

# Health during vocational training

## Qualitative interviews with socially disadvantaged and/or learning disabled adolescents

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### Summary

The objective of collecting qualitative data is to explore the needs for health promotion of socially disadvantaged and/or learning-disabled young adults in a work setting. By means of qualitative interviews with trainees and supervisors at a company, the study shows that topics like health and nutrition are less important to the trainees than are vocational training and their perspectives for the future. Management style was a decisive factor for a good working atmosphere and the trainees' well-being. There was a disparity between health knowledge and health behaviour. Measures for health promotion should extend to all areas of life that are relevant for the trainees, especially their career plans. To promote a healthy lifestyle, situational prevention should mainly be emphasised, for example by management participation.

**Keywords:** Social disadvantage, learning disability, in-company health promotion, adolescents, vocational training

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### Background

There is no doubt that social status and health are linked. During the last 25 years, numerous studies have convincingly demonstrated that social status has a decisive influence on health [1]. This also applies to adolescents and young adults, as demonstrated in The German Health Interview and Examination Survey for Children and Ado-

lescents (KiGGS) and the National Nutrition Survey II (NVS II). Thus, it has been documented that obesity, eating disorders, psychological problems and behavioural disorders are clearly dependent on social class. Adolescents of low social status suffer from these health problems more frequently than do their contemporaries in higher social classes [2].

The health behaviour of socially disadvantaged adolescents includes a diet with less favourable nutrient composition and a less active life style – particularly for girls [2]. Moreover, the eating habits of adolescents change with the phase of development. Eating communicates a sense of social and cultural identity, particularly in the phase of increasing independence from the parents. The wish for independence must therefore be reconciled with reliable support from the family.

For example, shared meals are regarded as a possibility for interference and education and represent an obligation that the adolescents would rather prefer to avoid. Moreover, adolescents are searching for their own identity and alternative life plans [3].

Socially disadvantaged adolescents and young adults tend to be neglected in health support [4]. Vocational training is a promising period for a favourable effect on health and health behaviour of this target group and may present an opportunity to help to reduce health inequalities. Measures to promote health can be applied during the normal working day and may make it easier to identify target groups and influences, as well as indicating how these processes can best be influenced and the available resources best exploited [5]. Workplace health promotion is based on the basic principles of health promotion in the Ottawa Charter of the World Health Organization (WHO) [6].

The present article describes selected results of a needs analysis for health promotion measures in a vocational training unit. The study examined the lifestyle areas of health and food during the training of socially disadvantaged and/or learning disabled young adults. The focus was on how the target group experienced the period of training, as well as their needs for health and well-being and how they see their future perspectives. This needs analysis is intended to provide an insight into the life of this target group, as well as providing a participative basis for planning subsequent interventions.

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## Methods

A qualitative research method was employed, in which the trainees and supervisors were interviewed individually, in accordance with a guideline. The guidelines for the two groups were classified into the main themes of workplace, health, nutrition, mood and drug consumption. The questions to the trainees about the workplace were mainly about the work which has to be done and about the company organisation, as well as suggestions for improvement and the perceived perspectives for the future. As regards the supervisors, the emphasis was on finding out their view of the collaboration with the trainees. For the other higher order themes, the focus was on recording the subjective sense of the themes and the trainees' life.

### Recruiting the interview partners

To recruit the interview partners, we personally contacted possible participants in the training unit. Participation was voluntary. As regards the supervisors, persons were selected who played a central role in the training of young adults, who were employed at one of the two training units. The participants included seven young adults (19–21 years of age) from the Department of Domestic Science and two supervisors from kitchen management.

### Data evaluation

The interviews lasted between 16 and 105 minutes. The evaluation was based on MAYRING'S qualitative content analysis. The overall aim of this method is to evaluate communication material systematically. This is not only intended to be a question of the content of the verbal material, but also formal aspects and latent meanings.

The present study employed the so-called structured content analysis [7]. Firstly, a category system was formulated that was used for the evaluation. Secondly, this was complemented by anchor examples, representing typical texts for the individual

categories. Thirdly, coding rules were set up that specify the assignment of the analysis units to the categories [8].

