Chapter–V
SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATION
CHAPTER–I
INTRODUCTION AND DESIGN OF THE STUDY

INTRODUCTION

Traditionally, training and development were not viewed as activities that could help companies create value and successfully deal with competitive advantage. Today that view has changed. Training to the staff has been adding value today to organizations (Burke, 2001). Organizations are committing more resources, in the forms of both time and money, toward training and development of employees aiming at improving their competencies. They have established training departments with increased training budgets year after year. Subsequently

training and development have evolved and matured to a substantial degree in India (Rao, et al., 2001)\(^2\). Training and Development are the major functions of human resource management that can contribute directly to the organizational performance and efficiency. There is an increasing recognition that employees can and should learn continuously, and that they can learn from on-the-job experiences, from each other, and from short, readily available online tutorial modules as well as from more formally structured learning opportunities (Fisher, et al., 2006)\(^3\).

**Importance of Training and its Evaluation**

Employment Training is the systematic development of the knowledge, skills and attitudes required by an individual employee to perform adequately a given task or job successfully. If employees are not trained effectively, then the investment made by the organization in designing and implementing these programmes may not give the desired results. The training programmes are conducted to enhance and increase the performance level of an employee, to develop human resources to meet the current as well as future needs of the


organization, to ensure effective utilization of human resources and to integrate individual goals with the organizational goals, which result into productivity improvement, greater workforce flexibility, savings on materials and capital costs, more motivated workforce and improved quality of the final product or service.

Evaluating the effectiveness of the training programme is the most important step as it is done to see how well the goals have been met and whether it is the best method for achieving the goals. This study is based on evaluation of training programme as expected and experienced by the trainee employees to check whether the training programme has been successful in producing the result that was intended. The employees are the main source of getting the genuine feedback for the training effectiveness. Thus, the study has given emphasis on their views.

There is a possibility that the demographic characteristics like age, gender and education may affect their views on the effectiveness of the training programme. If the target audience is giving feedback on a particular aspect, then the things can be reworked as per their expectations and experience.
Kirkpatrick (2008)\(^4\) has mentioned the main reasons for evaluating training the training programmes namely justifying the existence and budget of the training department by showing how it contributes to the organization’s objective and goals and deciding whether to continue or discontinue the training programmes, gaining information on how to improve future training programmes. The four levels for evaluating the training programmes are reaction, learning, behavior and outcome. Reaction measure how the trainees react to the training programme (satisfaction), learning can be defined as the extent to which the trainees change attitudes, improve knowledge and increase skill as a result of attending the programme, Behavior is the extent to which change in behavior has occurred because the trainee attended the training programme and result is the final outcome that has occurred because the participants attended the programme which can include increased production, improved quality, decreased costs, reduced frequency, increased sales, reduced turnover, higher profits and the like.

**NEED FOR THE STUDY**

Training plays a pivotal role in the converting human being into human resources in an organization or translating man into manpower by adding the required power to the man for the purpose of accomplishment of the assigned task

\(^4\) Kirkpatrick, Donald and James (2008), *Evaluating Training Programmes*,
and realization of the global goals. The organizations that used innovative training and development practices are likely to report better performance than their competitors. The training and development helps an organization to meet competitive challenges, as the organization attempts to expand its operations or attempts to operate at par with international standard. The success of the organization rests on their employees’ ability to work in a new culture (Noe, 1998)⁵.

Training is not a time bound activity. Continuous training and education of workers is necessary for enabling them to comprehend the issues connected with the participation process as testified by Lajunia (2002)⁶. In the case of service industries, the hospitals are competing to provide better service quality to their patients at least cost. The cost of medical treatment in India is lesser than the cost in foreign countries. The service quality of hospitals rest on their employees’ ability and skills. Unless, these are enriched, the hospital will be unable to meet their patient’s expectations. Hence, the continuous training and development is essential for dealing not only with new machines and technology but also with the

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patients. It shows the importance of training and development at hospitals. Hence the present study focuses on this aspect.

**STATEMENT OF THE PROBLEM**

After globalization and liberalization, the competition in hospital services is increasing at a faster rate. The patients know about various information related to the services offered by hospitals and also the service quality of hospitals. Even now, the services and the service quality of the hospitals are not to the level of the international standard. Even after the introduction of lot of automation at hospitals, the hospitals are struggling to manage their human resources. It is highly because of their mindset that there is no need for continuous training and development at their hospitals. Most of the hospitals think the cost to be incurred on the training programmes but they are not correctly estimating the future income from these programmes. Because of the mindset, the hospitals are gradually losing their customers base even though they are ready to offer service at lowest price. It affects the productivity and profitability in hospitals at one side whereas it affects their employees’ confidence in working at specific hospitals.

