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Faculty of Graduate Studies

Factors Affecting Transfer of Training within the work environment from the perception of workers in Palestinian Government Hospitals

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This thesis is submitted in Partial Fulfillment of the Requirements for the Degree of Master in Engineering management, Faculty of Graduate Studies, An-Najah National University, Nablus, Palestine.
2011

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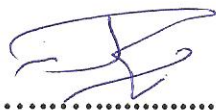
Dedication

To whom my life is given a purpose I would like to thank Allah and then my wonderful family, especially to my loving wife Kefaya who had sacrificed her time and career accompanying me in Melbourne to undertake my Master. Her encouragement and never ending flow of moral support had given me back the confidence I so badly needed but had lost. Also to all my children Jasim, Ahmed, Dana and Malak….they are all under 14 years of age, they haven't got any idea what this task is all about but never doubted their dad will succeed. My profound thank to my parents, brothers and sisters for their never ending encouragement.

Acknowledgments

الإقـــرار

أنا الموقع أدناه مقدمة الرسالة التي تحمل العنوان:

Factors Affect Transfer of Training in the work environment from the perception of workers in Palestinian Government Hospitals in Northern West Bank

العوامل التي تؤثر على عملية نقل التدريب في بيئة العمل من وجهات نظر العاملين في المشافي الحكومية في شمال الضفة الغربية

اقر بأن ما اشتملت عليه هذه الرسالة إنما هي نتاج جهدي الخاص، باستثناء مـــا تمـــت الإشارة إليه حيثما ورد، وأن هذه الرسالة ككل، أو أي جزء منها لم يقدم من قبل لنيل أية درجة علمية أو بحث علمي أو بحثي لدى أية مؤسسة تعليمية أو بحثية أخرى.

Declaration

The work provided in this thesis, unless otherwise referenced, is the researcher's own work, and has not been submitted elsewhere for any other degree or qualification.

Student's name:…………………………………………… :اسم الطالب

Signature:… …………………..…………………………… :التوقيع

Date: ………………………..…………………………… :التاريخ

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Abstract

This study aims at identifying factors that Affect Transfer of Training in the work environment from perception of workers (GP, technician and nurses) in Palestinian Government Hospitals in northern West Bank.

Moreover, this study will try to assess the most important factors that Affect Transfer of Training in work environment from perception of workers in Palestinian Government Hospitals in northern West Bank. Also, the study aims at investigating the effect of (organization culture, work climate, training design, trainee, and trainer) on Transfer of Training in the work environment from the perception of workers in Palestinian Government Hospitals in northern West Bank. Furthermore, this study tested of the role of (gender, taking specialized courses, education level, years of experience, job title, and place of training) on Transfer of Training in the work environment from the perception of workers(GP, technician and nurses) in Palestinian Government Hospitals in northern West Bank.

The study adopts an analytical descriptive Methodology and adopts the questionnaire as a data collection instrument. The study was conducted in Palestinian Government Hospitals in northern West Bank.

The study population included all government hospitals workers (GP, technician and nurses) in Northern West Bank hospitals (Rafedia government hospital, Al-Watani government hospital, Jenin government hospital, Tulkarem government hospital, Qalqylia emergency government hospital, Salfeet emergency government hospital), the sample size consisted of (n=486) government hospitals workers (GP, technician and nurses).

Study results indicate that the suggested study model explains 78.9% of the training transfer. In which trainer, trainee, training design accounted for 46,4%. While the second factor came by work climate and organization culture which accounted for 32.5% of the variance .

The study concluded that there are interesting similarities between training transfer models in different settings. The study revealed that all the factors heighted by the study were indeed affecting the training transfer, p value =0.00 .

On the light of the study findings, the researcher managed to present the recommendations and suggestions.

Chapter One

Introduction to the Study

Chapter One

Introduction to the Domains and the core of the Study

1. Introduction:

The world is witnessing a number of changes, transformations, and developments which affect different aspects of life. This is not expected to stop and it's affecting all organizations. The reason behind these changes is that the organizations are subjected to growing pressure to further improve the quality of their products or services provided. Additionally, the transformations in markets, politics and economic imbalances that have resulted from the global recession have also affected the way in which organizations run (Daniels & Radebaugh, 2001).

The skills and performance of employees in the work place are critical to the success of every organization. Organizations spend a large amount of time and money in training to maximize productivity and quality of work; maximize profits; minimize staff turnover; improve customer satisfaction and improve motivation (Velada, et al, 2007)

Training focuses on changing the behavior or to develop new skills and knowledge for individual trainees and is expected to be applied in the workplace. Transfer of training is defined as the degree to which trainees

generalize and apply knowledge, skills and abilities to their jobs (Park, et.al, 2007).

Organizations in all sectors want to ensure that all of their investments in human capital provide maximum returns. Unfortunately, the rate of transfer of skills learned in training practiced back in the workplace has been disappointing for most organizations (Baldwin & Ford, 1988; Broad & Newstrom, 1992). The major component of effective training is the ability of trainees to apply the knowledge, skills gained from the training in to their work and the process of transferring new learning from a training course in to the organization of the work place is the most important stage in the training process.

"Transfer of training" is an area of focus in the field of Instructional Technology. Anglin (1995) defines this field as: "The systemic and systematic application of strategies and techniques derived from behavior and physical science concepts and other knowledge to the solution of instructional problems". When there is widespread failure of trainees to use, in the workplace, what they have been taught in the classroom, then it becomes an instructional problem that must be addressed.

Further, it has been widely accepted that transfer of training will only occur when trainees have both the ability (can do) and volition (will do) to acquire and apply new skills (Noe 2000; Wexley & Latham 1991).

Most organizations all over the world have a problem with transfer of training in the workplace and whatever the actual level of training, when training does not transfer; it is likely that employees waste theirs and their organization's time. Billions of dollars are spent on training in an effort to increase productivity so businesses can stay competitive in the face of fierce global competition and a rapidly changing environment (Seyler, et al, 2000).

Different studies' findings present a serious problem for organizations, given that transfer of training is considered the primary leverage point by which training influences organizational-level outcomes and results (Saks & Belcourt, 2006).

To understand the transfer of training process, one needs to understand the all the factors affecting trainees during the training process and after training when they return to the workplace (Nikandrou, et al, 2008).

However, in the context of the Palestinian health Public Sector little is known about factors that influence a trainee's decision to use what they have learned on the job. As this has a potential impact for return on performance, it follows that a better understanding of the factors that influence training transfer would be valuable in determining how to motivate trainees to use the knowledge and skills that benefit the

organization .Therefore, this study seeks to find a model for various factors affecting training transfer based on the reality of training at Palestinian Government Hospitals.

1.1   Problem Statement

Training is one of the most commonly employed human resource development strategies to improve employee and organizational performance. If the management or customers of an organization are not satisfied with the work or product from its employees, it must then decide to either look for people who can meet organizational needs or improve the performance of its existing workforce (Stolovitch & Keeps, 2004).

Literature suggests that a significant portion of investment in organizational training and development is wasted as much of the knowledge and skills gained in training are not utilized by employees on the job (Broad & Newstrom, 1992; Salas & Cannon-Bowers, 2001;).

To a large extent, research in the area of transfer of training has been hindered by the conceptual lack of clarity, (Baldwin & Ford, 1988). There is little evidence in the research or anecdotal training literature to convincingly show that training programs transfer knowledge or skills to the job as evidenced by significantly changed behaviors (Holton& Baldwin, 2003; Salas & Cannon-Bowers, 2001).

Failure to translate training into high-yield improvements in on-the-job behavior and performance is a serious problem for organizations that spend billions of dollars each year on training (Baldwin & Ford)

Some researchers suggested that even when training is necessary, there are inhibiting factors that prevent transfer. In an attempt to clarify the transfer issue, Broad and Newstrom (1992) examined factors inhibiting transfer of training. This study used surveys to study individual and environment factors in a systematic way and identified five inhibiting factors, These are: (1) organization culture; (2) work environment; (3) (4) trainees'; (5) trainers; (6) training design. Hence, this study examined the relationship between the factors Affecting Transfer of Training within the work environment in Palestinian Hospitals and the proposed model to improve training transfer at Palestinian Government Hospitals.

1.2 Importance of The Study

This study is important due to the following:

- This study is important due to the fact that it is the first study – according to the researcher knowledge- that deals with the transfer of training topic in health organizations,
- This study could fill the gap, since there are no studies in this field in the Palestinian territories and there are only a few studies in Arab countries as a whole.

- The researcher hopes that this study would help the management to identify the factors affecting the transfer of training within the work environment in Palestinian government hospitals to increase the human resources' efficiency and productivity. This will reflect positively on their ability to achieve Government objectives.

- This study could improve the trainee's perception of supervisors and managers of hospitals to facilitate the process of transferring the training into the work place in Palestinian Government hospitals.

- To design a model this can be applied for transfer of training in Palestinian Government hospitals.

- This data should helpfully provide researchers with new avenues to pursue that would be beneficial to understand the influences on training transfer.

- Help in developing a future training strategic organizational approach at Palestinian Government hospitals based on the study results.

1.3 Aims of the study:

This study aims to achieve the following objectives:

- Identify factors affect transfer of training in the work environment from the perception of workers in Palestinian Government hospitals in northern West Bank.

- Identify effect of (organization culture, work environment, trainees', trainers, and training design) on transfer of training in the work environment from the perception of workers in Palestinian government hospitals in northern West Bank.

- identify the role of the study variables of (district, education level, years of experience, job title, gender, number of courses, place of training) on factors affect transfer of training in the work environment from the perception of workers in Palestinian government hospitals in northern West Bank.

- Provide quantitative information on which factor of (organization culture, work environment, trainees, trainers or training design)has the most influence on the effectiveness of training transfer in the workplace.

1.4   Research Questions

This study aims at answering the following questions:

1. What are the factors that affect the transfer of training in the work environment from the perception of workers in Palestinian government hospitals in northern West Bank?

2. Which factors of (organization culture, work environment, trainees, trainers or training design) affects the transfer of training in the work

environment from the perception of workers in Palestinian government hospitals in northern West Bank?

1.5 Research Hypotheses:

The study aims to investigate the following two main hypotheses and the sub-hypothesis:

1. There is no significant effect ($\alpha \geq 0.05$) of (organization culture, work climate, training design, trainee, and trainer) in Palestinian public hospitals in northern West Bank on training transfer from the perception of workers (GP, technician and nurses).

2. There are no significant differences on ($\alpha \geq 0.05$) in variables of (gender, taking specialized training courses, education level, years of experience, job title, training place) in Palestinian public hospitals in northern West Bank on training transfer from the perception of workers(GP, technician and nurses).

1.6 Research methodology

This study mainly relied on the following methodology:

- The study adopts a descriptive analytical methodology and Reviewing and analyzing existing literature and publications on the concept of "Training transfer".

- Using questionnaire as an instrument to provide inexpensive, efficient and accurate information.

- Conducting work visits with some trainees in Palestinian Government hospitals to add depth to the survey.

- Survey questionnaires will be distributed to the representative population of the study.

1.7   Research's sequence

This study is organized into the following five chapters:

Chapter one: which includes the introduction contains - research's problem, research's importance, research's targets, research's hypothesis, research's methodology and research's sequence.

Chapter two: will discuss the theoretical framework and the previous studies which are related to the research that will include the study's concepts, needs and the hypothetical procedures.

Chapter three: will discuss the research's methodology including Population, study sample, data collection methods, statistical methods used.

Chapter four: will discuss the study results in answering the study questions and testing the study's hypothesis.

Chapter five: the results of the study will be discussed and the researcher's recommendations will be included.

1.8   Study Terminology:

For this study, the following definitions were used:

Far Transfer: when prior learning is applied to a new situation in which there does not appear to be any clear similarity with the original setting (Barnett & Ceci, 2002).

Feedback: systematic and constructive provision of performance-related information to trainees on the quantity and quality of their use of newly gained knowledge and skills (Broad & Newstrom, 1992; Kuchinke, 2000).

Human Resource Development: profession that helps organizations to enhance workforce effectiveness and productivity through learning and other performance improvement activities (Broad & Newstrom, 1992).

Interference from Immediate (work) Environment: obstacles (real or imagined) preventing trainees from applying skills and knowledge in the workplace (Kozlowski & Salas, 1997).

Instruction: structured activities that aim at learners being able to generalize beyond the specifics of what has been taught (Stolovitch & Keeps, 2004).

Organizational Climate: includes work and environment factors that inhibit, reduce, or promote training transfer (Lim, 2006).

Peer: person of equal standing to another; for this study, a coworker (Cromwell, 2000).

Peer Support: extent to which coworkers reinforce and encourage the use of learning on the job (Cromwell, 2000).

Perception: cognitive event by which a person gives meaning to each situation/stimulus accordingly to his/her values, beliefs, and attitudes (Klimoski & Donahue, 2001).

Supervisor: an individual in an organization with authority and responsibility for accomplishing an objective or mission through the efforts of others (Broad & Newstrom, 1992).

Supervisor Support: defined as the degree to which the trainee's supervisor helps set performance goals, provides opportunities to use newly learned skills, and recognizes and rewards the use of the skills on the job (Foxon, 1993; Short, 1997).

Supportive Organizational Culture: extent to which supervisors/management, work groups, and trainers behave in a way that optimizes trainee's use of knowledge, skills, and attitudes gained in training on the job (Lim & Morris, 2006).

Trainee: the learner, usually an employee, who's training, education, and development are sponsored by the organization to improve organizational functioning and productivity (Broad& Newstrom, 1992).

Trainer: human resource development professional, either internal or external to the organization, who analyzes performance problems and designs and delivers, evaluates, manages, and /or supports training in a variety of ways (Broad & Newstrom, 1992).

Training: made up of structured learning experiences provided primarily by employers for employees and designed to develop new skills and knowledge for use on the job (Broad, 2005).

Transfer Climate: general construct that has been used to describe those features of the work environment that directly influence the generalization and maintenance of knowledge and skills learned during training (Baldwin & Ford, 1988).

Training Evaluation: system for measuring changes due to training interventions; most important to determine whether trainees have achieved desired learning outcomes (Goldstein & Ford, 2002).

Work Environment Factors: refers to factors in the workplace that may affect individual application and maintenance of new skills learned in training (Dodson, 2004).

Chapter Two

Conceptual Framework & Literature Review

Chapter Two

Conceptual Framework and Literature Review

2.1 Introduction

The following section provides a brief overview of the literature regarding the importance of training, training transfer problem. In addition, it will discuss factors that influence training transfer including: organization culture, work climate, training design, trainee and trainer, giving special attention to theoretical justification to the relationships that will be tested in this study. Moreover, this chapter will discuss some models related to training transfer and presentation of related literature.

2.2 Training importance:

Training may be defined as a planned learning experience designed to bring about permanent change in an individual's knowledge, attitudes, or skills (Baharim, 2005).

A large part of development involves organizational sponsored training efforts. As knowledge has become a key economic resource and a source of competitive advantage, effective training is most important to instill knowledge (Drucker 1995).

Training is an expensive investment for most organizations. It is fair to say that employers aim to ensure that investments in training provide maximum returns. (Baharim, 2005)

It is known that business and technology, especially medical technology, is in the process of rapid change and also that individuals must be able to adapt to these changes in order to meet the organization goals and objectives (Steven, 1998).

Human resource development is a critical factor for organizational success to achieve the desired goals and objectives (Rishard Swanson 1995, Sabarudin z., 2011).

Training is the tool most often used to prepare the individuals for these challenges (Miguel A. Quinones). Organization and employee can achieve their goals if the learned knowledge and skills from the training is transferred to the workplace. Training is the most common form of Human Resource Development and the one that helps organizations to enhance workforce effectiveness and productivity the most (Yamnill, 2001, Pilar Pineda, 2009) by means of specified learning geared towards performance improvement. Training is appropriate when an individual's performance would be improved with additional skills and knowledge (Zane L. 2008).

Organizations spend an immense amount of time and money on training in order to facilitate employees' learning of job-related

competencies (Cascio, 2000; Noe et al., 2006). For example, US companies spend more than $50 billion annually on formal training (Dolezalek, 2004). Moreover, investment in training activities has increased all over the world in recent years. As a result of the financial investments organizations make in training, it is important to provide evidence that training efforts are being fully realized (Cascio, 2000; Dowling & Welch, 2005).

In the Palestinian context, the sources of finical resources allocated to training, especially in the health sector, are approximately 1.5 million dollars annually (PMOH, 2010).

