International Journal of Management and Commerce Innovations ISSN 2348-7585 (Online)
Vol. 6, Issue 2, pp: (1011-1017), Month: October 2018 - March 2019, Available at: www.researchpublish.com

Effect of Training Needs Assessment on Service Delivery in Public Hospitals in Bungoma County

[1]Solomon Wabomba Mukhwana, [2]Dr. Robert Egessa, [3]Dr. Willis Otuya

[1, 2, 3] Masinde Muliro University of Science and Technology, Kakamega, Kenya

***Abstract*: The objectives of the study was to determine the effect of training needs assessment on service delivery in public hospitals in Bungoma County. The hypothesis stated that there is no statistically significant relationship between training needs assessment and service delivery in public hospitals. . The researcher used a correlation research design. Stratified random sampling was used to acquire a sample size of nurses and data collected using questionnaires.**

***Keywords*: in-service training, training needs assessment, service delivery.**

1. TRAINING AND DEVELOPMENT

The term training has attracted serious discussion among professionals and scholars. Dessler (2008) defines training as "the process of teaching or giving new employees the basic skills they need to perform their job."Shaheen *et al*. (2013) take it to mean a systematic development of knowledge, skills and behavior required by employees to serve adequately in confirmed tasks or job .Elnaga and Imran (2013) on their part stated that training are programs that provide workers with information, new skills or professional development opportunities. Development in their view focuses on activities that the employee is part of and may partake in the future and is almost impossible to evaluate.Pfeifer et al (2011) posit that next to schooling, human capital accumulation after entry into the labor market is considered key to economic performance at both micro and macro level. Enelga and Imran (2013): To develop desired knowledge, skills and abilities of the employees to perform well on the job requires effective training programs that may affect employee motivation and commitment. The two researchers argue that organizations provide training to optimize their employees' potential so as to prepare them for their jobs as desired.

They also note that many firms apply long term planning, invest in building new skills in their workforce to enable them to cope with the uncertain conditions that they may face in future, thus improving superior levels of employee motivation and commitment. Ultimately when employees recognize their organization interest in them by way of offering training programs they in turn apply their best efforts to achieve organizational goals. Amin (2013): training is critical in achieving an elastic workforce that is both motivated and committed. The "UN Handbook of competencies" (2009) posits that in "In Building the Future" the organizations greatest strength-and the key to success –is the quality of staff and managers. Hence the UN needs to create an organizational culture of employee training and an environment that enables staff to contribute to maximum potential.

Although a number of scholars have alluded to the positive outcome of training some academicians are opposed to training. Brum (2007) acknowledged that training has been used extensively by organizations as a competitive strategy; varying debates have been on among professionals and scholars about the effect of training to employee and organizational goals. One school of thought believes that training leads to turnover while the opponents state that training is a tool that can lead to higher levels of employee retention.

Kanu (2014) notes that training and development has the following benefits: it eliminates employee weaknesses, causes improvement in work performance, creates consistence in performance of duty, ensures employee satisfaction, increases productivity, improves quality of services and products, reduced cost and reduced supervision.

Hogarh, (2012): Training is important no matter the level of education that an employee has attained in his or her life. An organization that combines its strategy and training and development is regarded as having a good business sense .Recruiting, retaining and training and developing the right and talented people gives an organization a competitive edge over its Competitors .Marchington and Wilkinson (2006) notes that a learning event is based on the training process system which involve: establishing needs ,agreeing on the overall purpose and objectives, identifying the profiles of the intended learning population, selecting strategy and designing the event delivery plus monitoring and evaluation.

2. TRAINING NEEDS ASSESSMENT AND SERVICE DELIVERY

Bernadine (2010) states that a training need assessment is a systematic, objective determination of training needs that involve conducting three levels of analysis; organizational, job or operational and individual or personal. The researcher also notes that it is essential to analyze organizational external and internal climate, trends in the strategic priorities of business, judicial decisions, civic rights laws, union activities, productivity, accidents, turnover, absenteeism and on-the-job behavior of employees to get relevant information at these level.

The author indicates that the critical first step is to relate training needs to the achievement of key strategic business objectives. Training need assessment should help note any discrepancy between what is desired and what exists. Performance discrepancies however should not be automatically interpreted to mean need for training. The analyst must determine whether the discrepancy is a skill or knowledge discrepancy, thus requiring training. Bernadine (2010) asserts that if the skill is present and performance is lacking, then the problem may be motivational in nature and therefore need some other types of organization interventions like a new reward or discipline system.