It is not a good symptom of the growing multi speciality hospitals. The hospitals need not only modern machinery but also modern and informative talented human resources because it deals with the life of the human beings. They
have to provide zero defective services to their patients. For that there is a need for 360° degree feedback on the services offered by the hospitals. But the focuses on these aspects are lesser than the importance given on modern building and machinery. It affects the patients’ confidence on the services offered by the hospitals.

**RELATED REVIEWS**

Monappa and Saiyadin (2001)\(^7\) mentioned that training refers to the teaching learning activities carried on for the primary purpose of helping members of an organization to acquire and supply the knowledge, skills and attitudes needed by the organization.

Gupta and Singh (2001)\(^8\) found that there is a positive correlation between the HRD climate and the training effectiveness and counselling attitude of managers in the case of the Punjab National Bank. In the case of the Standard Chartered Bank, there is positive correlation between the HRD climate and the training effectiveness and performance appraisal, training effectiveness and counseling attitude of managers.

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Maheswari (2001)\textsuperscript{9} found that the managers are of the opinion that training programmes are less effective with respect to their contribution to job performance. They did endorse the usefulness of the formal training programmes.

Reddy (2002)\textsuperscript{10} observed that training programme evaluation constitutes a three stage system. The first stage is the period before the learning experience during which training will have feelings and expectations about the learning course. The second is the learning phase and the third is the time afterwards back on the job when the learning is supposed to be integrated into one’s job performance.

Al-Athari, and Sairi, (2002)\textsuperscript{11} mentioned that the lack of a mentor or role model receiving negative feedback from the supervisor, lack of appropriate work flow pace, lack of tools/equipment or materials, negative feedback from co-

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workers and lack of opportunity to use new learning negatively influence trainees’ transfer of learning to their jobs.

Rajeswari and Shilpi (2002) measured the training effectiveness with the help of the conscious model. The model consists of performance gap (Goals and Performance); Learning gap (Performance and Learning Ability); and Training Gap (Learning Ability and Training Skill and Communication).

According to Punia (2002) identified that the training needs identification is one of the most sought after activities of the organization and elaborated how the organizations should go for this and what are the general areas of training in the present day Indian Organizations.


Ravi (2002)\textsuperscript{14} found that the quality of system for training and development in organizations depends upon the needs of individuals, jobs and the organization in their Endeavour to build competence and value added. These activities must be assessed regularly against the training standards through system of audit.

Mahajan et al. (2003)\textsuperscript{15} revealed in their study that training authorities are following obsolete methods of training evaluation.

Selvam and Panchalan (2003)\textsuperscript{16} showed that out of the seven major factors adopted for evaluation of training, method of presentation dominated the rest of the major factors contributing significantly to the effectiveness of training for 13 programmes. Programme content, instructional materials and the role of the trainer as a facilitator or learning closely followed contributing significantly to the effectiveness of 12 out of the 15 training programmes studied.

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Jain (2003)\textsuperscript{17} found that by evaluation of any training programme it can be ascertained whether a training programme can deliver the goals and objects in terms of cost incurred and benefits achieved.

Bedingham (2003)\textsuperscript{18} found that the effectiveness of training is the primary motive for training. The methods used to measure effectiveness include 360 degree feedback and contract for changes, for quantifying the expected outcomes after training programmes completed.

Ibrahim (2003)\textsuperscript{19} checked whether demographic variables have any role in influencing the effectiveness of the training programmes. The measures used to explain the effectiveness of the training programmes are skills and knowledge gained trainee reactions to the training course, perceived usefulness of the training course and trainee efforts to gain skills and knowledge.

\begin{thebibliography}{9}


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Selvam and Panchalan (2003)\textsuperscript{20} analyzed the relationship between executives’ views on effectiveness of training and their personal profile. They found that the education and family background of the executives have significant relationship with their views on effectiveness of training. Other profiles namely designation, age, gender, level of stream of education, experience, scale of pay and the number of training programmes attended have no significant relationship with executives ‘views on effectiveness of training.

