

**UNIVERSITY OF CAPE COAST**

**TRAINING AND ITS CHALLENGES TO HOSPITAL STAFF  
UNDER GHANA HEALTH SERVICE A CASE STUDY OF TRAUMA AND  
SPECIALIST HOSPITAL, WINNEBA.**

**ALEXANDER, ABASSAH-BUABENG**

**2016**

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BY

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Dissertation submitted to the School of Business of the College of Distance  
Education, University of Cape Coast, in partial fulfillment of the requirements for  
award of Master of Business Administration (Human Resource Management)

APRIL 2016

**DECLARATION**

**Candidate's Declaration**

*I hereby declare that this dissertation is the result of my own original work and that no part of it has been presented for another degree in this university or elsewhere.*

Candidate's Signature: .....Date:

.....

Name: Alexander Abassah-Buabeng

**Supervisors' Declaration**

*I hereby declare that the preparation and presentation of the dissertation were supervised in accordance with the guidelines on supervision of dissertation laid down by the University of Cape Coast.*

Supervisor's Signature:.....

Date:.....

Name: Dr. Nichodemus Osei Owusu

## ABSTRACT

The study examined the training and its challenges to hospital employees under the Ghana Health Service of the Trauma Hospital at Winneba in the Central Region. The case study research design was adopted for the study. Through the use of census sampling and the simple random sampling procedures 60 hospital employees were selected to participate in the study. The questionnaire was used to gather the requisite data for the study. The data were analyzed through the computation of descriptive statistics such as frequencies, percentages, as well as mean of means distributions.

The study among other things found out that training is organized for the employees only once in a while i.e. once in a year. With this, the hospital staffs are mostly offered with both on-the-job and off-the-job training. Job instructional training was the type of on-the-job training that was mostly offered to the employees whereas the off-the-job type of training was offered during workshop to hospital staff. Also, it was found out that, there is lack of interest and committed management; insufficient budget; lack of motivation; lack of recognition of performance of hospital employees; and lack of promotion characterized the kind of environment at the workplace of the hospital employees.

The study recommended that frequent training, on-the-job and off-the-job training, should be organized for the hospital staff both senior and junior staff members so that staff members are abreast with current trends of attending to the health needs of patients. Again, management should show interest, commitment, and active participation towards and during organizing training programmes in order to motivate hospital employees to also take part in training programmes in order for hospital staff members to recognize the need for such training programmes to their development.

## ACKNOWLEDGEMENTS

I am grateful to my supervisor Dr. Nichodemus Osei Owusu for his valuable comments, suggestions, direction and recommendations in helping to shape the work to its final stage. My gratitude is also extended to all the lecturers who took me through the programme from the very first semester to the last semester, who in one way or the other, have contributed to the success of this work.

My indebtedness finally goes to the management and staff of Trauma and Specialist Hospital, Winneba. Who willingly provided all the vital information upon which this study was based.

## DEDICATION

First and foremost, I dedicate this work to the Almighty God, for having guided me to climb the ladder of education up to this far.

To my beloved wife Mrs. Cynthia Abassah-Buabeng and my lovely children Emmanuella, Michelle and JacC.

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## CHAPTER ONE

### INTRODUCTION

#### **Background to the study**

From the World Health Organization's WHO perspective, health is defined as "a state of physical, mental and social well being and not merely the absence of disease or infirmity" the organization therefore sees health of an individual or a community as being concerned not only with physical and mental status, but also with social and economic relationships. In (1948), the organization WHO again viewed health from another perspective as a fundamental human right irrespective of race, religion, political belief and economic or social condition. As such, member states are expected to be concerned with equal access and issues of evenhandedness. In this regard, the state is to ensure that health care provided is of adequate quality. In addition health is considered by others as an investment because it has a direct relationship with productivity, the better the health of a country's workforce, all things being equal, the higher the productivity of the said country. Illness may affect the overall production, either through absenteeism or lack of energy which may result to presenteeism-working while ill. It is in the light of this that governments with different views on health linked to their own ideologies are therefore likely to view their responsibility towards the health sector differently (Green 1996).

Organization of health services by nations are shaped by many factors or elements such as the size and distribution of the population, demography, political structure, politics, decentralization, economic policies and income structure etc.

Demographically it is difficult to organize health in large countries or countries with population sparsely distributed. In Ghana for instance, Northern Region is the largest region but the population is so sparse that it is difficult to locate and reach people for health services compared to a concentrated and heavily populated region like greater Accra, the capital of Ghana. The sex and structure of Ghana is typical of a developing country where the bulk of the population (about 50%) is young (Ghana statistical service, 2003)

The political system of a country can also influence the health service delivery. In socialist state like Cuba, health care provision is in the hands of the state unlike the United State of America where health is seen and considered as business which is essentially privatized.

Ghana Health Service as the main policy implementation machinery for the Ministry of health both at the primary and the secondary levels is responsible for the provision of integrated and comprehensive system of health through preventive, curative and rehabilitative health services. The hospitals under Ghana Health Services are responsible for clinical activities at regional, district and sub-district. The hospitals therefore are set out to: implement approved national health policies for health delivery in the country; increase access to improve health services; improve quality of service; as well as manage prudently resources available for provision health services.

In order that staffs have the necessary skills, knowledge and abilities to effectively implement programs and confront any challenges at the institutional levels, Ghana Health Service incorporates training and capacity development into its activities. This is in recognition of the fact that, health service is dynamic due to the technological advancement and changes that are on going the world over. Under this strategy, training and capacity development are to be based on planned and well coordinated schemes which must be a component of a performance management system. Similarly each management centre is expected to ensure that, their staffs have access to regular in-service training activities.

### **Problem Statement**

For every training program to be more effective, that is, well design and implemented, HRD professionals must pay a very critical attention to “problems associated with training” and try to minimize them if not eliminate them completely. Training is human resource function that involves developing employee’s skills, knowledge and abilities to meet the organizations needs. Training creates competence, motivated and high-performing workforce that is prepared to meet future demands. It also maximizes employee potential, leading to higher productivity. However, this all important exercise comes with its associated problems for the HR department to encounter in implementing training due to inappropriate training, lack of interest and management support, insufficient budget, lack of transfer of training, lack of needs assessment, which is the process of identifying the “gap” between the current performance and department or organizational objectives. Problems associated with training hampers and impact on

the knowledge, skills and abilities needed by an employee or an organization's workforce to achieve their objective. Unfortunately all the challenges to training are left to the backdrop at the margin of consciousness. As a result, training activities in the health institution are more often conducted without needs assessment, lack of interest and management support, insufficient budget, lack of transfer of training among others and are often focus on the clinical areas to the neglect of that of management, (Ghana Health Service). This undoubtedly has resulted to lack of capacity to equip hospital staff with the needed skills, knowledge and abilities to effectively perform their duties. (DeSimone & Harris, 1998).

In addition, even though Ghana health Service has training policy guidelines, there is no structured training programmes outlined to equip hospital staff with requisite skills, knowledge and abilities, the study has found. Some institutions attempt to build their own capacity through workshops and seminars. Sometimes some individuals also try to respond to this need by enrolling in management schools but all these are done without any official needs assessments, lack of management support and commitment, insufficient budget and therefore do not necessarily address the management needs holistically and provide the needed skills, knowledge and abilities required to effectively manage the hospitals.

### **Objective of the Study**

The general objective of the study is to examine training and its challenges of hospital staff under Ghana Health Service in the Trauma and Specialist Hospital, Winneba. The following are the specific objectives of the study:

1. Identify the nature of training for hospital staff.

2. Determine the purpose of training designed for employees in the health service.
3. Identify the possible challenges faced by the current hospital staff.
4. Identify policy strategy for resolving the challenges faced by the hospital staff so as to make them more effective.

### **Research Question**

In order to address the above objectives, the following questions were posed:

1. What nature of training is being designed for the hospital staff?
2. What are the purposes of training programs for staff in the health service?
3. What are the challenges of the training program of the hospital staff?
4. What efforts are being put in place to minimize the identified challenges?

### **Significance of the Study**

The study is very important, since it brings to light the nature, purpose, challenges of staff training and the possible strategies to deal with the identified challenges in the Health Service of Ghana. This can help the health service to develop guidelines for the training of hospital employees to enable them handle clients with all the professionalism they desire.

### **Delimitations of the Study**

The scope of the study will comprised training and its challenges of hospital staff under Ghana Health Service in the Trauma and Specialist Hospital, Winneba. It basically focused on finding out the nature of training designed for the current hospital staff, the purpose of training programmes organized for staff members, the challenges of the training programme, as well as the efforts being put in place to

minimize the challenges. Again, it was not possible to examine all the hospitals across the country. Therefore, the study comprised only staff members from the Trauma and Specialist Hospital at Winneba in the Ewutu Effutu District in the Central Region of Ghana.

### **Limitations of the Study**

In every endeavour there are bound to be some imposed restrictions which are inevitable and must be managed. There is the likelihood that certain pieces of vital information would not be relayed to the researcher by the employees due to fear of losing their jobs. Again, since the research would rely mainly on questionnaire, some challenges would emanate from this source. Some of these challenges would be the use of the questionnaire which does not make it possible to understand issues concerning emotions, satisfaction and feelings. Also, there is the possibility of different respondents to read different meanings into a particular statement. There is also the possibility that, some of the items on the questionnaire were left unanswered by some of the respondents. Again, the use of the questionnaire does not give room for the researcher to probe further issues that are raised by respondents in order to get in-depth information about a phenomenon as compared with using interview guides.

Also, the study should have covered all the Hospitals in the Central Region but some of them did not have complete management set up, so findings could not be generalized, hence the selected hospitals. Lack of funding on the part of the researcher as well as space of time was a contributory factor.



## **Organization of the Study**

The study comprises five chapters. Chapter one outlines the background, statement of the problem, objectives, research questions, significance of the study, delimitations of the study, limitations of the study, and the organization of the study. Chapter two focused on the theoretical perspective within which the study was placed. The third chapter outlined the methodological tools that were employed in gathering the data for the study. Chapter four contains the results of and discussion, while chapter five comprises the summarized findings, conclusions and recommendations.

## CHAPTER TWO

### REVIEW OF RELATED LITERATURE

#### **Introduction**

This chapter contains discussions on the concepts related to nature of training, types and purpose of training as well as the challenges faced by hospital staff and how to resolve them. For the purposes of the research, the following are the issues that were reviewed under the concepts of training: meaning of training, the changing facets of training, abilities, skills and knowledge, job and task analysis, training needs assessment, approaches and levels to identifying training needs, benefits of training to employees and employers, problems associated with training, solutions to training problems and their empirical reviews

#### **The Concept of Training**

DeSimone and Harris (1998) define training as a process of providing skills, knowledge and abilities specific to a particular task or job. Carter (1999) defines it as an activity that involves working with learners to transfer to them certain areas of knowledge or skills to improve on their current job performance. Rebecca Dei Mensah (2013) also explains training as an effort initiated by an organization to foster learning among its members. Thus training is the nurturing and strengthening of employee competencies. Training serves as a vehicle through which organization increase the knowledge and skills of their employee up to the level required for

satisfactory performance. Training is a way of teaching organizational members the method to perform their job and helping them to acquire the knowledge and the skills they need to perform effectively on the job. Put differently, training refers to a planned effort by an organization to facilitate employees' learning of job related competences.

