Masters in Learning and Teaching

Dissertation

Building a Framework for promoting adult motivation in mandatory manual and patient handling training

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Abstract:

Health and social care as a profession has one of the highest rates of non-fatal injury to the staff. Health and social care staff receive mandatory training every eighteen to twenty four months. The study sought to identify the movitational factors for adult learner in a mandatory setting. Data was gathered through focus groups and semi-structured interviews. The results found that adult have intrinsic and extrinsic motivation in the mandatory training setting which is affected by a number of factors. The findings indicated that the mandatory nature of training does not affect the motivation of social and health care workers in manual and patient handling training. A framework for the promotion of adult motivation was built based on the findings. Recommendations have been suggested for future manual and patient handling training for social and health care workers

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Chapter One: Introduction

Introduction

Social care, as a profession, has changed rapidly over the past twenty years. The sector has becoming more regulated with the introduction of government policy and best practice guidelines. Social care organizations have the onus to offer extensive training to the frontline staff which has to be monitored and reviewed regularly. New Directions Review of HSE Day Services and Implementation Plan 2012 – 2016 Working Group (2012) highlights the need for staff consistent training and support to ensure quality and adherence to best practice. National Standards for Residential Services for Children and Adults with Disabilities (January 2013) states that all organizations must provide training to staff based on the needs of the service user group. The organization is required to monitor competencies and ensure training is provided to maintain capabilities. From the year 2022, social care workers will be required to register with CORU, the registration and monitoring organization. Social care workers will be required to attend continuous professional development and ensure that skills and knowledge are maintained in the profession.

Background

The Health and Safety Authority Summary of Workplace Injury, Illness and Fatality Statistics report 2015-2016 found that the health and social care industry has one of the highest injury rates. In this sector, there are 16.7 injuries per 1,000 people. Manual handling injuries accounted

for 30% of injuries within health and social care with 23% of these injuries resulting in back injuries. 51% of injuries will result in absence for more than 52 weeks. The HSA report also found when the injury party returns to work, 50% will not return to full duties and the position will be modified to accommodate the injury. A report submitted to the HSA "Analysis of the causes and cost of manual handling incidents in health and social care" found that the majority of manual handling injury accidents involved staff who has been with the organization for more than 5 years and has received training more than once. The report also found that the cost to the employer was over 12,000Euro and the cost to the employee was 10,000Euro Social care workers are legally required to attend manual and patient handling training every 18-24 months according to the HSA regulations. The Safety, Health and Welfare at Work, (General Applications) Regulations 2007, Chapter 4 of Part 2 state that all companies have to provide training for all staff who are involved in any movement of "loads". Health and Safety Authority Guidance Document for the Healthcare Sector report (2006) states that all healthcare staff have to be competent and have attended manual and people handling courses. The training course is designed as an introduction to manual and patient handling and a refresher course.

Training is essential for organizations to meet the legal requirements of the industry and improve performance, and also essential for the individual to reduce the possibility of injury. The organizational perspective of mandatory training may be different to the perspective of the employee. The exploration of the contrasting view is essential and factors which affect the motivation to learn and the motivation to transfer the knowledge and skills.

The target participants for this study are social and health care workers in organizations which require staff to complete manual and patient handling training. As shown, health care workers have a high risk of injury when completing manual and patient handling tasks which increases

with length of service and repeated attendance at manual and patient handling courses. It can be observed through this research that staff training needs to be enhanced to encourage motivation to learn and motivation to transfer. The increasing legislative and professional requirement to attend training, it is important to ensure the training is effective and transferable for staff and motivation to learn and transfer the skills and knowledge is encouraged. The research question will explore the factors that motivate staff to participate in mandatory training. There is large body of work regarding adult learning and training (Noe & Wilk, 1993; Knowles, 1970; Colquitt, 2000) which explore motivation and themes although there is limited research on enhancing motivation for mandatory continuous training. The research will explore adult view and perceptions of manual and patient handling training. Colquitt et al (2000) found that younger and less experienced staff are more inclined to be motivated to engage with the learning materials. The manual and person handling training course is delivered to a group of staff who have differing levels of experience. The question is to explore how more mature staff with multiple events of manual handling training and experience may be motivated to actively participate in the training setting. A HSA report found that staff with over 5 years of experience and multi attendances at manual handling training, are more likely to experience an injury due to bad practice. The research will explore the factors that may influence this. Knowles (1970) stated that adults learn differently and the acknowledgement of the adult learner's experience is a factor to consider when delivering training. As the course is designed to deliver the foundational principles, staff experience is not taking into account. With the absence of experience acknowledgement, could this affect the staff experience of the training setting? Knowles (1970) also theorized that adult learners are self-directed in learning settings. He argued that adults need to be involved in the all aspects of the learning and are autonomous in the directing of their

learning outcomes. The mandatory nature of the training and the structure of the training course, however, to juxtaposed to the principle of autonomy.

The aim of the study is to explore adult motivation in mandatory manual and patient handling training and present a framework to promote adult motivation in mandatory manual and patient handling training. The study results will contribute to the body of knowledge for trainers of mandatory modules.

The purpose of the study

The purpose of the study is to explore the motivational factors for adult learners in mandatory manual and person handling training. The research hopes to describe the themes that affect the motivation of learners and identify methods to increase the motivation to learn and transfer the skills and knowledge. It is envisaged that an awareness of the motivational factors could influence the teaching of mandatory training and decrease the probability of injury. It also may improve the experience of staff in the training setting.

Conclusion

This chapter highlighted the research subject and the rationale for the study. The background allowed for a review of the literature and the current manual and patient handling training setting. It also presented a rationale for the study

Chapter two will explore and present literature regarding mandatory training for adult learners and motivation. Chapter three will describe the methods, methodology and rationale for the study design. Chapter four will show the findings of the study. Chapter five will examine the themes

found based on the findings and present discussion of the research findings. Chapter six will

outline the limitations, implications and conclusions of the study.

Chapter Two: Literature Review

Introduction

A literature review provides "a systematic and critical appraisal of the most important literature on the topic…. it is a key step in the research process that provides the basis of a research study" (LoBiondo-Wood and Haber 2006). The purpose of this literature review is to explore the research regarding training, adult learners and motivation to assist with building a framework to promote adult motivation in mandatory manual handling training. The literature review hopes to provide a foundation for the research project and put the research study in context.

Training

There are differing views of the function of training within an organization. Miljus et al (1971) defined it as "a planned learning experience designed to bring about permanent change in an individual's knowledge, attitudes or skills". Training is about enhancing and reinforcing skills and competencies but is not going to change personalities or capabilities (Hackett, 2003). Training is to expand the abilities of the workforce and to forecast the needs of the organization for future growth and development. Training is part of the strategic plan of an organization and ensures that staff are prepared for changes within the workplace. Muhammad and Idris (2005) describe training as "culturally bound". The trainees learn what they require to work within a particular organization and these skills are specific to the organization and the culture within the organization. The importance of the training skills is set by the organization and their values. Kirkpatrick (2016) stated that training is relevant knowledge and skills which gives the learner

the confidence to apply the knowledge and skills to the workplace. Training has a number of purposes. Training can set the standard for new staff and ensure these new staff are adhering to organizational culture and expectations. It also reduces risk, promotes change, develops skills and enhances communication (Shenge 2014).

The role of training within an organization has changed from on the job training conducted by managers and supervisor to an increase in courses conducted by subject matter experts in a formal classroom environment (Noe, Clark and Klein 2014). The training evaluation model has changed from the use of interventions and teaching approaches to centre on the trainees and their learning styles and experiences. Mayo and Longo (1966) studied the effectiveness and different training approaches. The method was to reduce training time by changing the course curriculum and the teaching style. By 2000, the focus changed to centre on the learner (Kozlowski and Bell 2006). The changes allowed the examination and evaluation of training through the lens of the learner. It examined how the learners is interacting in the training environment and processes the information. All staff attend training courses with different levels of experience, formal education and attitudes. High levels of education have a positive impact on the participation of staff in training (Leuven and Oosterbeek, 1999). Research has found that a trainee's attitude towards their job and the work environment affects the learning and transfer of the learned materials (Noe 1986). The value that adults place on their job and their perceived value within the organization can affect training sessions as the staff want to connected and respected.

Stone (2002) stated that training achieves an organizational goal by having the interests of the workforce and the company at the core. Staff training is an achievement for the company as they complying with legislation and best practice guidelines and also develop staff to complete their jobs more effectively. The staff interests are serviced as they can gain more experience and

increase their skill set. Training increases the performance of the organization as a whole

(Shepard 2003) Organizations are spending more money on staff training and development.

Some organizations see training as a means to enable the staff to be more productive and

efficient. An IBEC "Management Training Survey 2013" found that health and social care

organizations spend just under 3 percentage of their wage bill on staff training and development.

A trained workforce decreases injury, challenging behaviour and the subsequent costs. The cost

of training is high; however it gives more to the organization than it takes away (Flynn et al

1995). Offering training to staff can show an investment in the professional growth of employees

and an investment in the person. Training needs to be directly transferred back to the workplace

to guarantee the investment of the organization (Baldwin et at 2009). The transfer of training

skills and knowledge is important for the growth of the organization and the personal growth of

their staff.

Mandatory Training

Mandatory training for staff is essential in the healthcare sector. Mandatory training ensures that

the organization is meeting the legislative requirements set down by social care bodies and

governmental guidelines. Staff have to attend "refresher" training every 18-24 months.

Mandatory training has been described as controlled motivation to transfer learning.

(Gegenfurtner et al 2009). The motivation to attend mandatory training is external and is

influenced by the attitudes of the organization, superiors and the individual. Research has found

that staff who feel pressure to attend mandatory training have lower motivation levels that staff

who attend voluntarily (Hick & Klimoski, 1987; Noe & Wilk, 1993). The organization and

superiors affect the motivation of employees in the presentation of the training requirement and need. Staff who are given an understanding of the aims and objectives of the training have a higher desire to participate and are motivated to transfer the learning (Mathieu et al 2006). When trainees are aware of the benefits and necessity of the training content, they show greater motivation to participate (Clark et al 1993). Staff need to have some control over the results of the training (Cheng and Ho, 2001). Staff need to also have an investment in the success of the training. By having control over the results, staff have a vested interest in achieving the goals as they have set the goals. Self efficacy is an important factor to ensure that staff feel motivated to participate in mandatory training. Cheng and Ho (2001) state that trainees need to be given self efficacy in organizing and completing certain tasks in the training environment. Mandatory training may decrease motivation for a subject and the job and decrease trust between the employee and management as the need for training can be seen to reflect on the lack of skill of the employee. With control over the results and outcomes and explanation of the benefits of attending, staff motivation can increase. Tsai and Tai (2003) found that having mandatory training can added a sense of importance to a training course and shows an investment of the company in the employee.