In other words, it is important for organizations to ensure that training leads to desired work outcomes such as increases in job performance. (Raquel Velada, 2007)

It has been estimated that only about 10 per cent of all training experiences are transferred from the training environment to the job (Baldwin & Ford, 1988). Although this is a lower-bound estimate, Wexley and Latham (2002) suggest that although approximately 40 per cent of content is transferred immediately following training, this falls to 25 per cent after 6 months and 15 per cent after 1 year. This suggests that as time passes, trainees may be unable or less motivated to retain and use the information gained in the training program. As a result, there has been an

increased effort to understand the antecedents and consequences of the transfer of training process .(Raquel Velada, 2007)

Much of the time and money invested in training is never fully realized because only a small percentage of the training given effectively results in permanent transferability to the workplace.

There has been a recognition of a concern of the transfer problem (Baldwin & Ford, 1988), that much of the training content is not applied in the work setting (Ford & Weissbein, 1997) and investments in learning continue to yield deficient results, making transfer a core issue for both researchers and practitioners (Burke & Hutchins, 2007;Hamer‹2003)

2.6 Training Transfer:

Organizations rely on learned knowledge and skills being applied to the job. To a large extent, this behaviour constitutes a transfer of training. By definition, then, transfer of training, is the degree to which trainees apply the knowledge, skills and attitudes gained in training to their job (Wexley & Latham 1991). It has also been described as the maintenance of those skills, knowledge and attitudes over a certain period of time (Baldwin & Ford 1988). In a human resources' context, transfer of training represents a core element transforming learning into individual performance (Holton 1996) .

The scientific bases of transfer of training studies originated in planned behaviour theory whose origins were in the field of social psychology as a predictor for behaviour. This theory predicts that the most important determinant of a person's behavior is behavioral intent. The individual's intention to perform a behavior is a combination of his or her attitude toward performing the behavior, the prevailing subjective norms and the perceived behavioral controls on the individual (Ajzen 1991) .

"Transfer of training" is defined as the application of new knowledge, skills and attitudes learned exactly from training and applied to job performance. One major conclusion that emerges from research is that training transfer is the degree to which trainees apply what is learnt to their workplace (Pidd, 2003).

Transfer can be viewed as positive or negative. Positive transfer of learning is the degree to which trainees effectively apply knowledge, skills, and attitudes gained in a training context to the job (Baldwin & Ford, 1988; Newstrom, 1986). Negative transfer occurs when learning in one context undermines performance in another. Positive transfer refers to the use of new learning to enhance outcomes (e.g. quality, productivity etc.) while negative transfer occurs when continued use of new learning leads to less desired results (Baldwin & Ford, 1988).

Understanding and improving the transfer of training process has become a primary concern for training researchers and practitioners .The literature indicates that in the short term only 50% of training transfers to the job, and in the longer term, only 10% will ultimately transfer (Kim & Lee, 2001).

Kavanagh (1998) developed a multi-level process to help understand the complexities of the transfer of training process. Specifically, he suggested that training transfer is influenced by several variables at different levels of analysis (e.g. individual, supervisor, workgroup and organization) and in different stages in the training process (e.g. pre-training, training and post-training). (Raquel Velada, 2007)\

2.4 Training Transfer models:

The concept of "transfer" has a wider meaning in educational psychology--a phenomenon, which can exist solely within the boundaries of a classroom. In this sense, transfer is the basis of all learning and, therefore, it is often referred to as "transfer of training Inputs learning" (instead of just training). In order to perform algebra, one must transfer simpler skills, such as addition, multiplication, division, etc., which is an example of vertical transfer (Klausmeier & Davis, 1969). An example of lateral (horizontal) transfer is found in learning concepts, where one must be able to transfer attributes among a class of objects--for instance, to

distinguish a dog from a cow (Klausmeier & Davis, 1969).

	Training Outputs	Conditions of Transfer

Trainee Characteristics
- Ability
- Personality
- Motivation

Training Design
- Principles of Learning
- Sequencing
- Training Content

Learning & Retention

Generalization & Maintenance

Work Environment
- Support
- Opportunity to Use
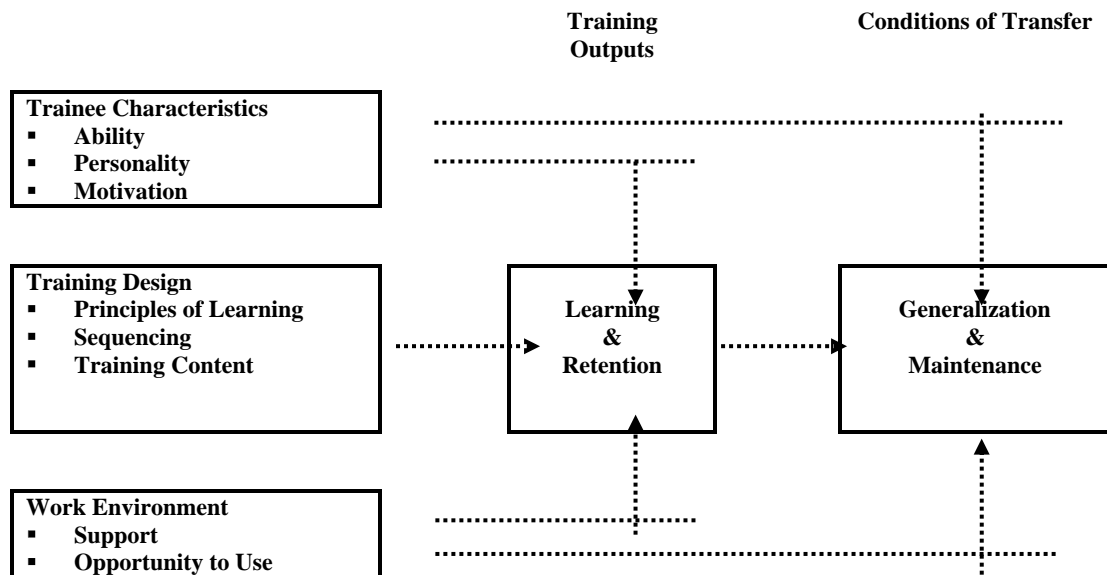
From "Transfer of training: A review and directions for future research," by T. T. Baldwin and J. K. Ford, 1988, *Personnel Psychology, 41,* p. 65.

Figure 1. 1 A model of the transfer process

2.6.2 Factors Affecting Transfer of Training

To fully understand the transfer process, it is necessary to understand all factors before, during and after training that affect the process when trainees return to their work:

2.6.2.1 Training.

Since training is a critical precondition of transfer, it will be discussed first. Possibly the most obvious reason for such low rates of transfer is that, if the skill is not learned in the classroom, it cannot be practiced in the workplace.

Poor design has been considered the main cause of the problem.

Instructional design textbooks indicate or imply that most instruction is not systematically designed or evaluated for effectiveness (Smith & Ragan, 1999).

Specifically, trainers are unaware of the systematic instructional-design process, and thus they create courses without objectives or use vague objectives. Lee and Pucel (1998) have suggested that if trainees feel an objective is important that they are more likely to transfer those skills, once learned. This cannot take place if objectives are not explicit or communicated.

Poor instructional design skills are also in evidence in the use of instructional strategy for all types of learning outcomes (e.g., lecturing), failure to ensure that the conditions for learning for a particular type of learning outcome are present, teaching at a rule or procedural level instead of giving general and deeper principles, failure to give multiple examples and non-examples of concepts in a variety of contexts, providing inadequate practice time and poor feedback, or employing inadequate test designs (Smith & Ragan, 1999).

Many times during instruction, the trainer does not take the opportunity to provide additional or supportive guidance on using the skills back on the job. It is often up to the students to translate theoretical concepts and models into procedures and practice at the workplace. While

bright students may be able to do this, it places too great of a cognitive load on mediocre and slower students, who will have great difficulty if they can do it all (Stevens, & Baveita, 1991).

2.6.2.2 Work Environment: work climate & organization culture

Work Environment Factors are factors in the workplace that may affect individual application and maintenance of new skills learned in training (Dodson, 2004).

Kozlowski & Salas, (1997) discussed the interference from immediate (work) environments as obstacles (real or imagined) preventing trainees from applying skills and knowledge in the workplace.

Raquel Velada, (2007) argued that many training transfer studies excluded environment factors such as continuous learning culture (e.g. Tracey et al., 1995).

Research has demonstrated that training efforts are unlikely to result in positive changes in job performance unless the newly trained competencies are transferred to the work environment (Raquel Velada, 2007)

In the current literature, work environment has been classified into two dimensions that have received attention with regard to transfer of training including organizational culture and climate (e.g. Baldwin & Ford, 1988;) stressed the importance of both transfer of training climate and continuous

learning organization culture as work environment variables that have a significant impact on the post-training (Raquel Velada, 2007).

Lim (2006) defined Organizational Climate as a climate that includes work and environment factors that inhibit, reduce, or promote training transfer.

Baldwin & Ford (1988) emphasized that a Transfer Climate is a general construct that has been used to describe those features of the work environment that directly influence the generalization and maintenance of knowledge and skills learned during training (Baldwin & Ford, 1988).

Research has indicated that when employees perceive that the organizational climate is supportive, they are more likely to apply their new knowledge in the work environment (see Baldwin & Ford, 1988; Tracey et al., 1995).

On other hand, as organization culture is considered to be the second dimension of work environment. Lim & Morris (2006) clarify that a Supportive Organizational Culture is the extent to which supervisors/management, work groups, and trainers behave in a way that optimizes trainees' use of knowledge, skills, and attitudes gained in training on the job

Supportive organizational culture includes the external environment, organization's structure, culture, job supervisor, and upper management of the firm (Broad & Newstrom, 1992). Supervisors have more influence than coworkers on the leaner's decision to implement training. They are responsible for encouraging and setting a model for desired work-related behaviors .

Baldwin and Ford (1988) divided the work environment factors into (a) a supportive organizational climate, (b) a pre-training discussion with the boss (supervisor or manager) ،(c) the opportunity to use knowledge and skills, and (d) post-training goal setting and feedback. Researchers have focused on different factors of this work environment. Previous studies indicate that practitioners examined the environment first when evaluating transfer problems They suggest that the effort and success in the application of workplace learning is greater in environments characterized by high levels of supervisor and coworker support found that management trainees in supportive, compared to non-supportive, workplaces were more likely to demonstrate trained behaviors (Hicks, 2006).

A number of subsequent studies have substantiated these findings and highlighted the importance of organizational support. For example, Montesino (2002) found that there was a significant correlation between the variables "perceived presence of practices to support usage of training" and "perceived alignment of training with the strategic direction of the

organization" (trainees: r=.29, p<.OOl, managers: r=.38, p<.03) (Montesino, 2002 .)

Researchers have often cited organizational support as an important factor in the transfer process, but very little research has been done to find out how support mechanisms work to facilitate transfer. Ford et al., (1992) stressed three factors affecting transfer: supervisory attitude towards trainee, peer support, and pace of workflow .

2.6.2.3 Trainees:

It is important for any organization to know how trainees transfer the learned knowledge after a training program to the job environment to improve return on investment from training (Salas and Cannon-Bowers, 2001).

Broad& Newstrom (1992) defined a trainee as the learner, usually an employee, whose training, education, and development are sponsored by the organization to improve organizational functioning and productivity.

The literature on training transfer has identified several trainee characteristics that affect the transfer of training process. Some of these characteristics include cognitive ability, conscientiousness, motivation to learn and to transfer, anxiety and self-efficacy (Colquitt et al., 2000).

Others studies include job involvement, organizational commitment, organizational cynicism and job satisfaction (Raquel Velada, 2007)

Of these characteristics, performance self-efficacy has been found to strongly relate to both learning have indicated that trainees with higher self-efficacy are more likely to transfer the training to the job. Holton et al. (2000) defined performance self-efficacy as an individual's general belief that they are able to change their performance when desired. Hence, when a trainee feels confident in his or her ability to perform, they will be more likely to transfer such knowledge and/ or skills to the job. (Raquel Velada, 2007).

Trainees must have the ability to retain the knowledge instilled during the training program to facilitate the transfer process. Similar to cognitive ability, training retention is the degree to which trainees retain the content after training is completed. (Raquel Velada, 2007).

Baldwin and Ford (1988) argue that learning retention outcomes are directly associated with the generalization and maintenance of training effects on the job. They argue that in order for trained skills to be transferred, they first must be learned and retained. (Raquel Velada, 2007).

2.6.2.4 Trainer:

Broad & Newstrom, (1992) define trainer as a human resource development professional, either internal or external to the organization, which analyzes performance problems and designs and delivers, evaluates, manages, and/or supports training in a variety of ways. Sometimes the concept is confused with the supervisor who is an individual in an organization with authority and responsibility for accomplishing an objective or mission through the efforts of others (Broad & Newstrom, 1992).

Short, (1997) defined trainer's support as the degree to which the trainee's supervisor helps set performance goals, provides opportunities to use newly learned skills, and recognizes and rewards the use of the skills on the job.

Trainer success can be described as the extent to which supervisors support and reinforce the use of newly learned knowledge and skills on the job (Holton et al., 2000). Although there is some contradictory evidence (e.g. Russell et al., 1985), the dominant theory suggests that when trainees perceive that their supervisors support the application of newly developed knowledge and skills, they are more likely to transfer these competencies back to the job (Raquel Velada, 2007)

Reinforcement on the Job occurs when the management/supervisors provide recognition or rewards in the form of incentives, praise, advice, coaching, and references for promotion for those who demonstrate on-the-job application. Most organizations spend huge amounts of money to increase employee productivity. However, investing money in the productivity of employees is not effective if the supervisor/manager does not recognize or reward those who apply what they have learned. When workers receive recognition or reward from the supervisor/manager for applying newly learned knowledge and skills, they are likely to become more motivated to apply what they have learned in the training environment to the workplace. Moorhead and Griffin (1992) found that when trainees are content and think that rewards are attainable, they value the reward system and may transfer learning from training to a greater degree than those without such a reward system (as cited by Lim & Morris, 2006; Moorhead & Griffin, 1992).

Employees are motivated by both intrinsic and extrinsic rewards. Intrinsic rewards are non-monetary rewards for accomplishments that are valued internally; extrinsic rewards are externally administered rewards. Stolovitch, Clark and Condly (2002), in their Performance Improvement by Incentives (PIBI) model, suggest that the greater the utility value a performer attributes to a task, the more strongly the intrinsic reward plays a role in reinforcing accomplishment. The less utility value the performer

attributes to a task, the more extrinsic rewards play a role in eliciting performance (Stolovitch, Clark, & Condly, 2002). In this study ‹the focus was on intrinsic rewards. Employees want to feel that they are performing well and to feel that they are recognized and valued for their ability to apply newly learned skills and knowledge. When a supervisor recognizes a worker's accomplishments and coaches the worker to apply newly learned skills in ways the worker values, performance improves and skill and knowledge transfer have a higher probability of succeeding. For example, Andrzejewski, Kirby, Morral, & Iguchi (2001) examined the effects of feedback and positive reinforcement interventions on drug treatment counselors' behavior. Initially, counselors were provided with detailed feedback about how well they adhered to the prescribed counseling protocols. Subsequently, the same counselors participated in a random draw for cash prizes. The counselors' protocol adherence performance measures increased to 71 % during the feedback intervention and to 81 % following the draw for cash. Each counselor's performance improved during both intervention conditions (Andrzejewski, Kirby, Morral, & Iguchi, 2001).

2.6.2.5 Training Design:

Organizational training programs are often an effective way to improve employee performance on the job. Training design, the quality of instruction, and the content of training are critical elements related to

training success. But, beyond these elements, employee attitudes related to training are likely to affect the degree to which those employees learn. Learning – an assessment of knowledge acquired, skills improved, or attitudes changed due to training – is a critical part of training effectiveness (Robin A. Cheramie, 2010).

