

Examining the Effectiveness of Training on Employee Performance: A Case Study of Chilenje Level 1 Hospital

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ARTICLE INFORMATION	ABSTRACT
Article history: Published: October 2026 Keywords: Employee Training Performance Healthcare Skills Development Motivation	Employee training is a vital component of human resource management that enhances individual and organizational performance (Armstrong, 2020). However, at Chilenje Level 1 Hospital in Lusaka, Zambia, inconsistencies in training frequency, limited follow-up mechanisms, and inadequate resource allocation have raised concerns about the overall effectiveness of training programs in improving employee performance (Mwila & Chanda, 2022). This study was therefore conducted to examine the effectiveness of training programs on employee performance at Chilenje Level 1 Hospital. The specific objectives were: (i) To establish types of training programs provided to employees at Chilenje Level 1 Hospital, (ii) To determine the effectiveness of training on employee performance. (iii) To identify limitations affecting the effectiveness of training programs at Chilenje Level 1 hospital. A mixed-methods research design was adopted to ensure a comprehensive analysis of the research problem (Creswell, 2018). The study employed both probability and non-probability sampling techniques to select respondents from various departments, including nursing, administration, and support services. Quantitative data was gathered through structured questionnaires administered to 50 employees, while qualitative data was obtained from semi-structured interviews with supervisors and departmental heads to gain deeper insights into training practices and experiences. Data was analyzed using descriptive statistics for quantitative responses and thematic analysis for qualitative data (Saunders, Lewis & Thornhill, 2019). Results Based on Objective One, types of Training Programs the researcher sought to find on the types of training programs available at the hospital. The findings indicate that 83% reported Management and Leadership training, 10% reported Clinical Skills, and 7% mentioned Infection Prevention and Control. Results Based on Objective two availability of training programs, the researcher sought to find out Availability of Training Programs at Chilenje Level 1 Hospital, these findings suggest that the organisation has a strong historical commitment to training and professional development. Results Based on Objective three the findings reveal several key suggestions. These results indicate that employees value inclusivity, clarity, and practicality in training programs. The study concludes that investing in continuous and strategically aligned training initiatives is essential for improving employee performance and achieving organizational efficiency in healthcare delivery. It recommends that hospital management should prioritize capacity-building initiatives and align training programs with job-specific requirements to enhance employee productivity and patient care outcomes.

1. Introduction

Globally, training is defined as a systematic process aimed at improving the performance of employees by enhancing their knowledge, skills, and competencies to align with organizational goals. This process may take various forms such as workshops, e-learning, on-the-job training, and coaching, all of which are designed to equip employees with the tools needed to perform effectively (Noe, 2017). The World Health Organization (WHO) recognizes training as a central pillar of its Global Strategy on Human Resources for Health (2016–2023), emphasizing that investment in the education and continuous development of health workers is essential for achieving universal health coverage and improving global health outcomes (WHO, 2016).

Across the African continent, healthcare systems continue to face challenges related to inadequate training and professional development. A continental study by Matanje and Chirwa (2022) found that many sub-Saharan African countries lack sustainable professional development programs, leading to a mismatch between the required healthcare skills and existing workforce capabilities. Some nations, such as South Africa and Kenya, have made significant progress through government-led initiatives and partnerships with international organizations to improve training in areas such as maternal health, infectious diseases, and healthcare leadership. However, disparities persist due to variations in infrastructure, funding, and national health policies (Achieng et al., 2022).

Regionally, the effectiveness of healthcare worker training in sub-Saharan Africa varies widely, depending on the availability of resources, institutional support, and local health sector priorities. Inadequate training opportunities and weak evaluation mechanisms

have been identified as barriers to improved healthcare delivery in several African countries. Continuous training is therefore necessary to maintain high professional standards and ensure effective service delivery within healthcare systems (Achieng et al., 2022). In Zambia, the healthcare system has made significant strides in expanding access to medical services, yet it continues to face challenges concerning the training and development of healthcare workers. According to the Zambia National Health Workforce Development Plan (2021–2025), the country faces a shortage of approximately 12,000 healthcare workers, with the greatest deficit in rural areas (Ministry of Health, 2021). The Zambia Health Sector Performance Report (2020) further indicates that only about 60% of healthcare workers in the country are adequately trained, revealing significant disparities in access to quality training (Zambia Ministry of Health, 2020). Inadequate training, particularly in rural and peri-urban health facilities, has been linked to poor service delivery and suboptimal employee performance (Chileshe, 2020).

1.2 Statement of the Problem

Despite the recognized importance of training in enhancing employee performance, Chilenje Level 1 Hospital continues to face persistent challenges related to staff effectiveness. One of the main causes is the inadequacy and irregularity of training programs, which are often not aligned with the specific needs of healthcare workers (Ministry of health 2023). In addition, limited financial and material resources hinder the implementation of frequent and high-quality training sessions. The lack of structured monitoring and evaluation further reduces the impact of training efforts. As a result, the hospital experiences poor service delivery, low employee motivation, and an increased risk of medical errors. These issues also contribute to high staff turnover, which affects the continuity and quality of healthcare services. Therefore, there is a need to examine the effectiveness of training at Chilenje Level 1 Hospital and explore how it can be improved to enhance employee performance and overall healthcare delivery.

1.3 Objectives of the Study

To examine the effectiveness of employee training programs on improving employee performance at Chilenje Level 1 Hospital.

1.4 Specific objectives of the study

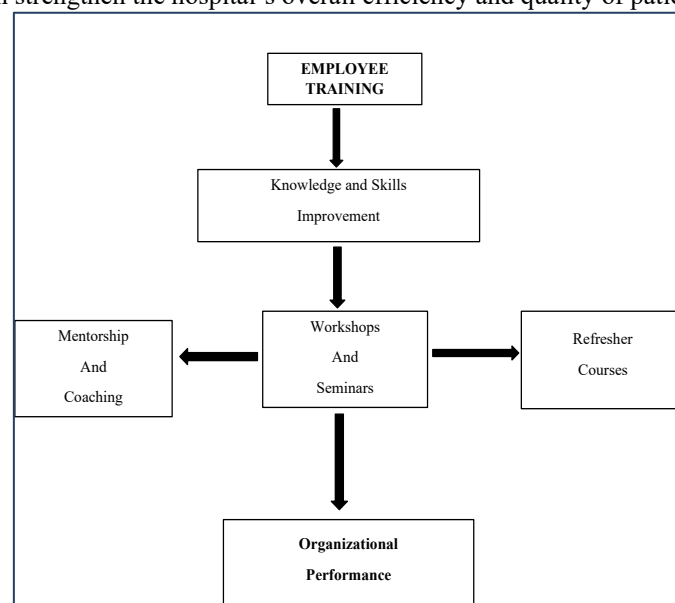
- To establish types of training programs provided to employees at Chilenje Level 1 Hospital.
- To determine the effectiveness of training on employee performance.
- To identify limitations affecting the effectiveness of training programs at Chilenje Level 1 hospital.

1.5 Research Questions

- What types of training programs are offered to employees at Chilenje Level 1 Hospital?
- How effective is training in improving employee performance?
- What limitations affect the effectiveness of training programs at Chilenje Level 1 Hospital?

