

Impact of Training and Development on the Performance of Public Hospitals in Abuja-FCT, Nigeria

Yusuf Salami, Cross Ogohi Daniel, Taiwo Adewale Muritala, Umar Abbas Ibrahim, May Ifeoma Nwoye

Department of Business Administration, Nile University of Nigeria, Abuja-FCT, Nigeria

Email: salamiadabara@gmail.com, drdancrossogohi1980@gmail.com, abbas.ibrahim@nileuniversity.edu.ng, maynwoye@gmail.com, muritala.adewale@nileuniversity.edu.ng

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Abstract

Today, the business environment is highly competitive and faced with continuously changing technology. Globalization and the changing needs of customers contribute to the challenges of business organizations. To meet up these challenges, organizations need to properly and continuously train and develop their employees. As a result, this research looks into the impact of training and development on the performance of public hospitals in Abuja-FCT, Nigeria. The distribution of a structured questionnaire was required by a survey research design of a (5-point Likert scale). 353 from the total population of 2997 randomly selected employees in the Fourteen (14) general hospitals in Abuja-FCT, Nigeria. 305 questionnaires were filled out by the respondents. Hypotheses tests were carried out and they revealed that there was a major connection between orientation as a training and development method and patient waiting time.

Keywords

Training and Development, Performance, Organization

1. Introduction

One of the most appealing benefits to an employee is the potential to learn new skills and advance in his or her profession. Investing in employee learning and development benefits both the employee and the organization since individuals are better equipped to deal with any work issues that arise. A company's development prospects considerably boost the likelihood of a person remaining in

their current position (Team, 2020). Companies with thorough training programs earn 218 percent more per employee than companies without institutionalized training, according to the Association for Talent Development (ATD). However, it does not end there. In addition, these businesses have a 24 percent larger profit margin than those who spend less on training. Even during economic downturns, continuing to spend on training and development is a sensible move (Gutierrez, 2017). Evidently, employees tend to be highly committed to their work when given the necessary training to carry out tasks efficiently and effectively. Furthermore, staff training and development improve employee work satisfaction while also increasing organizational commitment (Hanaysha & Tahir, 2016; Swanson et al., 2020). Many companies believe it is also critical to invest in their employees through training in order to improve employee competency and gain a strong return on their human capital investment through greater job dedication and high employee retention (Terera & Ngirande, 2014; Abba, 2018). Creating a solid internal training program and providing possibilities for career advancement not only helps to establish a strong team of current employees but is also a valuable weapon for attracting and retaining top personnel (Banks, 2020). Because an organization's human resource capital plays a critical role in its growth and performance, organizational performance is heavily reliant on employee performance. To put it another way, proper training and development should be provided to employees in order to increase their performance (Khan et al., 2011). Furthermore, in order for managers to meet the goals of employee training and development, they must first understand the benefits of training to both the organization and the employees, then highlight the employees' training needs, and finally have an effective training design that is at the heart of the organization's goals and objectives (Samwel, 2018).

Despite various interventions and efforts by training and development in public hospitals especially in Abuja-FCT, Nigeria still not performing up to the standard operating procedure. Medical errors especially in public hospitals keep increasing, patients are always delayed to see a consultant or have quick access to medical facilities, and lack of customer or patient relations is indeed another issue to deal with in public hospitals (Khaemba, 2017).

Or later production of electronic products, and conformity of style throughout a journal paper. Margins, column widths, line spacing, and type styles are built-in; examples of the type styles are provided throughout this document and are identified in italic type, within parentheses, following the example. Some components, such as multi-leveled equations, graphics, and tables are not prescribed, although the various table text styles are provided. The formatter will need to create these components, incorporating the applicable criteria that follow.

Article Structure

This article has five sections. Section 1 is the introduction, Section 2 contains the research objectives, Section 3 contains the literature review, Section 4 has the research methodology, Section 5 contains findings, Section 6 contains the dis-

cussion of findings and the conclusion while Section 7 contains the recommendations.