2.7 Health Sector in Palestine:

Health services in Palestine are of good quantity, but the quality is still less than what is necessary. All Palestinians have easy access to health services, but this is mostly because of the short distances in the Palestinian territories. Gaza Strip and the West Bank have independent health care systems, causing duplication of services and increased costs. Hardships in the Palestinian Territory have caused a deterioration of the health care network. The ministry of health (MOH) is considered the main provider of primary health services in Palestine. There are 416 primary health care centers owned and supervised by the MOH. These centers are distributed as 57 centers in the Gaza Strip and 359 centers in the West Bank. These observations might be behind the lack of organizational principles in our health care system. Such poor organization is expected to result in problems that could affect everyone in the health care process (e.g. residents, interns, specialized physicians of all sorts, physiotherapists, psychologists, specialized nurses, patients, patients' families, and so on). However, figuring out how to develop better coordination is tremendously

difficult when one considers the rapid changes occurring in health care and the absence of any established organizational frameworks. Process of care should be designed around the needs of patient. The Palestinian health care system is a mixture of public, non-governmental, UNRWA, and private (profit and not for profit) service delivery, with a developing governmental health insurance system (Palestine Ministry of Health, 2003). National inputs into health care in Palestine appear to be relatively high. Health outcome indicators for the Palestinian people are comparable to those of other nations with a similar economic status. These nations appear to be investing less in health both in terms of per capita expenditures on health and percent of national product interested in health care delivery. In a study by the World Bank (1997) they estimated the per capital health expenditure in West Bank and Gaza skip at 122 US$ in 1996 which means 8.6% of gross domestic product (GDP). For the purpose of comparison, expenditures on health care for neighboring countries (1997) were: Egypt spent 4.8% and Jordan 7.8% and Israel 8.4% (1999) of GDP, with an average annual expenditure of 1384 US$ per person (Palestine Ministry of Health, 2009) .

In Palestine, there are 76 hospitals. The population ratio is 45,585 populations per hospital. The average bed capacity per hospital is 63.03 beds. The total number of beds in Palestine is 4792. In the West Bank (WB) including Jerusalem, there are 52 hospitals making (68.42%). The

population/bed ratio is 723 in the whole of Palestine including Jerusalem. Hospital bed/ 1000 population is 1.3 in the comparison with the number of beds in Israel is 2.27 per 1000 population (Palestine Ministry of Health, 2009. The occupancy rate 76.8% and the average coast of hospital bed is 56.8 US$, where the average coast of hospital day is 77.7 US$. The average patient cost is 25.7 US$ (Palestine Ministry of Health, 2009).

The number of physicians in primary and secondary care in the West Bank and Gaza is 2897 physicians (1.1 physicians per 1000 population) in 2009. Number of nursing staff was 2161 in 2009 with a ratio of 7.6 nurses per 10.000 populations, l.7 nurses per physician and 0.69 nurses working in hospitals per bed. For the purpose of comparison, the physician to 1000 population for neighboring countries 1999 was: Jordan l.54, Egypt 0.77, Syria 0.85, and Israel 2.9 (Palestine Ministry of Health, 2009) .

MOH expenditure as % of GDP was 3.2% about one third of all health care expenditure are directed toward ministry of health facilities (including capital expenditures), while private providers, non-governmental organizations, and UNRWA making up the rest .

In (2009), about 24.9% of all MOH health care expenditure in Palestine was on drugs, vaccines, and medical disposables, about 57.9% of MOH budget and nearly half of all expenditures in UNRWA and the non-governmental sector consisted of wages and salaries and other forms of

employee remuneration. Finally, about 6.4% and 10.8% of total MOH health expenditures were on referral for special treatment and other operating coast respectively (Palestine Ministry of Health, 2009) .

The deduction is to be made here is certainly not that "no further increase in inputs into health care are required"! Considerable investment will certainly be needed. It is rather that, the mainstay of any improvement program should be a plan of action directed at better utilization of existing resources and future investments. This can lead to improvements irrespective of any future investment, or of its size There are .several factors affecting the quality of health care. These can be categorized into three main groups: First, inputs into health care: investment in health care, human resources in the health care sectors, facilities, equipment and supplies. In Palestine, the problem is not a lack of investment of inputs into health care. Quite the contrary, inputs are relatively high. If anything, national expenditures on health care are in excess of what would be expected from an economy such as that of Palestine. Deficiency in inputs cannot be the answer to the poor quality of health care in Palestine. Second, response allocation, improper allocation of health resources: into a relatively cost-effective program or the contrary. This is difficult to assess with available data. However, given the relatively large number of community based practices and their staffing (particularly UNRWA and NGO services) together with the high immunization coverage as an

example, it does not appear that effective health care measures are neglected. Any assessment of the health services in Palestine leaves no doubt that there is room for more effective resource allocation. However, it appears unlikely that infective resource allocation is the major contributor to the poor quality of health care in Palestine. Third, the efficiency of the delivery of health care: the degree to which there exists, or does not exist, duplication of efforts, re-work, unnecessary work and spending, and other different forms of waste in the system .Efficiency is a measure of the inputs invested in a system to the outputs obtained from that system. It is clearly not possible to quantify this on a national scale. However, the issue of efficiency may be approached in a conceptual sense .In the health care sector in Palestine, the investment in inputs is higher than what would be expected for the obtained outcomes. Furthermore, given the high percentage of GDP spent on health care, increased inputs premises, redistribution of resources cannot possibly be suggested as a solution for improving health care quality. In other words, there appears to be an over-investment leading to outcomes that are normally achievable with less investment. The real problem seems to be an inefficient system of health care delivery .

2.8 Models of Transfer of Training.

Kurt Lewin's Field Theory (1935):

Kurt Lewin's Field Theory (1935) provided a model for viewing forces arrayed for and against an initiative that would cause significant change. He implied that it is almost mathematical, in that the sum of the vectors (for and against) will determine the outcome. This complexity of causation in terms of the number of variables--both inhibitors and facilitators--makes transfer a difficult problem to conceptualize and, therefore, address. In other words, if one could "solve" the transfer problem, a majority of organizational problems would be minimized or cease to exist. Several models have been developed to try to understand the transfer phenomena.

Kirkpatrick (1976):

Kirkpatrick (1976) provided a four-step framework for pinpointing where transfer problems can occur, identifying areas where management's faulty assumptions have kept them from being fully aware of this problem. His model posited a fragile chain of assumptions, any of which, when violated, result in ultimate nonperformance.

The logic of the chain of assumptions in Kirkpatrick's models can be summarized as:

1. The trainee must have the ability and motivation to learn the new skill (trainability).

2. The new skill must first be learned before it can be practiced, although frequently the instructional design or delivery is faulty.

3. Even if a new skill is learned in the classroom, the trainee must remember (retain) what they have learned in order to practice it at the workplace.

4. Even if one wants to practice the new skill, there may not be an opportunity to do so.

5. Even if one acquires and remembers a skill and has the opportunity to practice it, they may not adapt it to a given work situation where they could and should apply it--that is, in a far-transfer situation (where classroom and workplace contexts appear very different on the surface).

6. Even if adaptation is realized, the enabling support system may not be in place (via stakeholders and the work environment).

7. Even if support is present, it may not be maintained over time when the novelty wears off or environment factors distract attention or resources, often causing a relapse to old behaviors.

8. Even if the behavior is adapted and maintained, it may have little or no impact on the organizational problem that the training was supposed to address in the first place--that is, it could have been a system problem, not a skill-deficiency problem.

Noe and Schmitt (1986): While Kirkpatrick provides a useful perspective; it is not without its problems. Noe and Schmitt (1986) found that only the link between Levels 3 and 4 (see list below) were significant. There was no support for linkages between Levels 1, 2, 3. In 1989, 30 years after the model was first published, Alliger and Janak critically examined it by attempting to establish the strength of correlations between each of the four levels (italicized words are Kirkpatrick's designations):

1. Trainees' immediate (emotional) *reaction* to the workshop/course
2. Actual classroom *learning* that took place (via testing)
3. *Behavior* changes on the job
4. Organizational *results*

TRANSFER EVENT		ASSUMPTION
Trainee Selection	⇨	Trainee is capable and motivated to learn and transfer (trainability)
Classroom Training	⇨	Trainee actually learned the skill in the classroom
Retention of Learning	⇨	Trainee remembers what was learned in the classroom
Opportunity	⇨	Trainee has an opportunity to use the new skill in the workplace
Generalizing	⇨	Trainee recognizes occasions where the new skill can be applied
Support	⇨	Stakeholders and environment support trainee in using the new skill
Maintenance	⇨	Practice of new skill is not just a novelty, and trainee is not distracted by other influences
Impact on Problem	⇨	The original problem was resolvable by training (it is not a system problem)

Figure 2.2 diagrams the sequence and assumptions of the transfer chain of events.

Broad and Newstrom's (1992):

Another useful model comes from Broad and Newstrom's landmark book on transfer of training (1992). It divided transfer events temporally-- that is, what should be (or is not) happening before, during, and after training. It goes on to specify the roles of the three key stakeholders: the trainer, the trainee, and the trainee's superior. This 3 x 3 matrix (see Figure 3) provides a comprehensive framework for conceptualizing transfer problem areas and their solutions, thereby making it both descriptive and prescriptive. The problem areas raised in the previous assumption chains will now be reviewed in more detail. Chains depend on linkages or connections. A disconnected set of links cannot be defined as a chain. Connection is what is at the heart of the transfer problem: the pieces are there, but they are not consciously and deliberately integrated or orchestrated. There must be a partnership between the main stakeholders (Georgenson, 1982), and an integration of system infrastructure (Broad & Newstrom, 1992) that facilitates stakeholder need satisfaction.

Brinkerhoff and Montesino (1995) suggested that the relationship between all the pieces needs to be re-examined. They stressed that the transfer stakeholders (trainee, trainer, and superior) do not see any overlap in transfer functions. That is, for example, the trainee's supervisor may think that anything that is training-related comes under the jurisdiction of the trainer and that the supervisor therefore has no transfer role to play. The trainer may see his or her worker as finished when training is completed.

Veldhuis and van Rooij (2001).

They created a detailed transfer evaluation and improvement model, which pits the actors (trainer, trainee, and manager), against phases (input, throughput, output) to generate areas of concern.

The study model:

Based on previous models but within the Palestinian context, the researcher developed the following model.
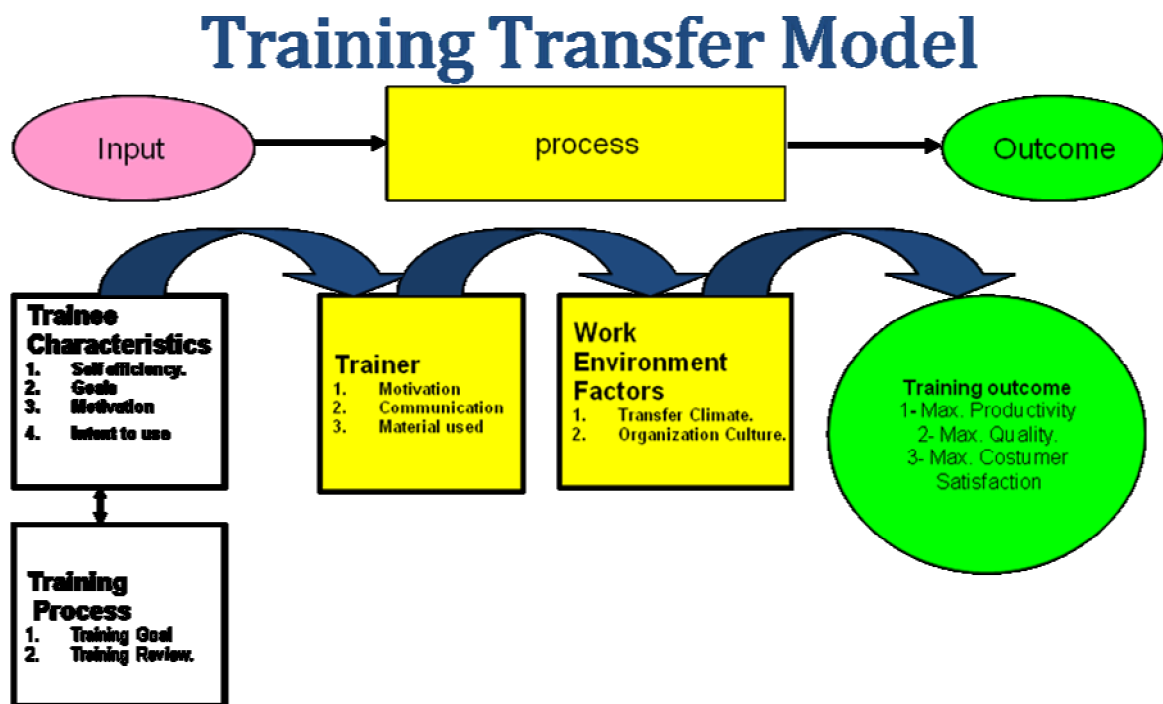
Figure (3): the study model composed of the five factors that affect training transfer in the Palestinian public health sector

2.9 Review of Previous Literature:

Over the last 30 years, a lot of conceptual and empirical research has been done regarding the 'transfer problem' in training. The following is a quick overview of the most important studies in this field:

2.9.1 Arabic & Local Studies:

Baddad (2011) at examined the reality of training at the departments of the Ministry of Public Works and Housing. The study focused on programs, work requirements. The researcher used the descriptive approach, where he designed a questionnaire including (118) items distributed to five areas and enjoyed a credibility and stability degree reached (0.98). The study results showed that most of the implemented training programs at the Ministry of Public Works and Housing were specialized programs mostly serving the staff departments such as Central Procurement (Project Management) and Financial Resources (public money). There were also training programs concerned with project follow up and assessment and staff capacity building in the field of communication skills. The study results clarified that the most important requirements for working were knowledge of health and safety, the ability to diagnose weaknesses and to treat them. The study showed that the most important impact of training programs on the employees' knowledge, experience and skills was in developing the employees' performance efficiency. Moreover, assisting them with using

their new skills, increasing their motivation to engage in their jobs and empowering them to use computer and internet technology. Study results indicated that obstacles to training programs were lack of qualified trainers, lack of training plans. Rigidity of regulations and rules governing work organizations.

Elbers (2010) investigate the effect of learner, training, and work environment characteristics on the transfer of knowledge, skills, and attitudes (KSA) from a classroom situation to a work situation, also known as transfer of training. The study was carried out in the technical project-based company Vanderlande Industries (VI) and aimed to address the following research question: 'How to organize the input characteristics (i.e. learner characteristics, training characteristics, and work characteristics) in order to improve the application of learned KSA in the work setting'. Findings showed that the highest transfer performance is achieved when trainees participate in training programs with intensive feedback during training, interactive training methods and a longer training length. Before training, trainees should obtain realistic training expectations through clear specific goal setting and sufficient provision of training information in order to achieve good training outcomes and consequently better transfer results. Directly after the training program, trainees should feel comfortable with their training expectations and trainees should have the expectation that effort devoted to transferring learning will lead to changes in job

performance. In addition, the support, involvement, and coaching from supervisor and colleagues after the training program play an important role in the applicability of learned knowledge and skills in the work setting.

Melaine and K. Saci (2008) focused in their study on trainees' perception of the work environment in developed countries. The study insisted that environment factors, as perceived by the trainees and supervisors, can impact on the trainees' skills when being applied to the job. It is the positive role of organizational culture that represents value in the transfer of training, especially when it is used as an indicator to determine the differences in the effectiveness of the transfer of training in different environments. The study argues that work environment factors could play a key role in the understanding of transfer of training. This part of the study examines certain factors that could support transfer of training in the Libyan Oil Industry in order to understand the influence of work environment factors upon motivation to transfer of training. 1) Work environment factors toward motivation to transfer Peer support. Supervisors generally supported motivation to the transfer of skills. There were positive climates for relationships between management and their trainees toward motivation in training transfer in two cases (National Oil Corporation and Weatherford). However, relationships between trainees and their leaders in the other cases (Waha, Millita , Akakus and Mabruk) were somewhat limited. Trainees' motivation to adapt training to the work

environment: This showed that there are significant differences between companies in the influence of work environment factors on motivation to transfer where there were both positive and negative motivations.

Khasawneh (2004) adapted the constructs of the LTSI for use in Jordan. By doing so, HRD practitioners in Jordan could diagnose problems early on with learning transfer: the key to training effectiveness and individual performance. The LTSI was translated through a rigorous cross-cultural translation process, which involved forward and back translations, pilot testing, and the establishment of equivalency using objective measures of evaluation. The ALTSI was tested on 500 workers employed by 28 public and private sector organizations operating in Jordan who had attended nine different types of training. Responses came from 450 employees with a response rate of 90%. The results showed that 18 factors were valid for use in Jordan. The reliabilities of these factors ranged from .70 to .87 with the exception of three factors. The study also investigated the perceptions of transfer system characteristics across selected individual variables (gender, age, levels of education, and years of experience) and situational variables (types of training, choice of training, sector of the organization, and task of the organization). The results suggested that the learning transfer system perceptions differed across the individual variables (except for gender and age) and across situational variables. Private organizations and the technical sector appeared to have the strongest

transfer system. Moreover, employees were more prone toward voluntary training, thus expanding their nomological network. The learning transfer system explained a significant portion of the total variance in each measure of organizational learning. Results suggested that higher levels of learning transfer were associated with higher levels of organizational learning.

