THE EFFECTS OF TRAINING ON EMPLOYEE PERFORMANCE IN THE PUBLIC HEALTHCARE FACILITIES IN KENYA; A CASE OF MBAGATHI DISTRICT HOSPITAL

BY

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REG.NO.D53/OL/3640/04

A research project submitted in partial fulfillment for the requirement of the award of Master of Business Administration – HRM
School of Business Studies Kenyatta university

2009

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The effects of training on employee
DECLARATION

I declare that this is my original work and has not been submitted in any other university or institution of higher learning for examination.

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Orina Emily Odera                  Date

This is to certify that this research project has been submitted with permission and authority as the University supervisor.

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Mr. D. Ngaba                      Date
Chairman, Business Administration Department.
DEDICATION

To my beloved parents, the late Peter O. Orina and Jennifer A. Odera.
ACKNOWLEDGEMENTS

Throughout this project, I came to appreciate more than ever before, how much we need others to assist us achieve our goals. Many people were helpful to me in one way or the another, whether with ideas or physical inputs, directly or indirectly. Though I am acknowledging a few by names, I wish to take the opportunity to sincerely thank everyone who contributed to the success of this document.

My unmeasured appreciation goes to Dr Otenga, my project supervisor whose professional and technical advice was very useful in the success of this project.

Much thanks goes to my beloved husband, who was quite supportive throughout the project period. I spent most of my spare time in the study room up to late hours, but he never complained that I had no time for the family. My husband’s understanding, love and care for me and the children throughout the project period deserves more than words can express. He is indeed the pillar of my strength.

I also feel deeply indebted to my little children, Shady, Fiona and Edwin who throughout my study period had to bear with minimum complaints the burden of having a student mother. Their patience and understanding greatly inspired me to work even harder.

I wish to acknowledge Miss Fela, my friend and colleague whose support and selfless contribution while collecting data enabled me to gather as much data as possible on this study. It should also not go unmentioned, the immersed contributions of my study group at Parklands campus, and more particularly Mrs.Edalia. Their valuable input through relevant comments enhanced the polishing of my work.
Lastly, I wish to acknowledge Miss Mary who facilitated the word processing of the manuscript that resulted into the producing of an explicit project document.
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OPERATIONAL DEFINATION TERMS

Training – planned and systematic process of impacting knowledge skills and attitude through a learning experience to achieve effective performance in an activity or a range of activities.

Development – training people to acquire new horizons, technologies or view points. It enables leaders to guide their organization on to new expectations.

Job description – sets out the purpose of a job, where it fits in the organizational structure, the context within which the job holder functions and the principal accountabilities of the job holder or the main task they have to carry out.

Learning – occurs when one adds new and modifies existing behaviours patterns in a way that has some influence on future performance on attitudes.

Performance – refers to the degree of accomplishment of the task that makes up an employees job.

Support staff – staff whose services or activities are non-core in an organization.

Para-Medical – medical related or near Medicare.

Motivation – to stimulate the interest of a person to want to do something in a particular way.

Limitation – A conduction on fact or circumstance that impose shortcomings towards achievement of desired results.

Justification – Acceptable reason for doing something

Objective – achievement aimed at or wished for.
# LIST OF ABBREVIATIONS USED

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>HRM</td>
<td>Human Resource Management</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<td>HIV/AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>HTI</td>
<td>Health Training Institutions</td>
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<td>MDGs</td>
<td>Millennium Development Goals</td>
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<td>UNESCO</td>
<td>United Nations Education and Social Culture Organization</td>
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<td>HR</td>
<td>Human Resource</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>SSA</td>
<td>Sub-Saharan Africa</td>
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<td>HRD</td>
<td>Human Resource Development</td>
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<td>TNA</td>
<td>Training Needs Assessment</td>
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<td>SPSS</td>
<td>Statistical Package for Social Sciences</td>
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<td>IDH</td>
<td>Infectious Diseases Hospital</td>
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ABSTRACT

Training is a planned process to modify attitudes, knowledge or skill behavior through learning experience to achieve effective performance in an activity or range of activities, as defined in the glossary of training terms (Dessler, 2001). The emphasis is on planned process and effective performance. Training also refers to the methods used to guide new or present employees on the skills they need to perform their job. It might thus mean showing a mechanic how to operate his new machine, a new salesman how to sell his firm’s products, or a new supervisor how to interview and appraise employees (Dessler, 2001. Training and development therefore entails a deliberately planned process that is carried in a systematic fashion and aimed at bringing about effective performance. The performance of any organization is dependent on the quality of its workforce. The general view is that training and development leads to improved employees performance and that organizations should therefore invest in training and development. The study seeks to examine whether training is an essential tool in enhancing employee productivity in the public health sector in Kenya. This was made possible by studying the Mbagathi District Hospital in a bid to examine the various variables relating to performance, success and survival the organization. The study also tried to assess the various aspects of performance like increased productivity, increased efficiency, improved quality levels, improved morale, working together with regard to specific training and development methods adopted by the health sector in Kenya. The scope of the study was limited to the Mbagathi District Hospital. The target population was the 402 employees of the Mbagathi District Hospital. In this target population a sample of 160 employees was drawn by stratified random sampling technique. Data was collected using structured questionnaires and analyzed using descriptive statistics such as percentages, frequencies and measures of central tendencies through the SPSS computer package.
CHAPTER ONE

INTRODUCTION

1.1 Background of the study

In the recent past, a number of management techniques and theories have been developed to improve the practice of management in organizations. The more significant of these include management by objectives, organization development, strategic management, training and development and operations research. In most cases these theories and techniques were initially developed for and applied in private sector settings (Schwclla, 1988). But attempts have been made to transfer these to other sectors contexts. The principles of management models developed for the private and public sector have been applied to help the health sector organizations improve their management performance (Warsame, 2002).

Broadly speaking, most organizations depend on the input of lower cadre employees and the line managers for their survival. These are the people whose input is most felt towards the success of the organization. Their work basically entails offering labor and technical support in their daily routine performance. Top management is only charged with offering managerial, advisory and directive support. (Mugwere, 2004)

It is in light of this that every organization must appreciate the crucial role played by this level of personnel. Needless to say therefore they must be well equipped with the necessary skills to input in
the course of their work thereby facilitating their effective performance. Accordingly training comes in hand towards the achievement of the organizational goal for effective performance.

In this era of globalization and emergence of technologies, organizations are striving to survive, grow and operate profitably in a turbulent, ever changing environment. They have repositioned themselves in order to keep a hold on the new technologies and business development globally. The security of life long employment has also been challenged. The approach to careers path which seriously assured one of upward mobility along the careers ladder is too risky and no longer applicable. Actual move have become the common way to energize employees as companies reduce the levels of management and decrease the number of employees, further placing increased demands on those who remain (Mony & Noel, 1996). And this on going trend places more relevance on employee training and development to increase effectiveness.

The principal goal of Human Resources Management (HRM) is the concept of strategic integration, which involves vertical and horizontal cohesion. It requires great emphasis to be placed on the identifying of training needs and the organization of training. Studies suggest that the strategic integration of training has not generally been achieved. The Price Waterhouse Cranfield project, for example identified a high proportion of European organizations (60-90% in the countries studied), which systematically analyzed their training requirements. Nevertheless the survey concluded that the consistency and coherence of training policies and indeed their human resource strategy as a whole were often too poor to underpin the corporate objectives they were designed to support (Syrett, 1990).

The goal of quality relate to features of management behavior, which includes the management of and investment in training and development programs, as well as greater attention to recruitment and selection procedures. Workers need to be trained in a range of tasks and be prepared to move between
these as the production schedule requires. However being trained in a range of tasks does not necessarily imply the development of higher level skills in high volume production (Thompson, 1989).

Within many health care systems worldwide, increased attention is being focused on human resources management (HRM). Specifically, human resources are one of three principle health system inputs, with the other two major inputs being physical capital and consumables. As arguably the most important of the health system inputs, the performance and the benefits the system can deliver depend largely upon the knowledge, skills and motivation of those individuals responsible for delivering health services (WHO, 2000).

When examining health care systems in a global context, many general human resources issues and questions arise. Some of the issues of greatest relevance that will be discussed in further detail include the size, composition and distribution of the health care workforce, workforce training issues, the migration of health workers, the level of economic development in a particular country and socio-demographic, geographical and cultural factors (Stefane, 2006).

Interest in the efficiency and effectiveness of systems of training arises from widespread concerns that current production levels are failing to keep pace with qualitative and quantitative requirements for a skilled workforce (Schleicher, in Peasegood, 1997). Investment in basic and pre-service training for both sectors varies widely both historically and politically, but early capital investments in training systems have clearly been unable to meet sector capacity requirements for a skilled workforce today. Moreover, several authors warn against expecting (re-engineered) training systems alone to meet changing sector requirements (Beaglehole, 2003; Egger & Adams, 1999; Woodward, 2000). Much of the current literature on workforce planning would indicate that failed recruitment and retention
policies, plus rising HIV/AIDS prevalence, now contribute significantly to the continuing skilled workforce gap.

Upgrading of skills through continuing education of the workforce is common in most training systems, and support through in-service training has been a continuing focus for external assistance in both sectors. Unfortunately, despite the importance of this topic, several authors have commented on the problem of obtaining substantive evidence to support policy initiatives directed towards the scaling up of training of a skilled workforce (Beaglehole et al, 2003). Despite the weak policy evidence, there general and widespread support for the scaling up investments in both initial and continuous training (Wyss, 2004) for both education and health in order to achieve the Millennium Development Goals and Strategic Sector Plans.

In the health sector, the training of skilled workforce seems to be even more complex. There is no readily available inventory of different models of health worker training, partly because the country scenarios are hugely complex and involve many different types of health workers. In a useful discussion on health worker training, Woodward reminds us that the education of health care personnel usually occurs within a complex educational system mandated by legislation which often regulates the broad functions and processes of these institutions (Woodward, 2000).

This reinforces the notion that there are strict limits to the autonomy of Health Training Institutions (HTIs) as to the intake of trainees, the content of the curriculum and the teaching/learning approaches used. Due to high levels of fixed costs of these kinds of training institutions, there is also a drive towards rationalization of the means of production in the health sector, and a plea not to open new training institutes (Martinez, 2002).
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The Abuja document (MDG, 2004) suggests that government funding for pre-service training has been stagnant or failing over the last two decades and that this directly contributes to the anticipated failure to achieve Millennium Development Goals (MDGs) in Africa.

The training of a skilled workforce has been seen merely as recurrent expenditure in a country rather than in terms of long-term capital investment. Governments retain their grip on regulation despite the fact that it has long been suggested that the regulatory framework for human resources is often inadequate (Dussault, 1999). The government is often dealing with outdated legislation for skilled personnel, has no enforcement powers, and with fragmentation of the regulation process between jurisdictions. In the health sector, where there is a tendency to retain centralized HR functions, governments departments ensure that educational facilities develop the types of healthcare personnel required to meet human resource needs for national/regional health. Ministries frequently set enrolment targets. Many countries cite problems with duplication of functions across government departments (Dessault, 1999; Woodward, 2000; UNESCO, 2003). In Nicaragua, through decentralization and sector reform, the state now has a subsidiary role in production of health services and aims to strengthen its role as regulator (Nigenda, 2000).

