

Effects of Training on Employee Performance at The Holy Family Hospital, Techiman In the Bono East Region of Ghana

¹Francis Agyapong, ²Mr. Mensah Kwadwo Simon

¹Mittal School of Business, Lovely Professional University, Punjab, India.

²University of Mines and Technology, Tarkwa, Ghana.

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Abstract

Purpose

The research aimed to determine the impact of training programs on staff performance and institutional effectiveness in a challenging healthcare environment.

Methods

A quantitative, explanatory research design was employed. Questionnaires were distributed to 245 randomly selected permanent staff members from a larger population of 630 employees. Statistical analysis (using SPSS) was used to assess the relationship between training and performance through descriptive statistics and multiple regression analysis.

Findings

The study found a significant positive correlation between training and employee performance. Training programs, particularly those focused on content delivery, facilitation, and evaluation, have a positive influence on key performance indicators such as work quality, initiative, time management, and teamwork. Well-structured training preparation also improved employee readiness and engagement, leading to better overall performance outcomes.

Originality

The study provides empirical data from a Ghanaian public hospital, contributing to the limited existing literature on training and performance in African healthcare settings. The findings highlight the importance of aligning training initiatives with institutional goals to improve healthcare delivery through human capital development, offering practical implications for hospital administrators, HR professionals, and policymakers.

Keywords: Training Programs, Employee Performance, Holy Family Hospital, Human Resource Development, Healthcare Management, Staff Development, Quantitative Research, Bono East, Ghana, Organizational Performance.

I. Introduction

This section highlights the **vital role of employee training** in boosting organizational performance within the **healthcare sector**, where constant change and complexity demand ongoing skill development. Training aligns employee competencies with organizational goals, enhances innovation, reduces clinical errors, and improves patient safety and service quality (Butler & Lostritto, 2015; WHO, 2020; Noe, 2010). Despite the associated costs, training offers a **high return on investment (ROI)** through increased productivity, motivation, adaptability, and job satisfaction (Rahimi et al., 2016; Sultana et al., 2012).

Empirical evidence confirms a **positive correlation between training and employee performance** (Elnaga & Imran, 2013; Al-Mzary et al., 2015). Effective training also fosters alignment with organizational culture and better decision-making in high-pressure scenarios (McCulloch et al., 2011). However, the success of training depends on its relevance, structure, and post-training support (Salas et al., 2012; Shafiq & Hamza, 2017). The adoption of **modern methods like e-learning and simulation** enhances training effectiveness (Cook et al., 2011; Issenberg et al., 2005).

In conclusion, **strategic, well-designed training** is indispensable in healthcare for ensuring staff competence, quality care, and overall organizational excellence.

Background of the Study

In today's competitive landscape, **organizational performance** relies heavily on employees' ability to adapt, making **training a key driver** of improved knowledge, skills, and attitudes (Lam, Lo, & Chan, 2002; Pak & Chung, 2013). While training entails both **direct and indirect costs** (Kaufman & Hotchkiss, 2000; Brum, 2007), studies show its **long-term benefits often outweigh the expenses** (Rahimi et al., 2016). Effective training empowers employees to apply what they learn, enhancing both **individual performance and organizational efficiency** (Heathfield, 2009; Vyas, 2010; Elnaga & Imran, 2013).

Trained employees demonstrate greater **productivity, critical thinking, creativity, and decision-making** capabilities, contributing to profitability, career growth, and competitive advantage (Sultana et al., 2012; Gupta & Govindarajan, 2000; Lyles & Salk, 2007). In **healthcare**, training improves **patient safety and service quality** (McCulloch, Rathbone, & Catchpole, 2011).

Employee performance, a multidimensional concept, involves task completion, goal attainment, and value contribution (Mwita, 2000; Armstrong, 2009; Bouskila-Yam & Kluger, 2011). A strong **positive link between training and performance** is consistently observed across studies and contexts (Lilian Chan, 2004; Emerson, 2002; Shem & Ngussa, 2015; Al-Mzary et al., 2015), though some research notes **limited impact in specific situations** (Shafiq & Hamza, 2017).

Statement of problem

This section presents the **problem statement** for a study exploring the influence of **employee training on performance** at **Holy Family Hospital-Techiman**, Ghana. Human resources are recognized as critical to success in service-driven sectors like healthcare (Noe, 2010), where training is essential for enhancing staff **knowledge, skills, and competencies**, thereby improving productivity and job satisfaction (Chen, 2014; Elnaga & Imran, 2013).

Despite policy frameworks such as the **Ministry of Health's initiatives (MOH, 2020)** and the **Holy Family Hospital Strategic Plan (2018)** that emphasize employee development, **performance inconsistencies** persist. This suggests a need for empirical assessment of training effectiveness, especially in the **Bono East region**, where research on the training-performance linkage remains limited (Nkosi, 2015; Al-Mzary, Al-Rifai, & Al-Momany, 2015).

The study therefore seeks to examine how training impacts employee performance, with the goal of offering **evidence-based HRD recommendations** (Salas et al., 2012). The investigation is grounded in well-established **theories of human resource management and organizational performance** (Barney, 1991; Wright & McMahan, 2011; Frenk et al., 2010; Imran et al., 2010; Shem & Ngussa, 2015).

Purpose of the study

This research aims to evaluate the impact of employee training on performance at Holy Family Hospital-Techiman, Ghana. Specifically, it seeks to determine if structured training enhances employee knowledge, skills, and work output within the healthcare context. The study also examines the alignment of current staff development initiatives with the hospital's strategic goal of becoming a tertiary facility and aims to provide actionable insights for HR development policy and future training investments to boost organizational effectiveness and healthcare service delivery.

Research Objectives

This research aims to investigate training programs at Holy Family Hospital-Techiman. Specific objectives include:

Analyzing training program types and frequency:

This involves documenting the kinds of training offered and how often they occur.

Assessing training's impact on employee performance:

The study will look at the correlation between training participation and job performance.

Evaluating employee perceptions of training:

This seeks to understand how employees view the usefulness and effectiveness of existing training.

Identifying implementation challenges:

The research will pinpoint obstacles faced in delivering training programs.

Developing recommendations for improvement:

Based on the findings, the study will suggest strategies for enhancing training and ultimately boosting employee performance and organizational success.

Research questions

This study investigates employee training programs at Holy Family Hospital-Techiman. The research aims to understand the types, frequency, and impact of training on employee performance. Specifically, the research seeks answers to these questions:

What training programs are offered, and how often are they conducted?

How does training affect employee performance?

How do employees perceive the training's relevance and effectiveness?

What obstacles hinder the successful implementation of training programs?

What strategies can improve training initiatives to boost employee performance?

Significance of the Study

This section details the impact of the study on various stakeholders. The research is significant for hospital management, human resource practitioners, students, and researchers, as well as potentially influencing broader policy in the Ghanaian healthcare sector.

Hospital Management:

The study's findings will inform evidence-based decisions regarding staff training. Specifically, it will enable management to justify training budgets, identify and improve ineffective training programs, and align employee development with the hospital's strategic goals, particularly its transition to a tertiary care facility.

Human Resource Practitioners:

The study provides practical knowledge on the effect of training on performance, a framework for measuring training effectiveness, and a basis for designing or adjusting training strategies. This enhances workforce development policies and improves the return on investment in human capital.

Students and Researchers:

The research contributes to existing literature on training and employee performance. It offers insights into the methodology of workplace training studies, identifies areas for future research, and provides a foundation for comparative studies across healthcare settings. Educational resources can also integrate these findings.

Policy and Practice:

The study could influence broader policy and practice in the Ghanaian health sector regarding staff training. It might encourage the Ministry of Health and other stakeholders to strengthen continuous professional development frameworks, view training as a strategic investment rather than a cost, and address disparities in training access and quality across institutions.

Overall, the study is intended to have a practical and theoretical impact by providing actionable insights for organizational improvements, influencing policy changes, and contributing to academic knowledge and resources.

