An Assessment of Training Transfer in Health Organisations
The Case of Cape Coast Teaching Hospital, Cape Coast, Ghana

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INTRODUCTION
For every organization to maximize profitability and increase production there is a need for positive organizational change through training. Without training transfer, the end goal of training is not achieved. Training is essential when it impacts on employee, job and organizational performance. This can only be achieved if the channel through which training is transferred is not distorted. Transfer of training is defined as the extent of retention and application of the knowledge, skills and attitudes from the training environment to the workplace environment. (Shankar Subedi, 2004). Transfer of training is a useful tool to facilitate overall improvement on employee performance (Shad, 2008), and also aids in the acquisition of new skills (Aguinis & Kraiger, 2009, Hill & Lent 2006 and Satterfield & Hughes 2007).

Quality health care is needed in every health environment, and to improve on health environment; employees need to develop their skills for better performance. (Jabarethina, 2014) Assessing training transfer in this area would be more welcomed because of the delicacy of health care and how well health staff are transferring the practicality of what they have learnt onto the work. This can only be possible if employees are trained to meet performance standard. Transfer of training is then compulsory for effective organizational performance. Training transfer is the extent to which training obtained during training programs are implemented on the work.

PROBLEM STATEMENT
Training is an indispensable activity as it aims at improving current job performance and contributes to the achievement of organizational goals; is always planned, designed and implemented in management programs as a function of human resource management (Edralin, 2004).

Training is meant to give a competitive advantage to one company over the other by migrating the knowledge and skills learnt onto the job (Brum, 2007). It was estimated that global expenditure on training in 2010 was $40 billion which was spent on management training alone out of which only 5%-20% of the training is actually transferred. (The Kite Foundation, 2012). In spite of this, there are instances that even when training is compulsory, transfer of training becomes impossible because of some underlining challenges affecting it.

Challenges range from employees complaining of unsupportive supervisors and motivation after training. Others include unfriendly work environment after training and learners’ unwillingness to undergo training because of difficulty in trying to apply the new ideas learnt from the training. (Rambau, 2005; Bartlett, 2001).

In response to this problem, the study proposes to investigate the perceptions of Nurses on training transfer with respect to the challenges they encounter as a result of factors affecting at Cape Coast Teaching Hospital.

THE OBJECTIVES OF THE STUDY
The objectives of the research are to study:

1. Nurses’ perceptions about factors affecting training transfer.
2. The challenges nurses face in training transfer.
3. Analyzing the relationship between training transfer and employee performance.
METHODOLOGY
Descriptive research design was adopted for the study. The population of this study consisted of nurses at the Central Regional Hospital. The target population of this study was 135 which constituted Degree and Diploma nurses out of which 103 were sampled. The sample size was based on Krejcie and Morgan’s (1970) for determining sample size from a given population. Random sampling was adopted in this study. Questionnaire was used to gather the primary data from the respondents. Questionnaire consisted of 5 demographic data statements type and 18 Likert’s 5 point scale. Specifically, frequencies, percentages, mean and standard deviation were used to analyze the data. Statistical Package for Social Scientist SPSS (17.0) was used as an aid to run the analyses.

LITERATURE REVIEW
The influence of globalization, technology changes, workforce diversity, labour shortages and changing skill requirements demands the need for training. This is because the slightest change in the above factors impact on the operations of the business. (Yang, 2010). The major reason for training is the ability of the employee to convert the knowledge and skills given him/her into action to yield higher organizational performance. (Edwards, 2013), when this is achieved, it can ease the impediments of fitting into the ever ending changes in the corporate world. Transfer of training is defined as putting into practice the skills, knowledge and attitudes that are gained through learning intervention on either the classroom or on the job training in a specific working environment. (Rambau, 2005).

Employee perceptions can be measured using three variables: perceived availability of training, perceived supervisor support for training and perceived co-worker support for training. (Bartlett, 2001;). Work place factors such as coaching from supervisors and work environment affects the extent to which training can be transferred. Lack of coaching has been identified as one of the major challenges in training transfer; as ineffective coaching by unsupportive supervisors do not help trainees to maximize their talent and strength to solve problems and be accountable to their work. (Rambau, 2005;).

The working environment should provide a means to support training transfer to prevent the knowledge acquire in the training process to be irrelevant. (Williams, 2008; Chiaburu & Tekleab, 2005). Support from managers and subordinates who encourage, tolerate and accept positive change also promotes training transfer.

Another challenge preventing training transfer includes the training factors like preparations, training strategies, evaluation methods, trainers, competencies and theoretical content. Finally learners’ attitudes towards learning; willingness, level of learning, workers experience, routine work and language can also affects transfer of training. (Rambau, 2005). This emphasis Holton’s theory of Motivation to transfer Model, that is, trainees must desire to use the knowledge and skills mastered in the training program on the job.

RESULTS AND DISCUSSION
To answer the study question descriptive analysis prepossess were computed (mean, standard deviation, and percentages) for each item and their respective domain and total score.