Industry Standards:

Health and social care professional will be required to register with CORU in the coming years. The Health and Social Care Professionals Act 2005 requires the establishment of registration to maintain the standards of health and social care workers. All training courses attended by social care workers will be required to register with CORU to ensure the standards are met. The Safety,

Health and Welfare at Work (General Application) Regulations, 2007 requires that all staff are competent in performing manual and patient handling tasks. A competent person is defined as a "person possesses sufficient training, experience and knowledge appropriate to the nature of the work to be undertaken". Refresher courses are required by the regulations "to reinforce and evaluate manual handling skills and techniques in line with best practice". The National Standards for Residential Services for Adult with Disabilities also requires that staff have received training and are competent and supported to work with service users. HIQA standards state that all staff must have completed mandatory training and training which meets the needs of the residents.

Training Evaluation

The Kirkpatrick model was developed to evaluate the training. Kirkpatrick stated that for training professional to reach the goal of knowledge and skill sharing, they need ensure that the materials are relevant to the participants, the learners acquire new skills, the learners have a change in attitude and skill sets when they return to the workplace and the organization can see a change due to the training. Kirkpatrick's model evaluates the all aspects of training courses- the materials, the learner's skill and change in attitudes and the organizational changes. Holton (1996) disagreed with Kirkpatrick and stated that this model was a classification or taxonomy and failed to show any supporting research. Holton (2005) built on the work of Kirkpatrick yet removed the 1st stage (reaction). He stated that for learning to occur in the training setting staff need to be motivated to learn through the lens of the perception of training and needs to be motivated to transfer the learning to the workplace. The focus at the beginning of training should

on the individual and increasing the motivation of trainees. The organizational result of training will only be seen when staff are motivated to transfer the skills and knowledge and the climate is conducive to the transfer. It is only then the organizational results will be seen. Staff are motivated to learn and transfer the skills and knowledge through their own learning styles and the organization culture. The outcome most valued by trainers and the organization was the ability of staff to transfer the skills back to the workplace (Blume et al 2010). Motivational factors are based on the staff member's job satisfaction, involvement and organizational commitment (Curado et al 2015).

Motivation

Research in workplace training has stressed the importance of understanding and evaluating the role of motivation in the effectiveness of training (Colquitt et al 2000; Noe and Schmitt 1986). "Motivation is defined as an internal drive that activates behavior and gives it direction. The term motivation theory is concerned with the processes that describe why and how human behavior is activated and directed" (Romando 2007). Romando (2007) views motivation as internal process which is enhanced by the learning environment. Kanfer (1991) defined training motivation as "the direction, intensity and persistence of learning directed behaviour in training contexts". This views motivation as an external process which is fully controlled by the trainer. Motivation can be influenced by internal and external factors (Noe 1986).

Motivation is an important factor in workplace learning. A number of theorists state that it is essential to learning that all participants are motivated. The theories view motivation in different way and can be competing at times. Maslow (1943) proposed a hierarchy of motivation which is

based in a humanistic approach to learning. The humanistic approach to motivation in learning is rooted in the student being at the centre and the teacher as the facilitator of learning. Huitt (2004) made the assumption that people act with "intentionality and values". The approach examines the person as whole and advocates that job of the educator is to motivate and facilitate learning activities which assist the student to become a self-actualized person. For the learning to be effective and motivation to learn to be enhanced, the environment must be open, genuine, accepting and empathetic (Rogers, 1959). Motivation to learn is defined as "…..the willingness…intention….effort and commitment to learn and participate in training" (Bauer et 2016). Motivation to learn is most important in evaluating the effectiveness of training (Bauer et 2016). A sense of achievement, growth and recognition are factors which affect the staff motivation in the workplace (Herzberg, 1959). These factors are best effective when known and put into action by managers and supervisor. Managers need to have an awareness of these to ensure that their employees have job satisfaction which increases motivation within an organization. McClelland (1961) theorized that motivation comes from three needs- achievement, power and affiliation. Achievement is the need to complete the course and reach a set of standards. Power is the need to have control over others and the power to change minds and people. Affiliation is needed to be part of a group and receive acceptance. McClelland suggests that training courses should be designed with these attributes in mind and to appeal to the needs of the trainees when teaching. The idea of applying to these needs however may be difficult in a mandatory training session as there number of participant is high and the experience and level of employment is different. It would be most helpful when applied to motivating staff to attend the training. The humanistic approach is based on the idea that motivation to learn and participate is found in fulfillment of human potential rather than the end goal (Bremner et al

2009). The organizational structure and practices can affect this fulfillment as employees are not advancing to "maturity" and the personal growth is stunted (Argyris 1973). The management are the factor which affects the employee from reaching their potential and growing into a motivated self-actualized person.

The behaviorist theory of motivation contrasts the view of Maslow, McClelland and Argyris. While humanistic view of motivation is based on fulfilling the internal needs of employees, Skinner (1965) would argue that external consequences regulate the behaviour. To motivate staff to attend and participate in training, the manager must positively reinforced desired behaviour and punish the negative behaviours. Managers and trainers should praise the employee/trainee when they have completed a task successfully in the training context and punish negative behaviours. The trainee will be conditioned to improve their learned behaviour if they can see the correlations between the good behaviour and praise and negative behaviour and punishment.

The view of the employee of their job involvement affects motivation. Brown (1996) found that people who are committed to their job showed a higher rate of motivation. The commitment of the employee to their job give a sense of investment in the company outcomes and a personal feeling of self-worth (Martineau, 1993). The emotional reaction of the trainees can affect motivation (Wlodkowski, 2006). The emotional side of the trainee can't be ignored as it can increase or decrease the desire to learn. Ratey (2001) found that emotions greatly influence motivation in a learning setting. For example, embarrassment at being singled out at a training session can affect the motivation of the learner to return to the training setting and fully participate for fear of the event happening again.

Motivation is essential to learning and modeling practices taught in training (Bandura 1977). Staff attending training need to be motivated in the room to return to work and put the training into practice. Staff need to be fully engaged and motivated to complete the learning process. The motivation is found through watching the observations of those who have learned the skills and have received a reward from the training. Self-determination theory address intrinsic and extrinsic motivation (Deci & Ryan, 1985). To function and grow, the environment must nurture the principles of competence, autonomy and relatedness. Intrinsic motivation is the desire to achieve for a personal purpose versus extrinsic motivation which is to achieve for rewards e.g. money, promotion. Intrinsic motivation is of the upmost importance to training staff and companies need to address this internal driver to ensure participation (Kozlowski and Bell 2006). In the mandatory training setting however, increased wages or a promotion are not a motivating factor. There are no immediate career advancements evident. Knowles (1984) said that as we grow older, motivation moves from extrinsic to intrinsic. The need for reward and money decreases as progression through life and self achievement and self-directed inquiry increases. The learning from intrinsic motivation produces greater and deeper learning (Knowles, 1984). Knowles theorized that motivation is not a natural process but is a skill conditioned through life particularly through education. Motivation for adults to participate in training is different to motivation for younger people. Responsibility is the main difference. The factors that motivate adults come for their responsibility they have acquire their working lives. The responsibility to provide for families and adhere to their values and beliefs affects their intrinsic motivation and participation in training programmes (Wlodkowski, 2008). Learners will be engaged and motivated more if the course content is new to the learner, assists with an issue in their current workplace and is important in their work life (Vroom, 1995). Manual handling training is

essential to the work place of social care workers as it involves the personal handling of persons

and their safety and comfort needed to be prioritized. Due to the generalities of manual handling

training, the specific issues of the client group and staff member may not be addressed. The

training needs to be relevant to the person and the right materials at the right time to ensure

motivation to learn. The learner needs to find meaning in the training materials (Frankl, 1992).

Extrinsic motivational factors can be predicted by the environment within the organization.

Culture and climate of the organization can reveal how staff will engage with training (Tracey et

al, 1995). Baldwin et al (1991) suggested centering the training around meals as an extrinsic

motivator to heighten motivation to participate and learn. Motivations can change over time and

can be situational (Guay et al 2000). Situational motivation concentrates on the motivation

present in that moment and time (Vallerand, 1997). Trainer need to have an awareness of this

shifting motivation. The motivational factor can change through differing courses and life stage.

Adults learn for different reason than children. (Knowles, 1984). Children show higher

motivation for extrinsic purposes e.g. money, grades, rewards. Adults show higher motivation

when completing a course for intrinsic motivation purpose. Adults have been shown to show

high motivation in goal orientated course which build self-esteem and self-confidence.

(Knowles, 2012). The relationship with the instructor also plays a part in the motivation of adult

learners (Schwartz, 2011). An environment of openness and engagement motivates adult learners

to achieve and meet goals. Motivation is needed to ensure a deep level of learning which

contributes more effective learning. Motivation to attend and learn increase participation and

engagement which also affect the learning and transference of the learning to the workplace.

Adult Learning

Whitehead (1931) said we are living in a time where adult education has become more important as there is a constant need for upskilling as the job market changes. There is a growing emphasis on lifelong learning and training of the "knowledge based economy" (Desjardins et al, 2006). Through the professional life of a social care worker, they need to attend training which is mandatory and after the introduction of CORU guidelines, social care workers will also be required to complete continuous professional development courses.

Adults learn in different ways than children and youth. The learning style and environment needs be adapted to match the unique way that adults learn (Knowles, 1984). Adult learners fall into three different categories- the goal orientated, the activity orientated and the learning oriented (Houle, 1961). Adult education is a "process by which the adult learns to become aware of and to evaluate his experience" (Lindeman, 1926). Adult come to educational setting with different characteristic. They have a breath of experience, obligations and responsibilities (Booth & Schwartz, 2012). The experience, obligations and responsibilities inform how and what they will learn. Adult learners become critical reflectors in the training environment. Adults try to make meaning from the training materials and view the material in the context of their experience and professional life (Ellis, 2009: Wade, 2009). Adults want the information and learning materials presented to them in a way that is relatable to their experience and work life. Adults have the capacity to focus their learning as they find connections between training, work and home lives (Siedle, 2011: Knowles, 1984). Adults would like autonomy over the learning outcomes (O'Connor et al 2009). They want to set the goals for the training session which are linked to expanding on their experience and current knowledge and skills. Adult education is able understanding, seeing and solving community problems. (Rosenstock-Huessy 1925). Adults

learn more effectively as they have a large base of prior knowledge to contribute and build on (Kuhn & Pease, 2006). As explored in Knowles' andragogy, prior knowledge and experience bring enrichment to the learning environment.