Again one cannot talk about training for workers without making reference to development. Unlike training, development, on the other hand, is aimed towards broadening an individual's skills for the future responsibilities. Development can be explained as any process aimed at preparing staff for future challenges and variety of task that they may perform in future towards the achievement of the organization strategic goals. Development does not lead to any immediate and tangible benefits to the organization, but rather future benefits. It makes the employee efficient enough to handle critical situations in the future, that is, how well the employee can equip himself for the future demands.

Training can be initiated for a variety of reasons for an employee or group of employees. These include when a performance appraisal indicates that performance improvement is needed or as part of overall professional development program or when there is a change in the job process and or job design. Introduction of new technology can also be a reason for initiating training. These reasons may vary depending on the nature of needs of the organization. Poor performance due to lack skills, knowledge and abilities in the form of low output is one of the major reasons why organizations must provide training. However, there may be problems whose root cause may not emanate from lack of skills, knowledge or abilities but perhaps

from the working environment, lack of motivation and poor conditions of service. Much as these problems affect performance, they cannot be resolved through training. The introduction of technology, a change in work process and job design may be some of the major reason for training in order to equip employees with new knowledge and skills.

### **Changing Facets of Training**

The present time of rapid change has its influence on training. Lynton and Pareek have identified the following salient changes that have occurred in training in last thirty (30) years:

1. Training has changed from training individuals to training teams of people, comprising of members across the hierarchies.
2. Training has acquired an inter-group learning character
3. Training is finding itself linked with the organizational development process. It is a part of a higher-end corporate relearning exercise.
4. Socio-technical systems are influencing the training processes in organizations.
5. Target audience of audience is also undergoing a compositional change. There are more number of females and people from diverse ethnic groups and castes working in the organizations. This creates diversity in the training activity as well.
6. Technologies, government and markets are undergoing a rapid change.
7. Training extends beyond employees and includes clients, suppliers, and publics as well, making a learning organization into a learning system.

Fleishman (1972) defines abilities as the general capacity to perform a set of tasks. According to him, the abilities developed over time through experience are long lasting. Skills are similar to abilities but differ, in that they combine abilities with capabilities that are developed as a result of training and experience (Dunnette, 1976). Goldstein (1991) defines knowledge as understanding of factors or principles related to a particular subject.

Glass (1990) assesses the skills required for effective performance by hospital staff by observing in the natural setting how they carry out their work activities. In addition, she combines the use of questionnaires, informal interviews and examination of doctors based on structure and job description and report that the hospital employee's day is characterized by being reactive, technical and tactical. She further indicates that, the employees' job involves a great deal of interacting with others on large number of issues which to a large extent depends on the environment in which the employees operates. She then concludes by listing the skills required by hospital staff to carry out their activities effectively to include; informational, administrative, monitoring and controlling performance, planning and coordination, problem solving and decision making, motivation and conflict management. Similarly, Seibert, Hall and Kram (1995) in a study to identify five competencies required for effective strategic development which include; knowledge based technical specialty, cross functional and cultural experience, training and development, self management skills and personal trait including trustworthiness, assertiveness and flexibility are skills necessary for the development of employees. They further argued that the future performance of such employees should be seen as

dynamic process which should be regularly evaluated and modified based on prevailing trends, strategies and conditions.

From the foregoing analysis, one can conclude that there are varied ranges of skills, knowledge and abilities employees require in order to be effective depending on the challenges and the job environment. It is even more challenging in the hospital environment which is made up of a wide range of specialized, skilled and professionals coming together to provide health. Ackon (2001) writes that, the efficient operation of hospitals demand not only an extensive knowledge of medicine and biomedical sciences but also a range of managerial skills and research skills. Brooke (2003) therefore emphasizes the need for integrating clinical and non-clinical management functions as a way of improving effectiveness and efficiency of the staff.

Training has long been a fundamental concern in organizational contexts. Organizations rely on learning strategies, training technology and development efforts to prepare their workforce (Salas *et al.*, 2006). In today's global economy, the knowledge, skills and abilities necessary to maintain a competitive advantage are growing and changing (Arguinis & Kraiger, 2009). As the nature of work changes, employees are increasingly required to develop a wide, mutable set of skills that are essential to the success of their organizations. Organizations make increasingly large investments in training because it serves as a powerful tool for producing the targeted cognitive, behavioral and affective learning outcomes essential for their survival (Salas & Stagl, 2009). Effective training can yield higher productivity, improved work quality, increased motivation and commitment, higher morale and

teamwork, and fewer errors, culminating in a strong competitive advantage (Salas *et al.*, 2006). On the other hand, a poorly trained workforce can lead to errors, injuries and even legal issues, all of which can be extremely costly. Not surprisingly, training has become a paramount concern of organizations and researchers alike. Despite the emphasis on training, many organizations report a failure to effectively develop skills and anticipate future needs.

### **Job, Task and Skills Analysis**

According to Dotse (1989), in the process of identifying training needs, the trainer must attempt to gain high degree of understanding of the job being performed by the employee. This understanding must be in terms of knowing what the component of the job activities are, as well as the psychological demands placed on the employee. This initial understanding by the trainer of the nature of the trainee's job is very important as it has to precede any design of improving job performance. He describes job analysis as a process whereby a job is examined in detail to identify its component tasks. He further indicates that the process is more associated with manual or repetitive work rather than with managerial or supervisory duties. This is because the former involves defined and therefore easily observable processes and activities while with the latter, duties are not easily scrutinized into detail. Nonetheless, analysis of managerial work could lead to the improvement in time management. It also helps in determining the extent to which supervisors' delegate. He further indicates that, when carrying out job analysis, a job description or a job specification is prepared. For the job analysis exercise to be effective, it is

best for the trainer to hold discussions with the job holder. This is to ensure adequate understanding of the incumbent's job.

He similarly defines task analysis as a process of systematically analyzing behavior relevant to performance of a job with the intention of identifying areas of difficulty and the necessary training techniques and learning aids vital for carrying out effective instruction. Task analysis is therefore considered both as a process of collecting information on job (task) behavior and as a method of identifying the type of training necessary. In carrying out task analysis the jobs are listed and each one is analyzed to indicate its importance and the extent to which difficulties may be experienced. Where work of non-supervisory nature is to be examined the most common method of skills required is through skills analysis.

DeSimone and Harris (1998) also define job analysis as a systematic study of a job to identify its components. This generally involves observing the job being performed, asking the job incumbents and supervisors questions about the job, tasks, working conditions, skills knowledge and abilities, examining the outcomes of the job and reviewing literature about the job. They then identify four steps in tasks analysis which include, overall description of the job or jobs being analyzed, task identification, identifying what it takes to do the job and identifying areas that can benefit from training.

A job description is a narrative statement of the major activities involved in performing the job and the conditions under which these activities are performed. In some organization, job descriptions are readily available and are updated regularly so that they accurately reflect the job as it is performed. This can



be achieved through job analysis. Even if a current job description is already available, it is valuable to observe the job as it is performed.

### **Purpose of Training**

Training is human resource function that involves developing employee's skills, knowledge and abilities to meet the organizations needs. Training creates competence, motivate high-performing workforce that is prepared to meet future demands and it also it also maximizes employee potential, leading to higher productivity, reduce turn over, improve quality, customer satisfaction, increase morale and revenue.

Rao (1992), on the other hand, indicates that there are three main objectives of training which are to:

1. Sharpen capabilities required to perform various functions associated with present or anticipated future role.
2. Develop general capabilities for individuals to discover and exploit their potentials and organizational development purposes and
3. Develop an organizational culture in which superior-subordinate relationships, teamwork and collaboration among sub-units are strong and to contribute to the professional well-being and motivation of the employees.

In general terms, the need for training can arise because of the following reasons:

#### **1. Changing Technology**

Technology is changing at a fast pace. Be it any industry, technological changes are changing the way in which operations were done. Newer machines are being used for automation of the processes. Computers have made the controls very

easy. Advances in information technology have enabled greater degree of coordination between various business units, spread far across the globe.

In order to keep themselves abreast with the changes, the employees must learn new techniques to make use of advances in the technology. Training needs to be treated as a continuous process to update the employees in new methods and procedures.

## **2. Thrust on Productivity**

In the competitive times, organizations cannot afford the extravaganza of lethargy. They have to be productive in order to survive and grow. Continuous improvement of the employees' skills is an essential requirement for maintaining high standards of productivity. Productivity in the present times stems from knowledge, which has to be relearned continuously.

## **3. Improved Motivation**

Training is a source of motivation for the employees as well. They find themselves more updated while facing the challenging situations at job. Such skill development contributes to their career development as well. Motivated employees have lesser turnover, providing an organization with a stable work force, which has several advantages in the long run.

## **4. Better Management**

Training can be used as an effective tool of planning and control. It develops skills of the workers for future and also prepares them for promotion.

It helps them in reducing the costs of supervision, wastages and industrial accidents. It also helps increase productivity and quality.

## **5. Demanding Customers**

As the free markets become stronger, customers are becoming more and more demanding. They are much more informed about the products. They have many sources of information. Intensified competition forces the organizations to provide better and better products and services to them. Added to the customer conscious, their requirements keep on changing. In order to satisfy the customers and to provide best of the quality of products and services, the skills of those producing them need to be continuously improved through training.

## **6. Accuracy of Output**

Trained workers handle their job better. They run their machines safely. They achieve greater accuracy in whatever they job they do. This reduces accidents in the organizations. Adherence to accuracy infuses high standards of quality in the products and services thus giving them competitive edge in difficult times. Quality reduces wastages and ensures better customer satisfaction.

There are several issues that make it necessary for organizations to train and develop their employees. Some of these issues include the following:

- a. Globalization
- b. Social and legal changes
- c. Organizational changes such as mergers, acquisition and downsizing.
- d. Improvement of employee skills and performance
- e. To prevent managerial obsolescence
- f. To satisfy employee growth needs
- g. To solve organizational problems

h. To prepare employees for promotion and managerial succession

In a nutshell, in order for the organization to achieve these objectives, it must have a training policy which ensures that people are valued and supported and that this value and support comes from the top management of the organization. It is only then, that employees' problems are likely to be reduced by the introduction of change.

Frank (1998) contends that the practice of training is based on theories of change and who ought to be changed for a planned change to take effect within a given situation. He identifies three different groups who may have to change in an organizational context namely, individuals, groups and the entire organization. He further asserts that training is primarily concerned with changing the behavior of individuals for the goal of improved performance.

But notwithstanding the above purpose of training, the benefit of training can be put into two categories: benefit to the employees and to the employers. Fostered by technological advances, training is essential for any human resource development exercise in organizations in the rapidly changing times of today. It is an essential, useful and productive activity for all human resources working in an organization, irrespective of the job positions that they hold. It benefits both employers and the employees, as will be discussed later.