Ribeiro (2006) says that organizations that conducted need analyses were better able to use the results in the design and evaluation phases of the training process than organizations that did not. The author argues that many companies rely on very detailed surveys of the workforce to determine training needs as part of their planning. Motorola and IBM, for example, conduct annual surveys that assess particular training needs in the context of the company's short-term and long-term goals. The review of the short- term and the long-term goals of the organization and any trends that might affect them are done to channel the training towards specific issues of importance to the firm (e.g. international expansion, improved satisfaction and increased productivity).

Many scholars have undertaken researches in human resource management and particularly training. The internet is awash with some of the studies for example Ghufli (2012) studied training needs analysis: An empirical study of the Abu Dhabi Police and aimed at understanding the role of existing training needs assessment, and the factors that affect the process to identify the needs and the impact of this on improving organizational performance. The study found that training needs analysis is the most important step among other steps in the training cycle hence should precede any training intervention. The study failed to cover a County in Kenya apart from being anchored in the police service and not the health sector.

Kyeretwie (2012) in an assessment of the effect of training practices on employee skills development: A case of Electricity Company of Ghana- Ashanti East Region noted that the electricity company of Ghana had a training policy that was not accessible to employees, training practices did not follow any systematic scientific process and that employee performance had increased due to acquisition of skills through training. This work interrogates public hospitals unlike the former which inclined toward the energy sector of the economy and in fact the former was interested in employee development and not in-service training procedures.

Nassazi (2013): Effect of training on employee performance; Evidence from Uganda. The goals of the study were identifying the training programs in the industry, the objectives of the training offered, the method employed and the effect of training and development on employee performance. The study showed that training and development has impact on employee performance regarding the jobs, training programs were relevant and most employees were trained under the compulsory practice of the company for all employees. Nassazi's study was based on the telecommunication industry in Uganda and it used one hundred and twenty respondents while this study is based on health sector in a County.

Wanjau, et al. (2012) undertook a study on factors affecting provision of services quality in the public health sector; a case of Kenyatta National Hospital and found out that low employees capacity, low technology adoption, ineffective communication channels and insufficient funds affect the delivery of service quality perceptions, patient satisfaction and loyalty in the public health sector.

Ejakait (2016) researched about effect of training needs assessment in the Postal Corporation in Kenya, Bungoma County and revealed that the organization did not carry out training needs assessment before developing training programs and selecting employees for training. Ultimately employees were not sure whether their performance was reviewed and how they were considered for training. The target population for that study was 120 employees and 4 departmental heads. Ejakait's study used a population of 50 employees and a survey research design, however this study will use a correlation research design, a study population of 280 hospital employees and it focuses on public hospitals in Bungoma County.

Service Delivery:

For the purpose of this study, service delivery will be looked at in terms of timeliness, number of patients served and reduced patients' compalints.

Dean and Lang(2008) note that in Kenya health services are delivered or provided through a network of over 4700 health facilities country wide with the public sector system accounting for about fifty percent of these facilities. The public health sector has the following health facilities: national referral hospitals – Kenyatta National Hospital (K.N.H) and Moi Teaching and Referral Hospital (M.T.R.H), County hospitals, Sub- County hospital, health centers and dispensaries. Dispensaries are the first line of contact with the patients, and health centers offer preventive, promotional and curative services mostly adapted to local needs. Dispensaries cover a wide range of preventive health measures which is a primary goal of the health policy. County and Sub- County hospitals concentrate on delivery of health care services in the County and Sub County.

Timeliness:

Alan and Robert (2009) propose that trainers must find ways of providing learning opportunities on demand or what has come to be known as just in time learning .Just in time learning is the capacity to provide learning and training opportunities when they are needed and where they are needed. To do this trainers have had to find new and innovative ways to design and deliver training. Trainers are facing increasing pressure today to deliver training programs at an increasingly rapid pace because of the fast change processes in organizations. Trainers today do not have much time to design and deliver a training program yet employees increasingly need to obtain new knowledge and skills immediately. Trainers have had to find new and innovative ways to design and deliver training. The role of trainers or training professionals has evolved into more of knowledge structuring learning, facilitation and support.

Boehle (2005) states that there is a modern software that uses a template approach to develop courses and easy- to-use interfaces that guide trainers through the courses development process. This approach is called rapid e-learning which refers to the developmental software that allows organizations to develop e-learning more quickly and at a lower price than the conventional e-learning development tools. Just in time learning uses technology to deliver training to unlimited number of trainees very quickly. Furthermore organizations have found that they need to provide training often to an increasing number of employees hence the need to use approaches that are timely and cost effective.