1.6 Conceptual Framework

The conceptual framework illustrates the relationship between employee training and development and employee performance at Chilenje Level 1 Hospital, showing how strategic training initiatives enhance both individual and organizational outcomes (Armstrong, 2020). At the core is Employee Training, encompassing structured learning programs, capacity-building initiatives, and skill-based interventions aimed at improving employees' knowledge, skills, and abilities (Noe, 2021). This process leads to Knowledge and Skills Improvement, where employees acquire new competencies, enhance technical abilities, and deepen their understanding of job roles. The hospital employs three key training methods Mentorship and Coaching, Workshops and Seminars, and Refresher Courses to facilitate learning, promote personal growth, and ensure continuous professional development (Mwila & Chanda, 2022). These methods collectively drive improved Employee Performance, reflected in higher productivity, motivation, and service quality, which in turn strengthen the hospital's overall efficiency and quality of patient care (Ziwa & Mumba, 2023).



Source: Researcher

2. Literature Review

2.1 Types of training programs provided to employees

In Zambia's health sector, employee training and development form an integral component of human resource capacity building, directly influencing service quality and institutional performance. At Chilenje Level 1 Hospital, training and development are strategically implemented to enhance the knowledge, skills, and competencies of healthcare workers, enabling them to respond effectively to patients' needs and changing healthcare demands. Employee training is defined as a systematic process of acquiring technical, interpersonal, and conceptual skills to perform specific tasks efficiently (Armstrong, 2020). This process is designed not only to bridge skill gaps but also to promote professional growth and organizational effectiveness.

The hospital places particular emphasis on structured learning programs that focus on improving employees' professional competence. These include mentorship and coaching, workshops and seminars, and refresher courses aimed at continuous learning and performance improvement.

Mentorship and coaching: According to Noe (2019), mentorship and coaching allow experienced employees to guide less experienced staff, creating a culture of shared learning and accountability. At Chilenje Level 1 Hospital, this approach helps newly recruited nurses and clinical officers adapt quickly to the operational environment while ensuring that institutional standards are upheld. Coaching further enhances individual performance through personalized feedback and skill refinement, leading to improved service delivery and reduced medical errors.

Workshops and seminars: Workshops and seminars are another key component of the hospital's training framework. These programs are often organized in collaboration with the Ministry of Health and various partner organizations, focusing on areas such as infection prevention, patient safety, emergency response, and ethics in medical practice. Dessler (2021) notes that workshops serve as vital platforms for knowledge exchange, especially in dynamic sectors like healthcare where technological and procedural updates occur frequently. Through such sessions, employees at Chilenje Level 1 Hospital acquire current knowledge on best practices and innovations in patient care. The interactive nature of workshops also encourages teamwork and inter-departmental coordination, which are crucial for holistic patient management.

Refresher courses: Refresher courses are periodically conducted to reinforce existing knowledge and ensure compliance with new health guidelines. In the context of public hospitals, these trainings are essential for maintaining quality assurance and sustaining service standards amid resource constraints. According to Torrington et al. (2020), refresher training helps prevent professional stagnation and mitigates the risks associated with outdated medical practices. At Chilenje Level 1 Hospital, such programs have been instrumental in improving adherence to clinical protocols, waste management standards, and infection control measures, thereby enhancing both employee confidence and patient satisfaction.

2.2 The Effectiveness of Training on Employee Performance.

In developed nations such as the United Kingdom and the United States, training programs have evolved from traditional classroom-based models to competency-based and technology-driven approaches. The growing adoption of e-learning and blended learning systems has made it possible for employees to access training materials remotely while maintaining productivity at the workplace (Dessler, 2019). These methods have been credited with improving knowledge retention and performance, particularly in service-oriented institutions such as hospitals. For instance, the National Health Service (NHS) in the UK has institutionalized continuous professional development (CPD) as a requirement for all medical staff, ensuring that skill gaps are constantly addressed and employees remain competent in their specialized areas (Mullins, 2020). Such global experiences demonstrate that training is not merely an administrative exercise but a strategic investment that enhances both individual and institutional performance.

Regionally, within the African context, the effectiveness of training has become increasingly significant as countries seek to strengthen institutional capacity and improve service delivery. The African Union (2021) emphasizes that human capital development remains a central driver of sustainable growth and innovation across the continent. In many African public institutions, including hospitals, training has been used as a tool to bridge skill gaps and improve employee motivation. Studies conducted in Kenya and South Africa reveal that on-the-job training and mentorship programs have positively influenced employee commitment and organizational performance (Ngure, 2018).

In the Zambian context, employee training has gained prominence as both public and private institutions recognize the critical role of human resource development in achieving national development goals. The Zambian Government, through the Seventh National Development Plan (GRZ, 2017).

2.3 Challenges Affecting the Effectiveness of Training Programs

Training programs play a critical role in enhancing employee performance; however, their effectiveness is often constrained by various challenges that arise at organizational, structural, financial, and individual levels. Globally, the success of training initiatives depends on the availability of adequate resources, alignment with organizational goals, and the commitment of both management and employees. Despite the recognition of training as an essential driver of productivity, several barriers continue to hinder its impact, particularly in developing economies.

Limited financial resources: One of the most prevalent global challenges is limited financial resources. Many organizations, especially in the public sector, operate under constrained budgets that restrict their ability to implement regular and high-quality training programs. According to Armstrong (2021), training is frequently perceived as a cost rather than a long-term investment, leading to underfunding and the prioritization of short-term operational needs over capacity-building. Becker (2020) similarly argues that insufficient funding limits access to professional trainers, up-to-date materials, and modern learning technologies. Consequently, training initiatives often become sporadic, fragmented, or poorly executed. In contrast, Jones and Smith (2019) suggest that even under financial strain, organizations can improve effectiveness by adopting cost-efficient models such as e-learning or blended learning, indicating that innovation can partially offset budgetary limitations.

Misalignment between training programs and organizational needs: Another significant issue is misalignment between training programs and organizational needs. Torrington (2020) contends that many organizations conduct training without proper needs assessment, leading to programs that fail to address specific performance gaps. This misalignment results in employees receiving generic knowledge that does not translate into improved job performance. Mathis and Jackson (2021) emphasize that when training is implemented as a routine human resource activity rather than a strategic intervention, it fails to deliver measurable outcomes. On the other hand, Katou (2018) highlights that when training is integrated into strategic planning and aligned with performance objectives, organizations achieve more sustainable results.

Quality and competence of trainers: The quality and competence of trainers also remain a major determinant of training success. Noe (2020) notes that the trainer's expertise, delivery approach, and engagement techniques critically influence learning outcomes. Trainers who lack current knowledge or effective facilitation skills often fail to inspire participants, rendering training ineffective. Stone (2019), however, observes that even less experienced trainers can achieve positive results if they operate within a supportive learning culture where employee motivation is high.

Employee attitudes and resistance to change: Equally important is the challenge of employee attitudes and resistance to change. Some employees perceive training as an inconvenience or an unnecessary disruption, especially when it is not clearly linked to career progression or immediate job benefits. Ng'andu (2022) argues that this resistance often stems from negative past experiences or fear of change. Boudreau and Cascio (2021) propose that involving employees in training design and implementation can mitigate resistance by fostering ownership and engagement.

