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IMPACT OF IN-SERVICE TRAINING ON EMPLOYEE PERFORMANCE
IN THE CATHOLIC HEALTH SERVICE IN THE CATHOLIC DIOCESE
OF NAVRONGO-BOLGATANGA

CLEMENT SIEFIIRE TENZAGH

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BY

CLEMENT SIEFIIRE TENZAGH

Dissertation submitted to the Department of Human Resource Management,
School of Business, College of Humanities and Legal Studies, University of
Cape Coast, in partial fulfillment of the requirements for the award of Master
of Business Administration degree in Human Resource Management

MAY 2018

DECLARATION

Candidate's Declaration

I hereby declare that this dissertation is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere. Candidate's Signature: Date: Name: Clement Siefiire Tenzagh **Supervisor's 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: Elizabeth Cornelia Annan-Prah (Mrs.)

ABSTRACT

The issue of whether or not in-service training had actual significance influence on employee performance at work necessitated the need for this piece of research work. The main aim of this research therefore is to access the level of impact that in-service training organised for employees within the Catholic Health Service Diocese had on their overall performance. The researcher in an attempt to meet this objective had to first of all deal with the literature review on the subject matter. This included the theoretical, conceptual and empirical evidence pertaining to the study. The review identified the various forms of inservice training and how they affect performance in general. They included induction training, on-the- job training, off-the- job training and career development. The methods used to arrive at the results included determining the study site, target population, data collection instruments, sample size, sampling technique, data collection, data analysis and ethical issue concerning the research. The results and discussions centred on the analysis of quantitative and qualitative data obtained from the respondents and also that of the principal findings of the study. The research concluded that by equipping the employee within the Catholic Health Service of the Catholic Diocese of Navrongo-Bolgatanga with the new skills, knowledge, confidence, commitment and competence through the in-service training, and this when translated into the sound working environment is able to have a significant impact on their overall performance.

KEY WORDS

Career development

Catholic Health Service

Employee performance

In-service training

Navrongo-Bolgatanga Catholic Diocese

Performance management

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DEDICATION

To my lovely and supportive wife and children

TABLE OF CONTENTS

	Page
DECLARATION	ii
ABSTRACT	iii
KEY WORDS	iv
ACKNOWLEDGEMENTS	v
DEDICATION	vi
TABLE OF CONTENTS	vii
LIST OF TABLES	x
LIST OF FIGURES	xii
CHAPTER ONE: INTRODUCTION	1
Background to the Study	1
Statement of the Problem	3
Research Objectives	5
Research Questions	6
Significance of the Study	6
Limitations	7
Definition of Terms	8
Organisation of the Study	11
Chapter Summary	11

CHAPTER TWO: LITERATURE REVIEW	12
Introduction	12
Theory of In-service Training	12
Concept of In-service Training	14
In-service Training Needs Assessment and Management	15
In-service Training Model	17
Employee Performance	20
Employee Performance Management	22
In-service Training and Employee Performance	23
Forms of In-service Training	24
Negative Effects of In-service Training in Organisations	36
Conceptual Framework	36
Empirical Review	38
Summary of the Chapter	41
CHAPTER THREE: METHODOLOGY	42
Introduction	42
Research Design	42
Study Area	43
Research Approach	43
Target Population	44
Sample Size and Sampling Technique	46
Methods of Data Collection	47
Data Collection Instruments	47

Ethical Issues	48
Data Analysis	48
Chapter Summary	49
CHAPTER FOUR: RESULTS AND DISCUSSION	50
Introduction	50
Gender Distribution of Respondents	50
Results of Specific Objectives of the Study	54
Results of Qualitative Data from the Respondents	72
CHAPTER FIVE: SUMMARY, CONCLUSIONS AND	83
RECOMMENDATIONS	
Introduction	83
Summary	83
Key Findings	84
Conclusions	85
Recommendations	86
Recommendations for Further Studies	86
REFERENCES	88
APPENDICES	96
Appendix A: Questionnaire for Responses from the Staff, Management	96
and Other Stakeholders of the Catholic Health Service	
Appendix B: Interview Guide for Health Facilities Management and	103
Directors of the Diocesan Health Service of Catholic Diocese of	
Navrongo-Bolgatanga	

LIST OF TABLES

Table		Page
1	Summary of the Target Population	45
2	Summary of the Sample Size	46
3	Gender Distribution of the Respondents	50
4	Age Distribution of the Respondents	51
5	Terms of Service of the Respondents	52
6	Highest Professional Qualification of the Respondents	53
7	Duration of Service of the Respondents in the Organisation	53
8	Professional Categories of the Respondents	54
9	Number of Respondents who have had once Participated in	55
	In-Service Training	
10	The Type of In-service Training which the Respondents have	55
	Benefited from	
11	Duration of the Training of the Respondents	56
12	Perceptions of the Employees of the Catholic Health Service	57
	about Some Factors that can Promote their Performance at	
	Work	
13	Perceptions of the Respondents on how Induction Training	59
	Influences the Performance of Employees	
14	Perceptions of the Respondents on how On-the-job Training	60
	Influences the Performance of Employees	
15	Perceptions of the Respondents on how Off-the-job Training	62
	Influences the Performance of Employees	
16	Perceptions of the Respondents on how Career Development	63
	Training Influences the Performance of Employees	
17	The Benefits which the Respondents have had from the In-	64
	service Training	
18	The Extent to which Each Type of In-service Training	65
	Improved the Performances of the Respondents	

19	Assessing the Form of In-service Training that has Greatly	68
	Improved the Performances of the Employees	
20	Assessing the Influence of Each Form of In-service Training	69
	on the Commitment Level of the Employees	
21	Assessing the Impact of the Outcome of the In-service	71
	Training on Client Satisfaction	
22	The Form of In-service Training Recommended by the	74
	Participants, and the Reasons Why the Participants	
	Recommended Them	
23	Responses of the Participants on the Adequacy of Each Form	76
	of In-service Training Recommended	
24	Benefits which the Respondents and the Health Facilities	78
	have Derived from Previously Organised In-service Training	
25	Type of On-the-job Training which is Commonly Organised	79
	for the Employees of the Catholic Health Service	
26	Employees Responses to Whether Participants of In-service	80
	Training Transferred their Acquired Skills and Knowledge to	
	the Job	
27	Relationship between In-service Training and Performance	81
28	Perceptions of the Respondents about Other Factors that	82
	Improve Employee Performance	

LIST OF FIGURES

Figure		Page
1	In-service training model	18
2	Framework on in-service training and employee	37
	performance	

CHAPTER ONE

INTRODUCTION

Background to the Study

Advancement in human civilisation, as evident in the increased application of technology, has instigated immeasurable competition among various organisations and institutions. This has influenced administrators, managers and policy-makers of organisations and institutions to adopt several measures to conquer and harness natural forces to promote the work output of their employees (Hansson, 2008; Horwitz, 1999; Sulemani, 1977). The factors that drive organisational performance are myriad and complicated; and are grouped into internal and external factors. The internal factors include human resource management practices, organisational culture and management styles; while the external factors include market share and market development (Beardwell & Claydon, 2003; Tannenbaum & Yukl, 1992).

To outpace other institutions and organisations, administrators, managers and policy-makers are making frantic efforts to knowing and understanding the activities that must be implemented to serve as management tools in the proper allocation of resources, and in promoting high performance of employees. Several organisations are exploring measures to cutting down the cost of production, increasing efficiency, and assuring quality that will culminate in organisational success (Kearney & Berman, 1999). One of the measures that have received

substantial attention is in-service training, a human resource development measure that is a key factor in developing employees and improving productivity within organisations and institutions.

Due to this, human resource practitioners are under intense pressure to making employee training and development more strategic by designing training modules. These modules are ran on the following basis: induction training, on-the-job training, off-the-job training or career development. These modules will enable employees acquire multiple skills and knowledge to assume wider roles and responsibilities so as to enhance organisational performance (Aidah, 2013; Aruna, 2012; Beardwell *et al.*, 2004; Cronje, 2011; Graham & Bennett, 1992; Mullins, 2002; Ombui, 2014; Wiklund *et al.*, 2003).

The recognised positive impact of human resource development on performance output has warranted the tireless expenditure of several significant resources on in-service training, with the sole aim of improving performance (Cronje, 2011; Malaolu, 2013; Patterson *et al.*, 1997). This position has also been seen by the Navrongo-Bolgatanga Diocesan Health Service.

The Diocesan Health Service, following its establishment in the early 1980s in the Upper East and the Northern Region of Ghana, has six (6) Health Centres and one Primary Health Care/Maternity clinic. The six health centres are found in the Nabdam District, Bongo District, Builsa North District, Kasena-Nankana West District and Kasena-Nankana Municipal of the Upper East Region; and the primary health care clinic is located in the West Mamprusi District of the Northern Region. In totality, the seven (7) facilities, having numerical staff strength of 266, serve

about 15,000 patients annually; and the services provided include preventive services, curative services, rehabilitative services and maternity services. Of late, managers of the facilities have developed a keen interest in training, retraining and developing the staff members to help in accomplishing the mission of the Catholic Health Service, which is "providing a holistic care through preventive, curative and rehabilitative services that are accessible and affordable, particularly to the poor and marginalised in the diocese.

Statement of the Problem

Several studies have been conducted to assess the impact of in-service training on employee performance and organisational success. While Delery and Doty (1996) explained that in-service training has no effect on the performance of organisations, and some authors have explained that in-service training is a contributory factor to organisational success, and so is better for organisations to invest in it (Ankita, 2012; Odinga, 2012; Umiker, 1998), others have indicated that investment in in-service training can negatively affect an organisation (Kraiger *et al.*, 2004; Tzafrir, 2005). This seeming contradiction engenders the thought that investing in in-service training can benefit some organisations and affect other organisations. Thus, it is necessary for every organisation to find out the impact of in-service training on the output of its employees, rather than imposing the findings of other studies on themselves.

The Navrongo-Bolgatanga Diocesan Health Service comprised health facilities that provides preventive, curative and rehabilitation services. The myriad

since connotes that employees should attain certain capacities, skills and competences to be able to deliver. Thus, managers of the facilities have developed a keen interest in instituting in-service training as a measure to tackle the inefficiencies of employees and find some lasting solution them.

For the past decades of in-service training activities, no study has yet been conducted within the Catholic Health Service of the Catholic Diocese of Navrongo-Bolgatanga to investigate the impact of in-service training on the performance of its employees. It has, therefore, become imperative to conduct this study to find out whether the in-service training have helped mould the employees and equip them with the requisite skills that can help them increase their output.

Assessing the impact of in-service training on the overall performance of both employees and organisations is difficult with service organisations like the Navrongo-Bolgatanga Catholic health service facilities as compared to manufacturing firms. The reason is that, with service organisations, output is assessed in terms of quick service, customer satisfaction, quality of service, etc., but with manufacturing organisations, the difference between the present and the previous figures is a measure of performance (Bediako *et al.*, 2009).

Over the years, service output within the Catholic Health Service institutions have not been consistent, as evident in the sporadic rise and fall in the annual service output. This is possibly attributable to a number of factors; notably among them being; poor remuneration, inadequate resources, poor working conditions and, above all, lack of skilled, knowledgeable and competent staff members or employees who can perform the tasks assigned them.

Purpose of the Study

The purpose of the study was to assess the impact of in-service training on employee performance within the Catholic Health Service of the Catholic Diocese of Navrongo-Bolgatanga.

Research Objectives

Specifically, the study sought to:

- Identify the types of in-service training which the employees of the Catholic Health Service of the Catholic Diocese of Navrongo-Bolgatanga have participated in.
- Assess the general perceptions that the employees of the Catholic Health Service of the Catholic Diocese of Navrongo-Bolgatanga have about the benefits of in-service training.
- Identify the specific benefits, or otherwise, which employees of the Catholic
 Health Service of the Catholic Diocese of Navrongo-Bolgatanga had
 derived from in-service training.
- 4. Identify the type of in-service training which has greatly improved the performances of employees of the Catholic Health Service of the Catholic Diocese of Navrongo-Bolgatanga; and hence highly recommendable for the employees.
- Assess the outcome of in-service training on the satisfaction of clients of the Catholic Health Service of the Catholic Diocese of Navrongo-Bolgatanga.

Research Questions

The following research questions were set:

- 1. Which types of in-service training have the employees of the Catholic Health Service of the Catholic Diocese of Navrongo-Bolgatanga participated in?
- 2. What are the perceptions of the employees of the Catholic Health Service of the Catholic Diocese of Navrongo-Bolgatanga regarding the benefits of in-service training?
- 3. How have the employees of the Catholic Health Service of the Catholic Diocese of Navrongo-Bolgatanga benefitted from (or affected by) inservice training?
- 4. Which type of in-service training has greatly improved the performances of employees of the Catholic Health Service of the Catholic Diocese of Navrongo-Bolgatanga; and hence highly recommendable for the employees?
- 5. What is the effect of the outcome of in-service training on the satisfaction of clients of the Catholic Health Service of the Catholic Diocese of Navrongo-Bolgatanga?

Significance of the Study

The findings of this study will help clarify some of the relevance or otherwise of in-service training to the operation of the Catholic Health Service of the Catholic Diocese of Navrongo-Bolgatanga. First, the study will assist management to decide whether to invest in in-service training or not. Secondly, it will help in policy formulation at the higher level. Thirdly, it will arouse new interest among scholars, development practitioners, healthcare practitioners and researchers to look for ways and means to addressing the issues that border on improving employees' performance within the Catholic Health Service and other healthcare institutions in general. In addition, managers and policy makers will use the findings of the study as a guide in their training and developing of employees.

Furthermore, realising the benefits of in-service training on employees' output and customer satisfaction, managers and policy-makers will understand the need to maximise resource utilisation in the training and development of appointees. Additionally, this study will provide some feedback to the employees on how they are utilising the knowledge and skills they have gained through inservice training.

Finally, the findings of this study will serve as a useful source of information for, not only management of the Catholic Health Service of the Catholic Diocese of Navrongo-Bolgatanga, but also for students, researchers and scholars, regarding the role of in-service training on performance output of employees within healthcare institutions.

Limitations

The following challenges limited the quality of the study outcome. Firstly, the study was limited to only the seven Catholic health service institutions within the defined catchment area. Therefore, the findings may not reflect situations in

other Catholic health institutions, and so cannot be used to draw generalised

conclusions applicable to the entire National Catholic Health Service in Ghana.