The basic purpose of training is to develop skills and efficiency. Every organization has to introduce systematic training programmes for its employees. This is because trained personnel are like valuable assets of an organization, who are

responsible for its progress and stability. Training is important as it constitutes a vital part of managerial control.

Most progressive organization view expenditure on training as profitable investment. Large organizations hire a large number of persons every year, who might not know how to perform their jobs. There are also certain types of jobs where no one can afford an untrained person. For instance, nobody would dream of allowing an untrained individual to work as a pilot or operate a lathe. Such raw hand persons must be trained properly so that they may contribute to the growth and well being of the organization. The responsibility for imparting training to the employees rests with the employer. If there is no formal training programme in an organization, the workers will try to train themselves by trial and error or by observing others. But this process will take a lot of time, lead to many losses by way of errors and will ultimately result in higher costs of training. The workers may not be able to learn the best operative methods on their own. The following discussion highlights some of the potential benefits of training to the employees and the employers.

### **Benefits of Training to Employers**

The employers invest in training because they reap several benefits out of the exercise, which can be summed up as under:

#### **1. Faster learning of new skills**

Training helps the employers to reduce the learning time of their employees and achieve higher standards of performance. The employees need not waste time in learning by observing others. If a formal training programme exists in the

organization, the qualified instructors will help the new employees to acquire the skills and knowledge to do particular jobs quickly.

## **2. Increased Productivity**

Training increases the skill of the new employee in while performing a particular job. An increased skill level usually helps in increasing both quantity and quality of output. Training can be of great help even to the existing employees. It helps them to increase their level of performance on their present job assignments and prepares them for future assignments.

## **3. Standardization of Procedures**

Training can help the standardization of operating procedures, which can be learnt by the employees. Standardization of work procedures makes high levels of performance rule rather than exception. Employees work intelligently and make fewer mistakes when they possess the required know-how and skills.

## **4. Lesser Need for Supervision**

As a generalization, it can be stated safely that trained employees need lesser supervision. Training does not eliminate the need for supervision, but it reduces the need for detailed and constant supervision. A well-trained employee can be self-reliant in his/her work because s/he knows what to do and how to do. Under such situations, close supervision might not be required.

## **5. Economy of operations.**

Trained personnel will be able to make better and economical use of the materials and the equipment and reduce wastage. Also, the trained employees reduce

the rate of accidents and damage to machinery and equipment. Such reductions can contribute to increased cost savings and overall economy of operation.

## **6. Higher Morale**

The morale of employees is increased if they are given proper training. A good training programme moulds employees' attitudes towards organizational activities and generates better cooperation and greater loyalty. With the help of training, dissatisfactions, complaints, absenteeism and turnover can also be reduced among the employees. Thus, training helps in building an efficient and co-operative work force.

## **7. Managerial Development**

The top management can identify the talent, who can be groomed for handling positions of responsibility in the organizations. Newer talent increases the productivity of the organizations. By providing opportunity for self-development, employees put in their best effort to contribute to the growth of the organization.

### **Benefits of Training to Employees**

The employees are the ultimate link in an any organization, who carry out the operations. Training can help them in several ways, as mentioned below:

#### **Increasing Confidence**

Training creates a feeling of confidence in the minds of employees, who feel comfortable while handling newer challenges. It gives a feeling of safety and security to them at the work place.

### **New Skills**

Training develops skills, which serves as a valuable personal asset of a worker. It remains permanently with the worker himself.

### **Career Advancement**

The managers can develop their skills to take up higher challenges and work in newer job dimensions. Such an exercise leads to the career development of the employees, who can move up the corporate hierarchy faster.

### **Higher Earnings**

Higher earnings are a consequence of career development. A highly trained employee can command high salary in the job market and feel more contented.

### **Resilience to Change**

In the fast changing times of today, training develops adaptability among workers. The employees feel motivated to work under newer circumstances and they do not feel threatened or resist any change. Such adaptability is essential for survival and growth of an organization in the present times.

### **Increased Safety**

Trained workers handle the machines safely. They also know the use of various safety devices in the factory, thus, they are less prone to accidents. It can be concluded that in light of several benefits, training is an important activity, which should be taken very seriously by the employees as well as the employers.

### **Types of Training**

According to Werner and DeSimone (2006) training is clearly intended to increase the expertise of trainees in a particular area. When thinking about training



method (or types) to use, it is useful to consider the current level of expertise that the trainees possess. Training methods can be classified by whether they take place on the job versus away from the employee's normal work setting. The following are some of the methods: On-the-job training, which comes in the following (job instruction training, job rotation, coaching and mentoring) classroom (lecture, conference/discussion, audiovisual etc) and self-paced training, On-the-job (OJT) involves conducting training on the trainee's regular working station (desk, machine, etc). This is the most common form of training; most employees receive at least some training and coaching on the job. Virtually any type of one-on-one instruction between coworker or the employee and supervisor can be classified as OJT. On-the-job training has been promoted as a means for organizations to deal with the shortage of applicant who possesses the skills to perform many current jobs, and as a means for organizations to deal with accelerating market cycles. Unfortunately, much on-the-job training is conducted informally, without formal structure, planning, or careful thought. At the extreme, such informal efforts are caricatured with the picture of the busy supervisor telling the new hire to sit by a coworker. Structured OJT programs are generally conducted by an assigned trainer who is recognized, rewarded, and trained to provide appropriate instructional techniques. A survey of OJT practice found out that (1) supervisors, coworkers and to a lesser degree, HRD staff members conducted most of the structured OJT programs; (2) the majority of the organizations provide train-the-trainer programs for these assigned OJT trainers. (3) top management generally express support for structured OJT programs. Formal OJT has two distinct advantages over classroom training. First OJT facilitates the

transfer of learning to the job because the trainee has an immediate opportunity to practice the work task on the job. The transfer of learning is enhanced because the learning environment is the same as the performance environment. Second, OJT reduces training cost because no training facilities are needed. Apart from the two identified advantages, the following could also be said as some of the benefits accrued to on-the-job training.

On-the job training techniques are most appropriate for teaching knowledge and skills that can be learnt in a relatively short time and where only one or a few employees are to be trained at the same time for the same job. But the success of the training depends almost entirely on the trainer. If he understands training principles and methods and if he takes an interest in proper training of new employees, chances are that it will be done properly.

On-the job training has the chief advantage of strongly motivating the trainee to learn. It is not located in an artificial situation. It permits the trainee to learn at the actual equipment and in the environment of the job. On-the job training methods are relatively cheaper and less time consuming. If only a few persons are to be trained at one time, it is cheaper for the employer to resort to on-the job training. It will take less time to learn on the job itself. Another important factor about on-the job training is that line supervisors take an important opportunity in training their subordinates as they work with them in the same office.

On-the job training is the most effective method of training the employees because it is incomplete accord with the three basic laws of learning:

- a. The law of readiness;

- b. The law of exercise; and
- c. The law of effect.

When a person is confronted with a job which he is potentially able to do and is interested in learning how to do a job in order to hold it; the law of readiness is definitely satisfied. Such a situation presents a good incentive for learning. The second law of learning is that of exercise and it is satisfied when a person is trained on the job. He has the chance to immediately apply what he has been trained to understand and to do. The law of effect is likewise satisfied through on-the job training. If the training is good and new employee is intelligently dealt with by his supervisor, he will get satisfaction out of his work and feel secured in the job. He will be better satisfied than he would have been if he had been left to learn by trial and error method.

There are, however, several limitations to OJT. First, the job site may have physical constraints, noise, and other distractions that could inhibit learning. Second, using expensive equipment for training could result in costly damage or disruption of the production schedule. Third, using OJT while customers are present may inconvenience them and temporarily reduce the quality of service. Fourth, OJT involving heavy equipment or chemicals may threaten the safety of others who are working in close proximity. Precautions should be taken by the trainer to minimize the potential problems from these four areas. There are at least four identifiable OJT techniques, including job instruction training (OJT), Job rotation, coaching and mentoring.

Job instructional training (JIT) according to DeSimone and Werner (2006) is a sequence of instructional procedures used by the trainer to train employees while they work in their assigned jobs. Preparing workers is important because they need to know what to expect. Preparation may include providing employees with a training manual, handouts, or other job aids that can be used as references. Presenting the task should be carried out in such a way that the trainee understand and can replicate the task. Some trainers demonstrate the task before asking the trainee to repeat the process. Practice time is important for the trainee to master a particular set of skills. Finally, the trainer needs to conduct a follow-up as a way of ensuring that the trainee is making progress. During this follow-up session, the trainer should apply coaching techniques when appropriate. The success of JIT depends on the ability of the trainer to adapt his or her own style to the training process. Particularly, if the trainer is the trainee's coworker or supervisor, should have an opportunity to assess the trainee's needs before beginning the training. If the training materials are too difficult or too easy, trainer should adjust the material or the techniques to fit the needs of the trainee. Once the trainees have demonstrated that they can do the work they should be allowed to the work on their own. However, it is important for the trainer or the supervisor to check back periodically to answer questions and make sure everything is going on well. As Urbaniak puts it, "Above all turn trainees to loose and forget them"

Job rotation is similar in intent, but with this approach the trainee is generally expected to learn more by observing and doing than by receiving instruction. Rotation, as the term implies, involves a series of assignments to different positions

or departments for a specified period. During this assignment, the trainee is supervised by a department employee, usually a supervisor, who is responsible for orienting, training, and evaluating the trainee. Throughout the training cycle, the trainee is expected to learn how each department functions including some key roles, policies, and procedures. At the end of the cycle, the accumulated evaluations will be used to determine the preparedness of the trainee and where the person will be permanently assigned.

Job rotation is frequently used for first-level management training, particularly for new employees. When this technique is used, it is generally assumed that new managers need to develop working knowledge of the organization before they can be successful managers. Two other forms of on-the-job training, coaching and mentoring, also involve one-on-one instruction. Coaching typically occurs between an employee and the supervisor and focuses on examining employee performance and taking actions to maintain effective and correct performance problems. In mentoring, a senior manager is paired with a more junior employee for the purpose of giving support, helping the employee learn the ropes, and preparing the employee for increased responsibility.

Classroom training approaches are conducted outside of the normal work setting. In this sense, a classroom can be any training space set away from the work site, such as company cafeteria or a meeting room. Although many organizations capitalize on whatever usable space they have available to conduct training sessions, some larger organizations maintain facilities that serve as freestanding training

centers. These training centers are now increasingly referred to as corporate universities.

Conducting training away from the work setting has several advantages over on-the-job training. First, classroom settings permit the use of a variety of training techniques such as lecture, discussion, role playing, simulation etc. Second, the environment can be designed or controlled to minimize distraction and create a climate conducive for learning. Third, classroom setting can accommodate larger numbers of trainees than the typical on-the-job setting, allowing for more efficient delivery of training. On the other hand, two potential disadvantages of classroom method, as a group, include increased costs (such as travel and the rental or purchase and maintenance of equipment) and dissimilarity of the job setting making transfer of training more difficult.

