UNIVERSITY FOR DEVELOPMENT STUDIES

AN ASSESSMENT OF THE EFFECT OF IN- SERVICE TRAINING ON THE PERFORMANCE OF HEALTH CARE WORKERS IN THE WA WEST DISTRICT HOSPITAL, WECHIAU IN THE UPPER WEST REGION OF GHANA

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BY:

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THESIS SUBMITTED TO THE DEPARTMENT OF MANAGEMENT STUDIES, SCHOOL OF BUSINESS AND LAW, UNIVERSITY FOR DEVELOPMENT STUDIES IN PARTIAL FULFILLMENT OF REQUIREMENTS FOR THE AWARD OF MASTER OF COMMERCE DEGREE IN HUMAN RESOURCE MANAGEMENT

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DEDICATION

To my lovely family, most especially my husband for the inspiration and moral support throughout the study.

DECLARATION

Student's

I hereby declare that this thesis is the result of my own original work and that no part of it has been presented for another degree in this University or elsewhere:

Candidate's Signature:…… Date: ……

Name: KhalidaSeidu

Supervisor's

I hereby declare that the preparation and presentation of this thesis was supervised in accordance with the guidelines on supervision of thesis laid down by the University for Development Studies.

Supervisor's Signature: …… Date: ……

Name: Dr. Joseph Wullifan

ABSTRACT

The study sought to assess 'the Effect of in- Service Training on the Performance of Health Care Workers in Wa West District Hospital, Wechiau in the Upper West Region of Ghana. Primary and secondary data were utilized for the study. Semi-structured questionnaire, focus group discussions and in-depth interviews were used to collect data. It was found that, majority of health care workers, nurses/ midwives in particular have received one form of in- service training or the other. It was also found that, there is a much impact of in- service training on the performance of health care workers. Further, findings on the effects of in-service training on health care workers revealed that, the impacts of in- service training on the performance of heath care workers is effective. The study also revealed that, public perception with regards to nurses/midwives productiveness, responsiveness and effectiveness and interpersonal relationship is generally moderate. It is recommended that more in-service training programmes should be organize for health care workers in order to boost their performance.

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LIST OF ACRONYMS

AIDS	Acquired- Immune Deficiency Syndrome
GHS	Ghana Health Service
GoG	Government of Ghana
GSS	Ghana Statistical Service
HIV	Human Immune- Virus
HR	Human Resource
MCOM	Master of Commerce
HRM	Human Resource Management
ICN	International Council of Nurses
IPC	Effective Interpersonal Communication
JLI	Joint Learning Initiative
LI	Legislative Instrument
LICs	Low Income Countries
LMICs	Low and Middle-Income Countries
MTHS	Medium Term Health Strategy
MDG	Millennium Development Goals
MOH	Ministry of Health
NGOs	Non- Governmental Organisation
NHIR	National Health Insurance Regulation
OPD	Out- Patient Department
WHO	World Health Organisation

CHAPTER ONE

INTRODUCTION

1.1 Introduction

The study began the investigation in the introductory chapter under the following headings; Background to the study, research problem, research questions, research objectives, scope of the research, significance of the study, limitations and organization of the research.

1.2 Background of the Study

One of the major goals of every country in the world is to ensure that the citizenry is healthy. However, this cannot be done without considering the human resource personnel or professionals available for institutions within societies. According to the World Health Organization (2010), training given to health care professionals' affiliated to health institutions is as important as the benefits that are expected to be derived from their services. Training is the "the application of formal processes to impart knowledge and help people to acquire the skills necessary for them to perform their jobs satisfactorily" (Armstrong (2009: 665). According to Armstrong, the human resource is the most important element in any organization, given the fact that the organizational goal cannot be achieved if the human resource is not skilled orwell-trained.

Health care professionals are entrusted to care for patients as whole persons- body, mind and spirit (WHO, 2010). This means that health services provisioning are supposed to be holistic and comprehensive. The health care approach is interdisciplinary and encompassing (ICN, 2006). It is important, then, for that approach to be culturally and spiritually sensitive. In addition, health care professionals need to be empowered with the

capacity, skills, and knowledge to respond to the unique needs of each patient and their loved ones (Kearney, 2001).

The World health reportfocuses the world's attention on human resources as the key ingredient to successful health systems functioning and it highlights the growing human resource crisis, particularly in low-income countries (WHO, 2006). The shortage is global, but most acutely felt in the countries that need them most. For a variety of reasons, such as the migration, illness or death of health workers, countries are unable to educate and sustain the health workforce that could improve people's chances of survival and their well-being (WHO, 2006).

Although there is no complete evidence with regards to the relationship between health outcomes and the strength of human resources (HR) available for health care, it is clear that qualified and motivated human resources are salient for adequate health service provision (Buchan, 2002). Low performance can be determined by inadequate knowledge to perform a given task, poor working condition and ineffective communication between employer and employee and employees themselves.

Factors accounting to poor performance can be influenced in various ways, The 2006 World health report describes three levels to influence workforce performance and this include, job-related interventions that focus on individual occupations, support-system related interventions and interventions that create an enabling environment and focus on managerial culture and organizational arrangements (WHO, 2006) .

To improve the performance of health care, cooperating working environment is needed. This includes more than just having adeqate equipment and supplies. It also includes systems issues, such as decision-making and information-exchange processes, and capacity issues such as workload, support services and infrastructure (Potter &Brough, 2004). Although it is logical to link poor performance to poor working conditions, there is little documentation showing how poor working conditions affects health provider productivity, competence and responsiveness.

Globally, with the slow rise in people's living standards, knowledge about patient rights and an increased literate population, nurses are constantly reminded to do their work by international ethical standards. In Ghana, some of the predominant cultural practices and beliefs in the country contribute to ethical dilemmas for nurses (Asigri, 2009). Poor quality of healthcare results in loss of customers, lives, revenue, material resources, time, morale, staff, recognition, trust and respectand in individual and communities' apathy towards health services, all of which contribute to lowered effectiveness and efficiency (GHS, 2005).

The MOH has identified improving the quality of healthcare as one of its five key objectives of health sector reforms in Ghana. It envisages that quality of care might be improved through paying more attention to the perspectives of clients, improving the competencies and skills of providers and improving working environment by better management, provision of medical equipment and supplies and motivation of staff (GHS, 2007).

It has been suggested that if health programmes are to succeed in resource-poor countries, it is important to get the opinions of the local people in addition to their degree of satisfaction with available services (GHS, 2002). The patient's perception of quality of care is critical to understanding the relationship between quality of care and utilization of health services (GHS, 2002). Equally important is the ethical standard of health work which is now considered an outcome of healthcare delivery.

1.3 Statement of the Problem

Reducing vulnerability to diseases and reaching Goal Three (3) of the Sustainable Development Goals which seeks to ensure healthy lives and promote well-being for all at all ages by 2030 appears to be very challenging in Ghana. This is due to the fact that, approaches implemented to train and re-train health professionals to help achieve this goal is itself challenged. For Agyepong and Adjei (2008), health care professional training is a critical problem following funding challenges which the National Health Insurance Scheme (NHIS) has solved.

The human resource problems in addition to poor performance of health workers in the health sector in low and middle-income countries (LMICs) like Ghana, is receiving more global attention (Dialo, 2010). This has resulted in policymakers and planners realizing that it is not possible to achieve the Sustainable Development Goals (SDGs) if health workers' availability and performances are not addressed more effectively (WHO, 2010). Low performance leads to inappropriate care, which brings about reduced health outcomes, as people do not use services or are maltreated when they do (WHO, 2006; Dialo, 2012).

In the process of improving healthcare system, Ghana faces challenges such as low number of health workers, increased cases for health workers due to migration of skilled health

personnel, double burden of disease and the HIV/AIDS scourge that affect both the general population and health personnel. Hence, it is important for Ghana to have a robust health system with a well-motivated staff that carries out their work according to standards set by the system, within the existing organizational structure (Chaava, 2005).

Since the beginning of the Joint Learning Initiative (JLI), in 2003, the human resources crisis in low-income countries (LICs) has received global attention, particularly the crisis in sub-Saharan Africa. In Ghana less than 50% of the required staff is available to serve rural populations; while at times health care is provided by non-qualified staff (Buchan, 2002). This situation seriously affects the health status of the communities. The poor performance has been linked to poor diagnosis and even death of patients (Dialo, 2012).

Although there is no complete evidence with regards to the relationship between health outcomes and the number of human resources (HR) available for health care, it is clear that qualified and motivated human resources are important for adequate health service provision (WHO, 2006). Low performance can be determined by inadequate knowledge to perform a given job, poor working condition and poor communication between employer and employee and employee themselves (Aweses, 2010).

The quality of health systems depends greatly on the performance of workers who are satisfied with their jobs, and therefore stay at their stations, work and enhance higher productivity in the health facilities (Talley, 2006). Ghana is faced with a great challenge in this respect, with low health worker to population ratios, poor health indicators, and an alarming brain drain (Chaava, 2005). Low job satisfaction and low motivation do not only reduce performance of the health systems but also constitute a serious push factor for migration of health workers, both from rural areas to the cities, and to other counties (Agyepong and Adjei, 2008).

Given present pressures on health systems and their proven inability to respond adequately, the existing evidence overwhelmingly suggests that particularly in poor countries, including Ghana, health care programmes are bedeviled with a serious of setbacks. While there is also a lot to learn, there is a lot we do know about making programmes work better: appropriate selection, continuing education, involvement and reorientation of health service staff, curricula and improvement in supervision and support are non-negotiable requirements (GoG, 2004). These need political leadership and substantial and consistent financial, technical and material support. We need to learn from examples of large-scale successful programmes in this regard, particularly providing longitudinal evidence of what works and what does not work. This presently constitutes the biggest knowledge gap (Ekman, 2004). In view of the professional gap of health care workers in Ghana, the question can be asked; do health workers perform satisfactorily in the Wa West District Hospital, at Wechiau? This study sought to investigate how the situation is in the Wa West District.

1.4 Research Questions

1.4.1 Main Research Question

The main research question of the study is; what are the effects of in-service training on the performance of health workers in the Wa West District hospital?

1.4.2 Specific Research Questions

The research questions of the study are;

1. To what extent do health workers receivein-service training in the hospital?
2. What form of in-service training do health workers receive?

3. How does in-service training influence the performance of nurses/ midwives in the hospital?
4. What is clients'/ patients perception about the performance of nurses/ midwives in the hospital?

1.5 Research Objectives

1.5.1 Main Research Objective

The objective of the study is to assess the effects of in- service training on the performance of health workers in the Wa West District hospital.

1.5.2 Specific Research Objectives

The study specifically seeks to:

1. Determine health workers' level of access to in-service training in Wa West hospital.
2. Ascertain the form of in- service training health workers received in the hospital.
3. Examine the effects of in-service training on the performance of nurses/ midwives at the hospital.
4. To explore public perception with regards to the performance of nurses/ midwives in the hospital.

1.6 Scope of the Study

Geographically, the research was conducted in the Wa West District of the Upper West Region of Ghana on "An Assessment of the Effect of in- Service Training on the Performance of Health Care Workers in the Wa West District Hospital in the Upper West Region of Ghana". The facility / area was chosen because the issue of nurse's professional competence has being a concern. Contextually, the research focused on nurses' attitudes/

behaviors' and performance in the field of work. Emphasis was placed on; the mode of in-service training received, the effects of their performance on clients as well as clients perceptions of their performance. The time scope would span from the year 2015- 2030, because the issues of health has received prominence during the regime of the Sustainable Development Goals (SDGs).

1.7 Significance of the Study

The study focused on in-service training and its effects on the performance of health workers'. The factors as identified could be used to influence policy initiatives in the region or elsewhere in order to promote health care service delivery. Largely, the contribution of this study will influence the fields of health and human resource development. It can also contribute to knowledge, as well as influence development of policy in both the academic and the world of health. The outcome of the study is also expected to inform heath care workers in order to boost their productive outputs. In this regard, the study is being useful to the health care industry.

Again, the study is of immense benefit to the Ministry of Health, NGOs, International Agencies such as UNICEF, CARE, World Bank, IMF, UN, WHO, USAID and other civil society organizations in their policy formulation and implementation regarding factors that affect productivity in the health sector for possible interventions. The findings of the study will serve as a basis for evidence-based policy making and planning by GHS and Hospital managements.

The research project could serve as reference material for academia and other research institutions engaged in the research and or business of health care provision. More importantly, the research would serve as a source of knowledge or information that could assist hospital administrators on their decision towards making a conscious effort at

maximizing the benefits to be derived from enhancing professional competence of health workers, particular.

1.8 Limitations of the Study

The study covers only Wa West District in the Upper West Region of Ghana; thus it will be difficult to generalise the findings to other districts / regions in the country. As such, while the findings from this research may be used to guide future researches, it cannot be applied to other settings. The study is also likely to be compromised based on some difficulties likely to affect the reliability of findings. In research the culture of inducing respondents with material incentives makes most respondents to always look forward to be compensated for the time spent in completing the questionnaire. In addition, the use of sample instead of the total population therefore is not significant enough to allow for generalization of findings. To address these challenges, the researcher employed relevant research strategies to achieve the objectives raised in this study.

1.9 Operational Definitions

It is considered important to make clear the meaning of the following concepts as used in this study. Key concepts are;

National Health Insurance Scheme: This is a security programme under which employers and employees finance health services through contribution (Lambs, 2006: 16).

Health Service Providers: This refers to any health institution (hospital, health centres and clinics) authorized to provide healthcare service under the NHIS (Ozuh, 2004:30).

Healthcare Delivery System: This refers to the provision of health service to the people (Ughanmadu, 2003: 23).

Training: "the application of formal processes to impart knowledge and help people to acquire the skills necessary for them to perform their jobs satisfactorily" (Armstrong 2009: 665).

Employee performance: is defined as the achievement of specific tasks measured against predetermined or identified standards of accuracy, completeness, cost and speed (Afshan et al., 2012). Contextually, employees or staff performance in the proposed study will be based on student output on graduation against services received from university staff.

Human resource management: is the way organizations manage their staff and help them to develop (McCourt & Eldridge, 2003: 2) in order to be able to execute organizations' missions and goals successfully.

1.10 Organization of the study

The study has the following outline.

Chapter oneprovided a background to the study, the problem statement, research questions and objectives, scope of the study, significance of the study and organization of the study.

Chapter two presented the literature review of the study. The discussions on in this chapter focused on theoretical and empirical issues relevant to this study.

Chapter three covered the methodology of the study. These are; the study area, research design, study population, sample size and sampling procedure, sources of data, data collection instruments as well as data analysis and presentation procedure.

Chapter four entailed the results and discussions of the study. Findings from the data analysis were supported by reviewed literature and theoretical frameworks.

Chapter five on the other hand comprised the summary of the findings, conclusions and recommendations to stakeholders and policy makers. For purposes of further research on the in-service training and employee performance as a whole, suggestions are made in this chapter.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The review of related literature covers the conceptualization of health workers, training, in-service training. Other reviewed topics include; historical antecedents of health care, in-service training on health workers in hospitals, forms of in-service training on health workers in hospitals, effects of in-service training on health workers, public perception with regards to health workers' performance and theoretical framework. The chapter concluded with the summary of the review literature.

2.2 Definition of Concept: Health Workers

According to (World Health Report, 2006) health workers are "all people engaged in actions whose primary intent is to enhance health. This meaning evolves from World Health Organization definition of the health system as constituting activities whose primary goal is to improve health.

According to Adams et al, (2003), defines health workers as all people engaged in the promotion, protection or improvement of the health of the population. However, it worth criticizing the above definitions of the fact that it fails to clearly state the category of people in the health system who will be classified as health workers. For example, can a security man at the hospital gate be called a health worker? In actual sense, this portrays that persons looking after the sick andother unpaid caretakers and benevolent who contribute to the improvement of health should alsobe included as part of the health workforce, but these are not considered here or in the globaldatabase–not only for lack of information, but also because of the difficulty it poses with regardto establishing the perimeters of what constitutes a health system.

The unmistakable imperative is to strengthen the workforce so that health systems can tackle crippling diseases and achieve national and global health goals. A strong human infrastructure is fundamental to closing today's gap between health promise and health reality, and anticipating the health challenges of the 21st century (WHO, 2006).

2.3 Training

As one of the major functions within Human Resource Management, training has for long been recognized as an integral part of HRM and thus attracted great research attention by academic writers (Greengard, 2000). According to Greengard (2000), training is the planned and systematic modification of behavior through learning events, activities and programs which result in the participants achieving the levels of knowledge, skills, competencies and abilities to carry out their work effectively.

Training refers to bridging the gap between the current performance and the standard desired performance. Training could be given through different methods such as on the coaching and mentoring, peers' cooperation and participation by the subordinates. This team work enables employees to actively participate on the job and produces better performance, hence improving organizational performance. Training programs not only develops employees but also help an organization to make best use of their human resources in favour of gaining competitive advantage. Therefore, it seems mandatory by the firm to plan for such training programs for its employees to enhance their abilities and competencies that are needed at the workplace (Paradise, 2007).

According to Bartel (2000) training refers to a planned intervention aimed at enhancing the elements of individual job performance. It is all about improving the skills that seems to be necessary for the achievement of organizational goals. Training programs, may also

help the workforce to decrease their anxiety or frustration, originated by the work on job (Bartel, 2000).

It is worth nothing that, as researchers continue with their quest into the training research area, they also continue their arguments into its importance. Some of these researchers argue that the recognition of the importance of training in recent years has been heavily influenced by the intensification of competition and the relative success of organizations where investment in employee development is considerably emphasized (Barber, 2004). Related to the above, (Barber, 2004) add that technological developments and organizational change have gradually led some employers to the realization that success relies on the skills and abilities of their employees, thus a need for considerable and continuous investment in training and development.

Internationally different companies provide training and development program to their employees for the improvement of their skills and abilities. In the start of 90s Sears Credit initiated a key rearrangement and retorted with a career-development programs. This program was developed for employee in order to line up their skills with changing jobs and also ensured that program was adding value for the growth of their organization. Companies also think that they were not allocating career opportunities to their employees with acquaintances and abilities to get benefit from these opportunities (O'Herron and Simonsen 1995).

JC Penny, countrywide wholesale departmental store, developed a virtual university to support the employees to get abilities and skills as required by their jobs (Garger, 1999). Tires Plus, tire retailer based on Minnesota, established Tires Plus University to its employees to increase recruitment, retain employees of the store, and fill up the key positions and augments whole improvement of the employees. U.S. Tsubaki, Illinois,

established UST University to provide and calculate training and organizational development programs that fulfill the organizational and individual needs of the organizations (Callahan, 2000). All over the world different companies are providing different programs for the betterment and skill improvement of their employees which are based on same logic.

Kleiman (2000) described that the essentials parts of a worthy employee training program are constructed on orientation, management skills, and operational skills of employees. These theories are the groundwork of any employee development program. Kottke (1999) described that employee development programs must be comprises with core proficiencies, appropriate structure through which organizations develop their businesses at corporate level. The basic function of the theory is to gain knowledge, cooperation, inventive thinking and resolving problem (Kottke, 1999).

Fundamental goals of several employee development programs are to deliver the mission of the organization and support workers to learn the culture of the organization (Gerbman, 2000). These objectives provide help to the strategic goals of business by facilitating learning chances and support organizational culture (Kottke 1999). The requirements for technical training program for employees raised their job satisfaction and help to understand the culture of organization, which lead to the success of the organization. We must take care about these elements that employee should be updated with the present knowledge of the job. Employee will be more productive, if companies provide them training as per the requirement of the job.

