this view that the study attained its objective.

The results indicated that regular trainings were essential in that they bring on board the current researched information in the field of medicine and the related fields like policy formulation and implementation. The method of delivery of the training was also found to influence the content delivered as most nurses were not conversant with the language and methodology. However, for those who attendent the training, agreed that they achieved much from the training regardless of the method of content delivery.

The respondents maintained that in-service trainings were the main pillars for professional growth. Whoever engaged himself/herself in in-service training, strengthened his/her profession endeavor. On the effectiveness, respondents greatly preferred discussion and formal lecture as these methods played a greater role in unleashing the potential in Nurses to simulation and role play.

In service trainers can plan more effective in service training programmes with the assistance of in service training committees consisting of nursing managers, professional nurses and teachers in nursing. A concrete reward for nurses who participate actively in in service training programmes should be considered instead of only the testimonials and enrichment obtained from in service training.

5.8. Recommendations

Health workers should be encouraged to enrol in in-service training in order to stage-manage service delivery. These programmes have significance in that they spell out current policies in the field of medicine and these policies are well spelled and made understood in such training and also the new researches.

Secondly, the nurses rise in ranks thus there is no loss incurred in investing in such trainings. The county governments should allocate more funds for regular in-service training to enhance the skills of nurses. The trainers offering the training for nurses should use all methods: Formal lecture, Simulation, Group discussion and Role play to enhance understanding of the subject being offered.

5.9. Areas for Further Studies

Since the study was begged on four objectives, namely: effect of formal lecture on service delivery, the effect of simulation on service delivery, the effect of group discussion on service delivery and the effect of role play on service delivery it filled the gap in the academic world which sought the influence of in-service training on service delivery.

Further research is required to establish the level of combination of the four factors to optimize service delivery. Since the collected data was analyzed using correlational analysis to determine the degree and direction between independent and dependent variables, the study recommends a further research in order to use other statistical techniques like ordinary least square method in order to fit the variables in line of best fit.

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