Secondly, measurement of performance was limited to results from

questionnaires, since evidence-based performance could not be obtained. Some of

the staff members and officials were unwilling to provide some requisite

information, for fear of leaking confidential information, and suffering

victimisation afterwards. The study was based on only the information provided by

the respondents, so if any erroneous information was provided by the respondents,

then the outcome of the study has been negatively affected by it.

Thirdly, inaccessibility to resources affected the study process. There was

the lack of means of transport to travel around and collect data and information,

and there were insufficient funds to engage personal assistants to assist in the

administering and distribution of questionnaires. Finally, the limited timeframe

within which the study was conducted affected the outcome of the study.

Definition of Terms

The study defined key terms as follows:

Training: A planned effort to equip employees with knowledge, skills and attitude.

Knowledge: Memory of facts and principles.

Skills: Proficiency at performing a particular act.

Attitudes: An evaluative reaction to a particular category of people, issues, objects,

or events.

8

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Career Development training: A set of classes or a plan of study on particular subjects that are considered essential and necessary for upward movement; or advancement made by people in a particular job.

Performance: This is the general contribution that individuals make to the organisation that employs them. Under general performance, there are three elements of performance - task performance, citizenship performance, and counterproductive performance.

Task Performance: Employee behaviour that directly contributes to the production of goods and services.

Citizenship Performance: Employee behaviour that helps others and creates a positive work environment.

Counterproductive Performance: Employee behaviour that is harmful to the organisation.

Employee performance: Is the timely, effective and efficient completion of mutually agreed task by the employee, as set out by the employer. It is also the record of outcomes achieved for each job function during a specified period of time. Health Director: It refers to the heads of the Regional, District or Diocesan Health Service Institutions. They are responsible for the general management and administration of the health service at their respective regions, districts or diocesan levels. They play administrative, monitoring and supervisory roles in their various districts and dioceses.

Induction training: Refers to the formal introduction of a new recruit to the employer's organisation, organisational culture, his or her job, workmates and the

interdependent structures that constitute the working environment of the institution. Its aim is to gain employee's commitment, reduce anxiety, help him or her to understand the organisation's expectations and know what to expect from the job and the organisation.

In-service training: Refers to practical training that includes short courses and formalised long-term programmes aimed at upgrading skills and qualifications of the employee in order to increase their efficiency in job performance.

Healthcare Institutions or Facilities: They are those healthcare facilities established under the Catholic Church Diocese to provide health services to people who have access to such facilities. They include the seven health facilities that are established under the Navrongo-Bolgatanga Catholic Diocese.

Off-the-job training: This is training, either short or long term, that is conducted at a site away from the work environment to enable employees concentrate on learning new skills, knowledge and behaviours.

On-the-job training: Training provided to inexperienced employees during the initial stages of their employment. This is usually delivered by a professional trainer or an experienced health professional, and typically consists of "hands-on" training. Paralegals: Refers to all the employees of the Catholic Health Service and the Management and Stakeholders of such institutions. These include; the Bishop, Diocesan Development Coordinator, the Health Directors, Human Resource Officers, Health Professionals, Health Support and Administrative Staff, Health Accounting Officers, etc.

Organisation of the Study

The research study is organised into five distinct chapters. Chapter one introduces the study by looking at the background, problem statement, research questions, research objectives, significance of the study, limitations, overview of the Navrongo-Bolgatanga Catholic Health Service, and definition of key terms. Chapter Two deals with the review of relevant literature, and this includes some concepts, theories and findings of other studies.

Chapter Three looks at the methodology of the study. It includes the various approaches and techniques used in conducting the research. The results and discussion of the findings are presented in Chapter Four, while Chapter Five gives the summary of the major findings, conclusions and recommendations arising out of the study.

Chapter Summary

This chapter looked at the background of the study as well as the problem statement. It also indicated the purpose of the study and went on further to provide the researcher five specific objectives as well as the appropriate research questions to match. There was also mentioned of the significance of the study and the limitations arisen from the study. An overview of the Navrongo-Bolgatanga Catholic Health Service was provided. The chapter finally ended with the definition of some key terms and the organisation of the entire study.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter reviews relevant literature that relates to training and performance of employees. The sources of the literature include published books and articles. The chapter ends with a summary of the main issues reviewed.

Model of Training

The study adopted the instructional system design which was created by the United States military as an efficient and effective way to train soldiers (Rothwell & Kanzanas, 1992). The goal of the instructional system design is to improve human performance. It is based on the assumption that learning should not be developed in a random practice, but should occur in correspondence with organised processes, be organised to the target audience, and have outcomes that can be measured (Rothwell & Benkowski, 2002). The processes are Analyse, Design, Develop, Implement and Evaluate.

In the Analysis stage, job needs are analysed to identify the performance problem or the gap between the current and the desired performance. The organisation begins by finding facts that are needed to make informed training and development decisions. This process reveals reliable information on effective and

safe work practices. The results are analysed, organised, and structured to form the basis of the training programme.

In the Design stage, the organisation determines its learning objectives, both in knowledge and performance. The objectives are determined by using the task requirements and performance information collected during analysis stage to specify the knowledge, skills and attitudes that are provided in the training. This is important to identify how the employee will know, if the objectives have been met and what measures will be used.

During the Development stage, the organisation will organise and review the knowledge and performance objectives, instructional materials, course design, and model from the design stage. In the review process, critical input is essential to ensure that the training materials are clear, concise, and effective in addressing objectives. The Development stage ends when the validation demonstrates that the instruction meets the performance standards specified by the objectives, and the organisation accepts the final product.

The Implementation stage is when conditions are determined (who, what, when and where) under which the training will be offered and the solution implemented. The availability of employees, facilities and resources should be confirmed and used to create the training programme schedule.

The purpose of the Evaluation stage enables the organisation to determine if the training methods and material were effective and successful as well as accomplishing the goal and objective that were established. It is also essential to

monitor the returns on investment in the training programme where productivity issues are the driving factor.

Concept of In-service Training

A lot of authors have defined training and explained its importance to the productivity of business organisations. According to Sikula (1975), in-service training is a systematic and organised procedure by which non-managerial personnel learn technical knowledge and skills for a definite purpose. McGee (1979), who stands for the fact that the outcomes of training are in the form of increased capabilities or improved behaviours, and who emphasises the close association between the objectives and programmes of an organisation, defines inservice training as the formal procedures that are utilised by a company to promote learning so that the resultant behaviour contributes to the attainment of the goals and objectives of the company.

Additionally, Naddler (1984) understands training as the provision of learning situations which allow trainees to form specific attitudes about certain phenomenon which will influence them to behave in particular ways based on newly discovered attitudes. Successful training programmes help employees to gain skills, knowledge and attitudes that have a positive impact on organisational performance, and so in-service training needs to be ran in a stepwise manner (Naddler, 1984).

In-service Training Needs Assessment and Management

In-service training needs assessment refers to the systematic enquiry of training needs in an organisation with the aim of identifying priorities and making decisions and allocating finite resources in a manner that is consistent with identified goals and objectives of programmes (Dessler, 2000; US office of Personnel Management, 2011). It is expected of managers and Human Resource officers to be alert to the forms of training that are needed, those that need them, and how best to deliver skills, knowledge and abilities to employees (Belcourt *et al.*, 1999; Dessler 2000)

There are a lot of ways by which problems to be solved through training are identified. Some organisational training tools, according to French (1987) and Dessler (2000) are:

Observation: The observer detects the weaknesses and strengths of employees with the senses, without interfering with normal productivity.

Interviews: A set of predetermined questions is used to obtain perceptions and opinions of the employees. This makes it easy for the employees to make comments about their performances. It also helps the interviewer to ask in-depth questions about performance.

Questionnaires: This makes it easy for a lot of employees to provide answers to a set of questions in a limited time frame, after which the responses obtained are analysed quantitatively.

Job descriptions: This has to do with allocating responsibilities to employees to promote thorough training and supervision.

The difficulty analysis: This deals with identifying the duties that employees find very difficult to perform and training them specifically in those areas.

Problems-solving conference: This is a conference setting that orients employees about a plan of action that is needed for a new technology or task.

Appraisal reviews: With this, employees are questioned about their duties and training. This helps the supervisor to uncover reasons for poor performance.

Analysis of organisational policy: This is about reviewing an organisational policy on training, and the amount and form of training given to employees.

According to Saleem and Hassan (2012), there are three facts that organisations should bear in mind when applying the tools. First, more than one of the tools should be used since reliance on only one does not yield all the required information. Second, the tools may be used to identify training needs in different types of employees. Third, the tools must be applied to the employees on individual basis because of the variation in training between employees (Trainer *et al.*, 1996).

According to Tushar (2014), the training needs are to be assessed at the organisational, job-role, and personal levels: The organisational level refers to the critical bank of core skills, knowledge and competencies required by an organisation to survive, realise its objectives and grow tremendously. These core requirements are, sometimes, depleted by attrition, geographic growth, functional growth and addition of employees, and so should be reviewed periodically.

The job-role level also refers to the critical bank of core skills, knowledge and competencies required by the employees at the team level so as to perform creditably. This enables a group of employees to work together at a minimum expected benchmark. The personal level refers to the critical bank of core skills, knowledge and competencies required by individual employees to perform well in their job roles. This can be done periodically, if need be, so as to get the best output from the employees. The skill gaps that are identified during the appraisal process help to single out specific weaknesses to which training sessions will be directed.

A training programme is designed after training goals have been set. In planning and managing a training programme, the objectives of the training, content of the training, giver(s) of the training, recipient(s) of the training, a budget for the training, the venue for the training, and the likely benefits of the training should be clarified (Cushway & B, & Lodge, D,1999; Gitman & McDaniel, 1992).

In-service Training Model

Training model, which is also called instructional systems development, consists of five phases; which are analysis, objectives, design, delivery and evaluation. These phases interrelate and form a continuous cycle as shown in Figure 1.

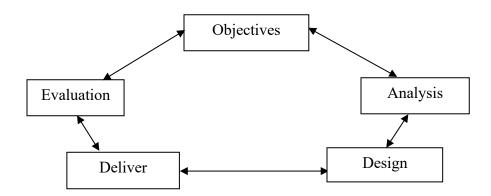


Figure 1: In-service training model.

Source: Wallace (1999)

The phases serve as a systematic approach in managing people, and are explained below (Armstrong, 2006; Wallace, 1999):

The Objectives stage addresses the purpose of the training programme. It clarifies the standards of performance that are to be achieved by trainees, as well as the conditions under which the trainees must perform. The Analysis is the method of assessing the needs of the employees. It helps to know the kind of training that is needed by the employees. The Design is the art or action of conceiving a training model or producing a plan for the training which will best serve the needs of the people. The Delivery phase sets the content (methodology) and the running processes involved in the training programme. It has to do with the selection of training methods, developing materials and aids, defining criteria for measuring performance, and embarking on the training programme.

Evaluation is the last phase, and it is done by returning the trainees to their jobs and measuring their performance. Evaluation refers to the systematic way of collecting descriptive and judgmental information for making efficient training decisions that are associated with the selection, adoption, value and modification of various instructional activities. This helps to determine any change in performance of the trainees, due to the training, and organise follow-up activities to reinforce the skills and knowledge they have acquired (Wallace, 1999). Evaluation helps to ascertain whether trainees were able to learn the materials they were supplied with, and whether they are able to apply the knowledge and skills they gained from the programme. If the trainees were satisfied with the programme,

and if a new group of supervisors in the training programme have improved on their learning or behaviours, the evaluation will indicate (Sackett & Mullen, 1993).

A variety of approaches are involved in in-service training evaluation (Goldstein, 1980). There are two basic issues to address during the evaluation of a training programme. The first is the design of the evaluation exercise and the second is the training effect to be measured. The best method to use in the evaluation of a training programme is controlled experimentation, which encompasses a training group and a controlled group. The training group is exposed to a designed form of training but the controlled group is not exposed to any form of training. After this, the collective output of each group is assessed, and then compared between the two groups. In this way, it becomes easy to find out whether the training has significantly warranted a positive change in performance in the training group. This approach is very feasible, and so it's highly patronised (Dessler, 2000).

Dessler (2000) has established four ways of measuring training outcomes, as reaction, learning, behaviour and results. Reaction refers to how the trainees reacted to the programme is first measured. This will help to know whether the trainees liked the programme, and whether they thought it worthwhile. Learning refers to how the trainees are then tested to verify whether they learnt the skills, principles and facts they were exposed to, during the training programme. Behaviour, which is next, is the impact of the training programme on the behaviour of the trainees that is determined. Results, finally refers to how the achieved results, in relation to the set objectives, are verified (Kirkpatrick).

The procedure for training evaluation, as described below, has been suggested for evaluation and analysis of training outcomes (Doucouliagos & Sgro, 2000):

Data collection: Data is first collected and used to measure costs and benefits of the training programme.

Pre- and post-training analysis: This is done by comparing the performance of the employees before and after the training programme.

Multivariate statistical analysis: This helps to assess the effects of other factors on the employees' performance after the training programme.

Calculation of return on investment: This has to do with the computation of the cost-benefit ratio, and the returns the training programme brings on investment.

Employee Performance

Employee performance refers to the timely, effective and efficient completion of mutually agreed task by the employee, as set out by the employer. Campbel (1990) defines performance as the behaviour that the employees bring on board. If the behaviour is relevant to organisational goals, then performance is certain and vice-versa (Campbell *et al.*, 1993). However, Campbell (1990) added that there are some exceptions, when considering performance as behaviour. For instance, he explained that performance does not necessarily have to be directly observable actions of an employee, since it can consist of mental outputs such as decisions or answers to questions. He then clarified that, regardless of whether the

performance of interest is mental or behavioural, it has to be under the control of the employee.

Organisations invest in specific human resources in order to meet their objectives. Employees require continual re-assessment, evaluation and capacity building within the work context to sustain their performance at expected levels. Employee performance is associated with quality and quantity of output, timeliness of output, attendance on the job, efficiency and effectiveness of the work completed (Mathis & Jackson, 2009).