The lecture method involves the oral presentation of information by a subject matter expert to a group of listeners. As we have noted, the lecture continues to be a popular training technique. One of the reasons the lecture method is so popular is that it is an efficient way of transmitting factual information to a large audience in a relatively short amount of time. When used in conjunction with visual aids, such as slides, charts, maps, and handouts, the can be very effective way to facilitate the transfer of theories, concepts, procedure, and other factual material.

The lecture method has been widely criticized, particularly because it emphasizes one-way communication. It has been suggested that the lecture method perpetuates the traditional authority structure of organizations, thus promoting negative behavior (such as passivity and boredom), and it is poorly suited for facilitating transfer of

training and individualizing training. Similarly, although a skilled lecturer may effectively communicate conceptual knowledge to trainees who are prepared to receive it, the lecture has little value in facilitating attitudinal and behavioral changes. Trainees must be motivated to learn because, when it is used alone, the lecture method does not elicit audience responses.

A related disadvantage of the lecture method is the lack of sharing of ideas among trainees. Without dialogue, the trainees may not be able to put things into a common perspective that make sense to them. Also, many people claim to dislike the lecture method.

The discussion method involves the trainer in two-way communication with trainees, and the trainees in communication with each other. Because active participation is encouraged, the discussion method offers trainees an opportunity for feedback, clarification, and sharing points of view. Given this dynamic, the discuss technique can overcome some of the limitations of the straight lecture method. A common maxim for discussion facilitators is, “Never does for the group what it is doing for itself.” However, the success of this method is dependent upon the ability of the trainer to initiate and manage class discussion by asking one or more of the following types of questions.

- a. Direct question can be used to illustrate or produce a very narrow response (e.g., Who are the key players in this case)
- b. Reflective question can be used to mirror what someone else has said to make sure the message was received as intended (e.g., So are you saying that you

think this manager failed to connect his actions to the goals and the strategies of the organization?).

- c. Open-ended can be used to challenge the trainees to increase their understanding of specific topic (e.g., But if what the manager did was effective, why are there so many problems, as described at the end of the case?).

### **Problems Associated with Training**

According to Odina (2007), training is a human resource function that involves developing employees' skills, knowledge and abilities to meet the organization's needs. Training creates a competent, motivated and high-performing workforce that is prepared to meet future demands. It also maximizes employees' potential, leading to higher productivity. The HR department may encounter some difficulties in implementing training due to some problems such as insufficient budget, lack of interest and management support, return on investment, employee interest and inappropriate training programs.

#### **a. Cost of training/ insufficient budget**

Training is an expensive that some companies are not willing to pay. Small companies/ organizations may not be able to afford to hire a training consultant or to send their employees to formal training programs. But training is now accessible through the use of technology. Online courses have made it easier and less costly to train. Organizations can use other training tools that do not cost anything, such as mentoring, on-the-job training and shadowing.



**b. Lack of Interest and Management Support**

Training does not start and end in the classroom. The organization must provide a learning environment where employees are encouraged to develop new skills, acquire knowledge and strive for self-development. Without management support, staff will not be motivated to upgrade their skills. This includes providing time and resources, such as meal and travel allowances, to participate in training. It involves conducting regular follow-up after training. Employee development must also be significant aspect of performance review and appraisal. Sometimes it sounds so simple to think that you can order specially managers to participate in a training program, but not so very fast according to research, if a manager doesn't engage if he or she only goes through the motion but never participate in a meaningful way will absorb little and act on ever less, nothing gets better.

**c. Return on Investment**

Training is an investment that must show returns. Often, it is difficult to see the actual impact of training. According to Odina (2007), an evaluation form completed at the end of training only shows participant reactions, senior management needs concrete proof, such as increase in productivity and sales. Training must also result in decrease in errors, customer complaints, accidents and down time. Training becomes of value when it contributes to the bottom line. The HR department must provide metrics that support the training expense.

**d. Lack of Self-Efficacy**

Self-efficacy, which has also been linked to the transfer of training, can be defined as a judgment an individual makes about his or her ability to perform a given

task (Bandura, 1982). The higher the trainees' self-efficacy, the more confidence they will have in their ability to successfully acquire targeted skills and perform trained tasks. In challenging situations, individuals with low self-efficacy are more likely to lessen or discontinue their effort, whereas those with high self-efficacy are more likely to exert additional effort in order to meet the challenge (Robbins & Judge, 2009). Clearly, this notion has important implications for training programs that often focus on novel or difficult work behaviors. Not surprisingly, self-efficacy has consistently shown positive relationships with the transfer of training (Burke & Hutchins, 2007). Individuals higher in self-efficacy will be more confident in their ability to learn and apply new things, and thus will likely be more motivated to transfer training. Although self efficacy may not be an obvious component of training programs, organizations could greatly benefit from understanding its significant role in the transfer of training.

In more recent years, trainee motivation has emerged as a significant contributor to the transfer of training (Baldwin *et al.*, 2009). Motivation refers to the processes that account for an individual's intensity, direction and persistence of effort toward attaining a goal (Robbins & Judge, 2009). For transfer to occur, trainees must believe that they are capable of learning, that their effort to learn will change their performance and that a change in their performance will lead to valued outcomes (Facteau *et al.*, 1995).

**e. Lack of Transfer of Training**

Training is a two-way process. Management provides learning opportunities, but employees must show interest by participating. The real test of learning is when

staff internalizes and apply new knowledge to their jobs. When employees fail to take responsibilities for their own development, training does not succeed. The HR department must engage employees even before training is conducted by soliciting feedback, suggestions and ideas. Employees show greater acceptance if they set their own objectives and recommend training based on their needs.

**f. Inappropriate Training/Lack of Training Needs Assessment**

When performance problems arise, the usual response is to provide training. However, training may not always be the appropriate solution. Training is often given as a reaction to perceived needs without taking time to analyze the root cause of the performance issues. A training needs assessment looks gaps between current and desired performance, analyze core problems and recommends interventions. Sometimes, the right response may not be training but other management solutions, such as improving work process, changing the work environment or communicating expectations.

**Empirical Review**

Rodic (2012) conducted a study to examine the practices of training needs assessment in a branch of Slovenia's public administration. The research sample was divided in two groups. The first group consisted of civil servants in managerial positions (heads of internal organizational units) while the second group included only the non-managers (clerks). Eight questions concerned the respondents' perception of Training Needs Analysis (TNA). Low agreement was found with clerk respondent on two items ('Training needs are proactively determined', and consistent TNA is performed'). Clerks decidedly agreed that training should be based on

elaborated TNA ( $M= 3.88$ ), and in five cases clerks showed moderate agreement with the stated items ('Training planning increases training effectiveness', Training needs are defined according to job requirements', 'Accurately assessed training needs are a precondition for effective training', 'Employees are actively involved in TNA', and Training should be based on training objectives'). Managers decidedly agreed on three item ('Training planning increases training effectiveness', Training should be based on elaborated TNA' and 'Training should be based on training objectives'), while in five cases their agreement is moderate ('Training needs are defined according to job requirements', Accurately assessed training needs are a precondition for effective training', Employees are actively involved in TNA', Training needs are proactively determined', and 'Consistent TNA is performed').

Sherazi (2001) sought to investigate the manager training needs assessment techniques adopted by the Pakistan corporate sector, especially in Islamabad and Rawalpindi region, and its impact on training outcomes. The data analysis reveals that the majority of the organizations (81%) assess managers training needs through performance appraisal system. The majority of organizations also conduct TNA at the personal level. More than half of the large size organizations (60%) also pay attention to the task or operational level analysis. No single organization involved or engaged in three level TNA or comprehensive TNA practices before conducting training programmes, and this is actually recommended in the literature for outcomes of training.

Browman and Wilson (2008) used the qualitative grounded theory to identify the main perspectives about the purpose of training needs analysis. They distributed

three different questionnaires about the purpose and process of conducting TNA with the three groups. The findings are that business needs are the main focus of the TNA. The various actors in the TNA process should be aware of their part in the process. Line managers should receive instruction in TNA.

### **Summary of the Chapter**

The literature reviewed indicates that there are variations in the challenges in the skills knowledge and abilities required to function effectively as a manager depending on the content, changes and the environment the organization is operating with. However, some important skills were listed by several studies to include: time management, communication, information gathering, planning, organizing, leading and controlling, interpersonal skills, problem solving and decision making, human resource management, leadership, training and development etc.

The training needs analysis seeks to assess the skills, knowledge and abilities employees need, identify which employees are deficient in these competencies and whether training can address those competencies. People are appointed to management teams but their effective performance depends on acquisition of certain skills, knowledge and abilities or competencies. The need for training arises when such skills are lacking. Training needs are then conducted to identify the gap which is followed by appropriate training to address the needs. A valid and reliable training programme will lead to effectiveness of employees and management as well.

## CHAPTER THREE

### METHODOLOGY

#### Introduction

This chapter deals with the research methodology that was used to carry out the research. It comprises the study area, research design, the population from which sample was selected, sample and sampling procedure, research instrument, validity and reliability of instrument, data collection procedure and data analysis procedure.

#### Study Area

The Trauma and Specialist Hospital, Winneba, is a specialized secondary referral health facility for the Central Region located at Winneba in the Effutu Municipality. It has a total bed complement of 124 and serves as the last referral point for the other hospitals, Health centres and clinics within and outside the municipality.

The construction of the new ultra modern Ministry of Health/ Ghana Health Service facility started in June 2009 as a turnkey project where the design, build and equipping of a new 120 bed capacity district hospital for Winneba was undertaken by EN-Project (the Projects division of Enraf Nonius B.V.) to replace the old municipal hospital.

The project, executed by Enraf-Nonius-Projects and its Ghanaian consultants, ABP Consult, was completed and handed over to the Ministry of Health on 27<sup>th</sup> February 2012, who in turn handed over to the Ghana Health Service for operationalisation. It was officially commissioned /inaugurated by His Excellency, the President of the Republic of Ghana, John Dramani Mahama, in November, 2012. However, actual service delivery began in July 2012.

The Ghana Health service, in operationalising the facility, then renamed it the Trauma and Specialist Hospital and also re-designated it as a secondary referral centre to provide general and specialized services in the fields of Internal and Emergency Medicine, Obstetrics and Gynecology, General, Allied and Trauma surgery, Paediatrics and other Diagnostic services.

Endowed with a fully equipped accident and emergency centre and also strategically located on the Ghana portion of the Trans–Ecowas highway from Aflao through Accra to Elubo, the potential that exists for the transformation of the facility into a centre of excellence for trauma and emergency care formed the basis for the re-designation to a secondary referral or specialist hospital.

### **Vision statement**

To become a well-resourced secondary referral hospital and centre of excellence capable of providing comprehensive healthcare, with facilities for medical training and research

### **Mission**

To contribute to the socio-economic development and wealth creation of the people by providing quality and accessible curative, promotive and rehabilitative health care

services by skilled, highly motivated and client focused staff in collaboration with all stakeholders.