Today most of the organizations have built up different programs for the training and development of their employees. Usually companies offered tuition reimbursement

package to their employees so that they can improve their knowledge and education. It has been found by the Corporate University that almost 10 percent of employees are entitled for this benefit (Rosenwald 2000). Furthermore, only senior management and those employees who are at top level are entitled for tuition reimbursement (Rosenwald, 2000). As a result, thereof, many organizations conduct in-house training programs for their employees that are more beneficial and cheap. Training section of the organizations attempts to concentrate on particular job proficiency whereas the corporate department is proactive with an additional strategic approach.

Training and development program is a planned education component and with exceptional method for sharing the culture of the organization, which moves from one job skills to understand the workplace skill, developing leadership, innovative thinking and problem resolving (Garrow, 2004). Employee development programs includes a variety of teaching technique, schedule, and helping learning environment that ensure employee to improve their skills and later apply on their jobs (Gerbamn, 2000).

In a similar view, an organized development of the knowledge, skills and attitude mandatory by a person to sufficiently carry out a specified assignment or job can be referred to as training by Armstrong (2012). Training can be referred to as providing the environment in which individuals can learn efficiently. To learn is “to gain knowledge, skill, ability” (Asher et al, p.125). Training has conventionally been defined as the practice by which persons modify their skills, knowledge, mind-set, and/or actions (Punia and Kant, 2013).

Consequently, the current study adopts the training definition ofPrickett (1998). They defined training as a deliberate attempt by an organisation to boost employees’ learning

and work-related competence. This is because their definition encompasses or is a collective summary of skills, knowledge and attitude acquisition. In a simpler form, training can be presented as skill development for persons and groups of people. In general, training involves presentation and learning of content as a means for improving skills development and enhancing workplace attitude to augment performance. Furthermore, training is an orderly re-organisation of actions, approach and skills through learning-education, teaching and designed experience (2007).

From the various definitions of training, it can Hashinda and Mahyndron (2009) be seen that training is planned to modify or advance the performance of the workforce at the work place so as to motivate efficiency. The fundamental rationale of training is to support the organisation to attain its short and long term objectives by adding up significance to its human capital. The aim of training is to make up for the shortfalls in what is happening and what should have happened. The idea is on generating exact action programmes and commitment that centers people interest on applying their newly acquired skills and thoughts back at work.

Training is embarked on to realize some needs. As a result, training and development are required, based on the fact that they are carried out to address certain knowledge gaps which are found in an organisation. Thus, training and development becomes significant in the workplace context given that training and development is the only way that the gap between organisational activities and the desired need of a changing society are bridged. This has resulted in an increase in employees' knowledge, skill, ability and attitude.

2.4 In- service Training

The view held by Nassazi, (2003) In-Service training refers to practical training that includes short courses and formalized long term programmes aimed at upgrading skills and qualifications of the employee in order to increase their efficiency in job performance. To Mellish, (1978) is of the view that In-service training is education that is given to a person while he is employed to do a specific job. It is part of continuing education but not the whole of it. It is deliberately planned education to meet the needs of a specific employer, by making up deficiencies in technical and scientific information in his employees. This will enable them to function more efficiently in the organisation.

According to Wikipedia Mariem Dictionary**,** in-service training is on the job training programs for personnel carried out within an institution or agency. It includes orientation programs. According to Wikipedia Medical Dictionary, in-service training is Clinical education designed to inform and update staff about important ongoing projects, technologies, and therapeutic agents.

2.5 Performance

Cary, Roseth, David and Roger (2008) define academic performance as: Performance on task with measures including comprehension, quality and accuracy of answers of tests, quality and accuracy of problem solving, frequency and quantity of desired outcome, time or rate to solution, time on task, level reasoning and critical thinking, creativity, recall and retention, and transfer of tasks.

Academic performance is level of output in a particular subject area and is indicated by grades, marks and scores of descriptive commentaries. Academic performance also refers to how students deal with their studies and how they cope with or accomplish different tasks given to them by their teachers in a fixed time or academic year (Dimbisso, 2009).

Performance is the accomplishment of a given task measured against preset standards of accuracy, completeness, cost and speed (Desarrollo, 2007). Education performance is deemed to be the fulfillment of an objective in a manner that ensures that the performer has attained the set goals in the given level of education (Kibga, 2004). Performance in education is always accompanied by an academic certificate to show that the performer has successfully completed the grade or course and has attained the stated grades (Butts, 1977).

Performance measures can be classified as: (i) Outcome measures: which provide information on progress toward desired results in key areas – effectiveness of programs, impacts on clients. (ii) Intermediate outcome measures: For some desired outcomes, results may not be known for several years. In such instances, it is useful to measure intermediate steps, milestones or landmarks towards the desired outcome (Karuna, 2009).

2.6 Historical Background of Health Care

The Ghana Health Service (GHS) is a Public Service body established under Act 525 of 1996 as required by the 1992 constitution. It is an autonomous Executive Agency responsible for implementation of national policies under the control of the Ghana Minister for Health through its governing Council - the Ghana Health Service Council (GHS report, 2001).

The GHS continue to receive public funds and thus remain within the public sector. However, its employees are no longer part of the civil service, and GHS managers are no longer required to follow all civil service rules and procedures. The independence of the GHS is designed primarily to ensure that staffs have a greater degree of managerial flexibility to carry out their responsibilities, than would be possible if they remained wholly within the civil service (GHS report, 2001).

Ghana Health Service does not include Teaching Hospitals, Private and Mission Hospitals. The establishment of the Ghana Health Service was an essential part of the key strategies identified in the Ghana Health Sector Reform process, as outlined in the Medium Term Health Strategy (MTHS), which were necessary steps in establishing a more equitable, efficient, accessible and responsive health care system (GHS report, 2001).

The reforms build on the reorganization of the MOH that began in 1993, was explicitly designed to set the scene for the establishment of the Ghana Health Service. The reforms also provide a sound organizational framework for the growing degree of managerial responsibility that has already been delegated to districts and hospitals. Themes that were central to the reorganization of 1993 remain important today for the Ghana Health Service: careful stewardship of resources, clear lines of responsibility and control, decentralization, and accountability for performance rather than inputs (MOH report, 2001).

Access to health care varies across countries, groups, and individuals, largely influenced by social and economic conditions as well as the health policies in place. Countries and jurisdictions have different policies and plans in relation to the personal and population-based health care goals within their societies. Health care systems are organizations established to meet the health needs of target populations. Their exact configuration varies between national and sub national entities. In some countries and jurisdictions, health care planning is distributed among market participants, whereas in others, planning occurs more centrally among governments or other coordinating bodies. In all cases, according to the World Health Organization (WHO), a well-functioning health care system requires a robust financing mechanism; a well-trained and adequately-paid workforce; reliable information on which to base decisions and policies; and well maintained health facilities and logistics to deliver quality medicines and technologies (WHO, 2006).

Health care is conventionally regarded as an important determinant in promoting the general physical and mental health and well-being of people around the world. An example of this was the worldwide eradication of smallpox in 1980, declared by the WHO as the first disease in human history to be completely eliminated by deliberate health care interventions (WHO, 2006).

2.7 In- Service Training of Health Workers in Hospitals

To their held by Nassazi, (2013), he argued that all the human resource development activities are meant to either improve performance on the present job of the individual, train new skills for new job or new position in the future and general growth for both individuals and organization so as to be able to meet organization's current and future objectives. There are broadly two different methods that organizations may choose from for training and developing skills of its employees. These are; On-the-job training: Training given to organizational employees while conducting their regular work at the same working venues.Examples of the on-the-job training include but are not limited to job rotations and transfers, coaching and/or mentoring (Nassazi, 2013).

Nassazi, (2013) explained further that, off-the-job training equally help in building the capacity of workers. He stressed that, off the job training involves taking employees away from their usual work environments and therefore all concentration is left out to the training. Examples include conferences, role playing (Nassazi, 2013).

Armstrong, 1995 cited in (Nassazi, 2013) argues that on-the-job training may consist of teaching or coaching by more experienced people or trainers at the desk or at the bench. Different organizations are motivated to take on different training methods for a number of reasons for example; depending on the organization's strategy, goals and resources available, depending on the needs identified at the time, andthe target group to be trained

which may include among others individual workers, groups, teams, department or the entire organization.

2.8 Training Purpose, Process and outcomes

Cole (2002), mentioned in his book Personnel Human Resource Management, that training is more of a learning activity to acquire better skills and knowledge needed to perform a task. The idea of training is the need for a greater productivity and safety in the operation of specific equipment or the need for an effective sales force, to mention a few.

To come up with the desired knowledge, skills and abilities from employees to perform well at their job side, requires proper training programs that may likewise have an impact on employee motivation and commitment. Employees can either build or break their company's reputation as well as profitability. Moreover, they oversee most of the activities which can influence customer fulfillment, the nature of the product and event.

2.8.1 Why training

According to Nunvi (2006), training programs are directed towards maintaining and improving current job performance while development seeks to improve skills for future jobs. Considering the progress in the technology, certain jobs become redundant with the replacement of machines in present days. Further education and competence becomes necessary for those in current positions and those wishing to be promoted in the future.

Expressing an understanding of training, Armstrong (1996), emphasized that training should be developed and practiced within the organization by appreciating learning of theories and approaches, if training is to be well understood.

2.8.2 Training process

Training in an organization generally involves a systematic approach;

Identifying training needs

This analysis is necessary to determine the training needs of the employees or a specific job. What are the practical needs? Why an employee needs training? Every training begins with the need analysis, and establishing a need analysis is and should always be the first step in the training process (Infande, 2015). There are four procedures that managers can use to determine the training needs of employees in their organizations

i. Job requirements analysis. The skills and knowledge specified in the appropriate job description are examined. The employees without the skills needed are candidates for a training program.

ii. Organizational analysis. The effectiveness and successes of an organization are analyzed to determine where differences exist. For instance, members of a department with a high turnover rate or a low performance record might require additional training.

iii. Performance appraisals. Here, each employees work is measured against objectives established for his or her job.

iv. Human resource survey. Managers as well as non-managers are expected to describe what problems they are experiencing at their workplaces and, what actions they believe can be taken to solve the problems. Immediately the training needs are identified, the human resource department must initiate the appropriate training effort, to close the gap between expected and actual results. This may also depend on circumstances like;

developing a training plan, designing a training lesson, selecting trainer and preparing the trainers.

Training plans and Implementation. This area of the training process emphasizes on the techniques and methods by which training is carried out. The objectives of training, budgets and the duration are allocated.

Training Evaluation and feedback

Often, this turns to be the most critical part of the training process, focusing on the results achieved after training. The main idea is to analyze the effects of training and determine whether the set goals have been achieved. Reactions such as the participant's feedback, trainer's feedback, learning behavior and results of the training are being measured. To measure the impact of training, Kirkpatrick (1959) outlined four levels of evaluation, and each of which is a prerequisite for the next level:

i. Reaction and planned action. These are measured reaction or evaluation of how the employees felt concerning the learning experience.

ii. Learning and confidence evaluation. Here is the measurement of the increase in knowledge -before and after training.

iii. Behavioral impact. This is the degree of applied learning back at work – are the members really doing anything diverse after the training program than before?

iv. Results. It's important to know what results were achieved, in relation to the previous training objectives that were being set. For instance, has there being any decline in the number of costumer's complaints? Reactions, behavior and learning are of great importance, but if the training program cannot produce measurable performance – related results, then it has not achieved its goals accordingly.

2.8.3 Requirements for learning

Since the objective is to assist the learner acquire the behavior necessary for effective work performance, it is therefore important to come up with a clear grasp of the ways in which learning theories are applied when designing training programs. To Leslie (1990), there are for basic requirements for learning to take place.

The first he mentioned is motivation. Like the old saying goes, a horse can be led to the river but cannot be forced to drink from the river. Relating this to organizational training and development, it becomes an important lesson for the trainer. Employees tend to learn if they accept the need for training and are more committed to it. For instance, if their motivation is weak, and if they doubt their ability to learn, no matter how well their training is designed and implemented, its effectiveness will be limited.

Flippo (1976) also made mention on the fact that, the more highly motivated the trainee, the faster and more efficient a new skill or knowledge is learned. This implies that training should be related to something the employee desires. It could be promotion, money or recognition just to name a few. Cue is the second requirement. From training programs, the learner recognizes relevant cues and associates them with relevant responses.

The third requirement is responses. Here, training must be immediately followed by a positive, timely and consistent reinforcement to enable the learner feel the respond (Leslie, 1990). Lastly, there's feedback. The information the learner receives indicating the quality of the response is feedback. Although the learning requirements are good, they fail to talk about practice where the learner actively participate in making use of the skills and knowledge acquired because it must consider individuals with different attitudes which sometimes affect training methods.

2.9 Forms of In-service Training of Health Workers in the Hospitals

2.9.1 Conferences

As a training and development method involves presentations by more than one person to a wide audience. It is more cost effective as a group of employees are trained on a particular topic all at the same time in large audiences. This method is however disadvantageous because it is not easy to ensure that all individual trainees understand the topic at hand as a whole; not all trainees follow at the same pace during the training sessions; focus may go to particular trainees who may seem to understand faster than others and thus leading tot under training other individuals (Nassazi, 2013).

2.9.2 Role playing

Involves training and development techniques that attempt to capture and bring forth decision making situations to the employee being trained. In other words, the method allows employees to act out work scenarios. It involves the presentation of problems and solutions for example in an organization setting for discussion.

Trainees are provided with some information related to the description of the roles, concerns, objectives, responsibilities, emotions, and many more. Following is provision of a general description of the situation and the problem they face. The trainees are there after required to act out their roles. This method is more effective when carried out under stress-free or alternatively minimal-stress environments so as to facilitate easier learning. It is a very effective training method for a wide range of employees for example those in sales or customer service area, management and support employees (Nassazi, 2013).

2.9.3 Coaching and/ or mentoring

This involves having the more experienced employees coach the less experienced employees (McCourt & Eldridge 2003). It is argued that mentoring offers a wide range of advantages for development of the responsibility and relationship building (Torrington et al. 2005, 394 – 395). The practice is often applied to newly recruited graduates in the organization by being attached to mentor who might be their immediate managers or another senior manager. This however does not imply that older employees are excluded from this training and development (Nassazi, 2013).

2.9.4 Job rotation and transfers

Job rotation and transfers as a way of developing employee skills within organization involves movements of employees from one official responsibility to another for example taking on higher rank position within the organization, and one branch of the organization to another. For transfers for example, it could involve movement of employees from one country to another. These rotations and transfers facilitate employees acquire knowledge of the different operations within the organization together with the differences existing in different countries where the organization operates. The knowledge acquired by the selected employees for this method is beneficial to the organization as it may increase the competitive advantage of the organization (McCourt & Eldridge, 2003).

2.9.5 Orientation

This is yet another training and development method. This involves getting new employees familiarized and trained on the new job within an organization. During this process, they are exposed to different undertakings for example the nature of their new work, how to take on their identified tasks and responsibilities and what is generally expected of the

employees by the organization. They are further given a general overview of the organizational working environment including for example working systems, technology, and office layout, briefed about the existing organizational culture, health and safety issues, working conditions, processes and procedures (Nassazi, 2013).

2.9.6 Formal training courses and development programmes

These are a number of methods which may be used to develop the skills required within an organization. These course and programmes are usually a set of defined and known programmes where the contents, durations and all the details about the training are clear to both the organization and the personnel to be trained. Unlike informal trainings and programmes, formal training and programmes can be planned earlier and also plan for their evaluation. Employees may undertake these courses and programmes while completely off work for a certain duration of time or alternatively be present for work on a part-time basis. These programmes can be held within the organization (in-house) or off the job. Off the job is argued to be more effective since employees are away from work place and their concentration is fully at training. Depending on the knowledge needed, organization's structure and policies, the trainers too may be coming within the corporation or outside the organization (Nassazi, 2013).

2.10 Effects of In- service Training of health workers in the Hospital

In the world of work, organizational growth and development is affected by a number of factors. In view with the present research during the development of organizations, Nassazi, 2003 argued employee training plays a vital role in improving performance as well as increasing productivity. This in turn leads to placing organizations in the better positions to face competition and stay at the top.

This therefore implies an existence of a significant difference between the organizations that train their employees and organizations that do not. Existing literature presents evidence of an existence of obvious effects of training and development on employee performance. Some studies have proceeded by looking at performance in terms of employee performance in particular (Hutchinson 2003, Harrison 2000) while others have extended to a general outlook of organizational performance (Guest 1997; Swart et al. 2005).

In one way or another, the two are related in the sense that employee performance is a function of organizational performance since employee performance influences general organizational performance. In relation to the above, (Wright &Geroy, 2001) note that employee competencies change through effective training programs. It therefore not only improves the overall performance of the employees to effectively perform their current jobs but also enhances the knowledge, skills an attitude of the workers necessary for the future job, thus contributing to superior organizational performance (Nassazi, 2013).

The branch of earlier research on training and employee performance has discovered interesting findings regarding this relationship as cited in (Nassazi, 2013). Training has been proved to generate performance improvement related benefits for the employee as well as for the organization by positively influencing employee performance through the development of employee knowledge, skills, ability, competencies and behavior (Appiah 2010, Harrison 2000).

Moreover, other studies for example one by Swart et al. (2005) elaborate on training as a means of dealing with skill deficits and performance gaps as a way of improving employee

performance. According to Nassazi, 2013 having drew inferences from (Swart et al, 2005), bridging the performance gap refers to implementing a relevant training intervention for the sake of developing particular skills and abilities of the employees and enhancing employee performance.

He further elaborates the concept by stating that training facilitate organization to recognize that its workers are not performing well and a thus their knowledge, skills and attitudes needs to be molded according to the firm needs. It is always so that employees possess a certain amount of knowledge related to different jobs. However, it is important to note that this is not enough and employees need to constantly adapt to new requirements of job performance. In other words, organizations need to have continuous policies of training and retaining of employees and thus not to wait for occurrences of skill and performance gaps (Nassazi, 2013).

According to Wright and Geroy (2001), employee competencies change through effective training programs. It not only improves the overall performance of the employees to effectively perform the current job but also enhance the knowledge, skills and attitude of the workers necessary for the future job, thus contributing to superior organizational performance. Through training the employee competencies are developed and enable them to implement the job related work efficiently, and achieve firm objectives in a competitive manner. Further still, dissatisfaction complaints, absenteeism and turnover can be greatly reduced when employees are so well trained that can experience the direct satisfaction associated with the sense of achievement and knowledge that they are developing their inherent capabilities (Pigors& Myers 1989).

Most of the benefits derived from training are easily attained when training is planned. There are so many benefits associated with training. Cole (2001) sighted in Nassazi, 2013 summarizes these benefits as below; high morale,lower cost of production, change management, provide recognition as well ashelp to improve the availability and quality of staff.

This means that the organization, trainers and trainees are prepared for the training well in advance. According to Kenney & Reid (1986) planned training is the deliberate intervention aimed at achieving the learning necessary for improved job performance. Planned training according to Kenney and Reid consists of the following steps; identify and define training needs, define the learning required in terms of what skills and knowledge have to be learnt and what attitudes need to be changed, define the objectives of the training decide who provides the training, evaluate training, amend and extend training as necessary.

2.11 Public Perception with Regards to the Performance of health workers in the hospital

Many African countries are struggling to achieve quality health provision, particularly in rural and per-urban areas. Competition for personnel and monetary resource as well as poor communication with other programmes like malaria, and HIV can be found at different levels of the health system, particularly where policies are ill defined. National and sub-national level health budgets may be too small and heavily dependent on donor funding.