Most studies on the returns to training are limited to the employee’s share of these returns: the impact of training on wages. The general outcome of these studies is that training has a positive impact on
wages (Groot, 1999b). Barron et al. (1999) make a distinction between the impact on the level of starting wages, and on subsequent wage growth. Human capital theory predicts a negative relation between (expected) time spent in training and starting wages, but they do not find robust support for this prediction. They do find a positive impact of training on both wage growth and performance. A limited number of studies consider the impact of training on performance. These studies focus on performance at either individual or organization level.

Since it is difficult to obtain objective measures of individual performance, subjective evaluations are used. These are based on comparing performance before and after training, or by comparing the performance between employees who have and have not followed training courses.

Bishop (1994) studies whether current performance of individual employees depends on schooling, work experience and formal training obtained at previous employers. Using dummy variables on the incidence of formal training he finds that employees who received formal off-the-job training at previous employers are on average 16% more productive than otherwise comparable employees without previous training.

Whether changes in the training program (for example the amount of training) also influence labour performance can however not be investigated. Lynch and Black (1995) estimate a production function to test whether labour performance depends on the number of workers who received training. Only if they include other dimensions of the training programs do they find significant positive effects. In particular, computer training increases labour performance by more than 20%. In addition, for manufacturing the proportion of time spent in formal off-the-job training has a significant positive effect on organization performance.
1.2 Mbagathi District Hospital

Mbagathi District hospital was originally known as “Infectious Diseases Hospital” (IDH) under the then “King George VI Hospital”, currently –Kenyatta National Hospital. It was built in the 1950s to offer healthcare services, mainly infectious diseases such as tuberculosis, measles, meningitis and leprosy.

In the year 1995, “IDH” was curved off from Kenyatta National Hospital and transformed into an autonomous District hospital with very poor and dilapidated facilities plus a skeleton staff. The hospital has since improved and is today offering to the public all healthcare services as can be found in any other district in the country. It has 24 doctors, 300 paramedical staff and 80 support staff. The hospital has a bed capacity of 165 patients and the out-patient department attends to between 300-500 patients per day.

The vision of the hospital is to be a centre of excellence for the provision of sustainable quality healthcare that is acceptable, affordable, and accessible to all Kenyans. The mission statement states “To promote and provide quality curative, preventive, promotive and rehabilitative healthcare services to all Kenyans.

Mbagathi Hospital has shared values that drives it as an institution in the decisions that are made. These include; respect and value for individuality, focus on doing the right thing at the right time and in the right way, shared knowledge through teamwork, commitment to provision of quality healthcare within limited available resources and customer satisfaction.

1.3 Statement of the Problem

A training and capacity building policy is essential in influencing a shift towards results-oriented management, better utilization of resources, cost-effectiveness and improved service delivery.
However Gelderbiom and De Koning (1996) and Lynch and Black (1995) illustrate that there is difficulty in finding a positive relation between training and performance. This is because the returns to training strongly depend on what is being taught and when. Ichniowski et al. (1997) identify another problem: the estimated effect of training on performance will be biased upwards if no information on complementary HRM practices is available. This bias is due to the strong correlation between training (incidence) and other Human Resource Management practices.

The human resource (HR) problem in the health sector in Sub-Saharan Africa remains a major challenge in many countries. Although the gravity of the problem varies across the region, the situation in some countries is so grave that urgent action is needed. A complex set of factors has contributed to this problem, some exogenous, such as the strict fiscal measures introduced by structural adjustment, which often result in cutbacks in the number of health workers. But endogenous factors are also to blame, including misdirected human resource and training policies, weak institutions, and inappropriate structures (USAID, 2003).

In addition, doctors and nurses in government employment are labeled "unproductive", "poorly motivated", "inefficient", "client-unfriendly", "absent" or even "corrupt". These labels are often associated with coping strategies associated with widespread "demotivation", due partly to "unfair public salaries". These are presented as the de facto justification of "inevitable" predatory behaviour and public-to-private brain drain (Ferrinho and Van Lerberghe, 2000).

This study was to explore the impact of training on employee productivity in the public health sector in Kenya. It aimed at determining the type of training offered to health employees, the training needs of those employees and whether these needs are met. This was more enumerated in the specific objectives of the study. The study was carried out at Mbagathi District Hospital in Nairobi, Kenya,
and was accomplished by a study of the employees in the organization in order to identify the various variables of the impact of training on their productivity.

This research study would seek to sensitize public health organizations on the need to attach value to training programs by unearthing the practical detriments of the lack of offering training to employees for operations and performance. This will be achieved by highlighting the various benefits of implementing elaborate training programs to health employees.
1.4 Objectives of the study.

1.4.1 General Objective

The overall objective of this study was to examine the effects of training on employee performance in the public health institutions in Kenya.

1.4.2 Specific Objectives

More precisely, the study was to meet the following objectives;

1. To establish the hospital’s policy on training.
2. To establish methods used to assess employee training needs.
3. To identify the benefits of training at an employee level
4. To identify the benefits of training at an organizational level

1.5 Research Questions.

1. What is the hospital’s policy on training?
2. What are the methods used to assess employee training needs?
3. What are the benefits of training at an employee level?
4. What are the benefits of training at an organizational level?

1.6 Significance of the Study

This study will have a significant impact on future organizational strategies on the workforce and possibly the government.
Management may gather the direct benefits of applying the in-house training to all the organization operations. In addition to linking training to organizational goals, the findings on the relationship of employee training and organization performance may serve other purposes. Managers can use the findings to tailor their training in specific knowledge and skills that impact their health sector goals and become aware of the expectations of employee training. The findings of the study should be of particular interest to researchers by detailing literature on training of employees in the health sector, identify gaps for further research and in so doing stimulate more research in the field of training in the health sector.

1.7 Scope and Limitations of the Study

The study was limited to the Mbagathi District Hospital in Nairobi with 402 employees. These provided the study population.

The limitations encountered during the course of this research were:

i. Time constraint- The period within which this study was expected to be completed (two and a half months) was not fully sufficient. This meant that the researcher was to work within a very constrained time period.

ii. There was reluctance of the targeted respondents to offer information hence a lot of persuasion was required from the researcher. To overcome this, the researcher had to provide a cover letter to assure the respondents that the research was purely academic and was not to be used for any other fora.

iii. Financial constraint-The money required for the successful completion of the research was sourced from the researcher’s own resources.
iv. Human resources- The researcher hired two research assistants who were to be trained and familiarized with the subject of the study prior to commencement of the research.

v. Study population- It was not possible to study the whole population for full information but a representative sample whose mean was representative of the population was to be taken.
CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction.

This chapter covers available and relevant literature on the variables of this study. Its objective is to (from a survey of empirical and theoretical literature), capture existing information pertinent to training and matters related to training.

In reviewing the plethora of literature that exists on the topics of employee loyalty, retention, training and development, one might wonder why the training problem still exists, yet; companies, large and small struggle with this challenge. While many books and articles seem to emphasize similar themes, others have suggested more radical views about the nature of training problems (Gilley 1989). Case studies validate strategies that have worked successfully for some organizations, yet most experts agree this training and development practices needs to be approached differently in different organizations. Most of the published works on training and development topics focus on three key areas: the causes, the costs, and the strategies for eliminating the problem (Gilley 1989).
2.2 Overview of Training

Training refers to the methods used to give new or present employees the skills they need to perform their job. Training might thus mean showing a machinist how to operate his new machine, a new sales person how to sell her firm’s product, or a new supervisor how to interview and appraise employees (Dessler, 2001).

Training is a planned process to modify attitudes, knowledge or skill behavior through learning experience to achieve effective performance in an activity or range of activities, as defined in the glossary of training terms (Dessler, 2001). The emphasis is on planned process and effective performance.

Training can be defined as the process of teaching new employees the basic skills they need to perform their jobs. Training gives new and present employees the skills they need to perform their jobs (Dessler, 2001).

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Training can be defined as the process of teaching new employees the basic skills they need to perform their jobs. Training gives new and present employees the skills they need to perform their jobs (Dessler, 2001).

A definition of Human Resource Development (HRD) is "organized learning activities arranged within an organization in order to improve performance and/or personal growth for the purpose of improving the job, the individual, and/or the organization" (Gilley 1989). HRD includes the areas of training and
development, career development, and organization development. This is related to Human Resource Management, that is, a field which includes HR research and information systems, union/labor relations, employee assistance, compensation/benefits, selection and staffing, performance management systems, HR planning, and organization/job design (McLagan 1989).

Organizations and jobs will never be the same. Changes are based on the global economy, on changing technology, on changing work force on cultural and demographic trends and on the changing nature of work itself. Employees need to learn new skills and develop new abilities to respond to these changes in their careers and their organizations (Rouda and Kusy 1995). These can be dealt with constructively using change for competitive advantage and as opportunities for personal and organizational growth. Accountability being change affects all organizations including hospitals (Mclagan 1989). The goal of Human Resource Training and Development is to improve the performance of organizations by maximizing the efficiency and performance of employees (Rouda & Kusy 1995). Organizations exhibit varying training and development practices. The differences occur at different stages in the training and development process.

2.3 Training Needs Identification Practices

A Needs Assessment is a systematic exploration of the way things are and the way they should be. These "things" are usually associated with organizational and/or individual performance (Stout 1995). Training needs assessment is the first step in systematic development of a training program. Training needs analysis consists of 2 interrelated components: organizational analysis, operational analysis. Organization analysis involves examining the entire organization to determine where training is needed. This system wide analysis typically examines whether the existing goals of the organization
might be better met by increasing employee knowledge and skills or by changing attitudes (Kossek and Lobel 1996).

Any needs assessment should be done with the following questions in mind: What learning will be accomplished? What changes in behavior and performance are expected? Will we get them? What are the expected economic costs and benefits of any projected solutions?

Distinguishing between can't do and won't do problems is the heart of performance analysis. This helps in ensuring training is not developed for problems that training just won't fix (Dessler 2003). Once it is determined where training is needed, an operations analysis is conducted to determine the tasks performed on the job, the knowledge, skills and abilities needed to perform those tasks and the performance standards or competencies required to perform each task. The identification of task underlying knowledge and skills and performance standards provide a comprehensive analysis of the job. Personal analysis assesses whether individuals are performing at expected levels. If not, the next step is to determine whether any performance gaps found might be a result of inadequate knowledge, skills or attitudes that are alterable through training and development activities (Kossek and Lobel 1996).

Task analysis and performance analysis are two main ways to identify training needs. Task analysis is especially suitable for determining the needs of employees who are new to their jobs. Performance analysis appraises the performance of current employees to determine whether training could reduce problems. Supplementary methods used to identify training include supervisors' reports, personnel records, management requests, observation, tests of jobs knowledge, and questionnaire surveys (Dessler 2003). Strategy sets the agenda for training. If strategy is not fully considered
in need analysis, certain training programs may be left out. Sins of omission thus become a problem. A Skills training effort can be a source of difficulty when activities undertaken fail to undertake necessary training (Miner and Crane 1995). Needs assessment provides information on what, where when and who needs to be trained. It should also include assessing needs on communication and linkages between different jobs. Team task analysis for example helps analyze deficiencies in team level interactions (Kossek and Lobel 1996).