Yuvaraj (2005)\textsuperscript{21} identified the important reasons for success of training programmes. They are better communicates better inputs, need based designing, suitable training methodology, favourable organizational climate, appropriate duration, suitable physical environment, motivation for learning and rewards for learning from the programme.

Jein and Darby (2005)\textsuperscript{22} explained the concept of training and highlighted the training and development needs in an international context by having a look at

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the training and the development policies and practices in the Chinese
multinational enterprises.

Virmani (2005)\textsuperscript{23} pointed out that imparting training to the employees is
important to organizational development. In India, attention has been given by the
industry, government as well as training institutes towards a systematic
development of their employees.

Skaria (2006)\textsuperscript{24} pointed out that in the emerging knowledge economy only
the learning organizations can survive. Their abilities to learn, create, codify and
utilize knowledge faster than their competitors can prove future corporations a
competitive advantage.

Ramadass (2007)\textsuperscript{25} related about the congenial impact of training and
technical backup on the implementation of the PMRY. The training was well
received and appreciated by a majority of the beneficiaries. The content, place,

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\underline{23.} Virmani, B.R. and Seth Premila (2005), \textit{Evaluating Management Training
and Development}, Vision Books, New Delhi, p.3.
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\underline{24.} Skaria, G. (2006),” The New People Organizations”: \textit{Business Today},
January 7-21, pp.20-25.
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faculty and the methodology of training were satisfactory to more than 90 per cent of the beneficiaries.

Padmaveni et al., (2007)\textsuperscript{26} observed that the choice of an appropriate training method is required to be guided by the level and background of trainees as well as training curriculum and also the time available for training. The appropriate choice of training methods will certainly enhance the effectiveness of attaining programme.

Manab Thakur et al., (2007)\textsuperscript{27} pointed out that the managers are strong individuals who reflect high levels of autonomy, initiative and achievement orientation. Indian workers also manifest their qualities of aggressiveness and assertiveness.

Whitley and England (2007)\textsuperscript{28} found out that Indian managers reflect a number of positive characteristics. They are highly individualistic, have a high

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moral orientation and have a strong learning towards organization compliance and competence.

Drivedi (2007)\textsuperscript{29} described that training is a prerequisite to improve performance and prepare human resources for new jobs, transfers, promotions and change over to modern technology and equipment. In addition to training of new entrants, manpower at all levels requires refresher training from time to time to avoid personal obsolescence and improving its competence to hold higher positions.

Upadhyal and Singh (2007)\textsuperscript{30} revealed the problems perceived by the trainers in vocational training programmes. These are lack of teaching skills, lack of transport facilities, inadequate opportunities for training, lack of facilities for professional growth, job insecurity and lack of promotional opportunities.

Hemant Kumar (2008)\textsuperscript{31} opined that high performance and competency based work place require emphasis on learning as the key to future competitive

\begin{itemize}
\item \textsuperscript{31} Hemant Kumar, S., (2008), “New Era of Leadership”, \textit{Indian Management}, January 7-21, pp.12-17.
\end{itemize}
success. The managers must not only possess these premium skills, but also hire a person who possess these skills, to work in association, co-operation and collaboration with one another.

Sah (2009)\textsuperscript{32} viewed that training is part of learning which essentially improves job related knowledge, skills and attitudes in a person and is concerned with the work life of human being.

Srimannarayana (2010)\textsuperscript{33} identified the important methods of training needs assessment. The methods are performance appraisal, business goals/needs, self assessment and personal requests, questionnaire surveys, competency matrix, client/customer satisfaction index, client/project requirements, employee role and gap analysis, personal interviews, observations of performance by supervisors, peer feedback, work sample, floor work, 360 degree feedback and knowledge and skills required by team.

\textsuperscript{32} Sah, P.N., (2009), \textit{Developing and Managing Human Resources}, Sri Chandra Publications, pp.139-140.

Ajay and Shamima (2010) concluded that the trainer moderately plays a key role in changing the employee’s skills and attitudes in organizations. The employees of the organization point out that during training they are not provided with enough opportunities to practices whatever they learn. Mostly traditional training methods are used whereas the training environment is not similar to the job environment.

Mamatha and Shobharam (2012) concluded that investment in human capital pays rich dividends in the long run, meaningful and effective transfer of learning should take place from the place of training to the work place.

Even though, there are so many studies related to the training and development and the effectiveness of the training programmes, there is no exclusive study on the multi speciality hospitals. Hence the present study has made an attempt to fill up the research gap with proposed research model.