As a relatively low-profile service, health sector may not receive enough funding. Low managerial capacity is common at district level, and poorer districts may face difficulties in raising the funds for conducting essential treatment activities or in attracting and retaining staff in the absence of incentives. Additionally, lack of up-to-date standards and protocols, poorly defined roles among programmes or staff, and weak monitoring systems contribute to low quality health provision. Poor regulatory mechanisms or insufficient capacity to enforce regulations contribute to the difficulty in assessing quality of care in public and private clinics. Establishing and sustaining a functional health system that can provide universal coverage of quality health provision at the right time is a challenge for many countries in Africa.

The aforementioned challenges that face African countries of which Ghana is not an exemption has created the perception in the public that, health workers are performing poorly in delivering their services in various hospitals and clinics across the countries more especially the rural areas. This situation is not different in Wa West District where it is suspicious that health workers in that area are performing poorly.

2.12 Empirical Evidence on Measures of Training and Development

Another study on employee perception conducted by Wahab and Hussain (2014) revealed that employees perceived training as a means of only accessing basic skills required to perform their jobs. According to these researchers, the ultimate aim of training is to enhance employee and organisational performance. However, their study revealed that employees in the health sector in Pakistan did not see any importance of training and development apart from the acquisition of basic skills. Only a small percentage saw training as a means of self-development. Analysing these results, it appears that such

employees do not have a positive disposition towards training and development, thus having a possible negative impact of the overall organisational performance.

Ashar et al. (2013) study indicates that diverse groups of employees perceive training to offer capabilities, knowledge and expertise that enhances one's performance and it eventually leads towards organisational performance. Substantially, staff mostly perceives training as the source of knowledge, skills and attitudes erudite during training in the work environment and as a result maintaining and applying these over a period of time.

A study by Elangovan and Karakowsky (1999) revealed that workers will be highly inspired to undergo training and learn through the process if the training is linked with their expectations with regards to reward, promotion, improved performance and bonuses. These findings show that employees will develop a positive outlook towards training if they perceive the training process will enhance their personal development.

Srivastava et al. (2012) assessed the effectiveness of different training programmes organized by the in- house training center of Tata Steal, ShavakNanavati Training Institute (SNTI), India. Effectiveness of training was measured in terms of different results for instance, satisfaction level, reaction and results of members, and change in performance and behaviour as perceived by members, their direct superiors and heads of institutions. It became evident that the satisfaction levels of members, their supervisors and divisional heads were high. The members profited from the programme but transfer of learning was not as anticipated from the supervisors.

Another perception by employees towards training is the availability of training. Existence of training refers to the degree to which workers feel they have access to training opportunities within the institute (Newman, Thanacoody andHui, 2011). Previous research points out that employee with a positive disposition about perceived training opportunities will become committed to their organisations (Bartlett, 2001).

Existence of training has been established to have an important impact on the extent of employee dedication. Additionally, Bulut and Culha (2010, p. 318) put forward that workers with higher perceptions of existence of training are more probable to exhibit higher levels of affective commitment. Thus, Ahmad and Bakar (2003:181) also indicated that organisations can improve worker perceptions toward availability of training by increasing training activities within the organisation.

Punia and Kant (2013) examined the effectiveness of training and its implication for the trainee and the organisation concerned. They found that attitude, motivation, emotional intelligence, training style and environment, support from management and work colleagues, basic ability, self-efficacy and also open-mindedness of the trainer have positive implications for the trainee and the organisation. Hashinda and Mahyudolin (2009) found factors like top management support, support of peers, job related factors, individual employees' attitude and deficiencies in training practice as the main factors that impact on training effectiveness.

In a research done by Ramachandran (2010), he examined the efficacy of training and development programme of diverse cadre of workers working in a public sector organisation. The study found that workers varied in effectiveness of training programmes

on the basis of demographic behaviours. It is also concluded that experience and education of the workers of the institution is predominating and an influential feature in training programme. In the never-ending drive for a competitive edge, businesses subscribe to the conviction that smarter, better trained workers increase the opportunities for success. The study further illustrates the viewpoint of workers in terms of diverse qualification and experiences behind imparting training in organisations.

Mentoring is viewed as a principal efficient factor of development in context. For example, Giber et al., (1999) observed that mentoring alongside action learning were seen to be relevant components as far as development is concerned in their study. Singh (2003) conducted a study of 84 Indian firms to examine how many human resource development activities have been initiated by the businesses and the degree of association between the individual human resource activities and firm performance. The findings suggested that there were huge discrepancies in the human resource activities implemented by the firms. In addition, the study also observed that the collective effect of human resource performance index was important in forecasting a firm's performance as well as employee turnover and efficiency.

Becker et al. (2001) used High Performance Work Index (HPWI) to compare top ten percent institutions with bottom ten percent on different forms of assessment. The findings suggest there were considerable variation between the two groups. The top High Performance Work Index group adopted human resource development practices which vary completely from the bottom High Performance Work Index group of institutions. The former committed adequate funds to employment and selection, engaged more vital

training system, recognized improved performance management and associated to the compensation system, used teams to much superior extent.

Moreover, findings from a study of London university graduates indicated that 90 percent of the sample expected their employers to assist in their development (Prickett, 1998). In addition to that, Holbeche (1998) also observed that one third of sample of high-fliers considered quitting if they are unable to enhance their expertise.

Another study done by Nathan et al. (1991) assessed review reactions using supervisor/subordinate dyads in a longitudinal questionnaire observing little but important variations in both supervisors' ratings of performance and in subordinates'' attitudinal measures following review procedures. The findings of the study support the fact that the developmental discussions, rather than mere performance ratings, will promote a person's performance results.

What is more, Greller (1998) in a study did stress the significance of appreciating the perspective in which reviews or appraisals take place, in addition to the central role of feedback using performance appraisal data and attitudinal measures from 137 workers. Findings from the study indicate that partaking in an appraisal was influenced most by which supervisor carried out the appraisal (more than by the exact conditions of the appraisal).

In addition, the findings further indicated that responses to appraisals were moderated by subordinate experience and earlier feedback. The supervisors themselves were not likely to modify their own performance in appraisal interviews. It could be deducted from this

research that only workers who have an efficient and open supervisor will gain from appraisals, stressing the critical function of the feedback source.

Attia and Honeycutt (2012) conducted a study on United States (US) firms in Egypt. The purpose of the study was to develop the sales training practices by gaining an in-depth comprehension using the first two levels (reaction and learning) of training effectiveness measurement adopted from the Kirkpatrick model. Total sample of 79 sales managers of United States firms working in Egypt were interviewed. They assessed level 1 (reaction) by rating the plan and functions of their sales training courses. Level 2 evaluated the value of information obtained from training themes. Results indicated that the training either assisted or resolved sales and non-sales challenges of trainees.

In addition, Latif (2012) conducted a study to develop a structure to appraise workers' satisfaction with the training courses by highlighting its relevant indicators using data from an extensive literature review. The finding indicates that one of the four key measures of effective training has to do with training content satisfaction.

In another study, content was used as a measure of effective training by Alvelos et al. (2015). They contributed to the comprehension of the elements that influence training effectiveness. Using a sample of 202 employees working for an insurance company where they had training for a period of three months, the findings indicated an association between perceived content validity and transfer design, as well as with the incentive to advance work through learning.

In reference to a study conducted by Tyler (2002) on how institutions evaluate training in relation to relative strength using the measures of training evaluation the following were

the outcomes of the findings. Reaction level recorded 78 percent, followed by learning 32 percent behaviour change 9 percent and results recorded 7 percent. Leach and Liu, (2003) study on sales training evaluation model observed that supervisors are of the view that qualitative assessments give deeper understanding into training effectiveness for the following measures of training effectiveness, that is, behaviour and results.

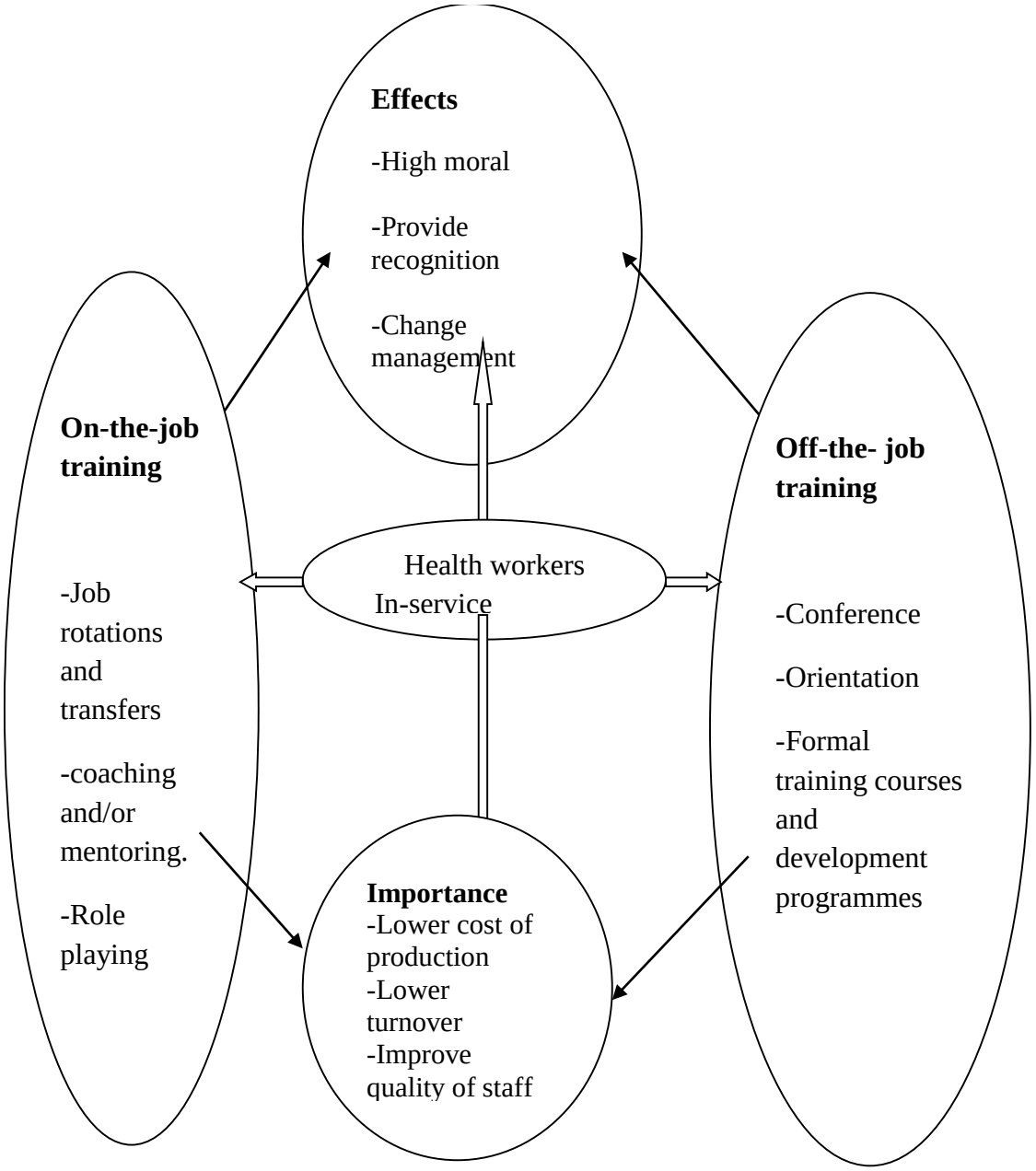
A research done by Holton et al. (2000) revealed that there was a positive and significant association between perceived content validity and factors relating to the work environment such as peers and supervisors support. Moreover, Seyler et al. (1998) study on Factors affecting motivation to transfer training indicated that perceived content validity is significantly related with motivation to transfer learning a measure of effective training in terms of behaviour.

2.13 Conceptual framework

The concept of health workers in-service training, on-the-job training, off-the-job training, resultant effect and importance to health sector workers are integrated to form the conceptual framework below. In the figure, in-service training of health workers can be in a form of on-the -job training (like job rotation and transfer, coaching and /or mentoring, role playing) were employees are acquiring knowledge, skill and attitude within the working environment.

It can also take the form of off the job training (conferences, orientation, formal training courses and programmes), that is training taking place outside the work environment. The resultant effect of it is that; high moral, provide recognition, change management of health workers which boils down to the importance of lower cost of production, lower turnover and improve quality of staff in the health workers.

Figure 2.1 Conceptual Framework



Author's own construct

From the above diagram, in-service training of health workers can be on-the-job training like job rotation and transfer, coaching and /or mentoring, role playing, likewise off-the-job training which takes the form of conferences, orientation, formal training courses and programmes. This result to the effects of high moral, provide recognition, change management of health workers and subsequently result to the merits of lower cost of production, lower turnover and improve quality of staff.

2.14 Theoretical framework

The Social Learning theory proposed by (Bandura, 1977) stresses on learning by imitation. The theory states that learning would be exceedingly laborious, not to mention hazardous, if people had to rely solely on the effects of their own actions to inform them what to do. The theory proposes that managers can learn to do things by watching others do them before trying to perform. The theory further states that social and interpersonal skills can be learnt by imitation.

Social Learning theory is criticized in that there is a danger in imitation that results in people learning inefficient ways of working or fails to take on board some of the tacit skills used by experienced managers. Social learning theory has sometimes been seen as a bridge between behaviorist and cognitive learning theories because it encompasses attention, memory, and motivation. Lave et al, 1991 adds that the social approach to learning is through participation in everyday activities. They argued that managers learn through participation in everyday activities and that learning occurs through practice in work situations informally and incidentally.

Fox, 1997 supports the social learning theory by stating that the key elements of situated learning include people who perform work and belong to a community of practice since it is within a community that learning occurs. Communities of practice have apprenticeship systems (formal and informal) where novices learn by assisting more experienced members. Managers learn through their work and participation in practice.

Learning is contextual and in relationship with other people. Social learning theory has been applied in the context of behavior modification (Bandura, 1969). The theory is also

the theoretical foundation for the technique of behavior modeling which is widely used in training programs. The social learning theory is based on the principle that individuals are more likely to adopt a modeled behavior if the model is similar to the observer and has admired status and the behavior has functional value.

Social Learning theory is applicable in this study. In-service training involves acquisition of skills, knowledge and attitudes by the new or untrained employees from their superiors. In induction, the new employees imitate the culture of the organization and learn to fit in the environment of the organization by adapting its policies and practices. In On job training the new employees imitates the coach and the mentors in job performances.

Vrooms Expectancy Theory

Expectancy theory in the views of Vroom (1964) is about the mental processes regarding making a choice. It explains the procedures that an individual undergoes to make choices. In the study of organisational behavior, expectancy theory was a motivation theory first proposed by Victor Vroom (1964) of the Yale School of Management. The underlying hypothesis for the study was that, if a worker sees high productivity as a path leading to the attainment of one or more of his/her personal goals, he/she will tend to be a high producer.

Conversely, if he/she sees low productivity as a path to the achievement of his/her goals, he/she will tend to be a low producer. Thus, the theory emphasizes the need for organizations to relate rewards directly to performance and to ensure that the rewards provided are those rewards deserved and wanted by the recipients (Montana &Charnov, 2008).

The theory further indicates whether a person is motivated depending on two expectancies and one valence. According to the theory, the first expectancy involves the probability that, for motivation to occur, an employee must believe that if he/she puts forth a reasonable effort, there is a high probability that she will be able to meet expected performance standards. The second expectancy involves the probability that employees will be able to link their level of performance to the rewards received for performance (Mathibe, 2011).

In other words, a high level of motivation will occur only if the employee believes there is a high probability of being rewarded for satisfactory performance. The valence here means that, an employee will only be motivated to work hard if the expected reward is something that he/she finds desirable. Putting the elements of the expectancy theory together, a high level of motivation occurs when there is a high expectancy that one's effort will yield satisfactory performance and that this performance will result in the attainment of one's desired rewards.

Some criticisms were however leveled against the expectancy theory. According to Rao (2002), the theory looks at every motivational factor as a stand-alone event. Under the theory's worldview, employees work on a project for a certain reward, then go on to the next one for the next reward. It, however, does not take into account an employee who does the right thing on a project or two because of a desire to get promoted to meet her long-term career plan. That employee is motivated by a reward, but he/she is not motivated by a reward tied to a project. This makes the expectancy theory weak at predicting long-term patterns of behavior. Another major criticism of the expectancy theory of motivation was the assumption that, a reward will entice an employee to expand greater efforts in order to obtain the reward, but neglect the fact that the reward in question could have a

negative effect for the individual. For example a pay increase might push him or her into a higher tax bracket.

Herzberg's Two-Factor Theory

According to Frederick Herzberg (1960) two-factor theory, the satisfaction of a need has one of two effects. It either causes employees to be satisfied with their jobs or it prevents employees from being dissatisfied with their jobs. Herzberg labeled the factors associated with job dissatisfaction "hygiene factors", indicating a similarity to the concept of preventive maintenance. These factors describe the job environment/scenario. The hygiene factors symbolized the physiological needs which the individuals wanted and expected to be fulfilled. The motivational factors yield positive satisfaction. These factors are inherent to work and motivate employees for superior performance.

While the distinction between the motivational and hygiene factors aids in understanding how motivation theory can be applied in organizations, there are certain criticisms that have to be noted. Jacobs (2011) noted that, the Two Factor Theory assumes that happy employees produce more. Meanwhile, the issues is not always so. Employees may be happy, but they may not be productive as expected of them. Also, according to Sergey (2013), what motivates one individual might be a de-motivator for another individual. Despite the criticisms, the theory is largely responsible for the practice of allowing people greater responsibility for planning and controlling their work, as a means of increasing motivation and satisfaction.

To apply the theory in this study, it will help senior officers to identify the need to ensure the availability of adequate hygiene factors to reduce dissatisfaction among junior officers.

Also, this theory when applied would highlight the need to make work processes non-routine to remove boredom among officers. Similarly, the importance of rewarding officers appropriately as a means of motivating them to make improvements in their performances are vital components of this theory when applied in organizations. This shows the importance of ensuring job-enrichment since an enriched job will utilize employees' skills and competencies to the maximum.

This study can be applied to the present study in the sense that, training opportunities can be made available to officers as a way of giving them the opportunity to learn new skills, thereby making them more productive. Hence, to enhance productivity, majority of workers would gladly take advantage of such an opportunity given them. This is because they may feel taking part in training and development activities will make them more productive than they previously were, thereby leading to an increase in general performance in the service.

The Theory of Empowerment

Power play is ubiquitous in daily working relationships but power is most of the time concealed making it quite difficult to isolate for exploration (Kabeer 2004, 134). Hence, a person may be dispossessed of power without being conscious of it. According to Kabeer (2005, 13-14)), "empowerment refers to the processes by which those who have been denied the ability to make choices acquire such ability". Mosedale (2005: 252) defines empowerment as "the process by which people redefine their roles in ways which extend their possibilities for being and doing". From the above definitions, empowerment can be said to be an ongoing change process that involves self-determination through the making of choices that can improve a person's wellbeing.

UNIFEM on the other hand suggests that economic empowerment should be defined as "having access to and control over the means to make a living on sustainable and long term basis and receiving the material benefits of this access and control…" (Carr 2000, 2 as cited in Mosedale 2005: 247). It has been argued that for a development body like the hospital training programme to engender change, it should "...contribute to workers' sense of independence, rather than simply meeting survival needs" (Makoshori, 2013). This may enable people to make "choices" that act against structures or individuals that draw back the pursuit of their interests and potentials. Kabeer (2005, 14) argued that for an individual to make meaningful choices "there must be alternatives and these alternatives must be seen to exist". Eventually, people should be free to make their choices and be responsible for the choice they made.

Further, Kabeer (1999; 2005) suggested that empowerment could be examined through three interrelated dimensions: "agency", "resources", and "achievement". Resources may entail all material and non-material things that are necessary for the maintenance and development of the person or wellbeing of a group (for example capital, knowledge, labour, etc.), which "are the medium through which agency is exercised" (Kabeer, 2005).