Delimitations

This study, focused on the relationship between training and employee performance at Holy Family Hospital in Techiman, Ghana, has several delimitations:

Geographical Scope

The study is confined to Holy Family Hospital in Techiman, Bono East Region, Ghana. Findings may not be generalizable to other hospitals or regions due to potential differences in administrative structures, resources, and staff compositions.

Institutional Focus

The research is limited to Holy Family Hospital-Techiman. Comparisons with other healthcare institutions or private facilities are excluded. Conclusions are thus specific to the hospital's environment.

Respondent Category

The study primarily targets clinical and non-clinical staff who have undergone training programs within the past three years. Management personnel and staff without recent training are excluded, focusing the analysis on those with recent training experience.

Thematic Scope

The study is restricted to the connection between training and employee performance. Other potentially influential factors, such as employee motivation, job satisfaction, organizational culture, and reward systems, are not explored.

Time Frame

The study is cross-sectional, collecting data at a single point in time. It therefore does not assess the long-term effects of training on employee performance.

Study Limitations

This study, conducted at Holy Family Hospital-Techiman, acknowledges several limitations that may restrict the generalizability and interpretation of its findings.

Generalizability of Results: The research's focus on a single hospital (Holy Family Hospital-Techiman) limits the ability to apply the conclusions to other Ghanaian or international healthcare settings. Variations in organizational structure, resources, and training programs in different contexts could lead to different outcomes.

Reliance on Self-Reported Data: The study relies on employee questionnaires and interviews, which are susceptible to bias, exaggeration, and reluctance to provide honest answers, particularly on sensitive topics like performance. This impacts the accuracy and reliability of the reported data.

Time Constraints: The cross-sectional design, collecting data at a single point in time, prevents assessment of long-term changes in employee performance following training interventions.

Limited Access to Secondary Data: Restricted access to HR and performance appraisal records due to confidentiality and data protection policies hinders the ability to corroborate primary data with institutional records. This limitation reduces the study's depth and potential for triangulation.

Variations in Training Quality and Relevance: Uneven training program quality, content, and delivery methods among different staff groups make it challenging to isolate the impact of training as a uniform factor. Variability in training experience among participants makes it difficult to draw definitive conclusions regarding the overall efficacy of training.

Study Organization

This research, investigating "the effect of training on employee performance at Holy Family Hospital-Techiman," is structured into five chapters.

Introduction: Sets the stage by providing background information, defining the problem, stating the study's purpose and objectives, outlining research questions, highlighting significance, and specifying limitations and the study's organization.

Literature Review: Critically examines existing theories and empirical studies related to training, employee performance, and their connection. This includes relevant theoretical frameworks, previous research findings, and identification of research gaps, justifying the need for this current study.

Research Methodology: Details the research design, sampling approach (population and techniques), data collection instruments and procedures, data analysis methods, and considerations of validity, reliability, and ethical implications.

Data Presentation and Analysis: Presents the collected data, including descriptive and inferential analyses that directly address the research objectives and questions. Visual aids (tables and figures) are employed to clarify the findings.

Summary, Conclusions, and Recommendations: Provides a summary of key findings, draws conclusions based on the data, and offers practical recommendations for improvements in practice, policy, and further research.

The summary emphasizes the well-defined structure of the research project, covering the key stages from introduction to final recommendations. It highlights areas where further detail, like the specific methods of data analysis, could be included for a more comprehensive summary.

II. Literature Review

This section reviews literature on training and employee performance, focusing on the healthcare sector. It examines the concept of training, its various types and methods, and its benefits and challenges. The part of the study is organized into seven sections.

Key Concepts:

Training: A purposeful activity improving employee knowledge, skills, and competencies for effective job performance. It's crucial for employee competency and adapting to organizational and technological changes (Noe, 2010; Armstrong, 2009).

Training in healthcare extends to both clinical and non-clinical skills (infection control, emergency preparedness, communication, leadership, record-keeping).

Employee Performance:

Improved by training initiatives, leading to enhanced knowledge, practical skills, and cognitive abilities (decision-making, problem-solving). This is particularly crucial in high-stakes environments like healthcare (Pak & Chung, 2013; Elnaga & Imran, 2013; Sultana et al., 2012).

Specific Benefits of Training (in the healthcare context)

Enhanced performance of healthcare workers:

Improved knowledge and practical skills lead to better work output.

Improved patient care:

Training ensures continuity, reduces errors, and improves patient satisfaction (Gupta & Govindarajan, 2000; McCulloch et al., 2011).

Structure of the Literature Review:

The chapter explores the concept of training, different training methods, the advantages and disadvantages of training, a theoretical framework (unspecified), empirical studies on training and performance, training within healthcare, and finally, research gaps.

In short, the chapter argues that training is critical for effective employee performance, especially in the high-stakes environment of healthcare. It highlights the benefits of training for improved patient outcomes and employee competency.

Training Concepts

Training is a deliberate process aimed at enhancing employee knowledge, skills, and competencies to effectively execute their roles (Noe, 2010). It's crucial for human resource development, enabling employees to adapt to advancements, improve service, and align their capabilities with organizational goals (Armstrong, 2009).

Healthcare training encompasses both clinical and non-clinical areas, including infection control, emergency preparedness, communication, leadership, and record-keeping (Pak & Chung, 2013; Elnaga & Imran, 2013).

This training improves healthcare worker performance by providing up-to-date knowledge and practical skills, ultimately fostering better patient care (Gupta & Govindarajan, 2000; McCulloch et al., 2011).

Furthermore, training strengthens cognitive abilities, decision-making, and problem-solving skills—critical for high-stakes environments like hospitals (Sultana et al., 2012). The result is improved patient satisfaction, reduced errors, and continuity of care.

Employee Performance

Employee performance is the degree to which job duties are efficiently and effectively completed. This encompasses various aspects, including productivity, quality, adherence to protocols, innovation, and reliability (Armstrong, 2009). Essentially, it's the measurable contribution an employee makes toward organizational goals (Bouskila-Yam & Kluger, 2011).

Performance assessment often involves two key dimensions:

Task Performance: This refers to the competent execution of core job responsibilities (Mwita, 2000).

Contextual Performance: This includes voluntary behaviors that benefit the organizational environment, such as teamwork, punctuality, and leadership.

In the healthcare field, employee performance is crucial because it directly impacts organizational reputation and patient health outcomes, making it a critical concern for administrators and policymakers (Vyas, 2010; Yeboah, 2017).

Training Types and Methods

Training methods vary depending on institutional needs. Common types include:

On-the-Job Training (OJT): Hands-on learning in the work environment. (Kaufman & Hotchkiss, 2000)

Off-the-Job Training: Workshops, seminars, or simulations conducted away from the workplace. (Brum, 2007)

Induction/Orientation Training: Introduces new employees to policies, ethics, and practices.

Continuous Professional Development (CPD): Crucial for updating knowledge and compliance with best practices, especially in healthcare. (Rahimi et al., 2016)

Training delivery methods include a range of approaches:

- Lectures
- Role-plays
- Simulations
- E-learning
- Mentorship
- Coaching

These diverse methods cater to different learning styles and organizational needs. (Lam et al., 2002)

Factors Contributing to Effective Training Programs

This text outlines key factors crucial for designing effective employee training programs, leading to increased competitiveness. Hajjar and Alkhanaizi (2018) highlighted training content, evaluations, facilities, schedule, and presentation style as essential elements. This summary expands on these, emphasizing:

Full Use of Skill & Knowledge: Training should progress from basic to complex skills, empowering employees for greater workplace success. The training should provide specific, job-relevant information about plant, equipment, materials, products, quality, and standards. (Nagar, 2009)

Motivation: Effective training considers individual motivation levels, which can range from basic physiological needs to complex social motivations. Understanding these factors helps tailor training to resonate with different learners. (McNamara, 2016; Silverman, 2015). Motivation is distinct from morale, although both impact performance.