2.9.2 Foreign & International Studies:

Comm (2009) study focused on investment in Continuing Medical Education (CME), something which is likely to increase as physicians strive to keep up with the professional demands of the medical field through lifelong learning. Physicians' transfer of learning takes place when they apply learning from CME programs to improve their clinical performance and ultimately patient outcomes. However, major discrepancies between physicians' actual and ideal performance exist which raises uncertainty about the role of CME (Mansouri & Lockyer, 2007) and the need for educators and trainers to re-examine physicians' transfer of training. The purpose of this study was to explore physicians' transfer of learning from CME programs into practice at a large hospital in the US Midwest region. A case study research design was used. Nine physicians participated in this study. Data were collected through document review, in-depth semi-structured interviews and observations. Qualitative data were analyzed by obtaining emergent themes. Findings showed that some of the transfer-related factors in Holton's model were applicable to the physician

context: (a) relevance of the CME program to the physicians' practice was critical to their attendance and application of learning; (b) follow-up and program materials were important to prevent relapse; (c) physicians were motivated to transfer learning if they attended programs that were potentially useful in their practice; (d) attendance at programs boosted the physicians' confidence and practice; (e) physicians had various opportunities to apply learning from CME programs into their practice; and, (f) support from peers was vital for discussion and integration of new learning into practice. To further realize the impact of the Holton model in the physician context, physicians may need to be viewed as "sole proprietors" of their practice with (a) closer proximity to their practice; (b) more direct authority over their transfer of learning capabilities; and (c) greater authority over their learning process, compared to employees in traditional organizational settings. Pedagogical considerations given this new outlook on physicians involve enhancing the program's relevance to the physicians' practice; improving program structure to include expert speakers and periods for social interaction; and being attentive to the physicians' "time crunch". Implications for instructional designers, presenters, evaluators and institutional administrators are discussed.

Williams (2008) performed a meta-analysis of 34 studies to explore the magnitude in which work environment affects training transfer. The independent variables for this study included supervisor support,

subordinate support, peer support, transfer climate, relapse prevention, goal setting, continuous learning culture, task constraints, and frequency of use. These variables were analyzed independently to compare their correlation to training transfer. These variables were also combined together (minus goal setting and relapse prevention) into a group called environment support to compare overall organizational support to goal setting and relapse prevention. Finally, this study performed a moderator analysis to compare the effect these independent variables had on management and non-management training; and on self-reporting versus supervisor or peer reporting; and training versus development. Results revealed that relapse prevention (.65) had the highest levels of correlation of all independent variables to training transfer. The results also showed that managerial training (.32) had higher levels of correlation to training transfer as compared to non-managerial training (.20). Self-reporting (.28) showed higher levels of training transfer than did supervisor or peer reporting (.16). Training (.30) showed higher levels of training transfer compared to development (.16).

Baharim (2008) study aimed to discuss our understanding of transfer of training variables and how they affect trainees' motivation to transfer their training. Further, as the role of training has progressively changed from a focus on programs to a broader focus on learning, creating and sharing knowledge, this thesis tested the hypothesis that knowledge sharing

behaviour influences a trainee's motivation to transfer their training. Using a research framework constructed from an adaptation of two key Human Resource Development models (Holton 1996; Holton et al. 2000) and the theory of planned behaviour (Ajzen 1991), this thesis explored the contention that trainees' motivation to transfer training is influenced by a number of secondary influence variables, expected utility variables, transfer climate variables, enabling variables and ability variables as well as by the variables associated with sharing behaviour. Through a questionnaire given to 437 government employees attending training programs in the National Institute of Public Administration, a central training organization for government employees in Malaysia, the thesis created an empirical database from which to study the phenomenon of transfer of training. This work culminated in the development of a structural model for motivation to transfer training, which incorporates knowledge sharing behaviour and extends our understanding of the operation of the precursors to motivation to transfer. The findings of this thesis impact on HRD functions in the Malaysian public sector at two broad levels: pre-training and post-training. The thesis makes a contribution to both HRD practice by detailing the sorts of HRD activities which will enhance transfer of training and secondly, makes a contribution to theory through the creation of a new model of motivation to transfer training which features knowledge sharing behaviour.

Shirley (2007) explored the idea of an organization in a state of transformation. Due to ongoing operations in Iraq and Afghanistan, the focus of Basic Military Training is shifting to basic combat skills, or the skills needed to survive and operate in a hostile environment. In this study, basic combat skills training was evaluated using a number of training factors that potentially affect trainees' perception of training transfer, or their ability to apply the skills they learned in training on the job or in a hostile environment. The analysis used structural equation modeling to evaluate the paths between each of the factors and perceived training transfer. Of the factors analyzed, transfer enhancing activities and perceived utility were found to positively influence perceived training transfer for all training types, while organizational support for training was positive for Law of Armed Conflict training only. Deployment experience was positive for weapons training, but negative for Self-Aid and Buddy Care. Realistic job preview was positively related to training transfer but was only significant with respect to Self-Aid and Buddy Care training.

Hobbs (2005) investigated how influences/attitudes/beliefs of LRO technical school graduates regarding their training influence their perceptions about the transfer of such training back to the job This study aimed at discussing training transfer as a concern within the US Air Force, and specifically within the Logistics Readiness domain as the new career field and Logistics Readiness Officer technical school mature. It employed

a survey-based methodology and the use of Structural Equation Modeling (SEM) for data analysis. The results of the research showed that influences such as intrinsic incentives, organizational commitment, pre-training motivation, training reputation, subordinate/supervisor support, task constraints, and transfer enhancing activities have a significant effect on training transfer. Not only does the research illuminate important influences on training transfer for the LRO, but it may also aid in directed efforts to improve and enhance the LRO technical school curriculum and experience. This research has also helped build support for existing theories on the influences on training transfer by expanding into a military context and by providing a unique opportunity to study such theories within a new training program scenario.

Barnard (2005 study was to determine the effects of a near versus far transfer of training approach on trainee's confidence to related and unrelated tasks. the study examined whether trainees who are trained using a far transfer of training approach have equal confidence to related and unrelated tasks. the study scrutinized trainees general self-efficacy prior to training and their learning as a result of the training. Two instruments were developed to measure the variables. Data was collected over a period of two days during four training sessions at two collection points either immediately before or immediately after the training sessions. The results showed that supervisors who were trained using a far training transfer

approach had equal confidence to both related and unrelated tasks. The results also showed that supervisors who were trained using a near training transfer approach had greater confidence to related tasks and lower confidence to unrelated tasks. Further, the results showed that supervisors who were trained using a far training transfer approach and those who were trained using a near training transfer approach acquired similar levels of knowledge as a result of participating in the training and had similar levels of general self-efficacy prior to the training. This study provides several implications for future research important to the theory and practice of HRD.

Derk-Jan J.M. Nijman (2004): study aimed at discussing the effect of supervisor support on transfer of training. The results indicated, however, that the actual levels of transfer of training programs to the workplace often do not match those intended. An important part of research focused on the influence of trainees' work environment, with one of the main assumptions being that support from supervisors significantly affects trainees' transfer outcomes. Little evidence-based knowledge exists, however, about the relationship between supervisor support and transfer outcomes. In order to gain a deeper empirical insight into the relationship between supervisor support at the workplace and subordinate trainees' transfer outcomes, it was decided to carry out this study.

Swartz (2002 investigated the concept of training transfer in light of previous studies that found that despite successful learning in the training environment, acquired skills are often not translated back to the job. In an effort to better investigate the determinants of successful transfer, the two temporal facets of training transfer, initiation and maintenance, were examined to evaluate their relationships with the trainee characteristics of goal orientation and self-efficacy. The findings indicate that goal orientation and initiation may both best be conceived as predictors of transfer maintenance and interact to affect transfer behavior. The findings illustrate the value of examining individual difference variables in the prediction of training transfer. The results indicate that trainees and their supervisors do not relate individual training programs to a larger organizational context, such as organizational goals. Regarding trainees' work environment, the questionnaires contained scales reflecting the extent of supervisor support experienced, the transfer climate and the general work environment. And finally, the trainee questionnaires contained scales measuring training characteristics and training outcomes.

Anthony's (1999) discussed the conditions under which transfer of training would occur and the processes that are involved in the transfer of training to the workplace. He analyzed two studies that assessed the individual, situational, and training design factors that impacted on the transfer of training to the workplace. He examined the influence of

individual and situational factors on the achievement of trainees' transfer goals. Trainees' goals for transfer and their commitment to those transfer goals were found to act as mediators of the influence of self-efficacy, motivation, and situational constraints on transfer goal achievement. This result supported previous research that has shown that the impact of personal and situational factors on performance is mediated by the personal goal level and level of goal commitment (Wofford, Goodwin & Premack, 1992).

Thayer & Teachout (1995) based their study on a model of the determinants of training transfer. The model was modified to focus on the determinants of trainees' transfer implementation intentions and implementation activities. Climate for transfer was assessed prior to training commencing and was found to influence retraining levels of self-efficacy. However, positive and negative work climates also influenced pre-training levels of both self-efficacy and motivation, and the two transfer factors (Positive and Negative Work Climate) were found to influence positive and negative affectivity, respectively. It was concluded that climate for transfer impacts both directly and indirectly on pre-training levels of self-efficacy and motivation. The results strongly supported the modified model of training transfer that was presented. It was also concluded that situational factors do exert an indirect influence on the transfer process, apart from simply influencing what trainees are able to do

after training has been completed (Mathieu & Martineau, 1997, Qui ones, 1997).

Short (1997) conducted study at a large mid-western US state university. The sample included 19 managers who completed a leadership training program and 93 supervisors, peers, and subordinates who assessed the degree to which leadership behaviors were performed in the work place. Data was gathered to determine a) if differences existed in the degree to which leadership behaviors were transferred to the job at one month and three months following training, b) if a relationship existed between transfer behaviors and transfer climate at one month and three months following training and c) to what extent the variance in transfer behaviors could be explained by the variables: supervisor support, peer support, and subordinate support at one and three months following training. Data was gathered twice. The results of the study suggested that transfer behaviors were maintained from one month to three months following training, indicating that trainees displayed the same degree of leadership behaviors at three months following training. Surprisingly, the results suggest that trainees do not distinguish between supervisor support, peer support, and subordinate support. The results of the principal components analysis suggest supervisor support, peer support and subordinate support were more accurately defined as an aggregate construct labeled work group support. The results of the multiple regression analyses suggest that after

controlling for the education level of the trainees, work group support influenced the transfer and maintenance of leadership behaviors following training.

2.10 Comments on Previous Literature

Based on a review of the transfer of training literature, we can conclude that there are significant gaps in the empirical literature for training transfer. Studies have stressed the importance of several factors including: organizational environment factors, training design, trainees and trainers.

The current study benefitted from previous efforts in determining the most important factors related to transfer of training. It also benefited from the statistical treatment which previous studies employed, for example: regression analysis, factor analysis and principal component analysis. Most of the previous efforts in transfer of training indicate the need for studies to investigate the impact of these issues on the transfer of training process. Thus, considering the main influences on transfer of training previously identified by Holton (1996,2005), this study aims to contribute to the theory of training transfer by empirically analyzing how different sets of variables simultaneously influence the transfer of training (Velada, 2007) .

Chapter Three

Methodology

Chapter Three
Methodology

3.1 Introduction:

This chapter was devoted to specifying the steps and the methodology taken in carrying out the research. The researcher will present the research design, study population and sample, instrument and its validity and reliability, data collection procedures, and the statistical analysis.

3.1 Study Design:

This research uses a quantitative design utilizing a survey method. The survey method involves the use of a self-administered questionnaire designed to gather specific data via a self-reporting system. The framework is based on the factors derived from previous studies e.g. Broad and Newstrom (1992). The literature review in Chapter Two provides the theoretical and empirical base for this study. The questionnaires allowed for confidentiality, in an effort to encourage more honest responses. The study was conducted at four governmental hospitals in North West Bank (Rafidia Surgical Hospital, Al Watani Governmental Hospital, Jenin Governmental Hospital, and Tulkarem Governmental Hospital hospitals, Qalqiliah Givernmental Emergency Hospital Salfit Emergency Hospital).

3.2 Population & Sample of the Study:

The population of the study was composed of all health workers (GP, technician and nurses) in public hospitals in northern Palestine (Nablus, Tulkrem, Jenin, Qalqilay, and Salfeet). The selection criteria excluded all Governmental hospitals workers in administrative jobs and those who do not work in the Northern West Bank governmental hospitals.

The sample consisted of all of the study population who were (690) health workers (GP and nurses). The researcher managed to distribute the study instrument to the whole study sample and to managed to retrieve (486) valid questionnaires, with a response rate of (70.43%).

The population for this study was deemed appropriate because health workers in public hospitals are first responders in emergency situations and it is very important for them to transfer the skills and knowledge learned in training to on-the-job situations.

The survey instruments were administered to health workers at the time of data collection.

Table (1) shows that about one third (39.1%) of the Governmental hospitals workers were from Nablus district, (26.8%) were from Jenin district, (16.7%) were from Tulkarem district and less than one fifth (12.8%) of Governmental hospitals workers were from Qalqiliah.

Table (1) Distribution of the study sample according to the study variables

Variable	Level	N	%
District	Nablus	190	39.1
	Jenin	198	40.7
	Tulkarem	78	16.0
	Salfeet	8	1.6
	Qalqila	12	2.5
Education level	less than secondary education	22	4.5
	Diploma	132	27.2
	B.A	188	38.7
	M.A	34	7.0
	PhD	110	22.6
Years of experience	less than 5 years	188	38.7
	5-less than 10 years	122	25.1
	10-less than 15 years	84	17.3
	more than 15 years	92	18.9
Marital statues	married	336	69.1
	single	148	30.5
	otherwise	2	.4
gender	male	220	45.3
	female	266	54.7
Training courses	non	154	31.7
	2-4 courses	206	42.4
	More than 5 courses	126	25.9
Specialized training courses	took courses	302	62.1
	Did not take any courses.	184	37.9

3.3 Instrumentation

After conducting an extensive literature review on training transfer (Burke & Baldwin, 1999; Clemenz, 2001; Cromwell, 2000; Hicks, 2006;

Sekowski, 2002), data was collected via a complementary questionnaire developed in the native language of respondents (Arabic), that consisted of (60) items and covered five factors relating to training transfer (organization culture, work climate, trainees, trainers, and training design). The questionnaires were organized into four parts:

-The first part of the questionnaire included a description of the study objectives and the importance of the study. This part assured participants of the confidentiality of the information.

-The second part collected demographic information including (district, education level, years of experience, job title, marital status, gender, number of courses, and place of training.)

- The third part consisted of (60) items constructed in close–ended statements on a seven–likerat scale in which (7= strongly agree, 6=-somewhat agree, 5=agree, 4 =neutral, 3= somewhat disagree, 2=disagree, 1=strongly disagree). Covering five factors related to training transfer (organization culture, work environment, trainees, trainers, and training design).

3.3.1 Reliability Test

To ensure the reliability of each factor, Cronbach's coefficient alpha was estimated to test the internal consistency among the items included in each of the formative scales. The resulting alpha values for the study

domains ranged from (Y = 0.72 to Y = 0.95), which are acceptable according to Nunnally and Bernstein's (1994) guidelines for exploratory research, making all factors reliable .

Table (2) Cronbach's coefficient alpha reliability test of the internal consistency among the items included in each of the formative scales.

Factor	No. Items	items	Cronbach's coefficient alpha
Organization culture	15	1-15	0.72
Work climate	10	16-25	0.72
Training	15	26-40	0.88
Trainee	12	41-52	0.90
Trainer	8	53-60	0.95
Total score of training transfer	60	1-60	0.93

3.3.2 Content validity

Content validity deals with how representative and comprehensive the items are in creating the scale. It is assessed by examining the process by which scale items are generated. Content validity in this study should be relatively acceptable since the various parts of questionnaire were all based on the literature review and on the opinions of several experts who examined the items. As suggested by Cooper and Schindler (2003), a panel of experts was interviewed to judge how well the instrument meets the standards. Thus, the researcher conducted independent interviews with experts who had more than five years experience in quality management. The panel was asked to comment on the length of the instrument, the format, and the wording of the scales. They suggested that the procedure

and Arabic translation of the questionnaire were appropriate, with minor modifications in the translated version of the questionnaire.