According to Kabeer (2005:14) agency "entails a person's ability to make choices and being able to put them into action even in the face of others' opposition". For a person to exercise his/her agency, the person must be conscious of the immediate circumstances, have the desire for change and the resources to effect the change. In other words, resources plus agency makes achievement (otherwise called "capabilities") possible. Achievement is defined as the potential for a person to live a life the person wants (Kabeer, 2005:15). In

sum, the three dimensions: resources, agency and achievements are interdependent. Thus, "changes in anyone dimension can lead to changes in others" (Kabeer, 2005:15).

In practical terms, achievement involves the exercise of agency that is facilitated by access to resources and the outcome thereof. These "resources" may not only strengthen the youth's socio-economic position but also make them conscious of their conditions.

The nurses and midwifesmay then be motivated to take actions (agency) to determine the use of their labour and capital. If they succeed through their action to take control of use of their labour and capital; then we say that there is achievement. From this backdrop, this study examined the achievement of the nurses and midwives through their exercise of agency. For this study, the theory of empowerment helped to explore the extent to which these resources (Hospital training support) have enhanced skills of the nurses and how they are able to exercise their "agency" in institution.

2.15 Summary of Literature Review

Apparently, health workers are all people engaged in the promotion, protection or improvement of the health of the population. Training is the planned and systematic modification of behavior through learning events, activities and programs which result in the participants achieving the levels of knowledge, skills, competencies and abilities to carry out their work effectively (Gorden, 1992).

However, In-Service training refers to practical training that includes short courses and formalized long term programmes aimed at upgrading skills and qualifications of the employee in order to increase their efficiency in job performance. History had it that health care delivery became more effective and recognised in the 1992 constitution of the republic of Ghana, aimed at improving quality health care provision in the country.

Improvement in knowledge, skills, performance efficiency and effectiveness are the effects of in-service training on health workers.

On-the-job training and off-the-job training are in-services training for health workers which could take the form of conferences, orientation, job rotation, coaching and mentoring among others. On the aspect of theoretical framework, social leaning theory proposed by Bandura, 1977 were used which basically is of the view that learning would be exceedingly laborious, not to mention hazardous, if people had to rely solely on the effects of their own actions to inform them what to do. The theory proposes that managers can learn to do things by watching others do them before trying to perform.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

The methodology comprises discussions of research design adopted in achieving the objectives of the study. Emphases are further placed on target Population. The sampling techniques, procedures and instrumentation were also captured under methodology. It also describes the data sources including the methods of data collection and data handling procedures.

3.2 Study Setting

Politically, the hospital falls within the Wa West District Assembly. As a District Hospital for the Wa West District, its catchment area is the whole of the District with an estimated population of about 81, 348 (GSS, 2012). However, the immediate catchment area includes the following localities: Wechiau, Daloyire, Gurungu, Veiri, LasiaKendau, Tanvari, Mettew, Motori, Younuuri and Jaglu(Wa West District hospital, 2015 annual report).

The study will be specifically conducted the Wa West District Hospital (Wechiau). In 2013 a Polyclinic block was built to add up to the health centre and was accredited to district hospital status by the NHIS 2014 and GHS in June, 2016 respectively. The facility is the only public hospital in the District and as such the district hospital. It serves as the highest referral point in the District.The District hospital has a fifty (50) bed complement and total staff strength of 97. The facility has the following operational departments including OPD, Laboratory, Public health, Administration, Accounts, Pharmacy, Maternity, Thearter, Surgical wards, Records and finally the Health Administration and Nutrition Unit (Wa West District hospital, 2015 annual report).

Some studies found that community-based health insurance schemes increase the use of health care, while reducing costs to the consumer. Schemes that cover hospital inpatient care have increased the use of health care in settings as diverse as the People's Republic of China, the Democratic Republic of the Congo, Ghana and Kenya. In the Bwamanda district of the Congo, Criel&Kegels found that rates of hospital use by members of a voluntary insurance scheme for hospital care were twice as high as those for the non-insured population (49vs 24.9 per thousand per year) (9). The Nkoranza Community Financing Scheme in Ghana covers 100% of the costs of hospitalization (10). Members of this scheme consistently were more likely to be admitted to hospital (4.6–6.3% admitted per year) than non- members (1.5–2.6% per year) (Conn and Walford, 2004).

If you register under any of the schemes, you will be given a card which you can use to seek treatment in any hospital in the country. When you visit a health facility with the card, you are treated and offered the services you have signed for without you having to pay for anything – unless you ask for an extra service, like a private ward. Your bills are then sent to your scheme provider (district, private scheme or mutual scheme) which then pays the money to the hospital. You can also use your card to buy prescribed drugs at accredited pharmacies or licensed chemical shops without paying at the point of delivery – the pharmacy will contact your service provider to take its money.

3.3 Study Population

In the field of research, target population has being the group of people who constitute a sample frame for the study. The target population consisted of clients and nurses from Wa West District Hospital (Wechiau) in the Upper West Region of Ghana, including Health Workers in the facility. The total population of the Wa West District is estimated of 81,348

representing 11.6% of the Upper West Region population (GSS, 2012). The Wa West District population dynamics in terms of sex distributions, comprised 40, 227 (49.5%) being Males, while 41,121 (50.5%) being females (GSS, 2012). The hospital has staff strength of 97 people. Therefore, the sample frame / sample size for the study was derived from the target population.

3.4 Research Design

The research design refers to the overall plan employed by the researcher to obtain answers to the research questions and for testing the hypothesis formulated (Creswell, 2011). It encompasses decisions about how the research is conceptualized, the conduct of the research and the type of contribution the research is intended to make to the development of knowledge in a particular field of study in developing a research design, theoretical, methodological and ethical considerations relevant to the study are taken (Creswell, 2007).

The researcher adopted a descriptive survey design. The descriptive survey provides the researcher with a narrative investigation and description of the quality of relationships, situations, events, materials and conditions as observed in the natural setting of the community (Bryman, 2008). Survey design in its purest sense follows the paradigm that research should be conducted in the natural setting and that the meanings derived from research are specific to that setting and its conditions thus being a holistic and peculiar interpretation of the natural setting under study (Cheek, 2008).

3.5 Sample Size and Sampling Techniques

Sampling plays integral role in a research setting. This is because it does not only establish the number of respondents as sample, but rather also create convenience for the study. In view of this, the quota sampling was used to obtain the set number. A total of forty (40) respondents were selected for the study. This constitutes fifteen (15) management members and twenty-five (25) employees or health professionals. These professionals are nurses, midwives, nutritionist, dentist, doctors. All respondents selected were considered to be part of the study sample. This was significant enough for the overall representation. To obtain the sample purposive and convenient sampling techniques were utilized.

Purposive sampling technique was used to select management of the hospital. Though this sampling technique might not ensure representativeness of the sample selected, it was considered appropriate for this study because respondents were selected due to their affiliation to the Wa West District Hospital and offering healthcare services. The purposive technique was deemed appropriate because it gave the opportunity to select respondents who had adequate knowledge on Training related issues and could provide adequate information to address the research questions.

Also, convenience sampling technique was used to select the staff made up of nurses, midwives, nutritionist, dentist and doctors. The study targeted those who are staff of the Wa West District Hospital in the Upper West Region of Ghana This method was also employed because staff was organized at one point for some critical information.

3.6 Sources of data

The study employed mainly primary data to respond to the research questions raised. Meanwhile, secondary data was also solicited in order to support the findings from the field. It is important to indicate that the study adopted Face-to-face interviews to generate informant from patients and health workers as sample. The principleof Face- to- Face Interview has being that; the research engaged respondents in the form of conversation. This was suitable for the study, as it build rapport among the researcher and the respondents. It further enables the researcher to clearly demonstrate him/herself to respondents in order to solicit information.

Secondary source of information were collected through documentary review; which will include magazines, record keeping books, journals, newspapers, thesis and dissertations, conference proceeding, reports and the internet among others on the subject matter will be elicited. Information were sorted from government agencies and non-government organizations including; Ghana Health Service-Wa West Directorate, Wechiau District Assembly and Coalition of NGOs on Health. Secondary data helped in enriching the study, because it provided a critical look at the literature that already exists in the area of study.

3.7 Research Instruments

The primary data was collected using semi-structured questionnaires, interview guides and focus group discussions. The rational for using these instruments has been the growing significance of the instrument as compared to other instrument including questionnaires which comes with a high degree of challenges including the issues of retrieving. Details of the instrument are discussed below;

3.8 Semi-structured Questionnaire

The semi-structured questionnaire was self-developed based on the objectives of the study. It was administered to subscribers of the scheme. The questionnaire was made up of both close and open-ended questions and they were administered to permit further clarifications from respondents. It was structured in three sections encompassing demographic characteristics and the four research questions. The use of questionnaires helped to involve the management in the research.

Focus Group Discussions (FGDs)

The Focus Group Discussions were led by the researcher as the moderator. Notes were taken and interviews recorded through a tape recorder. In all, two (2) FGDs were held with participants of the Scheme. The FGDs took place at the hospital' premises. Permission was sought from participants before recordings were done. The researcher explained the purpose of the research to participants that it was mainly for academic purposes.

Each FGD lasted between thirty (30) to forty-five minutes (45). FGD was employed because it allows for the exchange of views and opinions through discussions with a group who are known to be concerned with, and knowledgeable about the issues discussed. Again, FGD was used to obtain knowledge and perspectives and attitudes of people about issues (Wong, 2008).

Interview guide

In-depth interviews were held with the participants using interview guides. These interviews were conducted at the hospital. They were tape-recorded, lasting between twenty (20) to thirty (30) minutes in length, upon their permission. In all, six (6) in-depth interview sessions were held. In-depth interview was used because it is useful in situations

where either in-depth information is needed or little information is known about the area under discussion.

Moreover, the flexibility allowed to the interviewer in what he or she asks of a respondent is an asset as it can elicit extremely rich information (Kumar, 1999). It also allows for intensive and systematic note-taking. This method was selected because it gave the respondents the opportunity to express their opinion on the issue.

The use of survey design supported this method. The interviews were designed for all management and nurses (participants) in order to draw a conclusion. The interview guide had questions that were strictly based on the objectives of the study for easy categorization. The basis of the questions primarily involved the careful reviews of the relevant theoretical framework and the objectives of the study. Interviews were also conducted to solicit information from the participants. It gave the participantsor were mainly management members the chance to express their views on the measures that will help to resolve the challenges of training by the hospital.

3.9 Validity and Reliability of the Research Instruments

Reliability is the degree of consistency or dependency with which an instrument measures the attribute it is designed to measure whiles validity is the extent to which an instrument measures what it actually intended to measure. For Babbie (2007) the validity of the study questions whether the assumptions and conclusions drawn by the researcher tally with the initial research problem and whether the findings are comprehensible (p. 143-149).

Even if the methods of data collection have high reliability, it may not mean that these methods are the best in producing the most valid conclusions in an enquiry. To ensure validity, formal and informal pilot studies were employed to ensure face and content validity. Operational measures were adopted from previous studies and based on conceptual definitions with strong theoretical grounding. The researcher also cross-checked (triangulated) views with related documents provided for the research by respondents.

Reliability questions the application of methods in gathering and producing the same data under the same conditions. Reliability was ensured by making sure that errors are minimized by strictly adhering to the defined sampling and analytical procedures. Leading questions were avoided in order to reduce prediction by the respondents. Questions on the questionnaire were thoroughly checked.

This helped in the development, translation and assessment of clarity of the questionnaire by the researcher and by those on whom the questionnaire was tested. In other to ascertain the reliability of the tools, they were administered in the Nadowli / Kaleo District Hospital. This is because; the Nadowli/ Kaleo Hospital and Wa West Hospital are both District Hospitals. More significantly, the institutional similarities such as characteristics including the system of health delivery, patient admissions, reviews and relationship with customers might not be different among both hospitals.

3.10 Data Collection Procedure

The research adopted the purposive and convenient sampling technique in the collection of data. This was necessitated because, the procedure enables the research to identified respondents who have background or affected with the issues under investigation. The purposive and convenience sampling technique therefore, largely depended upon recommendation and availability in other to identified people with special interest suitable for the study. The procedure was used throughout the phases of interventions.

3.11 Ethical Consideration

The study is merely an academic requirement and for that matter would give priority to guaranteeing individual privacy and confidentiality. The interview guide would not contain certain element that could enable one to trace the possible respondents; names, sex, age and addresses would be omitted. Also, a clearance letter would be obtained from the Wa West District Assembly as well as University for Development Studies to boast people confidence on the nature of the study. More importantly, the research would duly seek the consent of the respondent before administering the tool.

3.12 Data Analysis Procedure

Initial organization of the data occurred as field notes were written in longhand, reflective comments and questions recorded in a journal and audio tapes of interviews made and reviewed. As a participant observer, the researcher began reflecting on events as they occurred and began to identify emerging themes; this is called “interim analysis” (McMillian & Schumacher, 1997: 507). Audio tapes and field notes were transcribed into word processed form and coded by date. Next, all information was read through to “get a sense of the whole” (Patton, 2002, p. 440). The analytic strategy of sketching ideas was

done by jotting down ideas in the margins of the text (Creswell, 1998). The researcher followed Creswell's suggestion of writing out the findings in the form of summaries of field notes.

Feedback was obtained from participants. Categories by which to group data were then developed, based on the research purpose and questions. Patton (2002) described the close look at the data as one of inductive analysis searching for themes, patterns and categories to emerge, also known as "open coding" (p. 453). This was done by clustering margin comments into themes and taken a step further by linking the themes with verbatim example. This began the process of reducing the data. Data was analyse and presented using summaries and narrations. The Statistical Package for the Social Scientist (SPSS) software was also utilized to analyse data. Results have been presented in tables and figures.

CHAPTER FOUR

RESULTS AND DISCUSSIONS

4.1 Introduction

This chapter covers the results and discussions of data gathered through interviews and group discussions. Also, secondary information obtained from literary sources have been utilized to complement the primary sources. Tables and figures have been used to illustrate and analyze some of the responses to questions that were asked through interviews.

4.2 Analysis on Health Workers Bio Data

As indicated by Srivastava et al. (2012), the bio-data of respondents is relevant in assessing the training efficacy of respondents. Newman, Thanacoody andHui, (2011) also confirm the need for an investigation into the background of study participants when dealing with their training needs and design. Against this backdrop, the study analysis relevant aspects of the respondents' socio- demographics backgrounds of health workers respondents. The significance of this is to assess the implications it could have with respects to the key issues in view of the study. These include; the sex distributions, age category, marital status, units, rank and academic qualifications.

Table 4.1 Demographic Characteristics

Variable	Response	Frequency	Percent
Gender	Female	8	32.0
	Male	17	68.0
Age	18- 25	5	20.0
	26- 35	19	76.0
	46- 55	1	4.0
Marital Status	Single	14	56.0
	Married	11	44.0
Unit	OPD	5	20.0
	Maternity	8	32.0
	Ward	3	12.0
	Records	5	20.0
	Accounts	2	8.0
	Laboratory	1	4.0
	Consulting	1	4.0
Rank	Midwives	6	24.0
	Nurse	10	40.0
	Accountant	4	16.0
	Record keepers	5	20.0

Source: Field Survey, 2018

Table 4.1 presents findings on the demographic characteristics of respondents. It covers their gender, age, marital status, unit and ranks in the Wa West hospital in the Upper West region of Ghana. Out of the 25 health workers who were interviewed, 68% were males while 32% were female this implies that there are more males as staff in the health facility than females. The implication of this is that, males stand to benefit more from in-service training programmes than their female counterparts. Also in times of the application of the

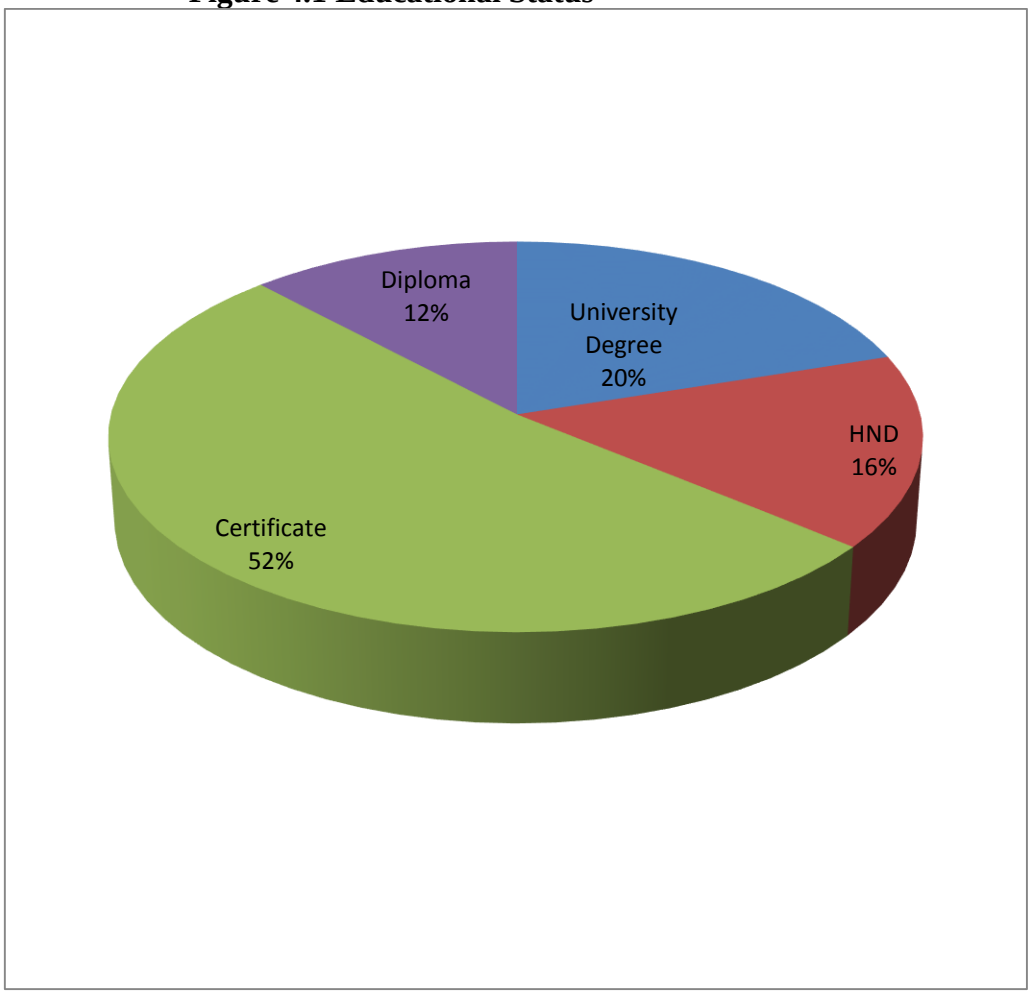
lessons from these in-service trainings, male patients can also benefit. Although female staff also offers critical services like their male counterparts, the study found that this can impact on service delivery negatively.

Also, findings from table 4.1 shows that, 76% of the health care workers constitute majority of those aged 26- 35 years. The study further found that, most of those within this age are resident staff in the District and also fall within the youthful bracket in Ghana. This implies that, in-term of service delivery the hospital stand to benefit more from these staff as they will be able to work for extra hours, attend trainings and apply new guidelines on health care delivery more effectively. This agrees with Wright andGeroy (2001) assertion that the age of the health worker is critical in ensuring better healthcare delivery.

