highly viewed reasons among the MSS are lack of time and not enough willing learners since the mean scores are 3.9943 and 3.9197 respectively. Among the ASS, these two are need of different type of training and lack of effective trainers since their respective mean scores are 3.9224 and 3.8779. Regarding the views on the reasons, significant differences among the MSS and the ASS have been noticed in the case of five reasons out of eleven reasons since their respective ‘t’ statistics are significant at five per cent level.

CHAPTER–V
SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATION

The present study is accomplished in three stages. At the first stage, the background of the employees and their views on the implementation of the various training programmes at the multi speciality hospitals were discussed. At the second stage, the trainees’ views on the various aspects of the training programmes, the overall opinion on the training programmes, the impact of components of the training programmes on the overall attitude towards the training programmes were discussed. At the final stage, the effectiveness of the training programmes and the impact of the components of the training programmes on its various effectiveness were examined.
The specific objectives of the study are:

i) to exhibit the socio-economic profile of the employees;

ii) to measure the employees’ views on the implementation of the various training programmes at hospitals;

iii) to examine the trainees’ views on the various components of the training programmes;

iv) to evaluate the overall opinion on the training and the development programmes and the impact of the components of the training programmes on the overall opinion on the training and development among the employees;

v) to identify the discriminant aspects of the training and the development programmes among the medical and administrative staff in hospital;

vi) to measure the various effectiveness of the training programmes; and

vii) To examine the impact of the components of the training programmes on the various effects of training programmes.

In order to fulfill the objectives of the study, the necessary data were collected with the help of a well structured questionnaire. In total, 65 multi
speciality hospitals at Madurai city were selected. There are 1998 employees working at these hospitals. This number includes doctors, nurses, paramedical officers, administrative staff, clerks and others. All are included for the study. The employees are grouped into medical staff (Doctors, Nurses and Paramedical Officers) and administrative staff (Administrative staff, Clerks and others). A special care was taken to design the questionnaire. The questionnaire consists of four important parts. The first part covers the profile of the staff whereas the second part includes the implementation of training programmes at the hospitals. The third part consists of the various aspects related to the designing and content of the training programmes. The fourth part of the questionnaire covers the overall opinion on the training programmes, and the reasons for the success and failure of training programmes, hesitation to take-up the training programmes. The total response rate on the questionnaire among the employees is 33.30 per cent to the total. The collected data were processed with the help of appropriate statistical tools. The result of the analysis and interpretation were presented in the previous chapters. The summary of findings, conclusions and recommendation are given below:

**SUMMARY OF FINDINGS**

The present study classifies the employees into medical staff (MSS) and administrative staff (ASS). The medical staff include the doctors, nurses and
paramedical officers whereas the administrative staff include the administrative staff, clerks and others. The medical staff in the sample size include only 33.13 per cent whereas the remaining sampled staff are administrative staff.

The important gender among the staff is female. The most important genders among the MSS and the ASS are male and female respectively. The important designations among the MSS and the ASS are nurses and others respectively. The important age groups among the employees are 31 to 35 and 25 to 30 years. The most important age groups among the MSS and ASS are 31 to 35 and 25 to 30 years. The most important age groups among the MSS and ASS are 31 to 35 and 25 to 30 years respectively.

The dominant level of education among the employees is under-graduation. The most important level of education among the MSS and the ASS is under-graduation. The important marital status among the staff is married which is commonly seen among the MSS and the ASS. The important nativity among the employees is urban which is common among the MSS and the ASS.

The important occupational backgrounds of the employees are private employment and government employment. The most important occupational background among the MSS and the ASS is private employment. The important years of experience among the employees are 3 to 6 and 11 to 14 years. The most
important years of experience among the MSS and the ASS are 3 to 6 and 11 to 14 years respectively. The important numbers of hospitals worked so far among the employees are two and one. The most important numbers of hospitals worked so far among the MSS and the ASS are one and two respectively. The most important numbers of departments worked so far among the MSS and the ASS are 2 to 3 departments.

The important family sizes among the employees are 3 to 5 and less than 3 members. The most important family size among the MSS and the ASS is 3 to 5 members. The important personal incomes per month among the employees are Rs.10000 to Rs.20000 and less than Rs.10000. The most important personal incomes among the MSS and the ASS is Rs.10001 to 20000 and less than Rs.10000 respectively. The personal income per month among the MSS is higher than the personal income among the ASS.