The category system was developed both inductively – i. e. during the evaluation and through the guideline – and deductively – on a theoretical basis. Based on the interview guideline, seven higher level categories were formed – personality, perspectives for the future, socioeconomic background, use of addictive drugs, health and well-being, eating habits and nutrition and workplace. In order to enhance the specificity of the evaluation, each category – except use of addictive drugs – was expanded with subcategories, some of which included further subcategories. ♦ Table 1 provides an overview of the system. Thus, there were altogether 69 different categories or codes, to which a total of 1,069 codings (interview segments) were assigned during the evaluation.

The evaluation was performed with the MaxQDA program.

## Results<sup>1</sup>

### Socio-economic background

The trainees either had a secondary school leaving exam [Hauptschulabschluss] or were awarded this on completing their training. Their gross training wages were 400–500 € per month. Some also received travel money from the company, housing subsidy from the unemployment office and/or child allowance from their parents. It was also difficult to evaluate the financial position of their parents, due to their employment situation – unemployment, short-term and/or simple occupations, such as cleaning or looking after dogs.

Most trainees still lived with their families and only a few had their own flat. Some of them mentioned support by social workers, poor living conditions and periods in homes. Nevertheless, most of them said that conditions within the family were good.

*B: „Aber bei uns ist es wirklich so, Wochenende ist so Familientag. Das ist ganz wichtig bei uns. Und dann sitzen dann*

*alle sechs, mit mir sechs Kinder am Tisch, mit Eltern, obwohl meine Eltern getrennt leben, mit ähm (...) Schwieger-töchtern, Schwiegersöhnen und ähm Enkelkindern mittlerweile schon.“*

*(B: “But that's really how we do it. The weekend is a family day. That's really important for us. And then all six of us children, with our parents, sit at the same table – even though our parents are separated, together with daughters-in-law, sons-in-law and grandchildren now.”)*

### Health and well-being

Some of the trainees suffered from chronic and/or acute diseases, such as type 2 diabetes mellitus, epilepsy, short bowel syndrome, migraine or asthma. Most of the trainees said that they took care to get regular sleep and to do sport. They were often prevented from doing regular sport due to lack of time or money. *(I: „Du hast ja auch gesagt, dass du überlegst, ob du dich im Fitnessstudio wieder anmeldest.“ B: „Ja wenn es jetzt, also wenn's damit jetzt nicht klappt, kommt halt immer drauf an, ich weiß halt nicht ob es sich lohnt, wenn ich den ganzen Tag arbeiten bin und abends dann geschlossen ist. Das wär auch ne Geldsache, [...]“)* *(I: “You did say that you would think about signing up for the fitness studio again.” B: “If I can't manage it now, it depends, I don't know if it is worth it, as I work all day and it's closed in the evening. It's also a question of money.”)*

In contrast to the statements of the supervisors, the trainees seemed to have no interest in drugs and were rather negative about this. They also stated that they only occasionally drank alcohol. Only cigarettes and sweets were regarded as important in the interview. *(B: „Also jetzt die ganzen harten Drogen wie ein Joint und Pillen und so was, da hatte ich noch nie was mit zu tun. Zigaretten, das habe ich schon einmal ausprobiert. Das gebe ich zu. Das habe ich dann gelassen wegen meinem Asthma und ja (...) Alkohol*

<sup>1</sup>The results section includes some selected interview segments.