With respect to the respondents marital status,the study found that, 56% are single while 44% been the minority group are married. Based on this, the researcher conclude that staff of the Wa West Hospital can spend more time in delivering services and attend in-service training since majority of them don't have any familial duties within the context of marriage. Aside, most of the respondents confirm that they are able to attend in-service and take advantage of re-training opportunities whenever they show up.

Furthermore, the study found that, majority of the nurses and mid-wives that were interviewed operate at the maternity unit (32%). Those who work at the record unit constitute 20% while those that work at the laboratory and consulting are the least. In terms of ranks, 40% of the health workers are nurses, being the vast majority, while 24% are midwives. This implies that the hospital have enough nurses per the Nurses and Mid-wifery Council standard.

Figure 4.1 Educational Status



Source: Field Survey, 2018

Figure 4.1 presets findings on the educational status of respondents. In view of academic qualification, 52% of the healths workers have obtain certificates in various field of nursing, while 20% holds university degrees. The findings also show that 16% had obtained High National Diploma (HND) with 2% being the least obtaining Diploma certificate.

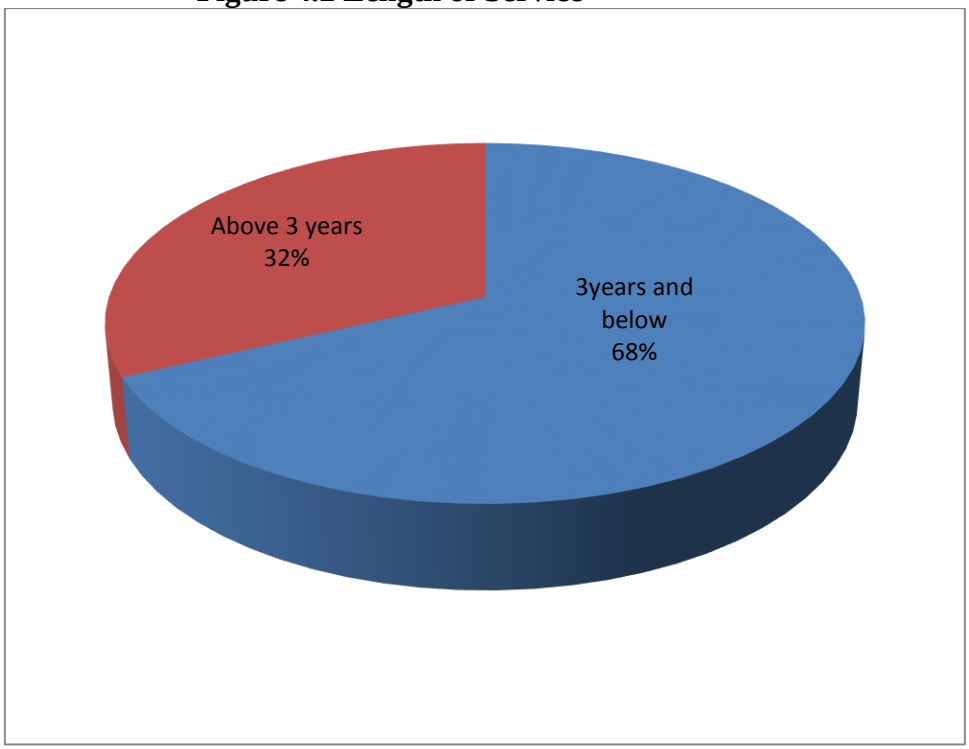
This implies that most of the employees of the Wa West District Hospital are educated torender relevant service to the community and beyond. This is contrary to report by Hashinda and Mahyudolin (2009) who asserted that educational levels of health professional in Africa are mostly low. Above all, the educational background of

respondents' was also linked to the effectiveness of in-service training and staff performance by focal persons who were interviewed.

4.3 In- service Training of Health Workers

The study sought to find out in-service Training of health workers. To achieve this, analysis was made on the length of work on the health facility by personnel. Analysis was done on the form of in-services training respondents receive as well as the mode of selection to training. Also, analysis was done on the frequency of the training and places where training was conducted- inside or outside of facility.

Figure 4.2 Length of Service



Source: Field Survey, 2018

Figure 4.2 shows findings on the length of service of respondents. Data from the figure, majority of the health care workers (68%) have been serving between 3 years and below, whereas 32% of the health care workers have being the least category, have also been

working for over 3 years. This goes to suggest minority of the health care workers might not gather the necessary work experience. Hence, it is expected that, most of the staff who have worked with the Wa West District hospital have gained adequate experience through in-service trainings.

As indicated by Infande (2015) that most of the time those who have stayed and worked in organizations for longer years have acquired more experience than those who have not. There was therefore the need to enquire, whether or not respondents have any form of training since joining the Ghana Health Service. This is the main objective of the study. Table 4.2 presents the results.

Table 4.2 Whether respondents have any form of training since joining GHS

Responses	Frequency	Percent
Yes	19	76
No	6	24
Total	25	100

Source: Field Survey, 2018

Table 4.2 shows results on whether respondents have received any form of training since joining the Ghana Health Service (GHS) with the Wa West District Hospital as the main health care provider. Responding to this, majority of the respondents (76%) stated they have received training, while minority 6 (24%) stated they have not received any form of training. This was also confirmed by focal persons who were interviewed.

The study also found that, for those who confirmed that they have not received any training since joining the facility, most of them have spent less than three years at the hospital. One of them indicated that, "*I have not participated in any training be it in-service or not since*

I was transferred here. I joined early last year". This shows that in-service trainings are indeed organized by management of the Wa West District Hospital.

Mode of Training Selection

The study also investigated the mode of selection of staff for in-service training purposes. Table 4.3 presets this finding.

Table 4.3 Mode of selection to Training

Modes	Frequency	Percent
On joining the facility	6	24
Supervisors Recommendations	6	24
Compulsory for all employees	3	12
Upon employees request	4	16
No response	6	24
Total	25	100

Source: Field Survey, 2018

From Table 4.3 the results suggest that 24% of the respondents were selected for training upon joining the facility, with another 24% also noted they were selected based on supervisors' recommendation. The rest 16% indicated it was based on employee request, with 12% stating it was made compulsory for all. Also, 24% did not offer any response for earlier stating they have not received any form of training. This implies that supervisors recommendation and affiliation to the facility played critical roles in in-service training participation.

This finding was also confirmed by the management members that wereinterviewed. According to them, hardworking staff are made to participate in in-service training and any other training within the region and outside the region to service as reward mechanisms for such workers. To them, this will motivate nurses or midwifes to give off their best when working at the hospital. Some of the participants also confirmed this to the researcher. Based on this, it was considered necessary to investigate the regularity of in-service trainings at the Wa West District Hospital.

Table 4.4 Frequency of In-service Training

Frequency of Training	Frequency	Percent
Every six month	2	8
Once a year	4	16
Seasonal	13	52
No response	6	24
Total	25	100

Source: Field Survey, 2018

From table 4.4, the research revealed that trainings according to participants are organized every six month, once a year and sometimes seasonal. From the table above, majority of the respondents 52% indicated their training was seasonal, while 16% noted it was once a year. It was also revealed that, only 8% had training every six month. Again, 24% did not had to offer any response, because they had no any form of in service training. A participant indicated that it is only during recess hours or periods that these programmes are organized. To them, this is to ensure that normal work schedules are not interfered

with. Some also indicated where they receive in-service trainings. Table 4.5 presents this finding.

Table 4.5 Where respondents received in- service training

Places	Frequency	Percent
Inside the facility	3	12
Outside the facility	16	64
No response	6	24
Total	25	100

Source: Field Survey, 2017

Table 4.5 shows where respondents received in-service training. It was established that, 64% of the respondents received training outside the facility, 12% on their part received training in- side the facility. The rest, 24% did not response to this question, because it was not applicable to them, since they have not form of in- service training.According a management member, it is necessary to conduct these trainings at different times or places to avoid interference with normal work.

Some also were of the view that some training methods need to be undertaken at appropriate places to ensure effectiveness of the programme. These findings corroborate findings of Attia and Honeycutt (2012) who conducted a study atthe United States (US) and Egypt and found that the places where in-service trainings are held is positively related to staff performance form there trainings.

4.4 Forms of In-service Training received by Health Workers

This section discusses key issues on the form of in-service training respondents received at the hospital. The analysis placed emphasis on the following themes: methods of facilitations respondents received; impacts of training on respondents and ratings on the quality of in- service training.

Table 4.6 Methods of facilitation respondents received

Places	Frequency	Percent
Lecture	8	32
Demonstration	1	4
Discussion	3	12
Presentation	5	20
Seminar	2	20
No response	6	24
Total	25	100

Source: Field Survey, 2018

Table 4.6 presents results on the methods of facilitation that respondents received. This was in context of analyzing the kind of training they received. Findings from Table 4.6 shows, that facilitation through lectures was the most dominant methods of facilitation, representing 32%. Also, 20% indicated presentation, with 12% on the part stating discussions.

The remaining 8% and 4% cited Seminar and Demonstration methods, respectively.These training methods agrees with research by Hashinda and Mahyudolin (2009) and Ramachandran (2010) who maintained that most in-service trainings are in a form of

lectures demonstrations, discussions as well as presentations and or seminars. Against this backdrop, the study examined the impact of these training programmes on the skills of participants. Table 4.7 presents this finding.

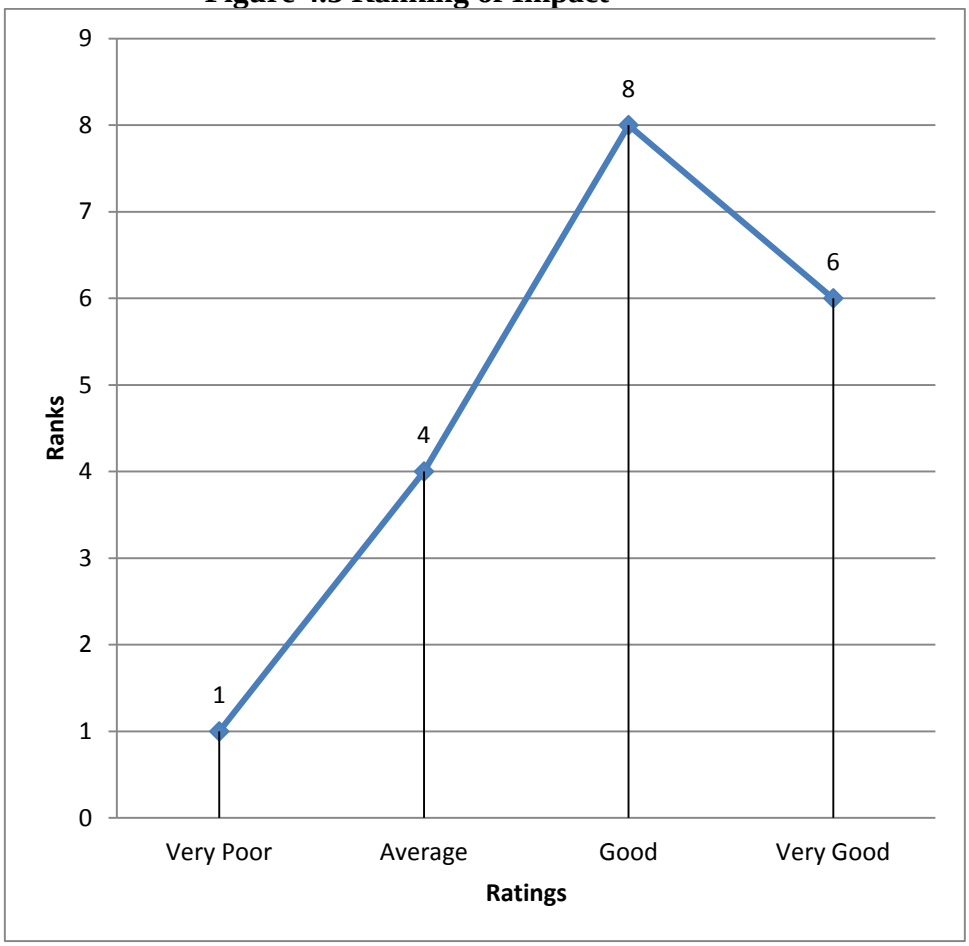
Table 4.7 Impact of training on respondents skills

Places	Frequency	Percent
Yes	19	76
No	0	0.0
No Response	6	24
Total	25	100

Source: Field Survey, 2018

Table 4.7 indicates the impacts of training on respondents skills. In all, 76% constituting those who have received training was positive that, there is indeed an impact. The remaining 24% did not have the opportunity to make judgment, since they have not received in- service training. The researcher then requested participants to rank the impact. Figure 4.3 presents this finding.

Figure 4.3 Ranking of Impact



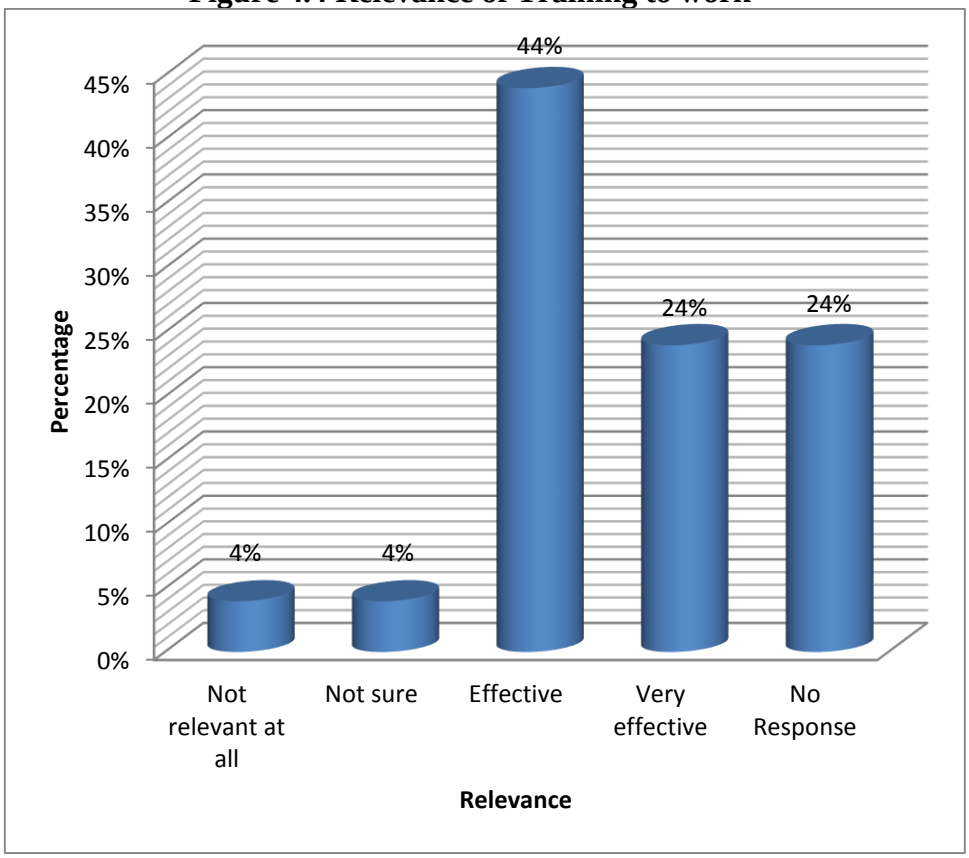
Source: Field Survey, 2018

It was an established fact that, majority of the respondents indicated the training had a positive impacts (8), while 6 out of the 19 responded the training had a very good impacts. However, 4 respondents feel the training had an average impact, with only one respondent rating it as very poor.

4.5 Analysis on Effects of in- services training Health workers received

This section therefore analysis the relevance of training to work; how in- service training improves jobs performance; the effects of in- service on job performance as well as challenges involved in conducting in- service training.

Figure 4.4 Relevance of Training to work



Source: Field Survey, 2018

Results on the relevance of training on work showed that, 44% of the respondents constituting the majority indicated the training has proven too been effective to their work, while 24% indicated it has proven very effective. Another 24% of the respondents did not provide any respondents because they have not received any form of training. This agrees with Mathibe (2011) who reported that in-service training is relevant and most of the times effective as it guides the work of health professionals.

Table 4.8 Whether in-service training improve job performance

Responses	Places	Frequency	Percent
Will in-service training improve job performance	Yes	25	76
Would further in- service training motivate staff performance	Yes	25	0.0
	No Response	6	24
	Total	25	100

Field Survey, 2018

Table 4.8 presents results on whether in-service training improves job performance. The findings revealed that, all 25 respondents (100%) acknowledged that, it indeed helps in improving their job performance. Based on this, the study enquired on whether in-service training will further improve workers' performance.

Table 4.9 Whether in-service training will further improve workers performance

Places	Frequency	Percent
Upgrading of skills efficiency	24	96
Efficiency	1	4
Total	25	100

Source: Field Survey, 2018

Table 4.9 shows that 96% of the respondents were emphatic that, in- service training will upgrades workers skills in order to improve their work performance, while 4% on their part think it ensures efficiency of workers performance.Some of them indicated that, they have really gained a lot of knowledge and understanding in discharging their duties. As

indicated by Attia and Honeycutt (2012) training and its practices enable staff to gain in-depth comprehension and discharge their duties well.

Table 4.10 Challenges encountered with regards to training and development

Places	Frequency	Percent
Time Efficiency	10	40
Resources	6	24
Venue of training	2	8
Selection biases	7	28
Total	25	100

Source: Field Survey, 2018

Table 4.10 indicates the challenges that participants encounter with regards to training and development. Results from table 4.10 indicates that, majority 40% thinks time deficiency affects training & development, whereas 28% cited selection biases that often exclude rights people from benefiting in-service training. The least, 8% also cited the venue of training which is often far from the working environment.

The researcher solicited information on the challenges the management and other respondents face during training and development. Responding to this and as indicated earlier, time efficiency, resources, venue for training and selection biases are the major issues. They also mentioned other challenges such as inadequate human resource or technical staff, and financial support, lack of logistics and lack of commitment by some stakeholders.

The study found that inadequate human resource or technical staff to undertake in-service training was a critical issue. One of the focal persons explained that, due to the nature of

this problem their scope is limited. He also explained the difficulty they have to endure in securing financial clearance for new staff who have the necessary qualification to be recruited. He said that,

"*Currently, we are working with few permanent staff the rest are casual as management. The situation is sad and only those at the top can do something about this. Effective training requires a collective effort and these challenges really hamper efforts in dealing with the menace*".

Another challenge is inadequate logistics, specifically on the means of transport. The study found that the facility has only one pick-up vehicle and not even an ambulance was available. According to the respondents this affects their work a lot and even in times of in-service trainings. They indicated that, they find it difficult organising in-service trainings sometimes due to this challenge. This finding agrees with McCourt & Eldridge (2003) that efforts to improve the regularity of in-service trainings are in some health facilities and regions in Africa are faced with major logistical constraints that negatively impact on the work.

According to other respondents, even the regional office of the Ghana Health Service has no enough transport for its staff to serve as support for other facilities within the region. They said, this also affects them in terms of monitoring of the work undertaken by other facilities in the region. A focal person had this to say:

> *"... we try to organize in-service trainings for our staff although there are challenges. In fact is it difficult here, as you can see we have to join one pick-up van and this other car for all tasks including monitoring. This problem affects the delivery of the programme since there are sometimes delays*

leading to the postponement of critical programmesfor some beneficiary facilities in the region".

Also, another challenge was the effective monitoring of the programme. Effective monitoring and evaluation of the in-service training programmes will help the programmes and the Ghana Health Service (GHS) in general to achieve its set objectives. However, effective monitoring is a major challenge with the service as they are constrained logistically. From the study, it was discovered that no conscious effort was made to document baseline information on beneficiary facilities even at the municipal office with regard to certain basic indicators on the training needs and design for health workers.