The important numbers of earning members per family are two and one. The most important number of earning members per family among the MSS and the ASS is two. The dominant family incomes per month among the employees are Rs.20001 to 40000 and Rs.40001 to 60000. The most important family income per month among the MSS and the ASS are Rs.80000 and Rs.20001 to 40000 respectively. The family income per month among the MSS is higher than the family income among the ASS.
The important numbers of training programmes attended so far are 2 to 4 programmes and 5 to 7 programmes. The most important one among the MSS and the ASS is 2 to 4 programmes. The important numbers of training programmes attended in the present hospital are 4 to 5 and less than 2 programmes. The most important total number of training programmes attended in the present hospital among the MSS and the ASS is 4 to 5 programmes.

The implementation of the various training programmes has been examined by the rate of implementation of induction and orientation, occupational, technical professional, management, development, behavioural and inter-personal skills. The highly viewed variables in the implementation of induction/orientation training among the MSS is job instruction and entry level training whereas among the ASS, it is entry level and rules and regulation training. Regarding the views on the implementation of induction/orientation training, significant differences among the MSS and the ASS have been noticed in the case of implementation of basic, job instruction, job ethics, rules and regulations training. The included variables in the induction/orientation training explain it to a reliable extent. The level of implementation of these training programmes is identified as higher as per the view of the ASS than the view of MSS.

The highly implemented occupational trainings as per the view of the MSS are apprenticeship and financial training whereas these are internship and formal
trainings as per the view of the ASS. The significant differences among the MSS and the ASS have been identified regarding their views on the implementation of the various TPs in occupational training (OCT). The included programmes in OCT explain to a reliable extent. The ASS are highly viewing about the implementation of OCT than the MSS.

The implementation of technical/professional training (TPT) has been measured with the help of implementation of six related programmes. These programmes explain the implementation of the TPT to a reliable extent. The highly viewed programmes in the TPT among the MSS are demonstration and new technology training whereas among the ASS, these are specialized and counter part training. Regarding the view on the implementation of programmes in the TPT, the significant differences among the MSS and the ASS has been noticed from training programmes out of six programmes. The ASS are highly viewing the implementation of the TPT at the multi speciality hospitals (MSH) than the MSS.

The highly viewed programmes in the Management Development Training (MDT) at the MSHs among the MSS are quality and conceptual skills training whereas among the ASS, these are workshops and quality training. significant differences among the MSS and the ASS have been noticed in their views on the implementation of three programmes out of five programmes in the MDT at
MSHs. The included five programmes in the MDT explain it to a reliable extent. The ASS are highly viewing the implementation of the MDT at the MSHs than the ASS.

The implementation of behavioral training (BT) has been measured with the help of five programmes. These five programmes in the BT explain it to a reliable extent. The highly viewed programmes in the BT among the MSS and the ASS are situational and team work training. significant differences among the MSS and ASS have been identified in their views on implementation of from out of five programmes in BT. The view on the implementation of the BT is higher among the MSS than among the ASS.

The implementation of the inter-personal skill training (IPST) at the MSHs has been measured with the help of four programmes. These four programmes in the IST explain it to a reliable extent. The highly viewed programmes in the IST among the MSS and the ASS are attitudinal training. Regarding the views on the implementation of programmes in the IST, significant differences among the MSS and the ASS has been noticed in three programmes out of four programmes. The views on the rate of the implementation of the IST at the MSHs are higher among the ASS than among the MSS.
The highly viewed types of training programmes implementation at the MSHs by the MSS are induction/orientation training and behavioral training. Among the ASS, these are technical/professional training and management development training. Regarding the views on the implementation of the various training programmes, significant differences among the MSS and the ASS have been noticed in the implementation of five training programmes out of six programmes.

The significantly associating profile variables with the levels of view on the implementation of training programmes among the employees are age, years of experience, family income and total number of training programmes attended so far. The important discriminant training programmes among the MSS and the ASS is inter-personal programmes which are highly perceived by the ASS than by the MSS.

