

Motivations and Expectations of the Participants’ Attending a First Aids Training Program; A Qualitative Case Study

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Abstract

Understanding of laypersons perceptions related to their participation in first aids training programs is a precondition to tailor strategies that facilitate and optimize that participation. The aim of the present study was to explore participants’ motivations and expectations attending a first aids training program, as well as to describe the hindering factors. A qualitative research design was conducted and a self-reported semi-structured questionnaire developed for data collection. A convenience sample (n=25) of pharmacy staff members was recruited. Content analysis was used to analyze the qualitative data. From those who participated, seventeen women and three men, whose median/average age was 36,7 years old (ranging from 25 to 50 years old), returned the questionnaire fully completed. The analysis reflected three issues describing participants’ motivations for attending a first aids training program, including “*personal development*”, “*strengthening role*” and “*value of offering*”. In addition, the issues “*individual level*” and “*collective level*” emerged from describing trainees’ expectations. Participant’s attending such a program was hindered by “*organizational related factors*”, “*work related factors*” and “*individual related factors*”. This study contributes to the existing research area gaining a better understanding of the participants’ willingness to attend training

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activities. Identified hindering factors for participation should be considered, stimulating changes in the organization and the delivery of high quality and individual-appropriate educational programs.

Keywords: motivations, expectations, hindering factors, first aids, training program, qualitative research

1. Introduction

Lifelong learning is a quite broad concept that includes every form of learning activity in a human's life, either originated from formal and non-formal education or informal learning. Thus, lifelong learning is referring both to collectively organized educational activities and individual learning as a personal affair. Adult education is a part of lifelong learning and education and refers to the systematic and organized process of the adult education [1].

Every form of learning activity, that is included in the lifelong learning field, is being featured prominently in the policy-making in many countries. It is a strategic priority, contributing, inter alia, to the development and progress of the individual, to social cohesion and to social, economic and cultural development [2]. To this end, several bodies, either public or private, have been geared towards organizing adult education programs to meet a variety of learning needs.

Motivation, which is pushing the learners into achieving their learning goals, is playing an important role in the learning process. Exploring and studying the incentives of participation, in adult-learning programs, is based both on the human behavioral sciences and the human resources management and development. The incentives and factors, which contribute (positively or negatively) to the undertaking of an educational program, have been studied in a variety of educational contexts [3].

First aids learning, as a lifelong learning activity, seem to have been attracted the interest of many learners and the result is the designing of specific programs, from the respective bodies [4]. Every responsible citizen should have basic knowledge of first aids. Providing first aids accurately and in-time in emergency situations, accidents or mass disasters, has a great economic and social impact on the health systems and on the society as a whole. There are several references, based on the relevant bibliography, on the conduction of first aids educational programs for adults, as well as for children, as part of their formal education [5,6,7,8]. Understanding of laypersons perceptions related to their participation in first aids training programs is a precondition to tailor strategies that facilitate and optimize that participation.

Therefore, the aim of the present study was to explore laypersons' motivations and expectations in relation to their participation in a first aids training program. Moreover, to describe the hindering factors they face in attending such a lifelong learning activity.

2. Methods

Design, sample and procedures

An explanatory case study including qualitative data was conducted, once motivations and expectations are both a complex phenomenon and in this way it would be possible to gain a more insight of it. A convenience sample of pharmacy staff members employed in small and medium-sized enterprises in an urban city were recruited, attending a twenty three hours - duration of two months - training program in learning first aids.

Questionnaires, which were anonymous, were distributed to the classroom one week before the end of the program in February 2018. Participants were informed about the study purpose and then solicited their participation. It was also stated that refusal of the participants would not jeopardize their training and it was guaranteed that no unauthorized person could have access to the data. Completion and return of the questionnaire was interpreted as consent to participate in the study. Each questionnaire was coded to ensure data confidentiality. A total of twenty five questionnaires were distributed in the class and, finally, twenty one were completed and returned in a folder which had been located in the class for this purpose.

Data collection

A self-reported semi-structured instrument developed for the purpose of the current study. The instrument consisted of four items with a "Yes" or "No" answer; three items were related with the prior experience of the participants in training and provision of first aids and one with prior experience in training in other topics.