### **Research Design**

Research design provides the glue that holds the research project together (Newman, 2003). Research design is therefore a systematic plan adopted by the researcher to answer questions validly, objectively, accurately and economically. The research design that was used for this study was the case study research design. A case study, according to Yin (1991), is an empirical enquiry that investigates a contemporary phenomenon within its real-life context when the boundaries between phenomenon and context are not clearly evident, and in which case multiple sources of evidence are used.

Hartfield (1982) and Yin (1991), quoted by Sarantakos (1998), suggest that case study analysis is a type of research that is different from other forms of investigation and demonstrates the following distinguishing characteristics. It studies whole units in their totality and not aspects or variables of these units and employs several methods primarily to avoid or prevent errors and distortions. It often studies a single unit and perceives the respondent as an expert not just as a source of data.

This design was chosen because it offered me the opportunity to study the nature, purposes, and challenges and make recommendations for improving training of hospital staff/employees under Ghana Health Service at Trauma hospital in Winneba into details and in greater depth than any other method. It creates room for using different sources of information to build a better and more extensive picture. Again, the case study method was used for the study because there was the need to



explore to find out what set of competencies is required for hospital managers since what managers do, how they do it and how they achieve targets vary from one manager to another. In the case of hospitals, it is even more difficult because people continue to combine clinical activities with their managerial roles depending on the staff strength at a particular institution. This method therefore enabled the researcher to offer detail explanation about the competencies required by different categories of managers at the hospital setting. However, the design has its own weakness as they are very hard to do, time consuming, and difficult to analyze and write up: as it is mostly qualitative research (Shuttleworth, 2008). Finding out training needs and training needs and its challenges to hospital staff/employees is a process and in order to have an objective analysis of the situation on the ground, I used the case study which is suitable for practical problems and it is often thought of as being problem-centred, and small-scaled (Osei, 2008).

### **Population**

A population in a research refers to the larger group of people with common observable features to which one hopes to apply the research result (Fraenkel & Wallen, 2003). According to Neuman (2006), population is the unit being sampled, the geographical location, and the temporary boundaries. It can be a person, organization, a written document or a social action. Also, Kwabia (2006) posit that social research is an investigation into the actions of people in society. He stressed that these social actors constitute what we call population. Absolutely, when the boundaries of a population are not clearly defined, it may be referred to as “universe”. Thus, population can be described as any set of persons or objects that

share common characteristics. The target population for the study was the entire staff of the Trauma and Specialist Hospital of Winneba in the Ewutu Effutu district in the Central Region totaling 72. The categories of the population include: Medical Health Services, Administration, Nurse Service, Finance, Pharmacy, Biostatistics, Estate, Catering, Personnel, Stores, Laboratory, Transport, X-ray, human resource etc. The Trauma Hospital was selected for the study because the institution is a well resourced secondary referral Hospital which has all the structures in place as per the Ghana Health Service standard and also for proximity reasons, since the area was found to be closer to the researcher.

### **Sample Population**

A sample size is basically the subset of actual number of individuals of the population. A sample size helps considerably to define the accuracy of the research results. It has been assumed by scholars that the larger the sample size, the more the accuracy or precision of the results of the study, conversely sample size tends to decrease with relatively large population (Welman, Kruger & Mitchell, 2005).

Out of the 72 staff of the Trauma and Specialist Hospital of Winneba in the Ewutu Effutu district in the Central Region, 60 staff was selected to participate in the study based on the Krejcie and Morgan table for determining sample size. The categories of the population include: Medical Health Services, Administration, Nurse Service, Finance, Pharmacy, Biostatistics, Estate, Catering, Personnel, Stores, Laboratory, Transport, X-ray, human resource etc.

Both the census sampling and the simple random sampling procedures were adopted for the study. The census sampling technique was used due to the limited

number of people in my target population. Census surveys are the types of surveys involving the process of collecting information about each member of a given population. The use of census surveys is usually employed for statistical research and population count. One of the advantages of census surveys over the other types of surveys is accuracy. Since the respondents involved in census surveys are the members of a given population, the survey data to be collected will be more reliable and accurate than the data gathered from sampling surveys. However, among the other types of surveys, census surveys are considered to be the most time consuming and physically demanding. Unlike sampling surveys, census surveys require statistical data from each member of the population and not just a portion of it. Researchers need to gather information from every single member of the given population in order to come up with accurate results so encountering reluctant respondents will be very difficult. Since the researchers need to travel often to gather data, census surveys tend to be more costly too.

Also, staff at the Trauma and Specialist Hospital were selected using the simple random sampling procedure. “This type of sampling gives all units of the target population an equal chance of being selected” (Sarantakos, 1997, p. 141). The sample unit was selected by using the lottery method. “Obviously this method is more convenient and less time consuming...” (Sarantakos, 1997, p. 142). With this, the list of employees from Trauma and Specialist Hospital served as sample frame during the lottery method. Then, the names of the workers listed in the sample frame was written on slips of paper and put in a container. The slips of papers in the container were mixed well and then, one slip of paper would be removed one at a

time from the container without looking into it. The name on the slip was recorded and thrown back into the container before the next one is picked. The process was continued until the required number of respondents was recorded. If an already drawn number is selected for a second or third time it was ignored, that is, thrown back into the container.

### **Research Instrument**

Instrumentation refers to the tools or means by which investigators attempt to measure variables or items of interest in the data collection process. Instrument for data collection is a tool that is used by researcher for collection of data in social science research (Bhandarkar & Wilkinson, 2010). It is related not only to instrument design, selection, construction, and assessment, but also the conditions under which the designated instruments are administered (Hsu & Sandford, 2010). The questionnaire was the sole data collection instrument used in the study. Reasons for the choice of the instrument were that, questionnaire is described as structured instrument for gathering data from a potentially large number of respondents, within a shorter possible time when especially the population is easily accessible (Deng, 2010; Amedahe & Gyimah, 2005).

The questionnaire were self-designed and comprised of both close-ended and open-ended questions. Open-ended questions offer freedom to the respondent to provide his/her personal opinion on the subject matter. Also, they are easy to ask, however, it may be difficult to analyse and may encourage bluffing on the part of respondents. The close-ended questions however, are easier and quicker to answer.

More so, they require no extensive writing hence, quantification is straight forward. This means more questions could be asked within a given length of time.

Thus, the questionnaire was structured into five sections: section A-biography of the respondents consisted of five items. Section B-Nature of training for hospital staff included four items. Section C-Purpose of training consisted of nine items. Section D & E consisted of 13 (challenges faced by hospital staff) & eight (resolutions to training challenges) items respectively.

### **Validity and Reliability of Instrument**

The research instrument was subjected to a validity and reliability test. The instrument was given to an expert, my supervisor for that matter to ascertain how they met face and content validity. The suggestions as given by my supervisor were used to effect the necessary changes to improve upon the instrument. Thereafter, a pilot test of the instruments was conducted whereby the questionnaires were administered in the Cape Coast Teaching Hospital in the central region of Ghana. This area was chosen for the pilot testing because of proximity reasons and also due to the fact that the institution is a well resourced referral Hospital which has all the structures in place as per the Ghana Health Service standard. The hospital staff are also faced with similar challenges in terms of patients who turn in for treatment as with what pertains in the Trauma and Specialist Hospital of Winneba in the Ewutu Effutu district in the Central Region.

The data gathered were analysed and the Cronbach's alpha established for the items. The value of Cronbach's alpha of .70 for the staff questionnaire was attained. According to De Vellis (1991), such a reliability coefficient is said to be respectable.

Therefore, the instrument was considered reliable and appropriate to collect the relevant data to answer the questions posed. Also Fraenkel and Wallen (2000, p. 17), posited that “For research purposes a useful rule of thumb is that reliability should be at .70 and preferably higher”. With these in place, the instrument could be said to be of good quality capable of collecting useful data for the study. The queries that came out of the item analyses were catered for. The reliability of the instruments was determined using Statistical Product for Service Solutions (SPSS). All these actions were taken to ensure that the instrument would be capable of collecting quality and useful data for the study.

#### **Data Collection Procedure**

In order to ensure a high return rate, the instruments were administered personally by the researcher. Before data collection, the researcher presented an introductory letter from the Head of School of Business of the University of Cape Coast. The purpose of this introductory letter was to solicit for cooperation and also to create rapport between the researcher and the respondents for the study. A discussion was held with administration and management of the Trauma and Specialist Hospital of Winneba to agree on a convenient time to administer the instrument. The respondents were supervised by the researcher to complete the questionnaire.

The purpose of using questionnaire hinged on the fact that, the target group for the study was both the staff and management members who sometimes combine clinical activities with their managerial roles and therefore had little time at their disposal.

The questionnaires were administered to the staff directly by the research officer with an assistant from two other staff from the hospital administration. The individual administration helped tremendously because the respondents found out that the researcher has fully secured the permission from the hospital authorities before meeting them. However, it was difficult getting some of the key officers to respond to the questionnaires because they were always busy with their clinical activities and had little time for other activities. It therefore took three weeks instead of two weeks that the researcher had intended for the data collection. However due to persistent calls and follow ups on weekends all the sixty questionnaires were retrieved.

### **Ethical Considerations**

Researchers need to protect their research participants, they must develop a trust with respondents; promote the integrity of research, guard against misconduct and impropriety that might reflect on their institution or organizations (Cresswell, 2009). In compliance with these requirements, the questionnaire for the study made no provision for the name of respondent rather; the questionnaires were coded to prevent identification of information by respondent. Thus, the study ensured that all ethical issues concerning confidentiality and anonymity of participants were adhered to.

### **Data Analysis**

This study sought to examine training and its challenges of hospital staff/employees under the Ghana Health Service at Trauma Hospital in Winneba. To answer the research questions that were formulated to guide the study, the type of

statistics that was employed in the analysis of the data was descriptive statistics. Specifically, the data was analyzed through the computation of frequencies, percentages as well as mean of means distributions. This was done with the use of computer software called Statistical Product for Service Solutions (SPSS).

### **Summary of the Chapter**

The purpose of this chapter was to describe the methods used in achieving the aim of this study. So far it has been noted that for data collection and analysis, a quantitative method which involves structured questionnaire has been used. There has also been significant background information regarding this study context of the Trauma and Specialist Hospital including the way the actual data were collected and analyzed. Ethical consideration of the study was strictly adhered to as a written permission letter was presented to the hospital administration for approval before the commencement of the data collection. Those who took part in the survey were also assured of anonymity and confidentiality.



## CHAPTER FOUR

### RESULTS AND DISCUSSION

#### Introduction

The purpose of this study was to examine training and its challenges to hospital staff/employees under the Ghana Health Service at Trauma Hospital in Winneba. A set of questionnaires were employed to gather the requisite data for the study. The data from the students were analyzed through the computation of frequencies, percentages as well as mean of means distributions. In fact, the descriptive statistics was employed in the data analysis. This chapter presents the interpretations discussions and inferences that were made from the output.