2. Research Objective

The specific objective of this study is to find out if there is a relationship between orientation as training and development and patient waiting in the public hospitals in Abuja-FCT.

3. Literature Review

Training programs enable organizations not only to grow personnel but also to make the greatest use of their human resources in order to obtain a competitive advantage. As a result, it appears that the company must arrange for such a training program for its personnel in order to improve their talents and competencies in the workplace (Hamid, 2011). Employee training not only improves their capacities but also sharpens their thinking capacity and inventiveness, allowing them to make better decisions on time and more productively (Jehanzeb & Bashir, 2013). Elnaga and Imran (2013) looked at training as a set of interventions aimed at improving specific aspects of a person's work performance. Organizations use training and development to equip their personnel with important attitudes, knowledge, and attitude in order to perform their commitments and activities adequately and productively (Raymond et al., 2016). This is all about developing the talents needed to meet an organization's objectives. Training, according to McDowall and Saunders (2010), permits employees to execute to a certain quality. It aims to boost a person's productivity in their existing position.

Dimensions of Training and Development

On-the-Job training

Most corporate training programs have traditionally taken place in the classroom. However, the reality is that employees learn the majority of their knowledge and skills while working. Many organizations and human resource professionals are grappling with how to establish and administer effective on-the-job training programs, often known as structured on-the-job training (Ahadi & Jacob, 2017). One such way is on-the-job training, which is a hands-on method of training people as they operate in the field. It's also known as on-the-job training, and it's a means of teaching employees job-specific skills and organizational systems in a setting where they can practice and test what they've learned (Maurya, 2020). On-the-job training has a significant impact on the development of organizations, increasing both performance and productivity, and eventually positioning businesses to compete and stay at the top (Jagero et al., 2012). In essence, On-the-Job Training needs employees to demonstrate specific abilities linked to their field of specialization that will be useful in their future work environment. It also provides ideas and a unique picture of the corporate world, including the working climate, employee attitude, and organizational culture, to which new

employees may need to adapt and live (Bernardo et al., 2014). On-the-job training involves activities conducted at a person's employment to acquire a business career and abilities necessary for employees to execute a certain job inside the workplace. Employees learn in an atmosphere where they will be required to put what they have learned in on-the-job training into use (Vasanthi & Basariya, 2019). However, while experience in daily OJT is very crucial, employees should understand that they cannot select cases they face or what type of experience will they acquire. If they rely completely on OJT, disparity of experience would hinder their competence. Acquiring skills and transferring knowledge would take a lengthy period (Yokoyama, 2019).

Vasanthi and Basariya (2019) further explained that Job rotation, coaching, mentoring, apprenticeship, and understudy are part of on-the-job training.

Job Rotation

This method describes the procedure through which a trainee masters various types of occupations or functions in an organization at various times and periods. That is, the trainee advances from one function to the next according to the timetable or schedule (Adeleye et al., 2014). According to Twei and Saina (2015), job rotation occurs when a trainee travels from one creative task to another, allowing the employee to acquire new skills. It allows the learner to develop multiple skills. In this situation, the trainee now has a general knowledge after the training since he or she has a basic understanding of each work, which boosts job satisfaction and productivity (Saravani & Abbasi, 2013).

Coaching

Coaching has long been thought of as a one-on-one learning and development intervention that involves a collaborative, reflective, goal-oriented relationship in order to attain professional goals that the coachee values (Smither, 2011). Coaching is defined as a selected, determine intervention that assists employees in achieving and maintaining optimistic changes in individual growth and leadership behavior (Grant, 2012).