Mean (4.50 - 5.00) is strongly agree
Mean (3.50 – 4.49) is agree
Mean (2.50 – 3.49) is neither agree nor disagree (N/A)
Mean (1.50 – 2.49) is disagree
Mean (0.50 - 1.49) is strongly disagree
Table 1: Mean, Standard Deviation and Percentage Scores on Employees Perceptions about Factors Affecting Training Transfer

<table>
<thead>
<tr>
<th>OPINION</th>
<th>NURSES (n=103)</th>
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<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Std. Deviation</td>
<td>Percent %</td>
<td>Scale</td>
</tr>
<tr>
<td>Nurses are motivated to learn and transfer training unto the job</td>
<td>4.23</td>
<td>0.97</td>
<td>89</td>
<td>Agree</td>
</tr>
<tr>
<td>Work environment do not always promote transfer of learning</td>
<td>4.26</td>
<td>0.90</td>
<td>89</td>
<td>Agree</td>
</tr>
<tr>
<td>There is a match between training design and delivery and job requirements</td>
<td>2.88</td>
<td>1.32</td>
<td>43</td>
<td>N/A</td>
</tr>
<tr>
<td>Nurses value training in terms of their readiness</td>
<td>4.06</td>
<td>1.00</td>
<td>86</td>
<td>Agree</td>
</tr>
<tr>
<td>The transfer climate is conducive</td>
<td>4.32</td>
<td>0.98</td>
<td>86</td>
<td>Agree</td>
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Table 1 shows that nurses’ perception on factors affecting training transfer. Findings tabulated that 89% of respondents agreed and with a mean score of 4.23. This implies that, nurses were motivated to learn and transfer training on the job. Subsequently, the same percentage of nurses with a mean score of 4.26 agreed that the work environment do not always encourage training transfer. 43% of nurses with a mean score of 2.88 neither agreed nor disagreed with the statement that work environment always promote transfer of training. Furthermore, 86% of nurses agreed that nurses value training through their readiness having a mean score of 4.06. Finally, 86% of nurses having a mean score of 4.32 agreed that training climate is conducive.

4.1 Discussion

The results implied that, nurses had a strong desire to advance and improve in their job requirements within Central Regional Hospital. This demonstrates that there is a likelihood that training would be transferred on to the job. Again, the influence of work environment on training transfer can be positive or negative, (Edwards, 2013) but in the case it was negative. The working environment was a hindrance for effective transfer of training. This was mainly due to unsupportive supervisors and coworkers. Furthermore, respondents were unsure if there is a relationship between training design and job requirement. This finding is in contrary to the definitions of Chen 2003; Bates & Holton 2004 and Holton 2005. Finally, it was discovered that nurses’ readiness to learn transfer training in a conducive climate was available at the Central Regional Hospital. Even though, there was some presence of unsupportive supervisors, the nurses’ readiness to learn and transfer was not inhibited. This is also in contrary to earlier studies. (Burke & Baldwin 1999; Tannenbaum 1997). This implies that even though there are constraints, the readiness of employees to learn new skills can still be present and will eventually lead to an immense efficiency in healthcare delivery.
Table 2: Mean, Standard Deviation and Percentages Scores of Opinions of Nurses on the Challenges of Transfer of Training

<table>
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<tr>
<th>OPINION</th>
<th>NURSE (n=103)</th>
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<tbody>
<tr>
<td></td>
<td>Mean</td>
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<tr>
<td>Sometimes difficult trying to apply new ideas due to voluminous training content</td>
<td>3.74</td>
</tr>
<tr>
<td>Presence of unsupportive co-workers</td>
<td>3.39</td>
</tr>
<tr>
<td>Presence of unsupportive supervisors</td>
<td>3.94</td>
</tr>
<tr>
<td>Unwillingness of nurses to undergo training because of lack of support and feedbacks</td>
<td>4.62</td>
</tr>
<tr>
<td>Lack of financial rewards after training</td>
<td>3.56</td>
</tr>
</tbody>
</table>

Table 2 indicates nurses’ views on challenges affecting transfer of training. 71% of nurses with a mean score of 3.74 agreed that sometimes it is difficult trying to apply new ideas, 54% of nurses neither agreed nor disagreed with the presence of unsupportive supervisors having a mean score of 3.94. Furthermore, 80% of nurses with a mean score of 3.94 agreed that there was unsupportive work environment after training. 83% of nurses with a mean score of 4.62 strongly agreed to the unwillingness of learner to undergo training with the highest mean score of 4.62; and 66% of respondents also having a mean value of 3.56 agreed that lack of motivation after training was a challenge to training transfer.

4.2 Discussions

Items related to challenges affecting training transfer such as presence of unsupportive supervisors, lack of financial rewards after training to enhance performance, voluminous training content and unwillingness of learners to undergo training received high response from nurses. The results signified the mentioned factors played a substantial role in training transfer processes as in previous studies. (Baldwin & Ford, 1988; Tracey et al., 1995; Saleh, 2011). On the other hand, nurses were uncertain that the presence of co-workers contributes to the problems affecting training transfer even though the respondents were 54%.

Analyzing the Relationship between Training Transfer and Performance

The results showed that there was a significant relationship existing between knowledge/skills and increased work efficiency at 5% significance level since the P-value was 0.01.

4.3 Discussion

It was observed that through training transfer knowledge and skills increased work efficiency and effectiveness through improvement in patients and employee satisfaction; profound knowledge of various procedures and medical terminologies; developed skills in healthy communication with the patients, active in treatments and finally decisions and report submissions. This implies that there will be a positive organizational change when there is an improvement of individual performance. (Yamnill & McLean 2001; Chen, et al 2005).
Acknowledgement
The Author is grateful to Ms Grace King and Mr. Daniel Wozuame of the Department of Secretaryship and Management Studies of the Cape Coast Polytechnic for their help in getting this manuscript done successfully.

REFERENCES
The Kite Foundation, (2012)