In addition, three open-ended questions were used to describe participants' motivations and expectations, as well as the hindrance of their participation in attending such a training program. Participants were asked to complete each question in a predetermined space.

Finally, demographic characteristics of the participants were asked (4 items).

Validity and reliability

The questions of the instrument were based on the relevant literature. A group of academic reviewed the final questionnaire in order to assess face validity of each question included.

Data analysis

Descriptive statistics were used to present demographic and dichotomous characteristics. Content analysis was used to evaluate the answers of the open-ended questions. Subjects' responses formed the unit of analysis. The data were coded through the process of "*abstraction*" and then categorized and classified into subcategories. These subcategories comply with the rules of exhaustiveness and mutual exclusion. Finally, subcategories grouped into broad categories, which integrated the individual meanings [9].

3. Results

Demographic characteristics and participation in training activities

The demographic characteristics of the participants are shown in Table 1. The sample of the present study consisted of 21 participants with a mean age of 36.75 years old, ranging from 25 to 50 years old. A percentage of 81% (n=17) of participants were female and only 14% (n=3) were male (one participant did not give an answer); the majority were married (57%), while 33% were single and 10% were divorced. More than half of the participants (62%) had secondary education, 33% of them had university education, and only 5% had postgraduate studies.

According to the respondents, 81% (n=17) of them had not attended a first aids courses before, but they had attended other training courses, in contrast with the rest 19% (n=4) of them, who had attended a first aid courses, but not other training courses. Sixteen (76%) participants had been witnesses in an emergency situation, and nine (47%) of them had provided first aids.

Table 1: Demographic characteristics of the sample (n=21) and participation in training activities

Variables	Frequency (n)	Percentage (%)
Age (mean) 36,75		
Gender (*)		
<i>Male</i>	3	14%
<i>Female</i>	17	81%
Marital status		
<i>Single</i>	7	33%
<i>Married</i>	12	57%
<i>Divorced</i>	2	10%
Education		
<i>Secondary education</i>	13	62%
<i>University education</i>	7	33%
<i>Postgraduate studies</i>	1	5%
Attending a first aids course before		
<i>Yes</i>	4	19%
<i>No</i>	17	81%
Attending other training courses		
<i>Yes</i>	17	81%
<i>No</i>	4	19%
Witnessing an emergency situation		
<i>Yes</i>	16	76%
<i>No</i>	5	24%
Providing first aids in an emergency situation		
<i>Yes</i>	9	43%
<i>No</i>	12	57%

* one participant did not give an answer

Motivations for attending a first aids training program

All the respondents answered the question describing their motivations for attending a first aids training course. Their answers formed 53 meaning units. Following content analysis, the 53 meaning units were interpreted as 9 subcategories explaining participants' motivations to attend such a training program. Of these, a group of 64,15% (n=34) meaning units framed the theme "personal development". The majority of the participants supported that "learning skills" and "acquisition of knowledge" were the most frequently subcategories from that theme. Two subcategories corresponded the theme "strengthening role", which were the "handling a family incident" and the "handling a work incident". Finally, three subcategories formed the theme "value of offering", with the most frequently subcategory the "subject of the program" (Table 2).

The following are some examples of participants' quotes in each category.

"...education and further improvement, in relation to the workplace I serve, and generally, I think that it's useful to have such knowledge and performances in our everyday life."

"...My training, so as to provide first aids, if it's necessary in my family, in my workplace or anywhere else."

"...Clearly the subject of the program, it is important to know how to react in case you need to provide first aids."