2.4 Personal Critique on Challenges Affecting the Effectiveness of Training Programs

Training effectiveness faces several challenges, including limited resources, poor design, and weak evaluation (Salas 2023). These challenges vary across sectors, with financial constraints in resource-limited institutions and strategic misalignment in well-resourced organizations. Employee motivation and attitudes are also crucial, as training may fail if staff resist change (Noe, 2017). Many organizations underuse evaluation models like Kirkpatrick's and focus on short-term outcomes rather than long-term impact (Phillips & Phillips, 2019). The lack of integration with career development reduces engagement, making training seem like a compliance exercise. Overall, challenges are multidimensional, spanning organizational, individual, and cultural factors, requiring a holistic approach linking strategy, psychology, and sustainable evaluation, especially in developing countries like Zambia.

2.5 Research Gap

The literature reviewed on training and employee performance demonstrates that numerous scholars have underscored the significance of training in enhancing organizational effectiveness (Aguinis & Kraiger, 2009; Salas et al., 2017). Studies have further highlighted the types of training programs available, ranging from technical to soft skills development, and the various challenges that hinder their successful implementation (Noe, 2017; Phillips & Phillips, 2016). However, despite this extensive body of knowledge, there remains a significant gap in understanding the contextual realities of training effectiveness within public health institutions in Zambia.

3. Methods and Procedures

3.1 Research Design

This research employed a qualitative case study design, which allowed for an in-depth exploration of the training programs and their impact on employee performance within the specific context of Chilenje Level 1 Hospital. The case study approach has been emphasized as an effective method for understanding complex social phenomena in real-world contexts (Baxter & Jack, 2019). The case study focused on Chilenje Level 1 Hospital, a public healthcare institution where employees underwent various training programs aimed at improving their job skills. The study considered training programs across different departments, such as nursing, medical staff, and administrative roles, providing a holistic view of the training's impact (Merriam & Tisdell, 2022).

3.2 Target population

According to Hill (2020), a population is a group of individuals with similar characteristics. The target population for this study comprised all employees of Chilenje Level 1 Hospital, including both clinical and non-clinical staff. This included doctors, nurses, midwives, laboratory technicians, pharmacists, administrative personnel, and support staff who were either directly or indirectly involved in patient care and hospital operations.

3.3 Sampling technique

This study employed a purposeful sampling design, which involved selecting participants based on specific characteristics relevant to the research objectives (Makupo, 2019). The key criterion was that participants must have undergone one or more training programs within the past 6 to 12 months at Chilenje Level 1 Hospital. Purposeful sampling was ideal for this qualitative research, as it allowed the researcher to focus on individuals who could provide in-depth and meaningful insights into the effectiveness of training programs.

3.4 Sample size

A sample size of 50 participants was selected from the target population at Chilenje Level 1 Hospital. This sample included a mix of clinical and non-clinical staff who had undergone training within the past 6 to 12 months. According to (Johnson and Bounce 2020) the relatively small sample size was appropriate for a qualitative case study, as it allowed for an in-depth exploration of participants' experiences while still capturing diverse perspectives across different roles and departments.

3.5 Techniques for data collection

The study used qualitative data collection methods to gather in-depth insights on the effectiveness of training programs at Chilenje Level 1 Hospital. The primary method was interviews, which allowed participants to freely express their experiences and opinions.

while still aligning with the research objectives. Additionally, focus group discussions were conducted with small groups of employees from different departments to capture shared views and stimulate discussion around the impact of training on their work.

3.6 Data analysis techniques

After gathering data, there is need to process the data before it is analyzed. This involved data organization in line with the above themes set to capture the research's specific objectives. Data organization in this study will involve 4 stages as follows:

3.6.1 Pre-processing

The primary purpose of pre-processing was to correct problems identified in the raw data such as elimination of unusable data, interpretation of ambiguous answers and contradictory data from related questions.

3.6.2 Development of coding schemes

After correcting the errors that may influence data analysis, the researcher formulated a coding system. The core function of the coding was created and scales from responses which was then be summarized and analyzed in various ways. The coding also helped in addressing challenges of missing data in that the missing data given its own code hence making analysis easy.

3.6 Data analysis

After organizing the data, the researcher finally conducted data. The researcher executed two types of data analysis, one during the data collection process at the research site and one following the completion of data collection. Data analysis was involved in examining what was collected and making deductions and inferences. It also involved uncovering underlying structure, extracting important variables, detecting any anomalies and testing any underlying assumptions, it further goes to involve scrutinizing the acquired data and making inferences to address the initial objectives or propositions of the study.

Therefore, the data obtained from secondary sources was evaluated against and compared with the data gathered from primary sources in order to support the balance of evidence and interpretations that was made in the thesis. The analysis of secondary sources begun before and during the interview process. The preliminary review and analysis of documents enable the researcher to identify the key thematic issues; and later during the interviews, redesigning the questions in order to capture the analytical constructs. The secondary sources provided some elements of quantitative data in the form of statistical tables, charts and graphs, which was enrich the analysis and help to describe, translate and provide meaning to issues captured from the interview.

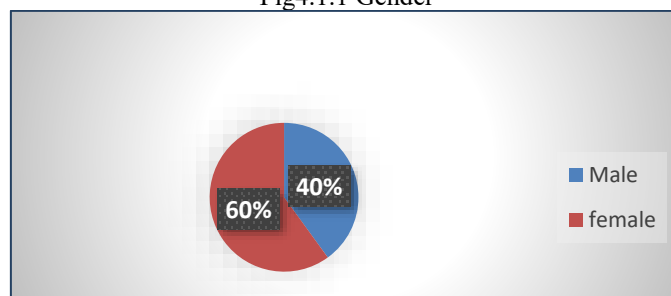
4. Presentation of Findings

4.1 Background Characteristics

4.1.1 Gender

The study sought to find out the gender of those who participated in the study from the 50 participants of the study. The results show that 20 (40%) were male while 30 (60%) were female. This indicates that the study was female-dominated, with women constituting the majority of the sample. The higher number of female participants may be attributed to their greater availability or willingness to participate in the study during the data collection period. The predominance of female respondents is important, as gender dynamics may influence how certain issues are perceived or reported.

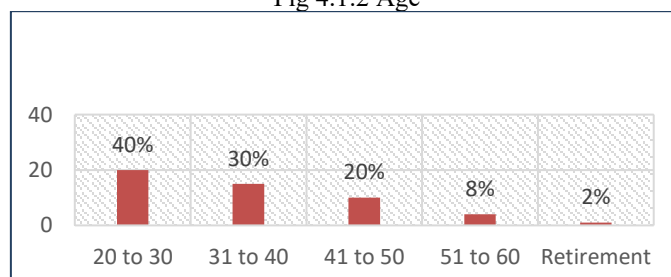
Fig4.1.1 Gender



4.1.2 Age

The researcher sought to find out the age groups of the participants who took part in the survey. The results show that 20 (40%) were aged 20–30, 15 (30%) were aged 31–40, 10 (20%) were aged 41–50, 4 (8%) were aged 51–60, while only 1 (2%) respondent was in the retirement-age category. This indicates that the study was dominated by younger respondents, particularly those between 20 and 40 years, who together account for 70% of the sample. The high representation of younger participants may be due to their greater accessibility, mobility, or willingness to take part in surveys.

