APPENDIX P

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

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…”

Appendix P  2
- 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**
  - 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…”