Table 2: Categories and subcategories of participants' motivations to attend a first aids training program

Subcategories	N (53)	Categories	Meaning units (%)
Learning skills	15	Personal development	64,15% (n=34)
Acquisition of knowledge	14		
Personal incentives	4		
Monetary incentives	1		
Handling a family incident	6	Strengthening role	20,75% (n=11)
Handling a work incident	5		
Subject of the program	6	Value of offering	15,09% (n=8)
Previous experience	1		
Employer encouragement	1		

Expectations from attending a first aids training program

Of the participants, 95% gave answers for their expectations from attending a first aids training program, whereas 5% did not answer the question. Of those answered, their descriptions formed 40 meaning units. The meaning units were interpreted as 7 subcategories. Of these, two main categories emerged that describe participants' perception for their expectations from the program and refer to "individual level" and "collective level". The results showed that the majority of the participants expected more frequently the subcategory "gaining knowledge/need for education" from the theme "individual level" and the "effective use of knowledge" from the theme "collective level" (Table 3).

The following are examples of questionnaires' quotes in each code category.

"...Valid and specialized knowledge, professional training for business purpose, easy and more efficient management of an incident"

“...Use of knowledge in case you need to help”

Table 3: Categories and subcategories of participants' expectations from attending a First Aid training program

Subcategories	N (40)	Categories	Meaning units (%)
Acquisition knowledge/ need for education	14	Individual level	55% (n=20)
Emotion management	5		
Self confidence	2		
Responsibility	1		
Effective use of knowledge/ knowledge exploitation	13	Collective level	45% (n=18)
Solidarity	3		
Work efficiency	2		

Hindrances in attending a first aid training program

Of the respondents, 76% gave answers for the hindering factors faced during attending the training program, whereas 14% (n=3) did not point out any hindrance and two participants did not answer that question. Their answers formed 32 meaning units. The 32 meaning units were interpreted as 12 subcategories explaining participants' views for the hindering factors they faced during their training period. Of these, six subcategories corresponded the theme “organizational related factors”, two subcategories corresponded the theme “work related factors”, and four subcategories corresponded the theme “individual related factors”.

The majority of the participants supported that “practical training”, “timetable” and “distance/road network” were the most frequently subcategories from the theme “organizational related factors”.

According to the participants, the major hindrance was the “work/ job” subcategory from the theme “work factors” and the “family obligations” from the theme “individual related factors” (Table 4).

The following are respondent' quotes in each code category.

“...The hours and days of the program...we had no practical training”.

“...My difficult daily working hours.”

“...The obstacles for a working mother are enough, because of fatigue and lack of time.”

Table 4: Categories and subcategories of participants' obstacles

Subcategories	N (32)	Categories	Meaning units (%)
Practical training	4	Organizational related factors	50% (n=16)
Timetable	4		
Distance/road network	4		
Teaching hours	2		
Educational material	1		
Equipment	1		
Work/ Job	6	Work related factors	28.12% (n=9)
Working hours	3		
Family obligations	4	Individual related factors	21.87% (n=7)
Limited free time	1		
Fatigue	1		
Financial charge	1		

4. Discussion

The aim of the current study was to explore adult learners' motivations and expectations in relation to their participation in a first aids training program and to identify the obstacles that they faced in attending such an educational activity. A qualitative method for data collection was chosen, as it is suitable for the main queries of the study [10]. In order to describe adults' experiences of their participation as trainees in an educational program, a questionnaire with open-ended questions was asked to be completed.

The results of this study showed that the motives for engagement in a lifelong training course are in descending order of importance the following; personal development, strengthening role and value of the offering. Learning skills and acquisition of knowledge are the principal motivations of participants to attend a first aids training program. Many studies have established that acquisition of knowledge [11], personal development [12], self-improvement and general interest in attaining further education [13,14] are personal incentives that promote lifelong training. Moreover, these results are in accordance with the views of some theorists, that intrinsic motivation has more influence over adults than extrinsic motivation and there is an inner need for continuous personal advancement and self-actualization [15].

However, many studies have shown the professional development as the strongest incentive for participation in lifelong learning [16, 17]. The improved job performance [16, 18], the career development [19] and the acquisition of professional qualifications [20] constitute some examples of the extrinsic

motivators for professional development. In a recent study, investigating nurses' motivations in lifelong learning, showed that the majority of the nurses wanted to participate in lifelong courses so as to acquire knowledge and skills in order to improve the services they provide to patients and not aiming at their personal development [21]. Besides, personal and professional development are two concepts that are interdependent and complement each other as personal development and advancement influence professional improvement and vice versa [22]. The professional incentives are not presented in the present study, but another similar incentive appeared in the present study. Particularly, strengthening the role in handling a family or a work incident is the second most frequently theme and it seems that it is related to the subject of the training program.