The initial drive, that employees have when recruited to work in an organisation, tends to wane with time. For the employees to maintain the drive, they need to be revitalised through refresher training, exposed to expanded complementary roles and assigned to different roles (Cronje, 2011). Employees must be able to work with new technologies in changing environments. Improving the employee's skills and knowledge contributes to producing quality goods and services and culminating in organisational success. The knowledge and skills acquired can be transferred to a variety of jobs (Dowling, 2008). Guest (2006) is of the view that focusing on skills utilisation is very important. He states that there is no advantage in having highly competent, but de-motivated and under-utilised staff or having a highly motivated but incompetent staff or having staff that are neither competent nor motivated.

Employee Performance Management

Employee performance management are activities which ensure that set-goals are consistently achieved in an efficient and effective way. It involves the empowering, motivation and rewarding of employees by managers for them to give out their best in the organisation. These management activities serve as means of building relationships with employees by identifying talents, learning, planning development activities and utilising the talents available in the organisation (Armstrong, 2006; Zaffron *et al.*, 2009). Such management practices are aimed at establishing a high-performance culture in which individuals and teams take responsibilities for the continuous improvement of organisational processes, and for their individual skills and contributions within a framework that is provided by efficient leadership (Armstrong, 2006).

Employee performance measurement is the method of quantifying the efficiency and effectiveness of past actions (Neely *et al.*, 2002). It involves the collection, analysis and reporting of information concerning the performance of an employee, a group of employees or a whole organisation. It estimates the parameters under which programmes, investments and acquisitions are reaching the targeted results. Thus, it helps to find out whether the desired output has been attained. Several measures of assessing performance are available, but the most commonly patronised method is benchmarking, which compares specific measures of performance against standard data (Mathis *et al.*, 2000; Upadhaya *et al.*, 2014). Other current performances of employees are also assessed by making comparisons to pre-set standards of accuracy, completeness, cost and speed (Becker *et al.*, 2011).

High performing organisations rely on employees knowing their roles in different structures and work processes as well as their willingness to learn (Guest, 2006).

In-service Training and Employee Performance

Employee performance is influenced by many factors such as management-subordinate relationship, the working conditions, reward system, employee teamwork and employee training. Thus, survival of organisations and the achievement of organisational goals partly depend on the ability of the employees to perform their duties and adapt to changing environments. This, therefore, calls for a flexible workforce that can take initiative and develop good interpersonal skills and teamwork to ensure organisational success. In this case, regular exposure of employees to new knowledge and innovation, in order to adapt to the rapidly changing technology and global competitiveness, is very paramount; and it is through in-service training that this can be achieved. In-service training specifically coordinates the wishes, interests and future needs of the organisation. It, therefore, has a significant relationship with the employee's resultant performance (Horwitz, 1999). Birdi *et al.* (2008) also support the notion that employee involvement in training is positively related to organisational success.

Most employees join organisations with academic knowledge, but with little or no knowledge and skills about the job. The employees, therefore, require specific training to help them learn new skills and technology that will help them face their workplace challenges, perform specific tasks and assume newer and higher responsibilities. This will help to bridge the performance gaps between old and new

employees and promote performance. Confronted with rising citizen discontent, and new technological challenges, public organisations are compelled to develop strategies to improve employee performance (Abtahi, 2009; Holzer, 2007; Kearney & Berman, 1999; Salas *et al.*, 2001; Swart *et al.*, 2005) since productivity increases through advanced skills and training (Holzer, 2007).

Mardani (2009) observes that, among the variety of training, in-service training is among the most suitable and easily accessible forms of training that can be used to improve human workforce and equip employees with the knowledge, attitudes and competences that are needed for efficient output.

Organisations that value in-service training have competitive advantage over the organisations that do not value in-service training. This is because in-service training not only augments the knowledge and skills of employees but also, builds up their competencies, morals and motivations to help them increase their performances. Employees with high morale, motivation and core competencies are able to contribute significantly to the achievement of organisational goals (Horwitz, 1999; Wright & Geroy, 2001). Alvani (2011) has noted that lack of authorities' attention to in-service training is because of their lack of knowledge about the brilliant results of this type of training.

Forms of In-service Training

In-service training can be carried out in the form of induction training, on-the-job training, off-the-job training or career development training (Tadic, 2005; Mullins, 2002; Hansson, 2008; Webster, 2009).

Induction training (Induction training and employee performance)

This is an introduction that is given to new employees and starters so that they will function well in a new profession or job role in a business organisation or an institution (Collins Dictionary, 2014). Induction training has a strategy that is in line with the goals of the organisation, and it shapes the approach to employee development. By exposing new employees to the information, they need as starters, induction training gives employees a smooth entry into the organisation. Induction involves introduction of a new member of staff to the culture and environment of the organisation, its policies and practices and to other members of staff. However, employee induction, which is one of the main ways of introducing employees to their organisations, is often the missing ingredient in most organisations (Mullins, 2002).

Induction training helps new employees to settle quickly into their jobs so that they soon become efficient and productive employees (Foot & Hook, 2008). Induction helps create a favourable image of the organisation for the new employee. Effective orientation programmes are not only precursors to good performance but also help in retention of employees, reduce costs and enhance performance (Foot & Hook, 2008).

Bailey (2002) keenly notes that most induction trainings are geared towards achieving the goals of the organisation; and normally tend to be full of formal legislative information. The author affirms that most employees absorb little and retain less during induction. Goyal (2007) compares the effects of a bad induction programme to attrition. The author highlights that bad induction leads to confusion,

stress and de-motivation of employees. Despite the stated views, induction process plays a crucial role in creating a favourable image of the organisation for the new employees and familiarising them with the culture, accepted practices and performance standards of the organisation. This clarifies the need to develop a well-structured induction training programme that benefits both the employees and the organisation.

A study carried out in Nigeria by Odunayo (2014) sought to examine the knowledge of staffs on the meaning and benefits of induction, the main attitudes of workers towards induction and how induction programmes motivate staff to be committed to organisational effectiveness. A descriptive research method was adopted using 271 questionnaires which were administered to academic and non-academic staff of the Olabisi-Onabanjo University. The study revealed that induction significantly influences staffs' attitude and behaviour towards organisational effectiveness. It also revealed that a well-packaged induction programme positively influences staff attitude. The study then recommended that induction programmes should be reviewed and continuously improved upon from time to time to earn the loyalty and positive attitudes of employees towards work.

A similar study conducted by Kebenei (2014) has established that induction programmes are important, in that they provide new employees with information, paint a precise picture of departments, convey employee expectations, relieve the new employees of anxieties about the job and inspire them to have a good attitude towards the organisation. Saif (2014) carried out a study on the impact of effective induction on employee performance and satisfaction. The objective of the study

was to find out how the effectiveness of employee orientation affects performance and satisfaction. The study adopted a survey design that used a random sampling technique where questionnaires were distributed. The results of the study led to the conclusion that organisations need quality orientation programmes for their employees to promote better performance and customer satisfaction.

On-the-job training (On-the-job training and employee performance)

On-the-job-training is ran in the normal work schedule, by using the very tools, equipment, materials or documents the trainees will work with, after the training programme. During on-the-job training, new or inexperienced employees learn by observing and imitating peers or managers as they work. The training is ad hoc or regularly-scheduled, and it is provided to the subordinate staff by the superior officer or the subject-matter specialists. This training is generally problemoriented, and may include formal presentations, informal discussions, and opportunities to try out new skills and knowledge. During the learning period, the trainee is entitled to full remuneration. Some of the commonly used methods are: mentorship, coaching and job rotation. For on-the-job training to be effective, it should be well planned, thorough and ran consistently. Organisations need to dedicate their efforts to on-the-job training to help them remain competitive in this technologically changing world (Desimone *et al.*, 1998; Graham & Bennett, 1992; Hansson, 2008).

Coaching

This is organised for employees who already possess some level of skills and knowledge about the job. The trainer acts as a coach to facilitate and guide the employee (Desimone *et al.*, 1998; Graham & Bennett, 1992; Hansson, 2008).

Mentorship

This is the method of training whereby employees are assigned to role models who will guide and mentor them until they acquire the skills and knowledge required of them to perform creditably. Mentoring is very similar to coaching, in that it calls for a higher level of initial skill and job knowledge. The mentor is, generally, a supervisor or manager rather than a co-worker. The purpose of mentoring is to support the employees, help orient them to the job and work environment and prepare them for increasing responsibility (Desimone *et al.*, 1998; Hansson, 2008).

Job rotation

This is the practice of temporarily, periodically and cyclically assigning employees to specific jobs, so as to help them gain the skills and knowledge regarding each of the jobs. In job rotation, the employee is assigned to different positions and, possibly, different departments for pre-arranged periods of time. The employee is evaluated based on the different work experiences. The evaluation determines the employee's final job assignment (Desimone *et al.*, 1998; Hansson, 2008).

On-the-job training has a positive effect on employee's job performance (Salas *et al.*, 2001). Ismail *et al.* (2012) carried out a study to examine the impact of on-the-job training on performance in Islamabad. Databases of 10 telecom companies were used, where each of the companies was considered as a stratum. Out of 266 distributed questionnaires, a total of 138 questionnaires were returned. The study found out that training has a significant positive effect on both wage growth and change in job performance scores of workers. The study also found out that employer-financed training is positively related to wage growth and job performance which shows the robustness of the relationship between training and worker productivity.

Jagero *et al.* (2012) carried out a study to find out the relationship between on-the-job training and employee performance in DHL and FedEx courier companies in Tanzania. The study was to examine the existing on-the-job training programmes and to assess employee's performance in the courier companies. Correlation survey methodology was employed, and questionnaires were used as research instruments. The sample population of 150 employees was used and respondents randomly selected. Fifty per cent of the total number of employees in each company was taken. The study found that different programmes of on-the-job training are conducted in DHL and FedEx. The level of performance was measured against well-set standards and general key performance indicators. The study found out that performance, to a big extent, depended on the training that the employees received. So, they concluded that there was a positive relationship between on-the-

job training and employee performance in the two companies. The study then recommended periodic training for the employees.

Aidah (2013), in his study to evaluate the effects of on-the-job training on employee performance in the telecommunication industry in Uganda, attempted to identify the training programmes existing in the industry, the objective of the training offered, the methods employed and finally the effects of training on employee performance. The study was based on three case studies of the biggest telecommunication companies operating in Uganda. A qualitative research approach of data collection was adopted using a questionnaire comprising 18 questions distributed to 120 respondents. The results obtained indicated that inservice training has clear effects on the performance of employees with regard to their jobs. The study also showed a significant increase in productivity among the trained employees, and so concluded that on-the-job training influences employee performance.

Off-the-job training (Off-the-job training and employee performance)

Off-the-job training is conducted at a site away from the work environment. This type of training is held outside the normal work schedule, by using simulations and videos to impart skills and knowledge into the trainees (Graham & Bennett, 1992). Materials are supplied; and there is full concentration on learning new skills, knowledge and behaviour, without distractions from ringing phones, instant messages, email notifications or other staff members. Off-the-job training can be short-term or long-term. Short-term trainings include workshops, conferences and

seminars. Long-term staff training includes distance learning, case study, sabbaticals, master degree training and PhD programmes (Hansson, 2008; Webster, 2009).

Off-the-job training enables employees to transfer knowledge gained, during training, to the actual job, develop problem-solving and decision-making skills. Off-the-job training is usually conducted by academicians and professionals in a particular field to impart knowledge into the employees. It can be used to train any number of employees for jobs that involve risks. Off-the-job training methods include lectures, conferences, workshops, seminars, sensitivity workshops and simulation exercises. Off-the-job training methods are quite expensive as they require a, completely, different environment away from the real workplace. However, the training method adopted depends on factors such as the purpose of training, training budget, number of trainees, level of trainees, nature of the job for which training has to be imparted and the time available. Off-the-job training event may conclude with a ceremony or certification award conferred by an industry expert, making the training session a memorable occasion that leads to improved employee morale, satisfaction and loyalty. The effectiveness of off-the-job training involves assessing the participants' satisfaction, retention and on-the-job performance, and their overall impact on the organisation (Graham & Bennett, 1992; Hansson, 2008).

Off-the-job training programmes lead to long-term success in organisations.

The organisation, by aligning its programme objectives to strategic goals, ensures employees make an impact on the organisation. Off-the job training enables an

organisation to achieve its strategic goals; and this is determined by operational metrics, such as customer satisfaction and other key performance indicators, which show organisational improvement (Ankita, 2012).

Odinga (2010) conducted a study on staff development programmes and job performance among lecturers of Moi University in Kenya to determine the relationship between training and promotion of lecturers and job performance. A sample size of 152 lecturers was used. Simple random sampling was used to identify the lecturers; and self-administered questionnaires were used to collect the data. The study concluded that training is positively related to job performance. Training opportunities like short courses, seminars, conferences, postgraduate diploma, Master degree, PhD programmes, which are within the context of individual control, tend to increase job performance of lecturers in Moi University. The study also revealed that a promotion, both academic and administrative, followed by a clear promotion criterion, is a contributory factor to job performance of lecturers in Moi University.

Off-the job training has been criticised; in that, it is formal, expensive and does not directly lie in the context of the job. Trainees may also not be much motivated while undergoing off-the job training. Off-the job training programmes may not provide as much transfer to the actual job as on-the-job programmes (Kirkpatrick *et al.*, 2009).

Career development training (Career development training and employee performance)

Career development training is a type of in-service training designed to upgrade the knowledge, skills and abilities of employees to help them assume greater responsibilities in higher positions (Tadic, 2005). This training ensures that the employee becomes complicated, differentiated and attain a balance between the changing self and the changing environment, through the interaction of internal and external factors (Beardwell & Claydon, 2003).

In the public service, these courses include; the Strategic Leadership Development Programme (SLDP), Senior Management Courses (SMC), Supervisor Skills Development (SSD), Employee Professional Development Courses, among others. Career development training is arranged departmentally for successful workers at all levels for their own continuing education and professional development. The training has the fundamental impact on efficiency, effectiveness, morale and profitability of an organisation. The employees acquire information and resources that enable them plan a programme of lifelong learning related to their career. Many high-performing organisations are vigilant on developing their employees (Beardwell *et al.*, 2004).

This type of training is classified into self-development, staff development and organisational development (Beardwell & Claydon, 2003). Ombui (2012) is of the view that the responsibility for designing career development lies with the worker. He further asserts that organisations, sometimes, may set some criteria and provide opportunities for the staff by offering options for career development

training. Self-development is the type of development whereby the employees take the responsibility of identifying their needs and embarking on self-directed learning, monitoring their own progress and assessing their performances (Beardwell & Claydon, 2003). Staff development refers to the activities and programmes that help staff members to learn about responsibilities, gain requisite skills and competencies that are necessary to accomplish institutional and divisional goals and purposes, and grow personally and professionally to prepare themselves for advancement in the institution and beyond (Winston & Creamer, 1997).