Training analysis could be targeted at attitudes. An attitude is an individual’s characteristic way of responding to an object or situation. It is based on experience and leads to certain behavior or the expression of certain opinions. Attitudes determine the general approach of an employee to work. The importance of attitudes obviously varies according to the type of job. They are not particularly important when the work is highly structured because so long as the employee is at a workstation he or she has little choice about the way the work is undertaken. On the other hand, unstructured work, with its freedom of choice and its opportunity for self-regulations, cannot be carried out successfully unless the employee's attitudes are consistent with the purpose of the job. Changing attitudes through training is difficult because many attitudes are deep-rooted and cannot easily be changed in a short time (Graham & Bennet 1995).

2.4 The Concept of Training and Development

Training and development can both be formal and informal and is usually carried out to enable the employee understand and perform his/her job better. Its main objective is to help the organization
achieve its purpose by adding value to its key resource the people to enable them perform better and to empower them to make the best use of their natural abilities (Zeromillion.com newsletters, 2004)

Amstrong 1999 concurs with Cole, 1997, that training is a systematic modification of behavior through learning, which occurs as a result of education and instruction. The accelerated pace of advances in technology, increasing foreign competition, widespread and growing unemployment, creating serious adjustment problems and diminishing resource supplies have affected the way business is conducted. This complex and unstable environment is a way of life, which will continue into the future (Russo, 1994).

Quality performance requires that employees be capable, have clearly defined job roles. They should know what is expected of them and have the tools, the knowledge and skills to perform, and receive regular feedback on performance as well as rewards for good performance (Power, 1986). The type of training programmes needed to ensure that the employees meet performance targets depend on the outcome from Training Needs Assessment (TNA).

According to Cole (1995), a training need exists where the gap between actual and required performance is most economically met by a training intervention. When training is imposed, it may be resisted and the efforts wasted.

When the learning climate is supportive training can achieve repeated business, increased efficiency and performance. It also enhances group work at all levels and create greater employee versatility. In addition to this it helps to improve communication, morale and co-operation. Further, it helps increase employee job satisfaction and lowers costs of production and personal injury rates. It is always
desirable to attempt to validate a training course to see if any of these results have been achieved (Cole, 1995).

Under favorable circumstances training has the important dual function of utilization and motivation. By improving employee’s ability to perform the tasks required by the company, training allows better use to be made of human resources; by giving employees a feeling of mastery over their work and of recognition by management, their job satisfaction is increased. When circumstances are unfavorable these results may not be obtained, for example when trainees see no purpose in the training, when it is regarded as a punishment or a sign of displeasure or when training seems irrelevant to the trainee’s needs (Cole, 1995).

Arguments against training are that it is expensive (often trainees are not producing while they are being trained, and they might leave the company as soon as their training ends) and that individual firms can sometimes recruit competent employees at low cost from outside. Also worker’s job expectations typically increase in consequence of training, so that if trained employees are not immediately put on to work that requires them to exercise their recently acquired competencies they might become dissatisfied and look for other jobs where they can use their new skills (Dessler, 2001).

Monappa et al (1996) define training as the teaching/learning activities carried out for primary purpose of helping members of an organization to acquire and apply the knowledge, skills abilities and attitudes needed by the organization. According to Cole (1997), training is a learning activity, which is directed towards acquisition of specific knowledge and skills for the purpose of an occupation. It will focus on the job or task.
Training can both be formal and informal and is usually carried out to assist the employee understand and perform his/her job better. While according to Manpower Services Commission (1981), it is the process to modify attitude, knowledge or skill behaviour through learning experience to achieve effective performance in an activity or range of activities. Its purpose in the work situation is to develop the abilities of the individual and to satisfy the current and future manpower needs of the organization. Broadly speaking, training is the act of increasing knowledge and skills of an employee necessary for doing a particular job.

Generally speaking, Training is the creation of an environment where employees may acquire or learn specific, job related behaviors, knowledge, skills abilities and attitudes. Sisson (1989) argued that the amount of training and development are crucial, for ensuring that the organization does not depend entirely upon the external labor market, which may not inculcate the kind of values and attitudes the organization desires. If one wishes to make a distinction between training and development, it would be that training is directed at helping employees perform better on their current jobs while development represents a future investment in employees (Gomuti, 1993).

Development includes both training to increase skill in performing a specific job and education to increase general knowledge and understanding of the total environment Cole (1997) defines development as any learning activity, which is directed towards future needs rather than present needs and which is concerned with career growth than immediate performance. Planned development programmes will return value to the organization in terms of increased performance, heightened morale, reduced costs and greater organizational stability and flexibility to adapt to changing external requirements (Flippo, 1984).
Among firms, which profess to believe in some type of planned systemic executive development, a
great variety of developmental techniques are used. Obviously, the executive requires job knowledge
in the assigned position, and thus the methods of on-job-experience, coaching and understudies are
available. The job is performed within an organizational environment, and such required
organizational knowledge can be obtained through position rotation and multiple management.

Development involves activities like learning, which is a relatively permanent change in behavior that
occurs as a result of practice or experience. Education is also a development activity of which
knowledge values and understanding required in all aspects of life rather than the knowledge and skills
relating to particular areas of activity are developed. Development itself which is the growth or
realization of a persons ability and potential through the provision of living and educational
experiences while training is the planned systematic modification of behavior through learning events
programs and instructions which enable individuals to achieve the level of knowledge, skill and
computer to carry out their work effectively (Armstrong 1977).

The process of training starts by defining the training needs then deciding what sort of training is
required upon which the experience and trained trainers are used to plan and implement training.
Finally follow up and evaluation of training is done to ensure that it is effective. Different methods can
be applied in the analysis of training needs, which include analysis of performance reviews and
carrying out training surveys. We have different training methods that can be applied by an
organization as discussed by Armstrong (1977) these include in company or On-the-job training which
consists of teaching or watching by managers’ team leaders or trainers at the desk or the bench. It may
also consist of individual group assignments and projects and the use of mentors.
Off-the-job training can take place on special course or training areas or centers, which have been specially equipped and staffed for training. Another method is external training which is useful for the development of managerial law leading, technical and social knowledge and skills especially if the courses carry standard theory and practice which learn easily be translated from the general to the particular. Just in time training is also another training method that is closely linked to the pressing and relevant needs of people by its association with immediate or movement business activities.

Development is any learning activity which is directed towards future needs, and which is concerned more with concern growth than immediate performance. Training is any leaning activity which is directed towards the acquisition of specific knowledge and skills for the purposes of an occupation or task. Management Development contributes to business success by helping the organization to grow the managers. It requires to meet its present and future needs. It improves manager's performance, gives them development opportunities, and provides for management succession. Career Management consists of the processes of career planning and management succession, career planning shapes the progression of individuals within an organization in accordance with assessments of organizational needs and the performance potential and preferences of individual members of the enterprise. Management succession planning takes place to ensure that, as far as possible, the organization has the managers it requires to meet future business needs (Armstrong 1997).

(Martinez Espinoza, 1998) argues that there is no ideal best combination of development methods. Each organization must design its own particular program to suit the climate of the firm, the organizational level for which the training is required, the particular characteristics of the personnel to be developed, the recognized specific developmental needs, and the availability of economic resources that can be allocated to training and education without itemizing the listed methods used by any one firm. Also their political, economic, social and cultural environment evidently shapes Training and
Development arrangements. The current environment of change brought about by economic, technological, social and political factors is undoubtedly the most powerful force driving the search for closer and new forms of collaboration between the State, enterprises and other stakeholders. (Martinez Espinoza, 1998).

The development of partnerships can be triggered by major political change in a country. One illustration is Chile's transition to a market economy in the 1970s, which reinforced the role of the private sector and led to the pioneering of new forms of training alliances. As part of the liberalization process, reforms were undertaken with a view to develop a market-driven, enterprise-led training system operating in a competitive market (Martinez Espinoza, 1998).

Development is based on the fact that an employee will need an evolving set of knowledge, skills and abilities to perform well in the succession of the positions encountered during his or her career. Preparation of an employee for these series of positions is what is meant by employee development (Storey, 1992). The foundations for flexible training are a sound general education and a broad-based basic training, which are the prerequisites for all subsequent training and work. Developing a broad-based knowledge requires reforms not only in initial training, but also necessitates retraining the workers who have received specialized training in line with the Taylor's approach (1997) to work.

To learn new technical and non-technical skills, these workers need to broaden the current skill base. This broad and transferable body of knowledge is the basis of lifelong learning and the acquisition of the multiple skills that give mobility and employability. The types of multiple skills that enhance employability include the development of technical knowledge and skills in "core" (generic) skill areas that are central to a number of occupations and which therefore enhance worker mobility.
The multiskilling of workers in related skill and occupational areas undoubtedly promotes both external and internal employability (Mitchell, 1998). Therefore, many employers consider that transferable or portable skills should be acquired at the cost of the worker, since they increase the individual's mobility outside the company. In contrast, workers maintain that 'it is the responsibility of the employing enterprise to protect the worker's employability.

2.5 Techniques used to identify Training needs

Steadham (1980) says that multiple methods of Needs Assessment should be used. To get a true picture, one should not rely on one method. It is important to get a complete picture from many sources and viewpoints. The manager's word should not be taken to be what is needed.

There are several basic Needs Assessment techniques. A combination of some of these are appropriate: direct observation, questionnaires consultation with persons in key positions, and/or with specific knowledge, review of relevant literature, interviews, focus groups, tests, records and report studies.

One should remember that actual needs are not always the same as perceived needs, or "wants". Look for what the organization and people really need since they may not know what they need, but may have strong opinions about what they want. The human Resource Development data should be used to make decisions. This avoids confronting management since the conclusions will follow from the Needs Assessment activities (Steadham 1980).
Since public health providers might be dependent on funds which come not from users, but from donors, there is a danger that they may become concerned more with resource efficiency than with service effectiveness. It has no real measure of efficiency other than its ability to carry out its mission and achieve its objectives within the dollar contributions it receives from its donors (Wheelen and Hunger, 1995; Johnson and Kholes, 1999). This study however, seeks to reveal the training needs practiced by the public health providers.

2.6 Training Program Design and Development Practices

Program design is the process of developing a plan of instructions for each training program to be offered. The common widely acknowledged practice in training programme design follows the following steps:

It starts with the specification of instructional objectives, which provide statements of the desired end states for trainees (Kossek and Lobel 1996). Ivancevich (2001) argues that it is necessary to establish specific measurable training objectives, expressed in Behavioral terms, if at all possible. By using behavioral-based objectives, the intent of the training program is identified. In some cases it is difficult to specify behavioral objectives because the manager is still attempting to clarify what behaviors are required. However if behaviors can't be identified, one might be inclined to ask what tie reason for the training is. A vague, ambiguous answer might suggest that the training purpose is not particularly important (Ivancevich 2001). The creation of objectives leads to the sequence of training events and the incorporation of learning principles to maximize learning (Dessler 2003).
The second primary step in the training design phase is to create a learning environment that enhances trainee motivation and optimizes learning (Kossek and Lobel 1996). This includes choosing the right trainees and the right trainer. Traditionally, training design has focused on the trainer being in control of the learning content, sequencing, design and delivery of training. Often the training program is delivered in-group settings where the trainee is often a passive recipient of training material (Kossek and Lobel 1996).