The majority of the trainees supported that they were taking part in the first aids training program expecting their development on an individual level. Similarly, most adult learners, who were joining in lifelong training courses (including first aid programs) supported that they turned to further education in order to satisfy their inner need for self-improvement, to strengthen their self-confidence and to have greater wellbeing [23]. The acquisition of knowledge and skills has a significant role in peoples' lives; they are into an endless exploration of newfound knowledge and they believe that education and training should be lifelong [24].

On the other hand, the expectation for the effective use of knowledge confirms the statement that most adults have a practical reason for their learning. They want to learn something that they can apply immediately [25]. Moreover, professional development is a key factor among adults in pursuit of better career prospects. People participate in such educational activities expecting work efficiency [26], job replacement, career resources, jobs, and career opportunities [27]. In many lifelong learning programs, the participants' benefits were many more than their expectations before the implementation of the program. Their participation has contributed to their personal, professional and social development [28].

The final exploring question was related to the perceived barriers in attending such a lifelong training course. The barriers for the adults, who wish to engage in learning, could be categorized as barriers that are a result of the "practices and procedures that exclude or discourage working adults from participating in educational activities" (institutional), barriers "arising from one's situation in life at a given time such as job and home responsibilities" (situational) and barriers "related to attitudes and self-perceptions about oneself as a learner" (dispositional) [29].

Many studies have pointed out the dominance of the institutional [19, 30] and the situational barriers [31, 32, 33]. The geographic distance [34], the timetable, the regulation, the logistics [30, 35], and the disparity between the agenda of the program and the daily educational practice [27] are some examples of such institutional barriers, that are also proved in the present study.

However, in contrast with the current study, in similar researches, a different institutional barrier appeared with more frequency. In particular, «the cost of participation», emerged in the literature as the most important obstacle for the attendance such educational courses [16, 18, 36]. It is explained that in the present

study participation in that lifelong program was free of charge. Institutional barriers according to other studies were also referred as the «lack of time» [37] and «transport problems» [38, 39], which are also supported from the results of the current study. This obviously reflects the declines in incomes and the reclassifications of the priorities that have arisen as a result of the economic crisis [16]. The overall difficulties, such as the sense of fear and embarrassment and the grammatical difficulties, known as depositional barriers are referred in current research [40], but are not presented in our study.

Limitations

The sample of this study was selected from only one group of pharmacy staff and the majority consisted of females. Thus, the results from this study could not be generalized to broader populations. In addition, the trainees completed the questionnaire one week before the end of the program, so the results from their motivations and expectations could be different if the questionnaires were completed both at the beginning and at the end of the course. Further research, therefore, is needed to involve additional relevant factors. Despite the limitations, the study does provide the main motivational and hindering factors for participation in a first aids training program and has significant implications for future research.

Implications for practice

Considering that the organizational related factors are major obstacles faced by the employees during attending a training program, followed by the work related factors and the individual related ones, according to the particular research findings, effective policies to enhance employees' access to lifelong learning activities, such as the provision of a short period of time-off for educational reasons, should be encouraged. According to the relevant literature [14], given that small and medium-sized enterprises are the backbone of the economy and employment in Greece, it is a necessity their increased involvement as well as their employees' involvement to educational programs. One solution is suggested to be the creation of clusters at local or sectoral level in order to enable employees from different small businesses to participate in lifelong learning programs. Finally, the provision of accredited non-formal training education programs to small and medium-sized enterprises by public bodies with long-standing experience in distance learning, could contribute partially to address the problem [14].

5. Conclusions

The present study explores the motivations and the expectations of the participants' attending a first aids training program and identifies the hindering factors for participation. In their majority, the trainees supported that personal development was the main motivating reason to attend such a course. Moreover, their expectations were also related to their development on an individual level, as most of the participants were expecting the acquisition of knowledge. However,

institutional barriers were found to be the principal obstacles in the attendance of this lifelong learning program.

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