Mental Revolution: Training should foster a shared understanding between management and employees. This "mental revolution" (Taylor) requires a shift away from adversarial views and toward a collaborative environment focused on increased productivity and efficiency. Management must recognize the importance of employee cooperation, while employees must see the link between improved efficiency and compensation. (Orey, 2014; Nagar, 2009).

Reasonable Training Duration: Training duration needs careful consideration, depending on the skill, complexity, and trainee aptitude. Ideal sessions should be limited to prevent boredom and promote engagement, potentially using shorter daily sessions or extending over several weeks or months. Too short or too long a training period can detract from its effectiveness. (McNamara, 2016; Nagar, 2009).

Assessment of Trainee Expectations: A successful training program aligns with participant expectations. Considering and meeting these expectations directly contributes to increased training effectiveness and overall program success. (McNamara, 2016)

Emphasis on Quality Improvement: Modern training must consider quality as a core principle. Training should foster quality awareness and equip employees with skills to address client needs and ensure consistent quality in products/services. (Nagar, 2009). This emphasis should permeate the program concerning both the training subjects as well as the delivery methods.

These factors, when strategically integrated, contribute to a more effective training program, creating a positive impact on employee performance and organizational success.

Training Benefits and Challenges

Training offers significant benefits to both organizations and employees.

Organizational Benefits: Improved productivity, reduced errors, enhanced service quality, and increased employee retention are key outcomes (Heathfield, 2009; Long et al., 2012).

Employee Benefits: Enhanced skills, increased job satisfaction, improved confidence, and expanded promotion opportunities result from effective training (Elnaga & Imran, 2013).

Specific Benefits in Healthcare (Hospitals): Training within a hospital setting leads to demonstrably better patient outcomes (McCulloch et al., 2011), a reduction in malpractice risks (Yeboah, 2017), and improved compliance with clinical standards (Rahimi et al., 2016).

Training Challenges

Training, while beneficial, faces several limitations. Key challenges include:

High cost of delivery: This is a significant barrier, as highlighted by Kaufman & Hotchkiss (2000).

Disruption to workflow: Training can interrupt normal operations, a concern noted by Brum (2007).

Inadequate training design and follow-up: Poorly designed training programs, lacking proper follow-up, are also problematic, as discussed by Shafiq & Hamza (2017).

Other obstacles: Further challenges include resistance to change, insufficient resources, and ineffective evaluation methods, as outlined by Nkosi (2015).

In essence, while training offers potential benefits, practical implementation is hampered by financial constraints, operational disruptions, poor design choices, and resistance from participants or organizations, as well as inadequate evaluation structures.

Employee Training in Healthcare

Employee training is crucial for improving performance and patient safety in modern healthcare systems. Training fosters both technical and soft skills, which are essential for effective service delivery. The Resource-Based View and Human Capital Theory highlight how training builds human capital, enhancing competitive advantage and institutional growth. Empirical research generally supports this idea, demonstrating positive correlations between training and employee performance in various contexts, including Jordanian universities and Tanzanian hospitals. However, some studies, like the one by Shafiq and Hamza (2017) in Malaysian firms, suggest that training effectiveness can vary depending on the specific design, relevance, and implementation of the training program. Essentially, the effectiveness of training isn't universally guaranteed, but its potential is recognized as valuable.

Training and Employee Performance

Training plays a critical role in improving the competencies of healthcare professionals. It enhances not only technical abilities but also communication, problem-solving, and decision-making skills, which are vital in patient care.

Ghanaian Healthcare Sector Training

The Ghanaian Ministry of Health (MoH) sponsors training programs to improve healthcare professional skills. This is crucial for hospitals like Holy Family Hospital, which aims to become a tertiary institution, as outlined in their 2018 strategic plan. However, a lack of ongoing professional development is linked to potential negligence and malpractice, as observed by Yeboah (2017). Some hospitals, like Holy Family Hospital-Techiman, prioritize staff development to enhance service quality. Despite these efforts, there's a gap in data demonstrating the direct impact of training programs on employee performance, particularly within resource-constrained mission hospitals.

Research Gap and Justification

This research identifies gaps in existing literature on the relationship between training and employee performance in Ghana's healthcare sector, particularly within faith-based hospitals. Current studies are limited by:

Focus: A lack of research specifically on faith-based hospitals.

Methodology: A reliance on quantitative methods, with limited use of mixed-methods approaches.

Specific Training Types: Insufficient empirical evidence on the effectiveness of different training types (e.g., clinical vs. administrative).

Employee Perceptions: A lack of research on how employees perceive the relevance and impact of training on their daily work.

This proposed study aims to address these gaps by investigating the perceived impact of training on employee performance at Holy Family Hospital-Techiman. The findings will inform policy and human resources improvement strategies within the healthcare system.

Theoretical Framework

This study utilizes two key theories to underpin its analysis of training effectiveness.

Human Capital Theory (Becker, 1964): This theory argues that investment in employee training directly increases employee productivity and value to the organization. It views training as crucial for economic growth and institutional development.

Kirkpatrick's Four-Level Training Evaluation Model (Kirkpatrick & Kirkpatrick, 2006): This model assesses training effectiveness through four stages: reaction (trainee satisfaction), learning (knowledge/skill acquisition), behavior (application on the job), and results (organizational impact).

Essentially, both theories highlight the importance of training as a driver of improved individual and organizational performance.

Resource-Based View (RBV) in Healthcare Training

The Resource-Based View (RBV) emphasizes internal resources, particularly human capital, for achieving competitive advantage. Organizations' unique resource combinations drive long-term success. In healthcare, human resources are crucial intangible assets. Staff training is a key mechanism for developing valuable, rare, inimitable, and non-substitutable (VRIN) capabilities, transforming employees into a strategic resource. Structured training fosters specialized knowledge and skills difficult for competitors to replicate.

Investing in training, aligned with strategic goals, enables healthcare organizations (like Holy Family Hospital-Techiman) to build a high-performing workforce capable of delivering quality care, fostering innovation, and improving operational efficiency. Research (e.g., Lado & Wilson, 1994; Boxall & Purcell, 2011) supports the idea that strategic human resource practices, informed by RBV principles, enhance both employee and organizational performance in dynamic service sectors like healthcare, demonstrating the value of training as a strategic initiative. Consequently, training interventions are not just operational but a driver of sustained competitive advantage and improved patient care outcomes.

Empirical Review on Training and Performance

Several empirical studies investigated the relationship between employee training and performance. Generally, a significant positive correlation was found. Studies like Shem & Ngussa (2015) in Tanzania and Al-Mzary et al. (2015) at Yarmouk University in Jordan demonstrated improvements in teacher performance and employee productivity, respectively, following training. Imran et al. (2010) linked training to increased job satisfaction and performance in Pakistani public sector organizations. McCulloch et al. (2011) showed that technical training in hospitals decreased medical errors and improved teamwork. Chen (2014) emphasized the importance of tailoring training programs to specific role needs for optimal results. However, Shafiq & Hamza (2017) found no significant relationship in Malaysian private firms, attributing this to the irrelevance of the training content.

Overall, the studies highlight the importance of aligning training programs with organizational goals, job demands, and the specific needs of employees for effective performance improvement. Contextual factors, like the relevance of the training content to the job, significantly impact the effectiveness of training initiatives.

Conceptual Framework

Based on the overall rationale for conducting study, the proposed nature of interrelationships among the constructs, the theories supporting the study, this conceptual framework is being proposed. The interrelationship among the major construct are presented on Figure 1.

Figure 1: Conceptual Framework



Source: Field Survey, 2018

Conceptually, the study proposes that there is some relationship between the independent variable (training programme) and the dependent variable (employee performance) among workers in the banking industry in Cape Coast Metropolis. It also asserts that, training has the capacity predict to a positive change in employee performance in Techiman Holy Family Hospital.