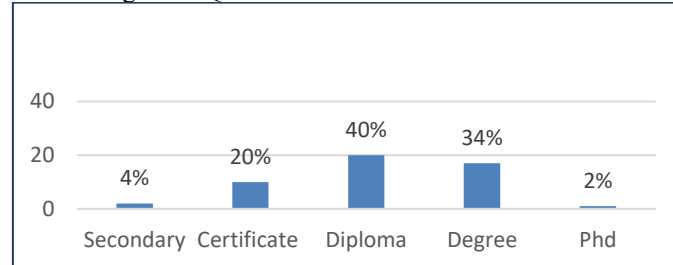
Fig 4.1.2 Age



4.1.3 Qualifications and level of education

The researcher sought to find out the qualifications and level of education of those who took part in the survey. The results show that 2 (4%) had secondary education, 10 (20%) held certificates, 20 (40%) possessed diplomas, 17 (34%) had degrees, while 1 (2%) held a PhD qualification. This indicates that the study was dominated by respondents with tertiary-level qualifications, particularly those with diplomas and degrees, who together account for 74% of the sample. The high representation of individuals with advanced education may reflect the professional nature of the study context or the availability of educated participants during data collection. The smaller proportions of secondary-educated and PhD holders suggest limited participation from individuals at both the lowest and highest ends of the education spectrum.

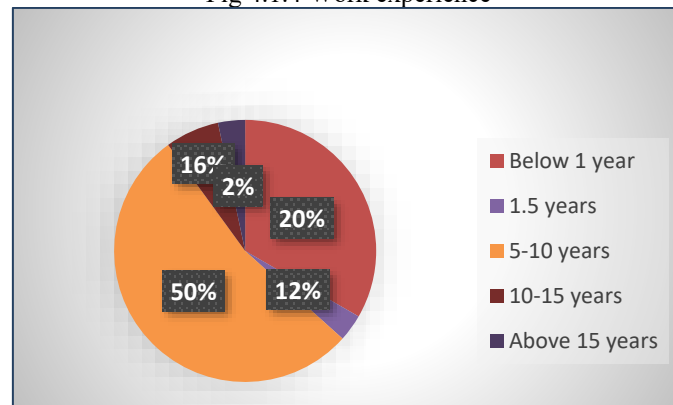
Fig 4.1.3 Qualifications and level of education



4.1.4 Work experience

The researcher sought to find out the years of service for those who took part in the study. The results show that 10 (20%) had worked for below 1 year, 6 (12%) had worked for 1–5 years, 25 (50%) had worked for 5–10 years, 8 (16%) had worked for 10–15 years, while 1 (2%) had worked for more than 15 years. This indicates that the study was dominated by respondents with moderate experience, especially those in the 5–10 year category who make up half of the sample. The strong representation of this group suggests that many respondents were well-acquainted with the hospital's systems, operations, and challenges. The smaller numbers of those with very short or very long experience may reflect staff turnover patterns or limited availability of highly senior personnel during data collection.

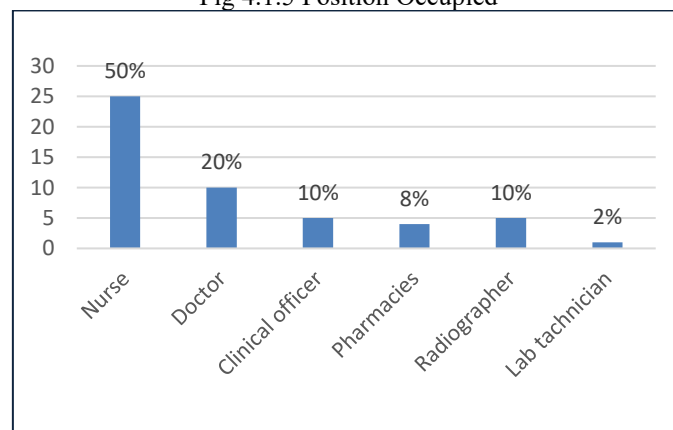
Fig 4.1.4 Work experience



4.1.5 Position Occupied

The researcher sought to find out the position occupied for all those who participated in the survey. The results show that 25 (50%) were nurses, 10 (20%) were doctors, 5 (10%) were clinical officers, 4 (8%) were pharmacists, 5 (10%) were radiographers, and 1 (2%) was a laboratory technician. This indicates that the study was dominated by nurses, who constitute half of the total sample, reflecting their larger presence in most healthcare settings and their greater availability for participation. Doctors, clinical officers, and radiographers also form a significant portion of the sample, contributing diverse clinical perspectives. The smaller numbers of pharmacists and laboratory technicians suggest limited representation from these specialised categories.

Fig 4.1.5 Position Occupied

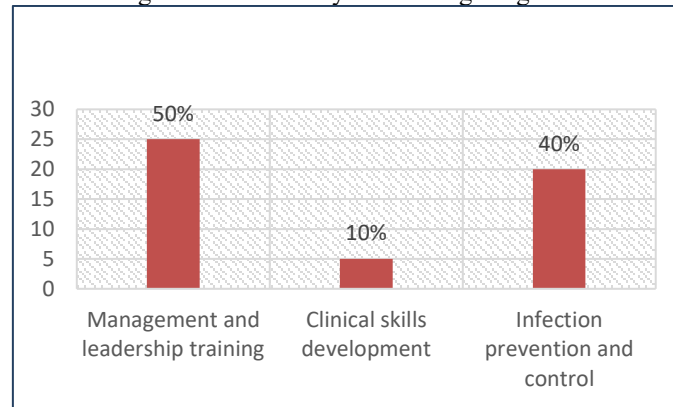


4.2 Presentation of Results: Respondents' Information on Training

4.2.1 Availability of Training Programs

The researcher sought to find out Availability of Training Programs at Chilenje Level 1 Hospital. 4.2.1 presents respondents' perceptions of the training programs available at Chilenje Level 1 Hospital. The results show that 25 (50%) indicated management and leadership training, 5 (10%) reported clinical skills development, while 20 (40%) identified infection prevention and control training. This indicates that management and leadership training is the most widely available program at the hospital, suggesting a strong institutional focus on strengthening supervisory and administrative competencies among staff. Infection prevention and control also feature prominently, reflecting the hospital's commitment to improving safety standards and reducing healthcare-associated infections.

Fig 4.2.1 Availability of Training Programs



4.2.2 Duration of Training Programs

The researcher sought to find out on Duration of Training Programs at Chilenje General Hospital. The findings below shows the length of time training programs have been in place within the organisation. The majority of respondents, 25 respondents, representing 83% reported that training programs have been conducted for more than five years. This demonstrates that training initiatives are well established and form part of a long-standing organisational culture. In contrast, 2 respondents 7% indicated that training programs had been in existence for less than one year, while another 2 respondents (7%) stated that they had been in place for 1–2 years. Only 1 respondent (3%) noted that the programs had been operational for 2–5 years. These findings suggest that the organisation has a strong historical commitment to training and professional development, with most programs having been in place for a considerable period.