#### **Analysis of Data from the Hospital Staff**

Table 1 show the characteristics of hospital staff at the Trauma hospital in Winneba, who served as respondents for the study.

**Table 1: Characteristics of Sampled Hospital Staff**

| Variable                    | Subscale     | No. | %    |
|-----------------------------|--------------|-----|------|
| Gender                      | Male         | 25  | 41.7 |
|                             | Female       | 35  | 58.3 |
| Age                         | 25-30 yrs    | 31  | 51.7 |
|                             | 31- 35 yrs   | 18  | 30.0 |
|                             | 36-40 yrs    | 10  | 16.7 |
|                             | Above 40 yrs | 1   | 1.7  |
| Position Occupied           | Senior Staff | 26  | 43.3 |
|                             | Junior Staff | 34  | 56.7 |
| Years of Working Experience | 1-5 yrs      | 40  | 66.7 |
|                             | 6-10 yrs     | 9   | 15.0 |
| Experience                  | 11-15 yrs    | 10  | 16.7 |
|                             | 16-20 yrs    | 1   | 1.7  |

**Source: Field data, 2016**

From Table 1, out of the 60 hospital staff/employees who were involved in the study, 41.7% were males, while 58.3% were females. So a greater number of respondents in the study area were females. Again, with respect to the age of the respondents, 51.7% were between 25-30 years, 30.0% were between 31-35 years, 16.7% were between 36-40 years, and 1.7% were above 40 years. Therefore, the majority of the hospital employees were between 21-30 years. In line with the position occupied by the hospital employees who partook in the study, 43.3% were senior staff members and 56.7% were junior staff members. Thus, the majority of the

employees in the study area were junior staff members. It is also evident from Table 1 above that the majority of the hospital staff/employees had worked between 1-5 years. This is because, 66.7% had 1-5 years of working experience, 15.0% had between 6-10 years, 16.7% had worked for 11-15 years, and 1.7% had between 16-20 years of working experience.

This section presents the results and discussions of data collected to answer the four research questions formulated to guide the study. It comprised data from the questionnaire.

**Research Question 1: What is the nature of training designed for the current hospital staff?**

The responses given by the staff are shown in Table 2.

**Table 2: Views of Hospital Staff concerning the Type of Training Offered to Them**

| <b>Response</b>      | <b>No.</b> | <b>%</b> |
|----------------------|------------|----------|
| On-the-job training  | 21         | 35.0     |
| Off-the-job training | 15         | 25.0     |
| Both                 | 24         | 40.0     |

**Source: Field data, 2016**

It is evident from Table 3 that, the majority of the respondents agreed that they were offered with both on-the-job and off-the-job training. This is because, 35.0% responded on-the-job training, 25.0% responded off-the-job training, and 40.0% chose both on-the-job and off-the-job training. The type of on-the-job training offered for the hospital staff/employees are shown in Table 3 below.

**Table 3: Views of Hospital Staff concerning the Type of On-the-job Training Offered to Them**

| <b>Response</b>            | <b>No.</b> | <b>%</b> |
|----------------------------|------------|----------|
| Coaching                   | 8          | 13.3     |
| Mentoring                  | 14         | 23.3     |
| Job instructional training | 21         | 35.0     |
| Not Applicable             | 17         | 28.3     |

**Source: Field data, 2016**

Regarding the type of on-the-job training offered to the hospital staff/employees who served as respondents for the study, 13.3% responded coaching, 23.3% responded mentoring, 35.0% responded job instructional training, and 28.3% were not applicable. So it goes that the majority of the respondents were offered with job instructional training. In line with this DeSimone and Werner (2006) opine that, job instructional training (JIT) is a sequence of instructional procedures used by the trainer to train employees while they work in their assigned jobs. Preparing workers is important because they need to know what to expect. Preparation may include providing employees with a training manual, handouts, or other job. Table 4 below presents the views of respondents concerning the type of off-the-job training offered for the hospital staff.

**Table 4: Views of Hospital Staff concerning the Type of Off-the-job Training Offered to Them**

| <b>Response</b>   | <b>No.</b> | <b>%</b> |
|-------------------|------------|----------|
| Classroom/lecture | 8          | 13.3     |
| Conference        | 10         | 16.7     |
| Workshop          | 22         | 36.7     |
| Not Applicable    | 20         | 33.3     |

**Source: Field data, 2016**

From Table 4, when the hospital employees/staff were asked the type of off-the-job training that was offered to them, the majority of the respondents indicated that it was during workshop. This is because, 13.3% chose classroom/lecture, 16.7% responded conference, 36.7% responded workshop and 33.3% were not applicable.

With the nature of training designed for the current hospital staff, it can be concluded that, training is organized for the employees only once in a while i.e. once in a year. With this, the hospital staffs are mostly offered with both on-the-job and off-the-job training. Job instructional training was the type of on-the-job training that was mostly offered to the employees whereas with the type of off-the-job training that was offered to hospital staff, the majority of the respondents indicated that it was during workshop.

**Research Question 2: What are the purposes of training programmes organized for staff in the health service?**

The responses given by the staff are shown in Table 5.

**Table 5: Views of Hospital Staff concerning the Purposes of Training Programmes organized for Hospital Staff**

| Statements                      | M    | SD   |
|---------------------------------|------|------|
| Improving quality of workforce. | 1.35 | .55  |
| Thrust in productivity.         | 1.77 | .81  |
| Demanding customers.            | 2.08 | .94  |
| Health and safety measures.     | 1.82 | .85  |
| Assisting new comers.           | 1.90 | 1.08 |
| Avoidance of wastage.           | 1.77 | .93  |
| Changing technology.            | 1.65 | .88  |
| Promotion.                      | 1.90 | .93  |
| Increase revenue.               | 2.43 | 1.18 |

**Source: Field data, 2016**

Scale: 1 = Strongly Agree, 2 = Fairly Agree,  
 3 = Uncertain, 4 = Fairly Disagree  
 5 = Strongly Disagree

Mean of means = 1.85

Mean of standard deviation = 0.91

From Table 5, it is obvious that the majority of the hospital employees fairly agreed to most of the statements posed to them to find out the purposes of training programmes organized for them. This is because a mean of means of 1.85 and a mean of standard deviation of 0.91 were attained. The low mean of standard deviation obtained indicated that the respondents did not differ significantly

regarding their agreement to the whole phenomenon. The following conclusions could be drawn for the individual items in Table 5.

A mean of 1.35 and a standard deviation of .55 were achieved for the statement; “Improving quality of workforce”. Thus, the majority of the hospital employees strongly agreed that, the purpose of training programmes organized for them was intended to improve quality of workforce. The low standard deviation which is lower than the mean of standard deviation of .91 indicates that there were little variations in the responses recorded for the item and that, the respondents agreed to a high extent. This view is in agreement with that expressed by Rao (1992) that, one of the objectives of training is to develop general capabilities for individuals to discover and exploit their potentials and organizational development purposes. Also, from Table 5, most of the respondents fairly agreed that, the purposes of training programmes was to help thrust in productivity. With a mean of 1.77 and a standard deviation of .81 it could be concluded that the mean falls into the scale of 2 (Fairly Agree). This resonates with the findings of Odina (2007) that, an evaluation form completed at the end of training only shows participant reactions, senior management needs concrete proof, such as increase in productivity and sales. Again, the hospital staffs fairly agreed that, the purpose of the training programmes was due to the nature of the demands of their customers. Here, a mean of 2.08 and a standard deviation of .94 were obtained for this item showing the respondents fairly agreed to the statement. Concerning whether the health and safety measures was a purpose of the training programmes organized for the hospital employees, a greater number of the respondents fairly agreed to the statement. This is evidenced by the

mean score of 1.82 and a standard deviation of .85 for this item. The mean approximately falls on scale 2 (fairly agree) looking at the scale under Table 5. Regarding the statement; “Assisting new comers”, the majority of the hospital staff fairly agreed to it. This can be seen from the mean of 1.90 and a standard deviation of 1.08 that were realized. However, the higher standard deviation realized which is more than the mean of standard deviation of .91 indicates that, there were variations in the responses recorded for this item. This means that, not all the hospital employees agreed to the statement. Yet, it still remains that, the majority of the respondents fairly agreed to the statement. Also, a standard deviation of 0.93 and a mean of 1.77 were recorded for the item, “Avoidance of wastage”. This means that, the majority of the hospital staffs fairly agreed that, the purpose of training programmes organized were to help avoid/reduce wastage. This is because as approximation of the mean to the nearest whole number falls on scale 2 (Fairly Agree) looking at the scale under Table 6. As to whether the changing nature of technology was a purpose for organizing programmes, the majority of the respondents fairly agreed to the statement. This is evidenced in the mean of 1.65 and a standard deviation of .88 that were realized. This finding is in line with the view expressed by Frank (1998) who contends that, the practice of training is based on theories of change and who ought to be changed for a planned change to take effect within a given situation. In terms of whether promotion was a purpose for organizing training programmes, a mean of 1.90 and a standard deviation of .93 were realized. Thus, the majority of the hospital employees fairly agreed to this assertion. A mean of 2.43 and a standard deviation of 1.18 were obtained when the statement, “Increase



revenue” was posed to the hospital staffs. This means that, the majority of the respondents fairly agreed to the statement. But, the high standard deviation achieved which is higher than the mean of standard deviation of 0.91 shows that not all the respondents agreed to the statement. However, it still holds that, the majority of the hospital employees fairly agreed to the statement that, the purpose of the training programmes organized for them was in order to increase revenue.

From the above, it can be concluded that, the majority of the hospital employees agreed to most of the statements posed to them to find out their views concerning the purposes of training programmes organized for them. This is because, they agreed that the purpose of the training programmes organized for them was to; improve quality of workforce; thrust in productivity; to help address the needs of demanding customers; help acquaint themselves with health and safety measures; assist new comers; avoid wastage; abreast themselves with the changing technology; secure promotion; and to increase revenue.

**Research question 3: What are the challenges do the hospital staff encounter during the training programme?**

The responses given by the hospital employees are shown in Table 6.

**Table 6: Views of Hospital Staff concerning the Challenges they face relating to Training and Development**

| Statements                              | M    | SD   |
|---|------|------|
| Lack of resources and time.             | 1.77 | 1.09 |
| Lack of motivation to change.           | 1.97 | 1.18 |
| Training does not make an impact.       | 3.58 | 1.18 |
| Performance is not improved.            | 3.60 | 1.08 |
| Lack of training needs assessment.      | 2.37 | 1.41 |
| Lack of competent training officers.    | 3.05 | 1.36 |
| Insufficient budget.                    | 1.78 | 1.29 |
| Lack of support from management.        | 2.15 | 1.35 |
| Lack of self-efficacy.                  | 2.55 | 1.42 |
| Inappropriate training contents.        | 3.20 | 1.26 |
| Lack of conducive learning environment. | 3.05 | 1.40 |

**Source: Field data, 2016**

Scale: 1 = Strongly Agree, 2 = Fairly Agree,  
 3 = Uncertain, 4 = Fairly Disagree  
 5 = Strongly Disagree

Mean of means = 2.64

Mean of standard deviation = 1.27

Generally, a look at Table 6 indicates that, the majority of the hospital employees were uncertain about most of the statements posed to them to find out the

biggest challenges they face relating to training and development. With a mean of 2.64 it can be seen that the majority of the respondents were not sure about most of the statements posed to them. A mean of standard deviation of 1.27 that was achieved shows that there were variations in the responses recorded and that not all the respondents were uncertain about the statements posed to them. The following instances from the individual items attest to that fact.