III. Research Methods

The methodology section outlines the structured approach adopted for data collection, analysis, and presentation. Research methodology, as explained by Williams (2007), represents the overall strategy guiding the research process, while Igwenagu (2016) emphasizes its role in clarifying methods, assumptions, limitations, and their implications. The chapter addresses components such as research design, sampling, instruments, data collection, and analysis.

The study adopts an **explanatory research design**, suitable for investigating cause-and-effect relationships (Zikmund, 2000; Leedy & Omrod, 2010). This design enables the researcher to analyze specific issues and explore variable relationships (Creswell, 2014). It is particularly apt for causal inquiries, aiming to understand why phenomena occur and to make predictions (Maxwell, 2012). The decision to use a **quantitative approach** is justified by the nature of the study objectives and the statistical methods required to validate variable associations (Zikmund et al., 2012).

Research Approach

The study adopted a **quantitative research approach** due to the measurable nature of its objectives and the type of data to be collected. This approach is well-suited for explaining phenomena through numerical data and statistical analysis (Creswell, 2014; Bryman, 2012). Quantitative methods, grounded in deductive reasoning, break the social world into measurable variables and analyze their relationships using statistical techniques (Ben-Shlomo, Brookes, & Hickman, 2013; Rahman, 2017).

Typically initiated with a hypothesis or theoretical framework, the approach involves applying descriptive or inferential statistics to draw conclusions about populations (Tashakkori & Teddlie, 2003). Quantitative research assumes an objective reality that can be measured independently of human perception (Lincoln & Guba, 1985). Its strengths include generalizability due to the use of large, randomly selected samples (Carr, 1994). However, it has limitations, such as providing only a superficial "snapshot" of complex phenomena and neglecting participants' subjective experiences (Rahman, 2017).

Study Area

Summary (with in-text citation):

The research was carried out at **Holy Family Hospital-Techiman**, located in the Bono East Region of Ghana. The hospital serves as a key provider of public health services to the people of Techiman and its surrounding areas, catering to an estimated population of 1,147,788 (Techiman District Analytical Report, 2014).

Despite its active engagement in training programs for its diverse workforce of approximately 630 permanent staff, there has been no prior empirical assessment of how these training initiatives impact individual employee performance or overall organizational effectiveness.

Population

The study population comprised **630 permanent staff members** of Holy Family Hospital-Techiman, as reported in the hospital's 2017 annual report (Holy Family Hospital-Techiman Annual Report, 2017). According to Leedy and Ormrod (2010), a population refers to the broader group about which the researcher aims to draw conclusions, while Robson (2002) notes that "population" can include people, contexts, or situations under study.

The hospital's workforce included 86 medical staff, 46 pharmacy staff, 32 laboratory staff, 262 nurses, 93 accounts and administration staff, 30 medical record staff, 15 orderlies, 20 security staff, and 46 categorized as "others." Notably, **casual and temporary workers were excluded** from the study population.

Sampling Procedure

Sampling has also been referred to the act, process, or technique of selecting a suitable sample, or a representative part of a population for the purpose of determining parameters or characteristics of the whole population (Malhotra & Birks, 2007; Bassey, 1999). Before sampling, it is important for the sample size to be determined first. A sample size of 245 considered and respondents were subsequently made to participate in the study. The sample size was selected based on the sample determination formula by Yamane (1973). The formula is given as;

$$n = \frac{N}{1+N(e)^2}$$

Where n = sample size; N = sample frame; and e = margin of error. A margin of error of 5% as suggested by Yamane (1967) was applied.

The study employed **stratified sampling** to ensure representativeness and reduce bias, particularly given the population's internal heterogeneity despite external homogeneity. This technique divides the population into homogeneous subgroups (strata) and draws samples from each stratum, which enhances the accuracy of the results (Etikan & Bala, 2017).

The choice of sample size adhered to the rule for regression analysis in social science—specifically, $n > 50 + 8m$, where m is the number of independent variables—ensuring statistical adequacy (Pallant, 2005). Within each stratum, **simple random sampling** was applied using computer-generated random numbers, giving each member an equal chance of selection (Zikmund, Babin, Carr, & Griffin, 2009; Ben-Shlomo, Brookes, & Hickman, 2013). This combination of sampling methods meets the requirements for predictive research designs (Creswell, 2014).

Table 1: Population-Sample Matrix

Population Strata	Population size	Sample size
Medical staff	86	33
Pharmacy staff	46	18
Laboratory staff	32	12
Nurses	262	101
Accounts and administration	93	37
Medical Records	30	12
Orderly	15	6
Security	20	8
Others	46	18
Total	630	245

Source: Field Survey, (2018)

Data Collection Instrument

The study employed a **structured questionnaire** as its primary data collection tool, consistent with the structured nature of causal research designs (Maxwell, 2012). Structured questionnaires are widely regarded as effective instruments for obtaining standardized responses, especially in business and management research (Singer & Couper, 2017; Malhotra & Birks, 2007; Young & Javalgi, 2007). The questionnaire comprised **closed-ended questions**, including checklists, Likert scales, dichotomous, and multiple-choice formats (Trigueros, 2017; Leedy & Ormrod, 2010), allowing for ease of analysis and minimizing nonresponse bias (Singer & Couper, 2017; Tapera et al., 2019).

The instrument was divided into three sections aligned with the study's objectives:

- **Section A** captured demographic data.
- **Section B** focused on training programs (39 items).
- **Section C** assessed employee performance (18 items), using indicators based on Sutiyono (2007), Dizgah et al. (2012), and related literature.

To ensure **validity and reliability**, literature was reviewed, and standard procedures were followed (Wyatt, 2000; Tapera et al., 2019). Reliability analysis using **Cronbach's Alpha** confirmed the instrument's internal consistency:

- Training: $\alpha = 0.951$ (39 items)
- Employee Performance: $\alpha = 0.889$ (10 items)
- Overall Scale: $\alpha = 0.962$ (59 items), exceeding Pallant's (2005) threshold for reliability.

These results affirm that the questionnaire was a robust and appropriate tool for data collection in this study.

Table 2: Reliability Results

Construct	Cronbach' Alpha	Items
Training program	0.951	39
Employee performance	0.889	10
Overall scale	0.962	59

Source: Field Survey, (2019)

Instrument **validity** refers to the extent to which a tool accurately measures the concept it is intended to assess (Saunders et al., 2009). Validity is built upon **reliability**, meaning the instrument must consistently produce stable results before its accuracy can be evaluated. In this study, validity was ensured by reviewing relevant literature to support the questionnaire's constructs, thereby aligning the instrument with established theoretical and empirical frameworks (Saunders et al., 2009).

Data Collection Procedures

Formal **permission for data collection** at Holy Family Hospital-Techiman was obtained through an introductory letter from the Graduate School of Business, University of Cape Coast. Upon approval, the hospital provided a detailed **sampling frame** and notified its staff about the study. The **purpose of the research** was clearly explained to all participants, and informed **consent** was secured.

A **drop-and-pick method** was used for data collection, with self-administered questionnaires distributed on **March 1, 2018**, and retrieved by **March 22, 2018**. A total of **245 questionnaires** were distributed and successfully completed, resulting in a **100% response rate**. Despite the success, the process was **time-consuming** (Ben-Shlomo, Brookes & Hickman, 2013; Tapera, Senabye, Mhaka-Mutepfa, January & Apau, 2019).

Data Processing and Analysis

Data analysis involved **editing, coding, and transforming** responses to derive meaningful insights that support conclusions and decision-making (Adèr & Mellenbergh, 2008). Responses were processed using **SPSS version 22.0**, a widely recommended tool for social science research (Zickmund, 2000).