3.4 Field Work:

Face-to-face interviews using a structured questionnaire were conducted. The questionnaire collected comprehensive data on a wide range of issues related to factor of training transfer for government hospital workers (nursing, technician and general practioners).

3.5 Pilot Study:

A pilot study was carried out in Al-Rahma Hospital (this hospital was not included in the actual study) in order to identify potential problems and to revise the methods and logistic of data collection before starting the actual field work. (20) Hospital workers were selected randomly, of which (58.2%) male and (41.8%) female with a mean district of (55.6) years for males and (56.4) years for females. After the pilot study, the questionnaire and interview proposed time were revised as it was found that more time was needed. In addition, some questions in the questionnaire were revised to make it more easily understandable by participants, while preserving same objectives of the questions.

3.6 The Study Fieldwork Procedure:

Hospitals in Nablus (Rafeida and AL-Watainy), Jenin, Tulkarem, Salfeet and Qalqiliah were*:* visited weekly. During each visit interviews with (10 - 15) health workers were conducted and each interview took (30-40) minutes. The field work in this hospital finished within (20) weeks resulting in interviews with (486) government hospitals workers.

3.7 Statistical Analysis:

Statistical Package for Social Science (SPSS) version 17 was used for data analysis. Various statistical processes were used including means, frequencies and regression to determine variation significance. Factor analysis (principal component analysis) was used to determine the most important factors. A P-value of less than or equal to 0.05 was used to test the significance of the study hypothesis.

3.8 Ethical issues:

Permission to conduct this study was obtained from the Palestinian Ministry of Health in Ramallah. In addition, governmental hospital workers were informed about the purpose of the study before conducting the interview and were told that their participation would be voluntary.

Chapter Four

Results

Chapter Four
Results

4.1 Introduction:

The purpose of this chapter is to identify the factors affecting transfer of training within the work environment from the perception of workers in Palestinian government hospitals. Moreover, this chapter aims to analyze which factor (organization culture, work climate, trainees, trainers, and training design) has the most influence on transfer of training within the work environment from the perception of workers in Palestinian government hospitals. This chapter will also analyze the role of the study variables (district, education level, years of experience, job title, marital status, gender, number of courses, and place of training) on the factors affecting transfer of training within the work environment from the perception of workers in Palestinian government hospitals.

4.2. Results Related To the First part:

This part aims at answering the following question:

Q1: What are the factors affecting transfer of training within the work environment (organization culture, work climate, training design, trainee, trainer) from the perception of Palestinian government hospital workers in the Northern West Bank?

To answer the study question descriptive analysis prepossess were computed (mean, standard deviation, and percentages) for each item and their respective domain and total score.

(100%-80 %) very high degree of response.

(70-79.9%) is high degree of response.

(60 - 69.9 %) is moderate degree of response.

(50 - 59.9 %) is low degree of response.

(Less than 50 %) is very low degree of response.

4.2.1 Organization Culture:

Results in table (3) indicate that the factor of organization culture has a significant effect on the transfer of training within the work environment of Palestinian government hospitals M=5.073, SD=0.69, 72.48%. Items (1, 4, 7, 8, and 14) indicate that language, a lack of necessity for financial rewards to enhance performance, and the ability of training to change work reality received a very high degree of response. This demonstrates that cultural factors play a significant role on the transfer of training process. While items (5, 6, 9, 10, 13, 15) received a high degree of response. This indicates that the influence an employee's relationship with supervisors, colleagues, and other leading people in the training process also play a significant role in the transfer of training process. Further, items (3, 11, 12) received a moderate degree of response, which shows that the influence of gender, direct opposition, colleagues encouragement play only a moderate role in the transfer of training process.

Table (3) mean, standard deviation, and percentages of each item, and total score of organization culture factor affecting transfer of training within the work environment from the perception of Palestinian government hospitals.

No	Order	Items	M	SD	percent	Degree
1.	2	I focus on the financial return in comparison to knowledge and experience in training.	3.55	1.853	50.71	Low
2.	11	I face opposition during the application of skills and knowledge I leaned.	4.28	1.583	61.14	moderate
3.	3	Due to gender factor I have a greater opportunity to participate in training programs.	4.66	1.785	66.57	Moderate
4.	12	My colleagues support and praise me when I apply what I have learned in training.	4.83	1.590	69.00	Moderate
5.	15	Training is an opportunity to visit other countries and learn about new places.	4.99	1.690	71.29	High
6.	9	Transferring what I have learned during training is influenced by relations with my colleagues.	5.06	1.684	72.29	High
7.	13	Training for me is a	5.13	1.491	73.29	High

		type of social support for my profession.				
8.	10	Transferring what I have learned during training is influenced by relations with my superiors.	5.19	1.717	74.14	High
9.	6	My relations with other help me in applying what I have learned.	5.40	1.326	77.14	High
10.	5	Training process and selection is influenced by other unrelated factors such as social relations and relatives in decision making area.	5.45	1.599	77.86	High
11.	4	I'm ready to join training programs even if it is without any rewards or incentives.	5.61	1.427	80.14	Very high
12.	14	Training will change the work reality.	5.77	1.770	83.86	Very high
13.	1	Language factors in training have a great effect on my performance.	5.98	1.211	85.43	Very high
14.	8	Training for me is a mean to better performance.	6.07	1.217	86.71	Very high
		Total score of organization culture	5.073	.69726	72.48	High

- Maximum point of response (7) points.

4.2.2 Work Climate Domain:

Results in table (4) indicate that the factor of work climate has a moderate affect on transfer of training within the work environment from the perception of Palestinian government hospital workers (M=4.5893, SD=.85514, 65.56%). Item (16) indicates that work pressure received a very high degree of response. This indicates that pressure in the work climate plays a role in the transfer of training process. While item (25) received a high degree of response. This shows that the desire to participate in the decision-making process plays a significant role in the transfer of training process. Further, items (17, 19, 20, 22, 23, and 24) received a moderate degree of response, which reflects the influence that practicing learned skills, risks associated with practicing new skills, and promotion opportunity has on the transfer of training process. On the other hand, items (18, 21) received a low degree of response, which indicates that time and punishment associated with practicing new skills play a slight role in the transfer of training process.

Table (4) mean, standard deviation, and percentages of each item, and total score of organization culture factor affecting transfer of training within the work environment from the perception of Palestinian government hospitals.

no	Order	Items	M	SD	Percent	degree
15.	21	I feel that I will be punished if I apply new skills at work.	3.57	1.678	51.00	Low
16.	18	I have enough time to apply the new skills and knowledge I have learned during training in work environment.,	4.04	1.672	57.71	Low
17.	20	I feel that there are some risks associated with practicing new	4.37	1.615	62.43	Moderate

		skills and will be accounted if I fail.				
18.	23	Work environment provide me with a good opportunity to practice what I lack of skills and expertise that I have been trained on.	4.51	1.693	64.43	Moderate
19.	17	Work environment provide me with an opportunity to practice what I lack of skills and knowledge I have been trained for.	4.63	1.701	66.14	Moderate
20.	22	I feel I will not be rewarded if I apply new skills.	4.65	1.701	66.43	Moderate
21.	24	Trainees who apply new skills that they trained on will have a good chance of getting promotion.	4.70	1.550	67.14	Moderate
22.	19	I feel discouraged since I'm not able to implement what I've learned in training.	4.88	1.558	69.71	Moderate
23.	25	Training increases my participating in decision making.	4.94	1.477	70.57	High
24.	16	I feel that work pressure impede applying the training skills that I have learned during training.	5.60	1.307	80.00	Very high
	Total score of work climate		4.589	.8551	65.56	Moderate

Maximum point of response (7) points.

4.2.3 Training Domain:

Results in table (5) indicate that the factor of training have a moderate degree of affect on transfer of training within the work environment from the perception of Palestinian government hospital workers (M=4.7062, SD=.80632, 67.23%).)Items (26, 28, 29, and 30) indicate that organization of training, increasing performance, connection to work reality, and use of work aids used in training design received a high degree of response. This demonstrates that designing training plays an important role in the transfer of training process. While items (27. 31, 32, 33, 34, 35, 36, 37, 38, 39, 40) received a moderate degree of response, which reflects the influence of the external factors that should be taken into account for training design: work procedures, communication and direction, post training follow up, training recourses, increasing performance, having a previous clear idea about the training design, training design matching the real work, training selection criteria, all play a moderate role on the transfer of training process.

Table (5) mean, standard deviation, and percentages of each item, and total score of Training factor affecting transfer of training within the work environment from the perception of Palestinian government hospitals.

No	Order	Items	M*	SD	%	Degree
25.	33	My supervisors demand a summary of training subject concerning its contents and objectives and results.	4.37	1.227	62.43	Moderate
26.	31	I feel work procedures do not help in implementing what I have learned in training.	4.39	1.196	62.71	Moderate
27.	39	I felt that the training that I have is matching the real world.	4.44	1.392	63.43	Moderate
28.	40	Selecting trainer and trainee is influenced by social relation.	4.48	1.406	64.00	Moderate
29.	38	There is a sufficing attention from supervisors on the necessity of applying what I learn through training.	4.51	1.400	64.43	Moderate
30.	34	Materials and tools used in training were sufficient and appropriate.	4.54	1.146	64.86	Moderate
31.	32	Communication and direction through training were clear and appropriate.	4.55	1.109	65.00	Moderate
32.	37	I have a previous clear	4.60	1.289	65.71	Moderate

		idea about the training program				
33.	27	During the training planning other external factors are being taken into consideration.	4.62	1.541	66.00	Moderate
34.	35	Direct manager supervision in the application of skills and expertise being gained through training have a great influence on my work performance.	4.68	1.325	66.86	Moderate
35.	36	I feel that there is a match between theoretical and practical aspects of training.	4.77	1.297	68.14	Moderate
36.	29	Training I received recently is linked to my work nature.	4.96	1.438	70.86	High
37.	26	Training was will organized and planed in a good way.	5.08	1.434	72.57	High
38.	30	Work aids are being used in work environment like posters and procurers, memos that indicate the correct precludes to be taken.	5.10	1.509	72.86	High
39.	28	I feel training influence directly increasing the work performance.	5.51	1.311	78.71	High
		Total score of training	4.7062	.80632	67.23	Moderate

Maximum point of response (7) points.

4.2.3 Trainee Domain

Results in table (6) indicate that the factor of the trainee affects has a moderate affect on transfer of training within the work environment from the perception of Palestinian government hospital workers (M=4.7, SD=0.82, 67.68%). Items (41, 46, and 47) indicate that the trainee gaining practical improvement in his skills received a high degree of response. This indicates that trainee self–will and motivation play a significant role in the transfer of training process. Items (42, 43, 44, 45, 48, 49, 50, 52) received a moderate degree of response. This shows that work pressure, methods of training, application of practices, work aids, all play a moderate role in the transfer of training process.

Table (6) mean, standard deviation, and percentages of each item, and total score of Trainee factor affecting transfer of training within the work environment from the perception of Palestinian government hospitals.

No	Order	Items	M*	SD	%	Degree
40.	51	Training had a mild influence on my giving me new skills.	4.13	1.190	59.00	Low
41.	44	I find that there is difficulty in applying the skills that I received from training on reality.	4.38	1.283	62.57	Moderate
42.	49	I consider training that I received in past or recently matches the nature of my work.	4.60	1.084	65.71	Moderate
43.	52	I feel that I'm able to apply new skills and	4.63	1.182	66.14	Moderate

		expertise in my daily work.				
44.	50	I practice what I learned in work.	4.67	1.193	66.71	Moderate
45.	43	Training emphasized on observation the trainer of the supervisor.	4.77	1.113	68.14	Moderate
46.	45	I feel committed to practice the skills I was trained on even if no one applies.	4.85	1.264	69.29	Moderate
47.	48	I prepare work aids that could help me in remembering the training topic in my work.	4.86	1.228	69.43	Moderate
48.	42	I feel that work pressure does not allow me to practice what I was trained for in an appropriate way.	4.87	1.235	69.57	Moderate
49.	46	I feel a great improvement in my work behavior and skills due to training.	4.96	1.206	70.86	High
50.	47	I try to enhance my knowledge of recent development of my work field.	5.01	1.185	71.57	High
51.	41	I feel that I have gained practical skills that I did not learn about before.	5.11	1.220	73.00	High
		Total score of training	4.7375	82338.	67.68	Moderate

Maximum point of response (7) points.

4.2.4 Trainer Domain:

Results in table (6) indicate that the factor of the trainer has a moderate affect on transfer of training within the work environment from the perception of Palestinian government hospital workers (M=4.61, SD=.99641, 65.88%). Items (53, 54, 55, 56, 57, 58, 59, and 60) indicate that trainer communication skills, creating a suitable climate, trainer confidence and personal characteristics, ability to apply training skills into real world and professionalism all play a role on the transfer of training process.

Table (7) mean, standard deviation, and percentages of each item, and total score of trainer factor affecting transfer of training within the work environment from the perception of Palestinian government hospitals.

no	Order	items	m	SD	%	degree
52.	56	The trainer follow up and contact trainees to support and advice them.	4.46	1.164	63.71	moderate
53.	57	Trainer activates the concept that is under training and discusses problems related to implementation.	4.57	1.141	65.29	moderate
54.	53	Supervisor and trainer show personal interest in trainees.	4.58	1.219	65.43	moderate
55.	58	Trainer or supervisor creates a suitable environment to apply the new learned skills.	4.60	1.123	65.71	moderate
56.	60	trainer repeat the discussion of some important concepts and	4.63	1.155	66.14	moderate

		discuss the problems related to them				
57.	54	Trainer managed to create a suitable environment to apply training.	4.66	1.197	66.57	moderate
58.	55	Trainer was confidant and enthusiastic.	4.69	1.132	67.00	moderate
59.	59	I feel the trainer is professional in the training topic.	4.69	1.170	67.00	moderate
		total score of trainer	4.61	99641.	65.88	moderate

Maximum point of response (7) points.

Results in table (7) indicate that the factor of training culture was ranked the most important in terms of transfer of training within the work environment from the perception of Palestinian government hospital workers. This was followed by the trainee as the second most important factor, training design in the third rank, trainer in the fourth rank, and finally came training climate as in the fifth and last.

Table (8) mean, standard deviation, and percentages of each item, and total score of trainer factor affecting transfer of training within the work environment from the perception of Palestinian government hospitals.

Training transfer Factors	Mean Statistic	Std. Error	Std. Deviation
Training culture	5.0735	0.03163	0.69726
trainee	4.7375	0.03735	0.82338
Training design	4.7062	0.03658	0.80632
Trainer	4.6119	0.04520	0.99641
Work climate	4.5893	0.03879	0.85514

Q2: Which factor (organization culture, work climate, trainees, trainers, and training design) has the most influence on affecting transfer of training within the work environment from the perception of workers in Palestinian government hospital workers?

To reduce the list of major training transfer factors to a more manageable number, factor analysis was conducted on all 60 items presented in the study scale. Prior to the factor analysis, Bartlett's test of sphericity and a Kaiser-Meyer-Olkin (KMO) test were conducted to help assess the factorability of the data. Bartlett's test of sphericity determines if the correlation matrix is an identity matrix. If there is an identity matrix, factor analysis is meaningless (Field, 2000). The KMO test measures the adequacy of a sample in terms of the distribution of values for the execution of factor analysis. The acceptable values should be greater than 0.5 (Field, 2000). Bartlett's test of sphericity should be $p < 0.05$ to be significant; whereas KMO index ranges from 0 to 1 with 0.6 as a minimum value for a good factor analysis. The result of the KMO test was 0.89 and Bartlett's test of sphericity was high at 17907.145 ($p = 0.000$). Both tests suggest the adequacy of the variables for factor analysis. Subsequently, factor extraction and rotation, eigenvalues and percentage of variance approaches were used to reveal the number of factors necessary to represent the data. According to Field (2000), factors with relatively large eigenvalues (> 1.0) are retained and those with relatively small eigenvalues

are ignored. Also, all of the factors extracted should account for at least 60 per cent of total variance. Principal component analysis with orthogonal (varimax) rotation was performed to analyze the interrelationships among the 60 five Training transfer factors. The results of factor analysis showed that the final 28 variables within five factors accounted for 68.32 per cent of total variance explained, each containing the average of the items loading at 0.514.