The trainee’s views on the training programmes (TPs) have been examined at two dimensions namely designing of the TPs and components of the TP. The designing of the TPs has been analyzed with the help of content, delivery, support and duration of the TPs. The highly viewed variable in the content of the TP among the MSS are relevancy to the job and inter personal skills whereas among the ASS, these are problem solving and inter personal skills related TPs.
significant differences among the MSS and the ASS have been noticed in the implementation of 10 variables out of 12 variables in the TP.

The highly viewed variables in the delivery of the TPs by the MSS are suitable learning preferences and training venue whereas by the ASS, these two are training venue and suitable learning programmes. Significant differences among the MSS and the ASS have been noticed in the implementation of six variables in delivery of TPs out of 8 TPs.

The existing of support for the TPs in the MSHs has been measured with the help of five variables. The highly viewed variable in support for training by the MSS are career development and support from supervisors whereas among the ASS, these are support by the organization and support for the job involvement. Significant differences among the MSS and the ASS have been noticed in their views on the implementation of all the five variables in it.

The highly viewed variables in the duration of the TPs by the MSS are during work time and continuous training whereas among the ASS, these are appropriate duration and time to respond. Significant differences among the MSS and the ASS have been identified in their view on the implementation of all the nine variables in it. The included variables in the four important parts of designing of the TPs explain it to a reliable extent.
The highly viewed components of designing of the TPs by the MSS are duration and content of the TPs whereas by the ASS, these are support and content of the TPs. The significant differences among the MSS and the ASS have been noticed in their views on the implementation of content, delivery and support of the TPs. The ASS is highly viewing the above said aspects of the TP.

The significantly associating profile variables with the perception on various components of designing of the TPs at MSHs are their level of education, personal income, family income, years of experience and occupational background. The discriminant components of the TPs among the MSS and the ASS are support and content of the designing of the TPs which are highly perceived by the ASS than by the MSS.

The actual content of TPs the has been measured by eight different components namely value of the programme, quality of trainers, learning intensity, learning conditions, learning environment, training methodology, training content and human relationship in the TPs. The highly viewed variables in the value of the programme by the MSS are promoting the training and understanding the strength and weaknesses. Regarding the views on the variables in value of the programme significant differences among the MSS and the ASS have been noticed in the case of eight variables out of 12 variables in it. The ASS is highly viewing the value of the programme than by the MSS.
The employees’ views on trainer’s quality in the TPs have been measured with the help of seven variables. The highly viewed variables in it by the MSS are performance and communication whereas by the ASS, these two are also the same. But, significant differences among the MSS and the ASS have been noticed in their views on all the seven variables included in trainers’ quality.

The learning intensity in the TPs has been measured with the help of 11 variables. The highly viewed variables in learning intensity by the MSS are situational anxiety and active participation whereas by the ASS, these are active participation and impact of trainings. Regarding the views on the variables in trainer’s quality, significant differences among the MSS and the ASS have been noticed in the case of 10 variables out of 11 variables in it. The ASS are highly perceive about the trainers’ quality than the MSS.

The learning conditions in the TPs have been measured with the help of nine variables. The highly viewed variables in learning conditions in the TPs among the MSS are learning on own and open learning whereas among the ASS, these two are way of communication with people and training environment. significant differences among the MSS and the ASS have been noticed in their views on training venue, training environment and way of communication with people.
The learning environment of the TPs has been included as one of the components of the TPs. The highly viewed variables in learning environment by the MSS are vertical persuasion and training location whereas among the ASS, these are vertical persuasion and behavior modeling. Significant differences among the MSS and the ASS has been identified in the case of seven variables out of eight variables in learning environment.

The training methodology in the TP has been measured with the help of 15 variables. The highly viewed variables in training methodology among the MSS are approach of trainers and goal orientation whereas among the ASS, these are inspiring and practical way of training. Regarding the perception on the variables in training methodology, significant differences among the MSS and the ASS have been identified in the perception on all the 15 variables in training methodology.

The content of training programmes has been measured with the help of two variables. The highly viewed variable in the content of the programme among the MSS and the ASS is future focused. Significant differences among the MSS and the ASS have been noticed in the perception on two variables in content of the programme. The highly viewed variables in human relationship in the programme among the MSS are relationship between co-workers and supervisors; and motivation among the employees. Among the ASS, these are relationship between
co-workers and supervisors; and rewarding co-workers. Significant differences among the MSS and the ASS has been noticed in the case of four variables out of five variables in human relationship in the TPs.