**Proposed Research Model**

The proposed research model is given below:

<table>
<thead>
<tr>
<th>Training Effectiveness</th>
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</thead>
<tbody>
<tr>
<td>♦ Learning capabilities</td>
</tr>
<tr>
<td>♦ Knowledge acquisition</td>
</tr>
<tr>
<td>♦ Organizational commitment</td>
</tr>
<tr>
<td>♦ Performance</td>
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<tr>
<td>♦ Personal ability</td>
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</tbody>
</table>


OBJECTIVES OF THE STUDY

Based on the proposed research model, the present study confines its objectives:

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’ view 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 training programmes among the employees;
v) To identify the discriminant aspects of the training and the development programmes among the medical and the administrative staff in hospitals;

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

vii) To examine the impact of the components of training programmes on the effectiveness of training programmes.
RESEARCH METHODOLOGY

It is also looking for new facts in any branch of knowledge (Redman and Mory, 1923)\(^\text{36}\). Research is a careful investigation, an inquiry, especially through search for new facts in any branch of knowledge (AL Dictionary, 1952)\(^\text{37}\). The research methodology enlightens the methods to the followed in research activities starting from investigation to presentation. Research methodology includes research design, population, sampling framework, methods of data collection, framework of analysis and limitations.

RESEARCH DESIGN

Research design is the arrangement of the conditions for collection and analysis of data, in a manner, that aims to combine relevance to the research purpose, with economy in procedure (Clarie and Others, 1962)\(^\text{38}\). In the present study, descriptive research design was followed. Singh (1980)\(^\text{39}\) defined descriptive research as a design to explain the characteristics of the variables as it


\(^{38}\)Clarie, Seltiz and Others, (1962), Research Methods in Social Sciences, p.50.

is. It is based on predetermined objectives and methodology. In the present study, the objectives were pre-determined whereas the methodology was designed to fulfill the research objectives. Hence, it is descriptive in nature.

**POPULATION OF THE STUDY**

In total, there are 65 multi speciality hospitals at Madurai. The employees working in these hospitals are classified into doctors, nurses, paramedical officers, administrative staff, clerks and others. The distribution of the employees working in the MSHs is shown in the Table 1.1.

**TABLE 1.1**

**Number of Employees Working in Multi Speciality Hospitals in Madurai City**

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Designation</th>
<th>Number of Employees</th>
<th>Percent to The Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Doctors</td>
<td>232</td>
<td>11.61</td>
</tr>
<tr>
<td>2.</td>
<td>Nurses</td>
<td>409</td>
<td>20.47</td>
</tr>
<tr>
<td>3.</td>
<td>Paramedical officers</td>
<td>148</td>
<td>7.41</td>
</tr>
<tr>
<td>4.</td>
<td>Administrative staff</td>
<td>319</td>
<td>15.97</td>
</tr>
<tr>
<td>5.</td>
<td>Clerks</td>
<td>377</td>
<td>18.86</td>
</tr>
<tr>
<td>6.</td>
<td>Others</td>
<td>513</td>
<td>25.68</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>1998</td>
<td>100.00</td>
</tr>
</tbody>
</table>

Source: Employees records at various multi speciality hospitals at Madurai City during 2010-2011.
In total, there are 1998 employees working in these hospitals. Out of the total, 25.68 per cent of the employees belong to the others category. It is followed by nurses and clerks which constitute 20.47 and 18.86 per cent to the total respectively. The numbers of doctor and administrative staff constitute 11.61 and 15.97 per cent to the total.

**Sampling Framework of the Study**

The census study was applied in the present study. A total of 65 multi speciality hospitals were included for the study and a total of 1998 employees working in these hospitals were also included as the sample of the study. The total consists of 789 medical staff (MSS) and 1209 administrative staff (ASS).

**Collection of Data**

The data were collected by a well structured questionnaire. Two attempts had been made to collect the data from the sampled employees.

**Construct Development**

To collect the primary data, a structured questionnaire was designed. The questionnaire consists of four parts. The first part covers the profile of the staff whereas the second part includes the implementation of the various training programmes at the hospitals. The third part of the questionnaire consists of various
aspects/contents of designing the training programmes whereas the fourth part covers the overall opinion of the training programmes, resources for success and failure of the training programmes and the reasons for the hesitation to take-up the training programmes by the hospitals. The relevant variables are drawn from the reviews of the previous studies and the views of experts.