Fig 4.2.2 Duration of Training Program

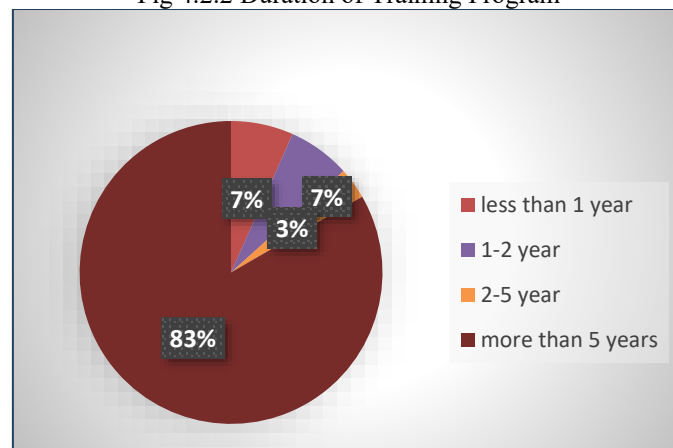
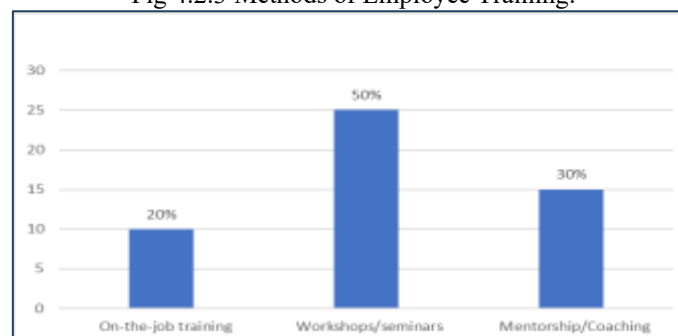


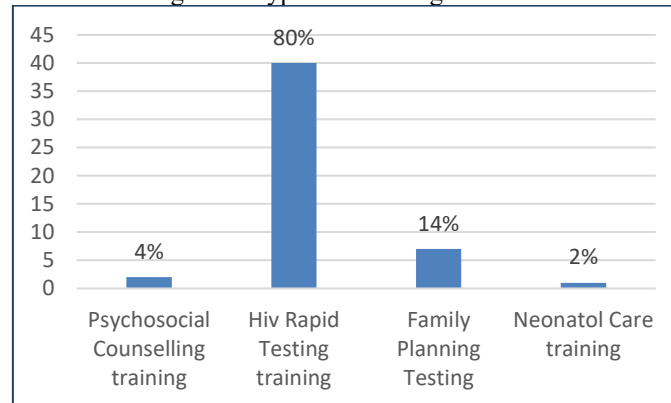
Fig 4.2.3 Methods of Employee Training.



The researcher sought to find out Methods of Employee Training are used at chilenje level 1 hospital. The results show that 10 (20%) identified on-the-job training, 25 (50%) indicated workshops and seminars, while 15 (30%) reported mentorship or coaching

as the methods used. This indicates that workshops and seminars are the most commonly used training approach at the hospital, reflecting a preference for structured, group-based learning sessions that allow for formal knowledge sharing. Mentorship and coaching also play a significant role, suggesting that staff development is supported through personalised guidance from more experienced colleagues.

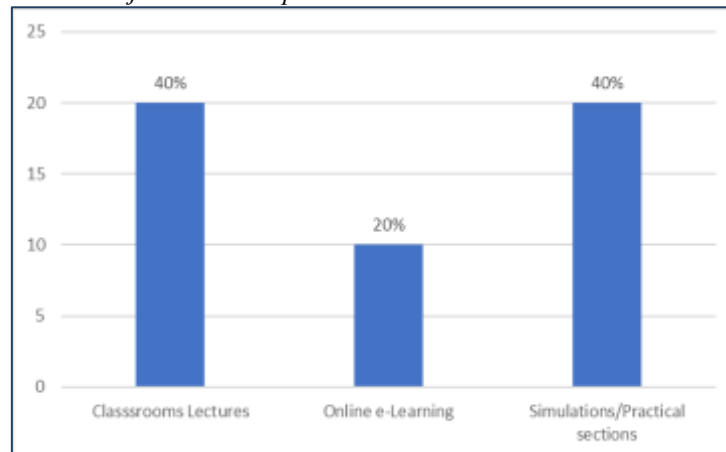
Fig 4.2.4 Types of Training Received



The researcher sought to find out the Types of Training Received at Chilenje level Hospital. The results show that 2 (4%) received psychosocial counselling training, 40 (80%) received HIV rapid testing training, 7 (14%) were trained in family planning services, while 1 (2%) received neonatal care training. This indicates that HIV rapid testing training is by far the most common program, reflecting the hospital's strong focus on HIV service delivery and the national priority placed on HIV prevention and management. Family planning training is available but accessed by a smaller number of respondents, suggesting moderate demand or limited scheduling. Psychosocial counselling and neonatal care training recorded very low participation levels, which may point to specialised roles, limited training opportunities, or fewer personnel requiring such skills.

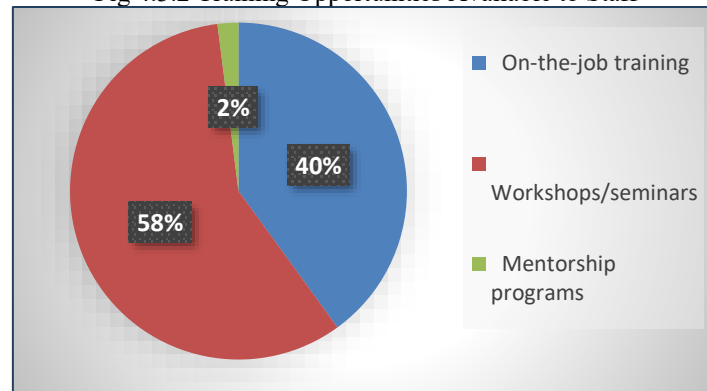
4.3 Presentation Findings on Perception of Training Programmes

4.3.1 Training Delivery Methods at Chilenje Level 1 Hospital



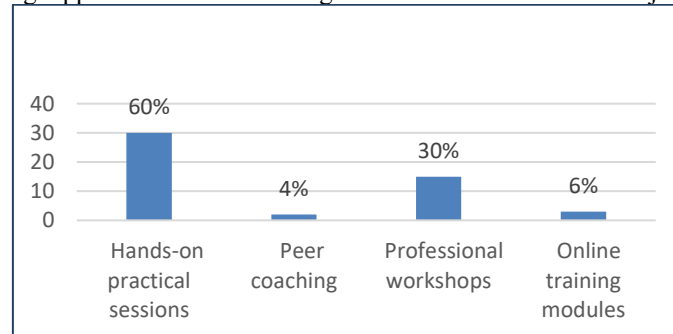
The researcher sought to find out Training Delivery Methods at Chilenje Level 1 Hospital. The results show that 20 (40%) preferred classroom lectures, 10 (20%) preferred online e-learning, while another 20 (40%) preferred simulations or practical sessions. This indicates that respondents were evenly divided between classroom lectures and practical simulations, suggesting that both theoretical and hands-on approaches are highly valued for effective learning. The lower preference for online e-learning may reflect limited digital access, lower confidence with technology, or a stronger inclination toward face-to-face interaction in a hospital environment.

Fig 4.3.2 Training Opportunities Available to Staff



The researcher sought to find Training Opportunities Available to Staff. The results show that 20 (40%) identified on-the-job training as effective, 29 (58%) indicated workshops and seminars, while 1 (2%) reported mentorship programs. This indicates that workshops and seminars are considered the most effective training method by respondents, highlighting the value of structured, interactive, and formal learning sessions. On-the-job training also plays a significant role in enhancing practical skills, though slightly less than workshops. Mentorship programs, while present, were perceived as least effective, possibly due to limited availability or inconsistent implementation.