A = supervisor, B = trainee, I = interviewer

Higher Level Category	Subcategories with selected interview segments
Health/ Well-being	Disease B: „Des war ne Erbkrankheit, so mit vier oder so hatt ich dann schon Diabetes.“ (B: “This was a hereditary disease, so I had diabetes at four or so.”)
	Actions taken and wishes and needs to maintain health and overcome stress B: „Also manchmal gehe ich mit meiner Mutti spazieren oder ich wohne zur Zeit im Dorf und dann fahre ich manchmal Inliner oder ich gehe mit meinem Bruder raus und spiele mit ihm Federball oder Fußball...“ (B: “Sometimes I go for a walk with my mum. At the moment I am living in the village and I sometimes go in-line skating or I go out with my brother and play badminton or football with him.”)
	subjective understanding of health I: „Und was bedeutet Gesundheit für dich?“ B: „Mich gesund ernähren, dass ich nicht krank an die Arbeit komme (...) ja. Das heißt, halt für mich Gesundheit.“ (I: “And what does health mean to you? B: “Eat healthy food, so that I don’t go sick to work. I think that means health to me.”)
Nutrition	Aversion/Preferences B: „Rosenkohl zum Beispiel. Den mag ich net. Wie jetzt letzte Woche auch, am Freitag war das, auch nur Bauernomelette da, das wollt ich zum Beispiel auch net haben. ...“ (B: “Brussels sprouts for example. I don’t like that. Last Friday then we only had farmer’s omelette*, I didn’t want that either”. ...)
	Eating behaviour (separated by time of day and place: at home or at work)
	Significance of food B: „... Ich gebe nicht gerne viel Geld aus. Wenn ich einkaufen gehe, kaufe ich wirklich nur so das Billigste, sagen wir mal.“ (B: “I don’t like to spend a lot of money. Let’s just say that when I go shopping I only buy the cheapest.”)
	Eating manners (situation during eating, traditions)
	Nutritional knowledge vs. nutritional behaviour
	Requirement for change/wishes for food supply and eating behaviour
	Diet behaviour
	Food supply in private
Workplace	Atmosphere at work I: „Und wie ist denn der Umgang der Auszubildenden untereinander?“ B: „Ähm, rau aber herzlich. Ja, also von, von unhöflich bis ruppig bis ganz freundschaftlich, also es gibt da alle Sorten.“ (I: “And how do the trainees get on with each other?” B: “Rough or friendly. There are all sorts – from impolite to coarse to really friendly”.)
	Relationship between supervisors and trainees
	What do you like or not like in the workplace?
	Attitude to work
	Need for support and actions taken to provide this

\*Translator’s note: Omelette with bacon and potatoes

Tab. 1: Segment selected from the category system B = trainee; I = interviewer

trinke ich auch mal ab und zu und zwar nicht so viel. Da kenne ich auch meine Grenzen. Süßigkeiten achja, die esse ich schon sehr sehr sehr gerne.“ (B: “I’ve never had anything today with really

<sup>2</sup>unclear = word could not be understood on transcription.

hard drugs, such as joints or pills and so on. I once tried cigarettes. I admit that. But I stopped that because of my asthma. I drink alcohol now and then, but not much. I know my limits. Sweets – I really love them.”)

For health problems, they reported on their own coping strategies: B: „Ich

laufe, also ich spaziere viel, weil ich ähm, jetzt wieder zu dem gesundheitlichen, weil ich hab viel Migräne. Da nehm ich hin und wieder ne Tablette, aber am besten ist einfach, wenn ich nach der Arbeit Duschen gehe und dann einfach nur ein bisschen spazieren laufe. Dann geht’s mir schon viel besser.“ (B: “I walk a lot, as I have a lot of migraine. Now and then I take a tablet, but it’s best when I take a shower after work and then a short walk. Then I feel much better.”) But some were at a loss as regards measures to keep healthy. A: „Da fehlt halt auch diese Eigenverantwortung, wo man sagt, der Mensch muss abends auch mal zur Ruhe kommen, nach so einem Tag oder der Mensch, der braucht jetzt seine acht Stunden Schlaf.“ (A: “But this personal responsibility is missing, when you say that you have to rest in the evening. A man needs his 8 hours sleep after a long day.”)

The interviewed subjects expressed a wide variety of opinions about the subjective energy and demands during the normal working day. Some reported chronic tiredness, exhaustion after work, aggression and subjective lack of well-being, but others reported that they had lots of energy. (I: „Und wie findest du die Arbeit jetzt hier so?“ B: „Viel chilliger als irgendwo anderswo. Weil man eigentlich sehr viel, also die verlangen halt nicht viel von (unv.)<sup>2</sup> versus I: „Und wie fühlst du dich, wenn du nach einem normalem Arbeitstag nach Hause kommst?“ B: „Fertig. Einfach nur fertig und geschlaucht.“) (I: “And what do you think of the work here now?” B: “Much cooler than anywhere else. Because you can do a great deal, they don’t expect that much of (unclear)<sup>2</sup>” versus I: “And how do you feel when you come home after a normal day at work?” B: “Gutted. Gutted and exhausted”).