As training has moved from satisfying trainees to improving organizational performance, the right employees must be trained for training to impact on performance. Mass training has been a popular approach in the past. Nevertheless, the increasing diversity of the work force has led trainers to question more carefully the cost involved in the massed training approach (Kossek and Lobel 1996). Individuals are not interchangeable but have different goals, expectations, needs, skills and their own criteria of success. While business necessity dictates a certain level of job performance, the changing workforce questions whether there is one best way to reach those outcome goals. Instead, the growing diversity of people requires a greater diversity in the methods used to train and develop individuals in the organization. This customization approach in which training is tailored to meet individual needs is consistent with a more holistic perspective to people and their work (Kossek and Lobel 1996).

Great care must be exercised in choosing effective instructors or trainers. Some organizations use supervisors to serve as tutors while others outsource these services. To some extent, the success of training programmes depends on proper selection of the person who performs the teaching task. Personal characteristics such as the ability to speak well, to write convincingly to organize the work of others, to be inventive, and to inspire others to great achievements are important factors in the selection of trainers (Ivancevich 2001). Although much training is performed by professional trainers,
often operating supervisors may be the best trainers technically, especially if the training manager
helps them prepare the material. Using operating manager as trainers overcome the frequent criticisms
that training, is okay in the classroom, but it won’t work on the shop floor or back on the job. The
presence of trained trainers is a major factor in whether the training program is successful (Ivancevich
2001).

The nature of training itself is undergoing a transformation. Trainers no longer hold
the privileged position of "all knowing" content expert. Groups being trained often
contain individuals with more depth of knowledge about, more experience applying,
or more time to access current knowledge on the subject of training. The training
professionals thus become facilitators of learning and guides to available knowledge
instead of content experts who bring "the info" into the training room with them. Trainers no longer "own" the knowledge. Instead, they synthesize and provide
resources to clients who also have access to the knowledge (Keller and Schaffer,
www.edci.purdue.edu).

The third step is to select and develop an appropriate instructional method. It is
critical that the training method selected is appropriate for meeting the instructional
objectives and the training context (Kossek and Lobel 1996). The method chosen
could either be on the job or off the job and should be driven by the training need as
per the training needs analysis. It thus could be targeted at improving attitudes,
behavior, skills or even the decision-making ability of managers (Graham and Bennet
1995).
On the job training is given in the normal work situation, the trainee using the actual tools, equipment; documents or material that he or she will use when fully trained. The trainee is regarded as partly productive worker from the time training begins. The advantages of on the job training are that, it is less costly than off the job training because it uses normal equipment in normal surroundings. Learning will take place on the equipment, which will be actually used when the trainee is proficient; there is no transfer of learning problems and finally, the trainee is in the production environment from the beginning; he or she does not have to adjust to it after the rather sheltered conditions of off the job training (Graham and Bennet 1995).

The disadvantages of on the job training include: the instructor (usually a supervisor or a nearby worker) may be a poor teacher and may not have enough time to give proper training, payment-by-results scheme discourages the instructor from training and the trainee from learning properly, the trainee may be exposed to bad methods and learn these instead of more efficient methods, a large amount of spoiled work and scrap material may be produced, valuable equipment may be damaged, training takes place under production conditions, which are stressful, that is noisy, busy, confusing and exposing the trainee to comments by other workers and stress usually inhibits learning. Techniques of on the job training include: job rotation, internship, supervisor assistance, coaching, team training and multiple management programs (Dessler 2003).

Off the job training on the other hand takes place away from the normal work situation usually employing specially simplified tools and equipment. The trainee is not regarded as a productive worker from the beginning, the initial work often consisting of exercises. Off the job training may take place on the employer's premises, at a training center attended by trainees from several employers, or at a college (Graham and Bennet 1995).
The various advantages that go with off the job training include: higher quality as a special instructor gives the training, special equipment that is simplified if necessary can be used, the trainee can learn the job in planned stages, using special exercises to enable him/her to master particularly difficult aspects, in the long-term, off-job training may be less costly because it enables workers to reach higher standards of speed and quality, it is free from the pressures of payment-by-results schemes, noise, danger or publicity, the trainee can learn correct methods from the onset, the trainee does not damage valuable equipment or produce spoiled work or scrap and it is easier to calculate the cost of off-job training because it is more self-contained than on-job (Graham and Bennet 1995).

Disadvantages of off the job training include: the higher costs of separate premises, equipment and instructors can only be justified if there is a regular, fairly large intake of trainees (though this may be overcome by participation in group training schemes in which several employers cooperate), sometimes there is transfer of learning difficulties when a trainee changes from training equipment to production equipment and from a training school environment to a production environment, no training can be entirely off-job; some aspects of the job can only be learned by doing them in the normal production setting, with its own customs and network of personal relationships. To illustrate this point, training in driving might be given to a very high standard on a private track, but the driver will not be truly expert until he or she has experienced driving on public roads; only then can a learner driver learn to react to the behavior of other drivers, some methods of training which have become important in recent years can only be off-job, for example programmed learning; skill analysis and discovery learning; even here the final stages of training must be on-job (Graham and Bennet 1995).

Techniques of off the job training: vestibule training or simulated training, interactive videos, conferences, seminars, workshops and computer based training. When training is targeted at attitudes
the following techniques could be used: on-job experience within a group of employees whose attitudes are thought to be appropriate, on-job training by attaching the trainee to a senior employee who has appropriate attitudes and the personal qualities likely to influence their acceptance, off-job training in which a group of employees discuss case studies designed to emphasize the relevant attitudes.

The case studies can be written with the particular background and needs of the trainees in mind, off-job role-playing exercise in which a situation is described up to a certain point of crisis. Participants in the exercise are then asked to act out the parts of the people involved in the situation, extemporizing the dialogue and behaving in the way they think is characteristic not of themselves but of the individuals whose roles they are playing, T-groups (the T stands for training) are an off-job training method in which groups of trainees not more than twelve in number are told to examine and discuss their own behavior. It "s aim it to bring about a change in attitudes by showing individuals what others think of them, partly to demonstrate the importance of personal behavior in group processes and partly to improve the social skills of the trainees.

The training design could also be targeted at improving skills may be described as perceptual, motor, manual, intellectual, social, etc. according to the context or the most important aspect of the skill pattern (Graham & Bennet 1995). Skilled workers do the job faster, make fewer mistakes, and contribute to the company's bottom line. An advantage of skill-based training is that its results are measurable in increased performance. This justifies to training expenditure. If a company is unable to hire skilled workers, it makes bottom line sense for them to make an effort to get the good workers they can properly train (Ron Kuttus, www.school-for-champions.com May 2001). Techniques for skills training include: sitting next to Nellie, discovery method and apprenticeship among others.
Interpersonal skills can be promoted through role-playing, modeling, sensitivity training, transactional analysis and structured insight. Job knowledge can be acquired thought experience, coaching and understanding systems organizational knowledge can be developed through position rotation and multiple management. In addition, one's general educational background can be developed through special courses, meetings and a reading program, while specific individual deficiencies can be addressed through special projects and committee assignment. Training targeted at improving decision making skills uses techniques such as: m-basket, business games case studies (Flippo 1984).

Training is sometimes offered with an aim of socializing new employees into the company culture and to reduce ambiguity and uncertainty by providing needed information. These may include: company information, history of the organization, names of key executives, industry characteristics strategic emphasis, important locations, pay and benefit practices, policies and procedure, and safety rules among the topics often covered. This is often done through classroom sessions, films, handbooks, and tours of facilities are usually part of the process (Ron Kurtus, www.school-for-champions.com May 2001).

The training design and delivery must not ignore the fact that a training event is not an isolated activity. Newly developed training programs may complement or hinder previous training and development activities. A key issue thus is whether the training design helps individual’s link previous knowledge and skills requirements. Without such a linkage, the trainee is likely to be viewed with suspicion and fear thus leading to a low level of learning and transfer (Kossek and Lobel 1996).
2.7 Measuring the Effects of Training

According to Richard Chang (1994) once training sessions are over, the vehicle has come to a halt; the journey is not necessarily complete unless you can prove the value of training effort. Training evaluation information is critical for determining the success of the program in meeting its stated objectives, and what refinements in the training are needed to improve its quality. A Key focus effort should be on the transfer learning or the extent to which trainees effectively apply the knowledge, skills and attitudes gained in training context (Kossek and Lobel 1996).

There is no "approach to evaluation of training." To properly evaluate training requires one to think through the purpose of the training, the purposes of the evaluation, the audience for the results of the evaluation, the points or spans of points at which measurements will be taken, the time perspective to be employed, and the overall framework to be utilized (Nickels 2005, www.map.org). Training evaluation has a two primary purpose: to improve the effectiveness of training and to demonstrate its results (Ford 2000). Evaluation includes measuring: Participant response to the program, on-the-job training, business focused results and organizational impact.

These measures ensure that training is value adding and aligned with organizational goals. Business related results could be divided into hard and soft results. Hard results are easier to analyze. They are more concrete, objectively observable and you can usually assign numbers to them easily (Chang 1994). They could include aspects such as: time, usually measured by percentage of timely deliveries, number of appointments met on time, out put-measured by number and amount of work redone, number of product problems, number of tasks completed successfully, and Cost.
Soft results on the other hand are much more complicated to analyze because these outcomes are often based on people's behavior and attitudes. However, they can be measured, and will lend more credence to the success of your training. They could include aspects such as: Work practices-performance, attendance ratio, number of safety practices violated among others Management team skills-modeling good teams, ability to make decisions, listening skills promotability initiative-numbers of new ideas researched and implemented number of conferences, training sessions attended, and climate or culture which includes the number of complaints, number of employee grievances.

According to Chang (1994), evaluation can be either formative or summative. Formative evaluation focuses on improving the training process and the effectiveness of training. It is primarily an internal evaluation process initiated and used by trainers to assess their own work and discover ways to make continuous improvement to the training process. It is also used to help monitor the quality of ongoing instructional designed projects and ensure that they achieve their stated objectives. Summative evaluation on the other hand focuses on assessing the impact of completed training programs to determine if they have met their goals and if the programs should be continued or curtailed Scholars have proposed models for evaluating training activities. Some of the recent models are reviewed below:

2.8 Training as a Motivator

Trying to understand human motivation is a complex process. Sometimes a person's motive may be clear to him but quite puzzling to others. In other incidences, both the individual and those affected by his behavior understand what is driving him. In yet other situations, especially where stress is involved the individual concerned may be totally unaware of his motives while others may see them quite
clearly. It is, therefore, prudent for those in managerial and supervisory positions to be aware of these
issues and to take into consideration their own prejudices in this area of their work. This is because our
efforts to understand others are clouded by our attitudes towards them and the assumption we make
about their behavior (Cole, 1995) training and development increases the motivation of the employees
in any given concern.