Organisational development is the systematic process of implementing effective organisational change. It emerged from studies in the field of human relations, during when psychologists realised that organisational structures and processes influence the behaviour and motivation of employees. It is quite interdisciplinary in nature, and draws on psychology, sociology, theories of motivation, learning and personality (Organisational Development Theory, 2016). Career development equips employees with skills and knowledge that help them to perform different and extra tasks, thus increasing the overall performance of their organisations (Jagero, 2012). This form of in-service training enables an employee to gain promotion to a job of higher significance and compensation. The upward movement of the employees in organisation's hierarchy exposes them to enhanced responsibility, rank and compensation package which translates into improved performance (Lazeer, 1998).

Career development is critical in self-actualisation, and contributes to the deepest level of working effectiveness, employee motivation and customer

satisfaction. It can take place in the early, middle and late stages following an employee's appointment. Career development training boosts employees' knowledge and skills, thus making them perform effectively (Tadic, 2005). Globally, government agencies, as well as other non-governmental organisations, at every level, are under relentless pressure to ensuring that they get a knowledgeable and efficient workforce (Armstrong, 2006). French and Swedish organisations have 82 per cent and 67 per cent returns on investment and training, respectively. Career development training has now surfaced as a strategy for sustaining and improving the effectiveness, efficiency and competitiveness of today's public-sector workers. Therefore, changing the systems and procedures of performing the work is an obvious mission which has been stressed frequently and which requires more serious efforts (Ballot *et al.*, 2002).

However, governments' attention to career development is not paramount; and this is possibly attributable to the fact that they have little knowledge about the brilliant results of this type of training. If the government takes career development seriously, employee performance will increase (Alvani, 2011). In Nigeria, for instance, ever since the government recognised the importance of career development in the attainment of organisational goals, and so started embarking on training and capacity building for their employees, many organisations have witnessed boosts in employee performance and productivity (Malaolu, 2013).

Negative Effects of In-service Training in Organisations

In-service training requires huge investment of money and time for its operation, thus making it expensive. Due to this, in-service training drains the resources of organisations; and there is doubt if it has a positive relationship with organisational performance (Kraiger *et al.*, 2004). In some studies such as that conducted by Tzafrir (2005), it is assumed that investment in training can produce some negative effects. As such, it is an obvious cost for the company, especially if the employer does not achieve a reciprocal commitment on the part of the employee. It also presents a risk to the organisation, if the employee decides to leave the organisation.

In fact, Hitt *et al.* (2001) found that training investment first generates a negative effect on results (deriving from the cost of the same), which later become positive, as far as the transfer of knowledge to the post is concerned. Moreover, U'bedaGarcı'a (2005) found neither a significant relationship between in-service training and productivity, nor an effect of in-service training on productivity.

All these above information, concerning the positive and negative impact of training on organisational performance, challenge the findings of the study by Delery and Doty (1996) which did not find a universal effect of training on the performance of organisations.

Conceptual Framework

The conceptual framework shown in figure 2 has the employee performance as the dependent variable, in-service training as the independent variable. Other

independent variables under the in-service training are induction training, on-thejob training, off-the-job training and career development training.

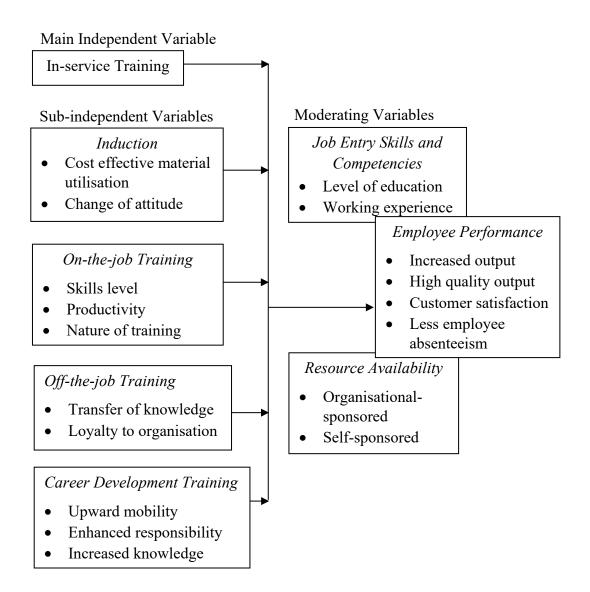


Figure 2: Conceptual Framework of in-service training and employee performance. Source: Adopted from Njoki (2015)

The study however conceptualized resource availability as an intervening variable in the study. This is because the employees may wish to undergo in-service training but the organization may lack financial resources to facilitate the training.

The employees' job entry skill and competences was conceptualized as a moderating variable in the study. This is because the entry skills determine the nature of in-service programme to develop for the employee and the performance indicators for the employees. The framework (Figure 2) illustrates how the variables in the study are conceptualised and related.

Empirical Review

Many organisations today recognise that a critical source of competitive advantage is their human resource. The human resources of an organisation are regarded as a source of generation of ideas and intellectual capital. Motorola calculates that for every \$1.00 spent on training, there is a \$30.00 productivity gain within three years (Henkoff, 1993). Mshila (2012) conducted a study on the effects of in-service training on the performance of secondary school teachers in the Kiambu West District of Kenya. The purpose of the study was to investigate the effects of in-service teacher training on the performance of secondary school teachers in the Kiambu West District. The study sought to establish the contribution of in-service training to a teacher's self-development, its contribution in identifying a variety of tasks that a teacher can perform, and its effects on promotion of teachers. Descriptive survey design was adopted. The target population was all the 1150 teachers who had undergone in-service training course. A total of 125 respondents was selected, out of which 120 responded by filling and returning the structured questionnaires. The schools were systematically selected as sample units. The findings of this study revealed that in-service training has several positive

effects on the performance of secondary school teachers in Kiambu District. The effects included the self-development of the teachers, gaining of new skills that enables them perform their tasks better and completing syllabuses in time. These effects were found to have a direct input towards better performance of teachers.

In the health sector, employee training plays an important role in promoting health programmes (Umiker, 1998). For instance, in a training programme in the health sector in Indonesia by McLaughlin (2001), nurses who were highly experienced in immunisation provided on-the-job training to less experienced nurses. The overall results indicated that the number of diphtheria-pertussistetanus, polio and measles vaccinations rose by 37 per cent. In centres which were excluded from the training, the overall number of vaccinations declined by one per cent. Eleven months after the training, it was realised that the proportion of the children in the targeted population who were immunised at participating centres rose from 42 per cent to 68 per cent (McLaughlin, 2001).

The knowledge and skills of health workers are the most valuables assets of health organisations. Health organisations, therefore, need to periodically update the skills and knowledge of their employees, through training, to make them remain competitive (Umiker, 1998). In addition to the fact that the training of employees improves their performance, it has positive effects on the organisation and the customers. Organisations which do not organise in-service training for their employees suffer immensely in terms of service delivery (Dixon, 1990).) Such organisations are faced with decreasing performance levels of their employees.

Studies have shown that low level of in-service training in the public sector affects performance levels (Aruna, 2012).

Ombui (2014) carried out a study to determine how training influences employee performance in research institutes in Kenya. The null hypothesis of the study was that, training and development do not influence employee performance in research institutes in Nairobi, Kenya. The study population was drawn from all Government owned research institutes formed under the Science and Technology Act. The study revealed that there is a significant correlation between employee performance and training. The study recommended that research institutes should initiate training programmes which are relevant to their needs.

In spite of the fact that, in the real entrepreneurial world, only a small number of companies (3%) measure the impact of training on the results (Castillo & Aguilar, 2003), several authors suggest that training is an instrument that makes the generation and accumulation of human capital possible. A universal viewpoint approach argues in favour of the direct and positive effect of a greater training effort on business performance. This perspective suggests that, there exist universally valid training practices; that is, those that are introduced by any organisation, regardless of external or internal circumstances, which will always have a positive influence on business performance. In terms of the Theory of Resources and Capabilities, this may involve barriers to mobility and an improvement in the organisation to the extent that it can achieve higher revenue (U'bedaGarcı'a, 2005). Training is an important element in generating human capital. This argument, based on the theory of balance, is also defended by Tzafrir (2005) who believes that

investment in training can make employees feel indebted to the company, and so give of their best in a somehow a reciprocal manner.

From a universal viewpoint, some authors have argued that it is precisely in training that a greater universal effect can be seen. This is how it was noted by Lee *et al.*, (2005) who highlighted the fact that, of the sixteen (16) best practices studied by Pfeffer (1994), training is one of the few practices where a consistent positive impact on performance is found. Likewise, Arago'n-Sanchez *et al.* (2003) found a positive influence of training activities on the output of some companies. In their study, small companies dominated the study sample, so their human resource management systems, and more specifically their training systems, were hardly developed. Due to this, there was a little relationship between training and performance in that study.

Summary of the Chapter

In service training is carried out in forms such as induction training, on-the-job training, off-the job training and career development training. Based on the opinions of several authors, as explained above, it can be stated that in-service training and performance are related. Training equips employees with skills, knowledge and capabilities that drive their performance, as evident in increased output, customer satisfaction etc. However, the outcome of in-service training can be negative, unless other factors that promote productivity are put in place, as indicated by Armstrong (2006).

CHAPTER THREE

METHODOLOGY

Introduction

This chapter addresses the methods that were used to gather relevant data for the research. In this chapter, the research design, study, research approach, target population, data collection instruments, sampling technique and sample size, data collection methods, ethical issues and data analysis concerning the research are presented.

Research Design

The research strategy adopted by the researcher was the multiple case study approach. The reason for this choice was to increase the reliability of the reports of the endings. An explanatory study was carried out by the researcher in public libraries and archives centres as well as in some of the tertiary institutions of learning to obtain facts findings and documentary information on the effects of Employee training on performance in general. In furtherance of this, a field survey was conducted within the study population area of the Catholic Diocesan Health Service institutions of the Catholic Diocese of Navrongo-Bolgatanga to know their views on in-service training and its effects on performance. A series of field visits to the seven health service institutions were carried out in order to administer the questionnaire and also to have informal interviews and oral discussions with

employees and the management of the Catholic Health Service. Descriptive study design was used for the study, so information was obtained from a wide range of views from the participants

Study Area

The study was conducted within the seven (7) faith-based health institutions under the Navrongo-Bolgatanga Catholic Diocese. All the seven institutions had a total of Two hundred and sixty-six staff (266). This number is made of the permanent employees and management. The study, therefore, focused on the permanent employees (staff), the management and other key stakeholders of these institutions.

Research Approach

The approach to the entire research study included the gathering of relevant data and information from both primary and secondary sources.

The primary data and information was obtained as follows; First, to determine the study population size by way of identifying all the seven Catholic health service institutions under the Catholic Diocese of Navrongo-Bolgatanga and the employees working in those institutions. Then through simple random sampling of employees under these health institutions, and also questionnaire were administered for responses. Secondly, there were oral interviews conducted on selected employees and management to obtain specific information for the study.

For the secondary data and information, these were obtained from existing literatures or past research work carried out in the same field of study. References were also made of some text books and other documentations on the topic. This was besides the use of the internet web sites for more information on the research study. Apart from these, field visits were also embarked to the selected institutions for fact findings on the research study and to obtain some information on their employee's work performance. The sources for the information included the facilities Monthly, Quarterly, Half year and Annual Reports. Furthermore, the researcher used more of the quantitative techniques than the qualitative for the entire data collections and analysis.

Target Population

The total number of staff in all the facilities is 266. The participants of the study comprised professional staff (made up of the nurses, midwives, medical/physician assistants, laboratory technologists and dispensary technologists), the support and administrative staff (made up of the health assistants, dispensary assistants, laboratory assistants, accounts officers, administrative assistants) and the management staff (such as the Health Directors, Institutional Heads, Diocesan Development Coordinator and Bishops). All the seven (7) facilities and their corresponding number of workers are displayed in Table 1.

Table 1: Summary of the Target Population

CATHOLIC DIOC	ESAN HEALTH S	ERVICE IN	STITUTIC	NS – STA	AFF CAT	TEGORY		
Respondents	Immaculate	St.	Martyrs	St.	St.	Our Lady	St.	Population
	Conception of	Theresa's	of	Joseph	Lucas	of	Martins	
	Mary Health	Health	Uganda	Health	Health	Rocio	Clinic	
	Centre – Kongo	Centre –	Health	Centre	Centre	Clinic –	and	
		Zorko	Centre	_	_	Walewale	Maternity/	
			– Sirigu	Nakolo	Wiaga		PHC - Biu	
Professional Staff	11	13	15	8	16	4	6	73
Support and								
Administrative	27	23	16	9	27	14	13	129
Staff								
Management and	10	10	10	0	10	0	0	<i>C</i> A
stakeholders	10	10	10	8	10	8	8	64
Total	48	46	41	25	53	26	27	266

Source: The Diocesan Health Service Annual Report (2015

Sample Size and Sampling Technique

Systematic random sampling was used to obtain participants from the three (3) categories of workers in each of the seven (7) facilities of the Catholic Diocese of Navrongo-Bolgatanga. This was done by folding sheets of papers bearing "YES" and "NO". Whoever chose "YES" was included in the study, and whoever chose "NO" was excluded from the study. This eliminated bias in the sampling and ensured that respondents were represented by the selected sample. Additional neutral members, who were outside the catchment population, were included in the sample size in order to tap their independent opinions and contribution concerning the study. Thus, the sample, which consisted of 113 participants, was a true representation of the entire study population of 266.

The structured questionnaire was administered to the professional staff, the support and administrative staff; while the questionnaire with open ended questions were administered to the Management and the other stakeholders to solicit views, opinions etc as unrestricted answers. Each responded by providing the requisite primary data. The number of each category of workers that were enrolled in the study is displayed in Table 2.

Table 2: Summary of the Sample Size

Respondents	Population	Sample Size
Professional Staff	73	50
Support and Administrative Staff	129	36
Management and Stakeholders	64	20
Independent members from outside	0	7
Total	266	113

Source: The Diocesan Health Service Annual Report (2015)

Methods of Data Collection

The study adopted questionnaire administration and oral interview as methods of data collection. The oral interview involved engaging and asking the participants in the study some pre-designed and probing questions related to the study. This section may take some thirty minutes to an hour interaction with the participant as a respondent. The oral responses were then recorded.