From Table 6, a mean of 1.77 and a standard deviation of 1.09 were achieved for the statement; “Lack of resources and time”. Thus, the majority of the hospital employees fairly agreed that, lack of resources and time was one of the biggest challenges they face relating to training and development. The low standard deviation which is lower than the mean of standard deviation of 1.27 indicates that there were little variations in the responses recorded for the item and that, the respondents agreed to a high extent. Also, from Table 8, most of the respondents fairly agreed that, lack of motivation to change was a big challenge the face relating to training and development. With a mean of 1.97 and a standard deviation of 1.18 it could be concluded that the mean falls into the scale of 2 (Fairly Agree). Again, the hospital staffs fairly disagreed that, training does not make an impact. Here, a mean of 3.58 and a standard deviation of 1.18 were obtained for this item showing the respondents fairly disagreed to the statement. Concerning whether performance is not improved, a greater number of the respondents fairly disagreed to the statement. This is evidenced by the mean score of 3.60 and a standard deviation of 1.08 for this item. The mean approximately falls on scale 4 (fairly disagree) looking at the scale under Table 6.

In relation to the statement; “Lack of training needs assessment”, the majority of the hospital staff fairly agreed to it. This can be seen from the mean of 2.37 and a standard deviation of 1.41 that were realized. However, the higher standard deviation realized which is more than the mean of standard deviation of 1.27 indicates that, there were variations in the responses recorded for this item. This means that, not all the hospital employees agreed to the statement. Yet, it still remains that, the majority of the respondents fairly agreed to the statement. Also, a standard deviation of 1.36 and a mean of 3.05 were recorded for the item, “Lack of competent training officers”. This means that, the majority of the hospital staffs were uncertain as to whether lack of competent training officers was one of the biggest challenges confronting them in relation to training and development. This is because as approximation of the mean to the nearest whole number falls on scale 3 (uncertain) looking at the scale under Table 7.

As to whether insufficient budget was one of the biggest challenges facing hospital employees, the majority of the respondents fairly agreed to the statement. This is evidenced in the mean of 1.78 and a standard deviation of 1.29 that were realized. In terms of whether lack of support from management was a challenge, a mean of 2.15 and a standard deviation of 1.35 were realized. Thus, the majority of the hospital employees fairly agreed to this assertion. Also, a mean of 2.55 and a standard deviation of 1.42 were obtained when the statement, “Lack of self-efficacy” was posed to the hospital staffs since the mean falls on scale 3 (uncertain) looking at the scale under Table 7. This means that, the majority of the respondents were uncertain about the statement. But, the high standard deviation achieved which is

higher than the mean of standard deviation of 1.27 shows that not all the respondents were not sure about the statement. However, it still holds that, the majority of the hospital employees were uncertain about the statement that, lack of self-efficacy was one of the biggest challenges they faced relating to training and development. This contradicts the view expressed by Burke and Hutchins (2007) that, the notion of high self-efficacy has important implications for training programs that often focus on novel or difficult work behaviors. Not surprisingly, self-efficacy has consistently shown positive relationships with the transfer of training. Individuals higher in self-efficacy will be more confident in their ability to learn and apply new things, and thus will likely be more motivated to transfer training. Again, the majority of the respondents were uncertain as to whether inappropriate training contents was a challenge they faced in training and development. Here, a mean of 3.20 and a standard deviation of 1.26 were attained. Once more, the majority of the respondents were not sure as to whether lack of conducive learning environment was one of the biggest challenge they had to deal with relating to training and development. With this, a mean of 3.05 and a standard deviation of 1.40 were achieved for the statement. In addition the respondents indicated that; failure on the part of management to involve subordinates/take their opinions in decision making; irregular training programmes organized for only the top management; lack of staff upgrade opportunities; not considering staff opinion; lack of financial assistance for staff upgrade; lack of communication media for trainees; failure to implement training/workshop ideas; lack of frequent training for staff; improper scheduling of training programmes; as well as failure of management to identify weak links in the

various departments in order to address those units were some of the biggest challenges facing hospital employees relating to training and development.

From the above, it can be concluded that, there is lack of interest and committed management; insufficient budget; lack of motivation; lack of recognition of performance of hospital employees; and lack of promotion in the kind of environment at the workplace of the hospital employees. However, the respondents agreed that, the environment at the workplace was characterized with team spirit. Again, the majority of the hospital employees were uncertain about most of the statements posed to them to find out their views concerning the biggest challenges they face relating to training and development. This is because, they were uncertain as to whether; lack of competent training officers; lack of self-efficacy; inappropriate training contents; as well as lack of conducive learning environment were some of the biggest challenges facing hospital employees relating to training and development. However, the hospital staff agreed that; lack of resources and time; lack of motivation to change; lack of training needs assessment; insufficient budget; as well as lack of support from management was a challenge. In addition the respondents indicated that; failure on the part of management to involve subordinates/take their opinions in decision making; irregular training programmes organized for only the top management; lack of staff upgrade opportunities; not considering staff opinion; lack of financial assistance for staff upgrade; lack of communication media for trainees; failure to implement training/workshop ideas; lack of frequent training for staff; improper scheduling of training programmes; as well as failure of management to identify weak links in the various departments in

order to address those units were some of the biggest challenges facing hospital employees relating to training and development. On the other hand the respondents disagreed to the assertions that; training does not make an impact; and that performance is not improved.

**Research question 4: What efforts are being put in place to minimize the identified challenges?**

The responses given by the hospital employees are shown in Table 7.

**Table 7: Views of Hospital Employees concerning the Efforts to be put in place to resolve Training Challenges**

| Response  | Yes       | No        |
|---|-----------|-----------|
|   | N (%)     | N (%)     |
| Increased budget.                               | 45 (75.0) | 15 (25.0) |
| Competent training officer.                     | 15 (25.0) | 45 (75.0) |
| Increased support from management.              | 37 (61.7) | 23 (38.3) |
| Proper needs assessment before training.        | 27 (45.0) | 33 (55.0) |
| Creation of conducive environment for learning. | 13 (21.7) | 47 (78.3) |
| Increased perceived utility of training.        | 26 (43.3) | 34 (56.7) |
| Proper scheduling of training.                  | 35 (58.3) | 25 (41.7) |

**Source: Field data, 2016**

From Table 7, the majority of the respondents agreed that there is the need to increase the budget in order to resolve training challenges. With this 75.0% agreed and 25.0% disagreed. Regarding the statement; “Competent training officer” 25.0% agreed and 75.0% disagreed. Thus, the majority of the respondents disagreed that competent training officer was a challenge that needed to be resolved. Concerning the statement; “Increased support from management”, the majority of the hospital employees agreed to the statement. Here, 61.7% responded ‘yes’ and 38.3%

responded 'no'. Also, the majority of the respondents disagreed to the view that there was the need for proper needs assessment before training. This is because, 45.0% agreed and 55.0% disagreed. In line with the statement; "Creation of conducive environment for learning", 21.7% responded 'yes' and 78.3% responded 'no'. So a greater majority of the respondents disagreed that there is the need to create a conducive environment for learning. Again, the majority of the respondents disagreed to the statement; "Increased perceived utility of training". With this, 43.3% agreed whereas 56.7% disagreed. In terms of proper scheduling of training, the majority of the hospital employees agreed. Here, 58.3% responded 'yes' and 41.7% responded 'no'. In addition, the respondents suggested that; active involvement and support from management in training; taking the opinions of subordinates in decision making; organizing regular/frequent training programmes; making available motivational packages as well as staff upgrade opportunities; financial assistance for staff upgrade; creating conducive environment for learning; effective communication and dissemination of information; implementing training/workshop ideas; proper scheduling of training programmes to avoid patients being left unattended to at the ward; as well as management should identify weak links in the various departments in order to address those units were some of the strategies that should be put in place to resolve problems associated with training and development.

From the foregoing, it can be concluded that; the respondents suggested that; active involvement and support from management in training; taking the opinions of subordinates in decision making; organizing regular/frequent training programmes; making available motivational packages as well as staff upgrade opportunities;



financial assistance for staff upgrade; creating conducive environment for learning; effective communication and dissemination of information; implementing training/workshop ideas; proper scheduling of training programmes to avoid patients being left unattended to at the ward; as well as management should identify weak links in the various departments in order to address those units were some of the strategies that should be put in place to resolve problems associated with training and development. Also respondents agreed that; there is the need to increase the budget; increase support from management; as well as proper scheduling of training in order to resolve training challenges. However, the hospital employees disagreed that, competent training officer; proper needs assessment before training; creating a conducive environment for learning; as well as increased perceived utility of training were challenges associated with training that needed to be resolved.

## CHAPTER FIVE

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### **An Overview**

This chapter marks the concluding part of the study. It aims at highlighting the main findings. It also presents a summary of the research process, the conclusions and offers the implications for future research.

#### **Summary of the Research Process**

Training is human resource function that involves developing employee's skills, knowledge and abilities to meet the organizations needs. Training creates competence, motivated and high-performing workforce that is prepared to meet future demands. It also maximizes employee potential, leading to higher productivity. However, this all important exercise comes with its associated problems as training activities in the health institution are more often conducted without needs assessment, lack of interest and management support, insufficient budget, lack of transfer of training among others and are often focus on the clinical areas to the neglect of that of management (Ghana Health Service, 2015). This has undoubtedly resulted in lack of capacity to equip hospital staff with the needed skills, knowledge and abilities to effectively perform their duties. (DeSimone & Harris, 1998). In addition, even though Ghana health Service has training policy guidelines,

there are no structured training programmes outlined to equip hospital staff with requisite skills, knowledge and abilities. Hence, some institutions attempt to build their own capacity through workshops and seminars. Therefore, this research sought to examine training and its challenges to hospital staff/employees under the Ghana Health Service.

In order to find answers to the research questions that were formulated to guide the study, the case study research design was employed. The study covered the entire staff/employees of the Trauma hospital at Winneba in the Central Region of Ghana. In all, 60 hospital employees were involved in the study. The simple random sampling technique specifically the lottery method was used to select the hospital staff/employees to serve as respondents.

The questionnaire was the instrument used in collecting data to address the research questions. A set of questionnaires consisting of both closed-ended and open-ended items was used to gather the requisite data for the study. It is worthy to note that, these instruments were subjected to reliability and validity test. The data gathered was analyzed using the computation of frequencies, percentages as well as mean of means distributions. The following are the main findings of the study.