Dutton and Starbuck (2002) say that investments in technology that facilitates service assessment and improvement process is essential. Hiawalyer (2002) assert that the hospital must show four main components; willingness to invest in qualified staff, that abstract medical records, analyze and facilitate quality insurance process. According to the government of Kenya report (2001) successful technology strategy that needed to be adopted by hospitals involved four main commitments: a willingness to invest in IT, working with physicians and others to customize an information system that could meet their specific needs and cultures of the institutions, nurture and encourage buy-in so new systems that could be used and their benefits would be realized and diversifying information technology systems that produce real-time feedback to providers as they are caring for patients.

Kirimi, *et al.* (2001) noted that the main ingredients of real time system involve its timelessness and that hospitals want to develop a system that allows all healthcare providers to have access to relevant information as soon as it is available. To that end, the three scholars opine that hospitals are adopting applications that reduce time lags in getting laboratory and imaging results.

Sun and Shibo (2005) urgue that whether an information system is homegrown or purchased off the shelves, it must be customized to incorporate and meet the particular needs and circumstances of the hospital. Singh and Ranchord (2004) assert that customizing purchased or homegrown IT is not a one-time process, but one that must engage clinicians and administrators to adopt and refine systems over time. Tam (2005) states that hospitals prefer systems that deliver information on test results, history, and health status while providers are testing patients so that treatment decisions can be

made based on the latest information. Rust and Truck (2006) indicates that hospitals place emphasis on getting the right information to the right people at the right time, resulting in illustratable quality improvement. The quality and timing of information should be tailored to the needs of decision makers.

Mosadeghrad (2012) and Kaluzny (2006) proposed that some healthcare quality attributes such as timelines, consistency and accuracy are heard to measure beyond a subjective measurement by the customer for it is always hard to produce consistent services.

Number of Patients Served:

Department of Health and Human Services-USA(2017) argue that for more than 50 years, health centers have delivered affordable, accessible, quality and cost effective primary healthcare to patients regardless of their ability to pay. During that time, health canters have become an essential primary healthcare provider for America's most vulnerable population. Health centers advance a model of coordinated, comprehensive, patient-centered care, coordinating a wide range of medical, dental, mental health, substance abuse, and patient support services. Today, nearly 1400 health centers operate more than 10,400 service delivery sites that provide care in every U.S state, the District of Columbia, Puerto Rico the US Virgin Island and the pacific basin.

Health centers deliver care to the nation's most vulnerable populations, and now, more than ever, the nation's veterans. Nearly 26 million people -1 in 12 nationwide- rely on a HRSA-funded health center for affordable, and accessible primary healthcare including: 1 in 3 people living in poverty nationwide, one in six people living in rural communities, one in ten children, 17 years or younger nationwide, more than 330,000 veterans –a 14 percent increase from 2014-which is expected to increase as more health centers participate in the Veterans Choice Act.

Health centers focus on integrating care for their patients across the full range of services-not just medical but oral health, mental health, substance abuse, and vision services. Health centers also deliver crucial health services such as case management, transport, and health education, which enable vulnerable population to access care.

In 2016, health centers continued to act as leaders in quality health care. Nearly all (99.6 percent)health centers in the USA demonstrated improvement on one or more clinical quality measures, including exceeding the national average in key diabetic and hypertension measures:68 percent of health centers patients had their diabetes controlled (national average is 55 percent) and 62 percent of hypertensive patients had their blood pressure controlled (the national average 53 percent.)

From 2001-2016, the health center program grew significantly in response to the need for affordable, high quality and comprehensive primary health care services in underserved communities. During this time, health centers increased the total number of patients served by more than 150 percent (15.6 million additional patients) in the USA:

Reduced Patients' Complaints:

Study **by** Nobakht *et al* (2002) indicated that despite the effort of the medical community and healthcare staff along with the advancements in medical technology ,patients' dissatisfaction and complaints have been increased in modern days because of the available modern information system and better public education, increased patients and families awareness of their rights about their health and the choice of treatment available.Montini *et al*(2008) notes that a complaint is a dissatisfaction symptom which needs attention and response and it is recognized as a valuable source of information about the quality of the current service delivery process. On the other hand, the Dublin Dental School and Hospital (2007) defines a complaint as an official written or verbal statement by a patient which is not reconciled in the first place.