The variables included in each component of the TP explain it to a reliable extent. The highly viewed components of the TPs among the MSS are learning conditions and value of the programme whereas among the ASS, these are human relation and training methodology. Significant differences among the MSS and the ASS have been noticed in the perception on trainers’ quality, learning intensity, learning environment, training methodology and human relation.

The significantly associating profile variables with the view on components of the TP among the employees are age, occupational background, years of experience, personal income and family income. The important discriminant component of the TP among the MSS and the ASS are learning intensity and trainers’ quality which are highly perceived by the ASS than by the MSS.

The overall opinion on the TPs has been measured with the help of 10 variables. The highly viewed variables in overall opinion on the TP among the MSS are use of modern training aids and training with practical orientation. Among the ASS, these are well defined training and training contents. Significant differences among the MSS and the ASS has been noticed in the perception on
seven variables out of 10 variables in overall opinion. The included 10 variables in the overall opinion on the TP explain it to a reliable extent. The ASS are highly viewing the TPs than the MSS.

The significantly associating important profile variables with the overall opinion on the TP among the employees are their designation, age, level of education, nativity, occupational background, and years of experience, number of hospitals worked so far, personal income, family income and total number of training programmes attended.

The significantly and positively influencing components of the TP on the overall opinion on the TP among the MSS are trainer’s quality, training methodology and training content whereas among the ASS, these are value of the programmed, trainers quality, learning intensity, training methodology, training content and human relation. The changes in the perception on the components of the TP explain the change in the overall opinion on the TP among the Administrative Staff is higher than among the Medical staff. The analysis of pooled data reveals the importance of value of the programme, trainer’s quality, learning intensity, training methodology, training content and human relation in the determination of the overall opinion on the training programmes among the employees.
The effectiveness of the training programmes (TPs) at multi speciality hospitals (MSHs) has been measured under learning capabilities, knowledge acquisition, organizational commitment, performance, personal ability, skill development and attitude development among the employees. The learning capability due to the TPs has been measured with the help of eight variables. The highly viewed variables in learning capability (LC) among the MSS are informatics and situational adjustment whereas among the ASS, these are interaction and facilitation. Regarding the perception on variables in the LC, significant differences among the MSS and the ASS have been noticed in the case of seven variables in the LC explain it to a reliable extent. The increase in the LC of the ASS is identified as higher among the ASS than among the MSS due to the TPs.

The level of knowledge acquisition enriched by the training programmes among the employees has been measured with the help of ten variables. The highly viewed variables in knowledge (KA) among the MSS are job skills and personal responsibility whereas among the ASS, these are job learning dynamics and intellectual development. Regarding the perception on the variables in knowledge acquisition, significant differences among the MSS and the ASS has been noticed in the case of nine variables out of 10 variables in the KA. The included 10 variables in the KA explain it to a reliable extent. The level of view
on the knowledge acquisition due to the TPs is higher among the ASS than among the MSS.

The highly viewed variables in organizational commitment among the MSS are career development and support from the supervisors whereas among the ASS, these are support by the organization and support for the job involvement. Regarding their views on variables in organizational commitment, significant differences among the MSS and the ASS has been noticed in the case of all the ten variables in organizational commitment. The included 10 variables in organizational commitment explain it to a reliable extent. The level of view on organizational commitment is identified as higher among the ASS than among the MSS.

The performance of the employees has been measured with the help of eight variables. All the eight variables in performance explain it to a reliable extent. The highly viewed variables in performance among the MSS are interpersonal relationship and confidence building whereas among the ASS, also these are the same. But the significant difference among the MSS and the ASS has been noticed in the case of all eight variables in performance. The level of performance due to the TPs are identified as higher among the MSS and the ASS.
The personal ability due to the TPs has been measured with the help of six variables. All the six variables in personal ability explain it to a reliable extent. The highly viewed variables in personal ability due to the TP among the MSS are updating knowledge and enhancement of modern skills. There is no significant difference among the MSS and the ASS regarding their view on variables in personal ability. In total, the personal ability due to the TP is identified as higher among the ASS than among the MSS.