A pilot study was conducted among 50 medical and 50 administrative staff at the Apollo hospitals, the Meenakshi Mission hospital, the Aravind Eye Hospital, Government Rajaji Hospital and the Vadamalayan Hospital in Madurai City. Based on the feedback from the pilot study, certain modifications, additions, deletion and implications were carried out to enrich the quality of the questionnaire. The final draft was prepared to collect the primary data from the employees.

**Sampled Employees and their Response Rate**

The questionnaire was distributed among the employees who are included in the present study. These are 789 medical staff are 1209 administrative staff. In the first attempt among 114 medical and 203 administrative staff responded. In the second attempt, these are 107 and 243 medical and administrative staff respectively. The distribution of the sample employees and their responses are given in Table 1.2.
At the first round, the total response rate was only 15.86 per cent during a period of three months. The second attempts were made to increase the response rate among the employees with the help of the HR managers at the hospitals. The total response rate in the second attempt was 17.52 per cent to the total of 1998 employees. Employees who responded to the questionnaire to the fullest level were 667 employees and this number included 221 medical staff and 446 administrative staff. Hence, the included sample size of the study comes to 667 employees.
FRAMEWORK OF ANALYSIS

The data after collection have to be processed and analyzed in accordance with the outline laid down for the purpose at the time of developing the research plan. The collected data were analyzed with the help of appropriate statistical tools according the relevance of information required and the nature of the scale of data. The applied statistical tools and tests are shown below:

1. **Exploratory Factor Analysis**

Factor Analysis is a very useful method of reducing data complexity by reducing the number of variables being studied. It is a good way of resolving the confusion and identifying latent or underlying factors from an array of seemingly important variables. In a more general way, factor analysis is a set of techniques which, by analyzing correlations between variables, reduces their number into fewer factors which explain much of the original data, more economically.\(^{40}\)

In the present study, the factor analysis has been administered to narrate the variables in the important factors related to training and development programmes.

2. **Confirmatory Factor Analysis (CFA)**

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The Confirmatory Factor Analysis is one of multivariate statistical tools which is applied to confirm the extracted variables in the factor by the Exploratory Factor Analysis which explains the factor in a reliable manner or not (Segars and Grover, 1993). It is mentioned by the reliability and validity of variables in each construct developed in the present study (Fornel and Larcker, 1981). The content validity, convergent validity and discriminant validity have been tested through the Confirmatory Factor Analysis (Chan, 1997; Li et al., 2007). In the present study, the CFA had been administered to examine the reliability and the validity of variables related to each concept developed in the present study.

3. Discriminant Analysis


Discriminant analysis is a technique for analyzing the data when the criterion or dependent variable is categorical and the predictor or independent variables are interval in number (Jacques, 1997). Discriminant analysis techniques are described by the number of categories possessed by the criterion variable. When the criterion variable has two categories, the technique is known as two-group discriminant analysis.

The discriminant analysis model is given below:

\[ Z = b_0 + b_1 X_1 + b_2 X_2 + \ldots + b_n X_n \]

Where \( Z \) = Discriminant Score 
\( X_1, X_2, \ldots X_n \) = Independent Variables 
\( b_1, b_2, \ldots b_n \) = Discriminant co-efficients

The relative contribution of the independent variables in the total discriminant function was calculated by

\[ I_j = b_j (X_{j1} + X_{j2}) \]

Where \( I_j \) = The important value of the \( j^{th} \) variable 
\( b_j \) = Independent Variables

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\[ X_{jk} = \text{Mean of the } j^{th} \text{ variable for the } k^{th} \text{ group} \]

The relative importance weights were computed by

\[ R_j = \frac{I_j}{\sum_{j=1}^{n} I_j} \]

The Wilks Lambda was calculated as a multi-variant measure of group difference over discriminating variables. Its value varies between 0 and 1. Large values of Wilks Lambda indicate that group means do not seem to be different. Small values of Lambda indicate that the group means seem to be different. The confusion or prediction matrix contains the number of correctly classified cases and misclassified cases by the estimated discriminant function.

In the present study, the discriminant analysis was used to identify the important discriminant aspects among the medical (MSS) and administrative staffs (ASS).

4. Multiple Regression Analysis

The Multiple Regression Analysis is one of the multivariate methods. It is applied when the independent variables and dependent variables are in internal scale.\(^{47}\) The general form of the multiple regression models is as follows:

\[
Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \ldots + \beta_k X_k + e
\]

This is estimated by the following equation:

\[
Y = a + b_1 X_1 + b_2 X_2 + \ldots + b_k X_k + e
\]

The R\(^2\), co-efficient of multiple determinations is adjusted for the number of independent variables and the sample size to account for diminishing returns. After the first few variables, the additional independent variables do not make such contribution.