The learning a child receives is formative learning and adult learning is based in transformative learning (Mezirow, 1991). Transformative learning is concerned with challenging beliefs of learners and exploring how these beliefs affect the learners. Adult learners have expectations of the learning environment. They expect that the instructor will be knowledgeable, enthusiastic and motivational. (Donaldson et al, 1993). Adult learner should be engaged in self-assessment and have regular feedback. (Klein-Collins, 2006). Feedback encourages further engagement with the learning materials. Self-assessment also allows for transformative learning. Adults learn when the materials are emotional integrated into the environment (Rogers, 1961). Knowles (1984) made assumptions about adults learners. They are self-directed, their experiences needs to be taken into account, they come with a readiness and an orientation to learn and have intrinsic motivation. To fully engage and motivate adults in the learning process, they need to be involved in the planning, experience is used as a basis for learning, the information needs to be relevant and it is problem based rather than content based (Knowles, 1984, Kearsley, 2010). Kolb (1984) also said that experiential learning and reflections are tenets of adult learning. Experiential learning is the process where by adults experience, reflect, formulate new ideas and act on these new ideas. Scaffolding builds on the information that is already knows and gaining a new understanding (Ausubel, 1968).

"To a child, experience is something that happens to him to an adult, his experience is who he is. So in any situation in which an adult's experience is being devalued or ignored, the adult perceives this as not rejecting just his experience, but rejecting him as a person. Andragogues

convey their respect for people by making use of their experience as a resource for learning". –

Knowles (1984)

Experience of the adult learner needs to be taken into account when delivering training. This may be difficult when staff receiving mandatory manual handling training are at different levels of experience. The recognition of past experience engages and motivated the adult learner to engage further in training. The experience of staff can expand the learning of newer staff as they can see the issues that are present in the current work environment. This experience can allow the staff to feel empowered as they are contributing to discussion and assisting with problem solving.

Authentic learning is emerging as a new model for adult learning. Authentic learning is based on learning from real life examples and problem which are solved by the learners based on their experience and past learning (Jonassen et al, 2008). Students show higher motivation when "learning is hands-on and more personalized with the result that students perform real-world tasks and produce public products that reflect who they are and what they believe and care about" (Wagner 2003). Facilitation of learning is the most important aim in education. (Rogers, 1969). Pearson (1979) said that the main purpose of adult education is to develop adults and facilitate them to achieve a greater sense of being. Adult education is a moral learning. Mandatory training can give trainees a sense of accomplishment and contributing to society as they are assisting service users to access transport and community outlet with safe support from staff.

"Adult education should recognize that both informational and transformational learning are valuable and necessary in the modern world, but only the latter has the potential to encourage the

development of a more complex frame of mind, which is necessary in order for citizens to interpret their experiences in a critical way, thus to become capable to deal with the fluid and uncertain reality". (Kokkos, 2015)

Adult learners have a higher rate of intrinsic and extrinsic motivation and how both intrinsic and extrinsic motivation affect the learning experience (Kasworm 2003). Adults are more aware of impact of motivation on their learning and this awareness leads to increased participation and achievement (Kasworm 2003).

Barriers to Motivation

Adult training can also be affected by barriers. The nature of manual handling training is showing skills which may increase anxiety in some trainees. The trainees have to demonstrate skills in front of a group which can be difficult as there is the perspective idea of judgement from other participates. Anxiety can be a motivating factor (Rogers, 1986). The anxiety can allow the learner to ensure they complete the task correctly. It can also stunt the learning as they feel under pressure to "perform". This anxiety can attack the sense of self which a key component of adulthood learning. The process of skill demonstration can also affect staff if they have been completing the task incorrectly and the demonstration is highlighting this flaw. The trainer needs to be mindful of the strategies they use to correct the behaviour. Physical capabilities can also demotivate in the training environment as a certain level of capability need to be present to complete the task. Trainees do not want to be labelled as unable to complete the task and this can affect motivation. The fear of failing is a constant issue for adult learners (Rogers, 1986). There has to be a degree of difficulty to challenge but not overwhelm learners. The materials have to allow for a stretch in learning but still within reach.

Conclusion

In summary, this review addressed the aspects of adult learning and motivation in a mandatory setting. This review shows the factors which affect motivation and the view of training for adults. The views that these learners have before they attend training can affect the learning experience and the transfer of the skills and knowledge

The research question asks to build a "framework for promoting adult motivation in mandatory manual and patient handling training. The intention of the research is to explore the factors that affect adult motivation when attending manual and patient handling training which would provide an opportunity to enhance training delivery and encouraging transfer of skill and knowledge.

Chapter 3: Methodology

Introduction

Research in health care has changed from a quantitative focus to a qualitative focus over time

(Pope 2002). Qualitative research in a healthcare setting is concerned with the quality and

support offered to client group and this has allowed researcher to explore options to improve

services by taking account of effective practice on a personal level (Pope 1995). Diversity and

client expectations show the complex needs of health care professionals and have increased

avenues and methods of research in healthcare.

The following chapter will give an overview of the aims and objectives of the research. It will

also discuss the methodology, methods and data collection tool used in the research. The chapter

will also explore the limitations of the research project.

Research aims and objectives

Research aims and objectives are what the researcher sets out to gain by conducting the study

(Polit, Beck 2004). Buckley and Chiang (1976) define research methodology as "a strategy or

architectural design by which the researcher maps out an approach to problem-finding or

problem-solving. The aim of this research study is to find the factors which affect motivation to

learn and transfer for adult learners in a mandatory setting.

The objectives of the study are:

- To explore the attitudes of staff in mandatory training

- To explore the motivational factors

- To identify the experiences of staff when attending mandatory training

- To make suggestions to improve mandatory manual and patient handling training.

The study attempts to provide a framework to promote adult motivation in mandatory training.

Philosophical Framework

Social constructivism is an "interpretive framework whereby individuals seek to understand their world and develop their own particular meanings that correspond to their experience"(Creswell, 2009). The constructivism view of research states that meaning is constructed rather than discovered (Grey 2017). Therefore subjects find their own meaning and view the subject matter through their own internal lenses. The interpretative approach to research is about finding information that is culturally derived and historically situated interpretations of the social life-world (Crotty 1998). The meanings that are extracted are plenty and varied. The researcher is searching for contrasting views across the sample group rather than limiting the views to a small grouping. Creswell (2009) states the goal of interpretative research is to rely as much as possible on the participants' views of the study and subject matter. The meaning is constructed through discussion with the individual so the research questions are expansive and wide ranging.

Interpretive research is based in relativism. Relativism is the view that reality is subjective and differs from person to person. (Guba & Lincoln 1994). The person extracts their own meaning from the social world and how it fits with their views and morals. Scotland (2012) stated that interpretative methods give the researcher an insight and understanding of behaviour which can

explain these behaviours from the participants' point of view. Interpretative research tends to explore the phenomena that exist in the world.

O'Leary (2004) describes phenomenological research as needing to "know how individuals go about making sense of their direct experience". phenomenology is grounded in the idea that social reality is only understood through the person's view and experiences of the social reality (Grey 2017). Phenomenological research explores the "intersubjectivity" of how the social world is experienced with and through others. (O'Leary 2004). Phenomenology is "…the rigorous and unbiased study of things as they appear so that one might come to an essential understanding of human consciousness and experience…" (Valle & Halling 1989).

The research design of interpretative phenomenological research is mostly focus groups and one-to-one long form interviews. An interpretative paradigm supports the use of focus groups. Interpretative phenomenological research tends to be qualitative. For the purpose of this study, interpretative phenomenology as used as it allowed the research to explore the experience and attitudes for the participants in a mandatory training setting.

Research Design

Polit and Beck (2004) defined research design as the overall plan for addressing a research questions including the criteria for enhancing integrity within the study. Research in healthcare can be conducting using quantitative or qualitative research studies which are based in interpretative or positivist paradigms.

Qualitative research is described as "multimethod in focus, involving an interpretive, naturalistic approach to its subject matter. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them (Denzin and Lincoln, 1994). The benefit of using qualitative research allows the researcher to explore the thoughts and feeling of people or culture within a particular environment. Qualitative analysis allows for contradictions in the research materials, which are seen in every day society as a whole (Denscombe, 2010). Qualitative research allows for the exploration of certain phenomena within the setting and allows the researcher to observe body language throughout the questioning. Mehrabian (1981) stated that only 7% of communication is the language alone with 55% accounting for body language and 38% through tone and a cadence. Although, body language is a difficult thing to describe while doing a research paper. It limits the research as the researcher could be making assumptions about the reason for the behaviour. Qualitative research, however, allows the researcher to investigate the body language and adjust their questioning to meet the need. By observing the participants, the researcher can observe non-verbal cues which can be noted and mirror these cues to allow for a relaxed atmosphere and the possibility of more candid responses. Polit and Beck (2004) state the aim of qualitative research is be as descriptively "accurate and explicit" as possible and should be rich and innovative. Qualitative research gives the researcher objective facts which are scientific. Qualitative research methods and methodologies appreciate the "multifaceted interactions between individuals and their environment", and also how the facets influence outcomes. (Anderson et al 2014).

Quantitative research focuses on gathering numerical data and generalizing it across groups of people or to explain a particular phenomenon (Babbie 2010). Quantitative research is concerned with finding a relationship between two variables. Quantitative research allows the research to be scientifically objective as opposed to the subjectivity of qualitative research (Carr, 1994). The research can be replicated as the questions and perimeters have been set. The data set is tested against a hypothesis and the interpretation of the data is less indefinite than qualitative research (Antonius, 2003). However, Carr (1994) stated that quantitative research does not add context to the answers or explain the reason for the answers or the interpretation of the question. Scotland (2012) stated that "since methods developed to understand the natural world are not always directly transferable to the social world, positivism has limitations". Quantitative research can be accused of being of being narrow and inflexible in vision (Polit and Beck 2008) which can lead to results which are superficial. The use of quantitative research may not give an expansive view on the human experience (Babbie 2010).

For the research in question, the interpretation of what motivation actually means may vary between people. A large data set is also need to have results which could be concerned transferable to the general population. The research could be conducted through focus groups to the company. The hypothesis would be based on research done by the HSA which found that healthcare workers with more experience of manual handling and training in manual handling have a higher instance of injury. This hypothesis could be tested as questions are asked about length of tenure, number of training courses attended, injury issues and measures of motivation levels. The difficulty of completing of doing quantitative research for this project could make the assumption that motivation is an external force outside of the trainees as quantitative research is

subjective. Research has found that motivation is a mix of intrinsic and extrinsic factors (Deci &

Ryan, 1985: McClelland, 1961: Knowles, 1984). The questions in the focus groups would need

to be crafted to ensure that the information received was taken from an objective trainee's

perspective.