Orientation/Induction

It is concerned with a situation in which new employees are provided training in order to familiarize them with their work and the organization as a whole in terms of values, rules, and regulations (Olaniyan & Ojo, 2008). Orientation, according to Zigmont et al. (2015), is a continual process that requires time to complete. Organizations provide new employees with orientation for three reasons. First, the new employee will have the opportunity to learn about the job practices during the orientation. The new employee is also taught how to interact with coworkers, and the new employee is made to feel like a valuable member of the team Zigmont et al. (2015). In general, new employees are given orientation to familiarize themselves with the organization's structure, aims, policies, and other aspects (Malaolu & Ogbuabor, 2013). One advantage of this strategy is that it improves the employee's motivation to deliver without making major mistakes.

Off-the-Job training

Laboratory and T-group training, communication workshops, and external “board trips” are all part of this training strategy. The goal of this strategy is to ensure that employees are fully aware of their own behaviour as well as how others perceive it. It also makes the “participants” more aware of and accepting of their differences. Small groups of eight to fourteen individuals who are strangers to one another are frequently grouped together and assisted by a trainer in this sort of training. Employees discuss themselves, their feelings, and the group process during the conversation (Kum et al., 2014).

Performance of Public Hospitals

Patient Waiting Time

An important part of any health care organization is to attend to the patient on time (Bahrami et al., 2014). Patient satisfaction refers to a patient’s contentment with the health care they received from their provider (Farley et al., 2014). Satisfaction with healthcare services may affect clinical results, patient retention, and medical malpractice claims (Prakash, 2010). Therefore, it is an important indicator of the quality of work done by physicians and hospitals.

Long wait times in the emergency room or any other unit of the hospital may restrict services to other patients in need of emergency medical care, resulting in patient discontent and escalating disease and event risks and side effects (Schuur & Venkatesh, 2012). Changes in one part of the health system might lead to changes in the other parts due to the inherent complexities of health systems. As a result, all sectors, including the emergency department, should be considered while developing hospital policy (Doshmangir et al., 2015).

Training of medical staff in reducing the time of patient waiting is a crucial aspect in the success of an organization. This could be done with the use of role-, with a member team playing a sample patient (Gjolaj et al., 2016). Public health care services need well-trained and well-informed personnel to know about their client’s waiting times in order to provide the greatest possible service—the more information they have, the better (Campos et al., 2017).

Average Treatment Charge

There are several layers to knowing how costs are created and services are paid for in any health system, resulting in pricing, fees, and charges (Goetz et al., 2015). Medical charges are notoriously complicated and taxing for patients and health care service providers. It is important that patients understand their medical cover in order to build trust in their health care provider. This is an example of a typical healthcare KPI for financial management.

Treatment costs are vital to trace since they have a straight effect on your finances, contribution margins, and your facility’s ability to survive. The goal is not to minimize it as much as possible in order to generate revenue but to identify and handle unusual or overemphasized expenses. You can divide it into several groups, such as per unit, per operation, or, in our case, by age group. By admitting these expenses, you can better budget and allocate funds to the appropriate categories: On average, 25-year-old patients cost less than 72-year-old patients.

Number of Mistakes Event

Medical mistake, according to Van Den Bos et al. (2011), is “a preventable adverse outcome that results from improper medical management (a mistake of commission) rather than from the progression of an illness resulting from lack of care (a mistake of omission)”. Medical errors can be caused by “human difficulties” and “patient issues”, with the former referring to a lack of compliance to protocols and treatment recommendations, and the latter referring to inappropriate patient recognition and evaluation. Medical errors are also linked to insufficient health-care policies and procedures, which can lead to postoperative problems (Van Den Bos et al., 2011).

In the emergency room, decisions about patients are frequently made under duress (Kallberg, 2015). When a patient is unconscious or unable to offer sufficient information about his or her health, emergency service nurses confront difficulties, which leads to therapy being started without a proper anamnesis (Ersun et al., 2013). According to Güneş et al. (2014), the rate of medical error was high in surgery clinics, emergency services, and intensive care units, the most common medical errors included administering drugs without doctor’s orders, administering drugs prepared by other personnel, and administering drugs to the wrong patient, and the level of reporting medical errors was very low among nurses.