The skill development due to the TP among the employees has been measured with the help of seven variables. The included seven variables in skill development explain it to a reliable extent. The highly viewed variables in skill development due to the TP among the MSS are problem solving skills and technical skills whereas among the ASS, these are decision making skills and new technology skills. Regarding the views on the variables in skill development, significant differences among the MSS and the ASS has been identified in the case of all the seven variables in skill development. In total, the level of skill development due to the TPs has been identified as higher among the ASS than among the MSS.

The attitude development due to the TPs has been measured with the help of seven variables. The included seven variables in attitude development explain it to a reliable extent. The highly viewed variables in attitude development among
the MSS are dedication and team spirit whereas among the ASS, these are team spirit and dedication. Regarding the views on variables in attitude development, significant differences among the MSS and the ASS has been noticed in the case of six variables out of seven variables in attitude development. In total, the level of attitude development due to the TPs is higher among the ASS than among the MSS.

The highly viewed effects of the TPs among the MSS are personal ability and skill development whereas among the ASS, these are performance and skill development. Regarding the perception on the various effects of the TP, significant differences among the MSS and the ASS have been noticed in the case of learning capability, organizational commitment, performance, and attitude development. In total, the view on effectiveness of the TP is identified as higher among the ASS than among the MSS.

The significantly associating profile variables with the level of views on various effects of the TP are level of education, number of hospitals worked, personal income, family income and total number of training programmes attended. The discriminant effects of the TPs among the MSS and the ASS are performance and learning capability which are highly viewed perceived by the ASS than by the MSS.
The significantly and positively influencing components of the TP on the learning ability among the medical staff are the learning intensity, learning conditions, learning environment, training methodology and training content whereas among the ASS, these are trainers’ quality, learning intensity, learning environment, training methodology, training content, and human relation. The changes in the components of the TP explain the changes in learning capability to a higher extent among the administrative staff than among the medical staff. The analysis of the pooled data reveals the importance of learning intensity, learning conditions, learning environment, training methodology and training content in the determination of learning capability of the employees.

The significantly and positively influencing components of the TP on the knowledge acquisition of the MSS are trainers’ quality and training content whereas among the ASS, these are trainers’ quality, training methodology, training content and human relation. The changes in the perception on the components of TP explain the changes in organizational commitment to a higher extent among the ASS than among the MSS. The analysis of the pooled data reveals the importance of trainers’ quality, learning intensity, training methodology and human relation in the determination of organizational commitment among the employees.
The significantly and positively influencing components of the TP on the job performance among the MSS are value of the programme, training methodology and training content whereas among the ASS, these are trainers’ quality, learning intensity, training methodology, training content and human relation. The changes in the views on the components of the TP explain the changes in the performance of the employees to a higher extent among the administrative staff than among the medical staff. The analysis of the pooled data reveals the importance of value of the programme, trainer’s quality, learning intensity, training methodology and training content, in the determination of their performance.

Among the MSS, the significantly influencing components of the TPs on the personal ability are value of the programme, and training content whereas among the ASS, these are value of the programme, trainer’s quality, learning intensity, training methodology and training content. The changes in the perception on the various components of the TP explain the changes in personal ability of the employees to a higher extent among the administrative staff than among the medical staff. The analysis of pooled data reveals the importance of value of the programme, trainers’ quality, learning intensity, training methodology and training content in the determination of personal ability among them.
The significantly and positively influencing components of the TP on the skill development, among the MSS are trainers’ quality, training methodology, training content and human relation whereas among the ASS, these are value of the programme, trainer’s quality, learning conditions, training methodology, training content and human relation. The changes in the view on the components of the TP explain the changes in skill development to a higher extent among the administrative staff than among the medical staff.

The significantly and positively influencing components of the TPs on the attitude development of the MSS are value of the programme, trainers’ quality, training methodology and human relation whereas among the ASS, these are trainers’ quality, learning intensity, learning environment, training content and human relation. The changes in the components of the TP explain the changes in attitude development of the employees to a higher extent among the administrative staff than among the medical staff. The analysis of the pooled data reveals the importance of trainers’ quality, training methodology, training content and human relation in the determination of attitude development of the employees.