For the research project, the researcher will be using qualitative research as it will allow to

explore the feeling and subjective attitudes of the participants. The aim is to explore the intrinsic

and extrinsic motivational factors and what factors affect the motivation of staff. It aims to

examine environmental issues, teaching strategies and autonomy of adult learner in terms of

motivation in a mandatory setting.

Participant selection method

Marshall (1996) contends that random sampling is inappropriate for qualitative research as it is

ineffective at giving the researcher an understanding of the human behaviour. Marshall (1996)

suggests that the researcher use three approaches to selecting a sample for qualitative research-

convenience, judgement and theoretical samples. Convenience sample selects the most

accessible subjects. Judgement sampling selects a group which will be more productive to the

study and answer the research questions most effectively. Theoretical sampling is theory driven

and builds on the previous work of the researcher.

 Approval was sought the organization the researcher works for. This would allow access to a

multiple staff training courses with a large sample size. The organization declined to give the

approval to complete the research within the organization. For the research presented here, convenience sampling was used.

The aim of the research was to build a framework for promoting adult motivation in mandatory manual and patient handling training. Contact was made with social care workers who have attended more than one manual and patient handling training course. Participants were from a varied of social care organizations with varied experience and company policies. Convenience sampling requires the use of participants who are readily available (Polit and Beck 2008). The use of convenience sampling allowed the researcher to speak to social care worker who use manual and patient techniques on a regular basis.

The sample size for qualitative research is an appropriate group which will adequately answer the research question (Marshall 1996). Prior to beginning the study, the researcher set guidelines for the sample population needed for eligibility and exclusion.

Eligibility for the study including participants who:

- Worked in a health care setting

- Have received manual and patient handling training on more than one occasions

- Were available to attend a focus group

Exclusion for the study:

- Staff who have received training once.

- Staff who had not received patient handling training

Correspondence was sent to forty health care staff with an invitation to participate and information regarding the study. Following the return of 20 email responses, there was a response rate of 50%. From the 20 responses, three participants were ruled ineligible due to number of training sessions attended. This left a sample group of 18 which would were divided into three focus groups. Before the study began, 4 participants withdrew from the study. Fourteen participants remained in the study. These participants were interviewed in 2 groups of five participants and 1 group of four participants.

Data Collection

Qualitative research and evidence encourages the researcher to "uncover, expose and consider the complexities" within a community (James et al 2012). Qualitative research is based on exploring different realities and meaning from a subject matter (Creswell 2009). For this study, the researcher regards this as the best approach to collect data. Potential participants were emailed information about the study with an offer to participant in the study. Twenty people responded to the email and eighteen were invited to participate in the study. Two potential participants were excluded due to not meeting the eligibility criteria. The data was collected over three focus groups

 The purpose of focus groups is to explore the views, experiences and motivations of participants in a specific setting (Silverman 2000). Focus groups allow for a discussion by a particular group

on a specific topic (Kitzinger 1994). The focus group is guided and monitored by a facilitator

(Morgan 1998). Interaction is imperative for a successful group (Stewart and Shamdasani, 1990).

The researcher needs to ensure that the group is comfortable with each other to disclose their

ideas, thoughts and beliefs. Gibbs (1997) summarized the definitions of 3 theorists (Kitzinger,

1994, 1995: Powell, 1996) in highlighting the benefits of using focus groups as a method for

research. Focus groups allow for collective activity, organised discussion and interaction. The

method allows for interaction between the participants and allows the researcher to facilitate the

discussion that happens within the group as participants expand on the ideas of other. The focus

group can validate the feeling and attitude of participants as they may find they share the same

views regarding the training. The group can achieve the collection of reactions and experiences.

Three focus groups were arranged with the 18 participants. The focus groups were to run for one

hour.

Kvale (2006) described interviews as "a progressive dialogical form of research".Semi-

structured interviews allow for the exploration of key questions but also allow the researcher to

explore ideas based on the answer and discussion provided (Britten 1999). The flexibility of this

approach allows for the participants to give answers which explore their motivations which may

not have been recognized by the researcher. The use of semi-structured interviews allows for

flexibility for both the researcher and the participants as it allows elaboration for all (Gubrium

and Holstein 2002). Semi-structured interviews allow the interviewer to probe and expand on

points made by the participants (Rubin and Rubin 2005). An effective interview has two key

features- it flows naturally and it is rich in detail (Dornyei 2007). The questions used for the

study aimed to cover the different areas that may affect motivation in a training session. The

questions acted as an overview of the areas to be explored within the focus groups (Appendix 2). The researcher was aware of the power dynamics within the focus groups due to the control of the researcher in terms of time, date and direction of the questioning. Kvale (2006) highlighted these issues and proposed countermeasures to negotiate power between the researcher and the participants. Participants were asked to confirm answers and define interpretations. All participants completed consent forms and were provided with an information sheet before the focus groups began. During this time, the participants had the opportunity to ask clarifying questions and had the opportunity to withdraw.

The participants were provided with the opportunity to select a time and date for the research from a list provided by the researcher. The focus groups took place over three evenings and lasted for an hour. Due to scheduling, four participants were unable to attend the focus groups. The focus groups continued with two groups of five people and one group of four people.

Dependability, Credibility and Transferability

Qualitative research is judged in a different manner to quantitative research (Lincoln and Guba 1985). Qualitative research is judged by the criteria of credibility, transferability, dependability and confirmability. These are based on the assumptions of qualitative research cannot be fully reliable due to nature of the study subjects- people and society.

Dependability and authenticity are essential for qualitative research (Lincoln and Guba (1985). Lincoln and Guba (1985) theorize that dependability is reliability in quantitative research. Dependability is concerned with the consistency of the research findings. Can it be stated that if

the same research was conducted with another group at another time, the results would be the same (Parahoo 1998). Dependability of research is further found through transparency of the research process (Guba 1981). Dependability was sought through the semi-structured interviews which had set areas to explore. Creditability is established by examining three elements- the careful analysis of techniques and methods, the credibility of the researcher and the philosophical foundations of the research. (Lincoln and Guba 1985). Credibility is found in the quality of the responses rather than the quantity. It is dependent on the wealth of information and less dependent on the amount of data gathered. Transferability is found through the description of the context as well as behaviours and experiences. Confirmability explores the bias that the researcher has when conducting the focus group. To eliminate bias from the research, the researcher conducted the study in a training setting independent of the teaching experience. The research was based on the words of the participants and their views. The researcher was aware throughout the process of the reasoning behind topic selection and methodological reasoning to improve confirmability of the results.

Cohen et al (2007) explored the potential bias which a researcher may have when completing a study. Cohen et al (2007) said bias can come from the attitude and expectations of the interviewer, the interpretation of questions and answers and the interviewer viewing themselves as a peer and participant. During the study these potential bias were considered as the researcher works in social care and has attended mandatory manual and patient handling courses. In all the focus groups, the biases were internal acknowledged and informed the phrasing of the questioning. Clear language was used and participants were asked if they understand the

questions fully. Throughout the focus groups, participants were given the opportunity to clarify questions

Ethical Considerations

Ethical research refers to the protections of human participants (Cohen et al 2007). Consideration needs to be given to anonymity, confidentiality and informed consent when conducting research (Richards and Schwartz 2002). The consequences of the interviews must also be considered when interviewing people (Cohen et al 2007).

Ethical approval was sought from the organization the researcher works for. Over a three month period, the research proposal was declined numerous times. Due to time constraints of the researcher and the submission of the research, this process was abandoned. Participants were sourced outside of organization.

Richards and Schwartz (2002) found that confidentiality can mean different things when interviewing health care staff. Health care staff view confidentiality as of utmost importance and is not divulged unless under extenuating circumstances. Confidentiality was upheld in the research as names were not divulged. There was no identifying information contained in the research. Participants were asked the length of their service and frequency of training. All research materials were stored in a locked cabinet with access only available to the researcher. Soft copies of transcripts were saving a password word protected file. The data collected will only be used for presentation of thesis. All participants were given information sheets which detailed the storage of the information and the purposes of the research. All participants in the study signed consent forms for their responses to be used (Appendix 3). No identifying

information was used in the study. The participants were assured they would be referred to as participant throughout the study.

Autonomy is related to a person's freedom to determine their own actions and the protection of confidentiality and anonymity (Treacy and Hyde 1999). Participation in the research was optional and no coercive actions were taken to force participants to contribute. Participants were given the options to withdraw from the study before the focus groups, during and after. All participants were informed of their right to withdraw at any time through the information sheet. Contact details for the researchers were included in the information sheet. All participants signed a consent form for their responses to be used for the purposes of research. Before the focus groups began, the researcher outlined the research subject and the purpose and aims of the research questions. Participants were made aware of the use of the data for the presentation of a dissertation.

The benefits of the research must outweigh the potential risks for each person in the study (Beauchamp and Childress 1989). It is foreseen that the results of the study will add to the teaching styles and strategies of manual and patient handling instructors. The focus groups will not contain any requests for sensitive information however participants are advised of support services available to staff if they experience any adverse effects. All the organization that the participants work for have employee assistance programmes which offer supports to staff if needed. Contact details for these programmes were supplied to the participants

All participants were treated in the same way. Parahoo (2006) discussed the principle of justice in research and said researchers should not mislead or deceive participants in any way. The researcher ensured that this principle was upheld with participants given information about all aspects of the research and equal respect and consideration was given to all participants.

The ethical considerations of the research have been laid out and were adhered to during the study. The adherence to the above principles was to ensure the rights of the participants and respect and promote autonomy and justice.

Methodological limitations

In conducting any research, several methodological limitations are present. The methodological limitations can constrain the credibility of the findings and restrict the generality of the findings (Burns and Grove 2005). The use of focus groups can be a disadvantage as there may be more vocal members of the group who take over and dictate the agenda. The researcher needs to be aware of this to maximize a varied response from the group.

The study is being conducted as a part of a Masters in Learning and Teaching and constrained by the time allot. The researcher is also a novice in the area of research. The study could be further conducted with a larger population over a longer period of time with emphasis on themes that have been identified in the research.

The use of convenience sampling also has limitations on the methodology. Convenience sampling allows for the risk of bias due to a limited population and the sample may favour certain outcomes (LoBiondo-Wood and Haber (2009).