The trainees had problems with the significance of “health”, as this expression seemed too abstract (I: „Und was genau verstehst du unter gesund leben?“ B: „Gesund leben. Gute Frage... Ich weiß nicht.“) (I: “And what precisely do you understand by a healthy lifestyle?” B: “Healthy lifestyle. Good question... I don’t know”). Either they

failed to make any statement or they thought that health was only linked to aspects of healthy nutrition (a lot of fruit and vegetables) and not having to go to the doctor or being free of illness. (B: „So gesundheitsmäßig bin ich auch zufrieden. Wie gesagt, ich war jetzt seit Dezember rum nicht mehr beim Arzt, also es geht mir gesundheitlich echt ganz gut.“ I: „Dann würdest du auch nichts ändern wollen?“ B: „Nein. Also wenn man so acht Monate durchgehend gesund ist, ich glaube da will man nichts ändern.“) (B: „I’m satisfied with my health. As I said, I haven’t been to the doctor since December, so I’m really quite healthy.“ I: „Then you wouldn’t want to change anything?“ B: „No. If you’ve been healthy for all of eight months, then I think you don’t want to change anything.“). Taken together, the results show that health and healthy nutrition are of no great importance in the lives of these young adults, even though some of them were known to have chronic diseases.

## Nutrition

The interviewed trainees repeatedly stated that their favourite foods were fast food, sugared drinks and sweets. However, most of them considered that their food at home and at work was varied and balanced: meals with bread and rolls, salad, milk products and various hot meals. When selecting foods, taste and price were more important than healthiness or the quality of the food (B: „Ich muss ganz ehrlich sagen ich bin ein Geizhals. Ich gebe nicht gerne viel Geld aus. Wenn ich einkaufen gehe, kaufe ich wirklich nur so das Billigste, sagen wir mal.“) (B: „To be quite honest, I’m mean. I don’t like spending money. When I go shopping, I really only buy the cheapest.“)

Most of the trainees were familiar with the principles of healthy nutrition, although this knowledge was rarely reflected in the nutritional behaviour they reported. (I: „Wie würdest du denn beschreiben wie du isst? Also erzähl einfach mal!“ B: „Ja, das, also nicht gesund, kann man so sagen.“ I: „[lacht] Ok. Was ist für dich gesund?“ B: „Also Obst, Gemüse, ja, das esse ich

weniger. [...] Aber sonst [...] Fisch jetzt, was so auch für die Gesundheit gut ist, esse ich gar nicht.“) (I: „How would you describe how you eat? Please tell me.“ B: „Not in a healthy way, I suppose you might say.“ I: [laughs] „OK. What do you think is healthy?“ B: „Fruit and vegetables. I don’t eat much of those. [...] But otherwise [...] Fish is supposed to be good for the health, but I don’t eat any fish at all.“)

Most trainees are provided with food by their mothers, most of who prepared hot food every day. There were also behaviour disorders when eating, including restrictive eating behaviour, obesity, bulimia and radical diets.

The two supervisors interviewed thought that food availability was restricted at home in some cases and that the trainees were only familiar with a limited repertoire of food. (A: „Dann haben wir Leute, die verschiedene Lebensmittel gar nicht kennen, die das nicht gewöhnt sind von zu Hause. Also die einen ganz eingeschränkten Speiseplan haben.“) (A: „Then we have people who know nothing at all about different types of food. They don’t learn about this at home. Their menu is really limited.“)

All the trainees took advantage of the free or cheap breakfast and lunch available at work. One of the supervisors said that their table manners were lacking and the structure of their meals was irregular. (A: „Ok, ja die essen jetzt und wenn die fertig sind, stehen die auf oder genügend gegessen haben. Manchmal denke ich: Gott, wie sieht dieser Tisch aus? Haben die auf dem Tisch gegessen oder auf den Tellern?“) (A: „OK, they eat now and when they are finished or have had enough, they get up. Sometimes I think, my God, how does this table look? Have they eaten on the table or on the plates?“). On the other hand, the trainees also reported that they had strong family bonds and traditional mealtimes.

## Workplace

In some cases, the workplace was described as being damaging to the health. There was intense heat in the kitchen and this caused circulatory

problems in some trainees. Some trainees also thought that the hectic rush was stressful. There was also stress to the back from operating the equipment.