Data Collection Instruments

Structured questionnaires and interview guides were used to solicit both quantitative and qualitative data for the study. The questionnaire consisted of closed and open-ended items that aimed at obtaining data from the respondents on the impact of in-service training on employee performance in the Catholic Health Service of the Catholic Diocese of Navrongo-Bolgatanga. The questionnaire and interview guide were divided into two sections. The first section captured the background information and the second section focused on the research objectives.

Although structured questionnaires and interviews have their associated shortfalls, they were used for data collection due to the following reasons. First, they offered the researcher a wider scope of areas from which to select questions; second, they made it possible to collect much data over a large number of respondents within a short time; and third, they allowed in-depth data collection and helped solicit adequate information that proved crucial in assessing the impact of in-service training on employees' performance. The interviews were the best

option for respondents (management staff and other stakeholders) who hardly made time to fill the questionnaires.

Ethical Issues

Permission was obtained from the management of all the seven (7) facilities of the Catholic Diocese of Navrongo-Bolgatanga of the Catholic Health Service. The purpose of the research and the responsibilities of participants were explained to the respondents before they agreed to enrol in the study. The respondents were assured of complete confidentiality and were guaranteed of no victimisation based on the information they supplied; and in achieving this, the researcher exercised a great deal of caution in administering the questionnaires and interview guides so that the privacy of each respondent was protected, as assured. Also, the respondents were made to understand that the responses would be used for only academic purposes.

Data Analysis

The researcher employed various forms of data analysis techniques for the study. Descriptive statistics were used to analyse the data. The responses were first inspected to identify mistakes and spaces left unfilled by the respondents. After this, the responses were edited by the researcher to ensure that the respondents had provided all the needed information, and that the data were devoid of mistakes. The qualitative data was analysed by creating categories, themes and patterns; and the quantitative data were summarised into statistical tables and figures. Statistical

Product for Service Solutions (SPSS) Version 22 and Microsoft Excel 2013 were the main tools used in the entire processing of the data obtained.

Data were presented in tables, percentages, weighted overages, among others, to analyse the findings. To ensure fair judgement and sound interpretation of the results, the researcher applied more of quantitative methods than qualitative in the analysis of the data. The analysis was done in accordance with the research questions and objectives that were set out by the researcher.

Chapter Summary

The chapter generally dealt with the methods employed in the research study. Thus, it begins a brief introduction. Then followed specific discussions on the various methods that were used to gather the relevant data. They included first, the research design, followed by the study area, then research approach, target population, sampling technique and sample size, data collection methods and data collections instruments. The chapter ended with briefing on some ethical issues and also the various forms of data analysis techniques employed for the study

CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

This chapter deals with the analysis of the quantitative and qualitative data obtained from the respondents. The first section focuses on the distribution of the gender, ages, terms of service, highest professional qualification, management level, durations of service and professional categories of the respondents; while the second part deals with the specific objectives of the study.

The Gender Distribution of the Respondents

Table 3 shows the gender distribution of the respondents. From the table, 63.7 per cent of the respondents were males, while 36.3 per cent were females, which indicates that males dominate the workforce of the Catholic Health Service in the Navrongo-Bolgatanga Diocese.

Table 3: Gender Distribution of the Respondents

Gender	Frequency	Per cent (%)
Male	72	63.7
Female	41	36.3
Total	113	100.0

Source: Field survey (2016)

The Age Distribution of the Respondents

The categories of age of the respondents were presented in Table 4. The Table shows that 43.4 per cent of the respondents were below 30years, 13.3 per cent were above 51years, 33.6 per cent fell between the age range of 31 – 40, and 9.7 per cent of the respondents fell within the age range of 41 – 50. This means that 77 per cent of the workforce are between 40 years and below, indicating a vibrant youth distribution.

Table 4: Age Distribution of the Respondents

Age in years	Frequency	Per cent (%)	
Below 30	49	43.4	
31 – 40	38	33.6	
41 – 50	11	9.7	
51 and above	15	13.3	
Total	113	100.0	

Source: Field survey (2016)

Terms of Service of the Respondents

The terms of service of the respondents in the health facilities is shown in Table 5. From the table, 91.2 per cent of the respondents were permanent staff members, 7.1 per cent were on contract, while 1.7 per cent were voluntary staff members.

Table 5: Terms of Service of the Respondents

Terms of service	Frequency	Per cent (%)
Permanent	103	91.2
Contract	8	7.1
Voluntary	2	1.7
Total	113	100.0

Source: Field survey (2016)

The Highest Professional Qualification of the Respondents

Table 6 displays the distribution of the highest professional qualification of the respondents. In the table, 34.5 per cent were certificate holders, 29.2 per cent were diploma holders, 27.4 per cent were bachelor degree holders and 8.9 per cent were postgraduate degree holders. The professional qualification of the staff shows that majority holds lower qualification, which may have problems for the Service in terms of decision-making.

Table 6: Highest Professional Qualification of the Respondents

Highest professional qualification	Frequency	Per cent (%)
Certificate	39	34.5
Diploma/Higher Diploma	33	29.2
Bachelor Degree	31	27.4
Postgraduate Degree	10	8.9
Total	113	100

Source: Field survey (2016)

The Duration of Service of the Respondents in the Organisation

Table 7 shows the number of years the respondents have worked in the facilities. From the table, 62.8 per cent of the respondents had worked with the institution for not more than 5 years, 9.7 per cent had worked in the institution for 6 to 10 years, 17.7 per cent had worked in the institution for 11 to 15 years and 9.8 per cent had worked in the institution for 16 years and above.

Table 7: Duration of Service of the Respondents in the Organisation

Duration of service	Frequency	Per cent (%)
< 5 years	71	62.8
6 - 10 years	11	9.7
11 - 15 years	20	17.7
> 16 years	11	9.8
Total	113	100.0

Source: Field survey (2016)

The Professional Categories of the Respondents

Table 8 indicates the professional categories of the respondents. The table shows that 53.1 per cent of the respondents belonged to the technical staff category, 9.7 per cent belonged to the administrative staff category and 37.2 per cent belonged to the management staff category.

Table 8: Professional Categories of the Respondents

Health professional category	Frequency	Per cent (%)
Technical staff	60	53.1
Support/Administrative staff	11	9.7
Management staff	42	37.2
Total	113	100.0

Source: Field survey (2016)

Results of specific objectives of the study

This section displays the results on the specific objectives of the study. Research objective one was to identify the types of in-service training which the employees of the Catholic Health Service of the Catholic Diocese of Navrongo-Bolgatanga have participated in, and the results presented in the following section.

Participation in In-Service Training

Table 9 presents the results of the number of the respondents who had once participated in in-service training. From the table, 93.2 per cent of the respondents had once been trained, while 3.4 per cent had never received any form of in-service training since they got employed in the Catholic Health Service of the Catholic Diocese of Navrongo-Bolgatanga. About 3.4 per cent of the respondents remained silent about this issue.

Table 9: Number of the Respondents who had once Participated in In-service
Training

Participation in any In-Service Training	Frequency	Per cent
Yes	82	93.2
No	3	3.4
No Response	3	3.4
Total	88	100.0

Source: Field survey (2016)

Types of in-service training

Table 10 shows the number of the respondents who had benefitted from any of the forms of in-service training. The table shows that 61.0 per cent had benefitted from on-the-job training, 17.1 per cent had benefitted from off-the-job training, 9.8 per cent of the respondents had benefitted from induction training, and 9.8 per cent had benefitted from career development training. About 2.3 per cent of the respondents were silent on this issue.

Table 10: Type of In-service Training which the Respondents have Benefited from or Participated in

Form of training	Frequency	Per cent (%)
Induction Training	8	9.8
On-the-job Training	50	61.0
Off-the-job Training	14	17.1
Career Development Training	8	9.8
No Response	2	2.3
Total	82	100.0

Source: Field survey (2016)

Duration for the Training of the Respondents

The next issue to assess was the duration of the type of in-service training that participants have participated in. On the issue of the duration of the training conducted for the respondents, the results in Table 11 shows that 65.9 per cent of the respondents were trained for less than a week, 22.7 per cent were trained for a period of one to two weeks, while 9.1 per cent were trained for a year or more. About 2.3 per cent of the respondents were silent on this issue.

Table 11: Duration for the Training of the Respondents

Duration	Frequency	Per cent (%)
Less than a week	58	65.9
One week to two weeks	20	22.7
A year or more	8	9.1
No response	2	2.3
Total	88	100.0

Source: Field survey (2016)

Results on research objective two:

Research objective two sought to assess the general perceptions that the employees of the Catholic Health Service of the Catholic Diocese of Navrongo-Bolgatanga have about the benefits of in-service training that they have participated in, and the results presented in the following section.

On respondents' perceptions on factors that increase or promote their performance at work, Table 12 shows that 45.2 per cent of the respondents indicated that remuneration is the greatest factor that determines employees' performance,

24.2 per cent indicated that in-service training is the greatest determinant of employees' performance, 19.4 per cent indicated that working relationship between employees and management is the greatest determinant of employees' performance, while 14.5 per cent indicated that working environment and recognition of efforts by management are rather the greatest determinants of employees' performance.

Table 12: Perceptions of the Employees of the Catholic Health Service about Some Factors that Increase or Promote their Performance at Work

Ranks	Remuneration	In-Service Working		Working	Recognition of
		Training	Relationship	Environment/	efforts by
			between	Conditions	Management
			employees		
			and		
			management		
1 st	28 (45.2)	15 (24.2)	12 (19.4)	9 (14.5)	9 (14.5)
2^{nd}	12 (19.4)	24 (38.7)	7 (11.3)	13 (21.0)	11 (17.7)
3^{rd}	6 (9.7)	7 (11.3)	13 (21.0)	18 (29.0)	9 (14.5)
4 th	4 (6.5)	10 (16.1)	10 (16.1)	14 (22.6)	13 (21.0)
5 th	5 (8.1)	4 (6.5)	16 (25.8)	8 (12.9)	18 (29.0)
No	7 (11.3)	2 (3.2)	4 (6.5)	0 (0.0)	2 (3.2)
response					

Source: Field survey (2016)

On the contrary, 8.1 per cent of the respondents indicated that remuneration is the least determinant of employees' performance, 6.5 per cent indicated that inservice training is the least determinant, 25.8 per cent indicated that working relationship between employees and management is the least determinant, 12.9 per

cent indicated that working environment is the least determinant, and 29.0 per cent indicated that recognition of efforts by management is rather the least determinant of employees' performance.

Assessing all these responses together, it is clear that the greatest determinant of employees' performance is remuneration, followed sequentially by in-service training, working environment, and working relationship between employees and management, with the recognition of efforts by management being the least factor that determines employee performance. These findings are in consonance with the findings made by Horwitz, (1999) who stated that employees' performance is influenced by many factors such as management-subordinate relationship, the working conditions, reward system, employee team-work and employee training. The next issue considered was respondents' perception on how the training influence their performance.

Perceptions of the Respondents on how Induction Training Influences the Performance of Employees

Table 13 displays the number of respondents and the kind of perceptions they have about how induction training influences the performance of employees. On effects of induction training on employee working skills, 22.6 per cent strongly agreed, 48.4 per cent agreed, none disagreed, none strongly disagreed, 25.8 per cent were not sure and 3.2 per cent did not provide any response. When stated that induction training increases the productivity of employees at work 22.6 per cent strongly agreed, 48.4 per cent agreed, none disagreed, 1.6 per cent strongly

disagreed, 24.2 per cent were not sure and 3.2 per cent did not provide any response. When stated that induction training contributes to employees' motivation, 19.4 per cent strongly agreed, 40.3 per cent agreed, 3.2 per cent disagreed, none strongly disagreed, 33.9 per cent were not sure and 3.2 per cent did not provide any response.

Table 13: Perceptions of the Respondents on how Induction Training
Influences the Performance of Employees

Perception	Strongly	Agree	Disagree	Strongly	Not sure	No
	Agree			Disagree		response
Enhances	14	30	0(0.0)	0(0.0)	16	2 (3.2)
employee	(22.6)	(48.4)			(25.8)	
working skills						
Increases the	14	30	0(0.0)	1(1.6)	15(24.2)	2(3.2)
productivity of	(22.6)	(48.4)				
employees at						
work						
Contributes to	12(19.4	3) 25(40	.3) 2(3.2)	0(0.0)	21(33.9)	2 (3.2)
employee's						
motivation						
Has a positive	14(22.6	5) 33(53	.2) 1 (1.6)	0(0.0)	12(19.4)	2(3.2)
effect on client						
satisfaction						

Source: Field survey (2016)

When stated that induction training has a positive effect on client satisfaction, 22.6 per cent strongly agreed, 53.2 per cent agreed, 1.6 per cent disagreed, none strongly disagreed, 19.4 per cent were not sure and 3.2 per cent did not provide any response. The results support Abtahi (2009); Holzer (2007) and Kearney and Berman's (1999) findings that most employees join organisations with academic knowledge but with little or no knowledge and skills about the job. The employees, therefore, require new skills, knowledge and attitudes that will help

them face their workplace challenges, perform specific tasks and assume newer and higher responsibilities.

Perceptions of the Respondents on how On-the-job Training Influences the Performance of Employees

Results on the number of respondents and the kind of perceptions they have about how on-the-job training influences the performance of employees is presented in Table 14.