The highly viewed variables in the success of the TP among the MSS are training methodology and better inputs whereas among the ASS, these are trainers and appropriate duration. Significant differences among the MSS and the ASS have been noticed in the views on better communication, better inputs, suitable
training methodology, favorable organizational climate, appropriate duration, suitable environment, motivation for learning, rewards for learning and trainers.

The highly viewed variables for poor effectiveness of the TPs among the MSS are too much of differences among the trainees and no follow-up after training whereas among the ASS, these are communication gap at the programme and poor designing of training. Regarding the perception on reasons for poor effectiveness of the TP, significant differences among the MSS and the ASS have been noticed in the case of too much of differences among trainees, lack of motivation to trainers, inadequate opportunity to perform, resistance to change, communication gap at the programme, two short duration, lack of top management support and poor designing of training.

The important reasons for hesitation to take up the TPs at the MSHs among the MSS are lack of time and not enough willing learners whereas among the ASS, these are need of different types of training and lack of effective trainers. Significant differences among the medical and administrative staff have been noticed in the perception on basic doubt on training programmes, not enough willing learners, lack of time, commitment of resources, and difficult to change people.

**CONCLUDING REMARKS**
The present study indicates that the level of implementation of the training programmes is at the moderate level. The implementations of the training programmes to the administrative staff are perceived at a higher level compared to the training programmes implemented to the medical staff. The important discriminant training programmes implemented by the hospitals for medical and administrative staff are inter-personal and behavioral training which are highly implemented for the development of administrative staff. The important components of the training programmes are highly perceived by the administrative staff than the medical staff. The significantly influencing components of the training programmes on the overall attitude towards the training programmes are value of the programme, trainers’ quality, learning intensity, training methodology, training content and human relation. The higher effects of the training programmes are identified by the administrative staff than by the medical staff. The significantly influencing components of the training programmes on the various effects of the programme are trainers’ quality, training methodology and training content. The important reason for the success of the training programmes is need based designing whereas the important reason for poor effectiveness of training programmes is poor designing of the programme. The important variable leading to hesitation to take up the training programmes is the need of different
types of training. Hence the hospital authority should design a need for training programmes in order to enrich their employee’s productivity.

**SUGGESTIONS**

Based on the findings of the study the following suggestions are drawn.

1. **Need based Training Programmes**

   The need of the training programmes, content of the programmes, and the methodology of the training programmes meant for the medical staff are different from the programmes meant for the administrative staff. The hospital authorities are advised to design their own training programmes according to the need of their employees. The design of the training programmes may be changed according to the current need of the employees.

2. **Exclusive Training Programmes**

   The medical staff especially the doctors need separate training programmes. Since they are expecting more from their trainers, the potential of the trainers is more important than the other factors in the case of training to the doctors. Apart from this, the doctors feel that the time is more previous, they expect the content of the training programmes before its commencement. Then only, they can interact with the trainers freely.
3. Removal of Mindset

Most of the hospital authorities felt that learning at the work is enough. They think that it is not a good practice to enrich the service quality of their staff. They should think of the expected service quality and treatment after 5 to 10 years from their staff. It is a required aspect for their survival in future.

4. Training And Development Department

Since the multi speciality hospitals are having different medical and administrative departments at their hospitals, they should think of the establishment of separate department for training and development. Then only they can design a variety of programmes and go for appropriate enrichment in the programmes with the latest updation and technology. The department should conduct a regular survey on the feedback of the existing programmes and the expected aspects from the coming programmes among their staff.

5. Optimum Mix in The Training

The training programmes should be designed with the help of optimum mix of the various components of the programme especially the quality of trainers, value of the programme, training methodology, training content and human relation in the training programmes. Since the optional mix may be varied from
training to training and for the section of employees to another section, they have to be very careful to bring optimal mix of components in the training. Sometimes, it may be brought out of trail and error basis.

6. Self Conscious Model

A self conscious model may be developed to measure the process gap in training effectiveness. There are three gaps in the process namely training gap, performance gap and learning gaps. All gaps are affecting the effectiveness of the training programmes.