2.9 Evaluating Training - Recent Models

Business changes have resulted in increased pressure on training professional to demonstrate their
worth. Donald Kirkpatrick has provided a frame work of four levels of evaluation (Kirkpatrick 1994):

Level 1 - the effectiveness as perceived by the trainee. This level measures learners' reactions toward
or satisfaction with a learning or performance improvement intervention. Reaction is typically
measured at the end of training; they can be measured during the training even if only informally in
terms of the instructor's perceptions.

Level 2 - measures evaluations of training. This includes measures of knowledge or skills that occur
from the intervention as assessed during or at the end of training (learning). What the trainees know or
do can be measured during and at the end of training but, in order to say that this knowledge or skill
resulted from the training, the trainee's entering knowledge or skills levels must also be known or
measured. Thus evaluating learning requires measurements before, during and after the training.
Level 3 - measures observed performance. This encompasses transfer of learning as measured by improvements in performance attributable to the intervention (Behavior).

Evaluation of change in on-the-job behavior must occur in the workplace itself. It should be kept in mind that behavior changes are acquired in training and they then transfer (or don't transfer) to work place. It is deemed useful therefore, to assess behavior changes at the end of training and in the workplace.

Level 4 - business impact. Evaluation at this level estimates the organization benefits of an intervention based on perceptual data measurable performance improvements, or costs, reduction of turnover and absenteeism, reduction of grievances, increase in quality and quantity of production and improved morale among others (Ivancevich 2001).

Kaufman and Keller (1994) proposed a fifth level that is a logical extension of the traditional classifications. They proposed societal outcomes as fifth level, and it focuses on issues and consequences of an intervention on the society within which the organization is situated. Given the degree, to which companies are being held accountable for the societal outcomes of their products and processes, this level of evaluation adds a relevant new dimension to the traditional models (Keller and Schaffer, www.edci.purdue.edu).

2.10 The Conceptual Framework

The study adopted conceptual model to guide it. The study variables were categorized as independent, dependent and intervening variables. The independent variable was employee's training which was expected to cause changes in the dependent variables which included increase in the quantity of work, low staff turnover, high staff morale and high staff motivation. The changes in the dependent variables
occurred in the environment of intervening variables such as Conducive learning environment, incentives to learn, and organizational management.

The variables and their causal relationship were diagrammatically represented as shown in figure 2.1

Conceptual Framework
CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter defined the target population of the study. It also focused on the sampling designs and procedures, data collection procedures and data analysis techniques that were used in the study.

3.1 Research Design

A descriptive research design was adopted for this study to establish whether there is a relationship between training, development and employee performance. Descriptive designs are used in preliminary and exploratory studies (Luck and Ruben, 1992) to allow the research to gather information, summarize, present and interpret for the purpose of classification (Orodho, 2002). Bong and Gall, 1989 noted that descriptive survey research is intended to produce statistical information and its effect on performance.

3.2 Location of the study

The study was conducted at Mbagathi Hospital. The Hospital was selected because of its accessibility and the researcher's familiarity with the area, and hence, data collection could not be hindered by the participants' hostility due to suspicion. Wamahiu and Karugu, (1995) point out that sometimes being familiar with the research locale helps in gaining acceptance. It is also worthwhile to note that familiarity with participants has also its own weaknesses. In the case of familiarity, the participants may refuse to co-operate with the researcher since they may feel the researcher already knows the situation in the area. All the same, the researcher is expected to work with either a familiar or an
unfamiliar group but should be aware of how to handle participants carefully (Wamahiu and Karugu, 1995).

3.3 **Target Population**

The target population were the employees of Mbagathi District Hospital in Nairobi with a total of 402 employees.

3.4 **Sample and sampling procedure**

A sample is a small portion of a target population. Sampling means selecting a given number of the subjects from a defined population as representative of that population. Any statement made about the sample should also be true of the population (Shinder and Coopers 2004). Because a sample of the entire Mbagathi Hospital population was not practical, and indeed unnecessary, with a constrained budget and time limitation, a representative sample of the population was used.

Total target population - 402

Sample population size – 30% of 402 = 121

The sample design of the target population is illustrated in the table below:

**Table 3.1: Target population sample design**

<table>
<thead>
<tr>
<th>Staff categories</th>
<th>Total Population</th>
<th>Sample Population (30%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managers/ Heads of Department</td>
<td>20</td>
<td>6</td>
</tr>
<tr>
<td>General staff (Medical, Para – medical&amp; supporting)</td>
<td>382</td>
<td>115</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>402</strong></td>
<td><strong>121</strong></td>
</tr>
</tbody>
</table>
Two sampling methods were used. The first was purposive sampling, whereby heads of departments were selected by virtue of their position and roles they play in employee training. They formed the key informants and an interview schedule/guide was administered on them.

Systematic random sampling was used to select members of the general staff (medical, para-medical and supportive) who participated in the study. They formed the main respondents. A sample size of 30% was used. According to Gay (1976), for a descriptive research, a sample size of 30% of the accessible population is considered representative.

3.5: DATA COLLECTION INSTRUMENTS

The following data collection instruments were used in the study:

i. Questionnaire

ii. Interview guide

iii. Records analysis

Interview

The researcher intended to personally interview the heads of departments who make the key informants in relation to the problem under investigation. An interview guide was prepared before the researcher proceeded to the field, questions were then asked and responses recorded. The language adopted in formulating the questions was as simple and specific as possible so as to avoid misinterpretations by the interviews. His method enabled the researcher to obtain opinions and views.
**Questionnaire**

A set of well designed structured and non-structured questions were prepared before the researcher proceeded to the field. The questionnaires were developed in relation to the objects of the study.

Questionnaires were administered to the general staff which make the main respondents.

After developing the questionnaires, the proposer will draft and attach a covering letter which will introduce the purpose of the questionnaire and requesting the respondents to answer the questions and assures them of confidentiality of the responses.

Before the questionnaires are released to entire sample population, it will be necessary to them (trial) on about 10% of the target population. The purpose of this will be to try to identify any weaknesses, for example, if some questions are vague so that they can be modified.

Once pre-testing has been finalized, the questionnaires together with copies of letter of introduction will then be distributed to the entire total population and a period of seven days within which to fill and return them to the proposer given.

**Records analysis**

The researcher perused any available documents, such as journals, magazines and brochures, official manuals and other relevant literature in the organization which had any information related to the study.
3.6 DATA ANALYSIS

On receipt of the completed questionnaire and interview schedule, the collected data were edited for errors in response, omissions, exaggerations and biases.

The data was then classified into groups according to their resemblances and similarities and tabulated accordingly.

Data analysis involved descriptive statistics such as percentages, frequencies, measure of central tendency such as means, mode and medium by use of statistical package for social services (SPSS).
4.0: CHAPTER FOUR

RESULT AND DATA PRESENTATION

4.1: INTRODUCTION:

This study was conducted to establish the effect of Training on employee performance in the public Health sector in Kenya. Mbagathi district Hospital was used as a case study.

In this chapter, the findings were analyzed using SPSS (Statistical Package for Social Sciences) to find the measure of central tendency (Mean, Frequency and percentages). The data presentation is made in graphs, charts and figures.

4.2: Bio data of the respondents

A total of 121 Mbagathi district Hospital workers participated in the study. 44 (36.4%) male and 77 (63.6%) female. 17 (14%) of the respondents were Nurses, 12 (9.9%) Clinical medicine personnel, 1 (9.1%) Hospital administrators, 10 (8.3%) Biomedical Engineers, 10 (8.3%) Physiotherapists and other hospital staff.
Table 4.1: Respondents' departments

<table>
<thead>
<tr>
<th>Department</th>
<th>Frequency (N)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthopedic Technology</td>
<td>5</td>
<td>4.1</td>
</tr>
<tr>
<td>Nursing</td>
<td>17</td>
<td>14.0</td>
</tr>
<tr>
<td>Nutrition</td>
<td>9</td>
<td>7.4</td>
</tr>
<tr>
<td>Public health</td>
<td>4</td>
<td>3.3</td>
</tr>
<tr>
<td>Account</td>
<td>5</td>
<td>4.1</td>
</tr>
<tr>
<td>X-ray</td>
<td>5</td>
<td>4.1</td>
</tr>
<tr>
<td>Catering</td>
<td>2</td>
<td>1.7</td>
</tr>
<tr>
<td>Procurement</td>
<td>6</td>
<td>5.0</td>
</tr>
<tr>
<td>Social services</td>
<td>2</td>
<td>1.7</td>
</tr>
<tr>
<td>Bio-med. engineering</td>
<td>10</td>
<td>8.3</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>10</td>
<td>8.3</td>
</tr>
<tr>
<td>Health records</td>
<td>6</td>
<td>5.0</td>
</tr>
<tr>
<td>Clinical medicine</td>
<td>12</td>
<td>9.9</td>
</tr>
<tr>
<td>Human resource</td>
<td>2</td>
<td>1.7</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>4</td>
<td>3.3</td>
</tr>
<tr>
<td>Laboratory</td>
<td>5</td>
<td>4.1</td>
</tr>
<tr>
<td>Tailoring</td>
<td>2</td>
<td>1.7</td>
</tr>
<tr>
<td>Administration</td>
<td>11</td>
<td>9.1</td>
</tr>
<tr>
<td>None committal</td>
<td>4</td>
<td>3.3</td>
</tr>
<tr>
<td>Total</td>
<td>121</td>
<td>100</td>
</tr>
</tbody>
</table>
4.3: Ages of the sampled respondents

Adult workers in the hospital in their ages of 26 to 55 years were sampled. Majority of the respondents 35.5% were in the ages of 36 – 40 years.

![Bar chart showing age distribution of the respondents.](image)

Figure 4.1: Age distribution of the respondents

4.4: Education level of the sampled workers

This hospital had 4 (3.3%) of the workers who had no formal education. 63 (52.1%) of the respondents had Diploma, 26 (21.5%) had undergraduate/first degree, 13 (10.7%) with postgraduate education while 15 (12.4%) indicated to have other levels of education.
<table>
<thead>
<tr>
<th>Department</th>
<th>No formal education</th>
<th>Diploma</th>
<th>Undergraduate</th>
<th>Post-graduate</th>
<th>Others</th>
<th>Total Respondents(N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthopedic Technology</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Nursing</td>
<td>0</td>
<td>13</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>17</td>
</tr>
<tr>
<td>Nutrition</td>
<td>0</td>
<td>3</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Public health</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Account</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>X-ray</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Catering</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Procurement</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Social services</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Bio-med. engineering</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>2</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Health records</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Clinical medicine</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>5</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Human resource</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Laboratory</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Tailoring</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Administration</td>
<td>2</td>
<td>0</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>None</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>committal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4</strong></td>
<td><strong>63</strong></td>
<td><strong>26</strong></td>
<td><strong>13</strong></td>
<td><strong>15</strong></td>
<td><strong>121</strong></td>
</tr>
</tbody>
</table>
The personnel sampled in this study were mainly in union cadre and standard terms. 36 (29.8%) in union cadre, 47 (38.8%) standard terms, 16 (13.2%) senior standard terms, and 2 (1.7%) executives. 20 (16.5%) of the respondents were none committal.