Fig 4.3.3 Training Opportunities Contributing to Job Performance at Chilenje Level 1 Hospital



The researcher sought to find Training Opportunities Contributing to Job Performance. The results show that 30 (60%) indicated hands-on practical sessions, 2 (4%) reported peer coaching, 15 (30%) identified professional workshops, while 3 (6%) mentioned online training modules. This indicates that hands-on practical sessions are the most impactful in enhancing job performance, reflecting the importance of experiential learning and direct application of skills in the hospital environment. Professional workshops also significantly contribute to performance improvement, highlighting the value of structured, knowledge-based training. Peer coaching and online training modules were perceived as less impactful, possibly due to limited implementation, accessibility challenges, or lower engagement levels.

Figure 4.3.4 Percentage Distribution of Respondents on Challenges Faced in Accessing Training Programmes

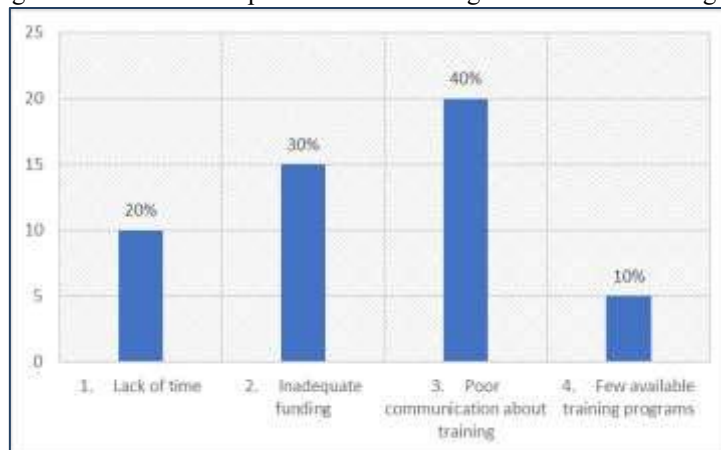


Figure 4.3.4 presents the distribution of respondents according to the challenges faced in accessing training at Chilenje Level 1 Hospital. The results show that 10 (20%) reported lack of time, 15 (30%) indicated inadequate funding, 20 (40%) cited poor communication about training, while 5 (10%) identified few available training programs as a challenge. This indicates that poor communication about training opportunities is the most commonly reported barrier, suggesting that staff may not always be aware of available programs or schedules. Inadequate funding and lack of time are also significant challenges, reflecting resource constraints and heavy workloads that limit participation in training.

Figure 4.3.5 Percentage Distribution of Respondents on Factors Supporting Access to Training Programmes

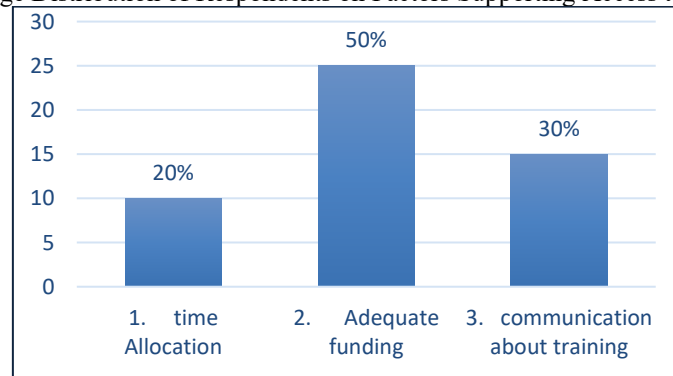


Figure 4.3.5 presents the distribution of respondents according to the measures that could improve training opportunities at Chilenje Level 1 Hospital. The results show that 10 (20%) suggested better time allocation, 25 (50%) indicated adequate funding, while 15

(30%) highlighted improved communication about training. This indicates that adequate funding is viewed as the most critical measure for enhancing training opportunities, reflecting the importance of financial resources in organising, accessing, and sustaining staff development programs. Improved communication and better time allocation are also considered important, as they address awareness and scheduling challenges that may hinder staff participation.

4.4 Presentation Findings Impact of Training on Employee Performance

Figure 4.4.1 Opportunities Motivating Staff at Chilenje Level 1 Hospital

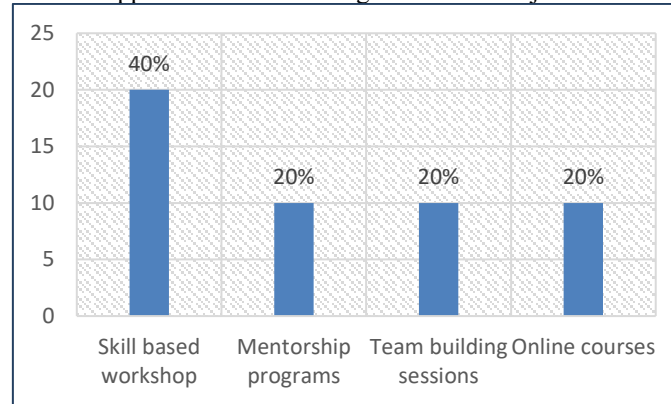
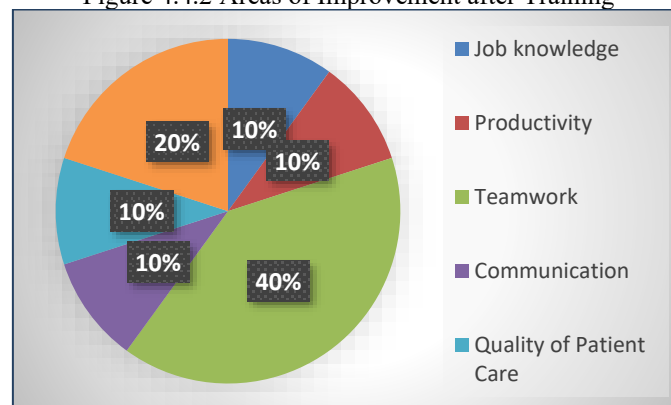


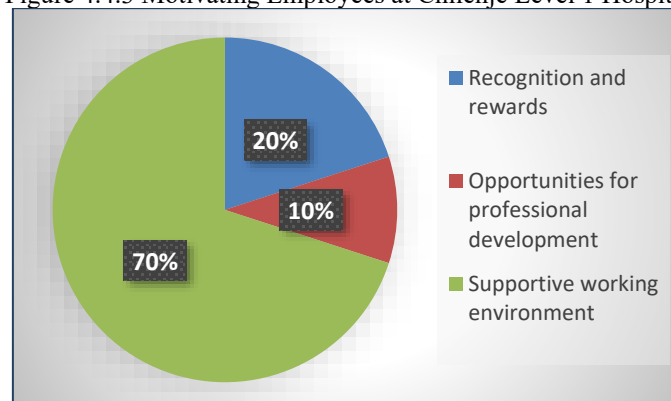
Figure 4.4.1 presents the distribution of respondents according to the training opportunities that have motivated them at Chilenje Level 1 Hospital. The results show that 20 (40%) indicated skill-based workshops, 10 (20%) reported mentorship programs, 10 (20%) cited team-building sessions, while 10 (20%) identified online courses. This indicates that skill-based workshops are the most motivating training opportunity for staff, reflecting the importance of practical, hands-on learning in enhancing employee confidence and competence. Mentorship programs, team-building sessions, and online courses also contribute to motivation, though to a lesser extent, suggesting that personalised guidance, collaboration, and flexible learning are valued but less impactful.