Some also lamented that, they had to spend extra monies to participate in some of the in-service training workshops organized by the hospital. Some also indicated that, in some instances, they find it difficult because, they had no money and so they couldn't make such payments to be part of some critical in-service exercise. Yet, some respondent indicated that, although they are not made to pay for the in-service trainings, it is at times expensive as a result of these factors.Drawing from these, a large number of respondents opted for the provision of staff bus and per-diems as well as increase in the number of training sessions in a year. It is most important that *"all can be trained"* said one staff.

4.6 Analysis on Clients / patients Bio Data

The study analyses the bio- data of the clients, this was conducted by placing emphasis on respondents' sex distribution, age category, marital status educational and professional background.

Table 4.11 Respondents Bio- data

Variable	Response	Frequency	Percent
Gender	Male	45	45.0
	Female	55	55.0
Educational background	No education	61	61.0
	Primary	11	11.0
	Secondary	18	18.0
	College	7	7.0
	University	3	3.0
Age	25 & below	30	30.0
	Above 25	70	70.0
Marital status	Single	23	23.0
	Married	65	65.0
	Divorce	9	9.0
	Widowed	3	3.0
Occupational status	Farming	60	60.0
	Commerce/ businesses	15	15.0
	Public servant	8	8.0
	Civil servant	4	4.0
	None	13	13.0

Source: Field Survey, 2018

Table 4.11 on the bio- data of clients or patients indicates that, 55% of the hospital clients are females, while 44% of their clients are males. The data further indicates that, 61% of the hospital clients have no formal education, with only 3% receiving University education. On marital status, 65% of the clients are married, with 23% being only singles. On age distribution, 70% are aged 25 and above, while 30% are below the age 25. Further findings also point to the fact that, majority of the clients (60%) are farmers, while 15%

are in commerce/ businesses, 13% of the respondents are however not engaged in any occupations.

4.7 Analysis on clients/ patients views on health workers productivity

This section conducted analysis on health workers productivity. It was carried out under the following theme: rating the productivity of Nurses, reception clients received and punctuality of workers.

Table 4.12 Rating the productivity of Nurses

Variable	Frequency	Percent
Bad	17	17.0
Moderate	28	28.0
Good	43	43.0
Very Good	12	12.0
Total	100	100

Source: Field Survey, 2017

Table 4.12 in the above on the productivity rating of Nurses by clients revealed that, Nurses productive outputs is good (43%), while 17% indicated their productive outputs is bad. It was also established that, 28% of the respondents believed nurses productive output was moderate.

Table 4.13 Reception client received from Nurses/ Midwives during visits

Responses	Frequency	Percent
Bad	21	21.0
Moderate	30	30.0
Good	34	34.0
Very good	15	15.0
Total	100	100.0

Source: Field Survey, 2017

On the receptions clients received during visits indicates that, Nurses/ Midwives attitudes towards clients was good (34), while 30% indicated is moderate. Worrying, 21% of the responded noted the reception was bad, with 15% rating Nurses/ Midwives reception as very good.

Table 4.14 Whether Health workers start work on time

Responses	Frequency	Percent
Very bad	6	6.0
Bad	30	30.0
Moderate	23	23.0
Good	24	24.0
Very good	17	17.0
Total	100	100.0

Source: Field Survey, 2018

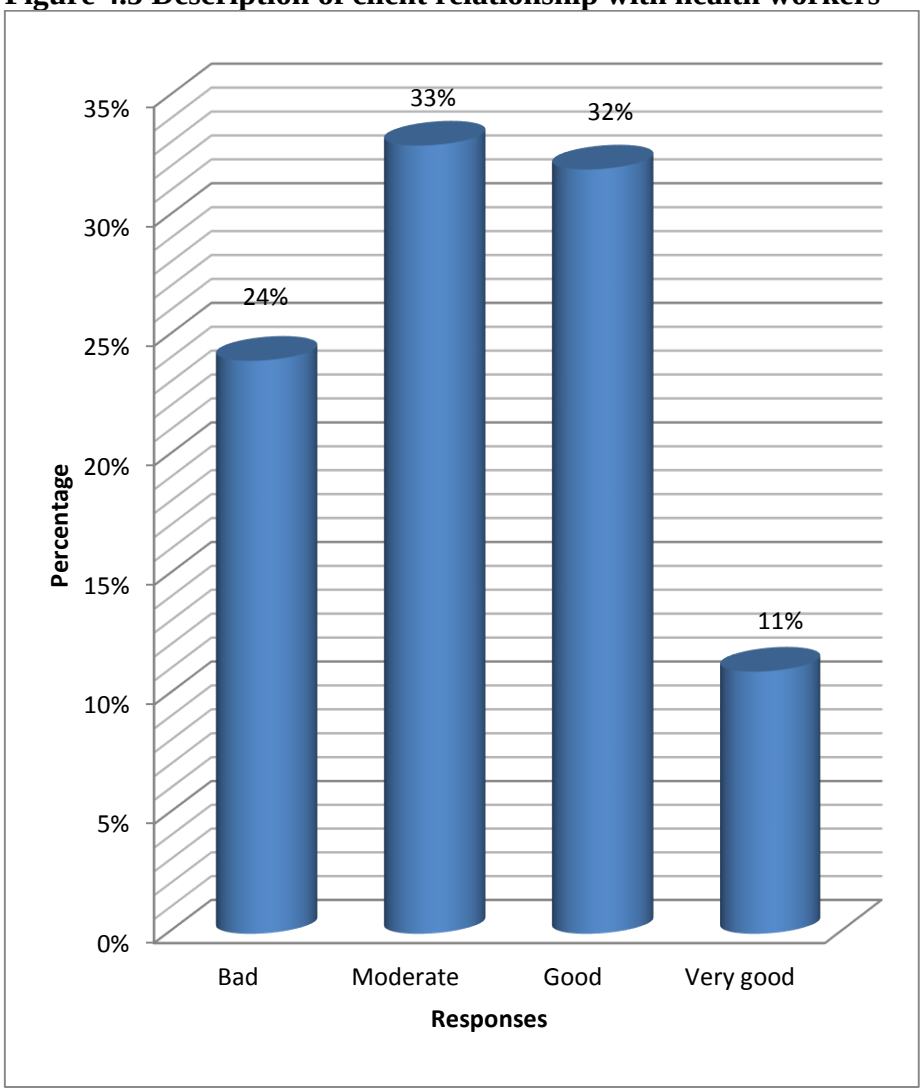
With respect to punctuality of health workers based on judgment passed by clients, 30% indicated that health workers do not start work on time, while 23% rated their time to work

as moderate. The data further shows that, 24% of the respondents indicated health workers' attitudes towards time of reporting to work are good.

4.8 Analysis on clients/ patients views on health workers' responsiveness

Analysis was also carried out on the clients' view of health workers responsiveness. Issues under this section included: client health workers relationship, rating on the care patient received. Others themes included; rating on cleanliness and state of facility cleanliness; rating on the performance of health care workers as well as measures t improving in-service training of health care workers.

Figure 4.5 Description of client relationship with health workers



Source: Field Survey, 2018

Fig. 4.5 shows that 33% of clients stated their relationship with health care workers was moderate, while 24% indicated clients' relationship with health workers was bad. However, 32% indicated the relationship was good, with 11% been the least rating the relationship as very good.

Table 4.15 Rating of care clients received from health facility

Variable	Frequency	Percent
Bad	28	28.0
moderate	32	32.0
good	25	25.0
Very good	15	15.0
Total	100	100.0

Source: Field Survey, 2017

Data on the rating of care clients received from the facility suggest that, 32% indicated the care was moderate, while 28% on their part indicated care was bad. The data also indicates that, 25% think care was good, while 15% concluded by saying care was very good.

Table 4. 16 Rating of assistance from Nurses during time of arrival

Variable	Frequency	Percent
Very Bad	3	3.0
Bad	36	36.0
Moderate	21	21.0
Good	19	19.0
Very good	21	21.0
Total	100	100

Source: Field Survey, 2018

Table 4.16 on rating of assistance clients received from Nurses during arrival also revealed that, 36% been the majority indicated it was bad, while 21% stated it was moderate. Further analysis shows that, 19% of respondents indicated care upon arrival was good.

Table 4.17 Rating the cleanliness of the Health facility

Variable	Frequency	Percent
Bad	2	2.0
Moderate	19	19.0
Good	50	50.0
Very Good	29	29.0
Total	100	100

Source: Field Survey, 2018

Data on the cleanliness of the health facility rating shows that, the facility is moderately kept; this view was endorsed by majority of the respondents (50%), while 29% indicated the cleanliness of the facility is very good. Also, 19% indicated the cleanliness of the facility is good, with only 2% stating the facility is badly kept.

Figure 4.6 Rating of cleanliness of the washroom

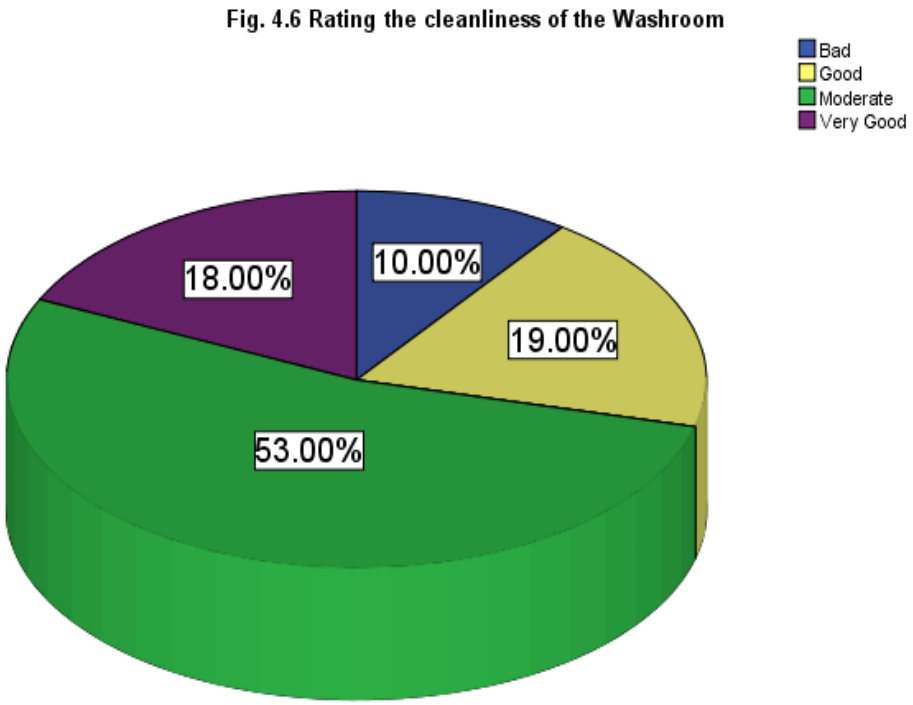
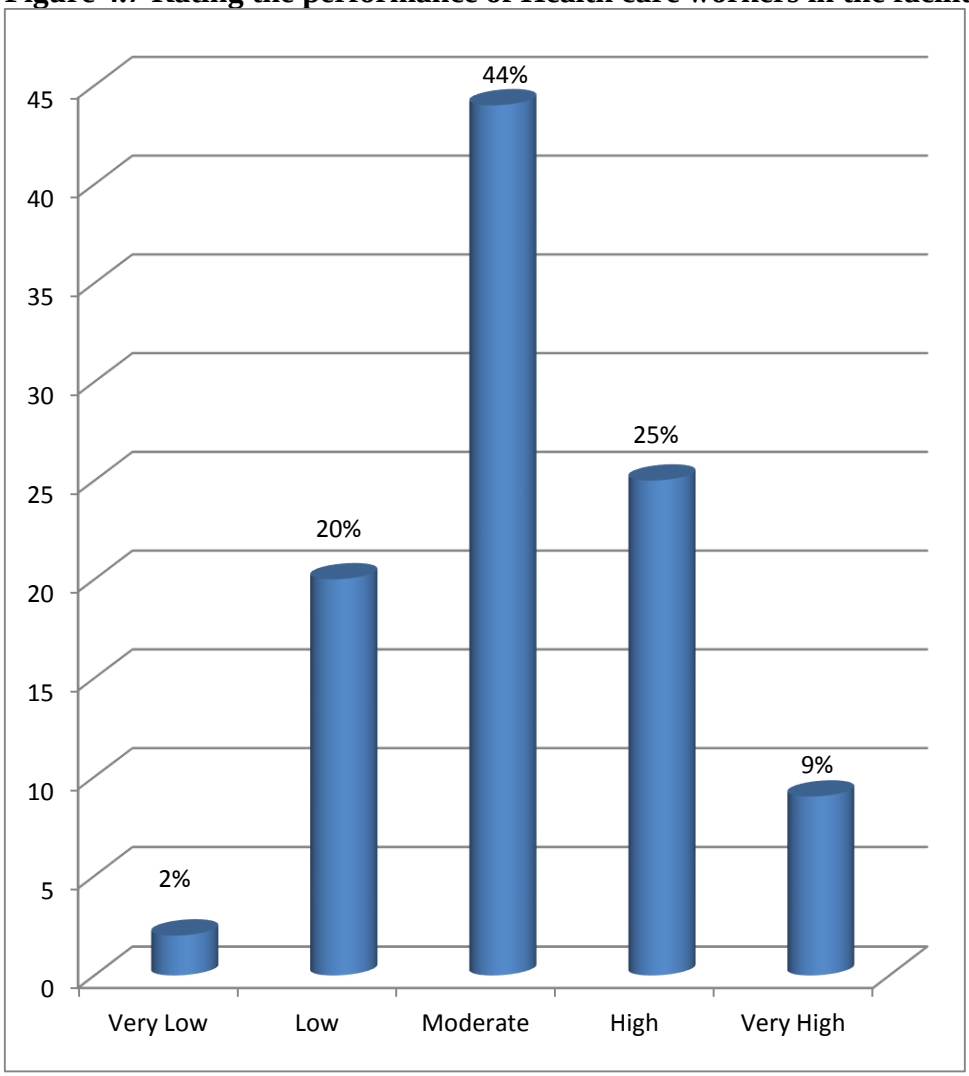


Fig. 4.6 revealed that 53% of the respondents rated the cleanliness of the facility as moderate, 10% rated the cleanliness as bad. Also, 18% rated it as very good, with 19% rating it as good.

Figure 4.7 Rating the performance of Health care workers in the facility



Source: Field Survey, 2018

The study also investigated the ratings of the health workers in the hospital by patients and or clients. Findings are displayed in table 4.7 above. The findings revealed that, 44% of respondents rated the performance of health care workers as moderate, while 25% indicated their performance is high. On the other hand, 20% indicated their performance is low with only 2% indicating their performance is very low.

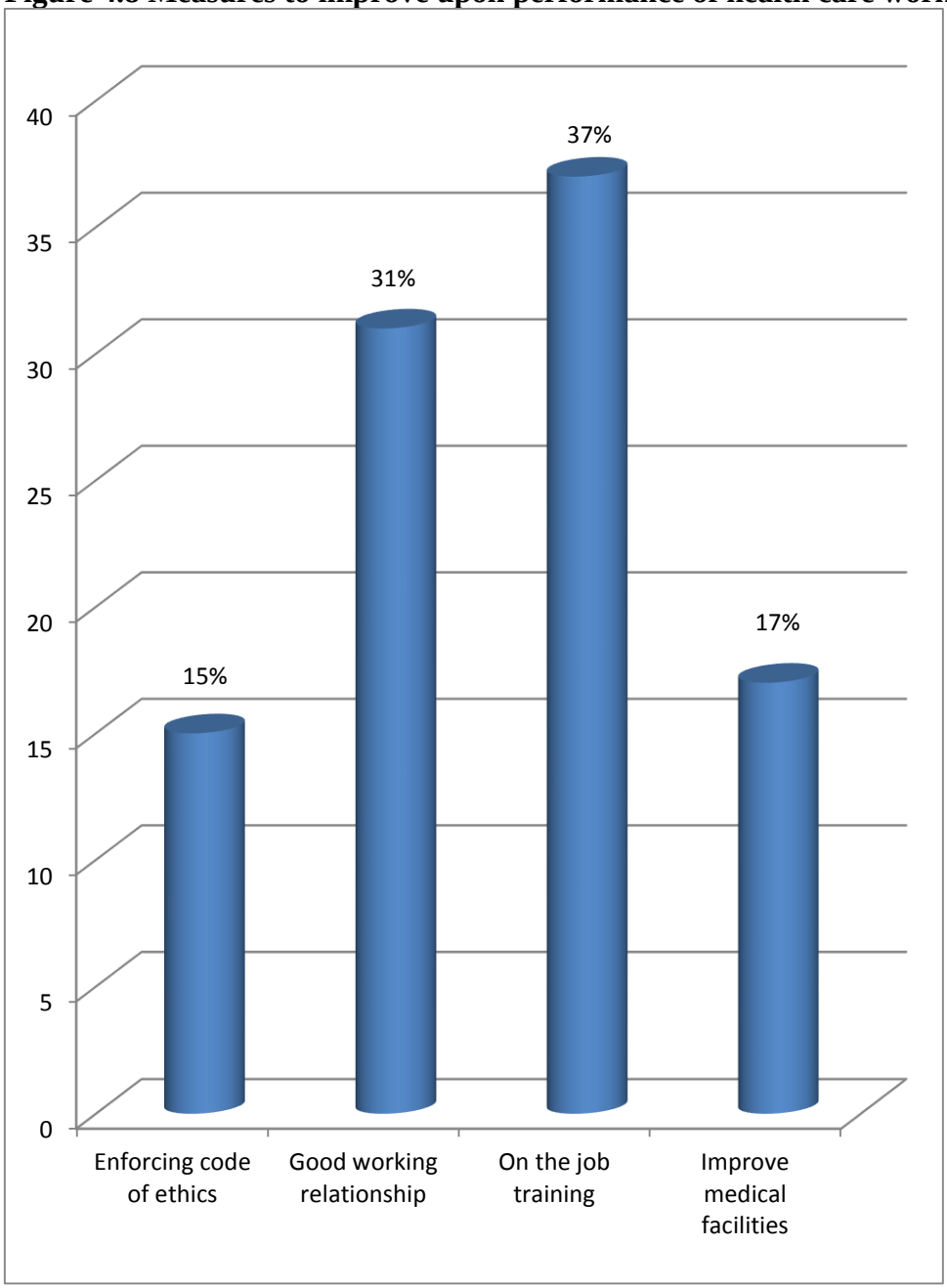
These findings were within the context of in-service training and the performance ratings of health professional. Collectively, it can be deduced that the performance of health workers at the facility is satisfactory. This agrees with Holton et al. (2000) and Seyler et

al. (1998) assertion that there is a positive and significant association between institutions with in-service trainings and staff performance.However, some of the respondents disagreed that the performance of health workers has improved owing to the existence of trainings.

For instance, a respondent was of the view that, "*although some of the health workers are doing well, the performance of others need to be improved. We cannot say they are all doing well. I visit this facility frequently for healthcare and service delivery is not so bad*". Another respondent indicated that, "*some measures need to be put in place to enhance performance. I believe it can improve. …they are not doing bad at all but things can improve*".

The study found that these views are dependent on managerial strategies put in place to enhance service delivery. Some management members who were interviewed referred to the health care report of the Ghana Statistical Service and indicated that it has to be improved. Based on this, the study explored the measures put in place by management to improve the performance of healthcare workers at the Wa West District Hospital. Findings are presented in figure 4.8.

Figure 4.8 Measures to improve upon performance of health care workers



Source: Field Survey, 2018

The recommended areas were enforcing the code of ethics, ensuring good working relationship, undertaking on-the-job training and improving medical facilities. Results on measures to improving health care workers performance revealed that, majority of respondents needs to receive on-the-job training (37%), while 31 call for good working relationship among staff, patient and hospital management. It was also recommended that,

medical facilities needs to be improved (17%), with the least 15% calling for the need to enforce code of ethics.