Patient Room Turnover

The utilization and efficiency of hospital rooms can have a significant effect on hospital employees and finances. Room turnover time, which is generally described as the period between a patient leaving the room and the next patient entering the room, is often the most important predictor of efficiency and productivity (Gottschalk et al., 2016). Several performance factors related to room turnover utilization have been established, according to Kurtz (2012). One of these is a precise case-duration estimate: 1) The percentage of cases where the patient’s time in the room is within 15 minutes of the estimated time in the room. This is a planning performance parameter for cases. 2) There should be no need for the patient to be hauled in late when the room turnover is high. Delayed starts could indicate inefficiencies in hospital processes at any level, from the wards to the reception of patients in rooms. 3) Pre-admission screening refers to the percentage of cases that received a pre-anesthetic examination before surgery. A share of cancellations or delayed starts may be due to insufficient prescreening. 4) Patient-in-to-incision time: The time it takes for a patient to enter the operating room and make their first incision. This period comprises anesthetic induction, positioning, and surgical preparation. This varies based on the type of anesthesia used and the procedure performed. 5) The duration between the previous patient leaving the room and the next patient entering the OR is measured by average turnover time. Turnover time is influenced by a variety of factors.

Staff-to-patient ratio

The optimum medical staff-to-patient ratio is the concern of most healthcare service providers globally. It has benefits both for medical staff and patients, which

is essential for patients' safety and quality of care. According to Alex (2021), the staff-to-patient ratio varies depending on the type of unit in which medical professional works: for example, doctors and nurses caring for trauma patients in an emergency room have a 1:1 ratio, whilst those working in psychiatric wards have a 1:6 ratio. These guidelines are merely a guideline; healthcare facilities can hire more doctors or nurses than are required by law if they so wish.

As the covid-19 continues to claim the lives of people across the globe, the staff-to-patient ratio has increased. Front-line health staff would have to keep up with an influx of patients who are not only sicker and require more intensive care. Patients are frequently kept waiting in hospitals, not because there aren't enough beds in the emergency room or ICU, but because of inadequate staff-to-patient ratios (Kisken, 2021). Currently, the staff-to-patient waivers have not favoured front-line workers during this pandemic.

The introduction of staff-to-patient waivers, it means hospitals could increase the number of patients to a nurse or doctor thereby putting the lives of health workers in danger and patients not taken care of properly. Nurses see their patients suffer, the community faces loss of life, home, and health, and regrettably, watch helplessly as our colleagues across the country die needlessly because of willful decisions that leave nurses understaffed, under-protected, and under-prepared (Hartman, 2021).

Utilization of Medical Equipment

The utilization of diagnostic and treatment technologies to provide health services is an important element of health care, particularly in hospitals (Wang et al., 2008). Medical devices are assets that directly improve many people's quality of life (Painter & Baretich, 2011). Clinical engineers are in charge of medical devices that require calibration, maintenance, repair, user training, and decommissioning. Throughout its useful life, medical equipment requires both scheduled and unscheduled maintenance. Medical equipment should be kept in good functioning order, be safe, accurate, and dependable, and perform at the needed level of performance efficiently (Augustynek et al., 2018). Medical equipment that is not properly maintained results in downtime, lowers device performance and wastes money and resources.

Inspection and preventative maintenance (IPM) and corrective maintenance are two types of medical equipment maintenance. Maintenance and repair management should be planned and conducted using suitable maintenance procedures to maintain devices safe and functional according to fundamental functional criteria (Kinley, 2012; Wang, 2012). Medical gadgets and equipment have become more complex in recent years (Jamshidi et al., 2014), and patient care in a hospital can range from simple thermometers to complex systems like MRIs (Palesh et al., 2010).

User training expands the percentage of functional medical equipment in use while also lowering the risk of equipment error owing to human mistakes and carelessness. Preventive maintenance, on the other hand, averts potential causes of equipment failure before they cause major damage. Dust collection, for exam-

ple, might cause sensor and piping system failures, putting equipment out of service. Such failures can be readily avoided by cleaning the equipment on a regular basis, which requires no technical knowledge (Oshabaheebwa et al., 2020).