Figure 4.4.2 Areas of Improvement after Training



The results show that 5 (10%) indicated improvement in job knowledge, 5 (10%) reported increased productivity, 20 (40%) highlighted enhanced teamwork, 5 (10%) noted better communication, 5 (10%) indicated improvement in quality of patient care, while 10 (20%) identified better time management. This indicates that training has most significantly enhanced teamwork among staff, reflecting the collaborative nature of hospital work and the value of group-based learning interventions. Improvements in time management also stand out, suggesting that training has helped staff organise tasks and manage workloads more efficiently.

Figure 4.4.3 Motivating Employees at Chilenje Level 1 Hospital



The results show that 10 (20%) identified recognition and rewards, 5 (10%) indicated opportunities for professional development, while 35 (70%) reported a supportive working environment. This indicates that a supportive working environment is the most

significant factor in motivating staff, highlighting the importance of positive interpersonal relationships, teamwork, and organisational culture in fostering employee engagement. Recognition and rewards, as well as professional development opportunities, also contribute to motivation, though to a lesser extent, suggesting that while incentives and career growth are valued, the everyday work environment has the greatest impact on staff morale.

Figure 4.4.4 Improved Job Performance and Service Delivery

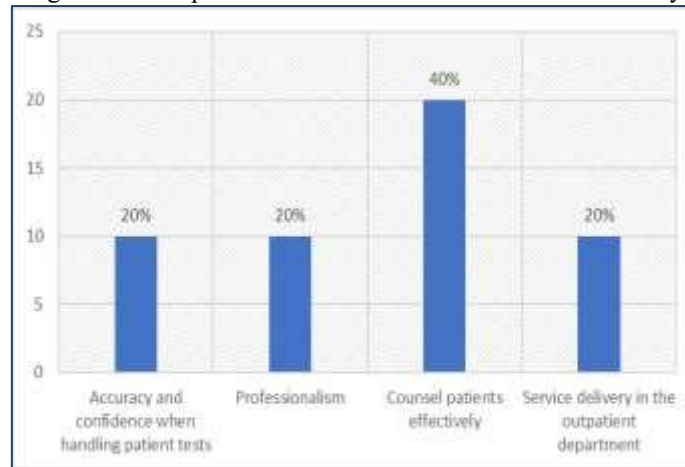


Figure 4.4.4 presents the distribution of respondents according to the specific improvements in their performance as a result of training at Chilenje Level 1 Hospital. The results show that 10 (20%) indicated improved accuracy and confidence when handling patient tests, 10 (20%) reported enhanced professionalism, 20 (40%) highlighted improved ability to counsel patients effectively, while 10 (20%) noted better service delivery in the outpatient department. This indicates that training has most significantly improved staff capacity to counsel patients effectively, reflecting the critical role of communication skills and patient interaction in healthcare service delivery. Other areas, such as accuracy, professionalism, and outpatient service delivery, also show improvement, though to a lesser extent.

Figure 4.5 Suggestions for Improving Staff Training Programs

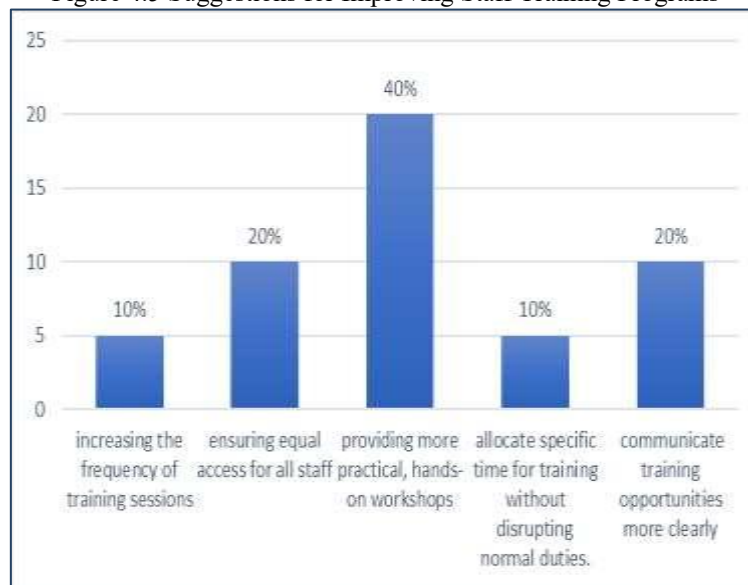


Figure 4.5.1 presents the distribution of respondents according to their recommendations for improving training at Chilenje Level 1 Hospital. The results show that 5 (10%) suggested increasing the frequency of training sessions, 10 (20%) recommended ensuring equal access for all staff, 20 (40%) highlighted providing more practical, hands-on workshops, 5 (10%) proposed allocating specific time for training without disrupting normal duties, while 10 (20%) emphasised clearer communication of training opportunities. This indicates that providing more practical, hands-on workshops is considered the most effective way to improve training, reflecting staff preference for experiential learning that directly enhances skills and job performance.

4.5 Discussions

Figure 4.1.1 presents the distribution of respondents according to sex. The results show that 20 (40%) were male while 30 (60%) were female. This indicates that the study was female-dominated, with women constituting the majority of the sample. The higher number of female participants may be attributed to their greater availability or willingness to participate in the study during the data collection period. Figure 4.1.2 presents the distribution of respondents according to age. The results show that 20 (40%) were aged 20–30, 15 (30%) were aged 31–40, 10 (20%) were aged 41–50, 4 (8%) were aged 51–60, while only 1 (2%) respondent was in the retirement-age category. This indicates that the study was dominated by younger respondents, particularly those between 20 and 40 years, who together account for 70% of the sample. The high representation of younger participants may be due to their greater

accessibility, mobility, or willingness to take part in surveys. Figure 4.1.3 presents the distribution of respondents according to their highest level of education. The results show that 2 (4%) had secondary education, 10 (20%) held certificates, 20 (40%) possessed diplomas, 17 (34%) had degrees, while 1 (2%) held a PhD qualification. This indicates that the study was dominated by respondents with tertiary-level qualifications, particularly those with diplomas and degrees, who together account for 74% of the sample. Figure 4.1.4 presents the distribution of respondents according to the positions they occupy in the health facility. The results show that 25 (50%) were nurses, 10 (20%) were doctors, 5 (10%) were clinical officers, 4 (8%) were pharmacists, 5 (10%) were radiographers, and 1 (2%) was a laboratory technician. This indicates that the study was dominated by nurses, who constitute half of the total sample, reflecting their larger presence in most healthcare settings and their greater availability for participation. Doctors, clinical officers, and radiographers also form a significant portion of the sample, contributing diverse clinical perspectives. Figure 4.1.5 presents the distribution of respondents according to their years of work experience in the medical sector, particularly at Chilenje Level 1 Hospital. The results show that 10 (20%) had worked for below 1 year, 6 (12%) had worked for 1–5 years, 25 (50%) had worked for 5–10 years, 8 (16%) had worked for 10–15 years, while 1 (2%) had worked for more than 15 years. This indicates that the study was dominated by respondents with moderate experience, especially those in the 5–10 year category who make up half of the sample. The strong representation of this group suggests that many respondents were well-acquainted with the hospital's systems, operations, and challenges.