Relating to the organization of on-the-job training, most of the respondents were of the view that more in-service training programmes can help to add more skills to their current skills as strategies in delivering healthcare keeps changing. They explained that, strategies employed in the past can no longer be used in today's work and hence, the need for regular training.

Aside, some respondents also indicated that there is the need for a good working relationship among stakeholders. This refers to staff, patients and management of the hospital. According to them, effective healthcare delivery cannot be done in a hostile environment and hence, the need to ensure that there is a cordial relationship between these stakeholders. They indicated the need for the utilization of feedbacks from patients and other stakeholders who support the hospital. This agrees withRao (2002) report that cordial relationship among stakeholders of healthcare institutions is critical if better healthcare is to be achieved. Drawing from the group discussions, the study conclude that more need to be done in this regard.

Finally, some respondents pointed to the improving of medical facilities and the enforcement of the code of ethics. According to them, whether or not in-service training or whichever initiative will have its intended impact depends on the facilities available to the hospital. A respondent during the discussion maintained that, "*a good facility with adequate medical supplies will surely enable effective work. For me they are together*". This implies that, adequate medical facilities are imperative. Again, some respondents pointed to the enforcement of the code of ethics and said it needs to be followed. These factors the study found needs urgent attention.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary of the findings, conclusions drawn from these findings and recommendations made based on the research findings; the effects of in- service training on health workers in the Wa West District Hospital Wechiau. The summary, conclusions and recommendations are all in line with the research objectives which are reflected in the findings of the study.

5.2 Summary of Findings

The study assessed the effects of in- service training on the performance of health workers in the Wa West District hospital. Having reviewed related literature, the methodology was linked to the theoretical framework which is hinged on the social learning theory and other theories. Respondents were selected through a purposive and convenience sampling procedures. The data were collected through semi-structured questionnaire, interviews and Focus Group Discussions. Analyzed data were presented using tables, figures and summaries. The main findings are summarized as follows:

5.2.1 In- service training in the hospital

The first research question had to do with whether health workers received any form of in-service training in the hospital? They key findings revealed that majority of the health workers, have been working in the facility or 3 years and below. The implication therefore is that, in- service training is highly essential to boasting the professional competence. Also, with regards to the question whether or not respondents have any form of in- service training, 76% respondent they have received some form of in- service training, while 6%

indicated they have not received in- service training. It was established respondent were selected based on supervisors recommendation and upon joining the facility. These claims were made by 24% of the respondents, respectively.

Further, findings on the frequency of training revealed that 53% of the respondents indicated training was seasonal, while 16% cited training was yearly. It was evident that, majority of in- service training received was outside the facility. This view was held by 64% of the respondents been the majority.

5.2.2 Form of in- service training health workers received in the hospital

The second research question has to do with the form of in- service training health workers received in the hospital. The findings show that the methods used for facilitations included lectures (34%), presentation (20%) & discussions (12%). These methods provided the platform for expanded understanding since it encourages participation. Findings on the impacts of health care workers also revealed that, there is an indeed greater impact, this was provided by 76% who responded to the questions, while 24% did not offer any response, because they have not received any form of in- service training.

5.2.3 Effects of in-service training on the performance of nurses/ midwives at the hospital

The third research question was on the effects of in- service training on the performance of nurses/ midwives in the hospital. The analysis revealed that, 44% rated the effects of in- service training as effective, while 24% rated the impacts of in- service training as very effective. However, 4% were not decided on the effects of in- service training with another 4% citing there is no relevance on in- service training to their profession.

It was widely acknowledged that (100%) in- service training will improve their performance. In probing further, 96% of the respondents believed in- services will upgrade their skills, while 4% cited it will enhance their efficacy in work.With respect to challenges on in- service training, majority of the respondents 940%) cited time deficiency, while 24% indicated resources constrains affects their ability to acquire some form of in- service training.

5.2.4 Public perception with regards to the performance of nurses/ midwives in the hospital

The forth research question had to do with public perception on the performance of nurses/ midwives in the hospital. The findings revealed that, productivity outputs of health workers is rated as good (43%) with 28% of the clients rating their productivity output as moderate. Further analysis shows that majority of health workers responsiveness is been rated as moderate (33%), while 32% rated their responsiveness as good. It was also established, care provision in the health facility is moderate. This rating was provided by majority of the respondents (32%). However, 28% rated the care provision as bad.

Findings on the cleanliness of the facility suggest that, it has been moderately kept clean (50%). Also, further findings on ratings the performance of health care workers was pegged as moderate (44%). On measures to improving the performance of health care workers revealed that, 37% of respondents calls for on the job training, while 31% think there is the need for establishing good inter- personal relation (nurses- clients relationship), with 15% on the part believing enforcing code of ethics will help in changing public perceptions on health care workers, which is often not exciting.

5.2 Conclusion

The study shows that majority of health care workers (nurses/ midwives) in particular have received one form of in- service training to the other. It was also ascertained that, health workers received in- service training seasonally. Further findings also revealed that, presentations & discussions was the dominant form of facilitation. This participatory approach enables better understanding since it provided the opportunity for experience sharing. In addition, it was also find out that, there is a greater impact of in- service training on the performance of health care workers.

Also, findings on the effects of in- service training on health care workers revealed that, the impacts of in- service training on respondents is effective. Probing further, it was ascertained that, in- service training upgrades the skills of workers as well as guaranteeing efficiency.

The study also revealed that, public perception with regards to nurses/midwives productiveness, responsiveness and effectiveness and interpersonal relationship is generally moderate. Respondents also recommended on the job training for health care workers in order to boast their performance.

5.3 Recommendations

Effective interpersonal communication (IPC) between health care provider and client;

It is one of the most important elements for improving client satisfaction, compliance and health outcomes. Patients who understand the nature of their illness and its treatment, and who believe the provider is concerned about their well-being, show greater satisfaction

with the care received and are more likely to comply with treatment regimes. Despite widespread acknowledgement of the importance of interpersonal communication, the subject is not always emphasized in medical training.

Better communication leads to extended dialogue which enables patients to disclose critical information about their health problems and providers to make more accurate diagnoses. Good communication enhances health care education and counseling, resulting in more appropriate treatment regimes and better patient compliance. Management should therefore give priority to IPC.

Effective Training and Development practices

Also, the researcher is of the view that management of the hospital must adopt effective training and development practices as an indicator for the success and achievement. An effective training and development practices will therefore serve as a means of solving performance appraisal failures or achieving performance appraisal purposes.

The study also recommended that managers should see to it that employees who undergo training and development must apply the knowledge acquired by transferring that knowledge to the job. Management and supervisors could achieve this purpose by coaching employees and afterwards monitoring the work they do and perform on a daily basis. This when performed by management will help achieve effective training and development practices at the hospital.

Building carrier competence

Though a lot of health care workers have received one kind of in- service training, there is still the need to intensify training and development programmes for accelerated development. Career development of the employees should be established on bright career path which employee can easily recognize and gave it worth. The significance of carrier development guarantees the employees a lot of benefits from the employee training and development program. They learn the soft and technical skills as required by their jobs. This will go a long way to ensure effectiveness and efficiency in the job world.

Promoting Punctuality amongst Health care workers

Punctuality was one critical issue that was identified as a key amongst health workers in the Wa West District Hospital (Wechiau), majority of health workers are not proactive enough in keeping time. This attitude can be having grieved consequences since care delivery would be compromised. It is true that it is “better late than never”, but this should not be the running philosophy in our lives. I recommend that the hospital management need to successful strategize to promote punctuality. The leadership should develop the desired behavior that will enable health care workers arrives on time to work, meetings and training. There is the need to implement attendance rewards along with punishments. Punishments seem standard, but warnings and potential suspensions don't always change behavior. Rewarding punctual team members with extra time off or potential bonuses positively flips the script.

Investing on Human Resource Development

Human resource development is an important if not vital component of production which can be influenced, designed, shaped, and improved through learning, education, coaching, counseling, training and development activities to perform or function in any production. The hospital should maintain a strong position regarding investment in training. They should generally accept training as an important means to improve employee productivity, which ultimately leads to organizational productivity and effectiveness, a present demand for all organizations.

Promoting in- house training

Though in service training is indeed given a priority in the Wa West District Hospital, there is still the need for employees to appreciate the chance to develop knowledge and skills without ever leaving work- on-the-job training. Internal job training brings a special plus unlike external job training, that require the personnel to leave the workplace. On the job training is normally emphasized for job training for any new employee. Whether structured, with written processes and procedures, or informal, the power of on the job training for employee development cannot be overemphasized. Early and timely job training ensures that the employee will perform his or her job effectively. Competence builds employee morale and motivation and ensures employee commitment and retention. Employee on boarding or new employee orientation is also critical in this job training mix.

5.4 Areas for further studies

This study has provided empirical evidence by assessing the effects of in-service training on the performance of health workers in the Wa West District hospital. It is therefore recommended that future researchers embark on a comparative study by exploring the effectiveness of training and development practices in public health facilities and private health facilities in Ghana or any other developing country. The purpose of such study will enhance the understanding of which of the industry is achieving effective training and development practices in the world of work and aid in developing strategies and policies for these firms.

Also, the researcher is of the view that future researchers can as well compare the perception of human resource department and employees who undergo training and development programmes by exploring the effectiveness of training and development practices in hospitals in other sectors of the country.

Again, the researcher recommends for future researchers to examine the effects of staff perceptions about training and development practices on their counterproductive work behaviours. This will contribute to the literature on training and development in organisations and how they influence employee behaviours.

In addition, this study can be replicated in other sectors like mining companies, manufacturing companies, banking industry, telecommunication industry, construction companies, among others, in order to broaden the knowledge on training and development in Ghanaian organisations and to draw relevant comparisons among these industries on the subject of staff perceptions about training and development.This is necessary to expand the current literature on training and development on the Prisons Service.

REFERENCES

Adams, O. A. (2003). *Human, Physical, and Intellectual Resource Generation: Proposals for Monitoring* in Murray, C.J.L and Evans, D. (eds) *Health Systems Performance Assessment: Debates, Methods and Empiricism*. Geneva: World Health Organization.

Agyepong, I. A. and Adjei, S. (2008). 'Public social policy development and implementation: a case study of the Ghana National Health Insurance scheme', *Health Policy and Planning*, vol 23, no. 2, pp. 150-160.

Amir, E. & Amen, I., (2013). European *Journal of Business and Management* ISSN 2222-1905 (Paper) ISSN 2222-2839 (Online) Vol.5, No.4, 2013 www.iiste.org

Appleby, J. (2001). *How to Pay Bonuses for Good Care: Former Incentives Rewarded Doctors Who Kept Costs Down?* USA Today 11 July.

Ahmad, K. Z., &Bakar, R. A. (2003). The association between training and organizational commitment among white- collar workers in Malaysia. *International Journal of Training and Development*, 7(3), 166-185.

Alvelos, R., Ferreira, A., & Bates, R. (2015). The mediating Role of Social Support in the Evaluation of Training Effectiveness, *European Journal of Training and Development*, 39, 484-503.

Armstrong, M. (1995). *A handbook of personnel Management Practices.*Kogan Page Limited London.

Armstrong, 1996.Business Organization and Management, 3rd edition.

Armstrong, M. (2009). *Armstrong's Handbook of Human Management Practice*, 11th Edition.

Asigri, D.S. (2009). Nursing in a Disreputable State. Available at: http:// www.ghanaweb.com/ (accessed: 1st April, 2017).

Awases, M. (2010). *Factors affecting performance of professional nurses in Namibia.*Ph.Dthesis University of South Africa.

Ashar, M., Ghafoor, M., Munir, E., &Hafeez, S. (2013). The Impact OPerceptions Of Training On Employee Commitment And Turnover Intention: Evidence From Pakistan. *International Journal Of Human Resource Studies*, 3(1), 74-88.

Attia, A., & Honeycutt, E. D. Jr. (2012). Measuring Sales Training Effectiveness at the Behavior and Results Levels Using Self and Supervisor Evaluation. *Marketing Intelligence and Planning*, 3, 324-338.

Bandura, A. (1977), *Social Learning Theory.* New York: General Learning Press.

Bartel, A.P. (2000). Measuring the Employer's Return on Investment in Training: Evidence from the Literature. *Industrial Relations*, 39, 3, 502–524.

Barber J. (2004). Skill upgrading within informal training: lessons from the Indian auto mechanic. *International Journal of Training and Development*, 8:128– 39.

Bartlett, K. R. (2001). The Relationship between Training and Organisational Commitment: A Study in the Health Care Field. *Human Resource Development Quarterly*, 4, 333-352.

Becker, B. E., Huslid, M. A., & Ulrich, D. (2001). *The HR Scorecard*. Boston, MA: Harvard Business School Press.

Beardwell, I., Holden, L. &Claydon, T. (2004). *Human Resource Management a Contemporary Approach.4th Ed.* Harlow.Prentice Hall.

Buchan, J., (2002). Nursing shortages and evidence-based interventions: a case study from Scotland. *International Nursing Review*, 49:209–218.

Butts, D.P, (1977). Volume 14 issue 1.*Journal of Research in science*, New York: John Wiley Sons publishers.

Chaava, T.H. (2005). *What skills, training and support do community home based care providers have to use managing patients with HIV/AIDS in a home setting? A*

selective case study of community home based care providers in Chikankata area in Mazabuka District, Southern Province, Zambia. Cape Town, University of the Western Cape, School of Public Health.

Callahan, B. (2000). Life-long learning pays off. Industrial Distribution, 89 (5), 116.

Cary, J. Roseth, W. J., David, T., & Roger, J. (2008). Promoting early adolescents' achievement and peer relationships: The effects of cooperative, competitive, and individualistic goal structures. *Psychological Bulletin*, 134 (2), 223–246.

Cole, G.A. (2002). *Personnel and human resource management*, 5th Ed. Continuum London: York Publishers.

Cheek, J. (2008). Research Design. *The SAGE Encyclopedia of Qualitative Research Methods*. SAGE Publications, Inc.

Creswell, J. W. (2011). *Controversies in mixed method research*. N. K. Denzin& Y. S. Lincoln (Eds.). The SAGE handbook of qualitative research (4th ed. pp. 269-284). Thousand Oaks, CA: Sage

Creswell, J. W. and Plano, C. V. L., (2007). *Designing and conducting mixed method research* (2nd ed.). Los Angeles. CA: Sage.

Dialo, E., (2012). *Factors affecting performance of health Care providers in reproductive and child health care in Mbeya city*. pg 4-11. (unpublished)

Desarrollo, I. (2007). *The Quality of Education in Latin America and Carribean Latin America*. Research Work Institute Desarrollo. Paraguay.

Dimbisso, T. S. (2009). *Understanding Female Students' Academic Performance*: *An Exploration of the Situation in South Nations Nationalities and Peoples Regional State – Ethiopia*. A Research Paper Presented in Partial fulfillment of the Requirements for obtaining the degree of Masters of Arts in Development Studies, International Institute of Social Science, The Hague, The Netherlands.

Elangovan, A. R., & Karakowsky, L. (1999). The role of trainee and environmental factors in transfer of training: An exploratory framework. *Leadership & Organization Development Journal*, 20(5), 268-276.

Ekman, B. (2004). 'Community-based health insurance in low-income countries: a systematic review of the evidence', *Health Policy and Planning*, vol 19 no. 5, pp. 249–270.

Fox, S. (1997). *From management education and development to the study of Management learning* in Burgoyne, J. and Reynolds, M. (Eds),Sage, London.

Garger, E. M. (1999). *Goodbye training, hello learning*. Workforce,78 (11), 35-42

Garrow, V. (2004). Training and Development and the Psychological Contract. *Training Journal*, April 8–10.

Gerbman, R. V. (2000). Corporate Universities 101.HR Magazine, 45 (2), 101- 106.

Greengard, S. (2000).*Going the distance*. Workforce, 79 (6), 22-23.

Gordon, B. (1992). Are Canadian firms under investing in training? *Canadian Business Economics.*

Ghana Health Service (2002). .*Patients charter.* Retrieved August, 1, 2016, *Ghana Health Service webpage. Ghana Health Service. Retrieved 5 April 2011*.Fromhttp:/ www.ghanahealthservice.org/aboutus. php?...Patients%20Charter

Ghana Health Service (2005). *Job descriptions for clinical, nursing & midwifery and pharmacy staff.* Accra, Ghana. 103.

Ghana Health Service (2007). *Quality Assurance Strategic Plan.*Retrieved June, 6, 2016, fromhttp://www.ghanaqhp.org/fileadmin/user_upload/QHP/GHS_Quality_Assurance_Strategicplan_FINAL.pdf

Ghana Statistical Service (2012). *2010 Population and Housing Census. Summary Report of Final Results.* Accra: GSS.

Ghana Statistical Service. (2008). *Ghana Living Standards Survey Report of the Fifth Round (GLSS 5).* Accra: GSS.

Government of Ghana.(2004). *National Health Insurance Regulations*, (L.I.1809). Accra.

Guest, D. E. (1997). Human resource management and industrial relations.*Journal of Management Studies.*

Giber, D. L., Carter, M., & Goldsmith, M. (1999). *Linkage, Inc.'S Best Practices in Leadership Development Handbook* (Eds). Lexington, MA: Linkage Press.

Greller, M. M. (1998). Participation in the Performance Appraisal Review: Inflexible Manager Behavior and Variable Worker Needs. *Human Relations*, 51(2), 1061-1083.

Harrison, R. (2000). Employee Development. Silver Lakes, Pretoria. Beekman Publishing. World Health Organization. *Global Atlas of the Health Workforce* (http://www.who.int/globalatlas/default.asp, accessed 19th April, 2017).

Hashinda, A., & Mahyudolin, M. Y. (2009). The Effectiveness of Training in the Public Service, *American Journal of Scientific Research*, 6, 39-51.

Holbeche, L. (1998). *High Flyers and Succession Planning in Changing Organisation.* Horsham: Roffey Park Management Institute.

Holton, E. F., Bates, R. A., &Ruona, W. E. A. (2000).Development of a Generalized Learning Transfer System Inventory.*Human Resource Development Quarterly*, 11(4), 333-360.

International Council of Nurses (2006) *The ICN Code of Ethics for Nurses.* ICN, Geneva, Switzerland.

Infande, A. (2015). The Four Basic steps in the Training Process, Kindle Edition

Karma, R. (1999). *Research Methods.*SAGE Publications. New Delhi, India

Kearney, M. H. (2001). Levels and applications of qualitative research evidence. *Research in Nursing and Health*, 24, 145–153.

Kibga E.Y.D, (2004). *Role of Practical assessment in teaching and learning physics in 'O' level secondary schools in Tanzania*, UDSM.

Kottke, J. L. (1999). Corporate universities: Lessons in building a world-class work force (revised). *Personnel Psychology*, 52, 530-533.320.

Kirkpatrick, D. (1959). *Evaluation of Training, Training and Development handbook: A guide to Human Resource Development*, 1st edition. New York: McGraw Hill Company.

Lambs, E. N. (2006). Willingness to pay for health insurance in a developing economy. A pilot study of the informal sector of Ghana using contingent valuation. *Health policy*, 42(3), 223-237.

Latif, K. F. (2012). An Integrated Model of Training Effectiveness and Satisfaction with Employee Development Intentions.*Industrial and Commercial Training*, 44, 211-222.

Leach, M., & Liu, A. (2003). Investigating Interrelationships among Sales Training Evaluation Methods.*Journal of Personal Selling & Sales Management*, 23(4), 325-337.