Composite variables were generated for each construct, enabling a comprehensive analytical approach. Descriptive statistics—including **means, standard deviations, frequencies, and percentages**—were used to summarize demographic data and research objectives. To assess the effect of training on employee performance, **standard multiple regression analysis** was employed, allowing the prediction of the dependent variable (employee performance) from independent variables (training components) (Kellar & Kelvin, 2013; Polit & Lake, 2010). Results were clearly presented in tabular form to facilitate interpretation and discussion.

Ethical Consideration

Ethical considerations were rigorously upheld to ensure the study's credibility, aligning with the principle that ethics are the standards guiding moral behavior and relationships in research (Saunders, Lewis, & Thornhill, 2007). **Formal permission** was obtained from Holy Family Hospital-Techiman following an introductory letter from the Graduate School of the University of Cape Coast and a subsequent field visit, which facilitated rapport with hospital management and enabled primary data collection.

Informed consent was obtained from all eligible respondents, who were informed of the study's purpose, procedures, and potential benefits. Participation was voluntary, and respondents were not coerced. The **questionnaire was designed** to ensure ease of completion while maintaining **anonymity and confidentiality** of participants. Data were handled with integrity—processed as collected, without manipulation—and the results were reported transparently and truthfully.

Summary: This chapter has provided information as to how the primary data for the study was collected, organized, analyzed and presented for further analysis and discussion. This chapter also presented information on the design of the study and scientific approach it took in terms of approach to data needs, statistical techniques and systematic enquiry into the investigation under consideration.

Chapter Four

IV. Results and Discussion

Introduction

The study was conducted to assess the effect of training on employee's performance among staff of Holy Family-Techiman in the Bono East Region. This chapter presents the findings in line with the specific objectives stated in the chapter one of the study. The findings are chronologically presented and fully discussed given cognizance to managerial implications and previous empirical findings.

Demographic Information

The demographic information of the respondents is presented on Table 3. The study employed descriptive statistics such as frequency and percentage to assess these features of the respondents surveyed in the study. The findings are presented and discussed to that effect.

Table 3: Demographic Information

Variable	Options	Frequency	Percentage (%)
Job position	Senior Staff	144	58.8%
	Junior Staff	101	41.2%
Sex	Male	139	56.7%
	Female	106	43.3%
Staff category	Medical staff	33	13.5%
	Pharmacy	18	7.3%
	Laboratory staff	12	4.9%
	Nursing staff	101	41.2%
	Accounts and Administration	37	15.1%
	Medical Records	12	4.9%
	Orderly	6	2.4%
	Security	8	3.3%
	Others	18	7.3%

Source: Field Survey, (2019)

Interpretations

Respondent Demographics in a Study of Holy Family Hospital-Techiman

The demographic profile of respondents at **Holy Family Hospital-Techiman** showed a slight dominance of **senior staff (58.8%)** and **male participants (56.7%)**, indicating that the data may reflect the perspectives of those in leadership roles.

Despite this, the **representation across staff categories**—notably **nursing staff making up 41.2%** helps ensure a balanced view, reducing the risk of group-specific bias. This distribution supports the study's credibility in exploring the relationship between **training programs and employee performance**. Furthermore, the **near-balanced gender ratio**, though slightly skewed toward males, reflects the potential gender dynamics within Ghana's government hospitals and enriches the analysis with **diverse viewpoints** on training outcomes.

Discussions

State of Employee Performance at Holy Family Hospital- Techiman

The findings relating to performance of employees after training programme implementation was measured with descriptive statistics of mean (M) and standard deviation (SD). The opinions of the respondents were measured on a 5-point Likert scale rated as follows: *1=Not at all; 2=To a slight extent; 3=To a moderate extent; 4=To a great extent; 5=To a very great extent*. The

respondents were asked to rate their state of agreement regarding the items that measured employee performance after training programme participation. The scale was interpreted as follows: 0-1.49=Not at all; 1.5-2.49=To a slight extent; 2.5-3.49=To a moderate extent; 3.5-4.49=To a great extent and 4.5-5.0=To a very great extent. The findings are presented in Table 4.

Table 4: State of Employee Performance

Employee performance variables	Mean	Std. Deviation
Respondents exercise care in handling hospital's property	4.0163	.94508
There is improvement in respondent's overall performance	3.9959	1.11067
Respondents attend work on time	3.9673	1.00763
The performance of this hospital is better than that of other hospital	3.8898	.94960
There is massive improvement in quality of work	3.8898	.93656
Respondents take personal initiatives on the job	3.8735	.91678
Respondents have capability to plan their work	3.8612	.99853
There is massive improvement in capacity of work performance	3.8245	.83826
Respondents performance are better than that of their colleagues with similar qualifications	3.8122	.89480
There is massive improvement in quality of work performance	3.7837	.91780
Respondents think they do not depend on others before they execute their job	3.7265	1.04935
Respondents have improved the amount of effort expended on the job	3.7224	.88505
There is massive improvement in speed on job	3.7102	.88805
Respondents always go along with other	3.6571	.85773
Respondents are satisfied with their performance because it is mostly good	3.6531	.85773
Respondents performance are better than other health workers in other hospitals	3.6531	.96136
Respondents handle different jobs	3.6204	1.11565
Respondents work without supervision	3.3469	1.25370

Source: Field survey (2019)

Interpretations

It was discovered that the respondents agreed to a great extent to the assertions that respondents exercise care in handling hospital's property (M=4.0163; SD=0.94508), there is improvement in respondent's overall performance (M=3.9959; SD=1.11067), respondents attend work on time (M=3.9673; SD=1.00763), The performance of Holy Family Hospital- Techiman is better than that of other hospital (M=3.8898; SD=0.94960), there is massive improvement in quality of work (M=3.8898; SD=.93656),

respondents take personal initiatives on the job ($M=3.8735$; $SD=0.91678$), respondents have capability to plan their work ($M=3.8612$; $SD=0.99853$) and there is massive improvement in capacity of work performance ($M=3.8245$; $SD=0.83826$).

Similar findings revealed that indicated that the respondents agreed to a great extent in these instances that respondents performance are better than that of their colleagues with similar qualifications ($M=3.8122$; $SD=0.89480$), there is massive improvement in quality of work performance ($M=3.7837$; $SD=0.91780$), respondents think they do not depend on others before they execute their job ($M=3.7265$; $SD=1.04935$), respondents have improved the amount of effort expended on the job ($M=3.7224$; $SD=0.88505$), there is massive improvement in speed on job ($M=3.7102$; $SD=0.88805$), respondents always go along with other ($M=3.6571$; $SD=1.13658$), respondents are satisfied with their performance because it is mostly good ($M=3.6531$; $SD=0.85773$), respondents performance are better than other health workers in other hospitals ($M=3.6531$; $SD=0.96136$) and respondents handle different jobs ($M=3.6204$; $SD=1.11565$). On the other hand, it was discovered that the respondents agreed to a moderate extent that they work without supervision ($M=3.3469$; $SD=1.25370$).

Discussions

Employee Performance at Holy Family Hospital-Techiman

Employee performance at Holy Family Hospital-Techiman is deemed positive. Respondents demonstrate responsible handling of hospital property, and a significant improvement in performance is noted following training. Interpersonal relationships among staff are harmonious (Braithwaite, Ellis, Churrua & Long, 2018; Ferrari, 2012; Udayai & Kumar, 2012; Kieft, de Brouwer, Francke & Delnoij, 2014; Improvement, 2017), which is a crucial indicator for the hospital's continued success as a public healthcare provider (Greenway & Johnson, 2016; York & MacAlister, 2015; Terio, 2010; Baron, 2010). Furthermore, employees exhibit independence, multitasking capabilities, increased work effort, and proficient work planning skills. Hospital management should maintain and enhance these positive trends to ensure elevated healthcare service delivery in Ghana.