Data Analysis

Data analysis is used to put structure around a large amount of information so general ideas can be reached and explored (Polit and Hungler 1995). For the purpose of this study, a thematic analysis will be conducted on the responses of the participants. The focus groups will be transcribed and further analyzed. Braun and Clark (2006) argued that thematic analysis provides core skills for further research and is foundational for all researchers to complete. King (2004) argued that the approach allows for flexibility and can give the researcher rich and detailed data, although this flexibility can lead to inconsistency. The inconsistency can leave the researcher with no prominent arising theme and with no answer to the questioning. This can be solved by the use of semi-structured interview questions. A thematic analysis provides the researcher an opportunity to explore recurrent themes that appear throughout the focus groups. It also allows the researcher to explore diverse work and allow the participant information and responses to rise to the forefront of the research. Rubin and Rubin (1995) found that thematic analysis is exciting as allows the researcher to concepts and themes embedded in the interview text.

For this research study, a thematic analysis will be performed on the date collection as it allows the researcher to explore the underlying motivational factors that affect adult learners.

The information gathered during the study will be coding to correspond with emerging themes. By coding the information gathered, the researcher can show how they examined, perceived and developed an understanding of the research materials (Fossey et al 2002). Strauss and Corbin (1990) said coding requires the researcher to find constant and consistent comparison between phenomena and concepts which are supported by research and literature. " The main goal (of coding) is to break down and understand a text and to attach and develop categories and put them into an order in the course of time" (Flick 2009). For the purpose of this study, open coding was used to analysis the data collected.

The researcher had no preconceived ideas of the themes that would emerge. There was no hypothesis to test the results against as it was a phenomenological research project. The analysis was completed using the framework suggested by Braun and Clark (2006). After the focus groups, the interviews were transcribed. The researcher became familiar with the data and made notes based on an initial analysis. The research answers were highlighted when connected with answers from other focus groups. This allowed for the presentation of frequent patterns in each focus group. The researcher then analysed the data with consideration to specific questions based on the notes in the margin. Coding was done over all the interview transcripts then themes were sought. By evaluating the themes, it become evident that a number of overarching themes were present. The researcher stepped away from the research and revisited it with a critical mind after a number of days. This allowed for fresh eyes to see the research and try to contradict the themes found. The themes were then refined and defined. With the analysis and coding complete, a presentation of the finding began.

Conclusion

This chapter provides the outline of the methods and methodology for the study. It provided

justification for use of qualitative research to explore the motivational factors of adult learners in

a mandatory training setting. The philosophical framework for the study was explained and set

the foundation for the research. The rationale for the participant selection and the use of

convenience sampling was demonstrated. The response rate and sample sizing was also

presented. Criteria and eligilibility of the sample group were outlined. The rationale for the use

of focus groups and semi-structured interviews was presented. The method of thematic analysis

was explained as a viable tool to examine the research responses. Ethical considerations were

also presented which showed the elements needed to conduct the research in the least harmful

method to the participants. The exploration of the dependability, credibility and transferability

within the study was included. The limitations of the study were also outline with reference to

issues with time constraints, conducting the research as requirement for a masters in learning and

teaching and the use of convenience sampling.

Chapter Four: Results

Introduction

This chapter will present the findings of the research study. The study aimed to explore the motivational factors for adult learners in manual and patient handling mandatory training. The chapter will show the questions which were presented to the participants and the themes which emerged during the focus groups.

Demographic Profile of Participants

Demographic	Participants	%
Sex		
Male	4	29
Female	10	71
Years of service		
<2 years	2	14.2
2-5 years	8	57.2
6-10 years	3	21.4
10 years +	1	7.2
Profession		
Social care worker	8	57.2
Home support worker	3	21.4
Care assistant	3	21.4
Workplace		
Day Centre	6	42.8
Service user home	4	28.6
Residential service	4	28.6
Number of manual and patient handling training courses attended.		
2-3 courses	3	21.4
3-5 courses	9	64.4
<5 courses	2	14.2

Table 1.

The above table shows the demographic profile of the participants. The demographic of the group shows the perspective of findings.

Results

Over the course of the three focus groups, participants discussed the impact of the organizational and managerial view of training, the impact of the trainer and the teaching strategies that affect the motivation in a mandatory training setting specifically manual and patient handling. The thematic analysis applied to the findings discovered a number of themes that were present in the focus groups. These themes appeared important in the motivation of participants.

Theme 1:   Teamwork: The importance of being part of a team.

A common theme of the impact of having training with your staff team emerged throughout the focus groups. The responses demonstrated that the participants are motivated by the present of another team member in the training session. One participant noted: "Doing it as part of a team is good cos we can bring up issues we are having without breaking confidentiality". Training as a staff member appeared to increase discussion -"What I like is when all the team is together. In training now, you can't actually discuss things and talk about individual service users". And "It's nice to have people I work with there because I can ask do you think this would work with X and having a discussion with my team and the trainer".

"It helps when I can talk to my colleagues and have a discussion as it lets me thinking about what I am doing with individual service users". All participants acknowledged the need for team discussion and collaboration.

The importance of a team attitude also was apparent when applying the skills when returning to the workplace. The participants said "When you are working with a colleague, if suppose they are covering for each other because you are being checked and you are checking your colleague". "We back each other up". One person said "We are talking about it if something is wrong" when working with a colleague to assist a service user with a transfer. Another opinion was the group… "liked the day with my team because it's just about us on that day". One person said "… you are choosing to do it because it's the best thing to for you as a team".

Learning from a team member who you respect and know as a theme was also apparent. Some participants commented on the opinions of the colleagues as being important. The opinions of colleagues give the participants work validity. In terms of assisting the team, one opinion stated clarified that the staff member did not want to let the team down. "I would not want to be the person that caused an accident".

Participants also commented on the group dynamics while attending training and the disadvantages of attending with a mixed group from other services. With more experienced people in the session who are not known, participants were less inclined to contribute to discussion with a number of participants noting: "I would be less inclined to ask a question if I am with more experience people because I don't want to appear stupid" and "my experience affects how and what I answer". When it was a mixed group, participants felt that they could not speak freely. One participant suggested doing introductions at the start of the course to allow some familiarity- "….the trainer asked questions… nobody answered and looked at the floor…..

it affects me….. I know it's going to be a long day……….. it's good for the trainer to do an icebreaker". It was noted that these strategies assist with encouraging motivation and participation- "I think it's a good idea. Some energy needs to be brought into the room otherwise its flat and stale. It lifts the mood and gets people used to talking out loud". A participant found it "weird" to contribute to discussion in the session if the group is mixed. She commented that she doesn't know the other trainees and finds the experience "awkward" as she doesn't know what to say or if she will be misunderstood.

Theme 2:   Relevance and practicality :

All participants in the study felt that the information needed to be applicable to their job and could be transferred to the workplace- "I want it to be relevant". "I never want to do it again cos I have done it so much even though it's relevant, you're picking up empty boxes and it's not really useful"... "I don't pick up empty boxes in real life"…….."I was getting pissed off cos so much time was spent on irrelevant stuff and questions". This irrelevant information can cause participants to disengage- "……..that aren't relevant, I know for me anyway, I have totally shut down at that point".

Participants said they want to learn how to use the equipment. They said they want to be able to support their team and support the service users- "I want to know how to use these things". One participant noted-"I was thinking am I putting them in danger by me not knowing". Participants want to engage in experiential learning- "The trainer using practical real life examples and getting you into the situations, you are up on the bed and using the slide sheets and knowing what the service user is feeling. It is interesting". The transfer of the information is important to

participants- "thinking I should have listened better cos it's only when you're putting the information into practice, you realize what to do." An issue lay with the trainer "getting you to do stuff which isn't necessary and not practical for you" when they should have "had you up experimenting and learning that way." The practice with the equipment allowed the participants to actively engage with their team members, when present and supported learning- "You're sitting there doing a practical and you can turn to your colleagues and ask do you think that would work for so and so".

The trainer needs to use practical examples which support motivation- "I think as well, when the instructor tried to introduce (irrelevant) stories. Because I think what's the point of sitting listening". Participants were more likely to learn and be motivated if presented with examples which were transferable to their workplace- … "if the person is engaging, and they use relative practical examples, I listen and think about my own job". Participant most recalled the practice with hoists and equipment and learned from this section of the course- "……what comes to mind is the stuff in the room with the equipment. Because it was relevant and practical, I can't remember the rest of the day. That's the type of stuff that sticks in my head". The use of real life situations was helpful to engage and support learning. "Sometimes I like listening to stories when they are relevant. Then sometimes they go off in tangents that are nothing to be with anything". The trainer needs to be able to tailor the information to the service user group-"I got frustrated that they are telling me you should do this but it's actually not relevant to the person. I would get frustrated and probably zone out". If the trainer is using practical relevant examples, participants are "sitting thinking back to how I do things at work".

Participants felt that the training was viewed by their organizations and management as a "tick the box" exercise. This factor affected the motivation of the participants. The view of the managers and supervisor "set the tone" for the training. One participant stated "Any time that its suggested that you have to go on training, it's done in that tone of voice and that manner that its look lads we have to do it" and the offer of a day away from work and having lunch was seen as "it's like a bribe". The organization has an effect as it shows senior management care about the welfare of their staff and service user. A participant stated positive statements and references to their workplace would make "it more incentivized for me, it would increase my participation". An opinion added was, before the expansion of the services, the company's view on manual and patient handling training was…… "we are caring about it and it was look after the carer too. You felt that you mattered". This participant noted that this philosophy within organization has disappeared. The purpose and benefits are never explained to the staff-

"It's always a sigh and here we have to put you up for this. Do you know what I mean? You're not motivated. You are never told this could benefit you".

"Ya I feel the same. Thinking about that, I don't know, it's one of those things that has to be done, rather than thinking about the purpose of it".

This view of the training by management as a "tick the box" also affected view of the trainers. Participants stated the trainer's view of the training as such affected the motivation. It was stated "It's not done in an enthusiastic manner". Trainers have been said to say "I know you don't wanna be here so let's get it over and done with". They spoke again about "the bribe" which is included in the introduction to the day. "they tell you breaks first cos that's important (!)". The

relevance of the training material was also a common issue within the focus group. Participants

commented on the PowerPoint presentation and the use of outdating video- "I think the

PowerPoint could be update. It is outdated. Videos are ridiculously outdated on there".

Participants felt the information was not current and commented on the use of materials from

"the '70's". With the view of old technology, the equipment being used is not relevant anymore

and impractical to the task that need to be completed. The information delivered through the

video needs to be relevant and relatable to the workplace.

> "Even in the videos to have actual real life stories. People relate to that- real life stuff that is
>
> happening. Rather than those little sketches and then people then can't act. You totally shut
>
> down cos it's ridiculous".