Most of the trainees and supervisors described the working environment as good. The statements depended on the site and the supervisor. A (Standort A): „Ich teile die Arbeit jetzt nicht ein, das macht ihr unter euch und dann helfen die sich auch gegenseitig. Also dann entwickelt man in der Mannschaft doch schon ein sehr großes (unv.) also das ist wirklich ein Team dann.“ versus B: „Hier oben [Standort B] stört mich die Zusammenarbeit. Die arbeiten nicht miteinander, sondern gegeneinander.“ (A [site A]: „I don’t say who has to do what. You should do this yourselves and then help each other. A very large [incomprehensible] develops within the team and then it is really a team.“ versus B: „Cooperation here [site B] is poor. They don’t work together, but against each other.“) On the one hand, the team work included mutual support and good cooperation, but also mobbing and exclusion. (B: „Das hat sich dann auch ein bisschen verschlimmert, weil die mich dann leider auch mal getreten hatte und mich dann auch mal, mir dann auch mal gedroht hatte.“) (B: „This has got a little bit worse, as they kicked me and then threatened me.“)

The company offered the trainees extensive forms of support – both private and professional –, including remedial courses and help in applications and psychosocial problems. The trainees generally regarded this favourably, but objected that this could lead to lack of dependence. For this reason, several of the trainees thought that the individual should always ask about this himself. (z. B.: B: „Manche brauchen die Hilfe, für manche ist es gut, aber manchen muss man einfach die Chance geben sich auch ein bisschen zu entwickeln. Es bringt ja auch nichts, wenn ich an dem gleichen Punkt stehen bleibe, das BRINGT JA NICHTS.“). (e. g. B: „Some need help and this may be good for them. But others need the chance to develop a little. IT DOESN’T HELP AT ALL if I remain stuck at the same point.“) ▶



As two different sites were compared, with two different supervisors, different management styles could be compared. (A [Standort A]: „Und ich erwarte keine Arbeit, die ich nicht selber vorgearbeitet hab. Also wenn es jetzt brennt, steh ich genauso, würde ich in die Spülküche gehen [...] Es wird also zwischen den Auszubildenden oder dem Anleiter oder den anderen Arbeitskollegen kein Unterschied gemacht.“ versus A [Standort B]: „Ich bezeichne mich manchmal selber gerne als Löwendompteur, also es geht nicht nur darum, dass ich in der Küche präsent bin und zeige, was geht. Sondern es ist ganz viel Moderation und auch miteinander lernen, lehren. Und ja, es ist häufig der Fall, dass ich eher Erzieher bin als Lehrer.“) (A [site A]: “I don't expect you to do anything that I haven't done myself. If there are serious problems I will go to the scullery myself [...] No distinction is made between the trainee, the supervisor or other colleagues.” versus A [site B]: “I sometimes call myself a lion tamer. I do not only have to be present in the kitchen and show how to do it. There is a great deal of mediation and learning together, teaching. It is even often the case that I act as parent rather than teacher.” The trainees found it good when responsibility was delegated to them and when the supervisor had confidence in their work and in the group's internal management. (A [Standort B]: „Ich KÖNNTE natürlich sagen, ich hab, ich lasse meine Küche alleine und geh da hin. Das Problem ist halt, dass ähm, es dann hier brennen würde. Und da ist mein Pflichtgefühl auch halt oft größer. versus A [Standort A]: „Also man merkt es eigentlich immer ganz toll, wenn ich jetzt mal ne Stunde oder zwei weg muss [...] in dem Moment, wo man dann weg ist und man muss sich wirklich auf sie verlassen, dann kann man sich auch absolut auf die verlassen, das ist also ...“) (A [site B]: “Of course, I COULD say that I will leave my kitchen in peace and go away. The problem then is, that it would go wrong. And my feeling of duty is often stronger.” versus A [site A]: “It's always really good when I have to go away for an hour or two [...] You can rely on them absolutely when you are away. That is..” Strict hierarchies between the super-

visors and trainees and the support of power structures among the trainees occurred together with an unfriendly working atmosphere – and conversely. If the trainees understood the sense of the working instructions, the results were better. It was also important for the trainees that the working areas were shared in a fair and varied manner, as they had a very strong sense of justice. It was regarded unfavourably if the supervisor strictly specified the tasks.

In summary, it was found that the management style had a major influence on the

- working environment,
- the well-being of the trainees,
- their attitude to work,
- their team spirit and social expertise,
- their individual development and maturation,
- the development of personal resources.