Leslie, B. A. (1990). An Ounce of Prevention for Workplace Accidents, *Training and Development Journal*, NY: USA Vol.44, No 7.

Mathauer, I. and Carrin, G. (2011).The Role of Institutional Design and Organizational Practice for Health Financing and Universal Coverage. *Health Policy, 99* (3), 183-192.

McCourt, W. & Derek, E. (2003). *Global Human Resource Management: Managing People in Developing and Transitional Countries.* Cheltenham, UK: Edward Elgar.

Nadler, L. (1984). *The Handbook of Human Resource Development.* New York: John Wiley & Sons.

Nassazi, A. (2013). Thesis on: *the Effects of Training on Employee Performance:* Evidence from Uganda.

Nathan, B. R., Mohrmann, A. M., &Milliman, J. (1991). Interpersonal Relations as a Context for the Effects of Appraisal Interviews on Performance and Satisfaction: A Longitudinal Study. *Academy of Management Journal*, 34(2), 352-69.

Newman, A., Thanacoody, R., &Hui, W. (2011). The impact of employee perceptions of training on organizational commitment and turnover intentions: a study of multinationals in the Chinese service sector. The *International Journal of Human Resource Management*, 22(8), 1765-1787.

Nunvi G. P. (2006). Business Organization, and Management 3rd Edition.

Ozu, N. (2004). *U.S. Patent* No. 6,687,614. Washington, DC: U.S. Patent and Trademark Office.

O'Herron, P., and Simonsen, P. (1995). Career development gets a charge at Sears Credit. *Personnel Journal*, 74 (5), 103-106.

Paradise A. (2007). *State of the Industry: ASTD's Annual Review of Trends in Workplace Learning and Performance.* Alexandria, VA: ASTD

Potter, C., & Brough, R., (2004) Systemic capacity building: a hierarchy of needs. *Health Policy and Planning*, 19(5):336–345.

Prickett, R. (1998). Firms Complain of Quality Short Fall among Students. *People Management*, July (9), 10.

Punia, B. K., & Kant, S. (2013). A Review of Factors Affecting Training Effectiveness Vis-À-Vis Managerial Implications and Future Research Directions.*International Journal of Advanced Research in Managerial and Social Sciences*, 2(1), 151-164.

Ramachandran, V. S. (2010). *The Making of a Scientist, Essay included in Curious Minds: How a Child Becomes a Scientist*. Pp. 211.

Rosenwald, M. (2000, October 15). *Working class: More companies are creating corporate universities to help employees sharpen skills and learn new ones.* Boston Globe, H1.

Seyler, D. L., Holton, E. F. III, Bates, R. A., Burnett, M. F., & Carvalho, M. A. (1998). Factors Affecting Motivation to Transfer Training.*International Journal of Training and Development*, 2(1), 16-17.

Singh, K. (2003). The effect of human resources practices on firm performance in India. *Human Resource Development International*, 6(1), 101-116.

Srivastava, A., Hamre, K., Stoss, J., &Nordgreen, A. (2012). A study on enrichment of the rotifer Brachionus "Cayman" with iodine from different sources. *Aquaculture*, 334, 82-88.

Tyler, K. (2002). Evaluating Evaluations: Asking the Right Questions is Only the First Step in Creating a Good Training Evaluation.*HR Magazine*, 47(6), 85-9.

Talley, B. (2006). Nurses and nursing education in Ghana: creating collaborative opportunities. *International Nursing Review*, 53, 47–51.

Ughanmadu, F. A. (2003). Understanding the health and nutritional status of children in Ghana.*Agricultural Economics*, 17(1), 59-74.

Wabab, P., & Hussan, N. (2014). Evaluation Of Management Training: A Practical Framework With Cases For Evaluatong Training Needs And Results. London: Gower Press London.

WHO (2006). *The world health report 2006: working together for health*. Geneva, World Health Organization (http://www.who.int/whr/2006/en/, accessed 27th January, 2017).

WHO (2010). *World Health Report, Health System: Improving performance 2000.* Geneva, Switzerland.

Wright, P. & Geroy, D. G. (2001). Changing the mindset: the training myth and the need for word- class performance.*International Journal of Human Resource Management.*17(1), 59-74.

Wikipedia Mariem Dictionary www.reference.md/files/I02/tI02.574.html

Wikipedia *Medical-Dictionary.thefreedictionary.com/in*-service+training

APPENDICES

Appendix 1: Interview Guide for Health Workers

UNIVERSITY FOR DEVELOPMENT STUDIES- WA CAMPUS

GRADUATE SCHOOL

MCom. (Human Resource Management)

TOPIC: AN ASSESSMENT OF THE EFFECT OF IN- SERVICE TRAINING ON THE PERFORMANCE OF HEALTH CARE WORKERS IN THE WA WEST DISTRICT HOSPITAL, WECHIAU IN THE UPPER WEST REGION OF GHANA

STRUCTURED INTERVIEW

Dear Respondent,

I am SEIDU KHALIDA MCom. (Human Resource) Student of the University for Development Studies, Wa Campus undertaking a study on:*An Assessment of the Effect of In- Service Training on the Performance of Health Care Workers in the Wa West District Hospital, Wechiau in the Upper West Region of Ghana.*

The study is for educational purpose and your willingness to make time to respond to the following questions will assist me achieving my study objective. I wish to assure you that your identity and whatever information you provide will be made confidential.

Thank you for your cooperation and assistance.

SEIDU KHALIDA

PART I: TO BE RESPONDENT BY ONLY HEALTH WORKERS

A: Bio Data of Respondent

1. Gender

a) Female ( )

b) Male ( )

2. Age

a) 18 – 25 ( )

b) 26 – 35 ( )

c) 36 – 45 ( )

d) 46 – 55 ( )

e) 56 – 59 ( )

3. Marital status

a) Single ( )

b) Married ( )

c) Divorced ( )

d) Widowed ( )

e) Separated ( )

4. Department/ Units: …….....

5. Rank: …….....

6. Educational background: …….....

B: In- service Training of Health Works

7. How long have you worked for the organization? ……..... Years

8. Have you had any form of training since you joined GHS?

a) Yes ( ) b) No ( )

9. If "yes" to the question above, how were you selected for training?

a) On joining the facility ( )

b) Supervisors recommendation ( )

c) Compulsory for all employees ( )

d) Upon employee request ( )

e) Performance appraisal ( )

f) Don't know ( )

10. How often do you undergo training?

a) Quarterly ( )

b) Every six months ( )

c) Once a year ( )

d) Every two years ( )

e) Seasonal ( )

11. Where did you receive your in- service training?

.....

.....

.....

.....

12) What form of training did you receive?

a) Clinical

b) Ethics

c) Paediatrics

c) All of the above

d) Others specify: .....

C: Forms of in- service training health workers received in the hospitals

13. What are the methods of facilitation at the training you have attended?

a) Lecture ( )

b) Demonstrations ( )

c) Discussions ( )

d) Presentation ( )

e) Seminar ( )

14. Do the methods used during training have any impact on your skill?

a) Yes ( ) b) No ( )

15. How will you rate the quality of the training programme/s for which you have participated?

a) Very poor ( )

b) Poor ( )

c) Average ( )

d) Good ( )

e) Very good ( )

f) Excellent ( )

D: Effects of in- service training on the performance of nurses/ midwives in the hospital.

16. How relevant were the trainings you received to your work?

a) Not relevant at all ( )

b) Not relevant ( )

c) Not sure ( )

d) Effective ( )

e) Very effective ( )

17. In your opinion, do you think In- Service training has/ will help improve your job performance?

a) Yes ( ) b) No ( )

18. Would you require further in- service training for motivation towards performance improvement to enable you contributes to increased productivity?

a) yes ( ) b) No ( )

19. If "yes" to the question above, please provide reasons as to why below.

……

……

.....

.....

20. What problems do you face with regard to training and development within your organization?

……

……

.....

.....

Thank you for your response!!!

Appendix II: Interview Guide for Client/ Patients

UNIVERSITY FOR DEVELOPMENT STUDIES- WA CAMPUS

GRADUATE SCHOOL

MCom. (Human Resource Management)

TOPIC:AN ASSESSMENT OF THE EFFECT OF IN- SERVICE TRAINING ON THE PERFORMANCE OF HEALTH CARE WORKERS IN THE WA WEST DISTRICT HOSPITAL, WECHIAU IN THE UPPER WEST REGION OF GHANA

STRUCTURED INTERVIEW

Dear Respondent,

I am SEIDU KHALIDA MCom. (Human Resource) Student of the University for Development Studies, Wa Campus undertaking a study on:*An Assessment of the Effect of In- Service Training on the Performance of Health Care Workers in the Wa West District Hospital, Wechiau in the Upper West Region of Ghana.*

The study is for educational purpose and your willingness to make time to respond to the following questions will assist me achieving my study objective. I wish to assure you that your identity and whatever information you provide will be made confidential.

Thank you for your cooperation and assistance.

SEIDU KHALIDA

PART II: TO BE RESPONDED BY CLIENT/ PATIENTS OF WA WEST DISTRICT HOSPITAL

E: Public perception with regards to the performance of nurses/ midwives in the hospital.

1. SOCIAL DEMOGRAPHIC INFORMATION

S/N	Questions/ Statement	Choice	Response
1	Sex	Male ( ) Female ( )	Male ( ) Female ( )
2	Age		( )
3	Educational	1. No education, 2. Primary school 3. Secondary school 4. University 5.college	1. ( ) 2. ( ) 3. ( ) 4. ( ) 5.( )
4	Marital Status	1. Single 2. Married 3. Divorced 4. Widowed	1. ( ) 2. ( ) 3. ( ) 4. ( )
5	Profession		....

2. PRODUCTIVITY

Rate the following questions with respect to frequency (Circle the correct answer)

S/N	Statement	Very Bad	Bad	Moderate	Good	Very Good
6	How do you rate the productivity of nurses in the unit?	**1**	**2**	**3**	**4**	**5**
7	During this visit to the clinic, how did the nurses/ midwives treat you	**1**	**2**	**3**	**4**	**5**
8	Do health workers start work according to schedules?	**1**	**2**	**3**	**4**	**5**

3. RESPONSIVENESS

Rate the following questions with respect to frequency (Circle the correct answer)

S/N	Statement	Very Bad	Bad	Moderate	Good	Very Good
9	How will you described the relations with health workers?	**1**	**2**	**3**	**4**	**5**
10	How can you rate the care that you received today from health workers?	**1**	**2**	**3**	**4**	**5**
11	When you arrived how would you rate the assistance from the nurses around?	**1**	**2**	**3**	**4**	**5**
12	How would you rate the cleanliness of this health facility?	**1**	**2**	**3**	**4**	**5**
13	How would you rate the cleanliness of the washrooms?	**1**	**2**	**3**	**4**	**5**

14. How do you rate the performance of health worker in the hospitals? 1 being low performance & 5 being best performance

Very Low	Low	Moderate	High	Very High
1	2	3	4	5

15. What do you suggest should be done by management so as to improve performance of Reproductive and child health care providers?

…….....

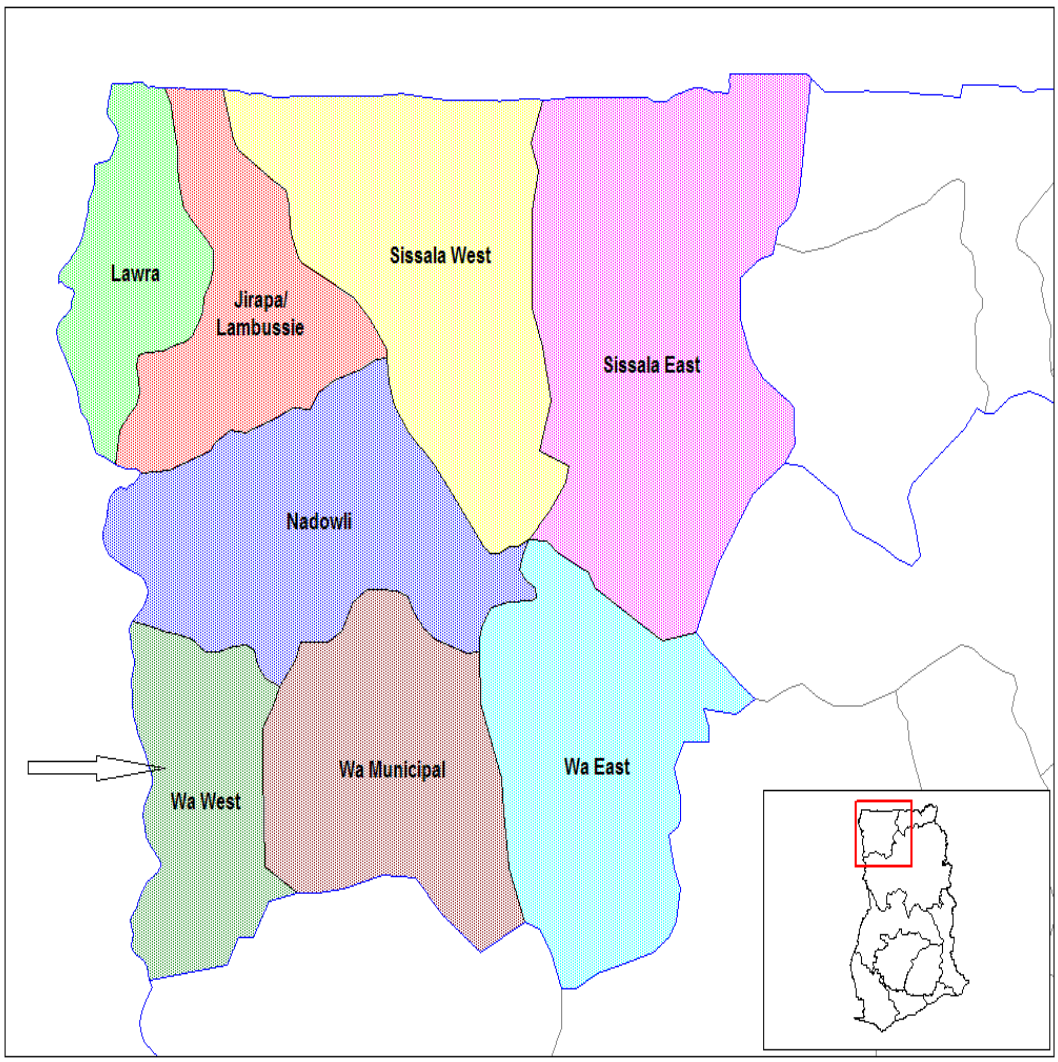
.....

.....……

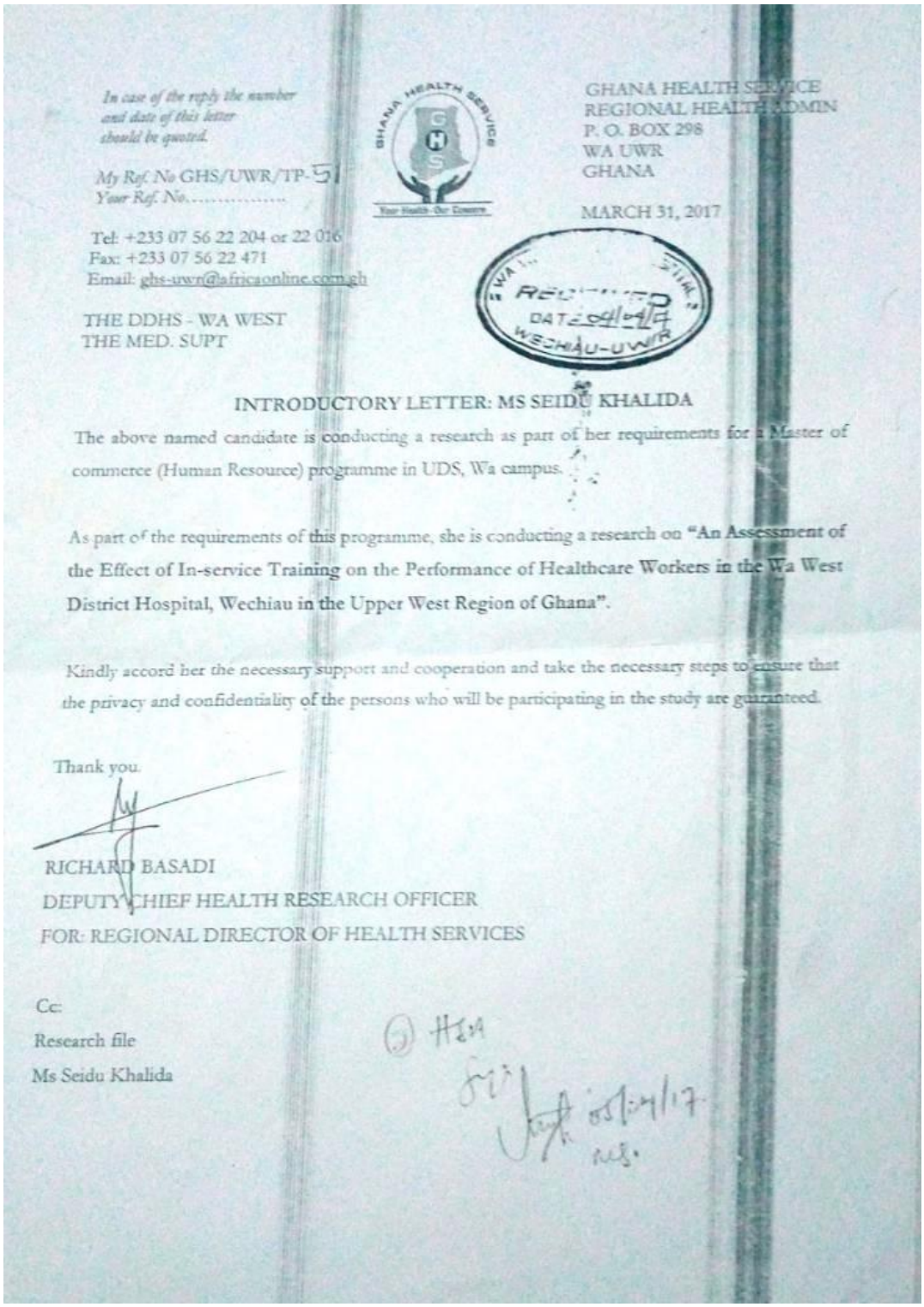
…….....

Thank you for your response!!!

Appendix III: Wa West District Map



Appendix IV: Introductory Letter



In case of the reply the number and date of this letter should be quoted.

My Ref. No GHS/UWR/TP-51
Your Ref. No.....

Tel: +233 07 56 22 204 or 22 016
Fax: +233 07 56 22 471
Email: ghs-uwr@africaonline.com.gh

GHANA HEALTH SERVICE
REGIONAL HEALTH ADMIN
P. O. BOX 298
WA UWR
GHANA

MARCH 31, 2017

THE DDHS - WA WEST
THE MED. SUPT

RECEIVED
DATE 04/04/17
WECHIAU-UWR

INTRODUCTORY LETTER: MS SEIDU KHALIDA

The above named candidate is conducting a research as part of her requirements for a Master of commerce (Human Resource) programme in UDS, Wa campus.

As part of the requirements of this programme, she is conducting a research on **"An Assessment of the Effect of In-service Training on the Performance of Healthcare Workers in the Wa West District Hospital, Wechiau in the Upper West Region of Ghana".**

Kindly accord her the necessary support and cooperation and take the necessary steps to ensure that the privacy and confidentiality of the persons who will be participating in the study are guaranteed.

Thank you.

RICHARD BASADI
DEPUTY CHIEF HEALTH RESEARCH OFFICER
FOR: REGIONAL DIRECTOR OF HEALTH SERVICES

Cc:
Research file
Ms Seidu Khalida