Implementation Level of Training Programs at the Holy Family Hospital-Techiman

The study further sought to assess the implementation level of training programmes (training preparation, training content delivery, training facilitators, training facilities and training evaluation) at Holy Family Hospital-Techiman. This objective was measured with descriptive statistics of mean (M) and standard deviation (SD). The respondents were asked to rate their degree of agreement of training programme implementation on a 5-point Likert Scale rated as follows: 1=Not at all effective; 2=Slightly effective; 3=Moderately effective; 4=Effective; 5=Very effective. The scale was interpreted as follows: 0-1.49=Not at all effective; 1.5-2.49=Slightly effective; 2.5-3.49=Moderately effective; 3.5-4.49=Effective and 4.5-5.0=Very effective. Training had sub-components and therefore, separate analysis was conducted for each sub-scale.

Table 4: Implementation Level of Training Preparation

Training preparation variables	Mean	Std. Deviation
Training goals are clearly communicated	3.7633	.98819
Training is designed to meet training need gaps	3.7469	1.04079
Enough information is given to all employees for them to prepare for training programmes	3.5878	.98214
Equal training opportunities are given to all workers	3.5143	1.14018
Person-job audits are carried out for training purposes	3.4245	.97899
Workers are informed about training policy	3.4000	1.08416

Source: Field survey (2019)

Interpretations

The findings as presented on Table 4 shows that the respondents agreed that the assertions that training goals are clearly communicated to all workers ($M=3.7633$; $SD=0.98819$), training is designed to meet training need gaps ($M=3.7469$; $SD=1.04079$), enough information is given to all employees for them to prepare for training programme ($M=3.5878$; $SD=0.98214$) and equal training opportunities are given to all workers ($M=3.5143$; $SD=1.14018$) were all rated as “effective” given cognizance to the thresholds of their respective mean scores. On the other hand, it was discovered that the respondents rated the remaining items as being “moderately effective” given their respective thresholds as follows: Person-job audits are carried out for training ($M=3.4245$; $SD=.97899$); Workers are informed about training policy ($M=3.4000$; $SD=1.08416$).

Discussions

Findings on Training Preparation at Holy Family Hospital-Techiman

The training preparation at Holy Family Hospital-Techiman is generally effective, with a mean score of 3.5728. Management should maintain current practices. Clear communication of training goals to all staff, as demonstrated by sufficient information provision, is crucial for successful employee preparation (Saravanja, 2011; Shafiq & Hamza, 2017; Nassazi, 2013; Afoz, 2018). This approach ensures all workers are adequately prepared. Furthermore, the findings suggest that a strong foundation exists for designing targeted training programs. By conducting thorough training gap analyses, the hospital can tailor programs to meet both institutional job demands and individual employee needs.

Table 5: Implementation Level of Training Content Delivery

Content delivery variables	Mean	Std. Deviation
There is sufficient opportunity for interactive participation	3.8408	.95555
Topics covered are relevant	3.8082	1.02826
The handouts provided are helpful	3.7061	.86565
Training experience will be useful in respondents work	3.6939	1.01230
Each session stated the objectives clearly	3.6857	.92948
The goals of the training are clearly defined	3.6857	.90717
Respondents get most of their questions answered during the training	3.6449	.99199
The materials for training are helpful	3.6449	.87802
Training format allows respondents to get to know the other participants	3.6286	1.06970
Training materials are pitched at the right level	3.5633	.97567
The schedule for training provides sufficient time to cover all of the proposed activities	3.4531	1.00554
The institution employs bests training methods	3.4327	1.04830
Training contents are too technical and difficult to understand	2.8449	1.30275

Source: Field survey (2019)

The findings in Table 5 show that the respondents asserted that the follows statements were all “effective” regarding training content delivery in Holy Family Hospital-Techiman. Thus, there is sufficient opportunity for interactive participation in training programmes by staff ($M=3.8408$; $SD=0.95555$), topics covered in training are relevant to training needs ($M=3.8082$; $SD=1.02826$), handouts for training are helpful ($M=3.7061$; $SD=0.86565$), training experience are useful in respondents work ($M=3.6939$; $SD=1.01230$), each session stated the objectives clearly ($M=3.6857$; $SD=0.92948$), the goals of the training are clearly defined ($M=3.6857$; $SD=0.90717$), trainees get most of their questions answered during the training ($M=3.6449$; $SD=0.99199$), the materials for training are helpful ($M=3.6449$; $SD=0.87802$), training format allows respondents to get to know the other participants ($M=3.6286$; $SD=1.06970$) and Training materials are pitched at the right level ($M=3.5633$; $SD=0.97567$).

On the other hand, it was found that the respondents rated the assertions that schedule for training provide sufficient time to cover all of the proposed activities as moderately effective ($M=3.4531$; $SD=1.00554$) and Holy Family Hospital-Techiman employs bests training methods ($M=3.4327$; $SD=1.04830$). Furthermore, it was found that the respondents agreed and rated the assertion that training contents are too technical and difficult to understand as being “moderately effective”. This is supported by the means score threshold ($M=2.8449$; $SD=1.30275$).

Discussions

Interactive training programs empower employees to actively participate and express themselves throughout the training process, thereby increasing engagement and learning outcomes (Adesola, 2017; Paile, 2012). A comprehensive approach that ensures full topic coverage, appropriate use of training materials, and the application of effective training methods has been found to enhance training implementation (Adesola, 2017; Paile, 2012). However, findings indicated that some training content was perceived as technically challenging, highlighting the need for improvements in content clarity and accessibility (Armstrong, 2008; Elmaga & Imran, 2013). To address this, management should refine training design, align content with current healthcare benchmarks, and maintain adherence to training schedules—measures that help build trainee trust and enhance the overall effectiveness of training programs (Armstrong, 2008; Elmaga & Imran, 2013).

Table 6: Implementation Level of Training Facilitators

Training facilitator variables	Mean	Std. Deviation
The facilitators are well prepared for the session	3.8531	.93368
The facilitators are knowledgeable about the topic	3.8041	1.05309
The facilitators use variety of training methods	3.7388	.87141
The facilitators encourage active participation	3.7224	.98581
The facilitators answer questions in a complete and clear manner	3.7184	.98257
The facilitators are respectful of the different skills and values presented by the participants	3.7184	1.01539
The facilitator model cross-sector collaboration	3.5714	.92772

Source: Field survey (2019)

Furthermore, the study sought to assess the state of agreement among the respondents concerning the state of effectiveness of facilitators in training implementation at Holy Family Hospital-Techiman. The findings are presented in Table 6. It was discovered that the respondents rated the assertions that facilitators are well prepared for the session ($M=3.8531$; $SD=0.93368$), facilitators are knowledgeable about the topic ($M=3.8041$; $SD=1.05309$), facilitators use variety of training methods ($M=3.7388$; $SD=.87141$), facilitators encourage active participation ($M=3.7224$; $SD=0.98581$), facilitators answer questions in a complete and clear manner ($M=3.7184$; $SD=0.98257$), facilitators are respectful of the different skills and values presented by the participants ($M=3.7184$; $SD=1.01539$) and facilitator model cross-sector collaboration ($M=3.5714$; $SD=0.92772$) as “effective”.

Discussions

The effective use of well-prepared facilitators at Holy Family Hospital-Techiman significantly enhances training implementation. Their preparedness and credibility instill trust in trainees regarding the information and experience shared during sessions (Sarwar, Ketavan, & Butt, 2015). Facilitators' use of diverse training methods and encouragement of active participation improve knowledge transmission through various communication strategies. Additionally, modeling cross-sectional collaboration fosters cross-functional learning, strengthens team cohesion, and enhances efficiency across departments (Appiah, 2010; Harrison, 2000; Guest, 1997; Sarwar, Ketavan, & Butt, 2015). These practices reflect a proactive and effective healthcare delivery system (Hatry, 2006).