4. Methodology

A survey research design was used in this study. The population of this study includes Medical doctors, Allied health professionals, Nurses, and Admin staff of Fourteen (14) General Hospitals in Abuja-FCT.

From the population of 2997 public health care workers, 353 public health care workers were used as the sample size for the study using Taro Yamane's (1967) formula. The steps in arriving at the sample size are given below:

$$n = N / (1 + N(e)^2)$$

where

n means the sample size;

N mean the population under study;

e means the margin error. It could be 0.10, 0.05 or 0.01.

Therefore to obtain the sample size using the information above, we will have the following:

$$n = 2997 / (1 + 2997(0.05)^2);$$

$$n = 2997 / (1 + 2997(0.0025));$$

$$n = 2997 / (1 + 7.4925);$$

$$n = 2997 / 8.4925;$$

$$n = 353.$$

At a 95 percent confidence interval, the sample size is 353 from a total population of 2997, as shown in the above result.

The study adopted a convenience sampling technique. This technique involves sampling the opinion of public health care workers that were willing to fill out the questionnaire at the time best for them. This technique was quicker to conduct and as the name indicates, more convenient to implement.

The primary source of data was adopted with the application of a questionnaire. The need for a questionnaire survey method is due to the nature of the study at hand. The questionnaire was administered to Four (4) categories of employees in the hospital, Medical doctors, Allied Health Professionals, Nurses, and Administrative staff.

A descriptive statistic technique was used in this study to analyze and interpret data compiled from questionnaires. Further, linear regression analysis was adopted to test the hypotheses to know whether training and development have a positive and significant impact on the performance of public hospitals in FCT-Abuja, Nigeria.

Model Specification

Model 1:

$$PT = \beta_0 + \beta_1 OR_1 + PM_1 + U_i$$

where the Dependent Variable: *PT* (Patient Waiting Time);

Independent Variables: *OR* (Orientation);

Control Variable: *PM* (Performance Management);

β_0 = Constant while β_1 is parameters estimated;

μ = Error term which captures other variables not included in the model.

5. Findings

Table 1 shows the response rate of the respondent. 353 questionnaires were administered to the respondents. 305 questionnaires were answered while 48 questionnaires were left unanswered by the respondents.

Table 2 shows the respondent gender for the Fourteen (14) General hospitals within the FCTA Abuja. One Hundred and Ninety-Five (195) respondents representing 64% are Females while 110 respondents representing 36% are Males. Interestingly, it shows that majority of the respondent are Females which concludes that Females are more interested in rendering health care services in Abuja-FCT, Nigeria.

Table 3 shows that, from the total distribution of the Fourteen (14) general hospitals, 127 (or 42%) of the health workers are Nurses, 72 (or 24%) of the respondents are Allied health professionals, 61 (or 20%) of the respondents are medical doctors while 45 (or 15%) of the respondents are Admin staff. Interestingly, it shows that majority of the health workers are Nurses and Allied health professionals.

Regression Analysis

Linear regression is a technique for estimating or forecasting the value of a dependent variable based on the values of one or more independent variables. Statistical regression, like correlations, evaluates the relationship or association

Table 1. Response rate of respondent.

Categories	Rate	Percentage
Number of Questionnaires distributed	353	100%
Number of Questionnaires filled	305	86%
Number of Questionnaires not filled	48	14%
Grand Total	305	

Source: Field survey 2022.

Table 2. Gender distribution of respondents.

Responses	Frequency	Percentage
Female	195	64%
Male	110	36%
Grand Total	305	100%

Source: Field survey 2022.

between variables. As a result, in this study, the equation of regressions is often created around two sets of variables: dependent variables and independent variables. The primary goal of employing linear regression equations in this study is to improve the study's ability to describe, comprehend, and predict the specified variables.