The use of older materials and videos showed the trainer "looked like they aren't bothered

either". With another participant stating "it can be seen as reinforcing the idea of we (the trainer)

have to do this too with a sigh". It was added "if (they) can't be bothered, why should I?"

Theme 3:   The view of the adult learner in the training setting. Autonomy as an adult.

All participants commented on the view of themselves within the training setting as learners.

Participants shared stories of examples where they felt unmotivated due to the atmosphere. She

described it as "the one class you hate in school that you dread going to". She further elaborated

on her first experience in manual and patient handling training. This participant was new to the

organization and the profession with no experience in manual or patient handling.

"I remember the first time I did it, it was with (certain trainer). And I had never done any service

user work before. I never had the foggiest idea and she made me feel so stupid in it".

She went on to speak about her thoughts of wanting to cry and feeling like a child who was

reprimanded. This experience affects how she would go to other training sessions with the

trainer- "my heart would start racing and it would be thinking shit". This experience brought her

back to "feeling stupid" and not participating fully.

Participants said they wanted to feel like adults within the training session and be respected by

the trainer as such. One participant commented that the motivation increased in a session for

them when it was felt that the trainer was "meeting you as an adult and not as a student". They

noted it was different as it is saying to the group "we are all adults here. Let's get through this

together". Another participant added "we all learn much more if you're in an environment where

you are respected…. Have a chance to speak and be heard….."

Participant would like to see the trainer as a facilitator who could add to discussion and offer

guidance when a team is discussing techniques for a particular service user. Participants said

they would like to have a team discussion and talk about issues they are having within the centre

with the trainer offering guidance on the most effective way to support the health and safety of

the staff and the service users- "the conversation may not involve the instructor".

All participants understood and appreciated the need for mandatory training, however they

would prefer to have choice when deciding the time and the structure- "when you choose to do

something yourself, it makes a different". Another participant added "it would be nice to have a

group decision about when to do it" and "it would be empowering to actually make decisions

about the years schedule and our time". Added to this was the statement- "you are choosing to do it cos it's the best thing to do for the team and the service users". In terms of the structure, participants suggested having a pre-course questionnaire which would give the trainer a course structure to concentrate on areas of concern and issues for the team- "I think that would be pretty good cos if you're hearing the same things you kinda know all the time and then there is areas you are not sure about so that something you could work on". The mandatory requirement to attend the training was not relevant to the participants- "I don't care that it's mandatory, if anything it becomes routine". One participant said "I understand why we have to do it".

Participants stated that they would their experience to be taken into consideration in a training session and to learn from other trainees- "there is a lot of experience in the room and generally if this is encouraged and teased out, you can learn loads from the experience in the room". The acknowledgment of experience makes the participants "think about what I'm doing in my job". The practical experience of the trainer was also important for motivation as the trainees said "the experience shows cos they are living it every day and have practical examples." Participants said they are very "keen and interested" during the first manual and patient handling training session they attended but when they attended for a refresher course, the motivation was gone because "it was the exact same as I did before". Their experience of using the equipment was not acknowledged and they were spoken to like "children". They noted that "it's an everyday occurrence that I am using a hoist why are you telling this again". Participant would like the experience they have gain to be counted and the course to reinforce the principles and assess the current practices with the view to enhancing them. "I don't have a memory problem so I haven't forgotten".

Theme 4:   Service user safety as primary motivator:

Participants said the primary motivation for them to attend and participate in manual and patient handling training was the safety and welfare of the service users. One participant stated "I suppose I would not want to be the person that caused an accident". A participant shared a story about doing manual and patient handling training before working with service users and finding it irrelevant. She said she was thinking "it's only when you are putting the information into practice you realize what to do" in terms of patient handling. Another participant added "it's all in relation to the service users". The majority of participant were of the same mindset:

"I put other's safety first"

"Service user comfort and safety is definitely the motivation for me anyway"

Participants said the motivation to transfer the skills back to the workplace for the benefit of the service users was an internal motivational driver for them. It was stated that "there should be more emphasis on the benefits of my client group". Added- "it's all about the service user. I think I would be putting myself at the very bottom of the list".

Participants shared anecdotes about their experience of supporting service users with manual and patient handling tasks with little regard for their own safety or manual handling principles. – "I am not going to leave someone on the floor if they fall, so I get them up any way I can". Another participant told a story of a service user going to fall and trying to catch them- "health and safety did not come into it. I was thinking of helping my clients". Participant felt that the aims of

company lead manual and patient handling training was to cover the legal requirement of the organization and ensure staff were trained to "cover their asses" if anything went wrong- "the aim of the training is to make sure that the company can say I was training if something goes wrong, the responsibility is with me". They stated they would like the focus to change to ensure the safety of the service users and the staff. They discussed the contradiction of saying they would put themselves at risk to support a service user and the view shared of the training. But added- "I would like them to show us how we can help a falling service user without injury to me or them".

Theme 5: The impact of the trainer and their teaching strategies and skills.

The trainer and the strategies that are using during the training session affects the motivation of the participants. The trainer's attitude to the training and demeanor affect the classroom- "they have to be engaging and decent". "The trainer needs to be funny and interesting". "They lift the energy and mood". In the opinion of the group, the trainer needs to be personable and using practical examples which show they have experience and are not coming from a theoretical point of view- "a subject matter expert is needed". It was said that if a question was asked and there was no response from the trainer which was helpful, the trainees "wouldn't feel listened to" and "ignore anything else that was said because they (the trainer) had no insight" into the everyday working of service user support and care. The trainer needs to bring energy to the group or the session will fall flat. In relation to teaching adults, the trainer should be respectful of the autonomy and learning needs. They noted the trainer must "meet you as an adult and not as a student". The use of discussion and collaborated learning was emphasis- "they open things up to

the class and say, rather than them lecturing at you, that it becomes more of a discussion". Also the trainer needs to "encourage and tease out" the views and discussion which would lead to learning "loads from the experience in the room". The trainer's attitude towards the subject matter can affect the motivation as trainees can see "they are being told they have to so this all and have no choice".

The teaching strategies were a theme through all the focus group. Many commented on the use of video as a positive tool to use. Participants said they preferred video rather than lectures as "actually makes me think because I can see exactly what people are doing wrong". Videos lead to "practice which leads to discussion". However the participants said the videos are old and out of date with current practices which affects the learning as "it just looks like they are not bothered…". It appears to the participants that the trainer has not made an effort to be presentable and to update and reinvigorate the materials. The use of video also was noted for use as a visual teaching tool- "I learn by seeing. I am a visual person". The videos "trigger you to be alert". They noted you can see the action rather than trying to picture the image in the mind. The participants commented on the PowerPoint presentation which does not appear to have been updated in many years. The presentation has pictures and images of the human body which "makes no sense to (them)" because they aren't medical personnel and are not thinking "when I lift a box what inner parts of my body are working". The practice elements of the course appear to be placed later in the day which was said "by the time you get to the practical parts, you are so bored, you're not even bothering or motivated".

The trainer's classroom management and people skills are important. Participants stated that the trainer can give too much time to irrelevant questions- "too much time is given to random questions" which hold up the class and "important information is rushed through to finish on

time" as the irrelevant question consumed a lot time. Another participant noted that " the momentum is broken" and the trainer is missing points due as they have become distracted". A style supported by the group was trainer who allowed the question and "tangent", nod along and "find an opportunity to return and plow ahead with the materials". Participants said "so much is down to the trainer" to manage the training session and to recognize when to allow questioning and anecdotal evident of practice and the need for group discussion "but at the same time kill it when it becomes excessive". Participant said that the irrelevant information "clouds the actual information that needs to be learnt". One participant spoke about a trainer who are overly engaging in stories about his life and said "why would I want to know about your dog". She said during the session, she did not learn anything because her motivation decreased with each reference to the dog.

Due to the questioning and tangential conversations and discussions, the time to learn is decreased and participants feel that the important information was rushed to allow the trainees to return to work- "I don't think it has be so long when it can be streamlined". The time management of the course allows the course to be too long in parts and "drawn out". Participants noted that they "lost interest at some stage throughout the day". They felt that the trainer, after allowing unnecessary interruptions, "rushed to finish on time". Participants found they have to keep bringing themselves back and finding focus. When asking if they have any questions at the end of the session, the participants said they have consumed so much information, they can't think of anything. They noted that when they leave and are back at work, the questions than arise. They suggested having 2 different session where the theory is given and practice completed before they return for a second session which is dedicated to the questions and "what ifs". They feel that the time is not used effectively and the "first part of the day is being spent on

things that are trivial". One participant said that the trainer seems unaware of the time needed for each section and by the second part of the day "everything is crammed in".

Conclusion:

This chapter has presented the findings of the research focus group. The responses were analyzed and coding into themes.

The key finding indicate the participants have internal drivers and external driver for motivation in mandatory manual and patient handling training.

The first theme identified an internal driver as being part of a team and supporting other staff members.

The second theme identified the need for the training materials to be relevant and practice to the workplace of the trainees.

The third theme portrayed the participants as wanting autonomy to choose when and how to receive training and the view of them as adult learners within the session

The fourth theme showed an inner motivational driver as the safety and comfort of the service users as paramount to attending, learning and transferring the skills.

The fifth theme showed how the trainer and their strategies can affect the motivation of the participants when attending mandatory manual and patient handling training.

The study finding have the potential to affect the delivery of manual and patient handling

training in the future. The findings will be discussed in the next chapter.

Chapter Five: Discussion

Introduction

In this chapter, a discussion of the findings will be presented. The research question was to "build a framework for promoting adult motivation in mandatory manual and patient handling training". To explore the research question, the experience of health care staff was sought. The literature review and the objectives of the research provide the foundations for the results presented and discussed. The research discussion is based on the themes found through focus groups with staff who work in a health and social care setting.

Theme one: Teamwork: Discussion of the importance of being part of a team.