The main problems arose under conditions of high pressure, for example when the work is too rapid and hectic. If the trainees feel that their skills are not appreciated, they develop negative attitudes. Low frustration tolerance developed, manifested during boredom from routine work, failure (A [Standort B]: „Oder männliche Azubis, die kucken in den Ofen, sieht, dass der Kuchen kaputt ist und schmeißt das Blech einmal quer durch die Küche.“) (A [site B]: “Or male trainees who look in the oven, see that the cake is a failure and simply throw the tray across the kitchen”), the laziness of other employees, lectures or stress.

### Outlook

The trainees had a generally positive view of the future. They had both professional and private goals and showed personal initiative (B: „Und dann habe ich mir zum Ziel gesetzt, entweder mit dreißig Familie und wenn mit dreißig keine Familie, dann Motorrad.“ / B: „Falls ich ne Absage bekomme, dann werd ich so schnellst wie möglich Bewerbungen abschicken. Hab mich auch schon vorbereitet ...“) (B: “Then I decided that

I would have a family at 30 and if not, then a motorbike.” / B: “If I get turned down, I will send off applications as quickly as possible. I have already prepared for this ...”). Many are aiming for an additional qualification. The Department of Domestic Science in this company has monitored the success of the trainees for the period 2006–2008. They found that 78 % of the trainees had obtained a job or an additional qualification.

### Discussion

The trainees had little understanding of health as an interaction between physical, psychological and social aspects [9] and had difficulty in formulating their health needs. This indicates that the trainees have little interest in this theme, which is typical for their age group [10]. They consider that health solely means the absence of disease and is of little value. This is reflected in their selection of foods, for which price and taste were of decisive importance. Health aspects and food quality were of less importance. This indicates the “taste of the necessary” [BOURDIEU], which is mainly linked to limited economic resources and the social environment [11]. Another possible approach to explaining the findings is that health is only a secondary important objective for these trainees, as a consequence of their environment. As the young adults in this study are frequently confronted with greatly restricted financial resources and difficult social conditions within their families, their primary objective appears to be the creation of a financial and social foundation. This prioritisation can also be found in MASLOW's pyramid of needs [12]. The trainees are primarily occupied in overcoming daily problems and healthy nutrition in accordance with current recommendations is not a high priority goal. On the other hand, the statements of the trainees also show the age-related identification role of nutritional and health behaviour. For example, they ate fast food (in contrast to their food at home) or exhibited risky behaviour

such as smoking. The themes of work and training were consistently an important object in the interviews and were decisive for the well-being of the trainees. The management style was always of central importance. In summary, the trainees' statements indicate that the following are particularly important for their well-being and energy:

- Their expertise, abilities and independence must be recognised;
- They must be presented with challenges;
- They must experience success;
- The supervisor must treat them with confidence;
- They must have variety at work;
- The significance of their different tasks must be explained to them;
- Distribution of breaks and tasks must be fair;
- Their needs must be determined individually;
- They must be able to participate in the planning and implementation of the supportive measures.

Therefore, particular attention must be paid to these aspects in health support. In order to attain a long-term improvement in the trainees' situation at work and in life, a concept must be implemented that considers the different areas in the life of the trainees. Thus, support in their professional and private planning for the future would be a central element, as social and professional aspects play an important role in their current situation in life. The support for a healthy life style should include behavioural measures, but must be appropriate to the situation, in order to allow for the discrepancy between health knowledge and health behaviour, as well as the low significance of health.

The results of this pilot study have shown that the clichés about our socially disadvantaged adolescents and their lack of ambition for professional development, their high consumption of fast food, their drug abuse and their laziness, must be regarded more critically and called into question. In general, most of the interviewed trainees had precise ideas about their future.

They certainly showed commitment by fighting for social recognition, pursuing private and professional objectives and striving for personal development. They do not wish to be excluded from society, but to participate in it.

### Study limitations

Because of the restricted funding, only a small group could be selected for this study. Thus, these results are not representative of socially disadvantaged adolescents, but do allow a deeper insight into the life plans and lifestyles of individuals in this target group. As a result, conclusions can be drawn for larger studies and for company health support in comparable settings.

The statements of only two supervisors only reflect the views of these two persons, which may differ greatly from those of other supervisors.

The town in which the study was performed is relatively conservative, which might have influenced the subjects' attitudes. The company has a structure that is specifically directed towards socially disadvantaged young adults. Therefore the results should not be applied to all training centres.

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### Conflict of Interest

The authors declare no conflict of interest according to the guidelines of the International Committee of Medical Journal Editors.

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