Table 7: Implementation Level of Training Facilities

Training facility variables	Mean	Std. Deviation
Tools and equipment during training sessions work well	3.7224	.94333
Locations for the training are convenient for respondents	3.6449	.99199
Meeting rooms and related facilities provide comfortable setting for the training	3.6163	.98333
Training environment is generally favorable	3.5755	.94490
Refreshments and food provided are of good quality	3.5592	1.08339
Training sessions last about the right amount of time	3.3878	.94123

Source: Field survey (2019)

Interpretations

The study again sought to assess respondents' perception about the extent of effectiveness of training facilities in training implementation at Holy Family Hospital-Techiman. The findings are presented in Table 7. It was found that the respondents agreed that tools and equipment during training sessions work well and rated this item as being “effective” ($M=3.7224$; $SD=0.94333$). Similar ratings were recorded for the assertions that locations for the training are convenient for respondents ($M=3.6449$; $SD=0.99199$), meeting rooms and related facilities provide comfortable setting for the training ($M=3.6163$; $SD=0.98333$), training environment is generally favorable ($M=3.5755$; $SD=0.94490$) and refreshments and food provided are of good quality ($M=3.5592$; $SD=1.08339$). On the other hand, it was discovered that the respondents rated the assertion that training sessions last about the right time as being “moderately effective” ($M=3.3878$; $SD=0.94123$).

Discussions

The existence of the right quantity and quality of training facilities at Holy Family Hospital-Techiman is a major boost to effective training programme implementation. Access to the right facilities for training provides the grounds for trainers otherwise facilitators and trainees alike to demonstrate concepts with teaching and learning materials. This is a good way to promote effective training. The tools and equipment for training at the hospital as at now work well for training purposes and this culture must be maintained accordingly. Defective training equipment must be replaced and the need to procure the best training equipment must be a hallmark of management of the hospital so that they can promote sustainable training programme implementation.

It was also discovered that management of Holy Family Hospital-Techiman provide ambient training environment for training sessions. This action has the potential to encourage harmonious training session as distortions and distractions are avoided completely or in the worse-case scenario, are reduced to the barest minimum. Furthermore, it was discovered that refreshment sessions especially the provision of food of the right quality is ensured during training implementation at the said hospital. This initiation has the capacity to promote harmonious training engagement and ambient training environment (Moore, 2017; Purcell, Kinnie & Hutchinson 2003; Harrison, 2000). It also ensures sticking the schedule programmes which promote timely completion of training programmes. By ensuring that training sessions last about the right amount of time, managers can encourage active participation, sustained interest in training, punctuality in attendance as well as stress-free training programme. On this, management must up their game considering the fact that this item was rated as being moderately effective.

Table 8: Implementation Level of Training Evaluation

Training evaluation variables	Mean	Std. Deviation
Training feedback is given to trainees	3.8000	.97342
Respondents plan to share the information they received during the training with other workers in their unit	3.7878	1.04207
The goals of the training are met	3.7673	.82913
Training programmes help to enhance trainees' appropriation and understand of their jobs as a whole	3.6612	.92966
The training provided respondents an opportunity to meet other professionals from different disciplines and backgrounds	3.6122	1.05614
Training programmes generally helps to improve trainees' skills in subject matter	3.5755	1.02400
Respondents are satisfied with the variety of training methods used	3.5592	.96324

Source: Field survey (2019)

Interpretations

Moreover, the study sought to assess the opinions of the respondents regarding the extent of effectiveness in training programme implementation in terms of training evaluation. The findings are presented in Table 8. it was discovered that all the items measuring training evaluation were rated as being "effective" given cognizance of the thresholds recorded by their respective mean statistic. The findings proved that the assertions that training feedback is given to trainees ($M=3.8000$; $SD=0.97342$), respondents plan to share the information they received during the training with other workers in their unit ($M=3.7878$; $SD=1.04207$), goals of the training are met ($M=3.7673$; $SD=0.82913$), training programmes help to enhance trainees' appropriation and understand of their jobs as a whole ($M=3.6612$; $SD=0.92966$), training provided respondents an opportunity to meet other professionals from different disciplines and backgrounds ($M=3.6122$; $SD=1.05614$), training programmes generally helps to improve trainees' skills in subject matter ($M=3.5755$; $SD=1.02400$) and respondents are satisfied with the variety of training methods used ($M=3.5592$; $SD=0.96324$).

Discussions

Effective training implementation requires **evaluating programs from the perspective of participating staff**, as this ensures relevance and responsiveness to their specific job roles (Biron, Farndale, & Paauwe, 2011). At Holy Family Hospital-Techiman, such evaluation practices are evident, particularly through the provision of **training feedback linked to job performance**, which helps employees align their behavior and efforts with organizational expectations (Sattar, Khaliq, & Butt, 2018; Shafiq & Hamza, 2017; Kyeretwie, 2012).

Training has also enhanced employees' understanding of their roles and improved their practical skills, confirming its value. Given these positive outcomes, **continued investment in diverse training formats** is recommended to keep pace with the dynamic demands of healthcare service delivery.

Examine the Relationship between Training and Employee Performance

The study sought to assess the correlation between training and employee performance at the Holy Family Hospital-Techiman. Pearson product –moment correlation analysis was conducted to that effect. The interpretation of the correlation results is based on the following cut-off points proposed by Cohen (1988) in that respect: $r = 0.10$ to 0.29 or $r = -0.10$ to -0.29 (Very weak); $r = 0.30$ to 0.49 or $r = -0.30$ to -0.49 (Weak); $r = 0.50$ to 0.69 or $r = -0.50$ to -0.69 (Moderate); $r = 0.70$ to 0.99 or $r = -0.70$ to -0.99 (Large). The findings are presented on Table 5.

Table 5: Correlation between Training and Employee Performance

		Employee performance	Training preparation	Training content delivery	Training facilitator	Training facility	Training evaluation
Employee performance	Pearson Correlation	1	.504**	.649**	.662**	.590**	.748**
	Sig. (2-tailed)		.000	.000	.000	.000	.000
Training preparation	Pearson Correlation	.504**	1	.674**	.618**	.590**	.484**
	Sig. (2-tailed)	.000		.000	.000	.000	.000
Training content delivery	Pearson Correlation	.649**	.674**	1	.773**	.755**	.718**
	Sig. (2-tailed)	.000	.000		.000	.000	.000
Training facilitator	Pearson Correlation	.662**	.618**	.773**	1	.698**	.700**
	Sig. (2-tailed)	.000	.000	.000		.000	.000
Training facility	Pearson Correlation	.590**	.590**	.755**	.698**	1	.774**
	Sig. (2-tailed)	.000	.000	.000	.000		.000
Training evaluation	Pearson Correlation	.748**	.484**	.718**	.700**	.774**	1
	Sig. (2-tailed)	.000	.000	.000	.000	.000	

** . Correlation is significant at the 0.01 level (2-tailed).

Source: Field survey (2019)

Interpretations

Findings from **Table 5** demonstrate **statistically significant moderate to strong positive correlations** between various training dimensions and employee performance at Holy Family Hospital-Techiman. Specifically, **training preparation** correlates moderately with employee performance ($r = 0.504$, $p < 0.05$), indicating that **well-organized preparatory efforts enhance staff effectiveness**, while poor preparation may hinder performance (Afroz, 2018).

Likewise, **training content delivery** shows a positive correlation ($r = 0.649$, $p < 0.05$), reinforcing the importance of clear and effective content communication for improving outcomes (Ali, 2014). The role of **training facilitators** is also significant ($r = 0.662$, $p < 0.05$), with findings suggesting that skilled facilitators boost employee engagement and reflect strong managerial commitment to staff development (Adesola, Oyeniyi, & Adeyemi, 2013).

Additionally, the availability of **training facilities** ($r = 0.590$, $p < 0.05$) and the effectiveness of **training evaluation mechanisms** show positive correlations with performance, highlighting their importance in ensuring continuous improvement and impactful learning experiences (Shafiq & Hamza, 2017). Overall, the evidence confirms that **comprehensive, well-executed training strategies** are instrumental in enhancing both **individual performance and overall organizational efficiency**.