Table 14: Perceptions of the Respondents on how On-the-job Training
Influences the Performance of Employees

Perception	Strongly	Agree	Dis-	Strongly	Not	No
	Agree		agree	Disagree	sure	response
Enhances employee		14(22.6)	0(0.0)	0(0.0)	1(1.6)	0(0.0)
working skills	47(75.8)					
Increases the productivity		26(41.9)	0(0.0)	0(0.0)	4(6.5)	0(0.0)
of employees at work	32(51.6)					
Contributes to	17(27.4)	39(62.9)	0(0.0)	1(1.6)	5(8.1)	0(0.0)
employee's motivation						
Has a positive effect on	24(38.7)	33(53.2)	0(0.0)	1(1.6)	4(6.5)	0(0.0)
client satisfaction						

Source: Field survey (2016)

When stated that on-the-job training enhances employee working skills, 75.8 per cent strongly agreed, 22.6 per cent agreed, none disagreed, none strongly disagreed, and 1.6 per cent were not sure. When stated that on-the-job training increases the productivity of employees at work 51.6 per cent strongly agreed, 41.9 per cent agreed, none disagreed, none strongly disagreed, and 6.5 per cent were not

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sure. When stated that on-the-job training contributes to employees' motivation, 27.4 per cent strongly agreed, 62.9 per cent agreed, none disagreed, 1.6 per cent strongly disagreed, and 8.1 per cent were not sure. When stated that on-the-job training has a positive effect on client satisfaction, 38.7 per cent strongly agreed, 53.2 per cent agreed, none disagreed, 1.6 per cent strongly disagreed, and 6.5 per cent were not sure.

Perceptions of the Respondents on how Off-the-job Training Influences the Performance of Employees

On the issue of how off-the-job training influence the performance of employees, the results was displayed in Table 15. When respondents were asked whether or not off-the-job training enhances employee working skills, 75.8 per cent strongly agreed, 22.6 per cent agreed, none disagreed, none strongly disagreed, and 1.6 per cent were not sure. When stated that off-the-job training increases the productivity of employees at work 51.6 per cent strongly agreed, 41.9 per cent agreed, none disagreed, none strongly disagreed, and 6.5 per cent were not sure. When stated that off-the-job training contributes to employees' motivation, 27.4 per cent strongly agreed, 62.9 per cent agreed, none disagreed, 1.6 per cent strongly disagreed, and 8.1 per cent were not sure. When stated that off-the-job training has a positive effect on client satisfaction, 38.7 per cent strongly agreed, 53.2 per cent agreed, none disagreed, 1.6 per cent strongly disagreed, and 6.5 per cent were not sure.

Table 15: Perceptions of the Respondents on how Off-the-job Training

Influences the Performance of Employees

Perception	Strongly	Agree	Disagree	Strongly	Not sure	No
	Agree			Disagree		response
Enhances	21(33.9)	27(43.5)	1(1.6)	1(1.6)	11(17.7)	1(1.6)
employee						
working skills						
Increases the	17(27.4)	28(45.2)	2(3.2)	2(3.2)	12(19.4)	1(1.6)
productivity of						
employees at						
work						
Contributes to	15(24.2)	31(50.0)	2(3.2)	1(1.6)	12(19.4)	1(1.6)
employee's						
motivation						
Has a positive	16(25.8)	27(43.5)	4(6.5)	1(1.6)	13(21.0)	1(1.6)
effect on client						
satisfaction						

Source: Field survey (2016)

Perceptions of the Respondents on how Career Development Training Influences the Performance of Employees

Respondents and the kind of perceptions they have about how career development training influences the performance of employees is presented in Table 16. From the table, it could be seen that on the issue of whether career development enhances employee working skills, 64.5 per cent strongly agreed, 32.3 per cent agreed, 1.6 per cent disagreed, none strongly disagreed, and 1.6 per cent were not sure. When stated that career development increases the productivity of

employees at work, 50.5 per cent strongly agreed, 43.5 per cent agreed, none disagreed, none strongly disagreed, and 6.5 per cent were not sure.

Table 16: Perceptions of the Respondents on how Career Development

Training Influences the Performance of Employees

Perception	Strongly	Agree	Disagree	Strongly	Not	No
	Agree			Disagree	sure	response
Enhances	40(64.5)	20(32.3)	1(1.6)	0(0.0)	1(1.6)	0(0.0)
employee						
working skills						
Increases the	31(50.5)	27(43.5)	0(0.0)	0(0.0)	4(6.5)	0(0.0)
productivity of						
employees at						
work						
Contributes to	27(43.5)	33(53.2)	0(0.0)	0(0.0)	6(9.7)	0(0.0)
employee's						
motivation						
Has a positive	27(43.5)	29(46.8)	0(0.0)	0(0.0)	6(9.7)	0(0.0)
effect on client						
satisfaction						

Source: Field survey (2016)

When stated that career development contributes to employees' motivation, 43.5 per cent strongly agreed, 53.2 per cent agreed, none disagreed, 1.6 per cent strongly disagreed, and 9.7 per cent were not sure. When stated that career development has a positive effect on client satisfaction, 43.5 per cent strongly agreed, 46.8 per cent agreed, none disagreed, 1.6 per cent strongly disagreed, and 9.7 per cent were not sure.

The results on respondents' perceptions suggest that in-service training is what equips employees with the working skills, knowledge, attitude and motivation; that they need to help them work effectively and efficiently to enhance a quality output that will culminate in organisational/institutional success as suggested by Salas *et al.*, (2001) and Swart *et al.*, (2005).

Results of research objective three

Research objective three was to identify the specific benefits, or otherwise, which employees of the Catholic Health Service of the Catholic Diocese of Navrongo-Bolgatanga had derived from in-service training. Table 17 shows the benefits which the respondents have had from in-service - training.

Table 17: The Benefits which the respondents have had from the In-service

Training

Some benefits of in-service training	Frequency	Per cent (%)
It increased my knowledge and skills	56	90.3
It built up my competencies	51	82.3
It boosted my morale at work	45	72.6
It motivated me to perform better	45	72.6
It enabled me to acquire multiples of skills to	39	62.9
assume wider roles and responsibilities		
It enabled me to provide quality health care	50	80.6

Source: Field survey (2016)

From the table, 90.3 per cent of the respondents indicated that in-service training has increased their knowledge and skills, 82.3 per cent indicated that inservice training has built up their competencies, 72.6 per cent indicated that in-

service training has boosted their morale at work, another 72.6 per cent indicated that in-service training has motivated them to perform better, 62.9 per cent indicated that in-service training has enabled them to acquire multiple skills which have made it possible for them to assume wider roles and responsibilities, 80.6 per cent indicated that in-service training has enabled them to provide quality health care.

Results on Specific Objective four

On objective four, the study sought to identify the type of in-service training which has greatly improved the performances of employees of the Catholic Health Service of the Catholic Diocese of Navrongo-Bolgatanga; and hence highly recommendable for the employees. Table 18 shows the extent to which each type of in-service training improved the performances of the respondents.

Table 18: The Extent to which Each Type of In-service Training Improved the Performances of the Respondents

Responses	Induction	On-the-job	Off-the-job	Career
	Training	Training	Training	Development
To some extent	23 (37.1)	14 (22.6)	10 (16.1)	9 (14.5)
To a greater extent	15 (24.2)	43 (69.4)	15 (24.2)	19 (30.6)
To a lesser extent	4 (6.5)	1 (1.6)	7 (11.3)	1 (1.6)
To no extent	1 (1.6)	0 (0.0)	7 (11.3)	8 (12.9)
Not sure	0 (0.0)	0 (0.0)	3 (4.8)	3 (4.8)
No Response	19 (30.6)	4 (6.5)	20 (32.3)	22 (35.5)

Results are presented as frequencies with their percentages in parenthesis

Source: Field survey (2016)

From the table, it could be observed that majority of the respondents have had improvement in their performances after been exposed to any of the in-service training forms. Concerning induction, 37.1 per cent stated that it has improved their performances to some extent, 24.2 per cent indicated that it has improved their performances to a greater extent, 6.5 per cent stated that it has improved their performances to a lesser extent, 1.6 per cent stated that it has not improved their performances, 30.6 per cent gave no response, while none was indifferent on this issue. Concerning on-the-job training, 22.6 per cent stated that it has improved their performances to some extent, 69.4 per cent indicated that it has improved their performances to a greater extent, 1.6 per cent stated that it has improved their performances to a lesser extent, 0 per cent stated that it has not improved their performances, 6.5 per cent gave no response, while 0 per cent were not sure whether on-the-job training has improved their performances.

Regarding off-the-job training, 16.1 per cent stated that it has improved their performances to some extent, 24.2 per cent indicated that it has improved their performances to a greater extent, 11.3 per cent stated that it has improved their performances to a lesser extent, 11.3 per cent stated that it has not improved their performances, 32.3 per cent gave no response, while 4.8 per cent were not sure whether induction has improved their performances.

Concerning career development, 14.5 per cent stated that it has improved their performances to some extent, 30.6 per cent indicated that it has improved their performances to a greater extent, 1.6 per cent stated that it has improved their performances to a lesser extent, 12.9 per cent stated that it has not improved their

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performances, 45.5 per cent gave no response, while 4.8 per cent were not sure whether induction has improved their performances.

These results are supported by Goyal (2007) and Foot and Hook (2008) who explained that in-service training helps new employees to settle quickly into their jobs, create a favourable image of the institution, and adapts them to the institutional culture so that they soon become efficient and productive employees. The results are also supported by the studies conducted by Kebenei (2014) and Odunayo (2014) which established that in-service training relieves employees of anxieties about their jobs and inspires them to have a good attitude towards the institution. Furthermore, studies conducted by Horwitz (1999), Wright and Geroy (2001), Tadic (2005), Mardani (2009) and Jagero (2012) indicated that in-service training equips employees with new skills, knowledge and competencies they need for their jobs, thus making them perform effectively to enhance an efficient output.

Assessing the Form of In-service Training that has Greatly Improved the Performances of the Employees

Table 19 displays the number of respondents and the kind of perceptions they have about the form of in-service training that has greatly improved the performances of the employees of the Catholic Health Service of the Catholic Diocese of Navrongo-Bolgatanga.

Regarding induction training, 41.9 per cent agreed 12.9 per cent strongly agreed, none disagreed and 27.4 per cent were not sure whether induction training has improved their performances. However, 3.2 per cent of the respondents strongly

disagreed that induction training has improved their performances. Regarding onthe-job training, 3.2 per cent of the respondents strongly disagreed that on-the-job training has improved their performances, 25.8 per cent agreed, 62.9 per cent strongly agreed, none disagreed and 1.6 per cent were not sure whether on-the-job training has improved their performances.

Table 19: Assessing the Form of In-service Training that has Greatly Improved the Performances of the Employees

Response	Induction	On-the-job	Off-the-job	Career
	Training	Training	Training	Development
Strongly disagree	2 (3.2)	2 (3.2)	5 (8.1)	3 (4.8)
Disagree	0 (0.0)	0 (0.0)	4 (6.5)	1 (1.6)
Not sure	17 (27.4)	1 (1.6)	7 (11.3)	4 (6.5)
Agree	26 (41.9)	16 (25.8)	23 (37.1)	21 (33.9)
Strongly agree	8 (12.9)	39 (62.9)	12 (19.4)	24 (38.7)
No response	9 (14.5)	4 (6.5)	11 (17.7)	9 (14.5)

Source: Field survey (2016)

With regard to off-the-job training, 8.1 per cent of the respondents strongly disagreed that off-the-job training has improved their performances, 37.1 per cent agreed, 19.4 per cent strongly agreed, 6.5 per cent disagreed and 11.3 per cent of the respondents were not sure whether off-the-job training has improved their performances. Concerning career development, 4.8 per cent of the respondents disagreed that career development has improved their performances, 33.9 per cent agreed, 38.7 per cent strongly agreed, 1.6 per cent disagreed and 6.5 per cent were not sure whether career development has improved their performances. All these

indicate that the respondents see on-the-job training as the form of in-service training that greatly improves employees' performances, and this is sequentially followed by off-the-job training, career development and finally, induction training.

Assessing the Influence of Each Form of In-service Training on the Commitment Level of the Employees

Table 20 displays the number of respondents and their responses concerning the influence of in-service training on the commitment levels of the employees.

Table 20: Assessing the Influence of Each Form of In-service Training on the Commitment Level of the Employees

Responses	Induction	On-the-job	Off-the-job	Career
	training	training	training	Development
To some extent	27 (43.5)	17 (27.4)	24 (38.7)	12 (19.4)
To a greater extent	20 (32.3)	41 (66.1)	17 (27.4)	42 (67.7)
To a lesser extent	4 (6.5)	1 (1.6)	7 (11.3)	2 (3.2)
To no extent	2 (3.2)	0 (0.0)	5 (8.1)	1 (1.6)
Not too sure	4 (6.5)	1 (1.6)	2 (3.2)	2 (3.2)
No Response	5 (8.1)	2 (3.2)	7 (11.3)	3 (4.8)

Source: Field survey (2016)

Concerning induction training, 43.5 per cent of the respondents indicated that induction training has influenced their commitment to some extent, 32.3 per cent indicated that it has improved their commitment to a greater extent, 6.5 per cent indicated that it has improved their commitment to a lesser extent, 3.2 per cent

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indicated that it has not influenced their commitment and 6.5 per cent were not sure whether induction training has influenced their commitment or not.

Concerning on-the-job training, 27.4 per cent of the respondents indicated that on-the-job training has influenced their commitment to some extent, 66.1 per cent indicated that it has improved their commitment to a greater extent, 1.6 per cent indicated that it has improved their commitment to a lesser extent, none indicated that it has not influenced their commitment and 1.6 per cent were not sure whether induction training has influenced their commitment or not.

Regarding of-the-job training, 38.7 per cent of the respondents indicated that on-the-job training has influenced their commitment to some extent, 27.4 per cent indicated that it has improved their commitment to a greater extent, 11.3 per cent indicated that it has improved their commitment to a lesser extent, 8.1 per cent indicated that it has not influenced their commitment and 3.2 per cent were not sure whether it has influenced their commitment.

Regarding career development, 19.4 per cent of the respondents indicated that career development training has influenced their commitment to some extent, 67.7 per cent indicated that it has improved their commitment to a greater extent, 3.2% indicated that it has improved their commitment to a lesser extent, 1.6 per cent indicated that it has not influenced their commitment and 3.2 per cent were not sure whether it has influenced their commitment to their jobs.

Results on Specific Objective five

Objective five sought to assess the outcome of in-service training on the satisfaction of clients of the Catholic Health Service of the Catholic Diocese of Navrongo-Bolgatanga. Table 21 shows the number of respondents and their takes on whether or not the in-service training they had, has impacted on clients' satisfaction.