WHO(2000);Patient complaints is a way of increasing the quality of care, improving physicians' attention and knowledge, increasing patients satisfaction, reducing medical costs, and eventually preserving the sanctity of the medical society. College of Physicians and Surgeons of Alberta-CPSA (2012) posit that an hospital as an institution which provides professional services has a pivotal role of improving the physical and mental health of the community in their strategy but personnel and organizational errors are unavoidable and despite the great efforts of the hospital staff, errors and adverse events may occur and lead to patients' dissatisfaction. Ebrahimipour, et al (2013) established that a total of 233 complaints were reviewed, of which 46.35 percent, 31.34 percent and 22.31 percent respectively were verbal, written and made on the phone. The main reasons for complaints were accessibility to medical staff -21.46 percent, communication failure-20.17 percent and dissatisfaction with the provided care-14.59 percent.

Ebrahimipour, *et al* (2013) recommended that complaints registry systems in hospitals and other health settings should be improved, proper policies for improving the procedures in responding to patient complaints and systematically determine their causes need to be developed. Secondly, personnel skills in providing high quality healthcare, increasing their communication skills and providing proper information to patients needs to be multiplied. Thirdly, more welfare facilities to be designated to patients, conditions of hospital rooms to be improved, staff numbers to be increased and hospitals should be sufficiently equipped. Lastly, promoting cleanliness of the hospital environment, controlling the noises, air conditioning, convenient temperature in the rooms and public places and improving washroom conditions need to be attended to.

3. METHODOLOGY

The study area was Bungoma County, and was selected because it is cosmopolitan, has many public hospitals and medical training colleges and above all it is the third largest County in Kenya in terms of population according to 2009 census hence representative of Kenya's health situation. The County is bordered by Trans-Nzoia ,Busia , Uasin- Gishu , Kakamega Counties in Kenya and Mbale District in Uganda. The residents of the County are mainly Bukusu, Tajoni, Wanga, Teso and Sabaot tribes although other Kenyan communities are also found there. The County has a surface area of about 3593 Km^2 and a population of about 1.375 million people. The locals practice mixed farming and participate in business enterprises to earn a living.

This study employed correlation research design since the study seeks to find the relationship between in-service training procedures and service delivery in public hospitals.

4. RESULTS

The table below is a cross tabulation between: Training needs and service delivery in public hospitals. Respondents were asked whether or not they think there is training needs assessment in public hospitals. The predictor variable in this case was training needs with two level responses of yes to presence of training needs assessment and absence of training needs assessment. The outcome variable was timely service by the nurses which elicited a dichotomous response of more time and less time to offer a service. The contingency table analyzed the observed and expected. The results are shown below;

Table 4.1: Training needs assessment * Timely service from nurses Cross tabulation

			Timely service from nurses		Total
			No	Yes	
Training needs assessment	No	Count	141	51	192
		Expected Count	139.5	52.5	192.0
	Yes	Count	20	52	72
		Expected Count	19.7	52.3	72.0
Total		Count			267
		Expected Count			267.0

Cross-tabulated responses from those who thought that there was no training needs assessment in the contingency table above showed the following: Respondents who reported no training needs assessment and at the same time fell in the category of no timely service from nurses had observed count of 141 and the expected count of 139.5, while those respondents who reported no training needs assessment and at the same time fell in the category of timely service from nurses had observed count of 51 and expected count of 52.5 this indicated that majority of the participants who reported no training needs assessment in the contingency table above also reported lack of timely service from nurses. Cross-tabulated responses from those who thought that there was training needs assessment in the contingency table above showed the following: Respondents who reported presence of training needs assessment and at the same time fell in the category of no timely service had observed count of 20 and the expected count of 19.7, while those respondents who reported presence of training needs assessment at work and at the same time fell in the category of timely service had observed count of 52 and expected count of 52.3 this indicated that majority of the participants who reported presence of training needs assessment at work also perceived a timely service from the nurses. The table shows that the first level of

no training needs assessment reported majority of the participants than any other matrix. This implies that those who reported that there was no training assessment also reported poor delivery of service in public hospitals. Most of the cells in the table above have differences in observed and expected counts, expected count is what we expect to find given the overall distribution of data. The observed count reported proportionally fewer and in other cases higher in responses than would be expected if distribution of meeting targets at work was equal between those reporting the presence and absence of training assessment. This means that there is some chances of rejecting the null hypothesis. Further analysis was conducted to test for hypothesis of whether or not the differences as shown in the above cross-tabulations were statistically significant. This called for Chi-square test.

Hypothesis 1: There is no statistically significant relationship between training needs assessment and service delivery in public hospitals. This was the first hypothesis tested in the study.

Table 4.2: Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.401[a]	2	.001
Likelihood Ratio	2.073	2	.000
Linear-by-Linear Association	2.251	1	.000
N of Valid Cases	267		

a. 2 cells (18.3%) have expected count less than 5. The minimum expected count is .82.