Presentation of results based on a thematic area developed from objective one

Figure 4.2.1 presents the distribution of respondents according to the training programs available at Chilenje Level 1 Hospital. The results show that 25 (50%) indicated management and leadership training, 5 (10%) reported clinical skills development, while 20 (40%) identified infection prevention and control training. Figure 4.2.2 illustrates the length of time training programs have been in place within the organisation. The majority of respondents, 25 respondents, representing 83% reported that training programs have been conducted for more than five years. In contrast, 2 respondents (7%) indicated that training programs had been in existence for less than one year, while another 2 respondents (7%) stated that they had been in place for 1–2 years. Only 1 respondent (3%) noted that the programs had been operational for 2–5 years.

Figure 4.2.3 presents the distribution of respondents according to the training methods used at Chilenje Level 1 Hospital. The results show that 10 (20%) identified on-the-job training, 25 (50%) indicated workshops and seminars, while 15 (30%) reported mentorship or coaching as the methods used. This indicates that workshops and seminars are the most commonly used training approach at the hospital.

Figure 4.2.4 presents the distribution of respondents according to the specific clinical training programs they have received at Chilenje Level 1 Hospital. The results show that 2 (4%) received psychosocial counselling training, 40 (80%) received HIV rapid testing training, 7 (14%) were trained in family planning services, while 1 (2%) received neonatal care training. This indicates that HIV rapid testing training is by far the most common program, reflecting the hospital's strong focus on HIV service delivery and the national priority placed on HIV prevention and management.

Presentation of results based on a thematic area developed from objective two

Figure 4.3.1 presents the distribution of respondents according to their preferred training delivery methods. The results show that 20 (40%) preferred classroom lectures, 10 (20%) preferred online e-learning, while another 20 (40%) preferred simulations or practical sessions.

Figure 4.3.2 presents the distribution of respondents according to the perceived effectiveness of training methods at Chilenje Level 1 Hospital. The results show that 20 (40%) identified on-the-job training as effective, 29 (58%) indicated workshops and seminars, while 1 (2%) reported mentorship programs. Figure 4.3.3 presents the distribution of respondents according to the training opportunities that have contributed to improving their job performance at Chilenje Level 1 Hospital. The results show that 30 (60%) indicated hands-on practical sessions, 2 (4%) reported peer coaching, 15 (30%) identified professional workshops, while 3 (6%) mentioned online training modules.

Figure 4.3.4 presents the distribution of respondents according to the challenges faced in accessing training at Chilenje Level 1 Hospital. The results show that 10 (20%) reported lack of time, 15 (30%) indicated inadequate funding, 20 (40%) cited poor communication about training, while 5 (10%) identified few available training programs as a challenge.

Figure 4.3.5 presents the distribution of respondents according to the measures that could improve training opportunities at Chilenje Level 1 Hospital. The results show that 10 (20%) suggested better time allocation, 25 (50%) indicated adequate funding, while 15 (30%) highlighted improved communication about training.

Presentation of results based on a thematic area developed from objective three

Figure 4.4.1 presents the distribution of respondents according to the training opportunities that have motivated them at Chilenje Level 1 Hospital. The results show that 20 (40%) indicated skill-based workshops, 10 (20%) reported mentorship programs, 10 (20%) cited team-building sessions, while 10 (20%) identified online courses. This indicates that skill-based workshops are the most motivating training opportunity for staff, reflecting the importance of practical, hands-on learning in enhancing employee confidence and competence. Figure 4.4.2 presents the distribution of respondents according to the aspects of their job performance that have been impacted by training at Chilenje Level 1 Hospital. The results show that 5 (10%) indicated improvement in job knowledge, 5 (10%) reported increased productivity, 20 (40%) highlighted enhanced teamwork, 5 (10%) noted better communication, 5 (10%) indicated improvement in quality of patient care, while 10 (20%) identified better time management. This indicates that training has most significantly enhanced teamwork among staff, reflecting the collaborative nature of hospital work and the value of group-based learning interventions. Figure 4.4.3 presents the distribution of respondents according to the factors that enhance their motivation at Chilenje Level 1 Hospital. The results show that 10 (20%) identified recognition and rewards, 5 (10%) indicated opportunities for professional development, while 35 (70%) reported a supportive working environment. This indicates that a supportive working environment is the most significant factor in motivating staff, highlighting the importance of positive interpersonal relationships, teamwork, and organisational culture in fostering employee engagement.

Figure 4.4.4 presents the distribution of respondents according to the specific improvements in their performance as a result of training at Chilenje Level 1 Hospital. The results show that 10 (20%) indicated improved accuracy and confidence when handling

patient tests, 10 (20%) reported enhanced professionalism, 20 (40%) highlighted improved ability to counsel patients effectively, while 10 (20%) noted better service delivery in the outpatient department. This indicates that training has most significantly improved staff capacity to counsel patients effectively, reflecting the critical role of communication skills and patient interaction in healthcare service delivery. Figure 4.5.1 presents the distribution of respondents according to their recommendations for improving training at Chilenje Level 1 Hospital. The results show that 5 (10%) suggested increasing the frequency of training sessions, 10 (20%) recommended ensuring equal access for all staff, 20 (40%) highlighted providing more practical, hands-on workshops, 5 (10%) proposed allocating specific time for training without disrupting normal duties, while 10 (20%) emphasised clearer communication of training opportunities. This indicates that providing more practical, hands-on workshops is considered the most effective way to improve training, reflecting staff preference for experiential learning that directly enhances skills and job performance.

5. Conclusions and Recommendations

5.1 Conclusions

The findings of this study underscore the central role of training in enhancing employee performance within Chilenje Level 1 Hospital. Training was found to be a critical driver of employee competence, efficiency, and confidence in delivering health services. Employees who received structured and regular training demonstrated improved productivity, higher motivation, and greater adaptability to emerging workplace challenges, particularly in clinical and administrative functions. This confirms the theoretical assumption that training is not only a means of equipping workers with technical skills but also an avenue for instilling organisational values, fostering teamwork, and enhancing professional commitment.

5.2 Recommendations

Firstly, the hospital administration should prioritise the development of a structured and continuous training policy that clearly outlines the objectives and evaluation of training programmes.

Secondly, adequate funding must be allocated to support training activities. The hospital, in collaboration with the Ministry of Health and relevant stakeholders, should dedicate a specific budget line to training and capacity-building.

Thirdly, training should be integrated into the hospital's performance management system. Employee appraisals and career progression should be directly linked to participation in training activities. This integration will motivate staff to take training seriously.

Fourthly, greater emphasis should be placed on both technical and soft skills training. While clinical competencies are essential for healthcare delivery, employees also require training in communication, conflict resolution, stress management, and teamwork.

Finally, it is recommended that government support and policy frameworks be strengthened to promote training across healthcare institutions in Zambia. The Ministry of Health should design national guidelines that standardise training programmes and accredit training providers.

6. Acknowledgements

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