Figure 4.2: Respondents’ position in the organization
4.6: Hospital's Policy on training

In this Hospital, 96 (76%) of the workers were given an induction/orientation course on joining the organization. 29 (24.0%) of them were never given any orientation.

18 (72.0%) of the respondents who were not given any orientation felt that they would have performed their jobs better.

Figure 4.3: Views on performance of the respondents who were not given orientation

The study showed a significant association of the staff trainings with the departments ($\chi^2 = 64.784$, df = 17, $P < 0.05$). In the respective departments, induction trainings were given differently and in some departments there were no induction given to anyone. In Orthopediatrics, Supplies and Tailoring departments, none of the staff sampled were given any induction training. However, all the staffs from
Nutrition, Public health, Accounts, X-ray, Social services, Health records, Clinical medicine, and Human resource and Laboratory services were given induction training. 9 (81.8%) of those staff from Administration, 2 (50%) those from Pharmacy, 15 (88.2%) of the Nurses, 4 (66.7%) of Procurement staff, 6 (60%) of Bio Medical engineering staff and only 2 (20%) of Physiotherapy staff underwent induction training.

Those who were oriented when they joined the organization were mainly trained on the job. 74 (80.4%) were trained on the job while 18 (19.6%) were given the job training. The supervisors mainly conducted the on job-training course.

Table 4.3: Conduction of the induction course on joining the organization

<table>
<thead>
<tr>
<th>Training conducted by</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor</td>
<td>77</td>
<td>63.6</td>
</tr>
<tr>
<td>Human resource</td>
<td>6</td>
<td>5.0</td>
</tr>
<tr>
<td>An outsider</td>
<td>2</td>
<td>1.7</td>
</tr>
<tr>
<td>Others</td>
<td>7</td>
<td>5.8</td>
</tr>
<tr>
<td>None committal</td>
<td>29</td>
<td>24</td>
</tr>
<tr>
<td>Total</td>
<td>121</td>
<td>100%</td>
</tr>
</tbody>
</table>
Induction course mainly take a short time. 40 (33.1%) of the respondents had their induction duration of 1 week, 29 (24.0%) had 1 month, 10 (8.3%) for a longer time while 15 (12.0%) trained for only 1 day. 27 (22.3%) of the respondents were none committal.

4.7: Induction Training

The training helped 45 (37.2%) to a large extent, 42 (34.7%) to some extent and to 7 (5.8%) of the respondents to very little extent.

During the training, the trainer used visual aid, was good in summarizing the course, friendly, good at illustration and relevant.

Table 4.4: Respondent’s rating of their trainer

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>None committal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using visual aids</td>
<td>24.8%</td>
<td>30.6%</td>
<td>9.9%</td>
<td>4.1%</td>
<td>30.6%</td>
</tr>
<tr>
<td>Summarizing</td>
<td>15.7%</td>
<td>46.3%</td>
<td>10.7%</td>
<td>1.7%</td>
<td>25.6%</td>
</tr>
<tr>
<td>Friendliness</td>
<td>24.8%</td>
<td>41.3%</td>
<td>9.9%</td>
<td>1.7%</td>
<td>22.3%</td>
</tr>
<tr>
<td>Illustration</td>
<td>19.0%</td>
<td>46.3%</td>
<td>8.3%</td>
<td>4.1%</td>
<td>22.3%</td>
</tr>
<tr>
<td>Relevance</td>
<td>29.8%</td>
<td>38.8%</td>
<td>6.6%</td>
<td>2.5%</td>
<td>22.3%</td>
</tr>
</tbody>
</table>
The trainers rating indicated that, they were mainly relevant and friendly during the induction training of the staff.

The respondents generally rated the whole training program as "good."

![Bar chart showing respondents' rating of the training program.]

Figure 4.4: Respondents' rating of the training program

To 47 (38.8%) of the respondents, the training program was appropriate to their needs to some extent. 44 (36.4%) of them felt that to a very much extent, the program was appropriate to their needs. 3 (2.5%) of the people do not think the program appropriately addressed their needs. However, 27 (22.3%) were none committal.

It was established in this study that, after the initial induction training of the staff, other trainings have been done.
Training after induction was done in Accounts, Bio medical, Clinical medicine and Administration sections.

It was noted that, to 36 (29.8%) of the respondents did not feel that their performance was affected by lack of induction. However, 20 (16.5%) believe that lack of induction training affected their performance. Quite a substantial number of respondents, 65 (57.3%) were none committal.

After the induction training the second training was mainly conducted by the supervisor. This took mainly 1 week on the job.
Table 4.5: Duration of training conducted after the first induction training

<table>
<thead>
<tr>
<th>Duration of training</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 day</td>
<td>14</td>
<td>11.6</td>
</tr>
<tr>
<td>1 week</td>
<td>32</td>
<td>26.4</td>
</tr>
<tr>
<td>1 month</td>
<td>6</td>
<td>5.0</td>
</tr>
<tr>
<td>Longer time</td>
<td>20</td>
<td>16.5</td>
</tr>
<tr>
<td>None committal</td>
<td>40</td>
<td>40.5</td>
</tr>
<tr>
<td>Total</td>
<td>121</td>
<td>100%</td>
</tr>
</tbody>
</table>

12 (9.9%) of the respondents rated the program as “Excellent”, 35 (28.9%) rated it “Very good”, 21 (17.4%) as “good”, while 4 (3.3%) as “fair”. 49 (40.5%) of the respondents were not committal. This implied that generally the program was good to the workers. 87 (71.9%) of the workers would like to attend future programs of similar nature. Only 34 (28.1%) would not.

4.8: Effects of Training at an employee level

The respondents’ opinions were sort on the effects of training at an employee level. The findings showed that, training leads to;

- Better quality of work
- Increase in self – confidence
- Greater job satisfaction
- Improved employees ability to take on new tasks
- Helps employees to keep up with technological changes
- Helps hospitals to manage change
- Increased likelihood of promotion

Training does not lead to;
- likelihood of resigning
- reduced probability of unemployment

Table 4.5: Effects of Training

<table>
<thead>
<tr>
<th>Effects of training</th>
<th>Respondents opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly agree</td>
</tr>
<tr>
<td>Leads to better quality of work</td>
<td>89</td>
</tr>
<tr>
<td>Leads to increase in self-confidence</td>
<td>81</td>
</tr>
<tr>
<td>Helps employees to keep up with technological changes</td>
<td>97</td>
</tr>
<tr>
<td>Improves employees ability to take on new tasks</td>
<td>79</td>
</tr>
<tr>
<td>Helps hospitals to manage change</td>
<td>48</td>
</tr>
<tr>
<td>Leads to greater job satisfaction</td>
<td>48</td>
</tr>
<tr>
<td>Leads to increased likelihood of promotion</td>
<td>33</td>
</tr>
<tr>
<td>Leads to reduced likelihood of resigning</td>
<td>10</td>
</tr>
<tr>
<td>Leads to reduced probability of unemployment</td>
<td>10</td>
</tr>
</tbody>
</table>
Opinions of the respondents who had different levels of education were significantly related at 95% confidence interval.

Table 4.6: Relationship in the respondent’s education levels to the opinions on benefits.

<table>
<thead>
<tr>
<th></th>
<th>(N) - value</th>
<th>r - value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better quality of work</td>
<td>119</td>
<td>0.316</td>
</tr>
<tr>
<td>Increase in self confidence</td>
<td>117</td>
<td>0.234</td>
</tr>
<tr>
<td>Help employees to keep up</td>
<td>117</td>
<td>0.275</td>
</tr>
<tr>
<td>with technology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improves employees ability</td>
<td>119</td>
<td>0.200</td>
</tr>
<tr>
<td>to take on new tasks</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Respondents who had lower level of education strongly agree on the benefits than those with higher levels of education who only agree to the issues. This implies that, the less educated view induction training as more important to them for their performance than the educated staff.

The training efforts are not often wasted in the Institution as agreed by 96 (79.3%) of the respondents. To 23 (19.0%) of the workers however, the training efforts were wasted.

The main barriers to effective training in the Hospital were:

- Lack of resource centre
- Lack of funds
Lack of computer for learners

Poor attitude towards lifelong learning

Lack of correlation of trainings to the salaries

Shortage of staff. An individual cannot have time to train and leave his/her work place unattended

Various department do not assess the training needs of their staff

No acknowledgement after training of the staff by the employer

Lack of motivation of the staff.

Staff are not allowed to go for training for more than three months

No transparency in selection of staff for training

No proper communication for the staff

Poor training methods

Lack of support for the junior staff on training policies

Hospital lack policy on training

4.9: Effects of training at Hospital level

At hospital level, training was noted to;

- Increase quality of output
- Lead to increase in productivity
- Help in staff motivation

The respondents’ opinion in regards to the benefits of training to the Hospital was realized as generally positive in various aspects. The sampled workers strongly agreed that;

- Training leads to increased quality of output
- Training leads to increase in productivity
- Increases a hospital competitiveness
<table>
<thead>
<tr>
<th>Benefits</th>
<th>Respondents opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly agree</td>
</tr>
<tr>
<td>increased quality of output</td>
<td>78</td>
</tr>
<tr>
<td>increase in productivity</td>
<td>77</td>
</tr>
<tr>
<td>Helps in staff motivation</td>
<td>49</td>
</tr>
<tr>
<td>Increases business growth</td>
<td>41</td>
</tr>
<tr>
<td>Helps hospitals to manage change</td>
<td>39</td>
</tr>
<tr>
<td>Improves health and safety</td>
<td>39</td>
</tr>
<tr>
<td>increased staff retention</td>
<td>10</td>
</tr>
<tr>
<td>Increases innovativeness</td>
<td>30</td>
</tr>
<tr>
<td>profitability of the hospital</td>
<td>36</td>
</tr>
<tr>
<td>reduced costs</td>
<td>25</td>
</tr>
<tr>
<td>Improves the quality of service/product</td>
<td>54</td>
</tr>
<tr>
<td>Increases competitiveness</td>
<td>57</td>
</tr>
</tbody>
</table>
In this study, it was established that if the hospital offers training, the hospital does not evaluate the training program.

Figure 4.6: Evaluation of the training program by the Hospital noted by the respondents

When they do evaluation of the programmes, the hospital mainly carry the evaluation once after the completion of the training and a vacancy has risen. They also sometimes evaluate once or twice in a year.
Effective training programmes and their evaluation are mainly hinder in this hospital by resource and time limitations and lack of ownership of the training programmes by management.

Table 4.8: Barriers hindering effective training programmes

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Level of hindrance</th>
<th>Rank (1-Highest barrier)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource and time limitation</td>
<td>97 (80.2%)</td>
<td>1</td>
</tr>
<tr>
<td>Lack of ownership of the training programme by management</td>
<td>69 (57.0%)</td>
<td>2</td>
</tr>
<tr>
<td>Lack of training evaluation skills</td>
<td>61 (50.4%)</td>
<td>4</td>
</tr>
<tr>
<td>Training course aims and objectives not adequately defined</td>
<td>42 (34.7%)</td>
<td>5</td>
</tr>
<tr>
<td>Lack of top management commitment to a continuous training programme</td>
<td>63 (52.1%)</td>
<td>3</td>
</tr>
<tr>
<td>Lack of honesty by employees in the area of training needs analysis</td>
<td>34 (28.1%)</td>
<td>7</td>
</tr>
<tr>
<td>Employees are too busy doing the job to worry about training</td>
<td>38 (31.4%)</td>
<td>6</td>
</tr>
</tbody>
</table>
Barriers hindering effective training programs in the organization were notably varying with the positions held by the staff. Staff members in the positions of union cadre view the major hindrance as lack of resources and time for training. To the staff of the executive level, all the factors contribute to effective training, a part from being too busy by the employees to worry about training.