Table 4 shows that 26% relationship between orientation and patient waiting time. The coefficient of determination, $R^2 = 0.260$ shows that 26.0 percent of the variation in patient waiting time is explained by employee orientation.

From **Table 5**, the F-value shows a value of 52.0935. This value is significant because the significant level is 0.0000 which is less than 0.05. This result implies that overall; the regression model is statistically significant, valid, and fit. This implies that all independent variables are explaining that there is a positive and significant relationship between the dependent variable and the independent variable.

The regression coefficient results in **Table 6** show that the independent variable (orientation) has a coefficient value of 0.130 with a t-statistics value of 2.758 and the p-value of 0.066 which is less than 5% significant level. This implies that a positive and significant impact on patient waiting time.

Table 3. Distribution of employee category of respondents.

Responses	Frequency	Percentage
Nurses	127	42%
Allied Health Professionals	72	24%
Medical Doctors	61	20%
Admin staff	45	15%
Grand Total	305	100%

Source: Field survey 2022.

Table 4. Model summary.

Regression Statistics	
Multiple R	0.510810699
R Square	0.26092757
Adjusted R Square	0.251073271
Standard Error	0.753562954
Observations	305

Table 5. ANONA.

	df	SS	MS	F	Significance F
Regression	2	59.123592	29.561796	52.0935	3.66E-20
Residual	302	171.37768	0.5674758		
Total	304	230.50128			

^aDependent variable: patient waiting time; ^bPredictor: (constant), orientation.

Table 6. Coefficients.

	Coefficients	Standard Error	t Stat	<i>p</i> -value	Lower 95%	Upper 95%	Lower 95.0%	Upper 95.0%
Intercept	1.02266	0.2276035	4.493	1.00061E-05	0.5747712	1.4705504	0.5747712	1.4705504
OR	0.1308	0.0474235	2.758	0.006168475	0.0374758	0.2241205	0.0374758	0.2241205
MP	0.50132	0.0603258	8.31	3.28035E-15	0.3826037	0.620028	0.3826037	0.620028

Hypotheses Testing

Hypothesis 1 (H_{01}): There is no significant relationship between orientation as a training method and patient-wait-time.

From the regression result as shown in **Table 6**, since the *p*-value (0.0006168475) is less than 0.05, we accept the alternative and conclude that there is a significant relationship between orientation as a training and development method and patient-wait-time.

6. Discussion and Conclusion

The aim of this research is to find out how the orientation of new health care workers affects the patient waiting time in the public hospital in Nigeria.

As shown in **Table 1**, 305 questionnaires were answered out of a total of 353 questionnaires administered to the respondents.

As shown in **Table 2**, most of the health care workers are female. The government should try as much as possible to bridge the gap between thee and Female workers in order to avoid future problems. The women often go on maternity leave and leave their position vacant.

Table 3 in this study shows that we have more Nurses working in the public health sector are more compare to other categories of health workers. Although the presence of Nurses in every ward or unit in the hospital is very important since they are responsible for the treatment, safety, and recovery of acutely ill or injured people, and treatment of life-threatening emergencies.

Table 4 shows that 26% relationship between orientation and patient waiting time. The coefficient of determination, $R^2 = 0.260$ shows that 26.0 percent of the variation in patient waiting time is explained by employee orientation.

Table 5 shows that the regression model is statistically significant, valid, and fit. This implies that all independent variables are explaining that there is a positive and significant relationship between the dependent variable and the independent variable.

Table 5 shows that a unit change in orientation, increases the patient waiting time by 0.1308 and it is positively significant with a *p*-value of 0.0067.

As shown in **Table 6**, there is a significant relationship between the orientation of employees and patient waiting time. This means that the Nigerian government should concentrate more on ensuring that new health care workers should be given proper orientation on the hospital's policies and procedures.

7. Recommendation

The study recommends that the government should make it mandatory that all public hospitals in Nigeria should have an effective orientation policy, especially the new employees in the operations of the hospitals.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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