The performance gap arises because of lesser performance of trainee than the effort made by trainer whereas the training gap is caused by the trainers’ delivery and learning ability of the trainees. The learning gap is caused by the lesser performance set by the trainer and the actual learning of the trainees. The hospital authorities should realize the cause for the three gaps and the ways to minimize the gap.

7. Pre and Post Training Evaluation

The present study examines the post training evaluation. But in reality, both pre and post training evaluations are essential for the total success of any training programmes. The pre-training evaluations may be conducted through
questionnaire, group discussion, in order to test the context and input. It provides the path for various future improvements. The post training evaluations may be conducted by observation, associational interview, questionnaire, individual approach, group discussion and open-ended interview.

8. Training and Empowerment

The biggest problem a service organization faces is the reluctance of the top management to empower the employees. Authority, traditionally, coverage at top. Making rules and deciding the course of action is the prerogative of the top management alone. It must be realized that customers often put up certain demands and want them to be fulfilled immediately. Organizations must provide for such contingencies. Empowerment is the solution to the above problem and thus the key to quality in service. In fact, empowerment is the authority delegated to employees to take care of its most valued customers even if it means bending laws and even breaking them for the cause.

9. Training Tactics

Since the goal of any training programmes is to change the attitude and behaviour of employees besides developing skills, the training programmes should be conducted at regular interval. Training on routine basis will rejuvenate the employee besides reinforcing the desired work habits, behavior and attitudes.
Besides formal training sessions, time must be devoted to informal and on job training. Learning must be a part of organizational culture. Informal training is used to give inputs on a regular basis. Soliciting information should be collected from the needy employees regarding their various training requirements. A proper feedback should be also conducted for further enrichment of the quality of the training programmes.

10. Management Training in Health Sector

Rapid technological and structural changes are taking place in the health sector. The organization and management of the health sector is fast responding to these internal and external changes. Among these changes, of foremost importance is the dramatic shift in the health seeking behaviour of the people, coupled with the increasing competition among health care organizations, more so in the private sector, incoming of the state of the at technologies, inclusion of medical services under the Consumer Protection Act (CPA), growth of medical specialties and super-specialties, issue of cost and quality and the proliferation of market into various segments with varying needs.

11. Need for Team Work

Since their quality of medical services is related to service quality of doctors, nurses, paramedical officers and administrative officers, there is a need
for good team work from the all stakeholders. A proper management support is essential for such team work. All the stakeholders are advised to participate in the activities related to designing of the training programmes and to the feedback on the training programmes.

12. Training Methods

Apart from lecture session, the training methods which will give the mental and physical involvement may be given more importance. The identified training methods for this purpose are role playing, group discussion, case study, and the like.

13. Inter Personal Skill Training

The inter personal skill training among the employees in hospitals is more important than the other skills since their services related to many stakeholders are focused to the patients’ satisfaction. The hospitals authorities have to investigate the various components of inter personal skill and the needed area for further improvement among their employees. The inter-personal skills among the employees are not only developing the inter-personal relationship among the employees but also should enrich their service quality in hospitals.

14. Training Motivation and Trainees’ Self-Efficacy
The hospital authorities are advised to increase the trainees’ self efficacy and training motivation prior to the actual training programme. More employees are trained to believe in their ability to learn, the more they are willing to gain knowledge the more they will master the program. To increase trainees’ self efficacy and training motivation, the HR managers can provide training related information such as training attributes, training environment, content complexity and the like. In addition to that the HR managers are asked to enhance the utility and necessity of the training programmes to increase trainees’ self-efficiency and training motivation to ensure that trainees have effective training outcomes. In this way, trainees’ transfer behaviour of training and their subsequent result can be maximized.

**SCOPE FOR FUTURE RESEARCH**

Based on the present study, there are many openings scope for future researches. The scope of the present study may be extended to all service sector industries. A comparative study on the implementation of training and developing programmes in small and large scale units may be conducted in future. The linkage between training motivation and training effectiveness may be focused in future research work. The moderating role of goal orientation may be included in the future research works. The need for the training and development programmes in the SMEs may be studied in future. The future research work may focus on the
designing of need based training programmes. The future research work may study the development of appropriate training and development model for the enrichment of the employee’s performance.

**BIBLIOGRAPHY**

**Books**