### **Key Findings**

1. Concerning the nature of training designed for the current hospital staff, it was realized that, training is organized for the employees only once in a while i.e. once in a year. With this, the hospital staffs are mostly offered with both on-the-job and off-the-job training. Job instructional training was the

type of on-the-job training that was mostly offered to the employees whereas the off-the-job type of training was offered during workshop to hospital staff.

2. The findings of the study depicted that, the majority of the hospital employees agreed that, the purpose of the training programmes organized for them was to; improve quality of workforce; thrust in productivity; to help address the needs of demanding customers; help acquaint themselves with health and safety measures; assist new comers; avoid wastage; abreast themselves with the changing technology; secure promotion; and to increase revenue.
3. Also it was found out that, there is lack of interest and committed management; insufficient budget; lack of motivation; lack of recognition of performance of hospital employees; and lack of promotion was the kind of environment at the workplace of the hospital employees. However, the respondents agreed that, the environment at the workplace was characterized with team spirit. Again, the majority of the hospital employees were uncertain about most of the statements posed to them to find out their views concerning the biggest challenges they face relating to training and development. This is because, they were uncertain as to whether; lack of competent training officers; lack of self-efficacy; inappropriate training contents; as well as lack of conducive learning environment were some of the biggest challenges facing hospital employees relating to training and development. However, the hospital staff agreed that; lack of resources and time; lack of motivation to change; lack of training needs assessment;

insufficient budget; as well as lack of support from management was a challenge. In addition the respondents indicated that; failure on the part of management to involve subordinates/take their opinions in decision making; irregular training programmes organized for only the top management; lack of staff upgrade opportunities; not considering staff opinion; lack of financial assistance for staff upgrade; lack of communication media for trainees; failure to implement training/workshop ideas; lack of frequent training for staff; improper scheduling of training programmes; as well as failure of management to identify weak links in the various departments in order to address those units were some of the biggest challenges facing hospital employees relating to training and development. On the other hand the respondents disagreed to the assertions that; training does not make an impact; and that performance is not improved.

4. In line with the resolutions to training challenges, it was realized that, the respondents suggested that; active involvement and support from management in training; taking the opinions of subordinates in decision making; organizing regular/frequent training programmes; making available motivational packages as well as staff upgrade opportunities; financial assistance for staff upgrade; creating conducive environment for learning; effective communication and dissemination of information; implementing training/workshop ideas; proper scheduling of training programmes to avoid patients being left unattended to at the ward; as well as management should identify weak links in the various departments in order to address those units

were some of the strategies that should be put in place to resolve problems associated with training and development. Also respondents agreed that; there is the need to increase the budget; increase support from management; as well as proper scheduling of training in order to resolve training challenges. However, the hospital employees disagreed that, competent training officer; proper needs assessment before training; creating a conducive environment for learning; as well as increased perceived utility of training were challenges associated with training that needed to be resolved.

### **Conclusions**

The following conclusions could be drawn from the findings of the study. The findings of the study depicted that, training is organized for the employees only once in a while i.e. once in a year. With this, the hospital staffs are mostly offered with both on-the-job and off-the-job training. This raises a lot of questions. Perhaps, management do not recognize the need to provide frequent training to hospital employees/staff or that, financial restraints and lack of infrastructural resources makes the holding of these programmes almost impossible. It could also be that, the management do not have interest and commitment towards the need to organize training programmes frequently. If this is so, then this is worrying and can be very detrimental to the hospital employees need to be abreast with current trends of attending to health needs of patients.

Regarding the purposes of training programmes designed for hospital employees, it was realized that the purpose of the training programmes organized for them was to; improve quality of workforce; thrust in productivity; to help address the

needs of demanding customers; help acquaint themselves with health and safety measures; assist new comers; avoid wastage; abreast themselves with the changing technology; secure promotion; and to increase revenue. This presupposes that, the benefits for organizing training programmes are enormous to both the employees and to the employers. Hospital management need to put in place mechanisms that motivates and encourages employees full participate in training programmes so that the goals and objectives for organizing such programmes are realized.

In relation to the challenges hospital staff encounter during training programmes, it was found out that, there is lack of interest and committed of management; insufficient budget; lack of motivation; lack of recognition of performance of hospital employees; and lack of promotion was the kind of environment at the workplace of the hospital employees. If this is so, then it implies that lack of resources i.e. financially, materially, and physically may be a contributory factor affecting the frequency in organizing training programmes for hospital staff/employees. However, it is commendable that, the environment at the workplace is characterized with team spirit which creates a congenial atmosphere at the workplace for training programmes to be held. In addition, the hospital staff agreed that; lack of training needs assessment; failure on the part of management to involve subordinates/take their opinions in decision making; lack of staff upgrade opportunities; failure to implement training/workshop ideas; improper scheduling of training programmes were some of the biggest challenges facing hospital employees relating to training and development. These challenges presuppose that, perhaps the hospital management does not consider the opinions of their employees during

decision making. This has the tendency to stifle the involvement of staff members and the role they play during training programmes. Again, the improper scheduling of the programmes may also not permit some hospital employees to partake in the training programmes as patients cannot be left in the ward unattended to.

### **Recommendations**

Based on the findings and conclusions drawn from the study, the following recommendations have been made.

1. It is recommended that, frequent training, on-the-job and off-the-job training, should be organized for the hospital staff/employees both senior and junior staff members so that staff members are abreast with current trends of attending to the health needs of patients. Again, management should show interest, commitment, and active participation towards and during organizing training programmes in order to motivate hospital employees to also take part in training programmes and also recognize the need for such training programmes to their development.
2. Again, it is suggested that, hospital management put in place stringent measures such as sanctions employees who fail to partake in training programmes. Again, stipulated motivational techniques/criteria that permit employees to qualify for award of prizes, promotions, study leave, financial assistance for staff upgrade and other entitlements should be put in place so that employees are encouraged to participate in training programmes in order that, employees who remain valuable assets on which hospital administration thrives on, are efficiently trained to be able to manage changing nature of



technology, needs of patients, acquaint themselves with health and safety measures, increased revenue and avoidance of wastage which are the aims, objectives and purposes for organizing training programmes are achieved.

3. Hospital management should make available sufficient resources i.e. financially, materially and physically (active involvement by all staff members) so that frequent programmes can be organized and staff are adequately motivated to take part in training programmes. The management should also give due acknowledgement to hospital employees by recognizing their performance through appropriate reward systems in order to motivate them to take part in training programmes. Again, hospital management should encourage team spirit among staff members in order to create a congenial atmosphere at the workplace for training programmes to be held.
4. Finally, there is the need for hospital management and administration to ensure proper scheduling of training programmes that enables hospital employees to run shift systems so that, all employees partake in the training programmes without leaving patients in the ward unattended to.

#### **Areas for Further Research**

This study examined training and its challenges to hospital staff/employees under the Ghana Health Service at Trauma Hospital in Winneba. The study could be replicated in other regions in the country to find out what persists there. Also, the study was conducted using the questionnaire as the only instrument for data collection. Future studies may incorporate the use of observation guide as well as interview guide to make the study more interactive.

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**APPENDIX**

QUESTIONNAIRE FOR HOSPITAL STAFF/EMPLOYEES

This questionnaire is designed to enable me to fulfill the academic requirement for the award of an MBA in Human Resource Management. Its aim is to solicit your responses in gathering relevant information on the topic: “**Training and its Challenges to Hospital staff**” under Ghana Health Service at Trauma Hospital, Winneba”. Your candid responses and views shall be treated confidentially. Thank you for your co-operation.

**Background Characteristics**

1. Sex/Gender

a) Male [       ]

b) Female [       ]

2. Age

24-29 [       ] 30-34 [       ] 35-40 [       ] 40 and above  
[       ]

3. Position Occupied

Senior staff [       ]

Junior staff [       ]

4. How long have you been working with Ghana Health Service?

1-5 years [       ]

6-10 years [       ]

11-15 years [       ]

16-20 years [       ]



- 21-25 years [    ]
- 26-30 years [    ]
- 31-35 years [    ]

**Type of training**

- 5. What type of training were you offered?
  - a) On the-job training [    ]
  - b) Off-the-job training [    ]
  - c) Both [    ]
  
- 6. Please specify if the training is on-the-job
  - a) Coaching? [    ]
  - b) Mentoring ? [    ]
  - c) Job instructional training? [    ]
  - d) Not applicable [    ]
  
- 7. If training is off-the-job is it
  - a) Classroom/lecture ? [    ]
  - b) Conference? [    ]
  - c) Workshop? [    ]
  - d) Not applicable [    ]

**Purpose of training**

8. In your opinion, what do you think is the purpose of training on your profession? Using the scale of (1,2,3,4,5) indicate where applicable

Please tick (√) the appropriate box below to indicate your agreement or disagreement to the statements below.

Key: Strongly Agree (SA); Fairly Agree (FA); No Opinion (NO); Fairly Disagree (FD); Strongly Disagree (SD)

| STATEMENTS                        | SA | FA | NO | FD | SD |
|-----------------------------------|----|----|----|----|----|
| 9. Improving quality of workforce |    |    |    |    |    |
| 10. Demanding Customers           |    |    |    |    |    |
| 11. Health and Safety measures    |    |    |    |    |    |
| 12. Assisting new comers          |    |    |    |    |    |
| 13. Avoidance of wastage          |    |    |    |    |    |
| 14. Changing technology           |    |    |    |    |    |
| 15. Promotion                     |    |    |    |    |    |
| 16. Increase revenue              |    |    |    |    |    |

**Training challenges**

**Challenges Faced in Relation to Training And Development On the Job**

| STATEMENTS                                  | SA | FA | NO | FD | SD |
|---|----|----|----|----|----|
| 17. Lack of resources and time.             |    |    |    |    |    |
| 18. Lack of motivation to change.           |    |    |    |    |    |
| 19. Training doesn't make an impact.        |    |    |    |    |    |
| 20. Performance isn't improve.              |    |    |    |    |    |
| 21. Lack of training needs assessment.      |    |    |    |    |    |
| 22. Lack of competent training officers.    |    |    |    |    |    |
| 23. Insufficient budget.                    |    |    |    |    |    |
| 24. Lack of support from management.        |    |    |    |    |    |
| 25. Lack of self-efficacy.                  |    |    |    |    |    |
| 26. Inappropriate training contents.        |    |    |    |    |    |
| 27. Lack of conducive learning environment. |    |    |    |    |    |

28. What other challenges do you think management should resolve, with regards to training?

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

**Resolutions to training challenges**

29. What policy strategies do you think should be in place to resolve problems associated with training?

- a. Increased budget [     ]
- b. Competent training officer [     ]
- c. Increased support from management [     ]
- d. Proper needs assessment before training [     ]
- e. Creation of conducive environment for learning [     ]
- f. Increased perceived utility of training [     ]
- g. Proper scheduling of training [     ]

30. What other comments and suggestions will you make to help make your job easier?

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

**Thank You.**