CONCEPT OF IN-SERVICE EDUCATION

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This article is adapted from a paper presented at a workshop on In-service Education sponsored by the Nursing Wing of the Emmanuel Hospital Association, held at the RAK College of Nursing, New Delhi, March, 1975.

A BROAD definition of in-service education is, "an educational activity planned and organized by the employer for the employees, to assist them in learning and/or furthering the knowledge and skills required for the achievement of the specific purpose of the employing agency or the organization."* One important feature of the concept of in-service education is that it excludes both pre-service education leading to formal preparation or competence, as well as formal courses offered by educational institutions. Examples of programmes not included in in-service education would be a three-year general nursing programme offered at a hospital school of nursing, or a post-certificate course in ward administration. Industry and business are the fields or areas where the concept of in-service education was first developed, and has also been most widely implemented.

The underlying principle behind in-service education in any type of institution is that in any situation where people are required to achieve a goal, the institution has an obligation to help its personnel adjust to the work situation and keep up with changes and advancement in the field of work. The main purpose of a hospital is the care of the sick, and therefore, a hospital has an obligation to the patients, that the care they will receive from the staff will be the best available. Consequently, the hospital has to help the staff give this kind of care. Similarly, the staff working in a health centre have a responsibility to the community they serve regarding the quality of care they give.

Rapid Change

Why is in-service education necessary ?

There is rapid change in all spheres which affects us and the world in which we live and work. Presently, there is increased hospitalization, and/or development of other kinds of health services; the public is demanding more comprehensive health care. New categories of health care workers are being developed: clerks, technicians, health assistants, and multi-purpose workers. There is variation in the educational preparation of nursing staff, e.g., compare the basic preparation of the assistant nurse midwife, general nurse (RN), and the baccalaureate nurse. Along with the variations in the preparation of nurses, there is also a great mobility of nursing staff. Nurses are expected to assume supervisory and teaching roles for which they were not prepared in their basic programme.

New discoveries in science and technology affect health care, e.g., newer methods of treating disease, new discoveries of drugs, and application of advanced technology to nursing functions, e.g., patient monitors. There is also specialization in clinical or functional areas of nursing: nurses are working in neuro-surgical units, intensive care units, or are teachers or administrators (e.g., ward sisters or matrons).

These are only some factors illustrating why employers need to ensure that their staff have the opportunity to learn to function efficiently and effectively, and to acquire the skills, knowledge and understanding required to maintain a high level of performance. Through planned educational programmes the employee will obtain some level of job satisfaction, and the purpose of the institution will be met.

In-service education programme should be planned for all categories of hospital employees, however, the writer will focus attention in this paper on nursing staff.

Code of Ethics

What then is nursing in-service education ? The International Council of Nurses Code of Ethics states that a nurse carries personal responsibility for nursing practice and for maintaining competence by continual learning. In-service education is not a particular course or programme. It is a concept designed to assist the employee (nurse) to develop the skills necessary to reach the ultimate goals of nursing service, that is, the delivery of the highest quality of patient care. Characteristics of in-service education are on the job training or orientation programmes for nursing personnel carried out within the institution. Nursing in-service education consists of three broad categories: orientation; procedure and technical skills; and management or supervisory skills, which can also be termed as staff development programmes.

1. Orientation. Orientation can be divided into two areas or phases: a general orientation in which a new employee adjusts to a new organization, environment and duties; and a unit or specific orientation which is planned at the unit or functional level to assist the employee to identify specific duties in that area. A clear description of the new or transferred employees' functions and responsibilities should be given. An orientation programme should extend over a period of time, and manuals and procedure books are very valuable assets to assist the new employee.

2. Technical/professional training programmes or skill training. The purpose of this type of in-service

* Ingrid Hamelin, *Guide for In-Service Education of Nursing Personnel.* Geneva : World Health Organization, 1967. (WHO/NUR/67.73).

education is to develop knowledge and/or skills required to do a particular task, e.g., a hospital acquiring new equipment such as a cardiac monitor or a new incubator to care for a low birth weight infant; or a new skill to be learned, such as learning how to establish an intravenous infusion.

3 Staff development-leadership management training programmes. The purpose of this component of in-service education is to identify the employee with potential and to help him/her prepare for leadership positions, and increased responsibility. An example would be promoting a staff nurse to a ward sister's position.

Continuing Education

The writer has not included continuing education programme, as the two terms, in-service and continuing education, are not interchangeable. In-service education is a part of continuing education. Continuing education covers a much wider range of programme than are usually included in orientation and skill training, e.g., a psychiatric nursing course or a coronary care nursing course.

Who is involved in planning and organizing in-service education programme for nursing staff ? A staff member is assigned this responsibility. The size of the institution plays a key factor in determining whether one person assumes sole responsibility, or whether he/she assumes this assignment in addition to other duties.

The learner/learners in in-service education programme may be an individual or groups. A staff nurse may be promoted to a ward sister position, or a group may consist of nursing staff on a particular ward learning about use of new equipment. Resource members can provide assistance in programme planning, e.g., reprcsentatives from nursing administration, medical staff, other hospital departments such as the clinical laboratory, or radiology, and representatives from the different nursing units.

The development of an in-service education department is a slow, but rewarding process. Results will not be seen immediately, perhaps not even for months, or in the next year. Nursing staff come from a variety of backgrounds, and it is the responsibility of nursing service administration to help them be more effective in their work; the provision of optimal patient care.

References

1. Cooper, Signe Skott and May S. Hornback. *Continuing Nursing Education.* New York: McGraw-Hill Book Co.,1973.
2. Hamelin, Ingrid. *Guide for In-Service Education of Nursing Personnel.* Geneva: World Health Organization, 1967. (WHO/NUR/67.73).
3. Sewell, E.M. *Workshop in In-Service Education (Nursing).* New Delhi WHO SEARO, 1968. (SEA/Nurs/132).
4. Stopera, Virginia, and Donna Scully. 'A Workable Organizational Model for Staff Development Departments'. *Journal of Continuing Education in Nursing.* 3 (November-December, 1972), p. 14.

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