Table 4.9: Barriers levels as considered by various staff cadre as hindrance to effective training program.

<table>
<thead>
<tr>
<th>Staff position in the organization</th>
<th>Union cadre</th>
<th>Standard Terms</th>
<th>Senior standard Terms</th>
<th>Executive Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resource and time limitation</td>
<td>86.1%(rank 1)</td>
<td>78.7(rank 2)</td>
<td>100% (rank 1)</td>
<td>100%(rank 1)</td>
</tr>
<tr>
<td>Lack of ownership of the training program by management</td>
<td>50% (rank 5)</td>
<td>83% (rank 1)</td>
<td>38.5%(rank 4)</td>
<td>100%(rank 1)</td>
</tr>
<tr>
<td>Lack of training evaluation skills</td>
<td>75% (rank 2)</td>
<td>44.7% (rank 3)</td>
<td>69.2%(rank 2)</td>
<td>100%(rank 1)</td>
</tr>
<tr>
<td>Training course aims and objectives not adequately defined</td>
<td>58.3% (rank 4)</td>
<td>29.8% (rank 5)</td>
<td>15.4%(rank 5)</td>
<td>100%(rank 1)</td>
</tr>
<tr>
<td>Lack of top management commitment to a continuous training program</td>
<td>72.2% (rank 3)</td>
<td>42.6%(rank 4)</td>
<td>46.2%(rank 3)</td>
<td>100%(rank 1)</td>
</tr>
<tr>
<td>Lack of honesty by employees in the area of training</td>
<td>22.2%(rank 7)</td>
<td>27.7%(rank 6)</td>
<td>46.2%(rank 3)</td>
<td>100% (rank 1)</td>
</tr>
<tr>
<td>Employees are too busy doing the job to worry about training</td>
<td>27.8%(rank 6)</td>
<td>44.7%(rank 3)</td>
<td>38.5%(rank 4)</td>
<td>0% (rank 2)</td>
</tr>
</tbody>
</table>

Nb: Ranks (1 - most hindering) of the barriers by individual staff cadre.
CHAPTER FIVE

DISCUSSIONS, CONCLUSION AND RECOMMENDATIONS:

5.1 INTRODUCTION

The study was to assess the effects of training on employee performance in the Public Healthcare facilities in Kenya. Mbagathi District Hospital was used as a case study.

Throughout this study, it has been considered important the personal expressions and views of the staff of Mbagathi District Hospital regarding training and how it affects their job performance. This chapter therefore concentrates on what the staff concluded about the three variables that have been the subject of the whole study.

The data analysis and interpretation tried to answer all the research questions.

5.2 DISCUSSIONS:

On the demographic composition of the hospital staff, the study revealed that the largest percentage of the respondents (63.6%) were female as compared to 36.4% who were male. This shows that health profession in our country is still dominated by women, majority of them being nurses as indicated in table 4.1. This also reveals that nursing service is core to the delivery of healthcare service in a health facility.

Going by age distribution, the study revealed that majority of the respondents (35.5%) were in the age bracket of 36-40 years. This can be attributed to the fact that health related basic trainings take longer
duration of between 3-5 years to accomplish, hence majority of health staff join employment when they are above 25 years of age and qualify of post – basic training from age 30 and above.

Likewise, there were fewer respondents between the age of 46-50 and 51-55 as shown in figure 4.1. This can be attributed to the fact that majority of the staff who are above 45 years of age are senior managers, mostly based at the Provincial Medical offices and the Ministry headquarters, hence very few at the District hospital level.

Analysis of education level of respondents from various departments revealed that majority of staff at the hospital (52.1%) are diploma certificate holders as compared to (39%) who are undergraduate and post-graduate degree holders. This shows that majority of the staff at the hospital level are paramedical officers, at lower and middle-level job groups with diploma qualifications as compared to few medical officers and other management staff who are degree certificate holders as illustrated in (Table 4.2, pg)

On the hospital’s policy on training, the study revealed that majority of the workers (76%) were given induction course upon joining the organization while just a few (24%) were not given any orientation as indicated in page. Majority of those who were not given orientation felt that they would have performed their jobs better if they were orientated. This finding is better explained by Bishop (1994) who studied the correlation between work performance of individual employees and formal training obtained. Using dummy variables on the incidence of formal training, he finds that employees who received formal off-the-job training at previous employers are on the average 16% more productive than otherwise comparable employees without previous training.

Failure to give induction/orientation at the hospital could be attributed to the fact that some officers are posted to the departments with serious staff shortage and higher workloads where there is hardly any
time to be spent on inducting a new staff. Others also may have joined departments as in charges when their predecessors had long left on transfer or resignation, hence there is nobody to conduct the orientation course.

This study also shows that the induction course in the organization is mainly conducted by the supervisors (63.6%) as illustrated in (Table 4.3, PG). This could be due to the fact that healthcare services require special skills and supervisors are the ones with the required hands-on experience on the job.

Furthermore, orientation conducted by supervisor is also cost-effective in terms of time and the financial and material resources involved as compared to that conducted by an outsider.

According to Graham & Bannet (1995), on-the-job training is preferred because it is less costly than off-the-job training. It uses normal equipment in normal surrounding. Learning will take place on the equipment which will actually be used when the trainee is proficient, there is no transfer of learning problems and the trainee is in the production environment from the beginning, he or she does not have to adjust to it afterwards.

On the respondent’s rating of the training program at the hospital, only (38.4%) felt that the training program was appropriate to their needs. However, (2.5%) were of the opinion that the program did not appropriately address their needs, while (22.3%) remained non-committal as shown on Page . This scenario could be attributed to the fact that training needs assessment is not conducted by the hospital.
The study established that after the induction training upon joining the organization, other trainings have been done. (Figure 4-5, pg) of data analysis shows that 51.2% of the respondents have gone for other trainings after the induction. However, most of these training programmes are for shorter duration of time. This can be explained by acute shortage of staff in the health sector making it difficult for staff to be released for long-term off-the-job training courses. The hospital thus prefers the continuous medical education conducted within its premises.

On the benefits of training to an employee, the findings revealed that training leads to improved quality of work, increases self-confidence, greater job satisfaction, improved ability to take on new tasks, ease to cope with technological changes, change management and livelihood of promotion as indicated in (Table 4.5, pg) of data analysis.

According to WHO (2000), the performance and the benefits the system can deliver depend largely upon the knowledge, skills and motivation of those individuals responsible for delivering healthcare services.

On the other hand, majority of the respondents 74% felt that training does not lead to reduced likelihood of resigning and reduced probability of unemployment as shown in (Table 4.5, pg). This can be supported by the fact that a number of health workers have resigned upon acquiring advanced skills to go for greener pastures elsewhere. Poor remuneration packages and career stagnations have largely contributed to the exodus of the health staff to the U.S.A, Europe and South Africa in the recent past.

In support of the above scenario, several authors have warned against expecting training alone to meet the changing sector requirements. (Beaglehole, 2003, Egger & Adams, 1999, Woodward, 2000) Inchniowski et al (1997) states that the estimated effect of training on performance will be biased if no information on complementary HRM practices is available. This bias is due to the correlation between training and other HRM practices.
According to Ferrinho & Von Lerberghe, (2000), the unproductivity of the health staff are often associated with coping strategies associated with widespread demotivation due partly to unfair public salaries. These are presented as the de-facto justification of inevitable predatory behaviour and public- to private brain drain.

On assessing the relationship of the respondent’s level of education to their opinion on training benefits, it was revealed that those with lower level of education strongly agree on the benefits of training as compared to those with higher levels of education. This shows that the less educated view training as more important to their performance than the higher educated as illustrated in (Table 4.6, pg.) of data analysis.

While majority of the respondents (79.3%) were of the opinion that training efforts are not often wasted, 19% of them felt that the efforts were wasted as shown in Page. This negative opinion can be attributed to the fact that training in the public health sector is not often attached to more tangible benefits like job promotions and salary increments. On the other hand, due to the fact that training needs assessment is rarely done, some staff end up attending training programs that are irrelevant to their careers, hence skills gained are wasted.

(Table 4.7, pg.) of data analysis shows that 50% of the respondents disagreed that training leads to increased staff retention. This can be attributed to the fact that training increases the competitive advantage of employees in the job market, hence can be a stimulus for exit if expected associated benefits are not addressed by the employer. Training may only lead to staff retention if other associated employment factors such as remuneration, promotions, and physical working conditions are positively addressed.
This study also established that although the hospital offers training to its staff, it does not evaluate the training programmes. 67.8% noted that no evaluation of training is done as illustrated in Figure 4.6 of data analysis.

According to Richard Chang (1994), once training sessions are over, the vehicle has came to a halt, the journey is not necessarily complete unless you can prove the value of training effort. Training evaluation effort is critical for determining the success of training program in meeting its stated objectives and what refinements in the training are needed to improve its quality. The key focus should be on the transfer learning or the extent to which trainees effectively apply the knowledge, skills and attitudes gained in the training context (Kessek and Lobel 1996).

Training evaluation has two primary purposes according to Ford, 2000; to improve the effectiveness of training and to demonstrate its results.

The study findings revealed that effective training programmes and their evaluation in the hospital are mainly hindered by resource limitation, lack of management support and training evaluation skills. Barriers hindering effective training programmes in the organization were notable varying with positions held by staff. The lower cadre’s staff viewed the major hindrance as lack of resources and time for training while the staff at the executive level were of the opinion that all factors contributed to effective training apart from the staff being too busy to worry about training. This varying response can be attributed to the fact that the senior management staff have themselves acquired enough training and resources are not a limitation to them as compared to the lower cadres.

While contributing to the issue of limited resources for training in health care, the Abuja Document (MDG,2004) suggest that government funding for pre-service training has been stagnant or failing over the last two decades and this directly contributes to the anticipated failure to achieve the MDGs in Africa.
5.3 CONCLUSION

Having carefully analyzed the research findings, the following issues emerged;

- That majority of workers in the hospital (52%) are diploma certificate holders.
- While majority of the staff (76%) have gone through induction/orientation course upon joining the organization, quite a number of them (33%) have not had another opportunity to go for further training, hence the resultant career stagnations.
- The hospital’s policy on training tends to favour on-the-job and short duration training programmes as opposed to long-term and off-the-job trainings.
- Training has a significant impact on employee’s performance and benefits both the individual employees and the organization at large as shown in tables 4.5 and 4.6 of the data analysis.
- Lack of resources to support training programmes and management attitudes are barriers to effective training in the hospital.
- Training in the hospital is conducted in haphazard manner as various departments do not assess the training needs of their staff. Most training opportunities are mostly individually solicited. This gap often opens doors for nepotism in awarding training opportunities.
- There is no direct correlation between training and other tangible benefits such as salaries and promotions, hence low motivation of the staff who have been trained and resultant exodus for greener pastures.
- The study has also established that the hospital does not evaluate the training programmes offered to its staff, hence the difficulty in ascertaining the impact of training on employee performance.