V. Summary, Conclusions and Recommendations**Summary**

This chapter summarizes a study assessing the impact of training on employee performance at Holy Family Hospital-Techiman. Using a mixed-methods approach, researchers surveyed and interviewed clinical and non-clinical staff who had completed training programs.

Research Methodology: The study combined quantitative surveys (analyzed using descriptive and inferential statistics) with qualitative interviews to gain a deeper understanding of the training's effects.

Key Findings:

The research indicates a significant positive correlation between training and improved employee performance. Specifically, training programs were found to:

Enhance skill sets:

Training directly developed the employees' abilities.

Increase motivation:

Training fostered a greater desire to perform well.

Improve service delivery:

Training led to enhanced service quality and effectiveness.

Supporting Evidence: Respondents reported that the training was practical and led to increased job efficiency, confidence, and improved performance in key areas including:

Task execution:

Employees reported better handling of work responsibilities.

Communication:

Enhanced communication skills were a demonstrable outcome.

Patient interaction:

The study suggests improved patient relations as a result of the training.

Overall Conclusion:

The study demonstrates that training significantly benefits employee performance and service delivery at the hospital.

Employee Training Perceptions

Employee feedback on training initiatives was largely positive. Most respondents found the training relevant to their roles, leading to increased confidence, competence, and improved performance. The practical application of the training was appreciated, contributing to professional growth and better service delivery. Training also improved clarity on hospital procedures, teamwork, and communication with patients and colleagues. Some participants valued the sense of inclusion and motivation fostered by certificates and recognition.

However, some concerns were raised. Unequal access to training across departments was noted, with some units receiving more opportunities than others. A lack of consistent post-training evaluations and feedback mechanisms was also identified, making it difficult to assess the lasting impact on performance.

Overall, these mixed perceptions highlight the need for equitable training distribution and the implementation of post-training assessments to ensure the continuous improvement of the training programs.

Training Evaluation at Holy Family Hospital-Techiman

This report summarizes a study evaluating the impact of training on employee performance at Holy Family Hospital-Techiman. The analysis identified several critical gaps in the current training program.

Gaps in Current Training:

Lack of Post-Training Evaluation: There's no structured system to measure the long-term impact of training on employee performance, knowledge retention, or behavioral change.

Uneven Training Access: Training opportunities are not distributed evenly across departments, leading to perceived inequities and potentially impacting organizational cohesion and performance outcomes.

Lack of Training Alignment with Job Demands: Some training programs are too generic and don't adequately address specific job roles, failing to provide practical workplace benefits.

Conclusion

Summary of Key Insights

The study investigated the impact of training on employee performance at Holy Family Hospital-Techiman. Results show that structured and relevant training programs significantly improve employee competencies, productivity, and workplace efficiency. Training enhances job knowledge, develops both technical and soft skills, and increases motivation among healthcare staff.

Strategic Relevance of Training

The study highlighted training's crucial role in aligning staff performance with institutional goals. It fosters service quality, professional growth, and accountability. The findings advocate for the strategic investment in human capital development, particularly in resource-constrained healthcare settings.

Acknowledged Limitations

The research focused on a single public hospital and lacked comparative and longitudinal data. This limits the generalizability of the results and underscores the need for further, broader studies.

Implications for Policy and Practice

Despite the limitations, the study's results offer valuable insights for both academics and practitioners. The findings emphasize the critical need for continuous professional development and strategic human resource planning within the healthcare sector to improve service delivery. The conclusions can guide the implementation of targeted training reforms and performance improvement strategies in similar healthcare institutions.

Recommendations

Recommendations for Training and Employee Performance at Holy Family Hospital-Techiman

This study recommends several key improvements to training practices and employee performance at Holy Family Hospital-Techiman and similar healthcare institutions. The recommendations focus on enhancing training design, monitoring its impact, establishing continuous professional development initiatives, ensuring inclusive access, leveraging external benchmarking, and securing policy support from the Ministry of Health.

Key Recommendations:

This outlines recommendations to enhance training practices and employee performance at Holy Family Hospital-Techiman and similar healthcare institutions. The key recommendations focus on improving training design, impact evaluation, continuous learning, access, benchmarking, and policy support.

Core Principle: The recommendations emphasize a strategic approach to training, focused on measurable return on investment (ROI) and holistic employee development.

Specific Recommendations:

ROI Emphasis: Training programs should be designed with ROI in mind, calculating both tangible and intangible benefits relative to costs. KPIs like patient satisfaction, error reduction, and staff retention should be used for evaluation.

Enhanced Training Design & Delivery: Training programs should be needs-based, structured, and aligned with specific job roles. Development of both technical skills and soft skills (communication, teamwork, decision-making) is critical.

Monitoring & Evaluation: Systematic evaluation of training impact is crucial. Pre- and post-training assessments, participant feedback, and performance tracking are all important for assessing training effectiveness.

Continuous Professional Development (CPD): Regular CPD initiatives, such as refresher courses, workshops, and mentorship programs, should be embedded into the hospital's routine operations to sustain and reinforce learning.

Inclusive Access: Equal access to training opportunities should be guaranteed across all departments and staff categories. Transparent selection criteria and active promotion of inclusivity are needed to foster a positive environment.

Policy Support: The Ministry of Health should provide clear policy frameworks and resources that support training and human capital development in mission-based and public hospitals. This national support will ensure standardization and alignment with broader health sector goals.

Enhanced Training Design & Delivery: Training programs should be tailored to specific job roles, incorporating both technical skills and crucial soft skills (communication, teamwork, decision-making) for holistic development.

Monitoring & Evaluation: Implementing pre- and post-training assessments, participant feedback collection, and performance tracking mechanisms are essential to evaluate training effectiveness and relevance.

Institutionalized Continuous Professional Development (CPD): Regular refresher courses, workshops, and mentorship programs should become routine hospital practices to maintain and build on previous training, ensuring knowledge retention and fostering a learning culture.

Benchmarking with Peer Institutions: Holy Family Hospital should collaborate with other healthcare institutions (public and private) to learn best practices and implement innovative training and development strategies via collaborative platforms and learning exchanges.

Policy Support from the Ministry of Health: The Ministry of Health should provide policy frameworks and resources to support mission-based hospitals like Holy Family Hospital. National-level support is crucial for standardizing training quality, scaling successful programs, and aligning local efforts with broader health sector goals.

Overall Impact: Effective implementation of these recommendations is expected to strengthen staff capabilities, boost organizational performance, and ultimately contribute to the delivery of high-quality healthcare services to patients.

Future Research focus

Suggestions for Future Research on Training and Employee Performance in Healthcare

This research suggests several avenues for future studies on the impact of employee training on performance in the healthcare sector, focusing specifically on expanding the scope of existing research. The current study, focusing on one hospital (Holy Family Hospital-Techiman), lacks comparison groups, limiting generalizability. Future research should address this by including:

Comparative Studies: A crucial component is comparing trained and untrained staff within the same institution to isolate the direct training effect on performance metrics like accuracy, teamwork, and time management. Cross-institutional comparisons between public and private healthcare facilities can explore differences in training design, investment, implementation, and subsequent performance outcomes, offering valuable insights and policy guidance.

Longitudinal Studies: Analyzing employee performance before, during, and after training over time will evaluate the sustainability of training impacts. This data can assist policymakers and administrators in selecting effective long-term training programs and understanding how training effectiveness evolves throughout employee careers and institutional changes.

Multidimensional Evaluations: Expanding beyond quantitative performance metrics to incorporate qualitative data is essential. Studies should include factors like employee retention, patient satisfaction, and clinical outcomes to create a more holistic picture of training effectiveness.

By implementing these suggested comparative, longitudinal, and multidimensional approaches, future research will provide a more comprehensive understanding of employee development and performance improvement in the healthcare industry.

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