Table (9) Kaiser-Meyer-Olkin Measure of Sampling Adequacy and Bartlett's Test of Sphericity factor affecting transfer of training within the work environment from the perception of Palestinian government hospitals.

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.758
Bartlett's Test of Sphericity	Approx. Chi-Square	997.349
	df	10
	Sig.	0.000

Table (10) Pearson Correlation matrix of factor affecting transfer of training within the work environment from the perception of Palestinian government hospitals.

Pearson Correlation	organization culture	work climate	training	trainee	trainer
training transfer	0.653*	0.708*	0.838*	0.822*	0.751*
organization culture		0.570*	0.309*	0.328*	0.242*
work climate			0.446*	0.407*	0.299*
training				0.678*	0.660*
trainee					0.692*

Correlation is sig at p –value (one tailed)=0.000

Table (10, 11, 12) indicates that the study model explains 78.9% of the training transfer factors, in which trainer, trainee and training design

accounted for 46,4% of the explanation of the variance. The second factor came by work climate and organization culture, which accounted for 32,5% of the variance. First of the five factors incorporated into training transfer was the trainee.

Table (12) this factor accounted for 20.782 per cent of the total variance. The second factor training accounted for 20.533 per cent of the total variance the third factor - trainer - accounted for 20.089 per cent of the total variance the fourth factor - work climate - accounted for 19.464 per cent of the total variance .The fifth factor - organization culture - accounted for 19.132 per cent of the total variance.

Table (11) Total Variance Explained of factor affecting transfer of training within the work environment from the perception of Palestinian government hospitals

Total Variance Explained								
Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	2.88	57.668	57.668	2.883	57.668	57.668	2.32	46.412	46.412
2	1.06	21.266	78.934	1.063	21.266	78.934	1.62	32.522	78.934
3	0.44	8.828	87.762						
4	0.31	6.300	94.063						
5	0.29	5.937	100.000						
Extraction Method: Principal Component Analysis.									

Table (12) Rotated Component Matrix of factor affecting transfer of training within the work environment from the perception of Palestinian government hospitals

		factor loading	Total	% of Variance	Cumulative %
Factor one	Trainer	0.894	2.321	46.412	46.412
	trainee	0.857			
	Training	0.837			
Factor two	organization culture	0.889	1.626	32.522	78.934
	work climate	0.836			

Table (13) Total Variance Explained of factor affecting transfer of training within the work environment from the perception of Palestinian government hospitals

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
trainee	2.883	57.668	57.668	2.883	57.668	57.668	1.039	20.782	20.782
training	1.063	21.266	78.934	1.063	21.266	78.934	1.027	20.533	41.315
trainer	0.441	8.828	87.762	.441	8.828	87.762	1.004	20.089	61.404
work climate	0.315	6.300	94.063	.315	6.300	94.063	.973	19.464	80.868
organization culture	0.297	5.937	100.000	.297	5.937	100.000	.957	19.132	100.000

4- 3 Part Two Testing The Study Hypothesis.

The second part is dedicated to testing the validity of the study hypothesis and to testing the effect of the factors of (organization culture, work climate, training, trainee, and trainer) in affecting transfer of training within the work environment from the perception of Palestinian government hospital workers.

4.3.1 Results of the First Hypothesis:

H0: There are no significant effects ($\alpha \geq 0.05$) of (organization culture, work climate, training, trainee, and trainer) in Palestinian public hospitals operating in the Northern West Bank on training transfer from the perception of workers in Palestinian Government Hospitals.

Table (14) Pearson Correlation matrix of factor affecting transfer of training within the work environment from the perception of Palestinian government hospitals.

	work climate	training	trainee	Trainer	Training transfer
organization culture	0.570**	0.309**	0.328***	0.242***	0.653**
work climate		0.446**	0.407***	0.299***	0.708**
training			0.678***	0.660***	0.838**
trainee				0.692***	0.822**
Trainer					0.751**

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

A standard multiple regression analysis was used to test this hypothesis by regressing the dependent variable transfer training against the predictor/independent variables. Table (14) shows the linear composite of the independent variables entered into the regression procedure shows that there is a strong and positive correlation between the transfers of training factors. The study results show that there is a strong and positive correlation r= 0.65 between organization culture and training transfer; which accounts for 42.6% of the training transfer. This improves by 16.8%

when we include work climate. The correlation further improves significantly when we include the factor of training design with a 31.6%. Interestingly, the model increases by only 7% when we include the factor of the trainee to the model and only 2% when we include the trainer into the model.

Moreover, there are significant effects of the factors on the training transfer (p value=0.000). Hence we reject the null hypothesis and accept the alternative hypothesis that there are significant effects (p value = 0.00) of **(organization culture, work climate, training, trainee, trainer)** in Palestinian public hospitals operating in Northern Palestine on training transfer from the perception of workers in Palestinian Government Hospitals.

Table (15) Modal summery of factors of organization culture, work climate, training, trainee, trainer)in Palestinian public hospitals Operating in northern Palestine on training transfer from the perception of workers in Palestinian Government Hospitals

Model	R	R Square	Adjusted R Square	R Square Change	Change Statistics			Sig. F Change
					F Change	df1	Df2	
1	0.653^a	0.426	0.425	0.426	359.815	1	484	0.000
2	0.771^b	0.594	0.592	0.168	199.370	1	483	0.000
3	0.954^c	0.910	0.909	0.316	1683.558	1	482	0.000
4	0.990^d	0.979	0.979	0.070	1605.299	1	481	0.000
5	1.000^e	1.000	1.000	0.021	4149819.588	1	480	0.000

Table(16) One way Analysis of variance of factors of organization culture, work climate, training, trainee, trainer)in Palestinian public hospitals Operating in northern Palestine on training transfer from the perception of workers in Palestinian Government Hospitals

	Model	Sum of Squares	df	Mean Square	F	Sig.
1	Regression	79.167	1	79.167	359.815	0.000[a]
	Residual	106.490	484	.220		
	Total	185.657	485			
2	Regression	110.280	2	55.140	353.329	0.000[b]
	Residual	75.376	483	.156		
	Total	185.657	485			
3	Regression	168.880	3	56.293	1617.299	0.000[c]
	Residual	16.777	482	.035		
	Total	185.657	485			
4	Regression	181.789	4	45.447	5651.589	0.000[d]
	Residual	3.868	481	.008		
	Total	185.657	485			
5	Regression	185.656	5	37.131	39841667.803	0.000[e]
	Residual	.000	480	.000		
	Total	185.657	485			

4.3.2 Results related to the second hypothesis:

H0: There are no significant differences ($\alpha \geq 0.05$) of (district, education level, years of experience, job title, marital status, gender, number of courses, place of training) on the factors affecting transfer of training within the work environment from the perception of workers in Palestinian government hospitals.

4.3.2.1 Transfer of training and gender:

H0: There are no significant differences (α≥0.05) of gender on the factors affecting transfer of training within the work environment from the perception of workers in Palestinian government hospitals.

An independent samples test was used to compare "Factors Affecting Transfer of Training within the work environment from the perception of Palestinian public hospitals in northern Palestine" in female and male health workers. There was no significant difference in the scores for males and females on the training transfer in males (M=4.7639, SD=.62873) and females (M=4.7792, SD=.61140) conditions; t (484)= --.270- p = 0.78. These results suggest that gender does not have an influence of training transfer.

Table (17) Independent samples test to compare factors affecting transfer of training within the work environment from the perception of Palestinian public hospital workers in northern Palestine due to gender.

	gender	N	Mean	Std. Deviation	T	sig
Training transfer	male	220	4.7639	.62873	-.270-	0.787
	female	266	4.7792	.61140		

4.3.2.2 Transfer of training and taking specialized training:

H0: There are no significant differences (α≥0.05) of training courses on the factors affecting transfer of training within the work environment from the perception of workers in Palestinian government hospitals.

An independent samples test was computed to compare factors affecting transfer of training within the work environment from the perception of Palestinian public hospital workers in northern Palestine for workers who took specialized courses and those who did not. There was no significant difference in the scores for males and females on the training transfer for those who did not take courses (M=4.7576, SD=.62574.) and who took courses (M=4.6917, SD=.57914) conditions; t (484)= 0.95 p = 0.34.

Table (18) Independent samples test to compare factors affecting transfer of training within the work environment from the perception of Palestinian public hospital workers in northern Palestine due to specialized courses

	Specialized courses	N	Mean	Std. Deviation	T	sig
Training transfer	non	154	4.7576	62574.	0.95	0.341
	took	332	4.6917	57914.		

4.3.2.3 Transfer of training and education level:

H0: There are no significant differences ($\alpha \geq 0.05$) in education level on the factors affecting transfer of training within the work environment from the perception of workers in Palestinian government hospitals.

There were differences of means of responses on factors affecting transfer of training within the work environment from the perception of Palestinian government hospital workers due to education level.

Table (19) MS and SD between education levels

Training transfer	N	Mean	Std. Deviation
less than secondary education	22	4.6909	0.57337
Diploma	132	4.7551	0.63819
B.A	188	4.7170	0.61390
M.A	34	4.9407	0.66013
PhD	110	4.8517	0.59141
Total	486	4.7723	0.61871

A one-way between subjects ANOVA was conducted to compare the factors affecting transfer of training within the work environment from the perception of Palestinian government hospital workers due to qualifications and education level conditions on training transfer. It is obvious from table (19) that there are differences in means between various education levels.

Table (20): A one-way between subjects ANOVA of the factors affecting transfer of training within the work environment from the perception of Palestinian government hospital workers due to level of education

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	2.419	4	.605	1.587	.176
Within Groups	183.238	481	.381		
Total	185.657	485			

There were no significant differences of means of responses on factors affecting transfer of training within the work environment from the perception of Palestinian government hospital workers due to qualifications on training transfer, since the $p>.05$ level for the three conditions.

4.3.2.3 Transfer of training and years of experience:

H0: There are no significant differences ($\alpha \geq 0.05$) for years of experience on the factors affecting transfer of training within the work environment from the perception of workers in Palestinian government hospitals.

There were no significant differences of means of responses on factors affecting transfer of training within the work environment from the perception of Palestinian government hospital workers due to years of experience.

Table (21) MS and SD between years of experience

Training transfer	N	Mean	Std. Deviation
less than 5 years	188	4.8885	0.65889
5-less than 10 years	122	4.7706	0.60295
10-less than 15 years	84	4.6010	0.52386
more than 15 years	92	4.6935	0.59420
Total	486	4.7723	0.61871

A one-way between subjects ANOVA was conducted to compare the factors affecting transfer of training within the work environment from the perception of Palestinian government hospital workers due to years of experience level conditions on training transfer. It is obvious from table (21) that there are differences in means between various education levels.

Table (22) A one-way between subjects ANOVA of the factors affecting transfer of training within the work environment from the perception of workers in Palestinian government hospitals due to experience.

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	5.576	3	1.859	4.975	002.
Within Groups	180.081	482	374.		
Total	185.657	485			

There were significant differences of means of responses on factors affecting transfer of training within the work environment from the perception of Palestinian government hospital workers due to years of experience, since the p>.05 level for the three conditions.

Taken together, these results suggest that years of experience (10-15 years) really do differ for health workers in government hospitals in Northern Palestine.

Table (23) Post hoc comparisons using the Scheffe test

		Mean Difference (I-J)	Sig.
less than 5 years	5-less than 10 years	.11794	.432
	10-less than 15 years	**0.28752***	**0.005***
	more than 15 years	.19503	0.100
5-10 years experience	less than 5 years	-.11794-	0.432
	10-less than 15 years	.16958	0.282
	more than 15 years	.07710	0.841
10-15 years	**less than 5 years**	**-0.28752-***	0.005*

experience	5-less than 10 years	-.16958-	0.282
	more than 15 years	-.09249-	0.800
more than 15 years	less than 5 years	-.19503-	0.100
	5-less than 10 years	-.07710-	0.841
	10-less than 15 years	.09249	0.800

Post hoc comparisons using the Scheffe test (23) was used to indicated that the mean score for the years of experience condition was significantly different in the 5-less than in the 10 years experience and 10-less than 15 years experience; the differences were for 10-less than 15 years.

4.3.2.4 Transfer of training and job title:

H0: There are no differences in means that are statistically significant on p value = 0.05) in "Factors affecting transfer of training within the work environment from the perception of Palestinian government hospitals" due to years of experience.

H0: There are no significant differences ($\alpha \geq 0.05$) of job title on the factors affecting transfer of training within the work environment from the perception of workers in Palestinian government hospitals. There were differences of means of responses on factors affecting transfer of training within the work environment from the perception of workers in Palestinian government hospitals due to job title.

Table (24) Ms and SD between job title

	N	Mean	Std. Deviation
technical	76	4.6509	0.66417
nurse	246	4.7671	0.61552
GP	155	4.8321	0.59635
Total	477	4.7697	0.61894

A one-way between subjects ANOVA was conducted to compare the factors affecting transfer of training within the work environment from the perception of workers in Palestinian government hospitals due to job title conditions on training transfer. It is obvious from table (24) that there are differences in means between various job title levels.

Table (25): A one-way between subjects ANOVA of the factors affecting transfer of training within the work environment from the perception of workers in Palestinian government hospitals due to job title level.

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1.679	2	840.0.	2.203	0.112
Within Groups	180.672	474	381.0.		
Total	182.352	476			

There were no significant differences of means of responses on factors affecting transfer of training within the work environment from the perception of workers in Palestinian government hospitals due to job title level, since the p>.05 level for the three conditions.

Chapter five

Discussion

Chapter five

Discussion of the study results

5.1 Introduction:

This chapter will discuss the study results and their implications. This study was an effort to highlight the main factors that lead to training transfer. Identifying training transfer factors is an important part in preventing complications when developing good training models.

Discussion result of the first question:

Q1: What are the factors affecting transfer of training within the work environment from the perception of workers in Palestinian government hospitals (organization culture, work climate, training design, trainee, trainer)?

Work Environment Factors: which is divided into two sub-categories?

Organization culture:

Items related to organization culture such as language, the lack of necessity for financial rewards to enhance performance, and the ability of training to change work reality received a very high degree of response. This shows that cultural factors play a significant role in the transfer of training process. On the other hand, other items related to the influence of relations with supervisors, colleagues, and other leading people in the training

process also plays a significant role in the transfer of training process. Further, organization culture including the influence of gender, direct opposition and colleague encouragement play a moderate role in the transfer of training process. Overall, results of the study indicate that the organization culture factor significantly affects transfer of training within the work environment from the perception of Palestinian government hospital workers in Northern Palestine.

The results of this research demonstrate the importance of organization culture and the influence of the work environment on transfer of training . The results for this study also indicate that organization culture, assessed by how applicable the training was to the job, positively influenced transfer of training. These results reinforce the notion that hospitals should be aware of how well the content of the organization culture, in terms of the use of activities, examples and exercises, is focused on the application of on-the-job learning .

Work climate:

Study results indicate that work pressure received a very high degree of response, which demonstrates that pressure in the work environment plays a very significant role on the transfer of training process. Items related to the desire to participate in the decision making process play an important role on the transfer of training process. Further, the study reflects the influence of practicing learned skills, risks associated with practicing new

skills, and promotion opportunity as having a moderate role in the transfer of training process. In contrast to this, items relating to the influence of time and punishments associated with practicing new skills play a low role on the transfer of training process. Overall, the factor of work climate has a moderate affect on transfer of training within the work environment from the perception of Palestinian government hospital workers (M=4.5893, SD=.85514, 65.56%).

The results of this study reinforce the role of work environment (Ford et al., 1998) and performance feedback (Reber & Wallin, 1984) on the explanation of training transfer .

The study results reveal that from the factors taken in the study, organization culture and work environment were the most significant. It is important for organizations to create environments that support the transfer of newly trained health workers to the work environment. This agrees with previous studies that showed that trainees should feel that they will receive the support and feedback necessary regarding their performance from the organization, supervisor and co-workers in order to effectively transfer the training. One way this can be accomplished is by creating a climate in which all employees perceive that training is an important aspect of organizational life that will help employees become productive members of the organization (Baldwin & Ford, 1988; Tracey et al., 1995).