Table 21: Assessing the Impact of the Outcome of the In-service Training on Client Satisfaction

Response	Frequency	Per cent
Yes, it had a positive impact on client satisfaction	71	80.7
No, it has had no impact on client satisfaction	1	1.1
Not sure	9	10.2
No Response	7	8.0
Total	88	100.0

Source: Field survey (2016)

From the table, 80.7 per cent of the respondents indicated that in-service training has had a positive impact on client satisfaction, while 1.1 per cent indicated that it has had no impact on client satisfaction. About 10.2 per cent of the respondents were not sure whether the training they had, has had an impact on client satisfaction, while 8.0 per cent of the respondents remained silent on that. The results are in agreement with the studies conducted by Dowling (2008) and Odinga (2010), which clarified that, after trainees have transferred their acquired skills, knowledge and attitudes to their jobs, their performances receive a boost, become more efficient and elicit a higher client satisfaction (AOdinga, 2010; Birdi *et al.*,

2008; idah, 2013; Jagero *et al.*, 2012; Ismail *et al.*, 2012). It also confirms the study conducted by Saif (2014), which led to the conclusion that in-service training promotes better performance and customer satisfaction. However, the study by Delery and Doty (1996), which did not find a universal effect of training on the performance of organisations, challenges the findings of this study.

Results of Qualitative Data from the Respondents

Table 22 displays the forms of in-service training recommended by the participants, the reasons why the participants recommended them, and the percentage number of the respondents who gave each reason. All respondents recommended induction training, 96.3 per cent recommended on-the-job training, 70.4 per cent were for off-the-job training, and 63.0 per cent recommended career development training for employees of the Catholic Health Service of the Catholic Diocese of Navrongo-Bolgatanga. In giving the reasons for their choices, 88.9 per cent of the respondents who recommended induction training stated that it serves as the baseline for new employees and equips them with values of the health service; 92.6 per cent stated that it equips new employees with skills and knowledge they could not get in the classroom, while 91.0 per cent stated that it promotes the performances of new employees.

Regarding their choice for on-the-job training, 96.3 per cent stated that this form of training equips employees with extra knowledge, 92.6 per cent stated that it increases the performances of employees and 96.3 per cent stated that it promotes productivity. Concerning off-the-job training, 99.3 per cent of the respondents

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stated that this form of training equips employees with extra knowledge, 88.1 per cent stated that it increases the performances of employees, while 94.4 per cent stated that it promotes productivity. With career development training, 94.4 per cent of the respondents stated that it equips employees with extra knowledge, 90.7 per cent stated that it increases the performances of employees, while 94.4 per cent stated that it promotes productivity.

Table 22: The Form of In-service Training Recommended by the Participants, and the Reasons Why the Participants Recommended Them

Form of in-service	Percentage of the	Reasons for recommending it	Percentage of the
training recommended	participants who		participants who
by the participants	recommended it		gave that reason
Induction	100.0	It serves as the baseline for new employees and	88.9
		equips them with values of the health service.	
		It equips new employees with skills and knowledge	92.6
		they couldn't get in the classroom.	
		It promotes performance of employees.	91.0
On-the-job	96.3	It equips employees with extra knowledge.	96.3
		It increases performance of employees.	92.6
		It promotes productivity.	96.3
Off-the-job	70.4	It equips employees with extra knowledge.	99.3
		It increases the performance of employees.	88.1
		It promotes productivity.	94.4
Career development	63.0	It equips employees with extra knowledge.	94.4
		It increases the performance of employees.	90.7
		It promotes productivity.	94.4

Source: Field survey (2016)

Table 23 is a continuation of Table 22; and it shows the responses of the participants regarding the adequacy of each form of in-service training recommended, the reasons for their responses, the percentage number that gave those responses and the percentage number that gave each reason.

Interestingly, all the respondents who recommended induction training (as indicated in Table 22) opined that induction training alone is not adequate; and in giving their reasons, all of them (100%) indicated that the time allotted for induction training is very minimal, while 85.7 per cent indicated that this form of training is not effectively organised. Additionally, all the respondents who recommended off-the-job training (as indicated in Table 22) opined that this form of training is not adequate; and in giving their reasons, 88.9 per cent indicated that the time allotted for it is very minimal, while 93.7 per cent indicated that only few attend this form of training when it is organised.

Similarly, all the respondents who recommended career development training (as indicated in Table 22) opined that this form of training is not adequate; and in giving their reasons, all of them (100%) indicated that the time allotted for it is very minimal; and besides, only few attend it when it is organised. Among the respondents who recommended on-the-job training, 37.0 per cent indicated that this form of training is adequate, and buttressed their stand with the reasons that, this form of training is effectively organised, there is maximum participation during this training, and there is ample time allotted for this form of training whenever it is organised.

Table 23: Responses of the Participants on the Adequacy of Each Form of In-service Training Recommended

Form of in-	Is this type o	f in-service traini	ng adequate?			
service		YES		NO		
training	% of	Reasons	% of	% of	Reasons	% of
recommended	respondents		respondents	respondents		respondents
by the	who said		who gave	who said		who gave
respondents	"YES"		that reason	"NO"		that reason
Induction	0.0	-	-	100	Time allotted for it is very minimal	100.0
					Not effectively organised	85.7
On-the-job	37.0	Ample time is allotted for the training	100.0	63.0	Not all skills can be acquired with this type of training	90.6
		There is maximum participation	100.0		Needs to partner with other factors before it can augment productivity	96.5
		Very effective	100.0			
Off-the-job	0.0	_	_	100	Time allotted for it is very minimal	88.9
					Only few attends it	93.7
Career development	0.0			100	Time allotted for it is very minimal	100.0
_		-	-		Only few attends it	100.0

Source: Field survey (2016)

However, 63.0 per cent of the respondents indicated that on-the-job training is not adequate; and in giving their reasons, 90.6 per cent of this number indicated that, not all skills can be acquired with this form of training, while 96.5 per cent of this number indicated that, this form of training needs to partner with other factors before it can enhance productivity.

Benefits which the Respondents and the Health Facilities have Derived from Previously Organised In-service Training

Table 24 displays the benefits which the respondents and the health facilities have derived from previously organised in-service training, and the percentage number of the respondents who shared in each benefit. Regarding induction training, 92.6 per cent of the respondents stated that it has protected them from occupational hazards, 92.6 per cent stated that it has equipped them with skills and knowledge which they couldn't get in the classroom, 85.2 per cent stated that it has equipped them with organisational values and 92.6 per cent stated that it has made them very confident in working.

Regarding on-the-job training, 90.4 per cent of the respondents stated that it has helped them to perfect their skills and knowledge, 92.3 per cent stated that it has augmented their working output and 89.4 per cent stated that it has promoted productivity of the health facility. Concerning off-the-job training, 74.1 per cent indicated that it has equipped them with new skills, 70.4 per cent indicated that it has increased their confidence and commitment level. About 88.9 indicated that it has enhanced their working output and 96.3 per cent indicated that it has promoted productivity of the health facility.

Table 24: Benefits which the Respondents and the Health Facilities have

Derived from Previously Organised In-service Training

Benefits	Percentage of
	respondents
It protected me from occupational hazards.	92.6
It equipped me with skills and knowledge I	92.6
couldn't get in the classroom.	
It equipped me with organisational values	85.2
It made me very confident in working.	92.6
It has helped me to perfect my skills and	90.4
knowledge.	
It has augmented my working output.	92.3
It has promoted productivity of the health	89.4
facility.	
It has equipped me with new skills.	74.1
It has increased my confidence and	70.4
commitment level.	
It has enhanced my working output.	88.9
It has promoted productivity of the health	96.3
facility.	
It has equipped me with currently discovered	100
skills and knowledge needed for the job.	
It has increased my confidence and	81.5
commitment levels.	
It has enhanced my working output.	66.7
It has augmented productivity in the health	74.1
facility.	
	It protected me from occupational hazards. It equipped me with skills and knowledge I couldn't get in the classroom. It equipped me with organisational values It made me very confident in working. It has helped me to perfect my skills and knowledge. It has augmented my working output. It has promoted productivity of the health facility. It has equipped me with new skills. It has increased my confidence and commitment level. It has enhanced my working output. It has promoted productivity of the health facility. It has equipped me with currently discovered skills and knowledge needed for the job. It has increased my confidence and commitment levels. It has enhanced my working output.

Source: Field survey (2016)

Concerning career development, all the respondents (100%) indicated that it has equipped them with currently discovered skills and knowledge needed for the job, 81.5 per cent indicated that it has increased their confidence and commitment levels, 66.7 per cent indicated that it has enhanced their working

output, and 74.1 per cent indicated that it has augmented productivity in the health facility.

Type of On-the-job Training which is Commonly Organised for the Employees of the Catholic Health Service

Table 25 below displays the form of on-the-job training which is commonly organised for the employees of the Catholic Health Service of the Catholic Diocese of Navrongo-Bolgatanga, as indicated by the respondents.

Table 25: Type of On-the-job Training which is Commonly Organised for the Employees of the Catholic Health Service

Type of in-service training	Frequency	Percentage
Job rotation	10	37.0
Coaching	11	40.7
Mentoring	6	22.3
Apprenticeship	0	0.0
Total	27	100.0

Source: Field survey (2016)

From the table, 37.0 per cent of the respondents indicated that job rotation is the most commonly organised, 40.7 per cent indicated that coaching is rather the most commonly organised, while 23.3 per cent indicated that mentoring is rather the most commonly organised form of on-the-job training for the employees. Nevertheless, none of the respondents selected apprenticeship.

Employees Responses to Whether Participants of In-service Training Transferred their Acquired Skills and Knowledge to the Job

Table 26 below shows the employees' responses to whether they and their colleagues, after participating in in-service training, transferred their acquired skills and knowledge to the job.

Table 26: Employees Responses to Whether Participants of In-service
Training Transferred their Acquired Skills and Knowledge to the Job

Response	Percentage	Reasons given	Percentage of the
	of		respondents who
	responses		gave that reason
Yes	63.0	Change in attitude after the	100
		training	100
		Increased work output and	
		efficiency after the training	
No	14.8	None	-
No	22.2	-	-
response			

Source: Field survey (2016)

From the table, 63.0 per cent of the respondents stated that, trainees transferred their acquired skills and knowledge to the job, and then buttressed their stand with the reasons that, after the training sessions, they have observed changes in the attitudes of the trainees towards their jobs. They also reported of increased work output and efficiency of the trainees when working. However, 14.8 per cent of the respondents stated that, the trainees did not transfer their acquired skills and knowledge to the job; but failed to substantiate their claim with reasons. About 22.2 per cent of the respondents remained silent on this issue.

Relationship between In-service Training and Performance

Table 27 displays the employees' responses to whether a positive relationship exists between in-service training and performance, and their reasons for making those responses. According to the table, 96.3 per cent of the respondents opined that a positive relationship exists between in-service training and performance, while 3.7 per cent percentage reacted contrarily, yet none of the respondents gave any reason to substantiate their opinions.

Table 27: Relationship between In-service Training and Performance

Response	Percentage of respondents	Reasons given
Yes	96.3	None
No	3.7	None
Total	100	-

Source: Field survey (2016)

Perceptions of the Respondents about Other Factors that Improve Employee Performance

Table 28 below displays the perceptions of the respondents about other factors that improve employees' performance. From the table, all the respondents wrote good remuneration and good supervision, 96.3 per cent wrote awards and promotion, 92.6 per cent wrote improved working conditions/supply of equipment, and 81.5 per cent wrote recognition of efforts by management and encouragement by management as the factor that greatly improves the performances of employees.

Table 28: Perceptions of the Respondents about Other Factors that

Improve Employee Performance

Factors	Frequency	Percentage
Good remuneration	27	100
Awards and promotion	26	96.3
Improved working conditions / supply of	25	92.6
equipment		
Recognition of efforts by management, and	22	81.5
encouragement from management		
Good supervision	27	100

Source: Field survey (2016)

Summary of the Chapter

Chapter Four dealt with results and the discussions on the findings emanating from the study. The chapter analysed both the quantitative and the qualitative data gathered from the respondents based on the five key objectives of the study. The analysis began with the demographic characteristics of the respondents and discussed the results of key objectives one to objective five. Chapter Five presents the summary, conclusions, and recommendations of the study.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter deals with the summary and conclusions made from the study and then the recommendations for further studies.

Summary of the Study

The first chapter of the study deals with the introduction which included the background, problem statement as well as the objectives of the research and the research questions. The justification for the research and limitations are also given. The introduction ends with definitions of some key terms and the organisation of the study. The literature review provides the theories and empirical evidence pertaining to the study. It ends with a conceptual framework for the study. The methodology section continued with the methods that were used in obtaining the relevant data for the study. Thus, it included the overview of the Navrongo-Bolgatanga Diocesan Health Service, the research design, population, sampling size and procedure, data collection instruments, ethical issues and data analysis.

The results, which included both qualitative and quantitative analyses of the data obtained, are brought forward in chapter four. The discussions on the results presented and clarifications on the principal findings followed. The whole study on the topic "impact of in-service training on employee performance in the Catholic Health Service" ended with the conclusions and recommendations regarding any findings.

Key Findings

The following were the key findings from the study:

- 1. 93.2 per cent of the respondents had once been trained, while 3.4 per cent had never received any form of in-service.
- Main type of in-service-training is on-the-job training as ascribed by
 per cent of respondents.
- 3. 65.9 per cent of the respondents were trained for less than a week.
- 4. The greatest determinant of employees' performance was remuneration as indicated by 45.2 per cent, followed sequentially by in-service training, working environment, and working relationship between employees and management, with the recognition of efforts by management being the least factor that determines employee performance.
- 5. About 44 per cent indicated that in-service training is what equips employees with the working skills, knowledge, attitude and motivation; that they need to help them work effectively and efficiently to enhance a quality output that will culminate in organisational/institutional success.
- 6. 90.3 per cent of the respondents indicated that in-service training has increased their knowledge and skills, 82.3 per cent indicated that in-service training has built up their competencies, while 80.6 per cent indicated that in-service training has enabled them to provide quality health care.
- 7. 69.4 per cent indicated that in-service-training has improved their performances to a greater extent.

- 8. Induction training was seen as the most influential type of training that influence respondents' performance as stated by 41.9 per cent.
- 80.7 per cent of the respondents indicated that in-service training has
 had a positive impact on client satisfaction

Conclusions

In-service training, by equipping the employees of the Catholic Health Service of the Catholic Diocese of Navrongo-Bolgatanga with new skills, knowledge, confidence, commitment and competencies, which were translated into the working environment of the seven health facilities, has had a significant impact on their overall performance, and this is evidenced by the increased work output and the higher satisfaction observed among the clients who seek health care within the seven facilities.