The Chi square test in the table has given a p value of .001 and a chi-square value of 2.401[a]. The P-value is smaller than a confidence interval of 0.05 indicating that the result are statistically significant, hence we reject the null hypothesis. Therefore, there is significant relationship between training needs assessment and service delivery in public hospitals. The association that presented itself here is that when there is no training needs assessment, then service delivery is also poor.

5. SUMMARY

The objective had the following descriptive items: On the first item which was about whether or not in-service trainers participate in the training needs assessment, out of 267(100%) participants who took part in this study, 41(15%) strongly disagreed with the statement that in-service trainers participate in the training needs assessment, 121(45%) disagreed with the same statement, 55(21%) were undecided, then 26(10%) agreed to the statement while 24(9%) strongly agreed with the statement. This analysis shows that majority of the respondents which was 121(45%) disagreed with the statement that in-service trainers participate in the training needs assessment.

On the second item, which asked whether or not the respondents were regularly given questionnaires to indicate there weak and strong areas in their job and job satisfaction level. Out of 267(100%) participants who took part in this study, 105(39%) strongly disagreed with the statement that respondents were regularly given questionnaires to indicate there weak and strong areas in their job and their job satisfaction level, 74(28%) disagreed with the same statement, 27(10%) were undecided, then 32(12%) agreed to the statement while 29(11%) strongly agreed with the statement. This analysis shows that majority of the respondents which were 105(39%) strongly disagreed with the statement that respondents were regularly given questionnaires to indicate there weak and strong areas in their job and job satisfaction level.

On the third item on whether or not the employer uses appraisal reports to discover training needs, out of 267(100%) participants who took part in this study, 71(27%) strongly disagreed with the statement that employer uses appraisal reports to discover training needs, 121(45%) disagreed with the same statement, 42(16%) were undecided, then 32(12%) agreed to the statement. This analysis shows that majority of the respondents which was 121(45%) disagreed with the statement that the employer uses appraisal report to discover training needs.

On the fourth item on whether or not the hospital management carries out employee personal analysis regularly for nurses before in-service training, out of 267(100%) participants who took part in this study, 52(20%) strongly disagreed with the statement that the hospital management carries out employee personal analysis regularly for nurses before in-service training, 161(60%) disagreed with the same statement, 14(5%) were undecided, then 22(8%) agreed to the statement while, 18(7%) strongly agreed. This analysis shows that majority of the respondents which was 161(60%) disagreed with the statement that hospital management carries out employee personal analysis regularly for nurses before in-service training,

6. CONCLUSIONS

Cross-tabulated responses from those who thought that there was no training needs assessment in the contingency showed the following: Respondents who reported no training needs assessment and at the same time fell in the category of no timely service from nurses had observed count of 141 and the expected count of 139.5, while those respondents who reported no training needs assessment and at the same time fell in the category of timely service from nurses had observed count of 51 and expected count of 52.5 this indicated that majority of the participants who reported no training needs assessment in the contingency also reported lack of timely service from nurses. Cross-tabulated responses from those who thought that there was training needs assessment in the contingency showed the following: Respondents who reported presence of training needs assessment and at the same time fell in the category of no timely service had observed count of 20 and the expected count of 19.7, while those respondents who reported presence of training needs assessment at work and at the same time fell in the category of timely service had observed count of 52 and expected count of 52.3 this indicated that majority of the participants who reported presence of training needs assessment at work did also perceived a timely service from the nurses. The first level of no training needs assessment reported majority of the participants than any other matrix. This implies that those who reported that there was no training assessment also reported poor delivery of service in public hospitals. Most of cells in the have differences in observed and expected counts, expected count is what we expect to find given the overall distribution of data. The observed count reported proportionally fewer and in other cases higher in responses than would be expected if distribution of meeting targets at work was equal between those reporting the presence and absence of training assessment. This means that there is some chances of rejecting the null hypothesis. Further analysis was conducted to test for hypothesis of whether or not the differences as shown in the above cross-tabulations were statistically significant. This called for Chi-square test.

The hypothesis stated the following: There is no statistically significant relationship between training needs assessment and service delivery in public hospitals.

The Chi square test gave a p value of .001 and a chi-square value of 2.401[a]. The P-value is smaller than a confidence interval of 0.05, therefore indicating that the result are statistically significant hence we reject the null hypothesis, therefore, there is significant relationship between training needs assessment and service delivery in public hospitals. The association that presented itself here is that the when there is no training assessment, then service delivery is also poor.

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