Training process: trainer, trainee, training design:

Training design:

Items related to a training design that increases performance, and is connected to work reality, which uses work aids received a high degree of response. Other training design items indicate that organization of training plays a significant role in the transfer of training process. On other hand, items that covered the influence of the external factors into training design, work procedures, communication and direction, post training follow up, training recourses, increasing work performance, having a clear idea about the training design, training design matching the real work, and trainee and training selection criteria all play only a moderate role on the transfer of training process. The overall training design factor was perceived as a moderate influence. The present study also extends Baldwin and Ford's (1988) work by demonstrating empirically that for training to be transferred, the training content should be retained over time.

Trainee factor:

Results indicate that the factor of the trainee had a moderate affect on transfer of training within the work environment from the perception of Palestinian government hospital workers in the Northern West Bank.

Items related to the trainee gaining practical skills received a high degree of response, which indicates that trainee self –will and motivation play an important role in the transfer of training process. Items relating to work

pressure, methods of training, application of practices and work aids received a moderate degree of response. The impact of the work environment in terms of feedback on transfer of training, as predicted in this study, was also supported in this research, indicating that the support from others in the hospitals regarding the trainee's performance after training influences perceptions of training transfer.

Trainees and the retention of the training content were also significantly related to transfer of training. Such results suggest that when trainees believe in their capabilities to transfer learning and when they retain training content, they are more likely to perceive that they have transferred the training to the work context.

Trainer factor:

Finally, the study Results indicate that the factor of the trainer has a moderate affect on transfer of training within the work environment from the perception of Palestinian government hospital workers (M=4.61, SD=.99641, 65.88%). Items that covered trainer communication skills with trainees, trainers creating a suitable climate, trainer confidence and personal characteristics, their ability to apply training skills into the real world and professionalism indicate that the trainer plays only a moderate role in the transfer of training process.

The results of this study do not support the dominant literature (e.g. Bates et al., 2000; Brinkerhoff & Montesino, 1995) that indicate that supervisory support is a critical variable in transfer of training. The results regarding the hypothesis in which it was predicted that trainer would affect transfer of training could seem puzzling at first because the previous literature has typically supported this relationship (Baldwin & Ford, 1988; Lance et al., 2002; Rouiller & Goldstein, 1993; Tracey et al., 1995). However, some gaps persist in the literature regarding the specific trainer factors that influence transfer. Like in the prevalent literature, this study considered only the post-training trainer dimensions like meetings and feedback. Perhaps trainer's interventions in pre-training and during the training could have the stronger impact on transfer of training. Clearly, this is an avenue for future research .

Discussion of the second questions:

Q2: Which factor (organization culture, work climate, trainees, trainers or training design) has the most influence on affecting transfer of training within the work environment from the perception of workers in Palestinian government hospitals?

The results of factor analysis showed that the five factors accounted for 78.9 per cent of training transfer and each contained the average of the items loading.

The study model explains 78.9% of the training transfer factors, in which training process including (trainer, trainee, training design) accounted for 46,4% of explaining the training transfer. The second factor was work environment (work climate and organization culture) which accounted for 32,5% of the training transfer.

If we order them in ranks the factor of trainee comes in first, followed by training design, trainer, work climate and finally organization culture, which came in fifth.

This order reflects the existence of the training transfer problem on the bases of these factors. The sources of training transfer comes from the training process (trainer, trainee, training design) followed by work environment (work climate and organization culture).

This could be interpreted as meaning that the training process (trainee, trainer and the training design) are the immediate source of the training transfer problem, while the work environment is the secondary source of transfer problem.

Discussing the results of the study hypothesis:

H0: There are no significant effects ($\alpha \geq 0.05$) of (organization culture, work climate, training, trainee, and trainer) in Palestinian public hospitals. Study results show that there is a strong and positive correlation between the training of transfer factors (organization culture, work climate, training,

trainee, and trainer) in relation to training transfer. They also show that there is a strong and positive correlation r= 0.65 between organization culture and training transfer; this increases by 16.8% when we include work climate. The correlation further improves significantly when we include the factor of training design. Interestingly, the model improves only 7% when we include trainee to the model and only 2% when we factor in the trainer. Moreover, the model indicates that there are significant effects of the training transfer factors on the training transfer (p value=0.000.) Hence we reject the null hypothesis and accept the alternative hypothesis that there are significant effects (p value = 0.00) of (organization culture, work climate, training, trainee, trainer) on training transfer from the perception of workers in Palestinian government Hospitals.

4.3.2 Results related to the second hypothesis:

H0: There are no significant differences ($\alpha \geq 0.05$) of (district, education level, years of experience, job title, marital status, gender, number of courses, place of training) on the factors affecting transfer of training within the work environment from the perception of workers in Palestinian government hospitals Results of the study indicate that the null hypothesis was accepted for all independent factors since the p value was more than 0.05. except for years of experience which we rejected and accepted the alternative hypothesis that there was a significant differences ($\alpha \geq 0.05$) for

years of experience on the factors affecting transfer of training within the work environment from the perception of workers in Palestinian government hospitals. In fact post hoc analysis indicates that the differences were more significant for health workers with 10- less than 15 years experience. Interesting enough this experience group matches the dates when the first PA public health services were established. And to take into consideration the great amount of funding that was poured into the PMOH in order to improve quality of health. In fact this experience group managed to identify the issues related to training transfer problem significantly more than other experience groups.

5.3 Theoretical and practical implications

Results from this study have potentially important implications for future research and practice. In general, the results of this research argue for examining all aspects of the training process when conducting research on transfer of training. Hence, these results provide empirical evidence to the aforementioned theoretical models (e.g. Baldwin & Ford, 1988; Holton, 1996, 2005; Kavanagh, 1998) suggesting that transfer of training is impacted by the organization culture, work environment, training design, trainee and trainer factors regarding post-training job performance.

Future research should examine pre-training factors in a similar study in order to determine if the combined factors provide better predictions for

transfer of training. As indicated earlier, without the effective transfer of training from the training context to the hospital environment, the costs and time spent in training is simply wasted .

An interesting aspect of the findings of this study is a comparison with previous research using a different methodology (Baldwin & Ford, 1988; Lance et al., 2002; Rouiller & Goldstein, 1993; Tracey et al., 1995), as well as using participants from a country other than the United States. Most of the cited transfer of training research has used pre-post designs using a sample from the United States, whereas this study used a post-test design with a sample from Palestinian public hospitals. Thus, the different results generated could also be attributed to these cultural differences.

More important, however, are the similarities in findings between this study and those done in the United States and other places. Regarding implications, the results from this study provided some validation for the other training transfer models. As noted in the hypotheses testing, the results of this study found strong relationships between models of training transfer dimensions and transfer of training .

Based on the results of this study, we can argue that for hospitals to maximize their return on investment with regards to training transfer and to increase work performance, they need to focus on all related factor determinants of transfer of training: organization culture, work environment, training design, trainees, and trainers. The study results show

that hospitals need to ensure that training is designed such that it matches the ability level of trainees. This will help ensure that trainees have the ability to learn the training material and utilize the knowledge and skills accrued during training outside of the learning environment.

5.4 Limitations

There are several limitations to this study: the access to a variety of public hospitals was not easy. Availability of resources to support the study had to be present to make appropriate health workers subjects available and for job pressure purposes, the study's findings were based on public hospital health workers' self-reported perceptions, which is unavoidable as it impossible to observe application on the job and, as with any self-report approaches, the subjects may have overestimated or underestimated the perception of factors influencing transfer of training. It is possible that there are other unknown factors not identified that might have affected the degree of transfer. Fifth, the results of the study may be generalized only to those with similar characteristics held by participants. Finally, validity of the study relies on participants' honest responses to the questionnaires.

5.5 Conclusions

This study attempted to fill this gap by analyzing the influence of these determinants on training transfer. The findings indicated that organization culture, work environment, training design, trainee, and trainer were

significantly related to transfer of training over time. This suggests that it is important that training researchers and practitioners examine all aspects of the training process when conducting research on transfer of training .

This study discusses the factors of organization culture, work climate, training design, trainee, and trainer) and their effect on transfer of training in work environment from the perception of health workers (nurses and GP) in Palestinian government hospitals

The study concludes that from the factors taken in the study, organization culture and work environment were the most significant. This agrees with previous studies that showed that trainees should feel that they will receive the support and feedback necessary regarding their performance from the organization, supervisor and co-workers in order to effectively transfer the training. One way this can be accomplished is by creating a climate in which all employees perceive that training is an important aspect of organizational life that will help employees become productive members of the organization (Baldwin & Ford, 1988; Tracey et al., 1995).

The Study concluded that organization culture represented by language, lack of financial rewards, training changing work reality, relations with supervisors, colleagues, and other leading people in the training all received a very high importance. This shows that cultural factors play a significant role in the transfer of training process. While, issues in organization culture including the influence of gender, direct opposition

and colleague encouragement play a moderate role in the transfer of training process.

Also, the Study conclude that work climate came as another important factor which demonstrates that pressure in the work environment plays a very significant role on the transfer of training process. Issues in work climate that include to desire to participate in the decision making process, influence of practicing learned skills, risks associated with practicing new skills, and promotion opportunity as having play an important role on the transfer of training process The results of this study reinforce the role of work environment (Ford et al., 1998) and performance feedback (Reber & Wallin, 1984) on the explanation of training transfer .

The study concludes that the other important factor is related to Training process which includes trainer, trainee, and training design:
Study conclude that training design increases performance, and is connected to work reality, which uses work aids received a high degree of response. Other training design items indicate that organization of training plays a significant role in the transfer of training process. On other hand, items that covered the influence of the external factors into training design, work procedures, communication and direction, post training follow up, training recourses, increasing work performance, having a clear idea about the training design, training design matching the real work, and trainee and training selection criteria all play only a moderate role on the transfer of

training process. The overall training design factor was perceived as a moderate influence. The present study also extends Baldwin and Ford's (1988) work by demonstrating empirically that for training to be transferred, the training content should be retained over time.

Results indicate that the factor of the trainee had a moderate affect on transfer of training within the work environment from the perception of Palestinian government hospital workers in the Northern West Bank.

Items related to the trainee gaining practical skills received a high degree of response, which indicates that trainee self –will and motivation play an important role in the transfer of training process. Items relating to work pressure, methods of training, application of practices and work aids received a moderate degree of response. The impact of the work environment in terms of feedback on transfer of training, as predicted in this study, was also supported in this research, indicating that the support from others in the hospitals regarding the trainee's performance after training influences perceptions of training transfer.

Trainees and the retention of the training content were also significantly related to transfer of training. Such results suggest that when trainees believe in their capabilities to transfer learning and when they retain training content, they are more likely to perceive that they have transferred the training to the work context.

Finally, the study Results indicate that the factor of the trainer has a moderate affect on transfer of training within the work environment from the perception of Palestinian government hospital workers (M=4.61, SD=.99641, 65.88%). Items that covered trainer communication skills with trainees, trainers creating a suitable climate, trainer confidence and personal characteristics, their ability to apply training skills into the real world and professionalism indicate that the trainer plays only a moderate role in the transfer of training process.

The results of this study do not support the dominant literature (e.g. Bates et al., 2000; Brinkerhoff & Montesino, 1995) that indicate that supervisory support is a critical variable in transfer of training. The results regarding the hypothesis in which it was predicted that trainer would affect transfer of training could seem puzzling at first because the previous literature has typically supported this relationship (Baldwin & Ford, 1988; Lance et al., 2002; Rouiller & Goldstein, 1993; Tracey et al., 1995). However, some gaps persist in the literature regarding the specific trainer factors that influence transfer. Like in the prevalent literature, this study considered only the post-training trainer dimensions like meetings and feedback. Perhaps trainer's interventions in pre-training and during the training could have the stronger impact on transfer of training. Clearly, this is an avenue for future research .

The results of factor analysis showed that the five factors accounted for 78.9 per cent of training transfer and each contained the average of the items loading.

This order reflects the existence of the training transfer problem on the bases of these factors. The sources of training transfer comes from the training process (trainer, trainee, training design) followed by work environment (work climate and organization culture).

This could be interpreted as meaning that the training process (trainee, trainer and the training design) are the immediate source of the training transfer problem, while the work environment is the secondary source of transfer problem.

Results from this study have potentially important implications for future research and practice. In general, the results of this research argue for examining all aspects of the training process when conducting research on transfer of training. Hence, these results provide empirical evidence to the aforementioned theoretical models (e.g. Baldwin & Ford, 1988; Holton, 1996, 2005; Kavanagh, 1998) suggesting that transfer of training is impacted by the organization culture, work environment, training design, trainee and trainer factors regarding post-training job performance.

Future research should examine pre-training factors in a similar study in order to determine if the combined factors provide better predictions for

transfer of training. As indicated earlier, without the effective transfer of training from the training context to the hospital environment, the costs and time spent in training is simply wasted .

An interesting aspect of the findings of this study is a comparison with previous research using a different methodology (Baldwin & Ford, 1988; Lance et al., 2002; Rouiller & Goldstein, 1993; Tracey et al., 1995), as well as using participants from a country other than the United States. Most of the cited transfer of training research has used pre-post designs using a sample from the United States, whereas this study used a post-test design with a sample from Palestinian public hospitals. Thus, the different results generated could also be attributed to these cultural differences.

More important, however, are the similarities in findings between this study and those done in the United States and other places. Regarding implications, the results from this study provided some validation for the other training transfer models. As noted in the hypotheses testing, the results of this study found strong relationships between models of training transfer dimensions and transfer of training .

Based on the results of this study, we can argue that for hospitals to maximize their return on investment with regards to training transfer and to increase work performance, they need to focus on all related factor determinants of transfer of training: organization culture, work environment, training design, trainees, and trainers. The study results show

that hospitals need to ensure that training is designed such that it matches the ability level of trainees. This will help ensure that trainees have the ability to learn the training material and utilize the knowledge and skills accrued during training outside of the learning environment.

There are several limitations to this study: the access to a variety of public hospitals was not easy. Availability of resources to support the study had to be present to make appropriate health workers subjects available and for job pressure purposes, the study's findings were based on public hospital health workers' self-reported perceptions, which is unavoidable as it impossible to observe application on the job and, as with any self-report approaches, the subjects may have overestimated or underestimated the perception of factors influencing transfer of training. It is possible that there are other unknown factors not identified that might have affected the degree of transfer. Fifth, the results of the study may be generalized only to those with similar characteristics held by participants. Finally, validity of the study relies on participants' honest responses to the questionnaires.

5.6 Recommendations:

Based on the study Results, researcher recommends the following:

1. Hospitals should improve transfer of training by ensuring that trainees believe that they have the capabilities to successfully learn the new material and utilize their new knowledge, skills and abilities on the job. Necessity of

showing trainees that other employees who have received the training have successfully improved their job performance, providing trainees with the opportunity to experience mastery of the training material in the training environment and modeling the appropriate behaviors so that trainees can conceptualize how training can be utilized outside of the training context.

2. Hospitals should be aware of how well the content of the organization culture, in terms of the use of activities, examples and exercises, is focused on the application of on-the-job learning .

3. It is important for organizations to create environments that support the transfer of newly trained health workers to the work environment

4. Emphasis should be bayed to work pressure; methods of training, application of practices, work aids, all play a moderate role in the transfer of training process.

5. Attention should be bayed to trainee self–will and motivation because they play a significant role in the transfer of training process.

6. Designing training plays an important role in the transfer of training process.

7. External factors that should be taken into account for training design: work procedures, communication and direction, post training follow up, training recourses, increasing performance, having a previous clear idea about the training design, training design matching the real work, training

selection criteria, all play a moderate role on the transfer of training process.

8. This indicates that pressure in the work climate plays a role in the transfer of training process.

9. This indicates that the influence an employee's relationship with supervisors, colleagues, and other leading people in the training process also play a significant role in the transfer of training process

10. Indicate that trainer communication skills, creating a suitable climate, trainer confidence and personal characteristics, ability to apply training skills into real world and professionalism all play a role on the transfer of training process.

11. Hospitals could also conduct follow-up assessments after the training to ensure that the training content is retained over the time .

12. Training should not be designed with the premise that one size fits all learning styles and this needs to be considered in the design process. Organizations need to take into consideration the variety of different training needs. Near training should be used for core technical applications and far training for more general applications.

13. Supervisors play a pivotal role in the successful transfer of training. Pre and post training encouragement and support are vital.