The first theme addressed the attitudes of participants when taking attending training as a staff team and transferring the skills back to the workplace to assist the team. Participants commented on the motivation they felt when attending with a staff team member. This theme is supported by McClelland's (1961) theory of motivation. Motivation can come from being part of a group and forming bonds within a staff team. Cooperation and wanting to working well as a team were apparent through the discussion. This can be explained by the higher rate of female participants. Mazur (1989) found that woman have more of a desire to form personal relationships. Women exhibit more motivation based on relationships that have formed and are highly motivated by being affiliated with others. The affiliation motivated participants showed they were more engaged and wanted to support their staff team to solve issues within their workplace and work together to achieve this goal. 71% of the study participants were female. Learning based on teamwork supports the acquisition of new skills and knowledge and "creating new solutions to

solve problems so that work method and performance are improved" (Schipper et al, 2012). This theme was identified within the focus groups throughout the discussion. Team based learning allows the participants to engage in meaningful training to achieve a common goals. Training as a team allows the participants to apply the knowledge to their workplace and discuss issues with particular service users and find solutions within the training setting. The findings concur with Michelsen et al. (2002) who found that teams who learn together support the development of high skills and knowledge within the team and participants learn more. The motivation to learn increases when staff are co-operating in the learning environment (Motaei 2014). This is event in the responses found through the research. Participants said they would like to use the training sessions as an opportunity to meet as team and discuss their workplace. Falk and Ichino (2006) also found that motivation increases in a learning setting when there is team collaboration and discussion. The less motivated and less productive employees become more effective when working with a peer (Falk and Ichino 2006). From the research participants, the majority (79%) work within a team setting on a daily basis. The theme was also evident with the home support workers who work within a service user's home alone. These participants saw training as an opportunity to link with other home support workers and discuss the issues that are presented in a home support setting. Participants in training assist their peers to connect theory to practice through group discussion, and cooperative learning (Burden & Byrd, 2007). This is supported through the research.

The group dynamics also supports affiliation as a strong motivator. Participants made reference to not engaging in the learning when they are with others they do not know or who have more experience. Participants were not motivated when in the training setting with staff from other services as they did not feel comfortable to ask or answer questions. Staff want to feel affiliated

and connected so they can learn from each other. Participants said they do not want to break confidentiality by discussing specific service users and do not want to listen to issues in other service so they disengage and become less invested with the learning setting and feel less motivated to listen and learn. A participant also stated they would prefer to have introductions or icebreakers at the beginning of the training sessions. The icebreaking activities lead to a free exchange of information and enhanced communication between participants (Zwaagstra, 1997). Chlup and Collins (2010) support the use of icebreaker as they can assist to build rapport within the group. If participants feel part of the process and have built a rapport with the others, they are more likely to contribute to group discussion and activity which increases the motivation to learn.

The research results support the work of the theorists in showing the importance of team work and how learning as a team encourages motivation to learn and motivation to transfer.

Theme two: Discussion of Relevance and Practicality

Participants in the study said that the information shared in the training session must be relevant and practical to their workplace to ensure learning and motivation. The theme of relevant and practical information is supported by research in the field of motivation and education. Dewey (1897) laid the foundation saying that education must begin with an insight into the habits and interests of the student. Many motivation education theorists have built on the work of Dewey (Scheffler 1969, Albrecht & Karabenick 2015) and found that information presented to student which can be connected to experience and career improves motivation and achievement. Adults try to make meaning from the training materials and view the material in the context of their

experience and professional life (Ellis, 2009: Wade, 2009). Participants in the study felt that they were more engaged when presented with knowledge and skills they could immediately transfer to the workplace as they can see the relevance of the learning materials to their work life. Knowles et al (2012) presented assumptions about adult learners which include an orientation to learn whereby adult learners move from subject based to problem based learning as they mature. Adult learners are motivated by learning which can be applied directly to their workplace and learning that addresses problems within their real life. The research presented found that participants wanted training to provide them with solution to issues that are affected their work with service users. The relevance of the learning materials to the workplace is apparent throughout the responses of the study participants. They appeared to become demotivated and lose interest when presented with information that had no relevance to their work they do. Fiszer (2004) stated that there is a need "for an ongoing professional development model that directly connects training and practice". Kramer et al (1986) completed research with practicing and non-practicing faculty members and found that practicing faculty increased motivation and professional characteristics in their student as they were able to ground the teaching in practice and relate the theory to a practice setting. The instructor also acts as a positive role model as they are aware of the challenges that practitioners face every day and are able to adapt the theory to ensure effective practice. Wrenn and Wrenn (2009) state that "the best learning environment is created when two learning modalities (theory and practice) are integrated within the course". The use of practical examples allows the theory to be applied to the workplace and show the relevance and practicality of the content.

Participates in the study noted that they would like to have an input into the course design by submitting questions and issues before the session which could be addressed. This is supported

by Knowles (1975) in the assumptions of adult learners as self-directed. Motivation increases with learners having the opportunity and initiative to contribute to course design. The participants have identified the training needs of their team and are seeking to meet the training needs. Presented with the opportunity to contribute to the course design and outcomes, the participants become more engaged and self-directed (Tough 1967). Active participation leads to retention of information (Darkenwald and Merriam 1982).

The view of the participants, in terms of the organization view of training as a "tick the box" exercise can instill a lack of relevance and practicality in the participants. This has a negative view of training for staff as they appear to see the training not as an investment in their careers, as stated by Tsai and Tai (2003), but rather as a burden. This is further supported by Noe and Wilk (1993) who found that mandatory training lowered motivation levels.

Theme three: The view of the adult learner in a training setting. Autonomy as an adult

Participants acknowledged the need to be treated as an adult in the training environment. Many participants shared stories about times they felt their experience and maturity was not recognized which in turn had an impact on the motivation to learn. The previous experience of staff within the training setting also had an effect on future training courses as they were less inclined to engage with certain trainers due to their style of teaching. The emotional aspect of the person can affect the motivation to learn. Ratey (2001) found that emotions influence motivation especially if a learners has been embarrassed or chastised during a training session for not completing a task correctly, they do not want to return to training and have a block to the learning.

 This is further supported by the principle of andragogy. Vella (2002) stated that effective adult

learning must include respect for the learners as adults and decision makers. This is evident in

the work of Knowles (1970) who found that adults resent and resist when the concept of self is

not acknowledged. Knowles (1970) said that a conflict is found between "their intellectual

model" and the "psychological need to be self-directed". This conflict can cause the adult learner

to become disconnected and "flee" from the situation physically by not attending or

psychological by not engaging or being motivated to learn. The mandatory nature of the training

did not affect the motivation of the participants however they wanted to have autonomy over

when and how they received training. The research of Hick & Klimoski, (1987) and Noe &

Wilk, (1993) support this finding stated that adult learner who have entered the learning

environment voluntary and had autonomy have higher motivation level.

The participants further stated that their experience in the workplace needs to be acknowledged.

Knowles (1984) said that adult are different to children as their experience is who they are rather

than something that happened to them. The validation of this experience is imperative to

motivation and learning as the lack of validation can be seen as a dismissal of the person rather

than their experience. If the trainer uses the experience of the learners to teach manual and

patient handling, they can create new ideas and strategies as the information is based on the

learners' experience and the ideas are seen their the learners' own lens. When the information

presented is based on the previous workplace experience of the learners, the learners can make

connections and see the relevance of the materials (Knowles 1984). Learners being able to see

the connections leads to transformative learning. Validation of experience leads to expanding the

knowledge base and creating new connections which in turn leads to transformative learning. When the experience of the learner is engaged, learning will occur (Boud et al 1993).

Theme four: Discussion of service users as a primary motivator

Participants acknowledged that the safety and welfare of the people they work with was the primary motivator for them. Staff felt that the trainers were not aware of this motivational factor and felt that if it was a connected to their practice they would be motivated to learn. This relates to the theme of relevance and practicality. Fink (2003) developed a taxonomy which connects to this finding. Fink's taxonomy (2003) puts emphasis on the significance of learning and the effect of the learning on the lives of life. The human dimensions of learning outcomes allow the student to discover the social implications of their learning and how the learning can benefit society. The human dimensions of this taxonomy are linked with the motivation of the staff to ensure the health and safety of their service users. Caring about service user safety and welfare adds another dimension as when the learner has the energy to learning more and integrate the taught materials into their work life. With the knowledge that participants are motivated by caring for their service users, this taxonomy can be used to encourage motivation and participation in the training setting.

Social care worker place great value on their job and the outcomes for their particular service user group. Vroom (1964, 1995) described this as valence. "Valence refers to the emotional orientations people hold with respect to outcomes" (Vroom 1964,1995). Staff are invested in the care of their service user. This is further supported by the Alhassan et al (2013) who found that

quality care was a motivational factor for health care staff. Care staff stated they put their safety behind the safety of their service users. The current training materials teach staff to let the person fall and assist them back to standing or sitting using the hoist. All participants said they have never allowed this to happen as they saw it as detrimental to the esteem and dignity of the service users. Care staff put their physical health at risk by trying to catch and support the person. Due to the current taught practice, care workers disengaged with the materials as they saw the materials as not conforming to their views. The likely of injury to the care worker and to the service user is high when an incident like this occurs. Trainers need to find a way to outline the benefits to the staff and service user by adhering to procedures and guidelines laid out in the legislation.

Theme five: Discussion of the impact of the trainer and their teaching strategies and skills.

Based the findings of the research, the trainer, their teaching strategies and skills have a major effect on the motivation of participants. The trainer affects all components of the training- the learning materials, the presentation of the information, their experience, their teaching strategies and the view of the learner.

In terms of the learning materials, participants were not motivated if the trainer was using older materials as they saw the materials as a reflection of the trainer's interest in the subject and the session. Participants who have attended the training more than once remembered the presentations, handouts and test so were not motivated to learn as it was the same materials with no deviation. The use of video was seen as important to the people who were visual learners but was discouraging when the videos used out of date techniques and equipment. Moss (1983) described the benefits of using video in a teaching setting explaining the multimedia gives the

teacher the opportunity to examine how they teach and to rethink their method. He also said that the use of video changes the focus from teacher centred to students being at the centre of the learning and taking their own learning from the video. Video allows the learner to become more active in the learning process. However the video needs to be relevant and should show current practices and techniques. The video and presentation currently used by trainers in the participants' workplaces were inadequate and not relevant to the workplace today. The information needs to be updated as it appears it is not servicing the purpose.

Participants felt motivation in training when the trainer was engaging and interactive. The participants prefer a facilitator rather than lecturer. It was evident throughout the research that participants enjoyed discussion with the trainer acting as moderator for these discussions. Mezirow (2007) described adult educators as a "catalyst" for learning and promoters of discussion and participation. The participants in the study felt demotivated and switched off when the trainer did not have good classroom management skills. The participants felt it important that discussion was encouraged without the session but it needed to be focused to the subject at hand. Participants became demotivated when presented with information which was irrelevant to the discussion and the trainer permitting the diversion. The diversions appeared to be introduced by another participant throughout the sessions and they "turned off" when the other participant was speaking which caused them to miss important information.

