

## APPENDIX P

### SUMMARY OF THEMES DELINEATED AFTER FOCUS GROUP WITH NURSES POST-TRAINING AND FOLLOW-UP

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#### 1 SERVICE DELIVERY

- **Attitude**
  - Increased confidence due to increased knowledge and skills *“I learnt that I could, that one could easily communicate with disabled children” / “helps me to deal with them”*
  - Change in mindset *“eye opener” / “affected me as a person”*
  - Myths regarding children with severe disabilities were dispelled *“when I was at college, they say that the mentally retarded patients just keep quiet when they have a pain”*
  - Positive attitude *“now I don’t regard them as being disabled, I see them as normal kids who are not able to do certain tasks” / “these children can be given a second chance in life”*
  - Proud : feel valued by patients, primary caregivers and other nurses)
  - Increased patience *“... it has made me practise patience and has made me understand them...”*
  
- **New knowledge** - Increased understanding and knowledge about
  - Disability
  - Communication skills
  - Now have the ability to communicate with children with severe disabilities *“... now I can talk to patients who visit the clinics with signs...”*
  - Feel empowered : can teach children with severe disabilities as well as colleagues
  - Realise the importance of early intervention *“... it is easier for them to learn and teach them while they are still young...”*
  - Importance of milieu teaching *“... so I’ve realised the importance of home environment teaching after this in-service”*
  - Importance of providing children with severe disabilities with communication opportunities *“we must give them a chance to do so...”*
  - Pre-training belief: conducted only referrals, now equipped to provide training *“I thought we were just going to be taught how to refer these children...”*

- **Role of nurse / Multiskilling** - Importance of team collaboration “*I can show them we are all a team.*”

  - See own role in team as important (pride in own profession) “*the nurses are the first people who come into contact with this child.*”
  - Importance of community and training and their role with this “*... and then to talk to the community at large...*”
  - Importance of collaborating with families “*... for us (nurses) to be with the primary caregivers...*”
  - Importance of training other nurses “*... I was using this sign of “help” and then the nurses were just all around myself... and then I started going on with all these signs teaching them...*”
  - Importance of teaching typically developing children about disability, and the nurse’s role “*teach these children to play with the disabled children ...*”
  - Knowledge and skills about the communication means and functions of children with disabilities
  - Know what they’ll teach (concrete knowledge) “*... I can advise the mother about exercising and teach about the functions of communication, also the signs and then advise them to take the child to a crèche and communicate with other children...*”
  
- **Job satisfaction** - Increased job satisfaction “*... I enjoy this too much...*”

  - Pride in own abilities “*... but now, after this training, I know that I can work with them...*”
  - Enjoyment and fun of interactive teaching, using problem-based learning “*... and then I enjoyed this method.*”
  
- **Strong focus on social inclusion** - Training of community in acceptance of disability “*they should be included in the community and accepted...*”

  - Importance of inclusion and community integration (e.g. take children with disabilities on outings) “*on a Sunday the child can also go to the Sunday school like the other children...*”
  - Importance of focusing on the ability and not the disability “*I don’t regard disabled children as being disabled, I see them as normal kids who are not able to do certain tasks...*”
  - Training of primary caregivers to facilitate social inclusion “*...they must not hide these children.*”
  
- **Relationship with primary caregivers** - Importance of including primary caregivers as part of the team “*to make them work together...*”

Necessity of providing support to these primary caregivers “*...the primary caregivers should also be given support that we can help the children...*”

- Educate primary caregivers on acceptance by focusing on ability “*take their children as they are and be with them.*”
- Increased knowledge about what to do with primary caregivers
  - *Listen to the problem*
  - *Talk to primary caregivers and ask about problems*
  - *Assist primary caregivers by showing them what to do*
  - *Teach mother signs (expand to family and then outsiders)*
  - *Referral to therapist if still necessary after having tried first*

## 2 TRAINING EVALUATION

- **Content**
  - ***Communication means***
    - Manual signs: feel that they are equipped to use it, especially for greeting, to give instructions and to request basic needs.
    - EasyTalk (started at home by teaching own children and family members)
    - Real objects and the making of the object communication board
    - Communication board
  - ***Communication functions***
    - Greeting
    - Requesting “help”
    - Requesting “more”
  - ***Communication partners***
    - Importance of increasing number of communication partners through social inclusion
  - ***Communication opportunities***
    - Importance of providing and creating communication opportunities
    - Violating expectations
- **Training method**
  - **Follow-ups**
    - Helped to problem-solve difficult cases
    - Served revision role “*makes us not to forget some of the things.*”
    - Not threatened by the evaluative nature of follow-up “*it wasn’t a big deal.*”
    - Provided an opportunity to practise new knowledge and skills if they have not had exposure to a child with severe disability “*helped us to visualise...*”
    - Acted as a trigger for independent revision “*after the follow-up I started to recall them and then I started to read.*”
    - Relevant case studies were selected for follow-ups

- **Training**
  - Could identify with the researcher and wanted to please her *“Let me not disappoint Juan.”*
  - Training was well-prepared
  - Lectures were good
  
- **Skills mastered**
  - Gained knowledge about what to do *“now I feel I can communicate with these children”*
  - Excited about new knowledge and skills. Eager to demonstrate them
  - More hands-on training with real cases will further enhance skills development.
  
- **Outcomes**
  - Empowerment. *“I never thought I would use that (signs) as an adult, but now I see it has a lot of purpose.”*
  - Positive attitude. Know what to do and how to do it.
  - In-service training of other nurses at clinic *“when we get that type of patient and I am not present, they can use these things (BCIP).”*
  - Enjoyment when working with children with disabilities *“it (BCIP and training) helps us to enjoy working with severe disability patients because really before that was a problem.”*
  - Apply skills to own profession to ease nursing problems *“teach him something to show us when he is feeling pain...”*
  - New knowledge and how to problem-solve in situ and where to start.
  - Sense of achievement and pride *“one patient who is deaf specifically asks for the nurse who knows how to talk!”* (herself)
  - Pride *“...how to communicate by using signs. That is something I never dreamt I would be able to do.”*
  - Feel valued and confident about new skills and knowledge
  - Horizons are widening (watching Deaf TV, interested in Para-Olympics, etc.)
  - Felt that initial course objectives were met – positive impact on expectations.
  - Increased insight. Thinking about the devastating effects of disability and realises it is emotionally draining.
  - Fun: training was enjoyable *“we were so laughing...”*
  
- **Negative aspects**
  - One week training was too short : should be extended to at least two weeks
  - Whole day training is tiring : should maybe be only mornings
  - Found interactive teaching and hands-on workshops demanding at first. Not accustomed to problem-based learning.

### 3 General comments

- Responses were genuine and deep, and nurses shared experiences on an emotional level.
- Honesty. Admitted to having tried to avoid the researcher initially during first follow-ups due to fear and anxiety of what would be expected of them.
- Initial anxiety was put at ease by researcher during first follow-up “*I was so relieved...*”