14. Supervisors can strengthen the connection between the strategic direction and training. Organizational culture should be supportive of learning, with trainee involvement in determining training initiatives.

15. Results show that hospitals can improve transfer of training by ensuring that trainees believe that they have the capabilities to successfully learn the new material and utilize their new knowledge, skills and abilities on the job.

16. Hospitals could also conduct follow-up assessments after the training to ensure that the training content is retained over the time.

17. Training should not be designed with the premise that one size fits all learning styles need to be considered in the design process.

18. Post training self-management and relapse prevention techniques can be used to help retain training knowledge.

19. Supervisors play a pivotal role in the successful transfer of training. Pre and post training encouragement and support are vital. Supervisors can strengthen the connection between the strategic direction and training.

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Appendixes

Appendix A

Instrument testing panel

مكان العمل	الرقم	الاسم
جامعة النجاح الوطنية	د. غسان دعاس	1
جامعة النجاح الوطنية	د. سمير أبو عيشه	2
جامعة الخليل	د. محمد الجعبري	4
جامعة بيرزيت	د. ثمين الهيجاوي	5
جامعة العربية الامريكية	د. نور أبو الرب	6
جامعة النجاح الوطنية	د. باسم مكحول	7
جامعة النجاح الوطنية	د. عبد الناصر قدومي	8
جامعة النجاح الوطنية	د. وائل أبو صالحة	9
جامعة النجاح الوطنية	د. عوده عوده	10
جامعة القدس	د. محمود الجعفري	11
جامعة القدس المفتوحة	د. دياب جرار	12
جامعة النجاح الوطنية	د. هشام جبر	13
وزارة الصحة	د. قاسم معاني	14
جامعة النجاح الوطنية	د. سامي فقها	15

Appendix B

بسم الله الرحمن الرحيم

تحية طيبة وبعد،

حضرة الدكتور   المحترم.

أنا الطالب بشار أحمد ناجي جمعة أقوم بإجراء دراسة بعنوان **"العوامل المؤثرة على نقل التدريب إلى بيئة العمل من وجهة نظر العاملين في المستشفيات الحكومية في شمال الضفة الغربية "** وذلك استكمالاً لمتطلبات الحصول على درجة الماجستير في الإدارة الهندسية من كلية الدراسات العليا في جامعة النجاح الوطنية.

ونظرا" لموضوع الدراسة ومجالها اقترح المشرف الدكتور مجيد منصور بإدراج حضرتكم نظرا" لمكانتكم العلمية والأكاديمية ضمن قائمة لجنة التحكيم الكريمة. فيرجى من حضرتكم الموافقة على تحكيم أداة الدراسة التي يحمل عنوانها.

شاكرين لكم حسن تعاونكم ومساهمتكم في دعم البحث العلمي في فلسطين

الباحث

بشار احمد ناجي جمعة

Appendix C

جامعة النجاح الوطنية

كلية الدراسات العليا

برنامج الإدارة الهندسية

حضرة الموظف\ة

تحية طيبة وبعد ؛

يقوم الباحث بإجراء دراسة عنوانها **"العوامل المؤثرة على نقل التدريب الى بيئة العمل من وجهة نظر العاملين في المستشفيات الحكومية في شمال الضفة الغربية "** وذلك استكمالاً لمتطلبات الحصول على درجة الماجستير في الإدارة الهندسية من كلية الدراسات العليا في جامعة النجاح الوطنية.

لذا يرجى منكم التكرم بتعبئة هذه الاستبانة بأمانة وموضوعية، مع العلم بأن استجابتكم سوف تستخدم لأغراض البحث العلمي فقط.

شاكرا لكم حسن التعاون

الباحث
بشار احمد ناجي جمعة
0599141191
jomaabashar@yahoo.com

الجزء الأول: البيانات الأولية: ضع علامة ( ) أما الاجابة التي تناسبك.

1- المحافظة:

- نابلس ( ) - جنين ( ) -طولكرم ( ) -سلفيت ( ) -قلقيلية ( ).

2- المؤهل العلمي:

- ثانوية فأقل () -دبلوم ( ) -بكالوريوس () -ماجستير ( ) -دكتوراه ( )

3- سنوات الخبره:

- أقل من 5 سنوات ( )   من 5 الى أقل من 10 سنوات ( )

- من 10 سنوات الى أقل من 15 سنه ( )   - من 15 سنه فأكثر ( )

4- المهنه:

- فني ( ) -ممرض ( ) -طبيب ( )

5- المسمى الوظيفي:

- موظف ( ) -رئيس قسم ( ) -مدير دائرة: ( ).

6- الحاله الاجتماعية:

- متزوج ( ) -أعزب ( ) - غير ذلك ( )

7- الجنس

- ذكر ( ) - أنثى ( )

8   عدد الدورات التدريبية التي حصلت عليها في مجالات أخرى:

- لم أحصل على دوره تدريبية ( ) - دوره واحده ( ) - دورتان ( )

- 3 دورات ( ) - 4 فأكثر ( )

9- عدد الدورات التي حصلت عليها في مجال التخصص:

- لم أحصل على دوره تدريبية ( ) - دوره واحده ( ) - دورتان ( )

- 3 دورات ( ) - 4 فأكثر ( )

10- مكان التدريب:

- داخلي ( ) - خارجي ( ) -كلاهما ( )

نقل التدريب: هو عبارة عن نقل المهارات والمعرفة المكتسبة من خلال التدريب الى بيئة العمل.

ثانياً: محاور الدراسة:

يرجى وضع إشارة (√) في المكان الذي تراه مناسباً:

موافق بشدة	موافق	موافق نوعا ما	محايد	معارض نوعا ما	معارض	معارض بشدة	**القسم الاول: ثقافة التدريب**	
							عامل اللغة في التدريب له أثر كبير على أدائي في العمل	1.
							أركز على المردود المادي بدل المعرفة والخبره في التدريب.	2.
							عامل الجنس يتيح لي فرص أكثر للمشاركة في برامج التدريب.	3.
							لدي الاستعداد للالتحاق في التدريب حتى ولو كان بدون حوافز ومكافئات.	4.
							عملية التدريب تتأثر بالواسطة والعلاقات الاجتماعية والمحسوبة.	5.
							علاقاتي تساعدني في تطبيق ما تدرب عليه.	6.
							التدريب بالنسبة لي هو وسيله نحو الاداء الافضل.	7.
							نقل ما تعلمته في التدريب يتاثر بعلاقاتي مع زملائي في العمل.	8.
							نقل ما تعلمته في التدريب يتاثر بعلاقاتي مع رؤسائي في العمل.	9.
							ألاقي معارضة اثناء تطبيق المهارات والمعارف الجديدة في تطبيق مخرجات التدريب	10.
							يمتدحني ويشجعني زملائي عندما أقوم بتطبيق مهارات جديدة تعلمتها من التدريب.	11.
							التدريب بالنسبة لي هو عبارة عن دعم اجتماعي في مهنتي.	12.
							التدريب لن يغير في واقع العمل.	13.
							يعد التدريب فرصة من اجل زيارة بلدان والتعرف على اماكن جديدة.	14.
موافق بشدة	موافق	موافق نوعا ما	محايد	معارض نوعا ما	معارض	معارض بشده	**القسم الثاني: بيئة العمل.**	
							اشعر بان ضغط العمل يعيق تطبيق مهارات التدريب التي تلقيتها بالشكل المناسب.	15.
							توفر لي بيئة العمل الفرصة الكافية في ممارسة ما ينقصني من مهارات وخبرات قد تدربت عليها.	16.
							لدي الوقت الكافي من اجل تطبيق المهارات والخبرات الجديدة التي تلقيتها في التدريب في بيئة العمل.	17.
							أشعر بالإحباط نتيجة عدم قدرتي على تطبيق ما تعلمته في التدريب.	18.
							أشعر بان هناك مخاطر في تطبيق مهارات جديدة سأحاسب عليها ان فشلت.	19.
							أشعر باني سوف أعاقب اذا ما قمت بتطبيق مهارات جديدة.	20.
							أشعر باني سوف لن أكافىء اذا ما قمت بتطبيق مهارات جديدة.	21.

								العبارة	

								توفر لي بيئة العمل الفرصة الكافية في ممارسة ما ينقصني من مهارات وخبرات قد تدربت عليها.	22.
								المتدربون الدين يطبقون ما تعلمونه من مهارات وخبرات من خلال التدريب لهم فرص أكثر للترقية.	23.
								التدريب يزيد من مشاركتي لمشرفي في اتخاذ القرارات.	24.
								القسم الثالث: التدريب.	
								عملية التدريب كانت منظمة ومخطط لها بشكل جيد.	25.
								أثناء التخطيط للتدريب يأخذ بعين الاعتبار العوامل الخارجية للمتدرب.]	26.
								ارى بان التدريب يساهم بشكل مباشر في تحسين فعالية العمل (الاداء).	27.
								كان التدريب الذي تلقيته حديثا ومرتبطا بطبيعة وظروف عملي.	28.
								يتم استخدام وسائل مساعدة في بيئة العمل مثل صور ونشرات او مذكرات تشير الى إجراءات يجب إتباعها في العمل.	29.
								اشعر بان إجراءات العمل لا تساعد على تطبيق ما تعلمته من مهارات في التدريب.	30.
								التواصل والتوجيهات المتعلقة بنشاطات التدريب كانت واضحة وكافية ومناسبة.	31.
								يطلب رئيسي تقديم ملخص حول موضوع التدريب من حيث اهدافه ومحتواه والطرق الخاص به ونتائجه.	32.
								المواد والادوات المستخدمة اثناء التدريب كانت مناسبة وكافية وأشتمل التدريب على استخدام وسائل توضيحية ممتعة.	33.
								متابعة رئيسي لعملي في تطبيق الخبرات والمهارات المكتسبة من خلال التدريب له أثر كبير على أدائي في العمل.	34.
								شعرت بان هناك ارتباط بين التدريب النظري والتطبيق العلمي طيلة فترة التدريب.	35.
								لدي فكره واضحة عن البرنامج التدريبي قبل بدئه.	36.
								يوجد هناك تركيز من قبل القائمين علي بضرورة تطبيق ما تلقيته من تدريب	37.

موافق بشدة	موافق	موافق نوعا ما	محايد	معارض نوعا ما	معارض	معارض بشده	لاحظت بان التدريب الذي تلقيته هو بالفعل ما يتم في ارض الواقع.	
							اختيار المدرب والمتدرب يتاثير بالعلاقات الاجتماعية والمحسوبة.	38.
							القسم الرابع: المتدرب.	
							شعرت باني قد اكتسبت مهارات عملية لم أكن اعرفها قبل التدريب.	39.
							اشعر بان ضغط العمل لا يسمح لي بان أقوم بتطبيق مهارات التدريب التي تلقيتها بالشكل المناسب.	40.
							كان التدريب يرتكز على الملاحظة من قبلي حول ما يفعله المدرب او المشرف.	41.

موافق بشدة	موافق	موافق نوعا ما	محايد	معارض نوعا ما	معارض	معارض بشده		
							أجد صعوبة في تطبيق المهارات التي تلقيتها من التدريب على ارض الواقع	42.
							اشعر بالالتزام بتطبيق المهارات التي تعلمتها في التدريب حتى لو أن الجميع لا يطبقونها.	43.
							أشعر بتحسن كبير في مهارات وسلوكياتي المهنية بسبب التدريب الذي تلقيته.	44.
							أحاول أن أستطلع التطورات الحديثة التي تتعلق بمجال عملي.	45.
							أقوم بإعداد الوسائل التي تساعدني على تذكر مواضيع التدريب في عملي	46.
							اعتبر بان التدريب الذي تلقيته او اتلقاه حديثا ومتلائما مع طبيعة وظروف العمل.	47.
موافق بشدة	موافق	موافق نوعا ما	محايد	معارض نوعا ما	معارض	معارض بشده	اقوم بتطبيق ما تدربت عليه من مهارات وخبرات من خلال التدريب في العمل.	
							كان للتدريب تأثيرا ضئيلا على اعطائي مهارات وخبرات جديدة.	48.
							اشعر بانني قادر على تطبيق المهارات والخبرات التي تدربت عليها في سير عملي اليومي	49.
							القسم الخامس: المدرب.	
							يبدي المدرب اهتماما شخصيا بالمشاركين في التدريب.	50.
							لقد ساهم المدرب بخلق بيئة مناسبة من اجل تطبيق التدريب.	51.
							لقد كان المدرب واثقا من نفسه ومتحمسا واضحا بالنسبة لي.	52.
							يقوم المدرب بمتابعة المتدربين ويتصل بهم من اجل تقديم النصح والدعم.	53.
							يقوم المدرب بعملية تنشيط للمفاهيم التي تم التدرب عليها ومناقشة المشكلات التي تتعلق بالتطبيق.	54.
							يقوم المدرب او المشرف بخلق البيئة المناسبة من اجل تعلم مهارات ومعارف جديدة.	55.
							شعرت بان المدرب كان ملما في موضوع التدريب.	56.
							يقوم المدرب باعادة بعض المفاهيم الهامة ويناقش المشكلات التي تواجه المتدربين.	57.

جامعة النجاح الوطنية

كلية الدراسات العليا

العوامل التي تؤثر على عملية نقل التدريب ضمن بيئة العمل من وجهات

نظر العاملين في المشافي الحكومية في شمال الضفة الغربية

إعداد

بشار احمد ناجي

إشراف

الدكتور مجيد منصور

قدمت هذه الأطروحة استكمالا لمتطلبات الحصول على درجة الماجستير في الادارة الهندسية بكلية الدراسات العليا في جامعة النجاح الوطنية في نابلس، فلسطين.

2011م

العوامل التي تؤثر على عملية نقل التدريب ضمن بيئة العمل من وجهات نظر العاملين في المشافي الحكومية في شمال الضفة الغربية،

إعداد

بشار احمد ناجي

إشراف

الدكتور مجيد منصور

الملخص

تهدف هذه الدراسة الى التعرف الى العوامل التي تؤثر في عملية نقل التدريب في بيئة العمل من وجهات نظر العاملين(التمريض والطاقم الطبي) في المشافي الحكومية في شمال الضفة الغربية، كما تحاول هذه الدراسة ان تقيم اثر عوامل (الثقافة التنظيمية، مناخ العمل، التدريب، المتدرب، والمدرب) وتبين اكثر هذه العوامل تأثيرا على عملية نقل التدريب. كما تحاول الدراسة فحص الفرضيات حول اثر عوامل (الثقافة التنظيمية، مناخ العمل، التدريب، المتدرب، والمدرب) (على مستوى الدلالة (0.05) في عملية نقل التدريب في بيئة العمل من وجهات نظر العاملين في المشافي الحكومية في شمال الضفة الغربية. كما تفحص الدراسة دور متغيرات (الجنس، تلقي دورات تدريبية متخصصة، المؤهل العلمي، سنوات الخبرة، والمسمى الوظيفي) على عملية نقل التدريب ضمن بيئة العمل من وجهات نظر العاملين في المشافي الحكومية في شمال الضفة الغربية.

تعتمد هذه الدراسة على الاستبانة كأداة لجمع البيانات حيث تم تطبيقها على المشافي الحكومية في شمال الضفة الغربية. حيث تألفت عينة الدراسة من جميع العاملين الصحيين(التمريض والطاقم الطبي) في المشافي الحكومية في شمال الضفة الغربية في كل من (المستشفى الوطني، ورفيديا الجراحي الحكومي، طولكرم الحكومي، وقلقيلية، وجنين وسلفيت). حيث بلغت عينة الدراسة (486) .

وتشير نتائج الدراسة الى ان نموذج الدراسة تمكن من تفسير 78.9% من عملية نقــل التدريب، حيث فسرت العوامل المتعلقة بالتدريب والمدرب والمتدرب 46.6% من التبــاين فــي حين فسرت العوامل المتعلقة ببيئة العمل (المناخ العملي، والثقافة التنظيمية) 32.5% من تبــاين نموذج الدراسة.   وقد خلصت الدراسة الى ان النماذج السابقة التــي تناولــت موضـــوع نقــل التدريب الى بيئة العمل قد نجحت في تفسير ظاهرة نقل التدريب في سياق اجتماعي واقتصادي مختلف مما يعطي مشكلة نقل التدريب بعدا اوسع.   وقد تم تقديم مجموعة من التوصيات الخاصة بالدراسة.