Participants acknowledged the need for a subject matter expert in training. The participants were more motivated by a trainer who had an insight into the everyday working of a service and health

care provision. Birkenholz (1999) supports this view stated that the effectiveness of training is based on the experience and qualifications of the trainer. The study found that participants needed to respect the trainer and were motivated when the trainer shared relevant knowledge and experience. Kasworm (2010) found that support and acceptance of the adult learner by the teacher lead to learners feeling more successful. This contrasted with learners who felt disrespected and unsupported reporting frustration and feelings of marginalization. Classroom dynamics, interactions and "cohesive performance effect" motivate people to learn (Dornyei 1997). As evident in the study and in literature, the trainer is an important factor in motivating people to learn.

Linking to the previous theme of being treated as an adult in the training setting, the study found that staff want to treated with respect and have their experience counted by the trainer. The opinion of the trainer, as another adult in the room, mattered to the participants. Knowles (1970) said that "nothing makes an adult feel more childlike than being judged by another adult". The trainer has the potential to encourage transformative learning when they meet the trainees as adults. Transformative learning is an integral part of adult learning (Mezirow 1991). The aim of transformative learning is to challenge the beliefs of the learner. When the beliefs are challenged rather than corrected, the learning is an internal change. The acknowledgement of the learner as an adult allows the learning to transform the practices rather than form the practices.

A framework for promoting adult motivation in mandatory manual and patient handling training:

From the study results, a framework for promoting adult motivation in mandatory manual and patient handling can be suggested. The promotion of motivation can be applied before, during and after the training sessions.

Before the training course, trainers could send participants a pre-course questionnaire which would include areas to be cover in the training session. With this information, the trainer can adhere to the training requirement but have an understanding of the issues that participant face in their workplace and directly address these issues and concerns through the teaching materials. The sharing of pre-course information with the trainer, allows the theme of relevance and practicality to be fully ingrained in the course. This is supported by the work of Cheng and Ho (2001) who stated that staff need to have control over the results of training. Furthermore, the study showed that staff benefit from attending training as a staff team. The organization and management have an opportunity to encourage motivation in their employees by having team training. Training as a staff team showed that discussion taking place in the setting and active learning was present. Trainers may also review the learning and teaching materials to update information which is out of date and have an awareness of their expected role within the setting. The trainer would require an insight into how adult learn and the impact that prior adult experience has on how they learn. The organization and management need to provide motivation to attend also. The organization and management could promote the benefits to staff and emphasis the personal investment in their staff teams.

During the session, the strength of affiliation as a motivator was evident in the study and the impact of injuries to the team if skills are not transferred correctly could be further explained to the trainees. In highlighting the benefits to staff and service users, they are building on intrinsic motivation. Furthermore, the use of an icebreaker at the beginning of the training session allows for a group unknown to each other to become comfortable and familiar with each other. The trainer also needs to have good classroom management with the ability to encourage discussion where appropriate and maintain focus on the training needs of the group. A tenet of adult learning is the acknowledgement of experience which can be promoted and demonstrated during these discussions. The use of relevant materials also needs to be presented. Trainers should endeavor to link theory to practice throughout the sessions. The linking of theory to practice allows for the opportunity for transformative learning as staff are thinking about their own practice and how they are applying the principles. Trainer should act as facilitators of the knowledge and see the participants as peers and follow adults in the setting.

After the training session, the trainer would be encouraged to offer further assistance when staff have returned to their workplace. The study highlighted that staff encounter issues when they return to the workplace and implement the principles of manual and patient handling. A suggestion offered by participants was to have two sessions close together with the second session acting as a question and answer session.

Conclusion:

This chapter aimed to evaluate the results from the study and place them in the context of published works. The research answered the questions of the motivational factors for staff in a mandatory setting and showed the factors that affect the motivation for staff in the training setting.

The research highlighted the importance of staff feeling involved in the training process and having autonomy over some aspects of the training they receive. The research revealed that staff are not demotivated by the mandatory rather by the teaching strategies and delivery of the training. A framework for promoting adult motivation in mandatory manual handling training was also outlined based on the results of the training.

The final chapter will provide a conclusion to the study, discuss the limitations and offer recommendations for future training courses.

Chapter 6: Conclusion, Implications, Limitations and Recommendations

Introduction

This chapter concludes the research study. The implication and limitations of the research will be outlined and finally recommendations for future research and practice will be presented.

Study conclusion

The aim of the study was to build a framework for promoting adult motivation in mandatory manual handling training. A literature review was conducted on the view of training, adult learners and motivation. The literature highlighted that adult learn differently and have differing expectations about the learning environment. Semi structured interviews were held within focus groups and certain themes emerged throughout the focus groups.

The findings, as presented and discussed in previous chapters, show that the study participants have experience in the field and would advocate for more discussion within training to build on the experience gathered over their career. These discussions allowed for active learning and increased motivation as the discussion was based on practical and relevant information to the trainees. Based on the study and literature, discussion leads to further inquiry and the expansion of knowledge which is built on previous learning and experience.

Intrinsic motivation was present in the study. The study showed that staff were motivated by participating as a team and the need to be affiliated with the group. The study shows that staff are more motivated to participate in discussion when they are comfortable in the group and discuss service user care without breaking confidentiality. Staff were also intrinsically motivated by the health and safety of their service user group. Staff were motivated to provide the best care and placed the needs of the service user before their own needs. It was acknowledged that this was not built upon in the training setting.

The study showed that participants want to be treated like adult and with respect. The needs for this encourages motivation as the trainer is seen to be acting as a facilitator rather than a lecturer. The findings are reflective of literature in the area of adult learning.

Study Limitations:

The primary limitation of the study is the sample size. Due to sample size, it is acknowledged that the findings cannot be generalized to the social care workers across the country.

The study was conducted as a requirement for a masters degree in learning and teaching which adds further limitations. The study is limited by the timescale and resources. The study could be conducted on a larger scale with more participants across wider professional disciplines.

Limitations exist also in the methodology. The use of focus groups can affect the responses as stronger personalities within the group can dictate the answering.

The novice researcher also places limitations on the study as a more experience researcher could have further explored the themes and found further motivational factors.

Implications for staff training

The findings highlighted the factors which affect the motivation of adults in mandatory training. This, in effect, can lead to better training strategies for delivering manual and patient handling training. It has been advocated in this study that adult learner differently in workplace training and the primary responsibility should be to activate the learner to gain skills and knowledge which can be transferred to the workplace environment. This can be achieved by the trainer having an awareness of the factors which affect the motivation of adult learners and adjust the course accordingly. The implication is that staff have a number of factors which affect the active participation in training which does not rest directly with the adult learner.

Recommendations for training:

The trainers need to be aware of the five themes outlined in the research. The study identified that staff do not feel respected or have acknowledgment of their experience taken into account. This could be incorporated into training session by moving from a lecture style of teaching to a facilitation style which is leads by discussion and focused on transformative learning built on the experience already gained. Trainers could change the focus of training as a requirement to focusing on the benefits to the employee and their workplace. Trainers could draw on the affiliation motivation factor to outline the benefits for the staff team and the motivation to offer the best care of service users. The training could also ensure that the theory shared is linked with current practices and procedures which is relevant to the employee.

Recommendations for further research:

Further research are encouraged on a wider scale within the social care profession. It is recommended that the research be replicated with a larger group across the profession. Furthermore, research could include the trainers of manual and patient handling courses to gather their views on the motivation factors they have encountered in training and if they are in contrast with the view of the learners.

Conclusion:

This chapter provided the conclusion for the research conducted and discussed the limitation of the study. Recommendations for training and further research were also presented. It is hoped the results will add to the current practice in training adults.

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Appendix One:

I am inviting you to participate in a focus group discussing the motivational factors in mandatory manual and person handling training. The research aims to examine the intrinsic and extrinsic factors that affect the motivation to learn and motivation to transfer skills and knowledge from training back to the workplace.

"Motivation is defined as an internal drive that activates behaviour and gives it direction. The term motivation theory is concerned with the processes that describe why and how human behaviour is activated and directed" (Romando, 2007).

I am a programme facilitator in a day centre in Dublin and I am completing a masters in learning and teaching.

The findings will be shared with National College of Ireland for the purpose of grading. All participant responses are treated with confidentiality. All information will be anonymised. Names and workplaces will not be used in the research. The length of service and number of attendance at courses may be used in the research. Staff can opt out of the study at any time. Before, during or after the study by contacting the researcher on the below details.

Participation is optional and consent can be withdrawn at any time. The information will be stored in soft copy on a password protected file and all hard copies of transcript will be locked in a filing cabinet with access only available to the researcher. Confidentiality will be adhered to as per RehabCare policy. All information is gathered only for the purpose of this research. The information will be deleted after 90 days.

The researcher can be contacted by:

Email: x16130090@student.ncirl.ie

Phone: 086 0793909

Appendix Two:

Questions for research project:

• What is the effect of the learning materials on your motivation to learn

• What is the effect of the learning materials on your motivation to transfer the skills and knowledge

• What is the effect of the trainers teaching strategy on your motivation to learn

• What is the effect of the trainers teaching strategy on your motivation to transfer the skills and knowledge

• What is the effect of your experience have your motivation to learn

• What is the effect of your experience have your motivation to transfer the skills and knowledge

• Does the organisation view of training affect the motivation to learn and transfer

• Does your immediate managers view of training affect the motivation to learn and transfer the skills and knowledge/

• Do you feel an intrinsic motivation to learn and transfer? Where does this come from?

• What other factors affect the motivation and participation in mandatory training?

• Does frequency affect it?

• Does length of service and experience affect it?

• Is the mandatory nature of the training a factor which affects your motivation to learn and transfer?

Appendix three

Consent form:

Researcher Name: Laura Behan
College and Degree: Masters in Learning and Teaching
Title of Research Proposal: Exploring adult motivation in mandatory manual and personal handling training
Research description: "Motivation is defined as an internal drive that activates behaviour and gives it direction. The term motivation theory is concerned with the processes that describe why and how human behaviour is activated and directed" (Romando, 2007). The purpose of the research to explore the motivational to learn and motivation to transfer the knowledge and skills obtained in manual and person handling training. It will ask what intrinsic and extrinsic factors affect the motivation of participants. The research will be conducted through focus groups after manual handling training sessions.
What will the participants have to do: The participants will be asked to contribute to discussion within the focus group and share their view of motivation to learn and motivation to transfer.

*note: participants may choose to decline their participation before the session and withdraw from the focus group at any time, if they wish to. All responses are treated with confidentiality and consent can withdrawn after the study by contacting the researcher.

Your participation in this process is greatly appreciated.

Thanking you in advance

Laura Behan

I_____ consent to participate in the above research.

Participant: _____

Date: _____