Since on-the-job training is the most predominant form of in-service training organised for the employees of the Catholic Health Service of the Catholic Diocese of Navrongo-Bolgatanga, it is concluded that on-the-job training is the form of in-service training that has had a major positive impact on the overall performance of the employees within the seven facilities of the Catholic Health Service of the Catholic Diocese of Navrongo-Bolgatanga.

In spite of this, on-the-job training alone, just as the other forms of inservice training, is not adequate to obtain the best and quality output from the employees to warrant the success of the Catholic Health Service of the Catholic Diocese of Navrongo-Bolgatanga.

Recommendations

Since on-the-job training has been found to have impacted positively on the performances of the employees, it is recommended that this form of training be organised frequently and periodically for the employees of the Catholic Health Service of the Catholic Diocese of Navrongo-Bolgatanga. And due to the finding that on-the-job training alone is not adequate to warrant the success of the Catholic Health Service of the Catholic Diocese of Navrongo-Bolgatanga, it is recommended that, on-the-job training be organised with the other forms of in-service training such as induction training, off-the-job training and carrier development training, while management ensures that the employees are keenly supervised and frequently or periodically lavished and motivated with good remuneration, awards and promotion, good working environment, and good working relationships.

If all these factors that promote organisational or institutional success are integrated and ran concurrently within the seven facilities, the Catholic Health Service of the Catholic Diocese of Navrongo-Bolgatanga will deliver a better form of health care until it stands out as the best healthcare provider in Ghana and beyond.

Recommendations for Further Studies

In this study, work output and client satisfaction alone were used as the means of measuring the overall performance of the employees. It is, therefore, recommended that prospective studies be conducted where the other measures of performance, like benchmarking, will also be used to ascertain the real impact

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of in-service training on the overall performance of employees of the Catholic Health Service of the Catholic Diocese of Navrongo-Bolgatanga.

In order for management of the Catholic Health Service of the Catholic Diocese of Navrongo-Bolgatanga to be sure whether investing in in-service training is financially advantageous or not, it is recommended that prospective studies be conducted to specify whether investing in in-service training translates into appreciable financial returns within the Catholic Health Service of the Catholic Diocese of Navrongo-Bolgatanga.

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APPENDICES

Appendix A: Questionnaire for Responses from the Staff, Management and Other Stakeholders of the Catholic Health Service

You are invited to participate in this research on the impact of In-service training on employee performance in the Catholic Health Service of the Catholic Diocese of Navrongo-Bolgatanga. It is a component of a research dissertation undertaken by the researcher in partial fulfilment of the requirement for the award of a Master of Business Administration in Human Resource Management. The information you provide is meant for academic purpose only. Thank you for your willingness to participate and your cooperation in the exercise. You can please call these numbers: 0208830959 or 0243220117 for any clarification.

Section A - Personal Details

Please tick where appropriate $\lceil \sqrt{\rceil}$

1.	Gender:	Male [] I	female []				
2.	Age (Yrs):	Below 30	[] 31-40 [] 41-50 []	51 and ab	ove[]	
3.	Terms of Servi	ce: Pe	rmanent []	Contr	ract	[]
	Temporary/Vol	luntary []				
4.	Highest Profess	sional Qua	alification: C	Certificate []	Bachelor	Degree	e []
	Diploma /High	er Diplom	a [] Master	's Degree an	d above []	
5.	Management L	evel in yo	ur Organisat	ion: Lowe	er [] M	liddle [[]
	Senior Top []						
6.	Years worked i	n the Orga	anisation:	0-5 years []	11-15 y	ears []	6-
	10 years []	16	years and al	oove []			
7.	Health Profe	essional	Category:	Technical	staff	[]
	Support/Admir	nistrative s	staff [] Mar	nagement stat	ff []		

Section B - The Responses from this Section will Help the Researcher to Determine the Benefits of In-Service Training in the Catholic Health Service

Please	tick where appropriate. $[\sqrt{\ }]$						
1.	Have you ever participated is	n any kind of In-service Training	organised				
	for your institution? Yes	[] No []					
2.	If yes, please indicate by	ticking whether the In-service	Training				
		ny of the following as below:					
	Health Service Orientation	on	[]				
	Quality service delivery a	and assurance	[]				
	Client/Patient Care and R	Relationship	[]				
	Health Financial Management and Sustainability						
	Medical Information	Records Management and	[]				
	Confidentiality						
	Client/Patient and Emplo	yee safety measures at workplace	[]				
	Medico-legal issues and t	the work environment					
	Medico-legal issues and t Others,	the work environment please	specify				
2	Others,	please	•				
3.	Others, Which of the following In-	please service trainings have you ever					
	Others, Which of the following Infrom as an employee of the	please service trainings have you ever Catholic Health Service?	benefited				
(a)	Others, Which of the following Infrom as an employee of the On-the-Job Training []	please service trainings have you ever Catholic Health Service? (b) Off-the-Job Site Training [benefited				
(a)	Others, Which of the following Infrom as an employee of the	please service trainings have you ever Catholic Health Service?	benefited				
(a) (c)	Others, Which of the following Infrom as an employee of the On-the-Job Training []	please eservice trainings have you ever catholic Health Service? (b) Off-the-Job Site Training [(d) Career Development Training	benefited				
(a) (c) 4.	Others, Which of the following Infrom as an employee of the On-the-Job Training [] An Induction Course []	please eservice trainings have you ever catholic Health Service? (b) Off-the-Job Site Training [(d) Career Development Training	benefited				
(a) (c) 4. (a)	Others, Which of the following Infrom as an employee of the On-the-Job Training [] An Induction Course []	please service trainings have you ever Catholic Health Service? (b) Off-the-Job Site Training [(d) Career Development Training on of the training? (b) One week to two weeks []	benefited				
(a) (c) 4. (a) (c)	Others, Which of the following Infrom as an employee of the On-the-Job Training [] An Induction Course [] For how long was the duration Less than a week []	please service trainings have you ever Catholic Health Service? (b) Off-the-Job Site Training [(d) Career Development Training on of the training? (b) One week to two weeks []	benefited				

those that apply to you

Catholic Health Service. Please indicate your preferred choice by ticking

Benefits	Tick (\vee)
It increases your knowledge and skills	[]
It builds up your competencies	[]
It boost your moral at work	[]
It motivates you to perform better	[]
It enables you to acquire multiples of skills to assume	[]
wider roles and responsibilities	
It enables you to support to provide quality of health care	[]

6. To what extent do you think that any of these types of In-servicetrainings listed below that you may have benefited actually contributed positively to your overall performance output?

Please Tick $\lceil \sqrt{\rceil}$ as your appropriate choice

	Various statements	То	То	a	To a	To no	Not too
		some	greater		lesser	extent	Sure
		exten	extent		extent		
		t					
i.	On-the-job training						
ii.	Induction training						
iii.	Off-the-job training						
iv.	Career development						

Section C - The Responses from this Section will Help the Researcher to **Determine how In-service Training can Increase the Performance Output** of Employees in the Catholic Health Service

1.	Please tick ($$) in order of preference from first to last which of these					
	incentives you think can enhan	ce your performance	e? Give Order of			
	first=1st, Second=2nd, Third=3rd, Fourth=4th, Fifth=5th					
	Incentives	Please tick $()$	and give ordinal			
		numbers				
	Remuneration (salary)	[]	[]			
	In-service training	[]	[]			

Working relationship with		LJ
colleagues		
The working environment or	[]	[]
conditions		
Recognitions of efforts by	[]	[]
management		

2. Please by use of a tick (√) indicate to what extent you either (a) Strongly Agree (b) Agree (c) Not sure (d) Strongly Disagree (e) Disagree with the statement that the In-service training of various types as mentioned below that had been provided at your level actually improved upon employees' performance.

	Various statements	Strongly	Agre	Not	Strongly	Disagre
		Agree	e (4)	Sure	Disagre	e (2)
		(5)		(3)	e (1)	
i.	On-the-job training					
ii.	Induction training					
iii	Off-the-Job training					
iv.	Career Development training					

3. Please by use of a tick $(\sqrt{})$ indicate to what extent do you think that any of the following types of In-service trainings can make you to be committed to you task assigned to you?

	Various statements	То	To a	To a	To no	Not
		some	greater	lesser	extent	too
		extent	extent	extent		Sure
i.	On-the-job training					
ii.	Induction training					
iii.	Off-the-Job training					
iv.	Career Development					

4.	Do you think	that the outcome of all	these In-service trainings attended
	had an overal	l impact on your client	e's service satisfaction? (a) Yes []
	(b) No []	(c) Don't Know []	(d) Not Sure []

Section D - The Responses from this Section will help the Researcher to Determine the Extent to which the Specific Trainings in Such Forms as Induction, On-the-job, Off-the-job and Career Development can Influence **Employee Performance Output**

1.	Which one of these types of In-service trainings do you think will mos
	enhance your performance?

(a) On-the-Job Training []

(b) Off-the-job Training []

(c) Induction Course [] (d) Career Development Training []

Please by use of a tick ($\sqrt{\ }$), indicate to what extend you either (a) Strongly Agree (b) Agree (c) Not Sure (d) Strongly Disagree (e) Disagree with the various statements regarding the influence of In-service training on employee performance.

(i) On-the-job Training

	Various statements	Strongly	Agree	Not	Strongly	Disagree
		Agree	(4)	Sure	Disagree	(2)
		(5)		(3)	(1)	
i.	On-the-job training					
	enhances employees					
	working skills					
ii.	On-the-job training					
	increases employee's					
	productivity at work					
iii.	On-the-job training					
	contributes to employee's					
	motivation and					
	performance					
iv.	On-the-job training has a					
	positive effect on clients					
	satisfaction					

(ii) Induction Training

	Various statements	Strongly	Agree	Not	Strongly	Disagree
		Agree	(4)	Sure	Disagree	(2)
		(5)		(3)	(1)	
i.	Induction training					
	enhances employee's					
	working skills					
ii.	Induction training					
	increases employee's					
	productivity at work					
iii.	Induction training					
	contributes to employee's					
	motivation and					
	performance					
iv.	Induction training has a					
	positive effect on clients'					
	satisfaction					

(iii) Off- the job Training

	Various statements	Strongly	Agree	Not	Strongly	Disagree
		Agree	(4)	Sure	Disagree	(2)
		(5)		(3)	(1)	
i.	Off-the-job training					
	enhances employee's					
	working skills					
ii.	Off-the-job training					
	increases employee's					
	productivity at work					
iii.	Off-the-job training					
	contributes to employee's					
	motivation and					
	performance					
iv.	Off-the-job training has a					
	positive effect on clients'					
	satisfaction					

(iv) Career Development Training

	Various statements	Strongly	Agree	Not	Strongly	Disagree
		Agree	(4)	Sure	Disagree	(2)
		(5)		(3)	(1)	
i.	Career development					
	training enhances					
	employee's working					
	skills					
ii.	Career development					
	training increases					
	employee's					
	productivity at work					
iii.	Career development					
	training contributes to					
	employee's					
	motivation and					
	performance					
iv.	Career development					
	training has a positive					
	effect on clients'					
	satisfaction					

Appendix B: Interview Guide for Health Facilities Management and Directors of the Diocesan Health Service of Catholic Diocese of Navrongo-Bolgatanga

You are invited to participate in this research on the impact of In-service training on employee performance in the Catholic Health Service of Catholic Diocese of Navrongo-Bolgatanga. It is a component of a research dissertation undertaken by the researcher in partial fulfilment of the requirement for the award of a Master of Business Administration in Human Resource Management. The information you provide is meant for academic purpose only. Thank you for your willingness to participate and your cooperation in the exercise. For any clarification you can please call these numbers:0208830959 or 0243220117

Section A – Background Information

Please tick where appropriate $\lceil \sqrt{\rceil}$

1.	Gender:	Male []	Female []				
2.	Age (Yrs):	Below 30	[]31-40[]	41-50 []	51 and abo	ove[]	
3.	Terms of Serv	vice: Pe	ermanent []	Contr	ract	[]
	Temporary/V	oluntary []				
4.	Highest Profe	ssional Qu	alification: C	ertificate []	Bachelor	Degre	e []
	Diploma /Hig	her Diplon	na [] Masters	s Degree and	above []		
5.	Management	Level in yo	our Organisati	ion: Lowe	er [] M	iddle	[]
	Senior Top []					
6.	Years worked	in the Org	anisation:	0-5 years []	11-15 ye	ears []	6-
	10 years []	16	years and ab	ove[]			
7.	Health Pro	fessional	Category:	Technical	staff	[]
	Support/Adm	inistrative s	staff[] Man	agement stat	ff[]		

Section B – Influence of In-Service Training on Employee Performance

1. What type(s) of in-service trainings will you recommend to be provided for all the employees of the Diocesan Health Service? On-the-Job

	training, Off-the-Job training, Induction course, Career Development training, etc. and what are the reason(s) for your choice?
2.	Are/Is the In-service training provided adequate enough to influence employee performance in the Catholic Health Service? If yes or no give reason(s) for your choice of answer.
3.	How does Off-the-Job-Training help in employee performance?
4.	How does On-the-Job training influence employee performance in the Catholic Health Service?
•••••	Please explain whether employee career development contributes to increased knowledge and skill levels for employee performance.
6.	What is the most common form of On-the-job training that is carried out in the catholic health service? Job rotation [] b) Coaching [] c) Mentoring []

d)	Apprenticeship []
7.	Please explain whether Off- the-job training boosts morale and loyalty of employees.
8.	Do you think that employees transfer the knowledge and skills gained
	through off-the-job training to their actual jobs performance? Yes [] No [] Explain the choice of your answer.
	Please explain the extent to which Induction course contributes to employee performance in the Catholic Health Service.
	Explain how career development training is sponsored in the Catholic Health Service.
11.	In what ways do you think career development training contributes to employee performance?

12. Explain whether career development training lead to upward mobility of employees in the catholic health service?

13. Explain whether the level of education and work experience of an
employee affects the employee's performance?
14. Do you agree that there is a positive relationship between in-service
training and employee's performance? (a) Yes, I agree [] (b) No, I
don't agree []
If Yes, please to what extent can you explain the relationship between the two
variables as; In-service training and Employee performance.
15 Wil 1
15. Which other ways do you think can improve your employee
performance apart from the in-service training?

Thank you for your cooperation and support