However, the area of research remains open for further investigations by any interested future searcher.
5.4 RECOMMENDATIONS OF THE STUDY

Based on the findings of the research study, the researcher would wish to make the following recommendations aimed at improving staff training:

- Martha hospital should conduct Training Needs Assessment in all departments at least once a year in order to determine skills and knowledge gaps among its employees. This should be made possible by ensuring that all departmental supervisors are well trained on Training Needs Assessment procedures and evaluation of training programs.

- The hospital Management should provide training and workshop opportunities for staff in order to keep them updated and improve their knowledge and skills. Institutional Continuing Education Program which is already in place should be strengthened and reorganized to address specific staff training needs.

- Additionally, there should be recognition and positive reinforcement for good work performance. Poorly performing staff should also be appraised and reasons for their dismal performance determined instead of condemning them.

- The institution’s management should strive to support every department and all cadres of staff in their pursuit to acquire more knowledge and skills without discrimination. It should listen to the training problems of staff and take remedial measures accordingly rather than just ignoring them.

- The Government should ensure that remuneration of staff is commensurate to their job tasks and levels of training. It should adopt a reward system which corresponds to the cost of living and the economic situation. This would help reduce the mass exodus of the health staff to other countries which offer more attractive pay packages.
Because employees in the hospital work under serious health risks, mainly handling TB and HIV positive patients, there should therefore be some kind of special insurance scheme for health staff apart from the National Hospital Insurance Fund to cover them in case of hospital acquired infections. The Government should also consider giving direct risk allowance to all employees working in a hospital irrespective of their cadres since they are all exposed to health risks and all work for the good of the patients.

The Ministry of Health should ensure that hospitals have competent and all-round managers who are well versed on human resources and development issues. The current practice of assigning medical doctors drawn directly from clinical areas to positions of management and expecting them to effectively deliver without any formal training should be re-addressed.

Promotions should be based on level of competencies and job performance and not length of service as currently practiced.

The various schemes of service for different cadres of staff should be reviewed to conform with the current job demands. These schemes should be harmonized in such a way that jobs that require same level of competencies to perform start at the same job group. This will help improve work performance and boost employee morale.

The Ministry of Health should increase training funding to enable as many staff as possible to benefit from training programmes.

There is need to review the Ministry of Health’s training policy in order to ensure that training programs offered to staff are not just mere routine undertakings but add value to employee job satisfaction. The policy should address motivational factors associated with training.
5.5 RECOMMENDATIONS FOR FUTURE RESEARCH

- The research only covered Mbagathi District hospital staff, but did not include other public hospitals. A similar research can be conducted in other hospitals so as to have an overall picture on effects of training on employee productivity in the public health institutions in Kenya.

- A comparative study can be done in the future to compare training and its effects on productivity in the public health sector and that of the private sector.

- A study can also be done focusing on other Government department’s staff on how they handle staff training and its effects on productivity.
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Walker J.W. (1987), 'Using Adult Development to facilitate career happiness; Career Planning


Zeromillion.com newsletters, (2007)
## APPENDICES

### APPENDIX 1

**WORK PLAN.**

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<tr>
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# APPENDIX II  BUDGET/FINANCIAL PROPOSAL.

## A. PROPOSAL DEVELOPMENT.

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<td>Subsistence (1 person sh 400/day x 45 days)</td>
<td>18000.00</td>
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<td>Travel</td>
<td>6000.00</td>
</tr>
<tr>
<td>Secretarial services</td>
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</tr>
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<td>Photocopying (6 drafts @ sh 3/page x 45 pages)</td>
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</tr>
<tr>
<td>Telephone calls</td>
<td>3000.00</td>
</tr>
<tr>
<td>Contingencies @ 10% of subtotal</td>
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<td><strong>SUB TOTAL</strong></td>
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## B. DATA COLLECTION.

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<tbody>
<tr>
<td>Training of research assistants</td>
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</tr>
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<td>Production of data collection instruments</td>
<td>12000.00</td>
</tr>
<tr>
<td>(Sh10/page x 12 pages x 100 respondents)</td>
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</tr>
<tr>
<td>Subsistence (principal researcher sh400 x 45 days)</td>
<td>33750.00</td>
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<td>1 Research assistants (sh 350 each x 45 days)</td>
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</tr>
<tr>
<td>Traveling</td>
<td>5000.00</td>
</tr>
<tr>
<td>Telephone calls</td>
<td>3000.00</td>
</tr>
<tr>
<td>Contingencies @ 10% of section subtotal</td>
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</tr>
<tr>
<td><strong>SUB TOTAL</strong></td>
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## C. DATA ANALYSIS AND REPORT WRITING.

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</thead>
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</tr>
<tr>
<td>Secretarial services</td>
<td>6000.00</td>
</tr>
<tr>
<td>Photocopying (6 copies x sh 3/page x 60 pages)</td>
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<tr>
<td>Binding reports (6 copies x sh 150 per copy)</td>
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<tr>
<td>Contingencies @ 10% of section sub total</td>
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<tr>
<td><strong>SUB TOTAL</strong></td>
<td><strong>19778.00</strong></td>
</tr>
</tbody>
</table>

**GRAND TOTAL**  121,004.00
Dear Respondent,

**RE: RESPONSE TO QUESTIONNAIRE**

I am an MBA student from Kenyatta University, undertaking an academic research on the topic; “The Effects of Training on Employee Performance in the Public Health Sector in Kenya (A Case of Mbagathi District Hospital)”.

The purpose of this letter is to request you to kindly fill the attached questionnaire. The information supplied will be used purely and exclusively for academic purpose and will be treated with a lot of confidentiality. Please feel free to give your answers. Your co-operation and assistance will be highly appreciated.

Yours Faithfully,

Emily Odera
APPENDIX IV

QUESTIONNAIRES

QUESTIONNAIRE FOR STAFF.

Section A - Bio Data

1. Department

2. Gender of the respondent

   Male  □    Female  □

3. Age of the respondent

   i. 26 – 30 years
   □
   ii. 31 – 31 years
   □
   iii. 36 – 40 years
   □
   iv. 41 – 45 years
   □
   v. 46 – 50 years
   □
   vi. 51 – 55 years
   □

4. Level of education

   i. No formal education
   □
   ii. Diploma level
   □
   iii. Undergraduate
   □
   iv. Post-graduate
5. Position in the organization
   i. Union cadre
   ii. Standard terms
   iii. Senior standard terms
   iv. Executives

Section B. Hospital’s Policy on Training

6. Were you given an induction/orientation course on joining this organization?
   Yes
   No

7. If your answer to 1) above is no, do you think you would have performed your job better?
   Yes
   No

8. If your answer to 1) above is yes, what method was used in the training?
   On the job training (illustrative)
   Off the job training (classroom)

9. Who conducted the course?
   Supervisor/line manager
   Human resource manager
   Production manager
   An outsider
   Other person, please specify

10. How long did the course take?
    82
1 day
1 week
1 month
Longer, please specify period ________________

11. To what extent did the training help you do a better job?

To a large extent
To some extent
Very little

12. How would you rate the trainer in the following?

Excellent  good  fair  poor

a) Using visual aids _______  _______  _______  _______

b) Summarizing _______  _______  _______  _______

c) Friendliness _______  _______  _______  _______

d) Illustration _______  _______  _______  _______

e) Relevance _______  _______  _______  _______

13. How would you rate the whole program?  

Excellent
Very good
Good
Fair
Poor

14. Was the program appropriate to your needs?

No
To some extent
Very much

83
14. After the initial induction training has any other training been done?

Yes

No

If your answer to number 11) above is no, do you think this has negatively affected your performance?

Yes

No

No

15. If your answer to number 11) above is yes, what kind of training was offered?

On the job

Off the job

16. Who conducted the training?

Supervisor/line manager

Human resource manager

Production manager

An outsider

Other person, please specify ___________________________________________________________________

17. How long did the training take?

1 day

1 week

1 month

Longer, please specify ___________________________________________________________________

18. How would you rate the program?

Excellent
19. Would you like to attend future programs of a similar nature?

Yes [ ]

No [ ]

Section B Effects of Training at an Employee Level

20. Please indicate your opinion in regards to the benefits of training to employees

<table>
<thead>
<tr>
<th></th>
<th>Strongly agrees</th>
<th>Agrees</th>
<th>Disagrees</th>
<th>Strongly disagrees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training leads to better quality of work</td>
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<tr>
<td>Training leads to increase in self-confidence</td>
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<tr>
<td>Training helps employees to keep up with</td>
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<tr>
<td>technological changes</td>
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<tr>
<td>Training improves employees’ ability to take on new tasks</td>
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<tr>
<td>Training is helps hospitals to manage change</td>
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<tr>
<td>Training leads to greater job satisfaction</td>
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<tr>
<td>Training leads to increased likelihood of promotion,</td>
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<tr>
<td>Training leads to reduced likelihood of resigning</td>
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<tr>
<td>Training leads to reduced probability of unemployment</td>
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</tbody>
</table>
21.a) Are the training efforts often wasted?

Yes ☐ No ☐

b) If yes, briefly explain how

.................................................................................................................................................................................................

22. What are the main barriers to effective training in the hospital?

........................................................................................................................................................................................................

Section C Effects of Training at Hospital Level

23. Please indicate your opinion in regards to the benefits of training to the hospital

<table>
<thead>
<tr>
<th>Benefit</th>
<th>strongly agrees</th>
<th>agrees</th>
<th>disagrees</th>
<th>strongly disagrees</th>
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</thead>
<tbody>
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<td>Training leads to increased quality of output</td>
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<tr>
<td>Training leads to increase in productivity</td>
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<tr>
<td>Training helps in staff motivation</td>
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<tr>
<td>Training increases business growth</td>
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<tr>
<td>Training is helps hospitals to manage change</td>
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<tr>
<td>Training improves health and safety of the workers</td>
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<td>Training leads to increased staff retention,</td>
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<tr>
<td>Training increases workers’ innovativeness</td>
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<tr>
<td>Training leads to increased profitability of the hospital</td>
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<tr>
<td>Training leads to reduced costs</td>
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<tr>
<td>Training improves the quality of service/product,</td>
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<tr>
<td>Training increases a hospital’s competitiveness</td>
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</tbody>
</table>
24.a) If the hospital offers training, does it evaluate the programme(s)?

Yes ☐ No ☐

b) If yes, how often does it carry out the evaluation?


25. Which of the following barriers hinders effective training programmes and their evaluation? Tick appropriately

(i) Resource and time limitations ☐
(ii) Lack of ownership of the training programme by management ☐
(iii) Lack of training evaluation skills ☐
(iv) Training course aims and objectives not adequately defined ☐
(v) Lack of top management commitment to a continuous training programme ☐
(vi) Lack of honesty by employees in the area of training needs analysis ☐
(vii) Employees are too busy doing the job to worry about training. ☐