The F-test is used to test the null hypothesis that the co-efficient of multiple determination in the population, R\(^2\) pop, is zero. This is equivalent to testing the null hypothesis \(H_0 = \beta_1 = \beta_2 = \beta_3 = \ldots = \beta_k = 0\). The test statistic has an F distribution with ‘k’ and (n-k-1) degree of freedom.

In the present study, the Multiple Regression Analysis was used to evaluate the impact of the various aspects of the training programmes on the various consequences of the training programmes.

\(^{47}\) Goldberg, M.A., *Introduction to Regression Analysis*, South Hampton, UK:
5. One way Analysis of Variance

The Analysis of Variance is used for examining the differences in the mean values of the dependent variable associated with the effect of the controlled independent variables, after taking into account the influence of the uncontrolled independent variables. Essentially, the ANOVA is used as a test of means for two or more populations. The One Way Analysis of Variance involves only one categorical variable, or a single factor.

The one way ANOVA has been applied to find out the significant association between the profile of staff and their reviews on various aspects related to the training and development programmes.


6. ‘T’ Test

The ‘t’ test has been used to analyze the significant difference between the two groups of staff regarding their views on so many aspects related to the training and the development programmes.

7. Reliability Test

The reliability of the variables included in each construct had been computed with the help of Cronbach Alpha. The minimum threshold of Cronbach Alpha is 0.60 (Nunnally, 1978). In the present study, the Cronbach has been applied to test the overall reliability of variables included in each construct related to the training and the development programmes.

LIMITATIONS OF THE STUDY

The present study is subjected to the following limitations:

1. The scope of the study is confined to multi speciality hospitals at the Madurai City only.

2. The employees are grouped into medical and administrative staff.

3. The effectiveness of the training programmes are measured under seven dimensions namely learning capabilities, knowledge acquisition, organizational commitment, performance, personal ability, skill development and attitude development.

4. The variables related to the components of the training programmes and the effectiveness of the training programmes are drawn from the reviews of the previous studies and the views of experts.

5. The five point Likert scaling was purposively selected to measure the descriptive variables in the present study.

6. The overall response rate on the questionnaire was only 33.38 per cent to the total and

7. The linear relationship between the dependent and independent variables have been assumed.

**SCHEME OF REPORT**

The present study is classified into five chapters for neat and clear presentation.

Chapter-I, includes Introduction and design of the study, need for the study, statement of the problem, review of literature, research gap, proposed research
model, objectives of the study, research methodology, limitations and chapterisation.

Chapter-II, presents ‘Implementation of the various training programmes’, the background of the employees, their views on the implementation of the various training programmes at the hospitals, association between the profile of employees and their views on implementation of the training programmes and the discriminant training programmes among the medical and administrative staff.

Chapter-III, Projects ‘Trainees’ views on the training programmes the trainers’ views on designing of the training programmes and the content of the training programmes, overall opinion of the training programmes, impact of attitude on the various components of the training programmes on the overall attitude towards the programmes, and the discriminant components of the training programmes among the medical and administrative staff.

Chapter-IV, analyses the ‘Effectiveness of Training Programmes at the Multi Speciality Hospitals’ the employees’ views on the various effectiveness of the training programmes, impact of the components of training programmes on the various effectiveness of the programmes and discriminant effectiveness of training programmes among the medical and administrative staff.
Chapter-V, covers the Summary of Findings, Conclusion and Recommendations and the scope for future research.

CHAPTER-II
IMPLEMENTATION OF VARIOUS TRAINING PROGRAMMES

The background of the employees is essential to provide the essential details related to the employees included in the present study. Since, the background of the employees may have its own influence on their level of view on the various aspects related to the implementation of the training programmes (TP), it is included in the present analysis. The implemented training programmes at the Multi Speciality Hospitals (MSHs) have been summarized and grouped with the help of the experts in the HR field at the various MSHs’. These are induction/orientation training, occupational training, technical/professional training, management development training, and behavioral training and interpersonal skills training.

The rate of implementation of the above said training programmes at the various MSHs have been examined as per the views of their employees in order to exhibit the present scenario of the training programmes at the various Multi Speciality Hospitals (MSHs).

Background of the Employees